

# Understanding experiences of the children and young people's emotional wellbeing and mental health early intervention and training pathway

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## 1. Executive Summary

In Nottingham and Nottinghamshire, services are commissioned to provide early support and intervention for mental health and emotional wellbeing to children and young people, as well as training for professionals. Commissioners want to improve this pathway by understanding the views of the public and ensuring that a new service model is developed, commissioned and mobilised by October 2021.

The Nottingham and Nottinghamshire CCG conducted engagement with children and young people, parents, carers and professionals such as GPs, teachers and health professionals to understand experiences and report on what support has been like for them at the early intervention stage. These insights will help when developing a service model and procuring services to deliver future early intervention support and training to health professionals.

Engagement was conducted using a variety of methods including online surveys, virtual focus groups and telephone interviews from 12<sup>th</sup> August 2020 to 18<sup>th</sup> September 2020. A total of 85 young people, 116 parents and carers and 217 professionals engaged in the online surveys not including those who participated in focus groups and telephone interviews.

Findings included:

- The need for greater awareness of early intervention services.
- The need for immediate access to support with no thresholds.
- More flexible support is needed in terms of appointment times and tailored support.
- Greater, non-judgemental support for parents and carers.
- Greater communication and involvement with carers.
- More training for professionals delivered in conjunction with young people.
- Better partnership working between mental health services and other organisations.

Further findings and recommendations based on findings can be found within the report.

A special thanks to all who promoted and took part in the engagement.

## 2. Background

Early intervention is defined as identifying and providing early support to children and young people who are at risk of poor outcomes, such as mental health problems, poor academic attainment, or involvement in crime or antisocial behaviour. The joint Green Paper by the Department of Health & Social Care and Department for Education (2018) states that effective early intervention supports the prevention of worsening health and can have major societal benefits.

The Long Term Plan (LTP) (2019) outlines objectives to increase community mental health services for children and young people in line with national access targets.

In Nottingham and Nottinghamshire seven different services are currently commissioned to provide early support and intervention to children and young people, as well as training for professionals. Commissioners have reviewed the pathway and found there is inequity in the provision provided and improvements can be made. These include:

- Disparity in the provision provided throughout the Integrated Care System (ICS), with travel, community bases and service offers varying.
- Services often offering traditional medical models and transition from child to adult services, identified as requiring improvement.
- Need for greater focus on training for GPs to ensure the right care is provided at the right time.
- Varying and some long wait times.
- Low uptake of GP Consultation in areas.
- Lack of existing support for parents and carers
- Inequitable offer of services to meet the needs across Nottingham and Nottinghamshire.
- Need for standardised tools to measure clinical outcomes.

To address the existing inequities and make these improvements, commissioners wanted to understand the existing views of children and young people, their parents/carers and professionals such as GPs, teachers and health professionals surrounding the Early Intervention (EI) pathway. These views will help to inform a new service model which will be considered when commissioning and mobilising services for October 2021.

The MH:2K, youth-led project, was commissioned to conduct virtual focus groups with young people in the community, at an Integrated Care Partnership (ICP) level. To complement this work, the CCG engaged children and young people via online surveys and the offer of telephone interviews. Engagement with parents, carers, and professionals such as GPs, health visiting services and teachers in the local area was

also conducted to gain their insight into services and support. The term ‘carers’ used in this report is used to refer to those who provide unpaid support to another.

## 2.1 Aim and Objectives

The aims for engagement were to understand current experiences of EI and training services, noting improvements needed to be made thus influencing commissioners when commissioning future services part of the EI and training pathway.

Key objectives for engagement were:

- Children and young people - Understand what EI means to them and how they would like to access early support.
- Parents and carers - To understand their support needs at the EI stage.
- Professionals - To understand their needs in terms of early support and training.

## 3. Engagement Methodology

Engagement took place via a range of methods to ensure more accessible engagement opportunities for the public during the COVID-19 pandemic. The methods of engagement for each of the three cohorts are broken down below.

### 3.1 Parents/Carers

A parent’s testimonial used to form part of promotional materials for engagement. These materials along with a stakeholder briefing was issued to all stakeholders from the 12<sup>th</sup> of August 2020 onwards (see Appendix 5 for stakeholder list).

Parents and carers were invited to share their views on early support services in one of three ways:

- **Online survey (via Survey Monkey):** This survey focused on current experiences of EI services and improvements to be made in future (see appendix 3 for survey questions).
- **Focus groups:** Three virtual focus groups were initially arranged on the 2<sup>nd</sup>, 5<sup>th</sup> and 8<sup>th</sup> of September 2020, providing parents and carers the opportunity to get involved



at a date and time that suited them best. Due to lack of uptake, only one focus group was led of 5<sup>th</sup> September 2020 (See appendix 4 for focus group questions).

- **Telephone interviews:** Parents/carers were invited to take part in a telephone interview where they would be asked the same questions as the focus groups.

To further promote engagement for parents and carers, a video was created by a carer and patient representative that was promoted through CCG social media platforms and the Virtual Carers Roadshows on YouTube

(<https://www.youtube.com/watch?v=TdlirHE4GDo>), on the 8<sup>th</sup> of September 2020.

Due to the lack of uptake for the virtual focus groups hosted by the CCG, many community groups likely to be hosting virtual meetings for parent and carers were approached to request engagement. Virtual groups that were attended were those hosted by: Carers Federation, Crocus Fields, Foxwood Academy, Nottinghamshire Carers Hubs (two groups attended: one for young carers and one for adult carers) and The Community Coaching Company. A total of 7 focus groups were conducted including the one group run by the CCG.

Parents and carers also contacted the engagement team directly or requested their details to be forwarded through organisations such as the CAMHS Eating Disorder Services. Carers then took part in telephone interviews. A total of 5 telephone interviews were conducted.

### 3.2 Professionals

Professionals were engaged via online survey which aimed to understand more about the support and training needs of professionals who are frequently presented with young people with low level mental health needs (see Appendix 6 for a copy of the survey).

Links to this survey were distributed through all stakeholders from the 12<sup>th</sup> of August 2020 onwards (see Appendix 5 for stakeholder list).

### 3.3 Children and Young People

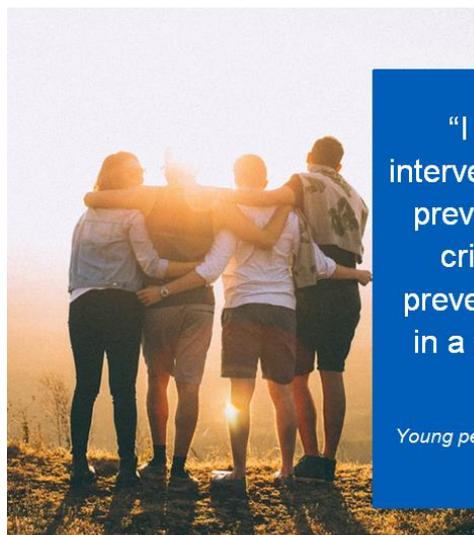
A co-production session was conducted with local Citizen Researchers, who are members of the youth led project MH:2K, on the 20<sup>th</sup> of August whereby questions for the MH:2K focus groups and survey to be hosted by the CCG were considered and shaped.

A testimonial from a young person was used to form part of the promotional materials for engagement. Following the co-production session, engagement opportunities were shared from August 27<sup>th</sup> 2020 onwards with a range of stakeholders in partnership with MH:2K (see appendix 5 for stakeholder list). Children and young people were offered a range of methods to get involved and share their views. This included participating in:

- **An online survey (developed on Survey Monkey):** This survey aimed to understand what EI means to young people and how they would like to access support in future (see appendix 7 for survey questions).
- **Virtual focus groups** conducted by MH:2K.
- **Telephone interviews** hosted by the CCG whereby the same questions would be asked as within the focus groups (see appendix 8).

MH2K

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“I believe early intervention is key as it prevents a potential crisis as well as preventing disruption in a young person’s life”  
*Young person from Nottinghamshire*

Two virtual groups were attended to promote opportunities for children and young people’s engagement and this included the Ashfield District Youth Forum and Shawmind’s virtual ManCave group.

All engagement was also shared via the CCG website (<https://nottsccg.nhs.uk/get-involved/current-and-previous-engagement-and-consultations/emotional-wellbeing/>) and social media platforms.

Due to the COVID-19 pandemic and potential issues surrounding digital poverty for many groups, a Press Release was issued on the 27<sup>th</sup> of August 2020 to reach more communities (see appendix 9).

All engagement materials were available in different languages and formats on request by contacting [sasha.bipin@nhs.net](mailto:sasha.bipin@nhs.net). All engagement ended on Friday 18<sup>th</sup> September 2020.

## 4. Findings

The findings below are split into the categories of children and young people, parents and carers and professionals. Though the public noted which district or borough of Nottinghamshire they lived in, these results were grouped to form the three categories based on the Integrated Care Partnership (ICP) areas of Mid-Nottinghamshire (Mansfield, Ashfield, Newark and Sherwood), Nottingham City and South Nottinghamshire (Broxtowe, Gedling and Rushcliffe). Findings by ICP area are also reported as this is essential for commissioners to understand views and needs at an ICP level.

Thematic analysis was conducted for focus groups, telephone interviews, open response questions and 'other' options on the surveys. The main themes are highlighted within the findings. For overall findings across all areas, additional themes can be sourced in the appendices for each cohort (i.e. children and young people, parents and carers and professionals). All equality and diversity information can be found in appendix 10.

**Throughout the engagement, comments were made on the Child and Adolescent Mental Health Services (CAMHS). These results are not included in the main analysis of this report as engagement was focused on EI services. Key themes emerging from comments on CAMHS have however been summarised under the 'Additional Comments' section.**

### 4.1 Children and Young People

Below are the insights collated based on the 85 children and young people who engaged with the online survey. A small number of surveys were completed by parents on behalf of their child or young person. Due to it being a non-compulsory question, only 40 respondents reported the area of Nottinghamshire they live in. From these, 40% were from Mid-Nottinghamshire, 15% from Nottingham City and 28% from South Nottinghamshire. Young people did not participate in phone interviews offered. MH:2K conducted focus groups with young people across the City and County. Findings from these can be found in the MH:2K report.

#### 4.1.1 Findings across all areas

When asked what EI means to them, the top three themes noted by young people were:

- Access to support before mental health worsens.
- Immediate access to support services (no waits).
- Preventing mental health issues.

This highlights that young people would like access support in a quick and timely manner to prevent mental health issues getting worse. For other themes, please refer to appendix 7.

Children and young people reported on their level of awareness of EI services. The service most known (32%) and accessed (11%) was Kooth. The service least known to many young people (98%) was Mustard Seed as support offered by Mustard Seed is only accessible for children and young people in Broxtowe and Gedling. Overall 58%, or higher,

of children and young people reported that they had not heard of all current services suggesting greater need for the promotion of EI support.

Children and young people who have accessed EI services commented on what worked well and improvements to be made on current provision. The table below highlights the top three themes mentioned.

What worked well?	What can be improved?
Counselling.	Children and young people friendlier environment.
Health Visiting Services.	Longer/more support sessions offered.
Unhelpful/no support offered.	Greater support for parents and carers.

Further themes can be found in appendix 7.

Young people then noted what support, where and when they like to access services in future at the EI stage. This was split into categories of getting advice or information or when getting treatment or help. The table below highlights the overall most preferred methods.

Most preferred method for accessing support amongst young people across both City and County			
	What?	Where?	When?
<b>Advice and information</b>	One-to-one in person.	Educational setting.	Evenings after school or work commitments.
<b>Treatment or help</b>	One-to-one in person.	Educational setting.	Weekends.

All further preferences can be found in appendix 7.

To ensure services are at a 'gold star standard', young people noted the top three themes as:

- Having flexible services in terms of tailored support offered that is also accessible out of hours.
- Immediate support that is offered on a longer basis.
- Not sure.

Other themes can be found in appendix 7.

Children and young people noted that the greatest barriers to accessing support were a lack of knowledge on how to access services (74%) and stigma around mental health (74%). Hence, children and young people commonly felt that more information to reduce stigma, more information on the type of support offered and support closer to home would

be greatest factors in helping to reduce barriers to accessing mental health support (graphs can be found in appendix 7).

Young people noted their expectations from services with 83% of young people selecting “I would like to be treated with respect” as their greatest expectation from services. It is important to note that all other expectations were also of high importance to young people and a graph on this can be found in appendix 7. Other statements added by young people were based on the theme of accessing support that is non-judgemental.

Over half of young people (64%) believed that children and young people should assist in delivering training for professionals. Three key themes were identified amongst comments by children and young people who reported areas for greater training which were:

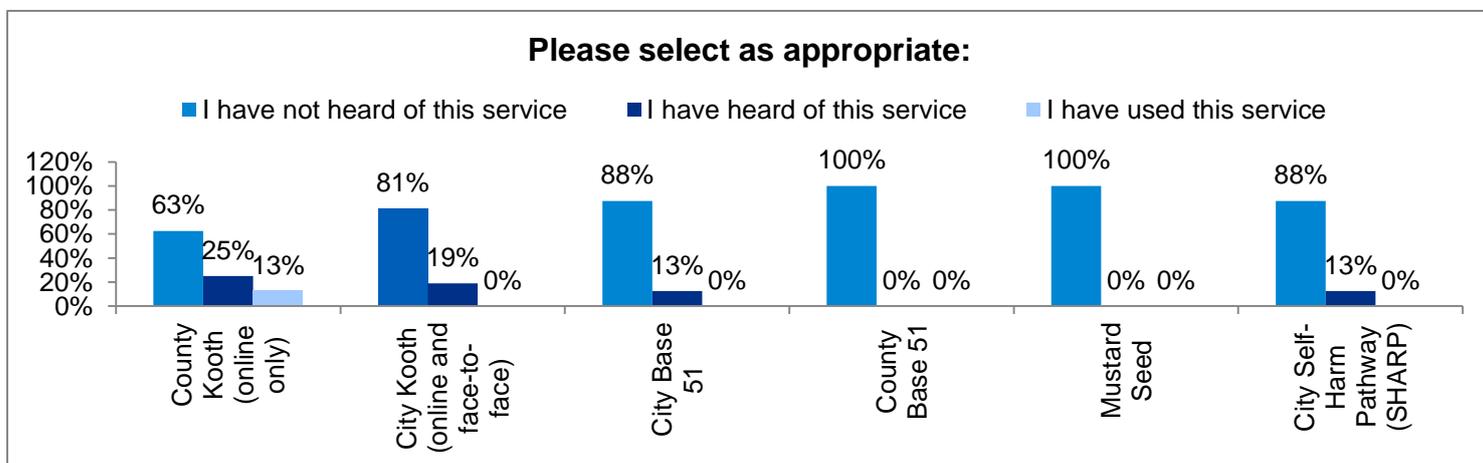
- How to appropriately engage and communicate with young people who may be struggling.
- Recognising and understanding mental health.
- Focus on specific mental health issues of which anxiety, body image, eating disorder, self-harm and suicide were frequently mentioned.

Information on other themes mentioned can be found in appendix 7.

#### 4.1.2 Mid-Nottinghamshire

Young people in Mid-Nottinghamshire reported that EI mostly meant access to help before mental health worsens. Additional comments noted were access to counselling, early identification of needs, immediate and tailored access to support and early education about mental health.

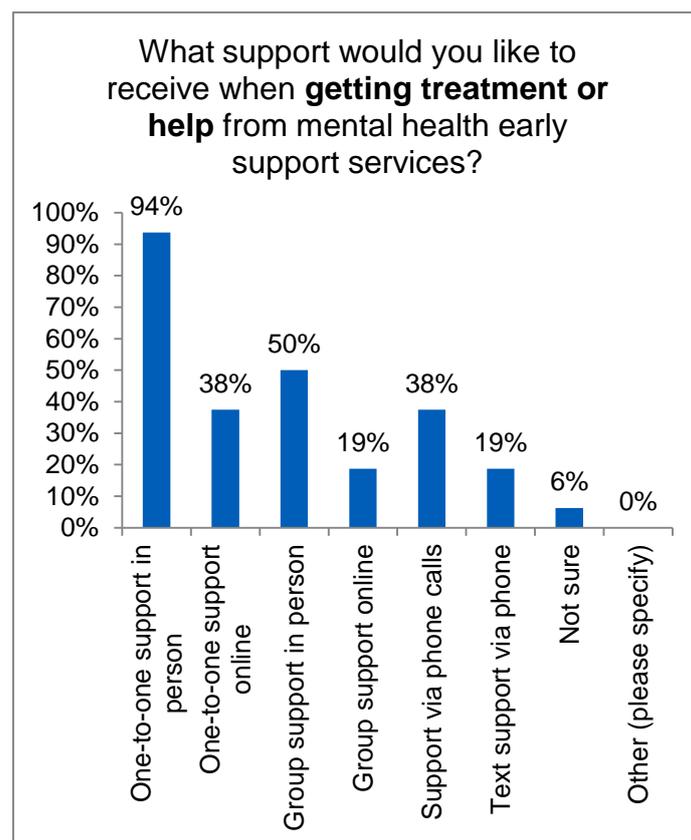
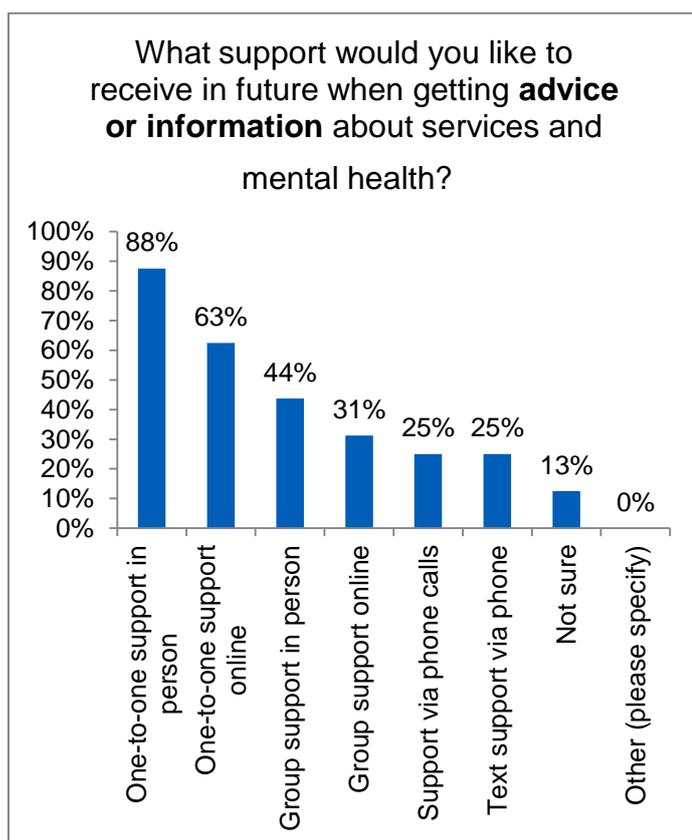
Children and young people reported their level of awareness of services (see graph below). The service most known and used by children and young people in this area is Kooth. All young people had not heard of Base 51 in County and Mustard Seed and over half have not heard of any services suggesting greater need for promotion of services. Whilst it is acknowledged that improvements are required in how services promote their offer, it should be noted that Base 51, Mustard Seed and Nottingham City SHARP do not offer a service in Mid-Nottinghamshire.



