

Managing the impact of Covid 19 on the Mental Health and Emotional Wellbeing needs of Children and Young people in Northern Ireland

**A scoping exercise on behalf of the MHEWB
/CYP Sub Cell**

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INTRODUCTION

The delivery of services to promote Children's Mental Health and Emotional Wellbeing spans the continuum of need from Early Intervention and Prevention through to the delivery of secure residential accommodation and includes children in receipt of CAMHS, children with disabilities, children in need of safeguarding and Looked After Children.

Service delivery reflects the requirement for an all-encompassing multi agency approach and is informed, (although not exclusively) by the agreed basis for collaboration in the delivery of children's services identified in the Children's Services Cooperation Act, NI (2015) and reflected in the Northern Ireland Children and Young People's Strategy (2019-2029). This strategy outlines the 8 outcomes of wellbeing of children. (Figure 1).



Figure 1

The model for the delivery of Child and Adolescent Mental Health services is the Stepped Care Model (Figure 2) which aligns with other stratified models utilised within Public Health, Allied Health Professions, and in Statutory Children's social work services.

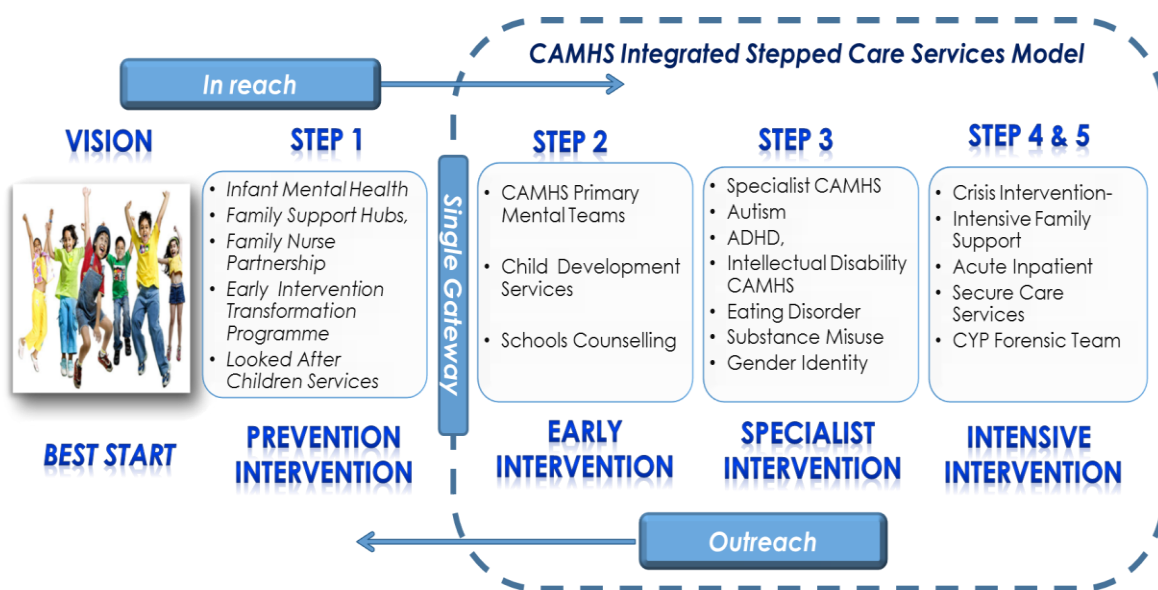


Figure 2

The coronavirus pandemic has disrupted the life of every child and young person in the country as they experience significant changes to their daily routine and social infrastructure. Media and social conversations are dominated by the outbreak, and children and young people are exposed to large amounts of information and potentially high levels of stress and anxiety in the adults around them. There is already a growing body of evidence identifying the psychological impact of quarantine on children and young people, and it is acknowledged that the full impact of the crisis is expected to be substantial.

PURPOSE OF THIS DOCUMENT

This document provides an overview of service delivery in response to mental health and emotional wellbeing needs of children and young people during the current crisis. The report provides a summary of information collated as a result of engagement and feedback from the key stakeholders who form the CYP sub cell of Mental Health and Emotional Wellbeing Silver cell. It is acknowledged that service delivery responses are constantly evolving in line with the changing situation in relation to lockdown and social distancing restrictions, and it is expected that service delivery models are subject to ongoing review.

The information gathered will be discussed under the following headings:

- Context: The Pre Covid-19 landscape;
- Covid-19 Response: Update on service delivery;
- Emerging Issues and recommended next steps.

An outline of relevant resources and links is contained in Appendix 4.

This document should be read in conjunction with the following document:

- Understanding the Impact of Covid-19 on Children's Mental Health and Emotional Wellbeing: Perspectives from the front line (MHEWB/CYP sub cell).

It is proposed that cognisance of the information in this report and the accompanying document above, and in particular the summary of emerging issues and suggested next steps are incorporated in the overarching MHEWB Silver cell: Outcomes Delivery Plan.

CONTEXT / THE PRE COVID LANDSCAPE

The landscape in which Mental Health and Emotional Wellbeing services for children and young people are delivered is compounded by a number of key social determinants which includes:

- Increasing evidence of child poverty
- NI as a traumatised society;
- Higher than average suicide rates in NI in comparison to the UK as a whole.

This, alongside a reported increase in demand and complexity, and associated resource/capacity issues illustrates the challenging position service providers found themselves in prior to the pandemic.

The increase in demand, complexity and resource impact, pre Covid is evident in data and update reports which have outlined the volume of service activity across the continuum of Children's services. At early intervention level, the draft annual report 2019/20 for Family Support Hubs identified a 6% increase in referrals on the previous year. The highest reason for referral prior to the pandemic was, as is the case every year, emotional /behavioural difficulties of primary school age children. Children in the 5-10 age range made up 45% of referrals.

Demand for services for children with disability, and in particular children with autism has increased year on year prompting multi agency work on the development of a Regional Children's Disability Framework in 2019.

Within CAMHS, data shows that from 17/18- 18/19, there was a 23% increase in the average accepted demand in to CAMHS across the region.

The report into children's mental health published in September 2018 by the Children's Commissioner found that services were under significant pressure and highlighted under investment. The DOH accepted all the report's recommendations and published an Inter-Departmental Government (IDG) Action Plan for implementation of the recommendations, including identifying those areas where investment was required.

It is acknowledged that there is under investment in CAMHS. The last substantial investment was in 2012 and since then there was a further limited investment allocated in 2018/19. The total investment in CAMHS is currently £20.4m which represented 7.8% of the total mental health budget and the target for investment is 10%. However this investment in real terms has dropped further through 19/20 and now stands at 7.4%. It is estimated that a further £5.2m is required to achieve the target of 10% of adult mental health investment. There has just recently been much welcome investment identified under 'Inescapable Pressures' which is out to the Trusts for allocation. The target for this allocation is to strengthen capacity across Step 2 and Step3 CAMHS community services based on the acknowledged increase in demand, and to address the consistent breaching of the 9 week target over the past 3 years; almost all Trusts have breached at some time. By the end of March 2020, the total number of breaches was 707 which was an increase from the previous month.