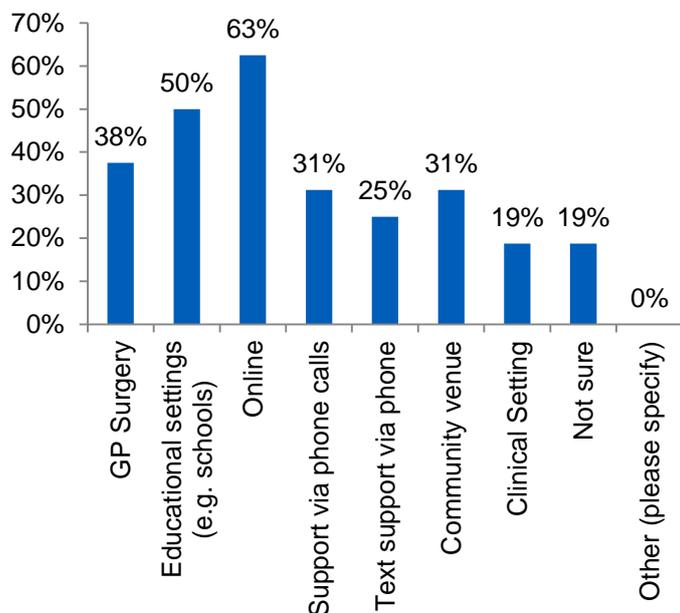
Children and young people then commented on what is working well and what needs to be improved with current provision. The table below highlights the key themes identified:

What worked well?	What can be improved?
Counselling.	Children and young person friendlier environment.
Support from family and friends.	Tailored support.
Unhelpful/no support received.	Support to continue after the age of 18.

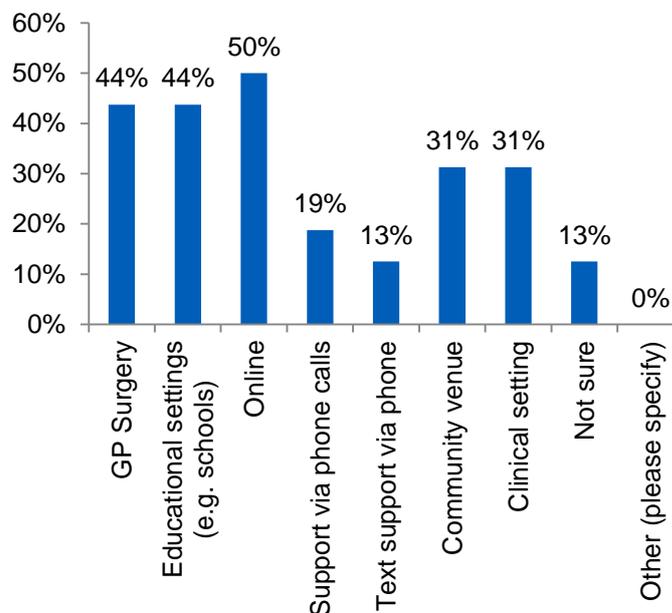
Children and young people then noted what support, where and when they like to access services in future at the EI stage. They were provided with various options from which they could select as many preferences as they wished. This was split into categories of getting advice or information or when getting treatment or help. The six graphs below highlight the key findings.



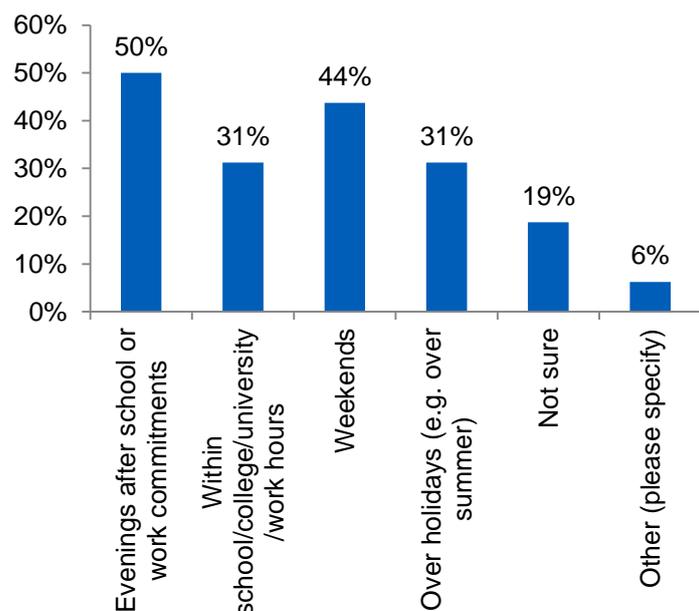
Where would you like to access support when getting **advice or information** about services and mental health?



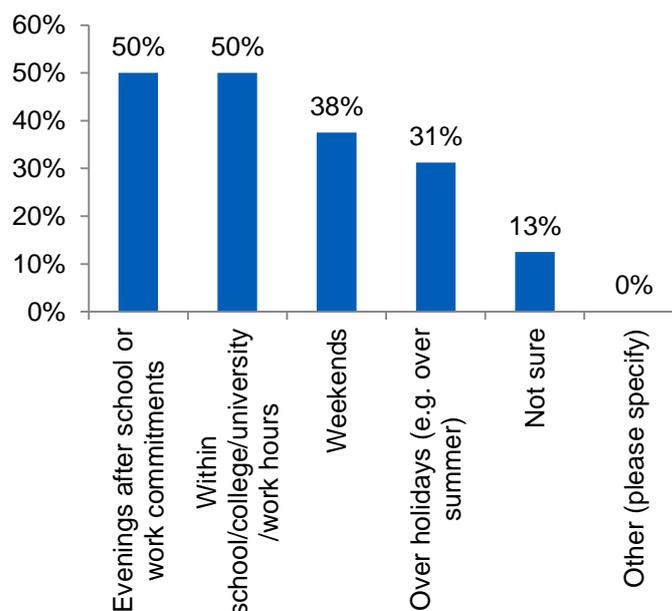
Where would you like to access support when getting **treatment or help** from mental health early support services?



When would you be most available to get **advice or information** on services and mental health?



When would you be most available to get **treatment or help** from mental health early support services?

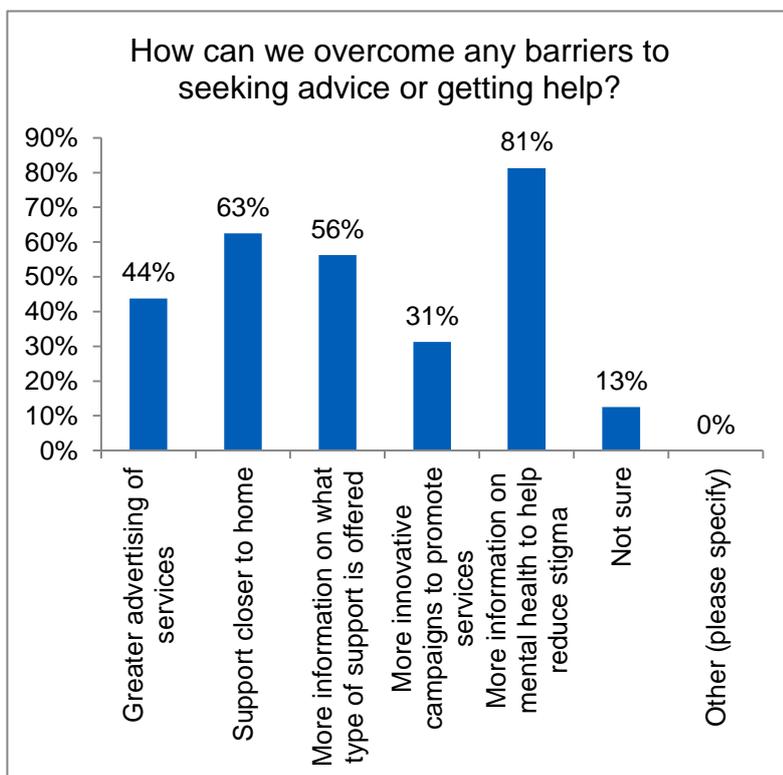
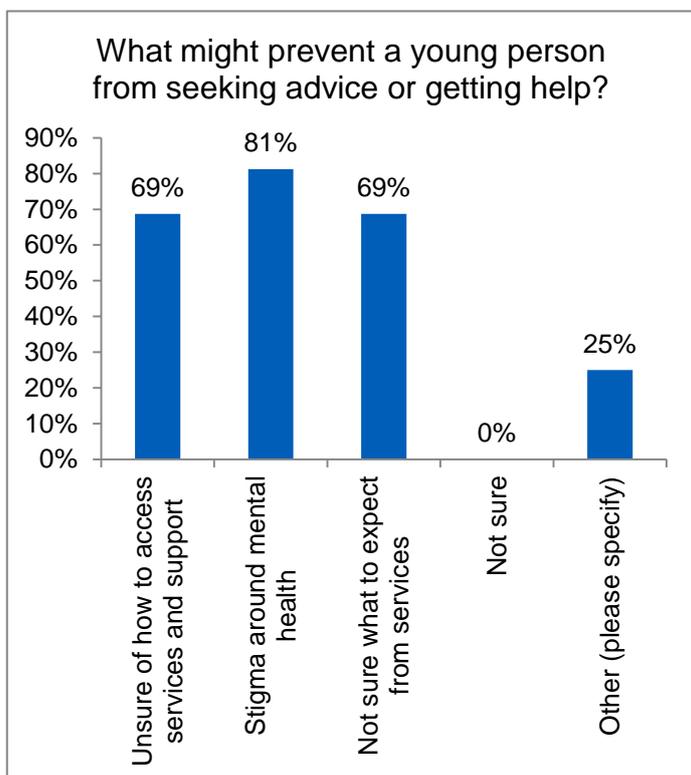


The graphs above highlight that children and young people in Mid-Nottinghamshire prefer to access advice and help in person on a one-to-one basis. However, children and young people also reported that they would most like to access support online. Evenings after school or work commitments were noted as the best time to access support though children and young people in this area were also open to receiving support within school or work hours. Comments made in the 'Other' section referenced accessing support anytime. When asked what would make these 'gold standard services', the key three themes noted were:

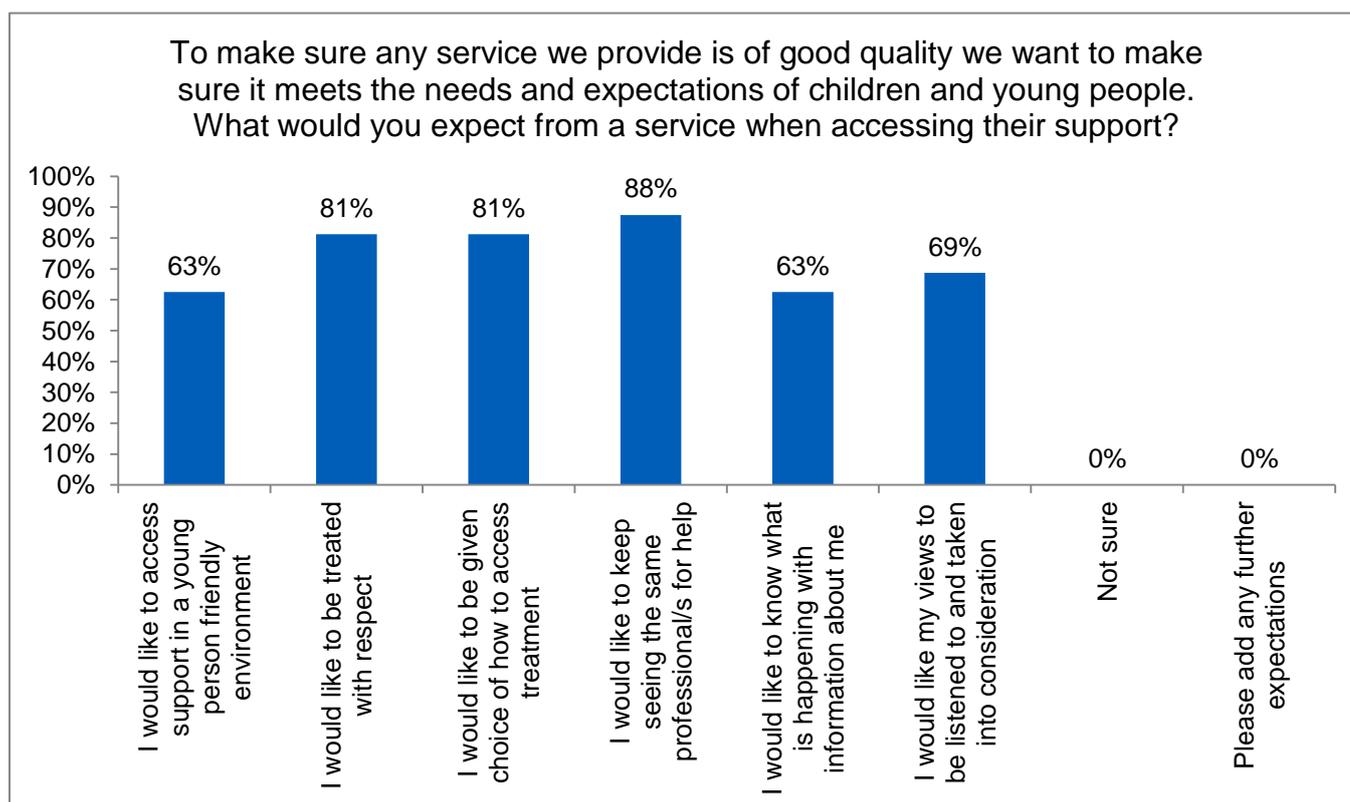
- Good, supportive staff.
- Different types of support offered e.g. crisis support and alternative therapies.
- Not sure.

Comments were also made in relation to support being immediate and flexible, and provided in a confidential, comfortable environment which is local to the area.

Children and young people noted the biggest barriers to accessing support and how these can be overcome (see two graphs below). Stigma around mental health was reported as the greatest barrier to accessing support. Unsure of how to access services and what to expect from them were also large barriers to accessing support and comments in 'other' section related to children and young people not wanting to talk or share information out of embarrassment or fear of others' opinions. One young person noted that no local provision could also act as a barrier to access. Hence, children and young people felt that more information on mental health to reduce stigma and support closer to home are big factors in reducing barriers to accessing help.



Children and young peoples stated what they expected from services and the below graph highlights their expectations. It is clear that all statements were of great importance to children and young people with expectations around being able to see the same professional for support being the greatest.



Over half (63%) of children and young people believed that young people should help deliver training to professionals the greatest suggestions for training:

- How to appropriately engage and communicate with young people who may be struggling.
- Recognising and understanding mental health.
- Understanding and communicating with more diverse and vulnerable groups (e.g. children with communication difficulties, bereaved young people).

Other themes included understanding modern pressures that young people face such as influence of social media and hearing from those with lived experience of mental health problems.

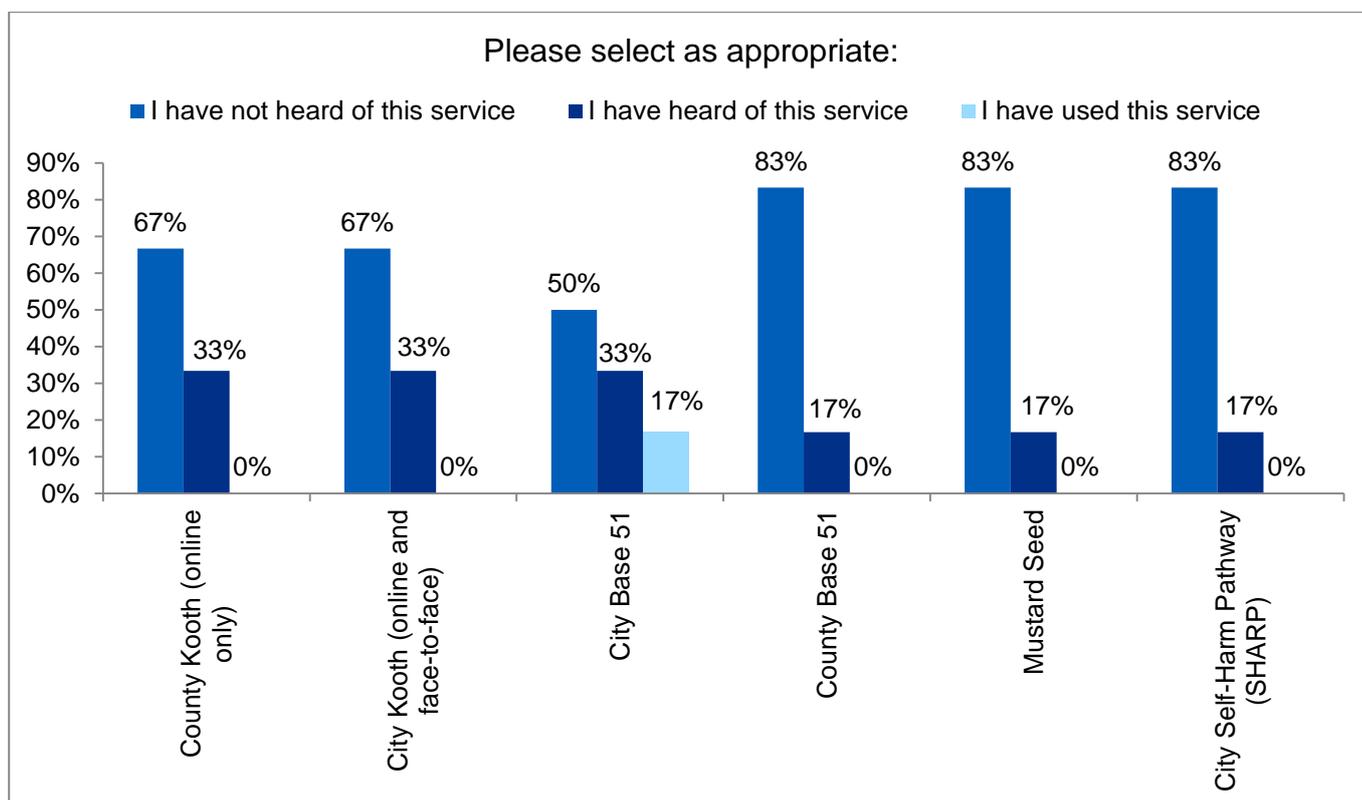
### 4.1.3 Nottingham City

When asked what EI meant to them, children and young people reported the following as their definitions:

- Access to support before mental health worsens.
- Support at a younger age.
- Preventing greater mental health issues.

The ‘other’ comment mentioned was support for any additional needs a young person may have.

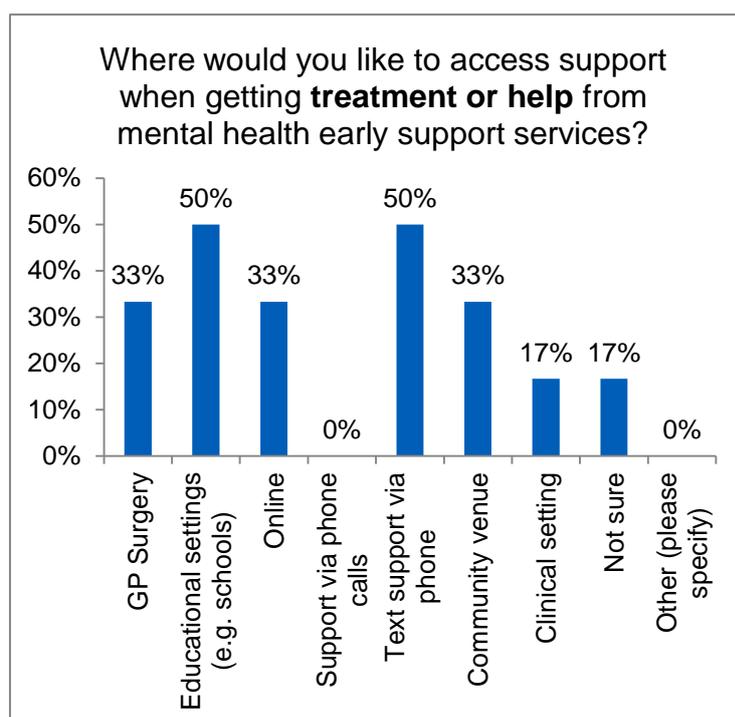
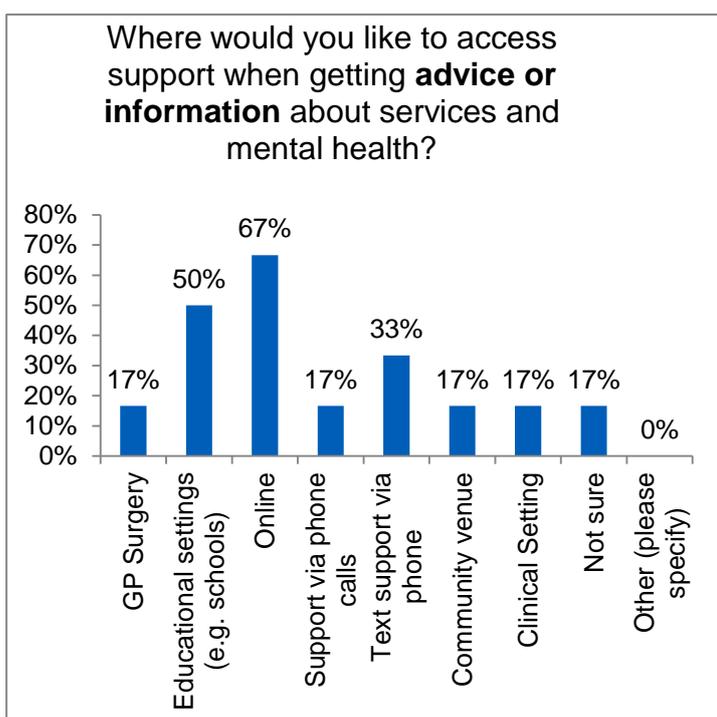
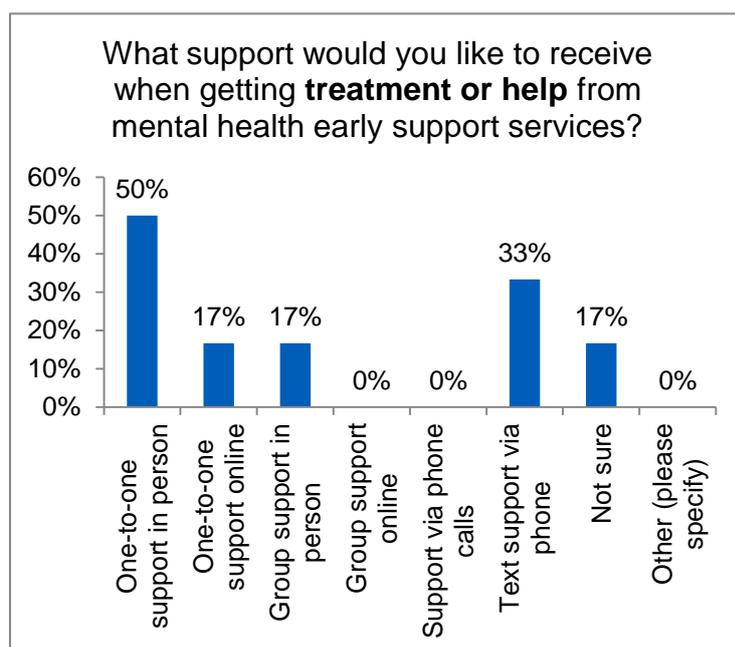
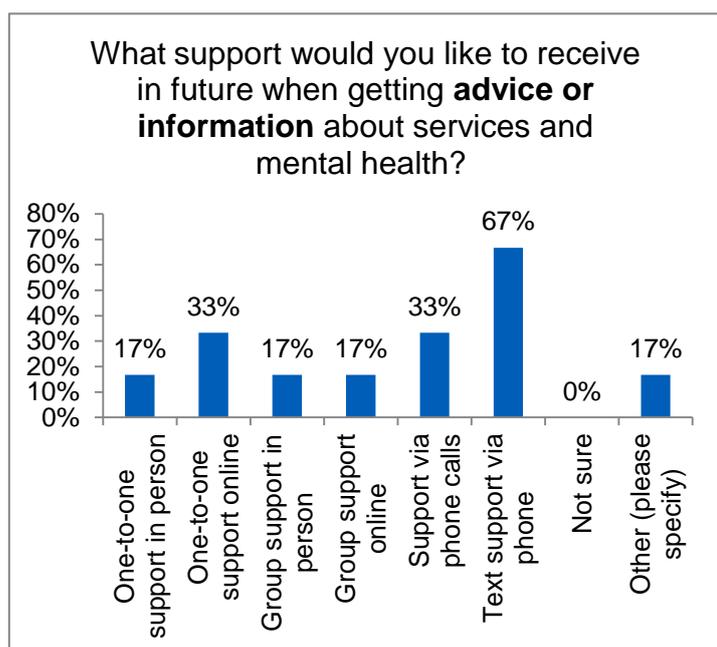
Children and young people reported on their level of awareness of services (see graph below). As seen, the most heard of services were Kooth and Base 51 with young people reporting greater access to Base 51. The service least known was SHARP. As expected, Mustard Seed and County Base 51 were also reported as least known due to these services only being offered to young people in Nottinghamshire County.

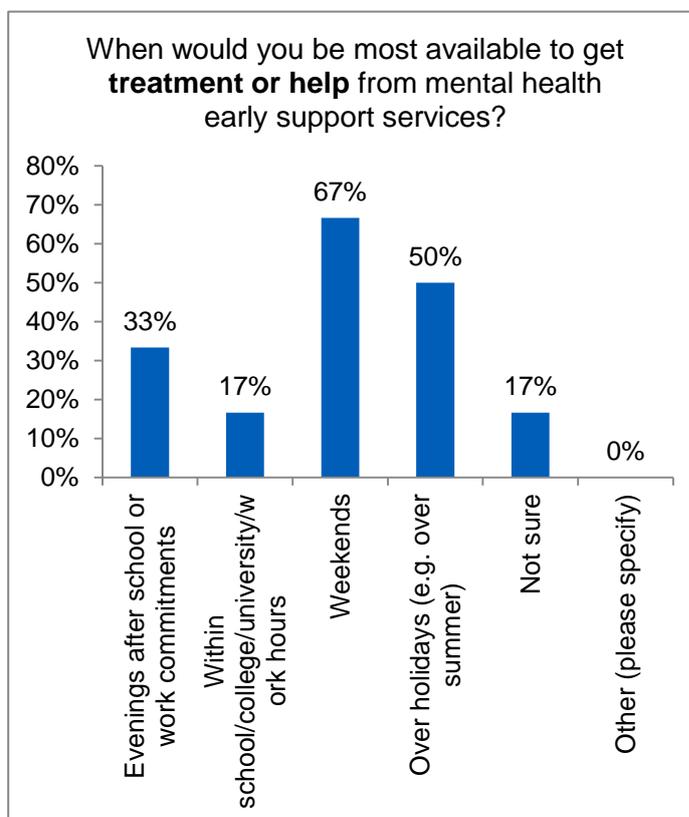
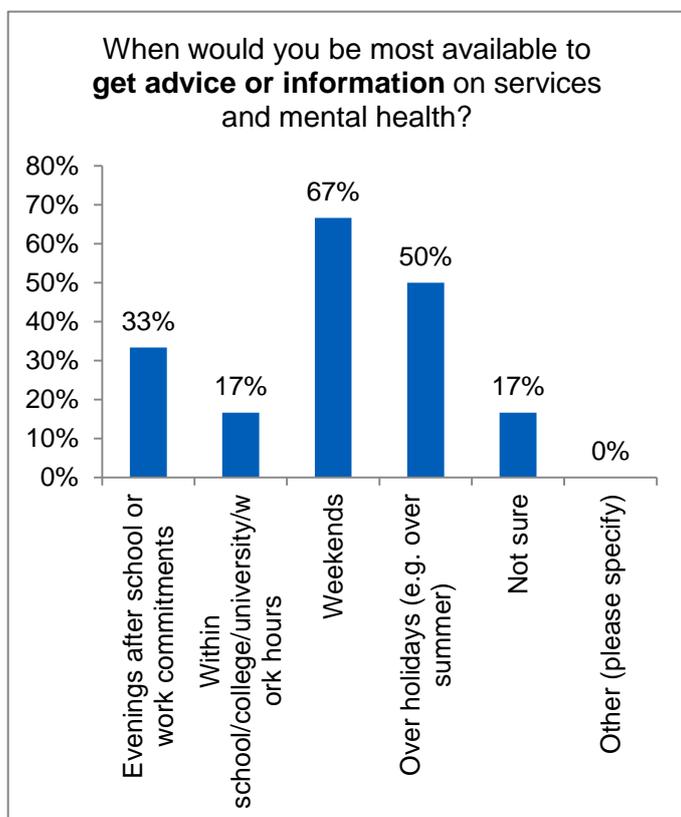


Children and young people then commented on what is working well and what needs to be improved with current provision. The table below highlights the main points raised. As can be seen no comments were made with regards to what is currently working well within EI services at present and improvements noted were an offer of longer/more support sessions.

What worked well?	What can be improved?
No comments made.	Longer/more sessions offered.

Young people then noted what support, where and when they like to access services in future at the EI stage. They were provided with various options from which they could select as many preferences as they wished. This was split into categories of getting advice or information or when getting treatment or help. The six graphs below highlight the key findings.



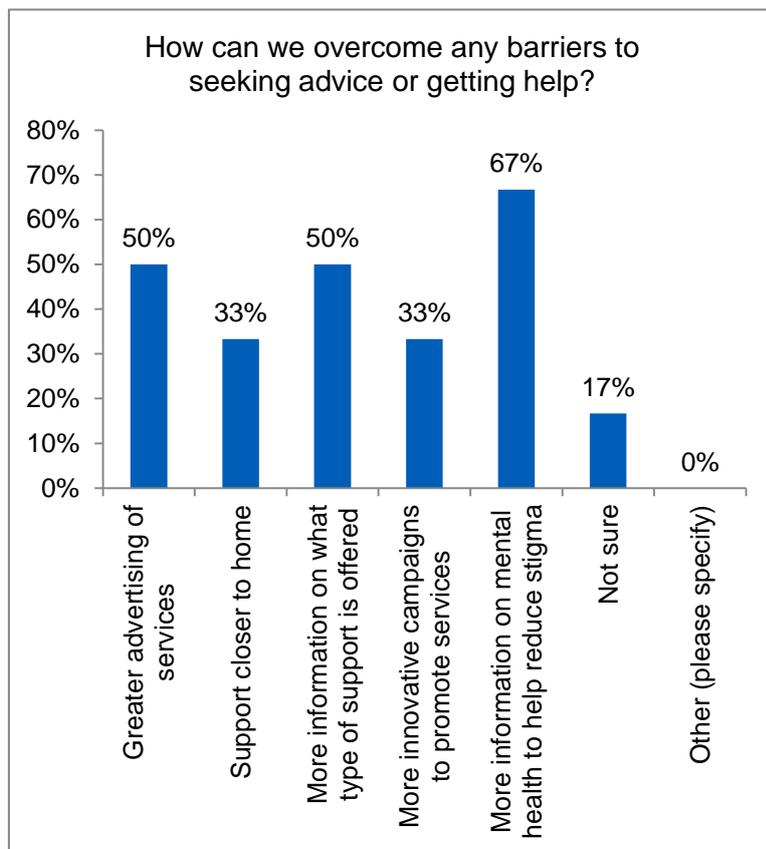
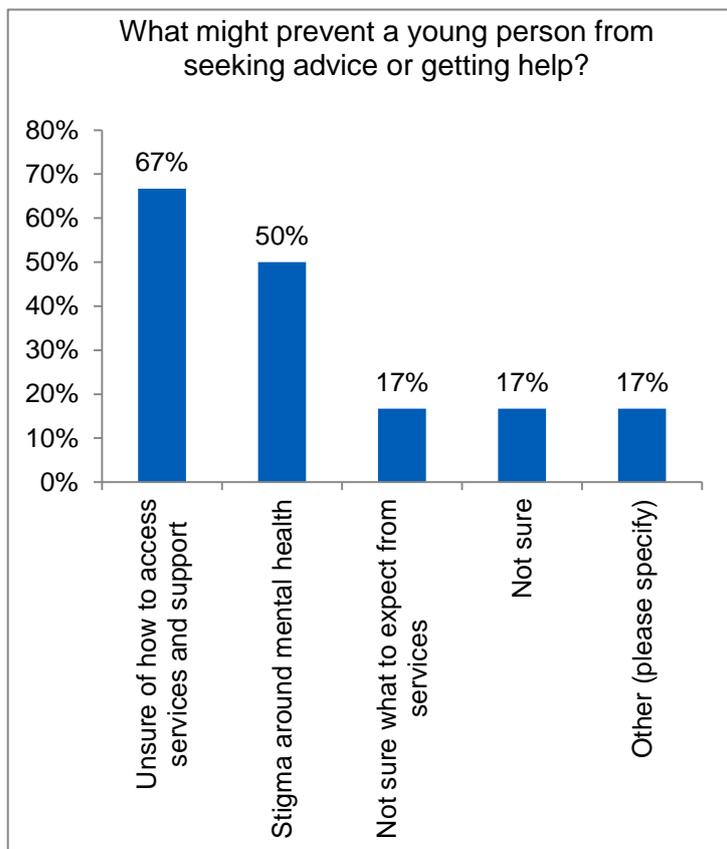


The graphs above highlight that most young people in Nottingham City would like to access support via text when getting advice. When getting treatment or help, one-to-one support in person is preferred. Children and young people in this area feel that advice is better gained online whereas treatment or help is best accessed in an educational setting or via text support over the phone. Young people noted that they were most available on weekends to access support suggesting the need for out of hours support.

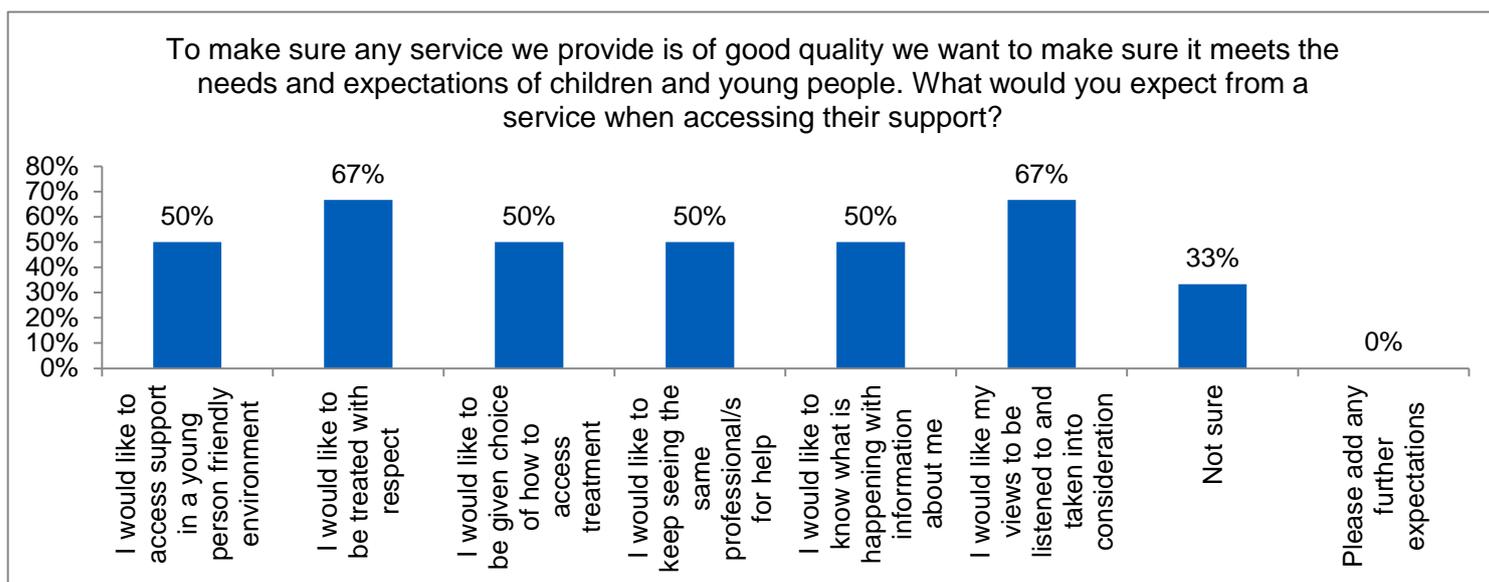
When asked what would make these 'gold standard services', the key comments were:

- Greater communication from services.
- A range of longer and shorter term support.

Children and young people noted the biggest barriers to accessing support and how these can be overcome (see two graphs below). Children and young people in Nottingham City felt that being unsure of how to access services and stigma around mental health were the main barriers to accessing support. In order to reduce these barriers, it was felt that more information on mental health is needed to help reduce stigma, followed by greater advertising of services and more information on the type of support offered.



Children and young people stated what they expected from services and the below graph highlights their expectations. It is clear that all statements were of great importance to young people with respect and views to be listened to and taken into consideration being of greatest importance.



Half of children and young people (50%) in the City believed that children and young people should help deliver training to professionals with 33% reporting 'Not sure' and 16% saying 'No'. The main areas that children and young people believed training should cover are:

- Specific mental health issues of which body image, self-esteem, self-harm, anxiety and suicide were all noted.
- How to appropriately engage and communicate with a young person who may be struggling.