Existing Inter-Agency Partnership Working

Within this backdrop, it is important to acknowledge the level of existing interagency/interdisciplinary work undertaken to promote the emotional health and wellbeing of families and children. This includes:

- CYPSP Locality Planning Activity/Priority actions related to promotion of Children and Young Peoples Emotional Health and Wellbeing
- Provision of 29 Family Support Hubs
- Provision of 29 Surestarts

- The development of the, DoH Multi Agency Emotional Health and Wellbeing Framework
- DE Multi Agency Emotional Health and Wellbeing Framework

COVID RESPONSE: UPDATE ON SERVICE DELIVERY

Services for children and young people have adjusted their models of delivery to address immediate priorities and to maintain a level of continuity, albeit within the restrictions imposed by lockdown. This has been achieved primarily through the use of online platforms and via the online dissemination of resources and contact information for service users. Links to the resources that have been developed across services are contained in Appendix 4.

CYPSP

The CYPSP team continue to facilitate a collaborative multi agency approach to information sharing and have coordinated the production of a number of key resources related to children's mental health and wellbeing specifically related to managing the impact of Covid-19 and to help mitigate the effects of lockdown. The CYPSP website is acting as a central repository for information and guidance across services and working to ensure cross referencing to other on line information via voluntary and community service providers, PHA, HSCB, Education, Housing and Justice. CYPSP has also launched a new venue locator webpage to assist the introduction of support services with social distancing family support as restrictions ease. A new page is also being developed as a central resource for Translated materials and resources based on learning captured throughout the Covid-19 pandemic in relation to good communications with BAME communities.

CYPSP Covid-19 Daily Updates Page

On 26 March the CYPSP created a Covid-19 Daily Update page on the website which provides live information, important messages and relevant contact details for key agencies that are providing services to children and families during the Covid-19 pandemic. Within this page there is a specific link to Mental Health resources, as well as a directory of resources related to bereavement along with other key themed areas.

Children and young Peoples Resource

CYPSP created a Resource Pack for Children & Young People which brings numerous resources and activities together in one place. All are free and in the public domain. It was also published on the CYPSP website and on social media accounts

Locality based Services

At the onset of lockdown, the CYPSP team scoped Locality Planning Group activity across the region, to provide the most up to date information about the resources and services available at locality level across the 5 HSC Trust areas. The information has been compiled into the Locality Planning Service Delivery Guide which is a live document, updated daily.

(Data for the reach of the CYPSP resources is contained in Appendix 4b)

Currently, the multi-agency Locality planning groups and Outcomes groups are beginning to meet virtually to progress CYPSP business, and are working to adapt action plans to ensure specific responses to the areas of need which have been which have risen in priority as a result of the pandemic. Amongst these are; the increase in poverty, the specific needs of the BAME community, and responding to the needs of children with additional needs.

Family Support Hubs

All 29 Family Support Hubs have remained fully operational during the Covid-19 pandemic. A short survey was conducted by Family Support Hubs for the period April / May 2020, to ascertain the level and nature of referrals. Based on a 72% response rate, the data shows that there were 1123 referrals during this 2 month period. This number reflects a reduction in the usual number of referrals from schools and GPs and an increase I community based referrals for food, fuel and advice about community based organisations. The current trend is now upwards.

Allied Health Professionals

Within the Allied Health Professions, face to face assessment and intervention services throughout the pandemic have been prioritised to children with complex needs and disabilities. There are some concerns that due to lock-down measures and restricted contacts with children, early identification and support may be impacted. The paediatric OT service have reported an initial drop in referral rates, which would support this view. In order to deliver services to as many children and young people as possible, AHP services have provided online advice guides, and interactive sessions and appointments to ensure some continuity of care in meeting the presenting needs of children where face to face support has stopped.

The Royal College of Speech and Language Therapists completed a survey across their professional workforce to gather information on the impact of the pandemic directed to which yielded results as listed in Figure 3 below. This indicates a significant disruption to services and associated impact on the children and young person development and overall emotional health and well-being.

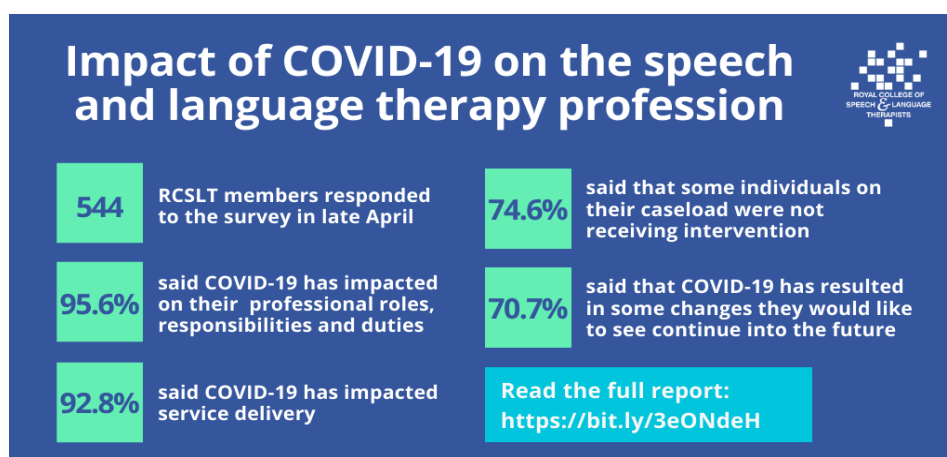


Figure 3

Community Paediatric Services

Due to the associated pressures associated with COVID-19 on the adolescent's emotional health and well-being there is evidence that the lack of stimulation, lock-down challenges and emotional support has resulted in adolescents presenting with new or exacerbation of needs. This includes young people with physical conditions such as diabetes or developmental conditions such as ADHD, ASD etc. Adolescents with conditions such as diabetes or epilepsy already have particular psychological and emotional health & well-being needs that were challenging to manage pre COVID. There are some reports that due to the pandemic and associated lockdown the circumstances and emotional health of adolescents with these needs have worsened.

Many young people attending community clinics are being contacted by telephone and virtual consultation as an alternative to face to face review. A range of behaviours have been recognised from these medical reviews which indicate that adolescents, who have underlying co-morbid conditions are struggling to cope; and some are displaying symptoms of distress, as daily routines, school support and normal activities have been disrupted. Others are retreating into their "shells" and not engaging even with family members during the COVID-19 emergency situation. Both scenarios are difficult and challenging for adolescents and families that could ultimately have a significant impact on both their physical and psychological well-being.

Public Health Agency: Emotional Wellbeing Services and Public Health Nursing

The PHA Health Improvement Division commissions a range of programmes in the voluntary and community sector and in HSCTs which support the mental health and emotional wellbeing needs of children and young people. A review of relevant contracts for the period ending May 2020 highlights the following:

Early Years / Early Intervention / Parenting Programmes – there has been some decrease in delivery of these programmes but where possible they are continuing via telephone, video calling and online support.

Drug and Alcohol Programmes – all services are continuing via telephone or video calling. No notable change is being seen in either the demand for or referrals to the services. Service user engagement remains good and there is some anecdotal evidence that DNAs are reduced as young people like this form of contact.

EHWB Support – services providing mentoring support for young people are continuing via telephone and video calling. Social isolation and anxiety are highlighted as the main issues,

The Barnardo's **Children and Young People bereaved by suicide** support project is currently delivered remotely, with young children engaging via zoom and older children generally preferring telephone contact. There are some concerns about delivering this type of therapeutic service in the home environment, but this are being considered and minimised.