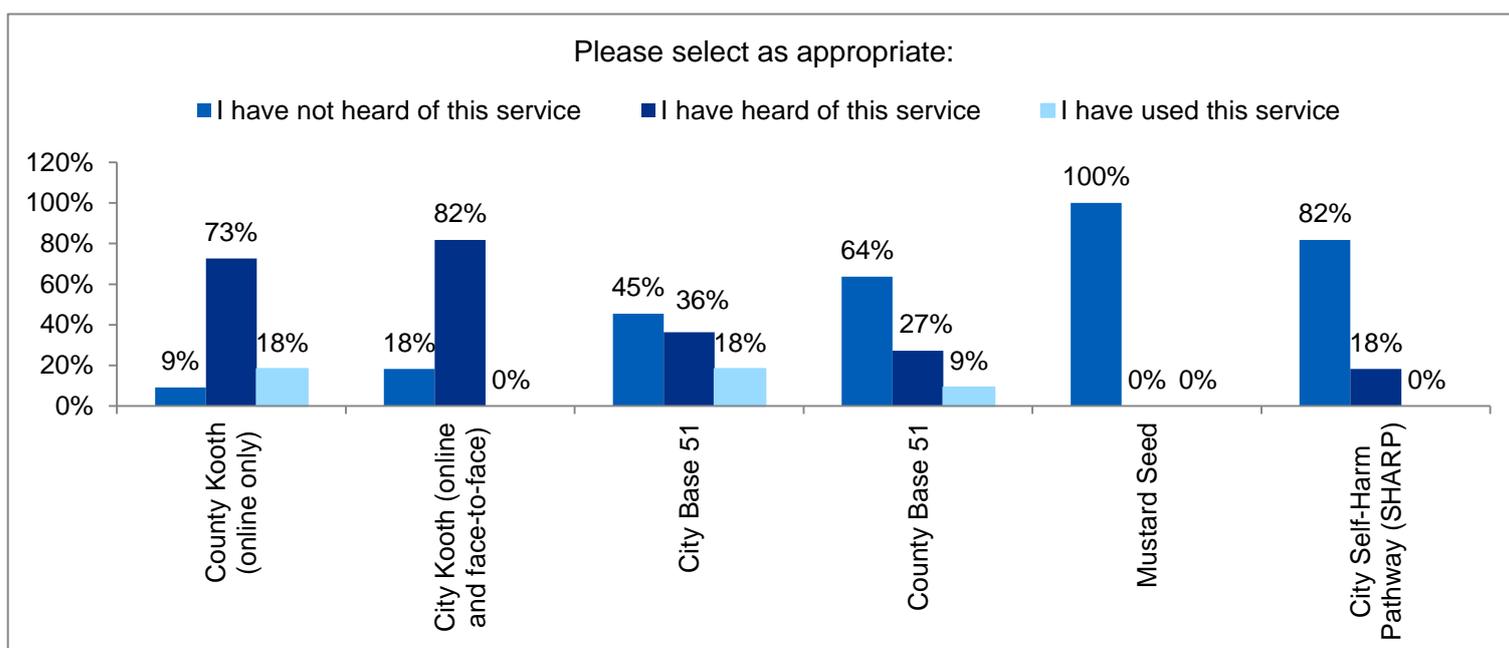
#### 4.1.4 South Nottinghamshire

When children and young people in South Nottinghamshire were asked what EI meant to them, the following top three themes were mentioned:

- Access to help before mental health worsens.
- Immediate access to support (no wait).
- Support at a younger age.

Other comments made by children and young people included, preventing mental health issues, early education about mental health, early identification of mental health needs, the allowance of self-referrals and getting help from professionals who are well trained in mental health.

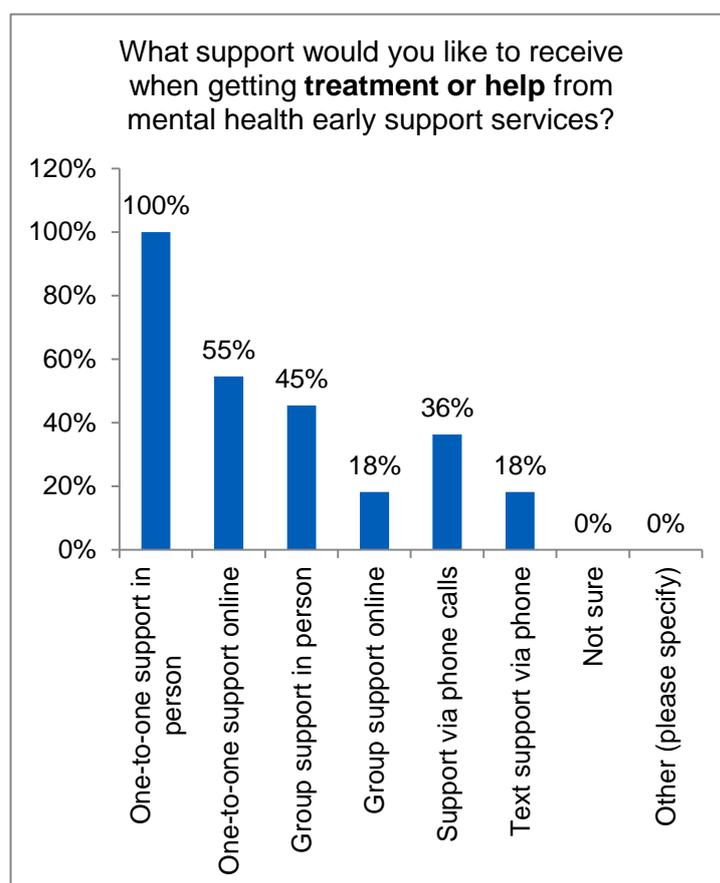
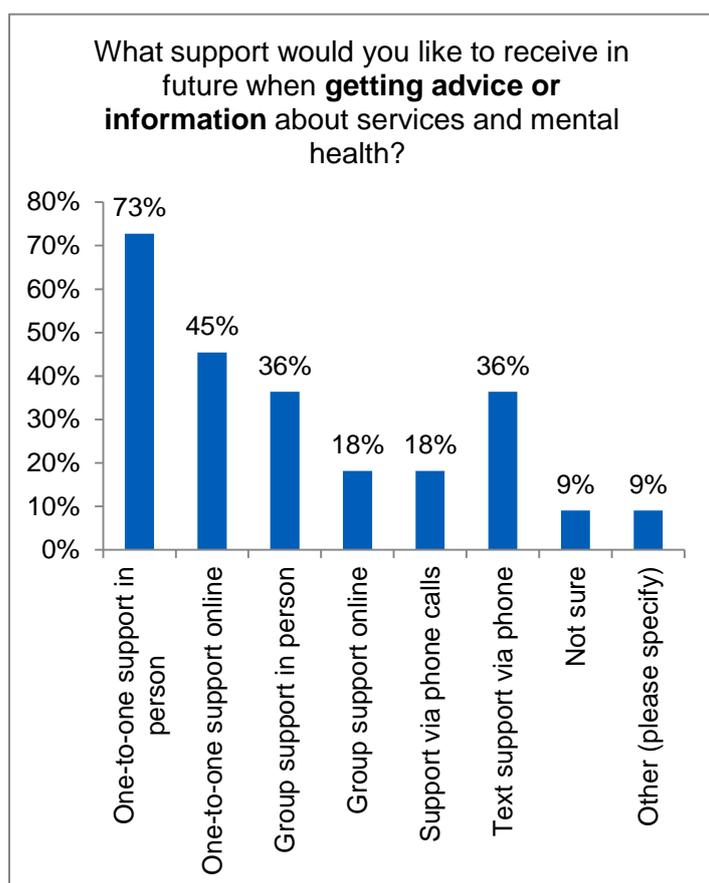
Children and young people reported on their awareness of services (see graph below). The service most aware of was Kooth and the service most aware of and used was Base51. Mustard Seed was the service that children and young people were least aware of.



Children and young people then commented on what is working well and what needs to be improved with current provision. The table below highlights the key themes mentioned:

What worked well?	What can be improved?
Health visiting services.	Longer/More sessions offered.
School pastoral support.	Reduced wait times for support.
EI services (Kooth, Base 51).	Support for parents.

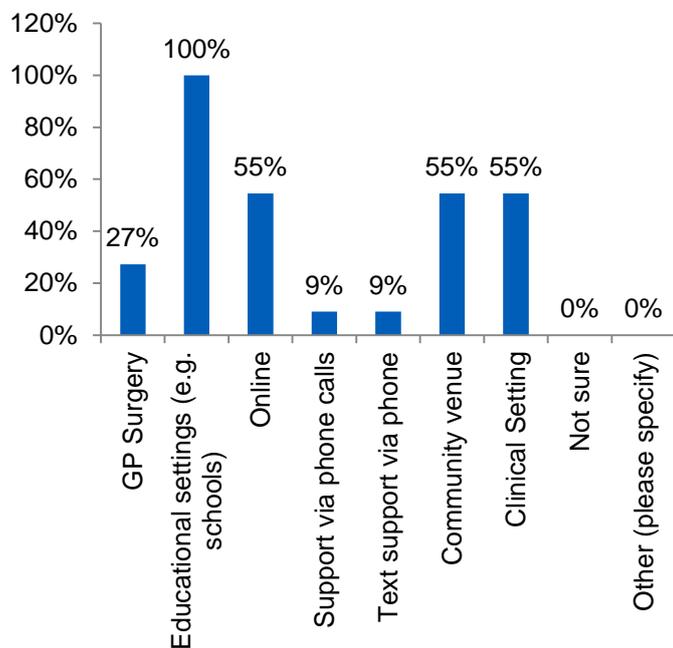
Children and young people then noted what support, where and when they like to access services in future at the EI stage. They were provided with various options from which they could select as many preferences as they wished. This was split into categories of getting advice or information or when getting treatment or help. The six graphs below highlight the key findings.



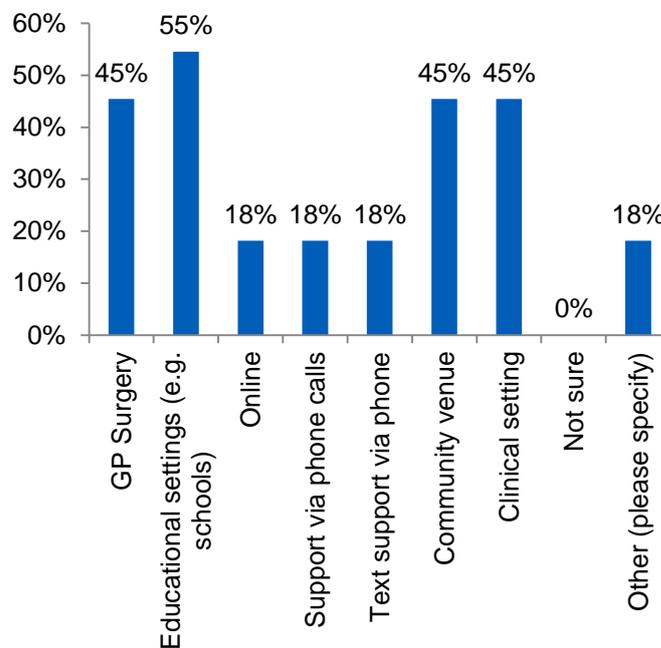
## Nottingham and Nottinghamshire

Clinical Commissioning Group

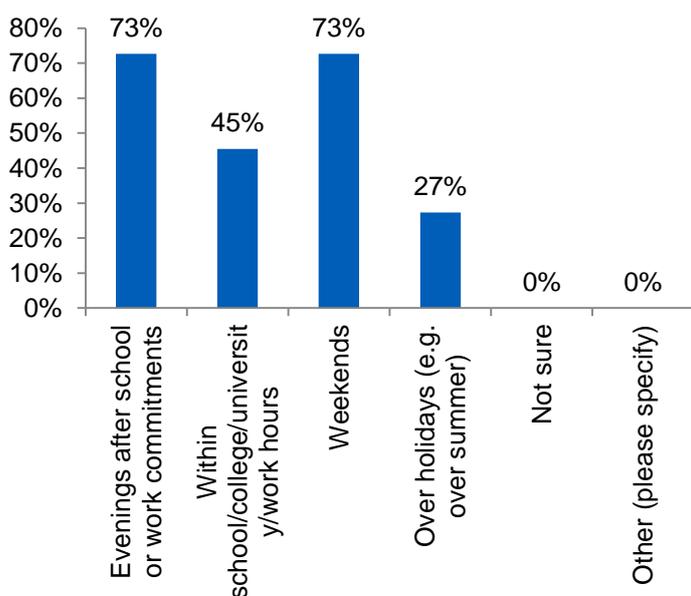
Where would you like to access support when getting **advice or information** about services and mental health?



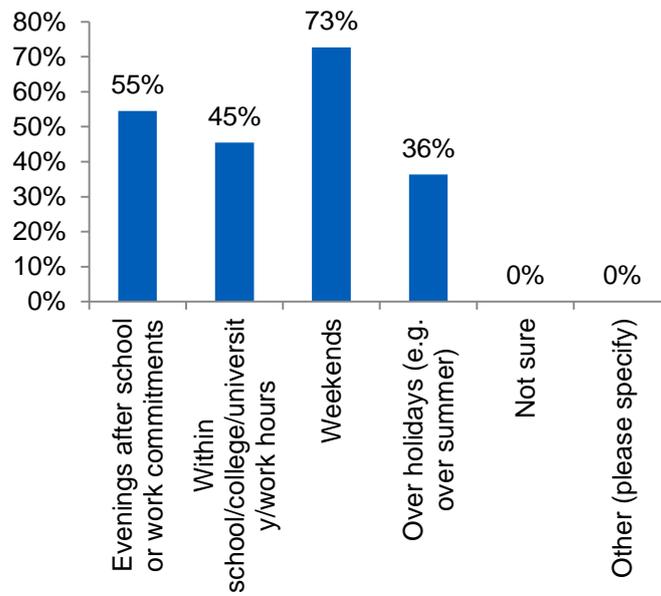
Where would you like to access support when getting **treatment or help** from mental health early support services?



When would you be most available to get **advice or information** on services and mental health?



When would you be most available to get **treatment or help** from mental health early support services?

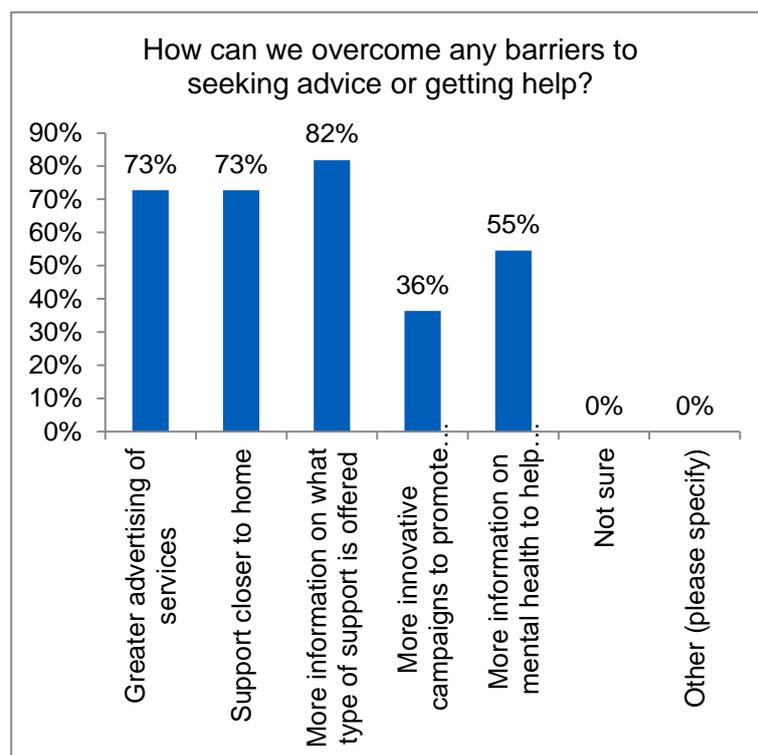
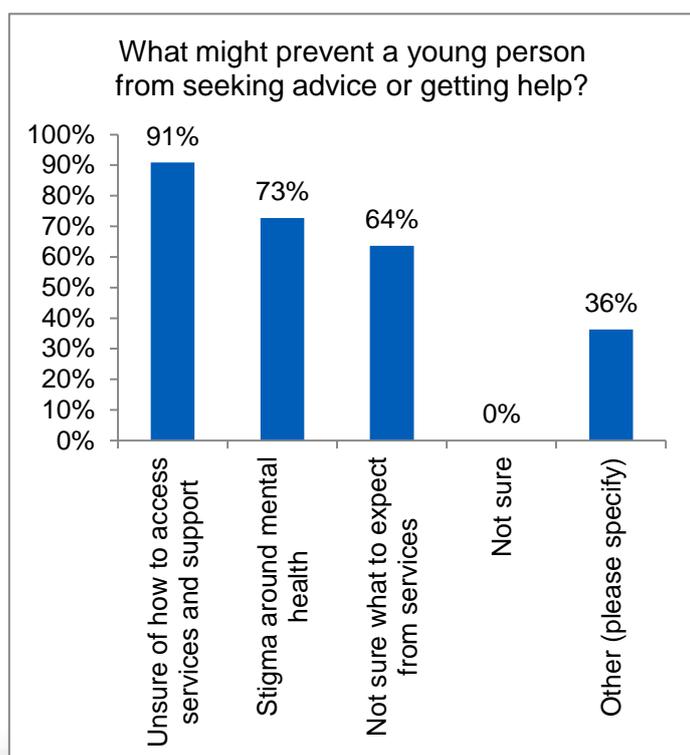


From the graphs above, it is clear that most children and young people in South Nottinghamshire would prefer to access treatment and advice on a one-to-one basis, in person. Young people would prefer to access support in an educational setting. ‘Other’ comments included seeking support away from a working environment and accessing support in a foster home. Weekends were the most available time for young people to access treatment however both evenings after school and work commitments or weekends were preferred times to access advice and information. ‘Other’ comments noted providing young people with information they can read in their own time.

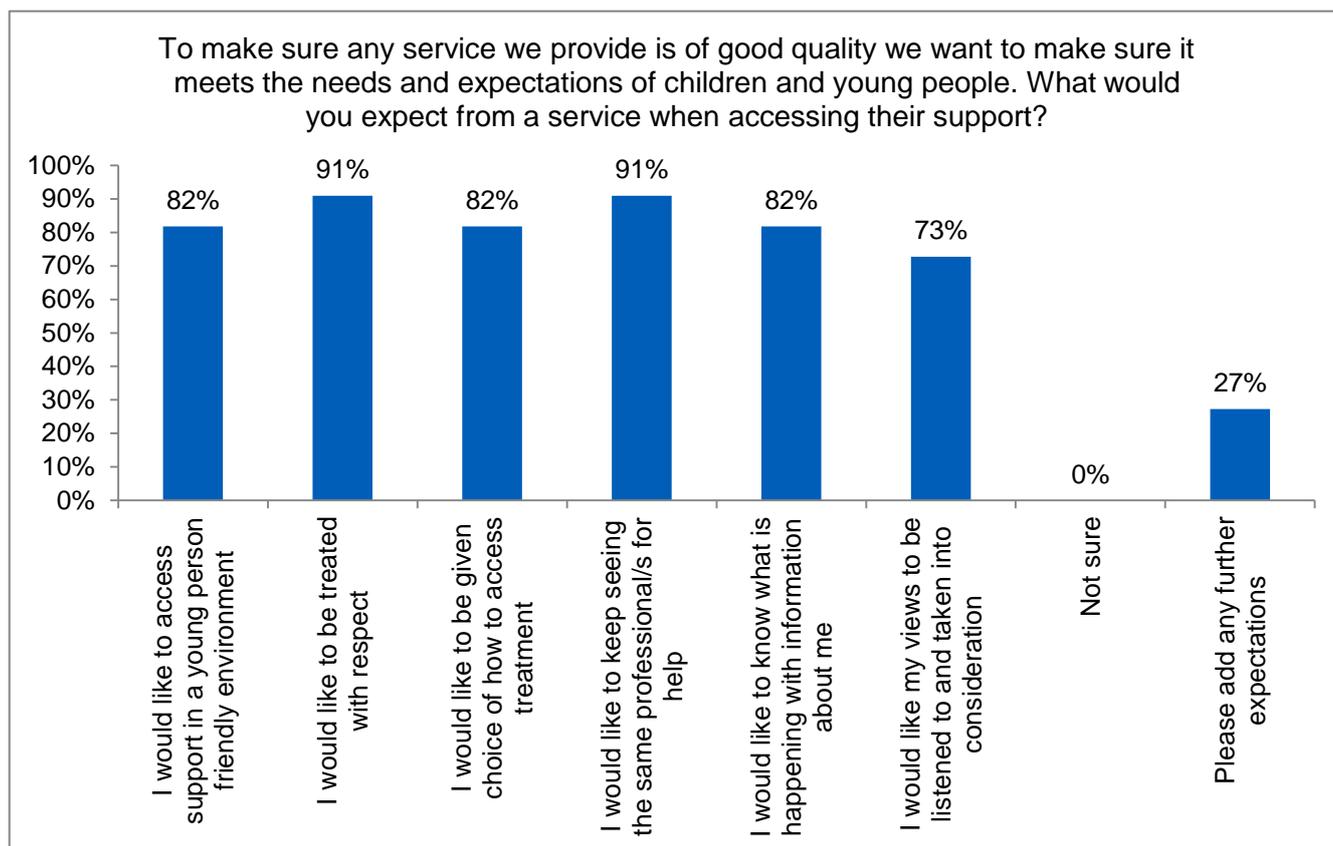
In order to make these services ‘gold standard’, children and young people noted that the services have to:

- Be flexible in timings and tailoring support.
- Provide immediate access to support.
- Create a confidential and comfortable environment.
- Have good, supportive staff.