Statutory Children's Services

Surge plans were developed to facilitate the redeployment of staff to support those services deemed to be high priority.

The key priorities are identified as:

- Child protection investigations
- Children on the edge of care
- Children on the Child protection register
- Children in residential care
- Children in Foster Care including Kinship care
- Unaccompanied Asylum seeking children
- Children with complex needs and Children with a disability
- Child and Adolescent Mental Health Services (CAMHS)
- Young people who have left care and are in need of support
- Vulnerable Children and children of keyworkers having access to childcare

Appendix 1: Figure 1, illustrates the weekly dashboard of key trends within children's services which has been established during the Covid-19 period. The data compares current trends to pre Covid-19 activity, and indicates that while there has been a recorded decrease in child protection referrals compared to the pre Covid-19 period, the number of registrations to the child protection register, the number of children on the child protection register and the number of looked after children has increased.

Appendix 1: Figure 2, outlines referral by source, and evidences a significant decline in referrals from school obviously, and an increase of referrals from police. Appendix 2: Figure 3 illustrates the breakdown of reasons for referral in 3 HSC Trust areas. Comparative data for pre Covid is not available but anecdotal information points to an increase in domestic violence referrals. This reflects the national picture. In the UK, Refuge, one of the leading domestic abuse organisations reported that calls to the UK Domestic Violence Helpline increased by 25% in the seven days following the announcement of tighter social distancing and lockdown measures by the government.

Services for Children with Disability

Lockdown as result of the pandemic has created significant pressure on carers of children with disability. Specific responses across agencies include:

- Provision of information and support for carers to help mitigate the effects of home confinement
- Support for parents/carers to meet the specific developmental needs of children during lockdown.
- The extension of existing short break provision already in place.
- The reopening of units for residential short breaks for cwd where such units had been previously designated as isolation facilities for all of LAC children.

- Work with Education to place vulnerable children back into educational setting during the Covid crisis.

In the accompanying document outlining perspectives from service users and front line staff, there is significant narrative evidence in relation to the implications for children with additional and /or complex needs, those diagnosed or waiting for diagnoses of ASD/ADHD. This group of children have often struggled with the changes to their routine, and there are mixed perspectives in relation to the introduction of on line service delivery.

CAMHS

Within CAMHS, the immediate consequences of Covid-19 were significant. Routine work shifted rapidly from the usual face to face contact to a remote way of working using telephone or online platforms. Crisis contacts and some essential urgent work was maintained directly via social distancing with PPE. New protocols for visiting to the in-patient unit and accommodating contact for young people was commenced. Transfer of cases from CAMHS to AMHS was paused, although where clinically indicated transfers of some specific cases did progress.

Appendix 2 Tables 1 and 2, chart the position in respect of CAMHS from January – May 2020 which show the breaches of the 9 week target and the sustained rise in the waiting times. In some services there has been a reduction which is largely accounted for in the drop in the numbers being referred to CAMHS following the lockdown. The figures for the total waits for CAMHS, shows an overall reduction again due to the drop in the number of referrals to CAMHS. It is acknowledged that this drop in referrals is related to a number of factors, including the reduction of referral activity from GPs and the reduction in the numbers of referrals related to schools related anxiety.

In the accompanying document outlining perspectives from service users and front line staff, there is significant narrative evidence of the increase in children's anxiety levels, and concerns about the psychological impact of loneliness and isolation, as well as the impact on those children and young people with specific mental health diagnoses. There is a clear message that, as restrictions are lifted, and referral activity increases that there will be a surge.

Secure Children's Home Accommodation

The Regional Multi-Agency Panel for Secure Children's Home accommodation has ensured that there is access to secure children home accommodation for the five Trusts since the outbreak of Covid-19. There has been a marked spike in activity in March compared to other months with a total of 5 Panels with 7 applications in the past 4 weeks. The Multi Agency Panel continues to ensure that a quorum is available by moving to remote working and teleconferencing.

Bed capacity within the Lakewood facility has been maintained through redeployment of staff from other facilities.

Education Authority Service Provision

A number of critical EA services have remained functional during this period of lockdown and have continued to safeguard and support the emotional health and wellbeing of children and young people and in particular those identified by the Department of Education as vulnerable.

They include the following:

- **Independent Counselling Service for Schools (ICSS)**
- **Critical Incident Support Service (CIRT)**, which has continued to provide, via telephone, critical incident management support, advice and resources for all schools as required. The Critical Incident Response Team Helpline provides out of hours support for schools when a critical incident happens.
- **Exceptional Teaching Arrangements (ETA)** has provided teaching and pastoral support to those children who by virtue of their physical or mental health were unable to attend school prior to lockdown and who were known to ETA. Approximately 400 children have been supported via online learning platforms, telephone communication, emails, home visits and referral to other services. There has been regular contact with children and young people, their parents and carers and other professionals as required.
- **Child Protection Support**
- **Children Looked After Project**
- **Education Welfare Service** has flexed its approach to provide a range of support services to vulnerable children and their families since lockdown, utilizing the teams' contacts with Police and Social Services and knowledge of wider systems and community supports.
- **Primary and Post Primary Behaviour Support and Provisions** have provided pastoral and education support to individual pupils and parents known to the service pre lockdown.
- Some **EOTAS** centres have remained open to support vulnerable children, and over 580 pupils, have received continuous support in their learning and wellbeing each day.
- **Intercultural Education Services (IES)** continue to be in contact with a range of vulnerable families from the Ethnic Minority community. Providing support and signposting to sources of help and resolving issues of Free School Meals and payments.

Youth Services

Whilst generic youth services were stood down during lockdown, the following services have continued:

- **FLARE** – support for young people aged 11-25 experiencing poor mental health

- START – support for young people aged 11-19 under the threat of paramilitary violence or coercive control.
- CADi – providing digital resources for children and young people.

EA Youth Services has also been providing Outreach and Detached work on request directly from the PSNI

In addition a number of additional youth work supports were developed during lockdown. These are referenced in Appendix 4.

Despite this level of input from EA, concerns around education provision and inability to attend school has created significant impact on the emotional health and wellbeing of school aged children. (see the accompanying document outlining perspectives from service users and front line staff).

Education Restart

A Programme Board has been established which will provide strategic direction and oversight for the Restart Programme, chaired by the Permanent Secretary with membership drawn from senior officials in the Department, Education Authority (EA), Council for Catholic Maintained Schools (CCMS) and the Council for the Curriculum, Examinations & Assessment (CCEA). This project includes an emotional health and wellbeing subgroup with links to silver EHWP CYP sub cell. A link to the FAQ is contained in Appendix 4.

SERVICE DELIVERY: EMERGING ISSUES AND RECOMMENDED NEXT STEPS

The impact of the coronavirus pandemic on the delivery of children's mental health and emotional wellbeing services is potentially far reaching, both in relation to the current lived experience and the future post Covid landscape. A number of clear and interrelated issues have emerged which require consideration to ensure that service delivery is needs led and fit for purpose. These are:

1. Increased poverty and socio economic deprivation.

The government measures which were required to mitigate the spread of the virus, have resulted in economic uncertainty for many. The increase in the number of referrals via Family Support hubs for food, fuel and financial assistance and the evidence of food poverty as a primary need at locality level indicates the increased need for early intervention service responses which help to meet physical and practical needs, which in turn will promote emotional health and wellbeing of families.

2. Continued strengthening of early intervention services

It is evident that early intervention services have risen to the challenges created by the current crisis, and have developed locality and community based responses to deal with the immediate impact of the pandemic. Access to sources such as helplines, increased self

help initiatives and online support should continue to be facilitated to strengthen, through inclusion in the service delivery models of all relevant agencies. Delivering support online has significant consequences for practitioners. Many are not trained to deliver online support and may not have the skills to deal with high levels of disinhibition or the confidence to safeguard effectively online.

3. Anticipated surge in referrals

The increase in referrals at family support hub level, coupled with the decrease in referral activity in CAMHS suggests the potential for a surge in referral activity to services, as the current crisis continues. (There is already evidence on a substantial increase in the numbers of young people presenting in crisis – although not at the level pre pandemic.) Data illustrate the pressures already faced by CAMHS prior to Covid-19, including the planned implementation of the cross departmental response to the NICCY report ‘Still Waiting’. Investment was already required in CAMHS, and further investment is required to plan for and manage the anticipated situation post Covid-19.

4. Supporting the provision of education

Managing the increased demand for support for children and young people during phased return to schools, the provision of ‘targeted’ school-based interventions, and responses to referrals from schools to statutory services, has far reaching implications on service delivery across the continuum. It is important that reset and recovery plans take account of the importance of an integrated multi-disciplinary and multi-agency approach.

5. Developing a blended service delivery approach

It is important that we take cognisance of some of the positive outcome which have been identified as a result of the changes in working practices. The accompanying paper outlines, where on line consultations and supports have been useful tools in managing and responding to the needs of some of our service users. In acknowledgement of the evolving environment, service models also need to continue to adapt to including ‘normalising’ virtual contact with service users, extended working days, the appropriate use of PPE and social distancing for face to face contact.

Access to adequate IT and WIFI is required for both staff and service users to ensure equity issues are addressed. This applies both to access to adequate IT equipment, and also skills in using the equipment or relevant platforms.

1. Development of targeted training for staff

Future training needs analysis needs to take account of ongoing training requirements for the following:

- Blended service delivery and the use of online tools
- trauma-informed approaches and practice
- Covid-19 as adverse childhood experience

- Supporting parents to identify behavioural, emotional or physical symptoms
- Supporting parents own fears, anxiety, stress re Covid-19
- Grief/bereavement support training

CONCLUSION

This document provides a strategic overview of the challenges faced, and services delivered to children, young people and families in NI, during this unprecedented and challenging time. Significant activity has taken place across all sectors and this paper does not adequately do justice to all of that. It is also evident that we are in the midst of a constantly evolving situation, and whilst this paper should be viewed as a standalone document, it is potentially a first step in the planning process for reset and recovery, and it is therefore proposed that:

- the MHEWB / CYP Sub Cell produce a brief mapping document which will signpost the recommended actions to relevant existing fora, and that
- the Mental Health and Emotional Wellbeing Cell, take account of the above issues recommendations and signposted actions, in the development of the overarching Outcomes Delivery Plan.

**Maxine Gibson, Children's Services Planning Professional Advisor
(Chair MHEWB/CYP Sub Cell)**

APPENDIX 1: Statutory Children's Services Dashboard: Figure 1: DSF Activity

Figure 2: Referral source

Figure 3: Referral Reason

Fig 1:

Children's Services

Latest available figures prior to period of COVID-19
ESTIMATED AVERAGE FIGURES

Average number of Child Protection referrals per week (based on year ending 31 December 2019)	
Belfast	10.7
Northern	6.4
South Eastern	9.9
Southern	14.3
Western	14.8
Northern Ireland	56.1

Source: "Quarterly Child Protection Statistics for Northern Ireland", DoH

Average weekly number of registrations to CPR (based on 6 months ending 30 September 2019)	
Belfast	4.8
Northern	9.7
South Eastern	5.0
Southern	10.7
Western	8.5
Northern Ireland	38.7

Source: DSF

Number of children on CPR at 31 December 2019	
Belfast	277
Northern	512
South Eastern	335
Southern	545
Western	577
Northern Ireland	2246

Source: "Quarterly Child Protection Statistics for Northern Ireland", DoH

Number of LAC at 30 September 2019	
Belfast	826
Northern	680
South Eastern	621
Southern	582
Western	653
Northern Ireland	3362

Temporary data Collection During the Period of COVID-19
PROVISIONAL FIGURES, SUBJECT TO CHANGE
DO NOT SHARE OUTSIDE OF HSC

Number of child protection referrals during week ending	6th April	13th April	20th April	27th April	April average	Change from pre covid-19
Belfast	8	3	0	5	4.0	-63%
Northern	1	10	9	9	7.3	13%
South Eastern	1	13	5	12	7.8	-22%
Southern	12	12	9	5	9.5	-33%
Western	16	5	1	11	8.3	-44%
Northern Ireland	38	43	24	42	36.8	-34%

Number of registrations to CPR during week ending	6th April	13th April	20th April	27th April	April average	Change from pre covid-19
Belfast	2	6	4	11	5.8	21%
Northern	14	8	4	2	7.0	-28%
South Eastern	8	7	1	10	6.5	29%
Southern	16	29	2	10	14.3	33%
Western	8	8	2	7	6.3	-26%
Northern Ireland	48	58	13	40	39.8	3%

Number of children on CPR at	6th April	13th April	20th April	27th April	April average	Change from pre covid-19
Belfast	252	258	263	273	261.5	-6%
Northern	522	528	533	518	525.3	3%
South Eastern	383	393	393	397	391.5	17%
Southern	571	587	583	567	577.0	6%
Western	607	611	612	616	611.5	6%
Northern Ireland	2335	2377	2384	2371	2366.8	5%

Number of LAC at	6th April	13th April	20th April	27th April	April average	Change from pre covid-19
Belfast	865	863	862	863	863.3	5%
Northern	708	716	714	714	713.0	5%
South Eastern	670	670	669	670	669.8	8%
Southern	557	556	556	557	556.5	-4%
Western	657	663	669	670	664.8	2%
Northern Ireland	3457	3468	3470	3474	3467.3	3%

Referrals to social services by referral source

Northern & South Eastern & Western HSC Trusts	
Referral Source/Agent	Average number of children referred to social services per week (based on year ending 31 March 2019)
Police	114.0
Social Worker	48.7
Out of Hrs Co-ord	13.5
Relative	25.8
Teacher	30.9
Anonymous	14.9
Hospital Social Worker	1.8
GP	11.8
Hospital Nurse	23.9
Health Visitor	8.1
Court	4.1
Probation Officer	5.4
Vol. Organisation	4.9
Self	7.7
Community Psych. Nurse	4.4
N.S.P.C.C	3.0
NIHE	2.0
Comm. Mental H/C Nurse	2.4
Educat Welfare Officer	1.9
Others	40.2
Total	369.5

Source: DSF 10.1.4 (b)