Children and young people noted the biggest barriers to accessing support and how these can be overcome (see two graphs below). Young people in South Nottinghamshire felt the greatest barrier was being unaware of how to access services. ‘Other’ comments referenced a lack of local provision and fear around confidentiality with being barriers for young people. Young people want to access services without others knowing, including their parents. It was felt that the greatest way to reduce barriers was to provide more information on how to access support. It is important to note that support closer to home and greater advertising of services are also believed to be key in overcoming barriers to help.



Children and young people stated what they expected from services and the below graph highlights their expectations. It is evident that all statements are of great importance to children and young people with respect and seeing the same professional for support being the key expectations. Other expectations provided by young people were around the theme of accessing non-judgemental and non-patronising support.



Many children and young people (63%) believed that young people should help deliver training for professionals with the main themes for engagement surrounding:

- How to communicate and engage with children and young people who may be struggling.
- Specific mental health issues such as self-harm, anxiety, suicide, body image and eating disorders.
- Understanding and communicating with diverse groups of young people (e.g. disabled young people, LGBTQ+ communities, young people who have experienced racism, etc.).

## 4.2 Parents and Carers

Parents and carers were invited to complete an online survey, take part in focus groups or participate in telephone interview. The online survey was completed by 116 parents and carers. Due to it being a non-compulsory question, only 42 respondents reported the area of Nottinghamshire they live in. From these, 24% live in Mid-Nottinghamshire, 26% live in Nottingham City and 43% live in South Nottinghamshire.

These survey findings are complimented by insights from the focus groups and telephone interviews conducted. A total of seven virtual groups and five telephone interviews were conducted to gain insight from parents and carers across the three ICP areas.

### 4.2.1 Findings across all areas

Overall, most parents (83%) were not sure which service is accessed by the young person they cared for with a small percentage reporting access to Kooth in the County (9%), Kooth in the City (6%) and City Base 51 (2%).

Parents noted what type of support, if any, they had received from the EI services. Most parents and carers (61%) reported not being offered any support. Others who noted that they had accessed support reported mostly receiving advice or information (17%). Parents and carers who reported 'other' again referred to no or restricted support and support from adoption or fostering services. Parents and carers then commented on local carers support they were signposted to. The three most commonly emerging themes were:

- Not signposted to any services.
- Voluntary sector support such as Carers Hub, Carers Federation, Mencap and Autism East Midlands.
- Health visiting services.

Other themes and full breakdown of support received can be found in appendix 3.

Parents and carers were asked a series of questions based on their current experiences of services. These include level of satisfaction with: support they received as parents/carers, communication from services about the support received by their young person and consideration of their views as carers. Parents and carers then reported how likely they were to recommend the service to family or friends.

A number of parents and carers were not sure (41%) how they felt about their level of satisfaction with the support they received as carers. This may be due to many not being offered support at this early stage. However, it is clear that parents and carers were very dissatisfied with the level of communication received (34%) and consideration for their views as carers (34%) which may have led many (36%) to report that they would be very unlikely to recommend services to their family member or friend (see appendix 3 for graphs). This suggests that major improvements need to be made for parents and carers at the EI stage.

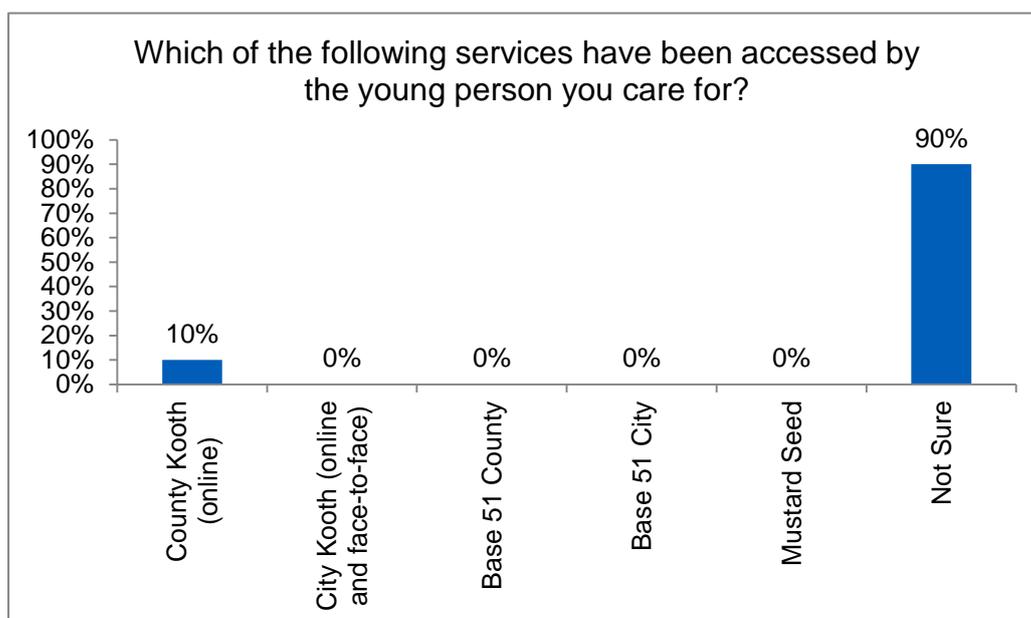
Parents and carers were then asked what support they would like to see continue and improved for parents and carers at this early stage. Though two different questions, parents reported improvements when asked about support they would like to see continue which may be due to the limited support offered to parents and carers at present. Themes that emerged from these are found in the table below.

Support to continue	Improvements to be made
Training and support for parents (e.g. mental health first aid, helpline).	Immediate access to support with more support sessions offered.
Greater communication from services.	Improvements in type of support offered (e.g. counselling, effective treatment plans, teaching about mental health).
Support for disabled young people and young people with complex needs.	Greater parental involvement in care.
Greater awareness of services.	Greater awareness of services.
Major improvements to be made were noted.	Easier access to service (e.g. via lowered referral thresholds and with option for self or school referrals).

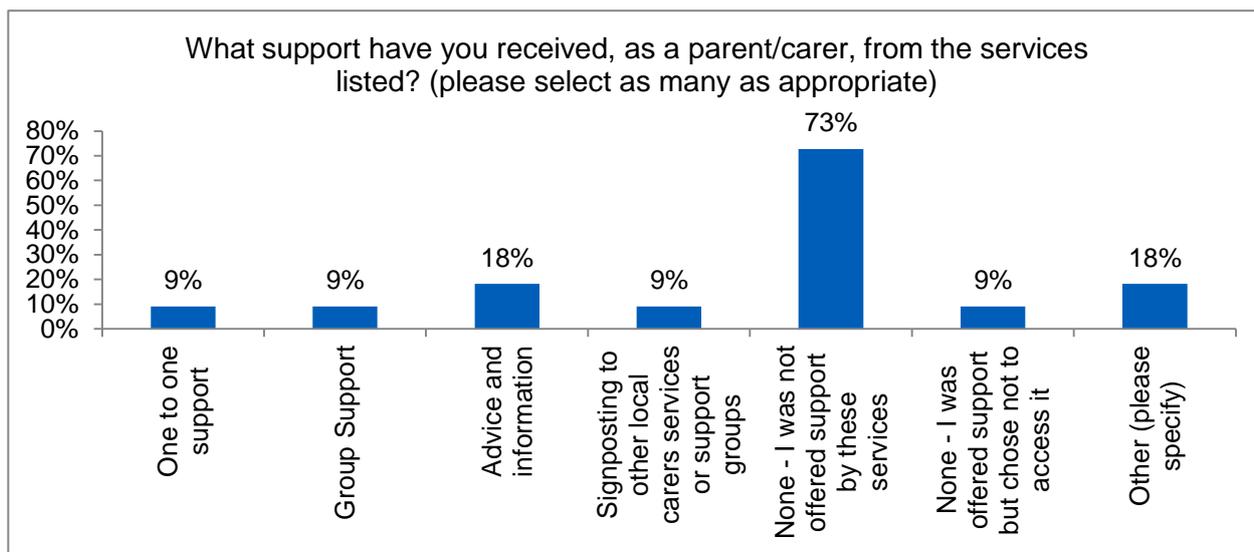
Further themes can be viewed in appendix 3.

#### 4.2.2 Mid-Nottinghamshire

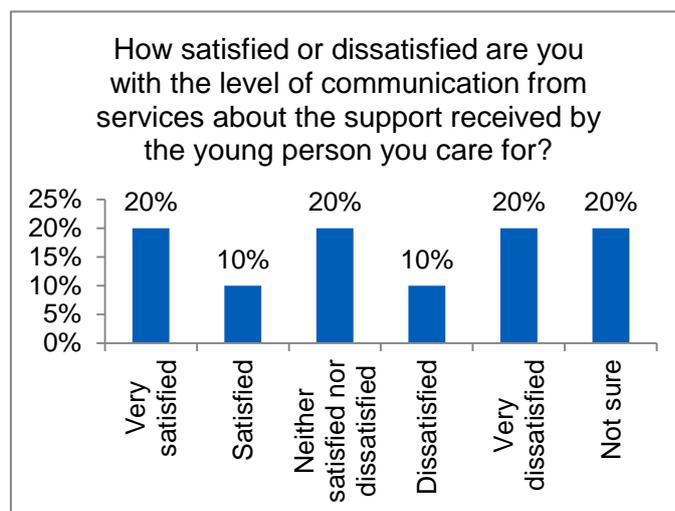
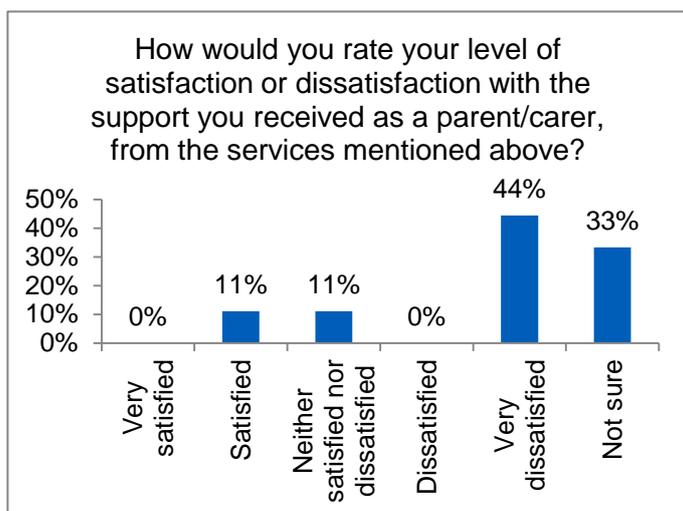
Most parents and carers in Mid-Nottinghamshire were not sure about what support was accessed by their children or young people.

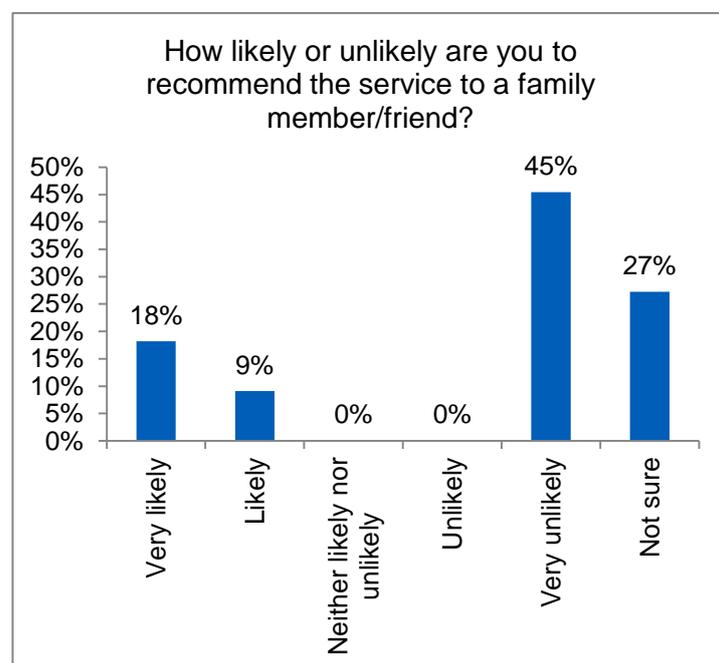
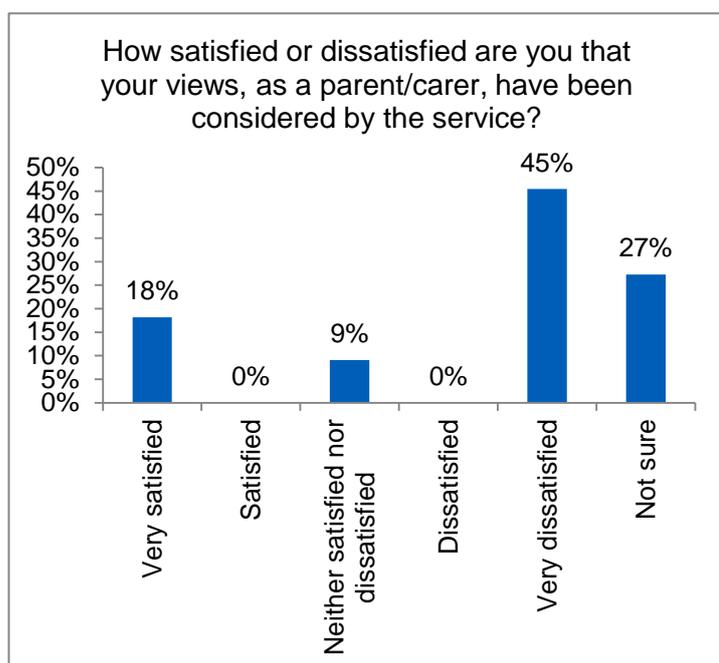


When asked what support they received as a parent/carer, most noted that they were not offered any support with some detailing support from fostering or adoption services in the 'other' comments (see graph below). To build on this, parents and carers were then asked to report which other local carer support services they were signposted to, if any. Most provided comments reflecting no support offered.



Parents and carers were then asked a series of questions based on their current experiences of services. These include level of satisfaction with: support they received as parents/carers, communication from services about the support received by their young person and consideration of their views as carers. Parents and carers then reported how likely they were to recommend the service to family or friends. The below four graphs highlight the results.





As seen from the four graphs above, parents and carers reported being very dissatisfied with the level of support they received from EI services. Mixed reviews were presented when asked about satisfaction with the communication received from services. Parents and carers also felt that their views had not been considered by the service and overall reported that they were very unlikely to recommend the service to family or friends. This highlights the need to make significant improvements for parents and carers at the EI stage.

Parents and carers were asked what support they would like to see continue and improved for parents and carers. Despite being two different questions, parents and carers noted improvements to be made within both questions. The main themes that emerged can be found in the table below.

Support to continue	Improvements to be made
Greater support from schools.	More immediate support.
Increased awareness of services required.	Greater partnership working between services (e.g. schools and GP).

In addition to the themes mentioned in the table above, parents also requested greater improvements in communication from services, more training and support for parents, and more in-person support for children and young people as online does not suit everyone. This highlights that major improvements need to be made in the provision of children and

young people's EI services, taking into consideration support needs of parents and carers at this early stage.

### **Focus Groups/Telephone Interviews**

During the course of September 2020 several focus groups and telephone interviews took place with organisations and charities to understand what, if any, access has been made to EI services for parents, carers and families when their children are experiencing mental health issues. Key themes emerged from the conversations and discussions that took place. These themes are divided into two sections to reflect current/previous experiences and improvements for future support.

#### **Current/previous experiences**

Feedback from parents and carers living in Mid-Nottinghamshire highlighted many challenges that they face with regards to accessing EI services for children and young people. The biggest challenge for parents/carers is the long waiting times. Many parents and carers were not aware that EI services were available for children and young people across Nottinghamshire and asked for better communication/publicity/advertising to go out to parents and carers and for all information to be easily accessible and in one place.

Parent and carers mentioned they were not supported at the early stages and if they were offered support, they had to travel a distance to access this. Parents and carers felt there was no partnership/communication between services which causes children and young people to fall between gaps in services. According to them the 'one size fits all' model does not work and young people should be offered support if they are experiencing difficulties instead of being turned away due to thresholds. They would like to see more mental health support available for children and young people with neurodevelopmental disorders such as young people on the autism spectrum and young people with Attention Deficit Hyperactivity Disorder (ADHD). Further support for groups who may find it more difficult to talk about mental health such as males was also requested.

Parents and carers were happy with support provided by the voluntary sector but felt that these were sometimes not well advertised. One parent felt that the early support that they received was adequate.

#### **Future support required for parents and carers**

Going forward parents and carers would like:

- More immediate support for children and young people.
- EI support that is easily accessible by all experiencing mental health problems and is available closer to home.
- More support for children and young people with neurodevelopmental disorders.
- More support for males.
- Provide parents, carers and families with choice of support ranging from one-to-one support in person to online support.

- Parent peer support groups (something similar to what is provided by CAMHS) which is a safe space. This could also be virtual groups which may be more accessible for some.
- Professionals to respect the views and choices of parents and not make decisions on behalf of families.
- Professionals to be transparent and explain/discuss issues with children and young people in a young person friendly way.
- Move away from the ‘one size fits all’ model as this is causing barriers for young people.
- Education for parents and carers on supporting their young person.
- Regular communication/updates to be sent to young people, parents and carers whilst accessing support and when on a waiting list for reassurance that they have not been forgotten.

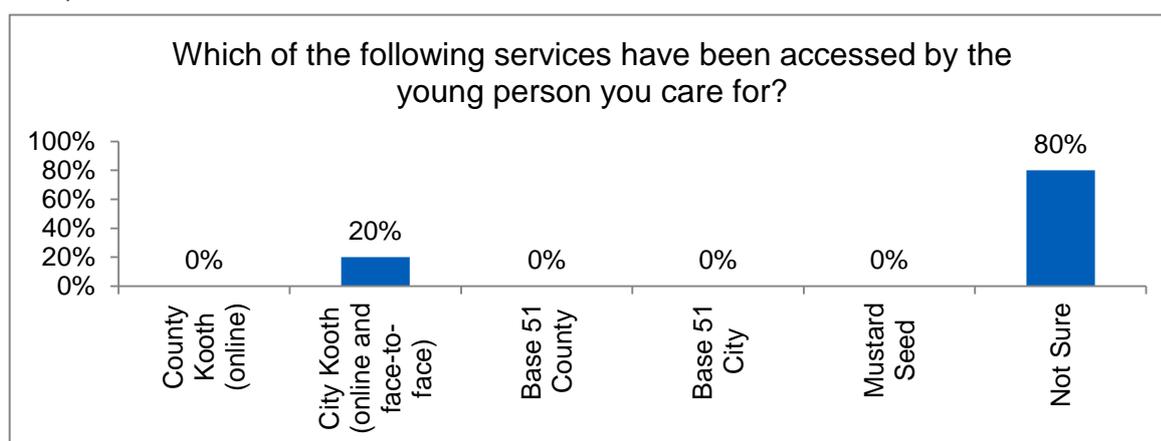
### Additional Comments

Some parents and carers reported feeling that mental health in their child or young person was not taken seriously until they were at a point of crisis. In the meantime, parents and carers were left to deal with the issues themselves.