Northern & South Eastern & Western HSC Trusts					
Referral Source/Agent	WE 27 April 2020	WE 4 May 2020	WE 11 May 2020	WE 18 May 2020	WE 25 May 2020
Police	222	166	133	200	178
Social Worker	56	58	35	63	59
Out of Hrs Co-ord	8	8	15	19	7
Relative	19	22	14	31	44
Teacher	3	7	1	5	14
Anonymous	11	27	14	22	19
Hospital Social Worker	4	1	0	0	1
GP	9	5	9	15	4
Hospital Nurse	31	20	17	33	33
Health Visitor	2	6	0	4	8
Court	0	0	2	0	0
Probation Officer	4	6	6	5	2
Vol. Organisation	4	24	0	0	3
Self	0	6	0	0	4
Community Psych. Nurse	0	4	12	0	6
N.S.P.C.C	6	4	4	4	1
NIHE	0	0	0	0	0
Comm. Mental H/C Nurse	0	1	3	2	0
Educat Welfare Officer	1	3	1	0	0
Others	25	32	35	38	27
Total	405	400	301	441	410

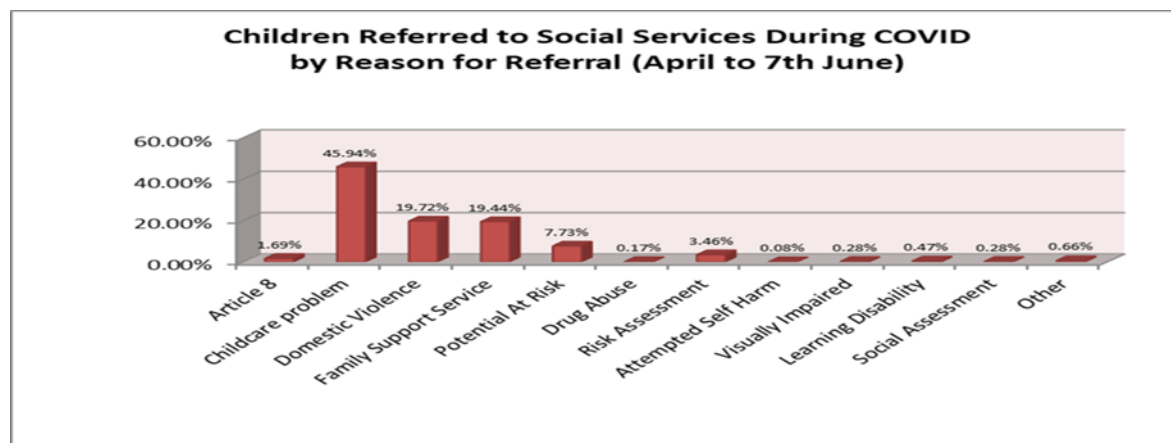
Child protection referrals by referral source

Northern & South Eastern & Western HSC Trusts	
Referral Source/Agent	Average number of child protection referrals per week (based on year ending 31 December 2019)
Police	6.7
Social Worker	12.7
Relative / Neighbour / Friend	1.1
Teacher /EWO	4.3
Anonymous	0.2
Hospital	1.1
GP	0.5
Vol. Organisation	0.5
Self	0.3
Comm. Nursing (health visitor)	0.3
Other	3.4
Total	31.1

Source: "Quarterly Child Protection Statistics for Northern Ireland", DoH

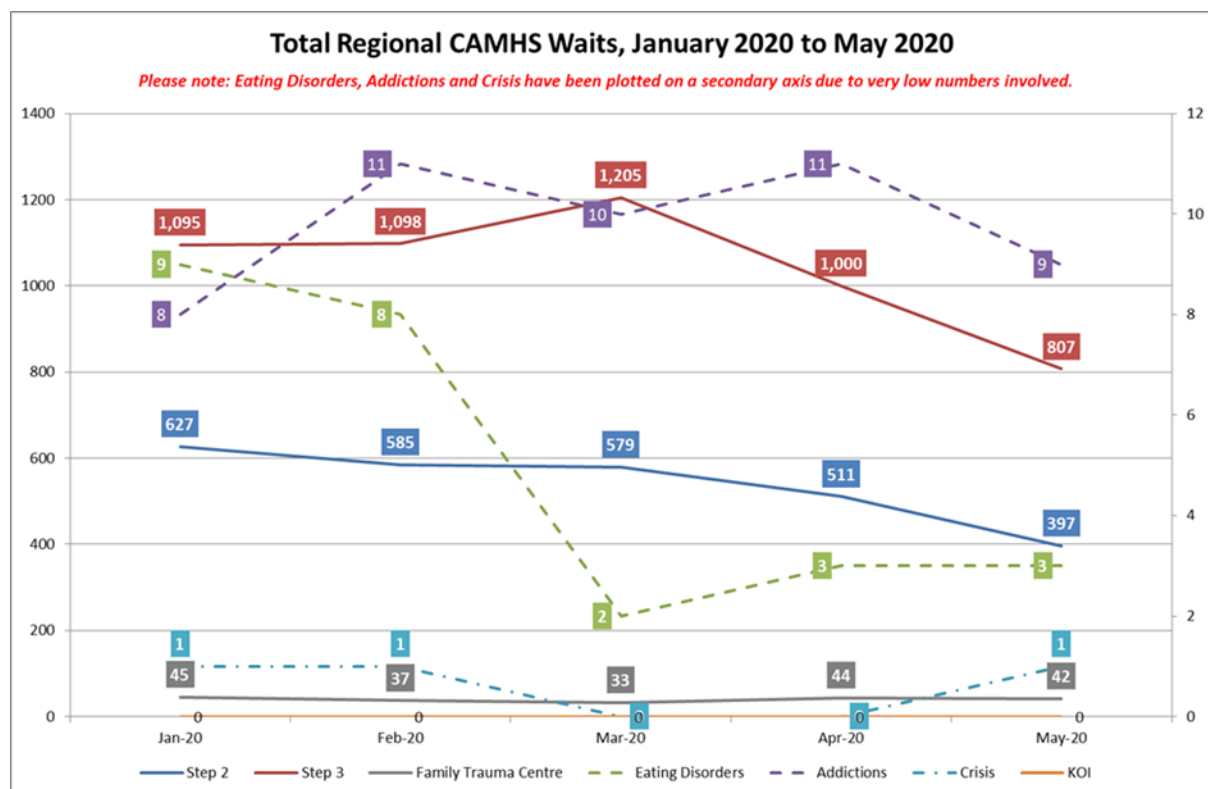
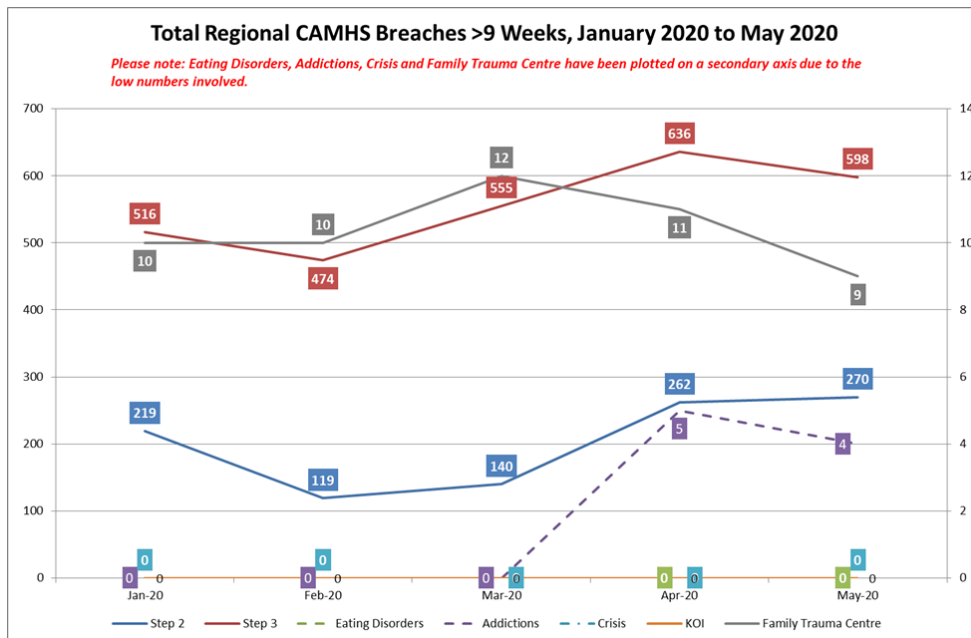
Northern & South Eastern & Western HSC Trusts					
Referral Source/Agent	WE 27 April 2020	WE 4 May 2020	WE 11 May 2020	WE 18 May 2020	WE 25 May 2020
Police	8	6	10	9	17
Social Worker	19	20	8	15	14
Relative / Neighbour / Friend	1	3	0	0	4
Teacher /EWO	0	0	0	0	0
Anonymous	1	0	0	0	1
Hospital	3	1	1	0	4
GP	0	0	0	0	2
Vol. Organisation	0	0	0	0	0
Self	0	0	0	0	0
Comm. Nursing (health visitor)	0	0	0	0	0
Other	0	1	3	1	0
Total	32	31	22	25	42

Fig 2



Appendix 2: CAMHS

Table 1



Appendix 3



Attendance at
educational settings in

Appendix 4a: List of resources developed across agencies

<http://www.cypsp.hscni.net/download/documents/LPG-Members-covid-19.pdf>

<http://www.cypsp.hscni.net/covid-19-daily-updates/>

Young Minds Survey Coronavirus: Impact on Young People with Mental Health Needs (www.youngminds.org.uk);

The Impact of Covid-19 on Children and Young People, The Children's Society (www.childrenssociety.org.uk); King's College London REACH Study.

Universal advice on staying well while social distancing with children at home from school - <https://www.rcot.co.uk/file/6442/download?token=djOle4xl>

Advice to help parents/carers prepare children for their return to school - <https://www.rcot.co.uk/file/6736/download?token=XgAjkBk>

From BPS on 'Supporting care-experienced children and young people during the Covid-19 crisis and its aftermath'

<https://www.bps.org.uk/sites/www.bps.org.uk/files/Policy/Policy%20-%20Files/Supporting%20care-experienced%20children%20and%20young%20people%20during%20the%20Covid-19%20crisis%20and%20its%20aftermath.pdf>

'Allowing young children to play with their friends must be prioritised as soon as possible when lockdown is eased.'

<https://www.acamh.org/blog/young-children-to-play-with-friends-must-be-prioritised-when-lockdown-is-eased/>

<https://www.sibs.org.uk/wp-content/uploads/2020/06/Sibs-report-Life-in-Lockdown.pdf>

<https://www.nicva.org/article/covid-19-the-impact-on-children-and-families>

<https://www.autism.org.uk/services/helplines/coronavirus/resources/stories-from-the-spectrum.aspx>

<https://www.bbc.co.uk/news/uk-northern-ireland-52236326>

<https://www.autism.org.uk/get-involved/media-centre/news/2020-04-15-northern-ireland-minister-thanks-autistic-people.aspx>

<https://www.theguardian.com/society/2020/may/13/parents-disabled-children-buckling-under-24-hour-care-coronavirus>

<https://www.theguardian.com/society/2020/apr/15/pandemic-isolates-families-disabled-children>

<https://www.bbc.co.uk/news/education-52806105>

https://www.childcomwales.org.uk/wp-content/uploads/2020/06/FINAL_formattedCVRep_EN.pdf

<https://learning.nspcc.org.uk/news/2020/april/supporting-children-young-people-mental-health>

<https://www.eif.org.uk/report/covid-19-and-early-intervention-evidence-challenges-and-risks-relating-to-virtual-and-digital-delivery>

https://developingchild.harvard.edu/guide/a-guide-to-covid-19-and-early-childhood-development/?utm_source=newsletter&utm_medium=email&utm_campaign=april_2020

<http://childcarepartnerships.hscni.net/wp-content/uploads/2020/04/Sure-Start-Newsletter-First-Issue-30-March-2020.pdf>

WWW.suzanne.zeedyk.com

www.safehandsthinkingminds.co.uk

<https://www.rcslt.org/-/media/docs/Covid/RCSLT-Survey---impact-of-COVID---FINAL.pdf?la=en&hash=051489D0F453888E4983AAD01C14C6BD63512991>

https://www.rcslt.org/-/media/docs/RCSLT_SEMH_A4_2019_Web_Singles.pdf?la=en&hash=1DDE04F06D86CC A9C3A4E537EEA96468A5632767

For how SLTs support CYP mental health.

<https://www.rcslt.org/-/media/docs/RCSLTCYPMHSA4Digital.pdf?la=en&hash=ADEF0D30638C3E9623E151BC96FDD9BBCA532ADC>

<https://www.rcslt.org/learning/covid-19>

<https://www.rcpsych.ac.uk/improving-care/nccmh/covid-19-mental-health-improvement-network/webinars>