Parents and carers would like support to be offered holistically for young people where health, social care and education come together to support the young person thus ensuring that all needs are met.

### 4.2.3 Nottingham City

Most parents were not sure which service was accessed by the young person they care for though some reported that their young person accessed support from Kooth (see graph below).

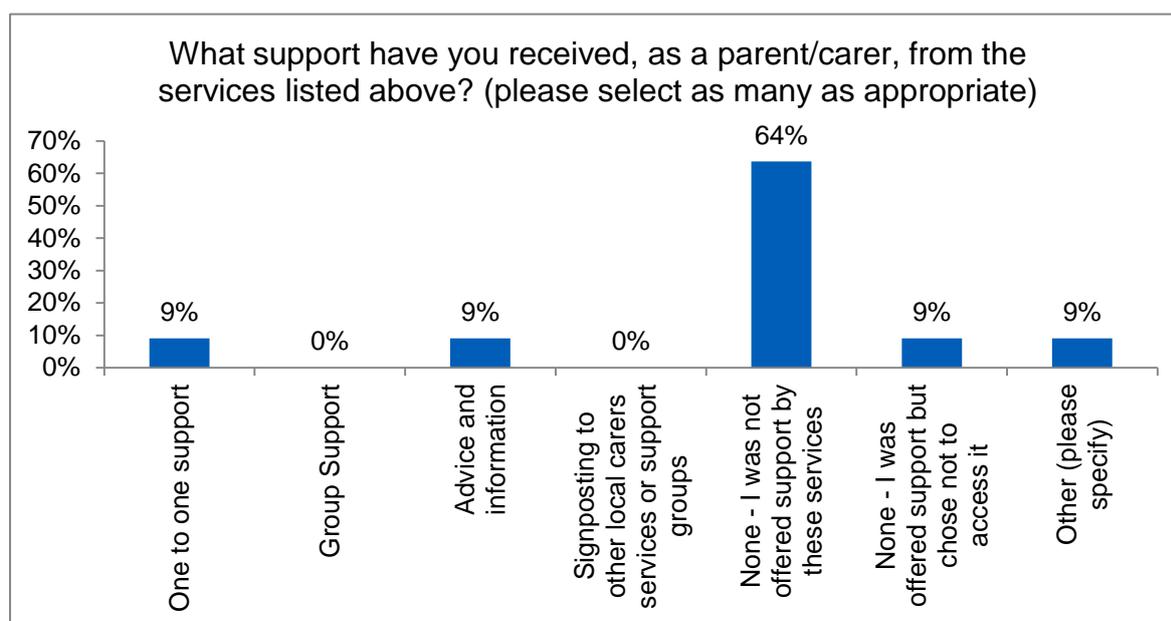


When asked what support parents and carers were offered by EI services, most noted that they were not offered any support (see graph below). To build on this, parents and carers

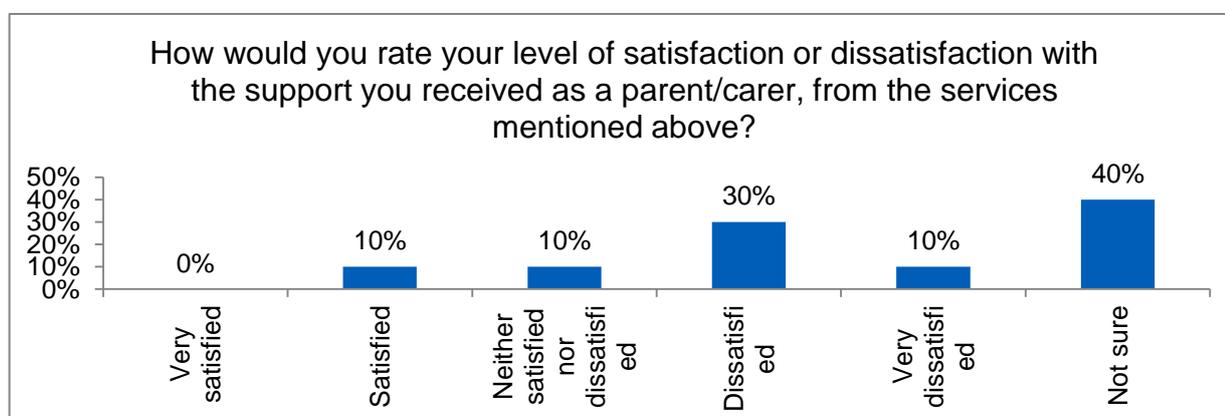
were then asked to report which other local carers services they were signposted to, if any. The main theme that emerged was:

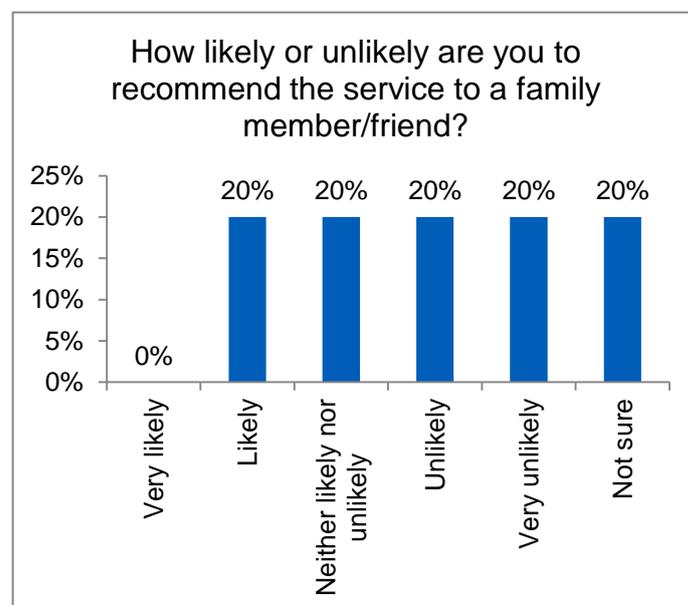
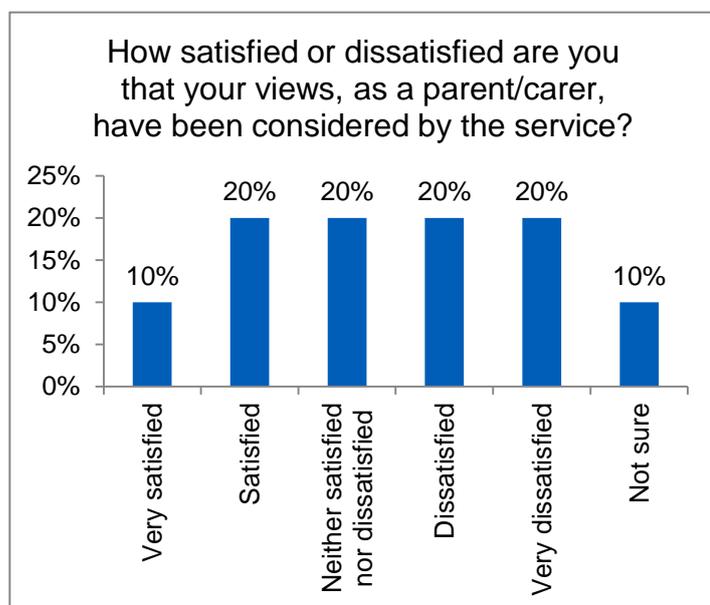
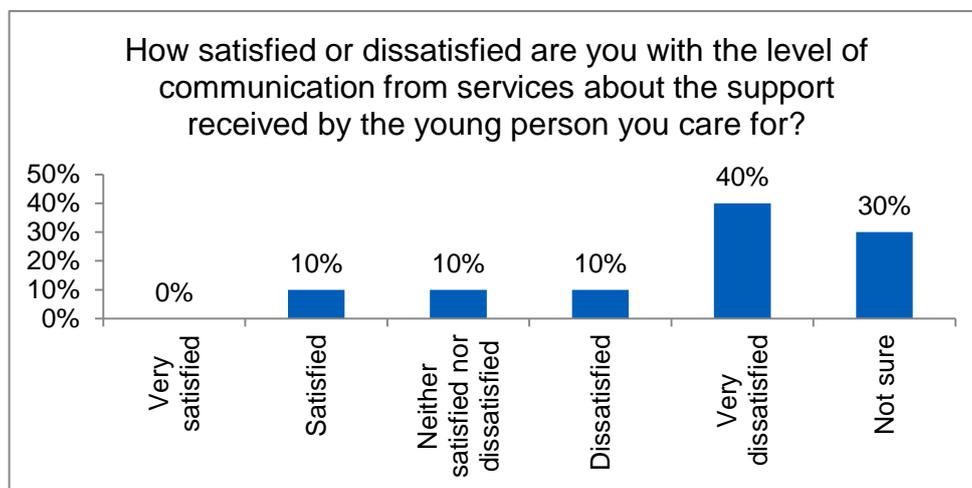
- Voluntary sector support such as Carers Trust and Mencap.

Other forms of support noted were support from early years family support services and no support received.



Parents and carers were then asked a series of questions based on their current experiences of services. These include level of satisfaction with: support they received as parents/carers, communication from services about the support received by their young person and consideration of their views as carers. Parents and carers then reported how likely they were to recommend the service to family or friends. The below four graphs highlight the results.





As seen in the graphs above, parents and carers were not sure how they felt about the support they received as carers which may be as a result of being offered limited support at this early stage. However, parents and carers were very dissatisfied with the level of communication received by services and mixed results were found when asked about carers' views being considered by services and the likelihood of recommending services to their friends.

Parents and carers were asked what support they would like to see continue and improved for parents and carers. Despite being two different questions, parents and carers noted improvements to be made within both questions. The main themes that emerged can be found in the table below.

Support to continue	Improvements to be made
Greater support for disabled young people and young people with complex needs.	More immediate support for children and young people.
Improved training and support for parents and carers (e.g. mental health first aid, helpline to access).	Major improvements to be made were noted.

As seen in the table above, parents and carers noted major improvements to be made which included having a greater awareness of services, more support for parents, out of hours support available and better communication from GPs.

### **Focus Groups/Telephone Interviews**

During the course of September 2020 several focus groups took place with organisations and charities to understand what, if any, access has been made to EI services for parents, carers and families when their children are experiencing mental health issues. Key themes emerged from the conversations and discussions that took place. These themes are divided into two sections to reflect current/previous experiences and improvements for future support.

#### **Current/previous experiences**

Key themes emerged from the conversations and discussions that took place with parents and carers in Nottingham City including the little to no support and services available for parents, carers and families at the outset.

Parents, carers and families felt that they were not listened to and were frequently judged by healthcare professionals, rather than being supported by them when they needed help. Some reported being branded as ‘dysfunctional families’ thus receiving little to no support. Where support sessions were offered for their young person, they were very limited and did not last long (e.g. 3-4 sessions) enough for the help needed. There is also a gap in services provided leaving parents, carers and families with unmet needs.

Many of the parents, carers and families expressed that the level of knowledge for professionals and themselves needs to be increase around supporting the mental health of autistic young people and young people with ADHD or a Pathological Demand Avoidance (PDA) profile. It is felt that mental health concerns in these children and young people are often overlooked. There needs to be consideration for individual needs and not a ‘one size fits all’ approach as each child and family is different. Families need different levels of support from information to intervention in the home to prevent self-harming.

Additional comments were also received around the time that it takes to wait for a referral to made. There is no support in the meantime provided to parents, carers or families and they feel like they are left too long to deal with the situation on their own or they have to research to find out the information for themselves to support their children.

### **Future support required for parents, carers and families**

Going forward parents and carers would like:

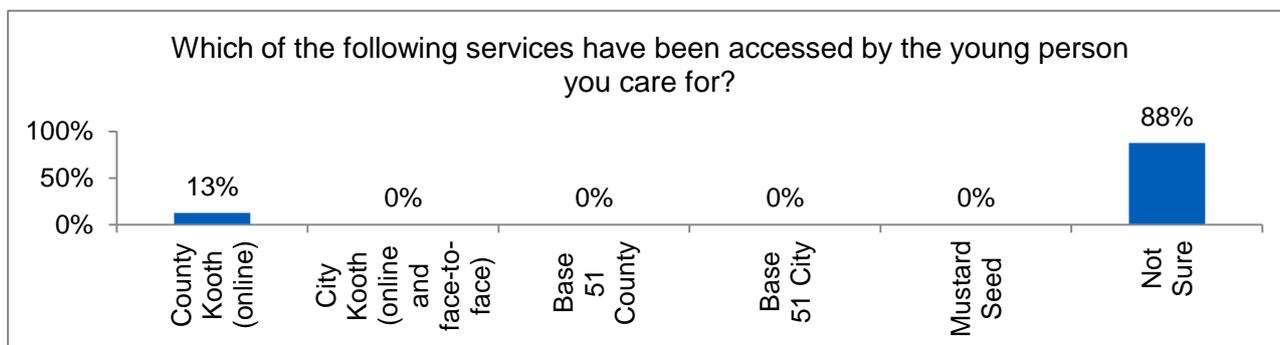
- Greater acknowledgement and consideration for individual needs of families and parents, carers and young people.
- Shorter or no waiting lists for children and young people to access support with a greater number of support sessions offered.
- Support for parents, carers and families that is on-going to help with their own emotional wellbeing.
- A choice of how to access support for parents, carers and families ranging from one-to-one support in person to parent-led peer groups and online support.
- Improved knowledge, support and considerations for young people and families who care for autistic young people, young people with ADHD and young people with a PDA profile.
- More support for children and young people who are non-verbal. Mental health aspects sometimes get overlooked in these young people. Families are often left feeling like it is a guessing game when the young person exhibits different behaviours i.e. pinching, banging, etc.
- Varied offer of support for children and young people. Medication is the last resort as parents sometimes do not want to go down this route as they would prefer for their young person to try alternative solutions first.
- Greater funding for mental health services. Some parents noted that rearranging the structure would be of little use if the provision stays the same. The current system is reported as not fit for purpose with many children and young people falling through the net. These children and young people are being picked up by the voluntary sector, who have been noted to also be over stretched and underfunded.

### **Additional Comments**

Additional comments made included the need for EI support services whilst a referral is made by other sources i.e. GPs to support families who feel that they are not receiving the right care at the right time. There also needs to be more information available for families around what is available, where and when.

#### **4.2.4 South Nottinghamshire**

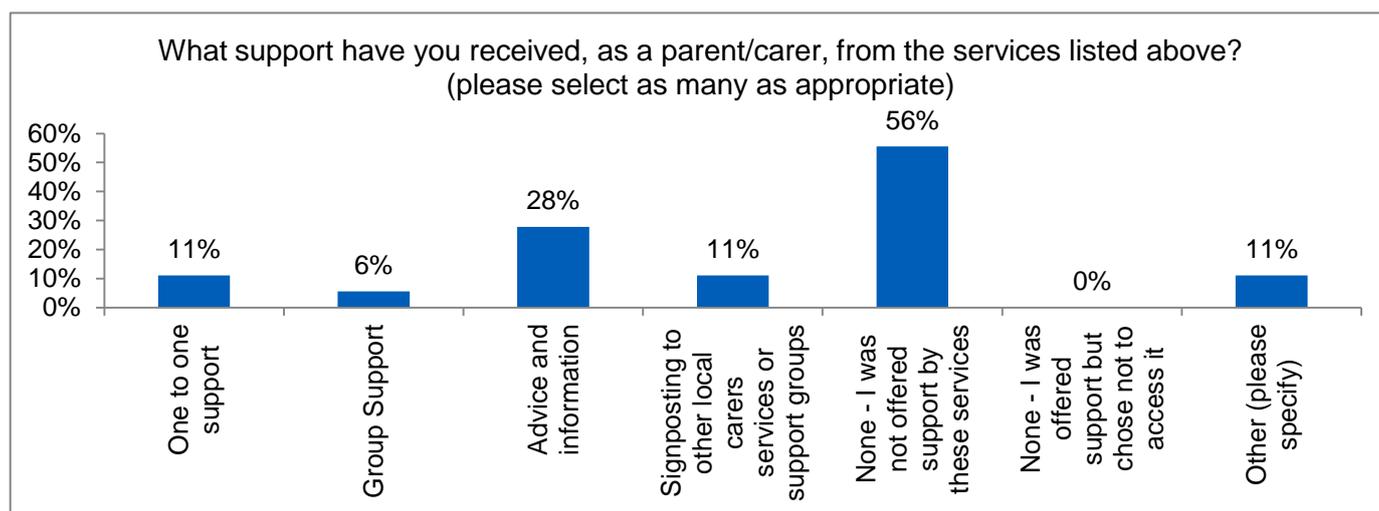
Most parents and carers in South Nottinghamshire were not sure which service was accessed by their young person with a small percentage noting access to Kooth (see graph below).