<http://www.cypsp.hscni.net/family-support-hubs/#ffs-tabbed-23>

<https://www.eani.org.uk/supporting-children-and-young-people>

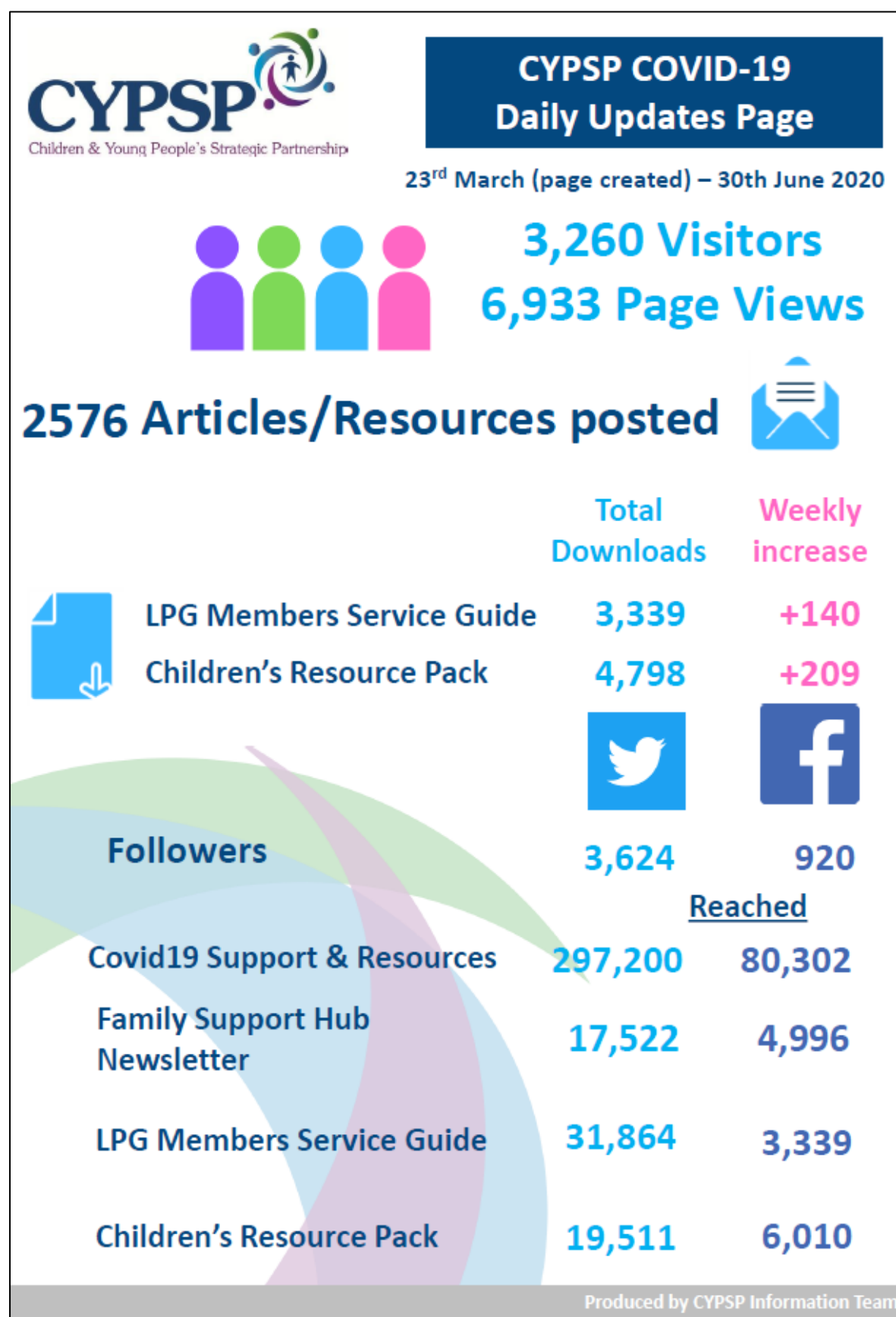
<https://www.youthonline.org.uk/stay-safe/>

<https://www.eani.org.uk/services/youth-service>

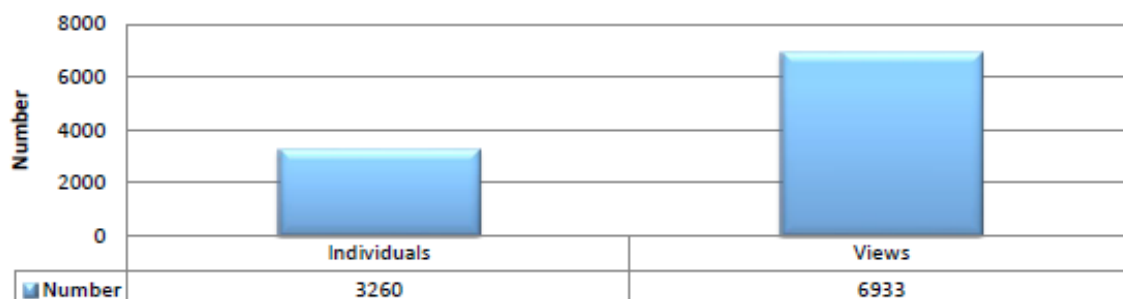
<https://www.eani.org.uk/services/pupil-support-services>

<https://www.education-ni.gov.uk/faqs-education-restart-programme-24-june-2020>

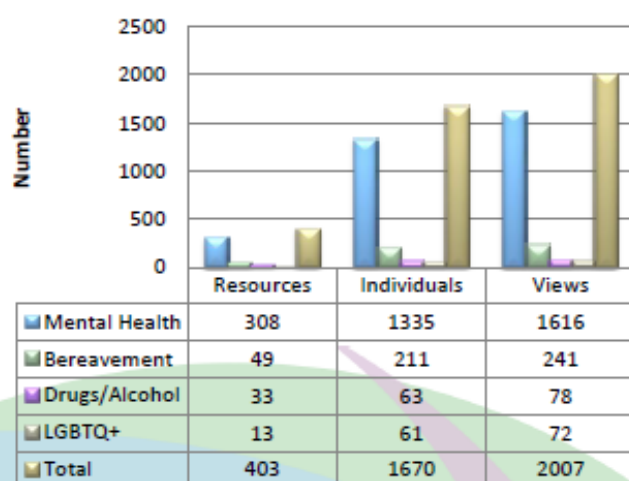
Appendix 4b: Analysis of Data Returns re CYPSP Resources and Reach



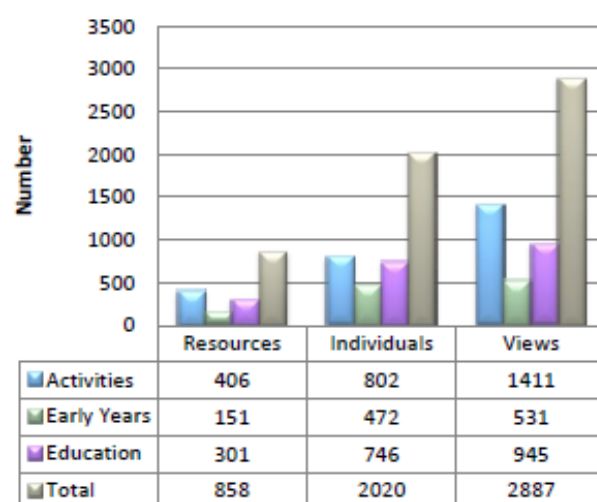
Covid 19 Page



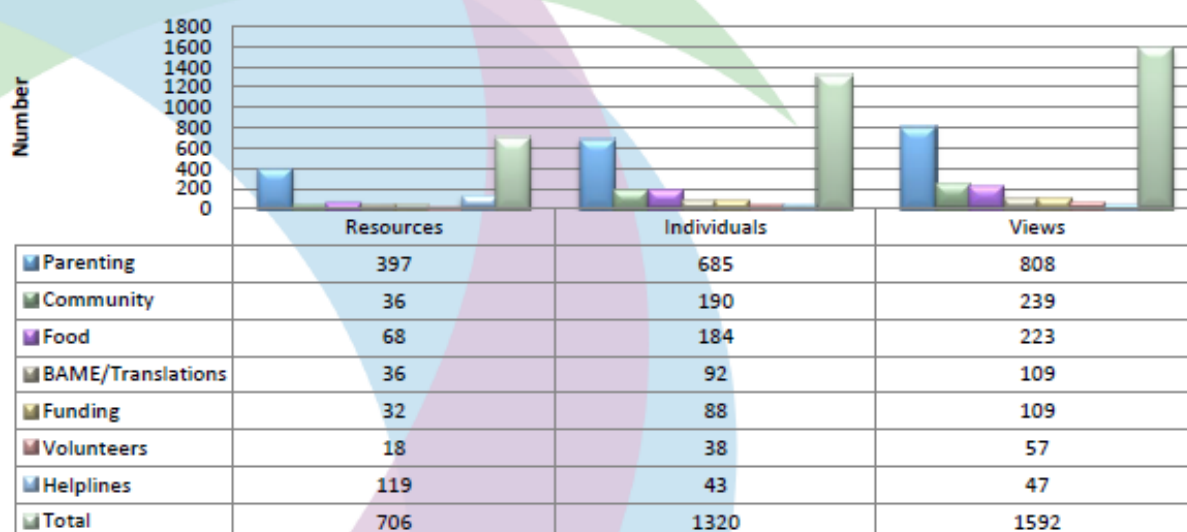
Emotional Health & Wellbeing Resources viewed



Kids/Young People Resources viewed

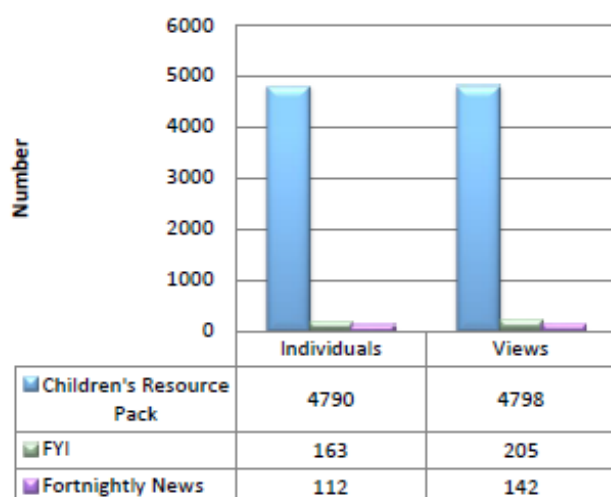


Parenting & Community Resources viewed

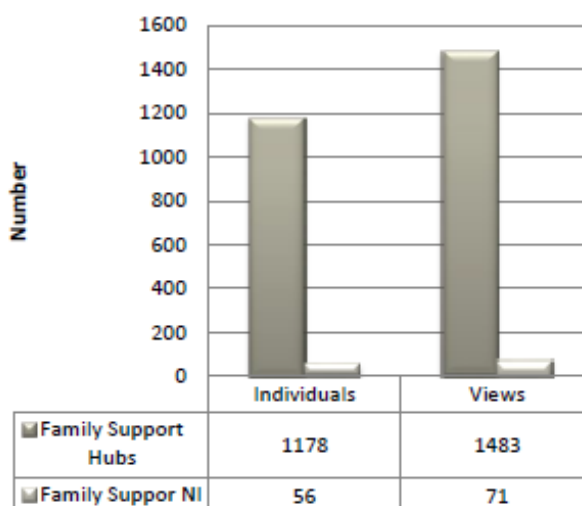


CYPSP COVID-19 Daily Updates Page

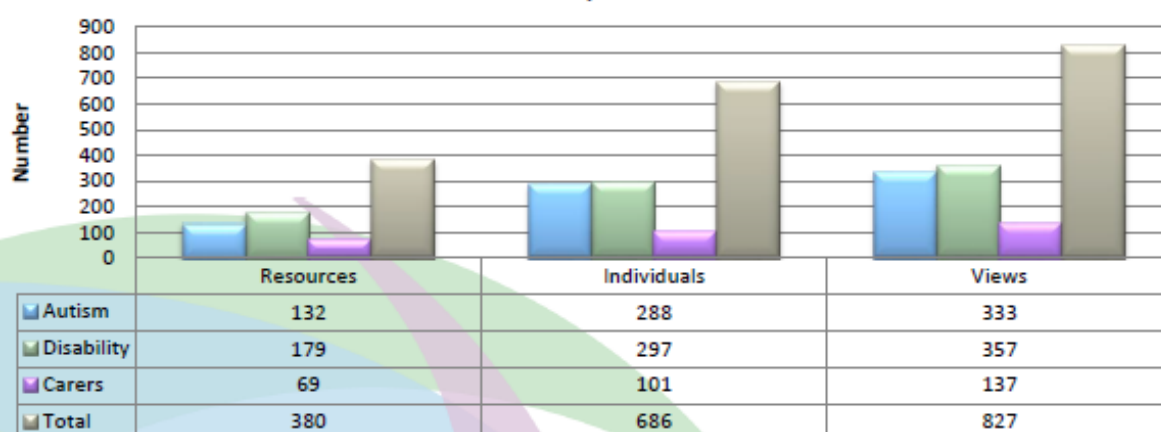
Support Resources



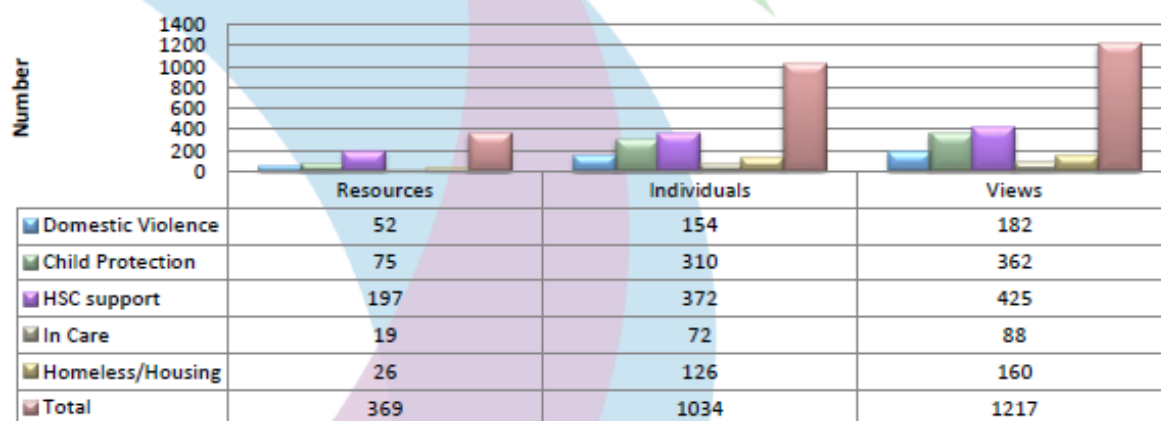
Family Support Hub views



Autism/Disability Resources viewed



Safety Resources viewed



Produced by CYPSP Information Team

"this looks great,
Thanks CYPSP"

"great resource for
all of us trying to
balance work with
home schooling"

"excellent
resources"

"brilliant
resources
from cypsp"

"thanks for
sharing"

"check out this great resource which
is a library of information support
advice and contacts for those living
with a disability"

"fantastic resource with
so much information all
in one place – very well
done to all involved"

"thanks for
sharing with us –
keep us updated"

"lots of
important
information and
links to support,
advice and
guidance"

"fantastic up to
date Covid-19
support &
resource page"

"well
done"

"thanks to cypsp
for highlighting
our blog in their
daily updates"

"Brilliant pack with so many
resources to support children, young
people and families in Northern
Ireland. Great ideas and great
services in here, please share!"

"Great ideas
to keep
children and
families
active"

"Well done to @cypsp
for keeping this
valuable resource
updated"

"Great bank of
resources"

"Visit @cypsp resource bank
for helpful mental health
links"

"Well done
@cypsp team for
all the information
you are sharing"