Parents and carers were asked what support they had received as carers from EI services. Most reported that they were not offered any support whilst the most common support received was advice and information (see graph below). Support from health visiting services and support for carers ceasing after their young person’s disengagement were also noted in the ‘other’ category. To build on this, parents and carers were then asked to report which other local carers’ services they were signposted to, if any. Two main themes that emerged were:

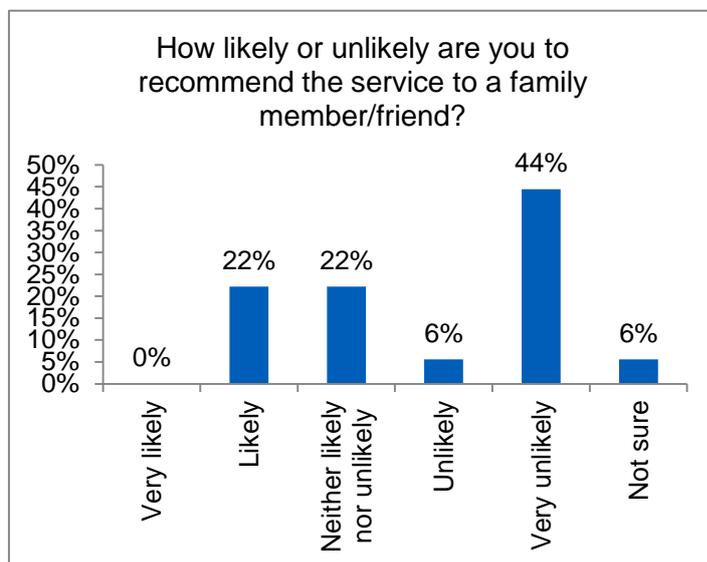
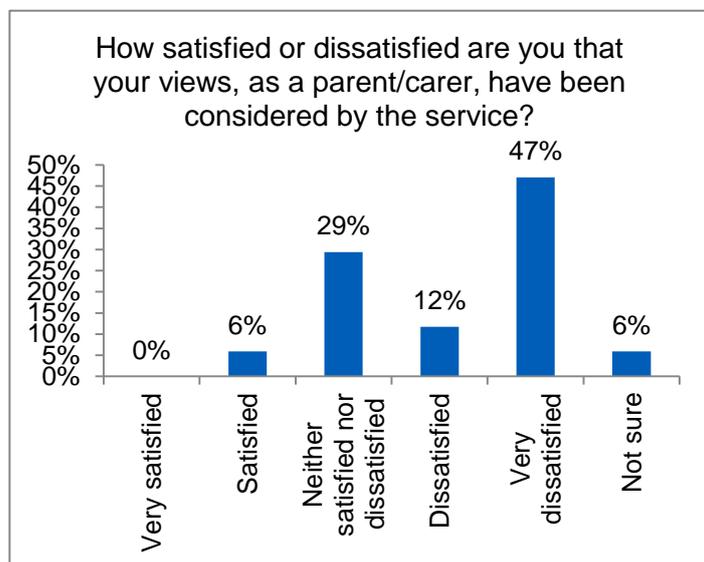
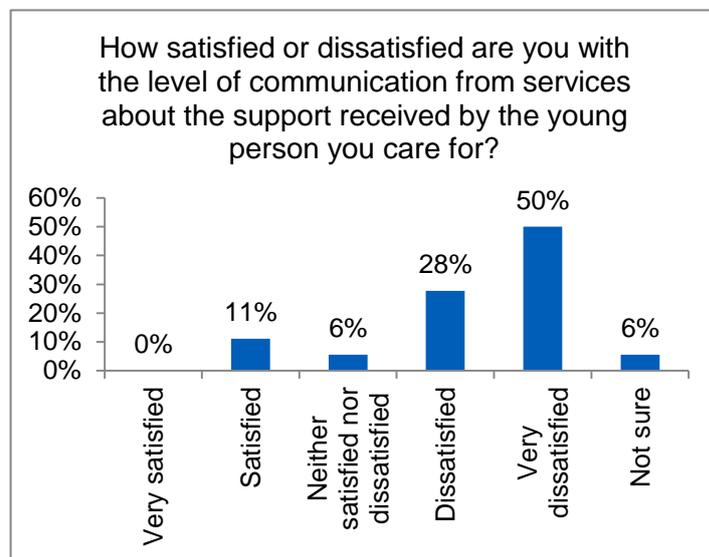
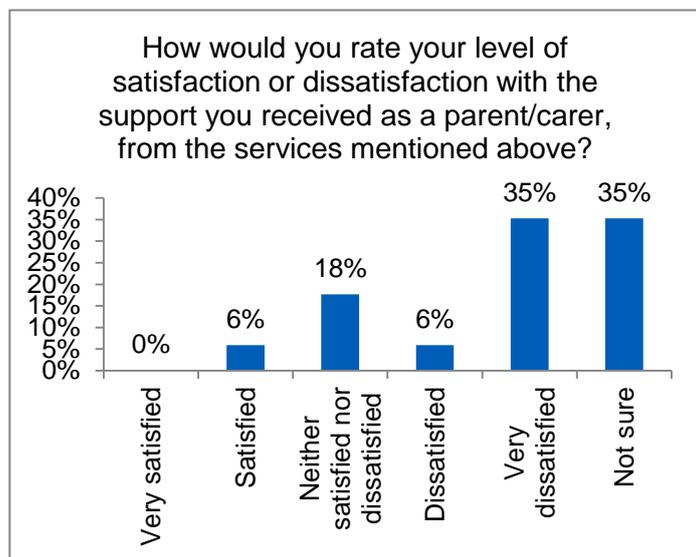
- No support.
- Health visiting services.

Other places that parents noted they were signposted to included Children’s Centres and voluntary sector such as Carers Federation. Access to the Non-Violent Resistance course was also noted.



Parents and carers were then asked a series of questions based on their current experiences of services. These include level of satisfaction with: support they received as parents/carers, communication from services about the support received by their young

person and consideration of their views as carers. Parents and carers then reported how likely they were to recommend the service to family or friends. The below four graphs highlight the results.



As seen in the graphs above, parents and carers are equally very dissatisfied and not sure about their levels of satisfaction with the support they received as carers. Dissatisfaction was expressed with the level of communication from services and the consideration of their views by services and thus many reported that they were very unlikely to recommend services to their friends and family. This highlights that major improvements need to be made for parents and carers at the EI stage.

Parents and carers were asked what support they would like to see continue and improved for parents and carers. Despite being two different questions, parents and carers noted improvements for both these questions. The main themes that emerged can be found in the table below.

Support to continue	Improvements to be made
Improved communication from services in terms of communication style and frequency.	Immediate access to support with a greater number of support sessions.
Greater training and support for parents and carers (e.g. advice, support with specific mental health issues like Anxiety).	Support for disabled young people and young people with complex needs.
Major improvements to be made.	Type of support offered such as counselling and how to support mental health in young people.

As seen in the table above, major improvements to be made was raised with improvements including the allowance of self-referral processes, greater service awareness, support after the age of 18, support for parents and carers despite their young person’s disengagement, greater involvement of parents and carers in the care of their young person and out of hours support.

**Focus Groups/Telephone Interviews**

During the course of September 2020 several focus groups and telephone interviews took place with schools, organisations and charities to understand what, if any, access has been made to EI services for parents, carers and families when their children are experiencing mental health issues. Key themes emerged from the conversations and discussions that took place. These themes are divided into two sections to reflect current/previous experiences and support seen in future.

**Current/Previous Experiences**

Key themes emerged from the conversations and discussions that took place with carers in South Nottinghamshire including that they felt that there was little or no support available for parents, carers and families at the outset. The usual route identified was via GP support who would make a referral, but there was no indication or information made available around alternative services for EI. Parents and carers had to frequently do their own research to find support.

Parents, carers and families felt that they were not listened to by the GP and were not offered appropriate support both at home and support at schools due to funding issues. Further comments received were around the child’s behaviours in different settings as some young people mask what they are feeling in certain environments. Children and young people’s behaviour can often differ from home settings to school settings hence

some professionals are not seeing the full picture and are therefore overlooking the young person's struggles.

Many of the parents, carers and families expressed that the level of support they receive is not right including the access to parenting classes. Timings of these classes at present are not helpful and nor was it felt that they were highly advantageous as they are not providing the right information, tips or support that is needed for families.

Additional comments were also received around the long wait times to access services as there is no support in the meantime provided to parents, carers or families and they feel like they are left long to deal with the situation alone.

### **Future support required for parents and carers**

Going forwards parents and carers would like:

- Regular, non-judgmental support and reassurance for parents and carers to make them feel empowered and support their own emotional wellbeing.
- Various support offered for parents ranging from having someone to talk to, to parent peer support groups, phone support or online support.
- To be shown how to care for their child or young person appropriately when they are struggling and not just informed on how to do so.
- Support offered at flexible hours, including out of hours, to suit parents and carers needs and availability. This would reduce burden on other services such as A+E where parents and carers may take their young person if they are really struggling.
- Alternative therapies for children and young people who are non-verbal as talking therapies are not accessible.
- Greater communication and transparency from services about support provided for children and young people and information such as wait times.
- More information about support available for children and young people as many families are not aware of EI services and left often feeling lost, worried and scared for their young person.
- To be listened to, heard and believed more when they talking about their young person's struggles'.
- Information on support to be put in writing to carers either via text, email or leaflets as some find it challenging to remember all information provided during appointments. This would provide parents and carers with the opportunity to look at information in their own time or at a time when most needed.
- More education for primary care staff.

### **Additional Comments**

Additional comments made included the need for EI support services whilst a referral is made by other sources i.e. GPs to support families who feel that they are not receiving the right care at the right time. It was noted that before getting to the point of asking for help, parents and carers have been struggling for a long time already so parents need to be listened to and supported appropriately.

In the current circumstances many groups are not meeting but a support mechanism could be put in place via WhatsApp and also via other platforms. One group that were engaged with spoke about a WhatsApp group that they have for parents, carers and families who keep in touch and support each other at a time in need and understand what other families are going through.

### **4.3 Professionals**

Professionals shared their views and experiences by completing an online survey. A total of 217 professionals took part. Due to it being a non-compulsory question, only 126 respondents reported the location of Nottinghamshire they work in. From these, 45% work in Mid-Nottinghamshire, 25% in Nottingham City and 23% from South Nottinghamshire. Respondents who reported their profession reported working in education (38%), working as a GP (17%), health professional (26%), social care (12%) and other (6%).

#### **4.3.1 Findings across all areas**

Professionals reported on their awareness of services and which services they referred to. The service most known to professionals without referrals being made was Kooth in the County (41%) and Base 51 in the City (41%). Overall, the services that were most referred to was the Kooth in the County (29%) and the County Primary Mental Health Team (27%). The service least known and referred to by professionals was Mustard Seed as support offered by Mustard Seed is only accessible for children and young people in Broxtowe and Gedling (see Appendix 6 for a full breakdown).

Professionals were questioned on the knowledge of the referral process and were asked if anything could be done to support them further. Overall, professionals reported their knowledge to be neither good nor poor (29%) followed by of professionals who felt that their knowledge was good (26%). A further 68% noted that more could be done to support them when referring a child or young person to EI services. The top three themes mentioned were:

- Clear and simple referral process with more information provided on who and how to refer.
- Greater awareness of services available.
- Easier service access to services for children and young people (i.e. no threshold and shorter or no wait for support).

Other themes can be found in appendix 6.

Professionals were asked to rate their levels of agreement with the following statement “*I feel very confident when working with a young person who is presenting with low level mental health needs*”. Most professionals (43%) agreed with this statement with only 12% of professionals disagreed or strongly disagreed. The following top three themes emerged when asked what could be done to increase levels of confidence:

- More training for staff.
- Easier access to services for children and young people with no thresholds or waits.
- More awareness of services that are available with up-to-date information on them.

The other themes that emerged can be found in appendix 6.

Overall professionals reported that the number of children and young people they see with low level mental health needs ranged from 0 to 120 with an average (mean) of 17 young people a month. Some professionals noted that many young people they come across struggle with this number being on the increase. The following three themes commonly emerged when asked how they are managing children and young people who are not meeting thresholds:

- Provide or seek support for mental health within school, college or university.
- Supporting children and young people themselves.
- Self-help or voluntary sector support.

The other themes can be found in appendix 6. It is also important to note that some professionals reported difficulty in managing children and young people who do not meet the threshold.

Professionals felt that the most key element to EI is the ease of access to services with no thresholds (51%). This was followed by no waits for accessing services (26%). Of the 8% who selected ‘other’, it was commonly reported that no waits, well-advertised drop-in services and ease of access (no thresholds) were all important factors. Additional key elements mentioned were training for professionals and enabling self-referral for children and young people (see appendix 6 for breakdown).

The top three themes that emerged when professionals were asked what they would like to see part of the EI service offer were:

- Easier service access with no thresholds and shorter/no waits.
- Different type of support offered (e.g. talking therapy, befriending, drop-ins, crisis pathway for those not at risk and out of hours support).
- Clear and easy referral pathways with more information on this process.

Other themes can be found in appendix 6.

Professionals were asked what can be done to support them when presented with a young person with low level mental health needs. The top three answers were:

- Greater support and training for staff (e.g. Helpline for advice and guidance and training on mental health).
- Clear and simple referral pathway with more information on how to refer.

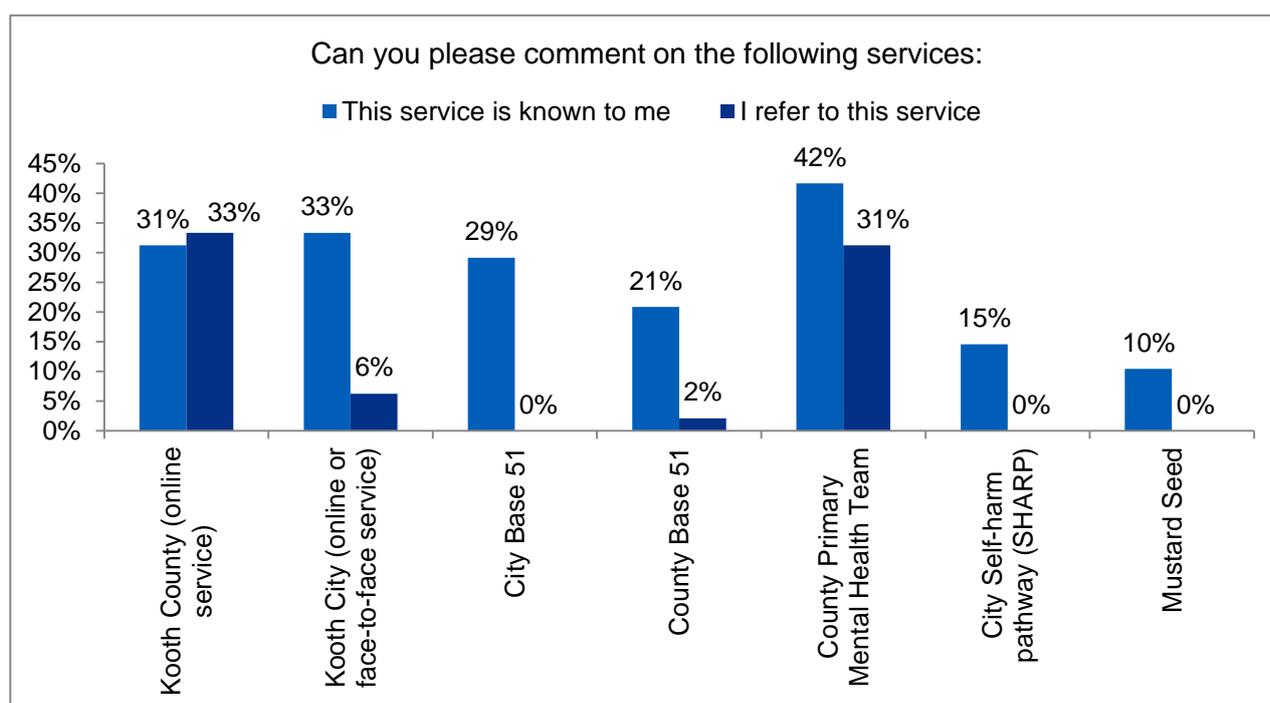
- More resources (e.g. more time to support young people, more staff and more services available) and greater information about services.

Other themes can be found in appendix 6.

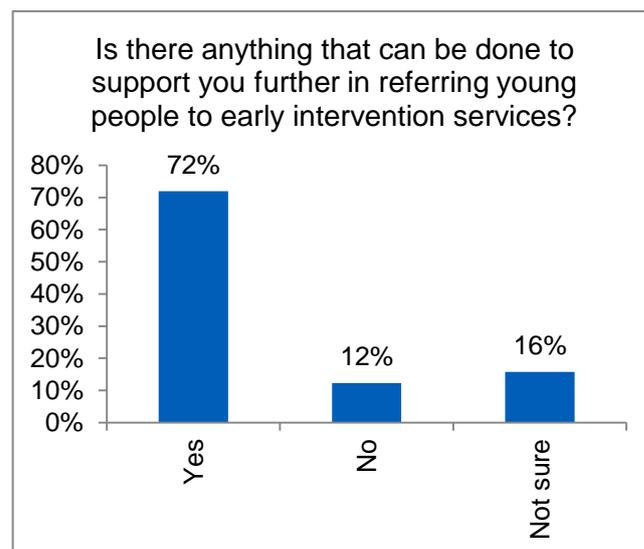
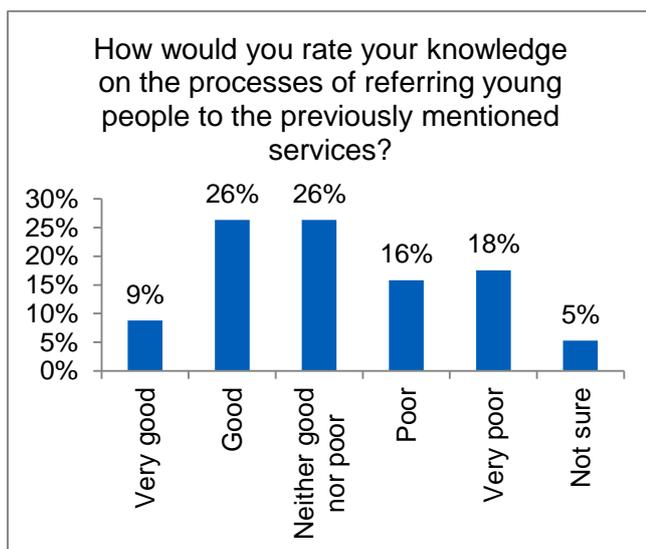
### 4.3.2 Mid-Nottinghamshire

Professionals from Mid-Nottinghamshire who reported their profession noted that they work in education (51%), work as a health professional (21%), work as a GP (7%), work in social care (14%) and other professions (5%).

Professionals in Mid-Nottinghamshire reported on their service awareness and referrals made to these services. The most known service was the County Primary Mental Health Team. The service most referred to in Mid-Nottinghamshire was Kooth in the County. Mustard Seed was the service least known by professionals in Mid-Nottinghamshire as support offered by Mustard Seed is only accessible for children and young people in Broxtowe and Gedling (see graph below).



Professionals rated their knowledge on the processes of referring young people to support and then noted if anything could be done to support them further with this process (see two graphs below).



As seen in the graphs above, an equal number of professionals reported that they had either good or neither good nor poor knowledge on the referral process. Most professionals then reported that further support in referring children and young people would be beneficial. Themes that emerged when asked what could be done to support professionals when referring children and young people were:

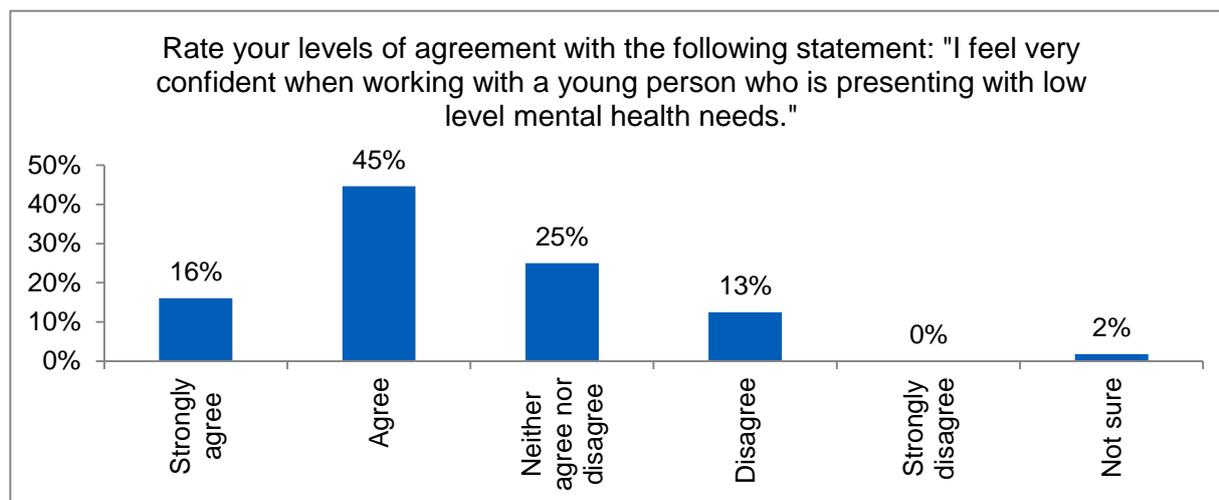
- A clear and simple referral pathway with more information on the process.
- Greater awareness of services.
- More training for staff.

The other comments provided included easier access to service for children and young people with no/shorter wait times, all information about services in one place, better partnership working, and managing young people’s expectations of support.

Professionals rated their levels of agreement with the following statement *"I feel very confident when working with a young person who is presenting with low level mental health needs"*. Results are presented in the graph below. Most professionals appeared to agree with this statement. When professionals were asked what could be done to increase their levels of confidence, the top three main themes that emerged were:

- More training for staff on mental health.
- Easier service access for children and young people with no or lower thresholds.
- Greater support for staff in consulting with mental health professionals regarding children and young people.

The other comments noted were greater awareness of services, more information on referral pathway and quick checklist to help professionals identify needs and support requirements for children and young people and support.



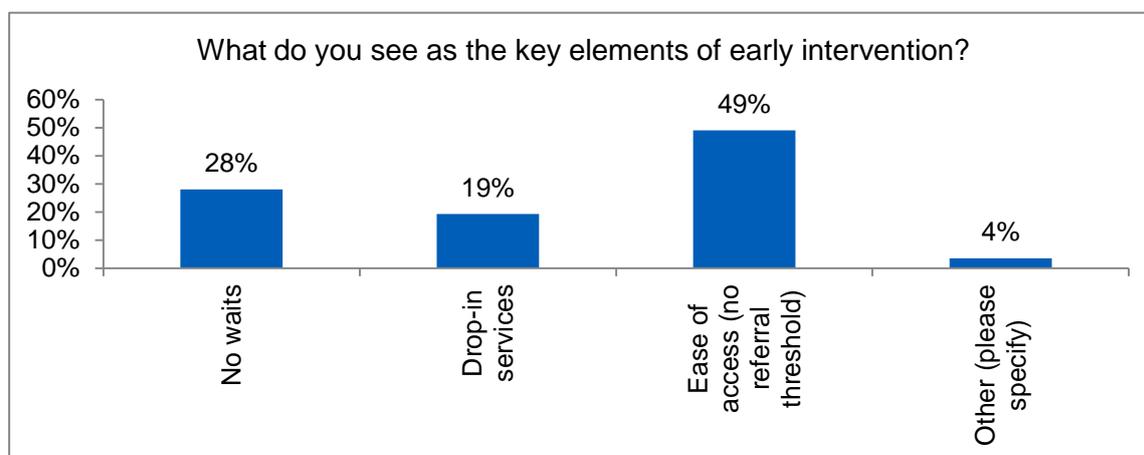
Professionals in Mid-Nottinghamshire reported that the number of children and young people they see monthly ranges from 0 to 80 with an average (mean) of 15 young people. Many professionals who did not provide a number noted that many or most young people they work with experience mental health problems.

Professionals were asked how they are currently managing young people who are not meeting the threshold for children and young people’s mental health needs, the following answers are the top three themes:

- Provide or seek support for mental health within school, college or university.
- Support children and young people themselves.
- Refer to external counselling services including private support.

Other answers were also noted such as EI services of which Kooth was the only mentioned service. Professionals also referred to support from the voluntary sector, self-help resources, GPs, health visiting services and support from other health or social care professionals. It is important to note that a few professionals reported difficulty in managing children and young people who are not meeting thresholds.

Professionals reported on the key elements of EI (see graph below). It was found that ease of access with no referral thresholds for services was the most key element for professionals in Mid-Nottinghamshire. Those who selected ‘other’ reported that no waits, drop-in services and ease of access with no referral threshold were all important with others noting that a combination of no waits and no referral thresholds are key.



Professionals were asked to comment on provisions that they would like to see as part of an EI service offer for children and young people. The top three themes that emerged were:

- Easier access to services with no waits and or thresholds.
- Range of support offered (e.g. text, online, face-to-face, drop-in support and workshops in schools).
- A clear and easy referral pathway and more mental health staff in schools.

Other comments included: interim support whilst on waiting lists, better partnership working, better transition from child to adult services, greater awareness of service and greater training and support for staff.

Professionals reported on anything else that could be done to support them. The greatest themes noted were:

- More training and more support for staff from mental health professionals regarding specific children and young people (e.g. via an advice line).
- Greater information about services offered.

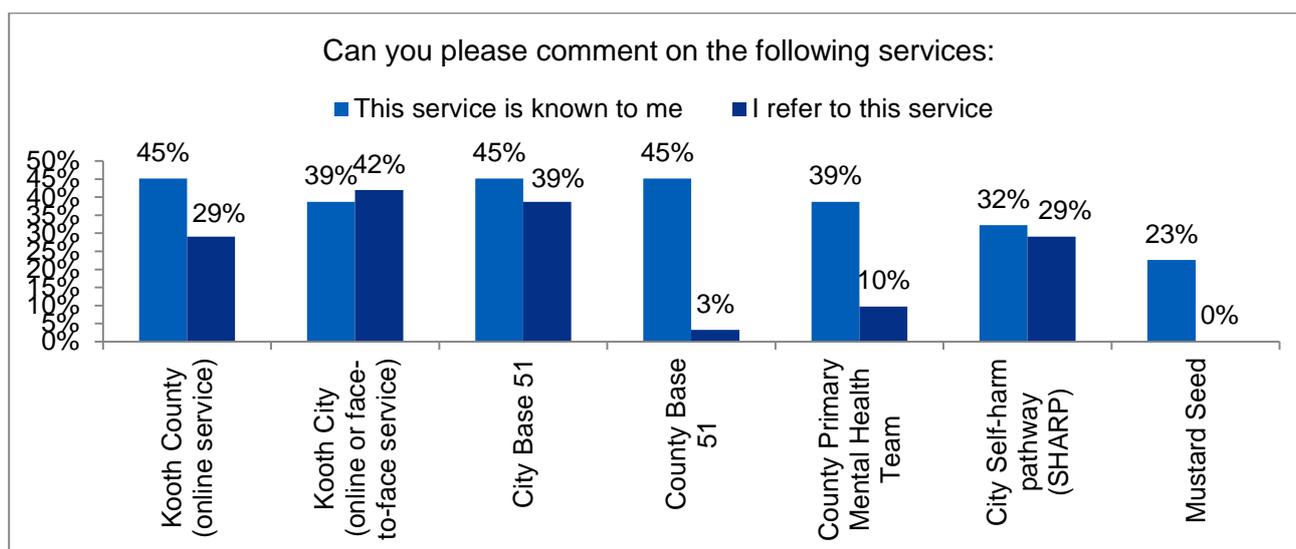
Other themes included a simple referral pathway with more information on the process, more resources including time and services to support young people, different types of support offered to young people (e.g. having a designated person in education or online support) and greater partnership working. Improving confidence around the accessibility of services for young people was also noted.

#### **4.3.3 Nottingham City**

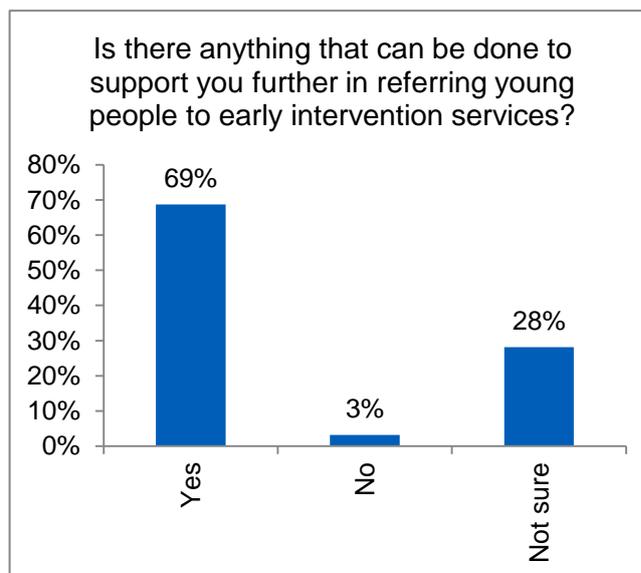
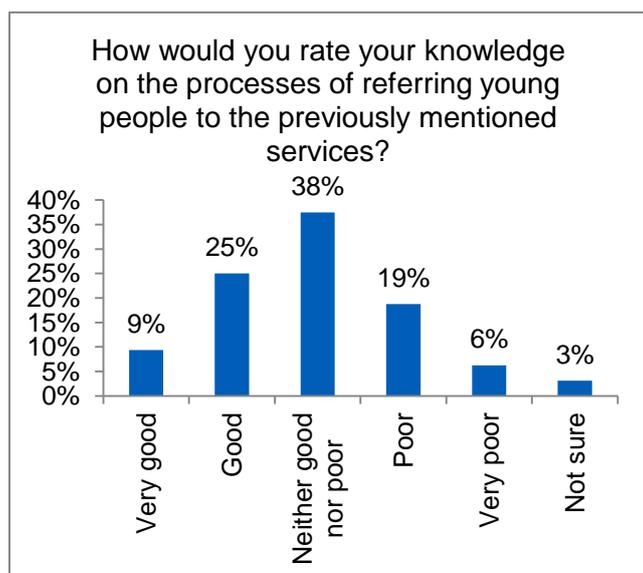
Professionals from Nottingham City who reported their profession noted that they work in education (43%), work as a health professional (23%), work as a GP (20%), work in social care (7%) and other professions (7%).

Professionals in Nottingham City reported on their awareness of services and referrals to these services (see graph below). Services most known were Kooth in the County and

Base 51 both in the City and County. The service most referred to was Kooth in the City. As expected, Mustard Seed was the least known or referred to service in the City as support offered by Mustard Seed is only accessible for children and young people in Broxtowe and Gedling.



Professionals rated their knowledge on the processes of referring young people to support and then noted if anything could be done to support them further with this process (see two graphs below).



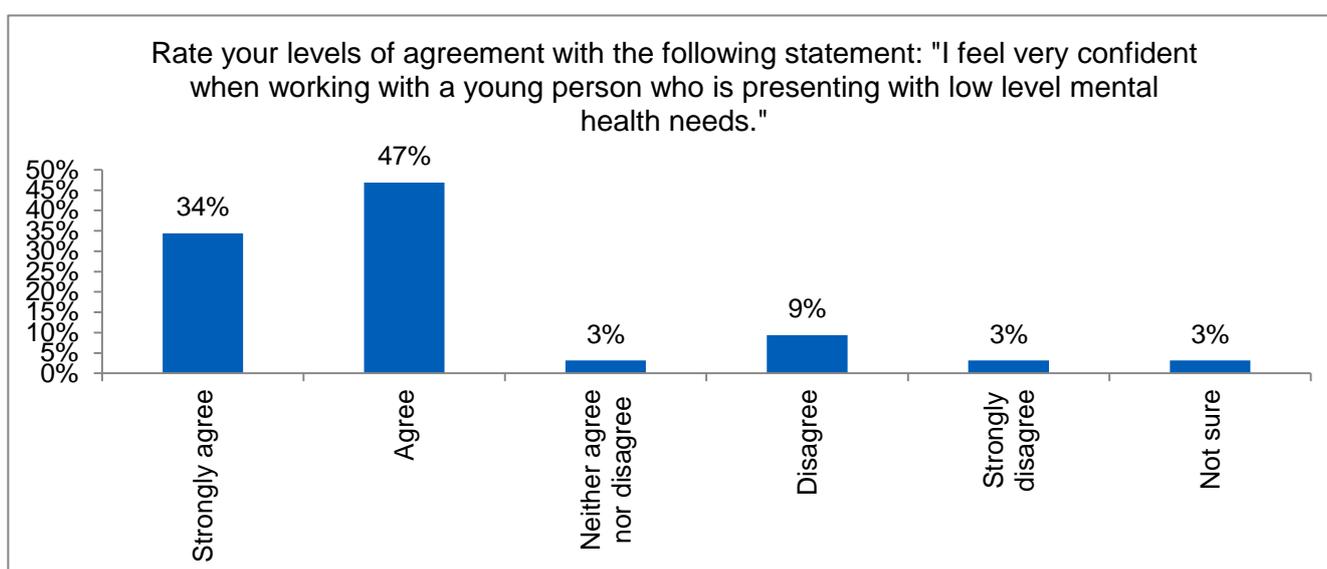
As seen in the graphs above, most professionals in the City reported their knowledge to be neither good nor poor with a number of professionals noting that additional support at this stage would be beneficial. The key themes that emerged when asked what could be done to support professionals when referring children and young people included:

- Clear and simple referral process with more information on how the process.
- Greater awareness of services.
- More training for staff.

The other comments included improved access to services for young people (no threshold and waits), having all information about services in one place, greater partnership working, cultural specific support for BAME communities and support for behavioural issues.

Professionals rated their levels of agreement with the following statement *"I feel very confident when working with a young person who is presenting with low level mental health needs"*. Results are presented in the graph below. Professional in the City mostly agreed or strongly agreed with this statement highlighting good confidence in professionals. When professionals were asked what could be done to increase their levels of confidence, the main comments that emerged were based on:

- Greater training on how to support a child or young person.
- Greater access to services for children and young people with no wait.
- More knowledge on the referral pathway.



Professionals in the City reported seeing between 0 and 120 young people with low level mental health needs a month, with an average (mean) of 27. This highlights a large number of young people in the City with low level mental health needs. When asked how

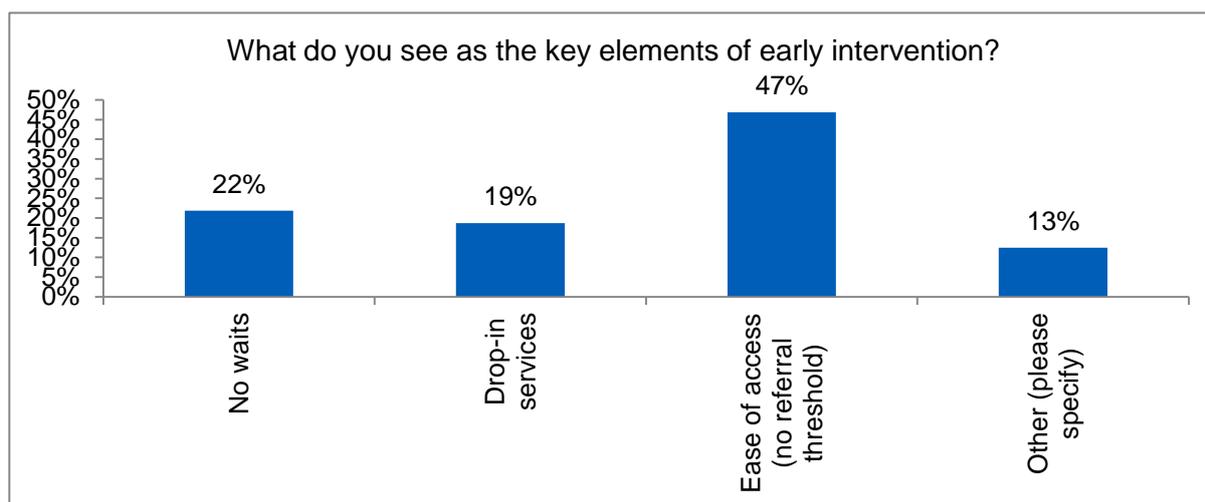
they are managing children and young people who do not meet the thresholds, the following themes were most prevalent:

- Provide or seek support for mental health within school, college or university.
- Supporting children and young people themselves.
- Refer or signpost to voluntary sector organisations (e.g. Childline, Samaritans).

Other comments related to signposting to Kooth or Base 51, self-help resources, support from GPs, external counseling services including private support, Early Help Unit and support from other health or social care professionals such as Occupational Therapists.

Professionals reported on the key elements of EI (see graph below). It was found that ease of access to support without referral thresholds was most key. Those who specified other reported:

- All elements were equally important.
- No/shorter waits.
- Training for staff and drop-in services.



Professionals were asked to comment on provisions that they would like to see as part of an EI service offer for children and young people. The top three themes that emerged were:

- Easier access to services for all with no waits and no thresholds.
- Different types of support (e.g. drop-in services, talking therapies in-person, phone/text support).
- Greater partnership working between mental health services and other professionals.

Other comments included: clear and simple referral pathway, greater promotion of services, increased support in schools for staff and more mental health staff in educational settings.

When asked what else can be done to support professionals the top three themes included:

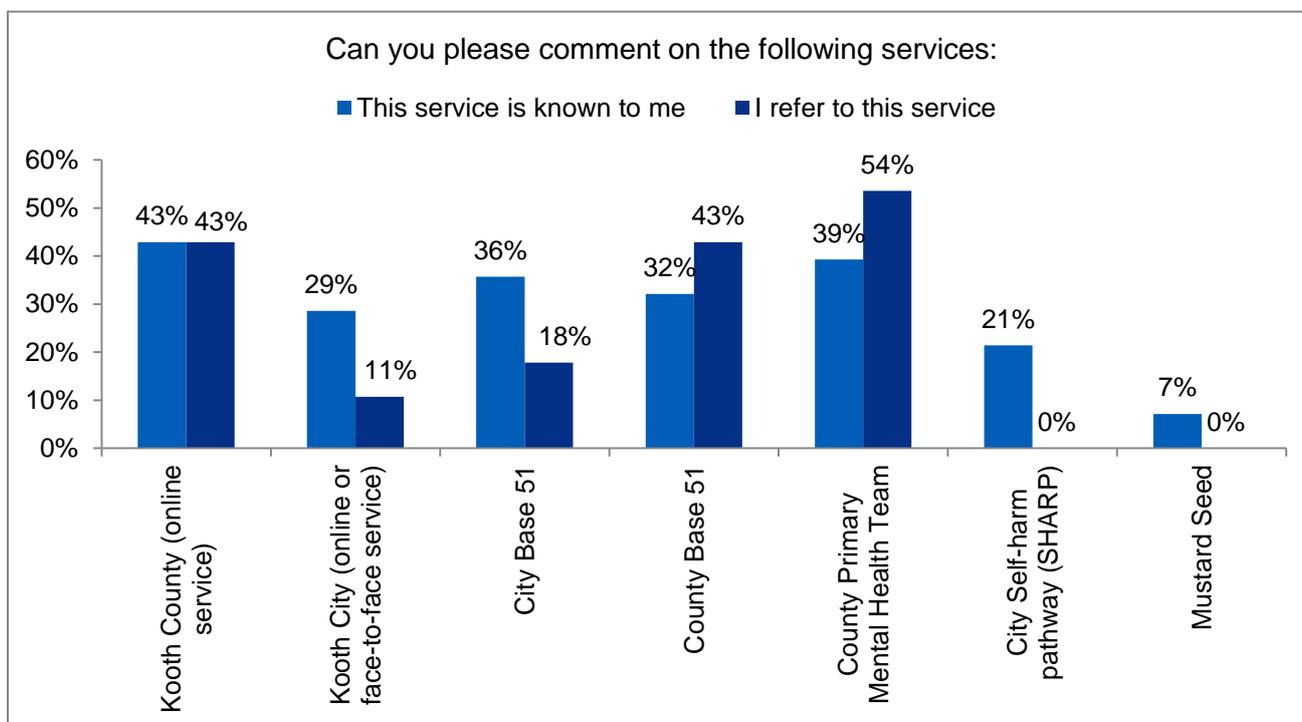
- More training and ongoing support for staff such as having regular supervision.
- Greater awareness and information of services (including services in the County).
- Easier access to services for children and young people with no waits or thresholds.

Other comments noted included more information on referral pathways, more resources in terms of space, time and information to share with children and young people. Greater partnership working, greater support for schools, more access to voluntary sector organisations and improved confidence around the accessibility of services for children and young people were also mentioned.

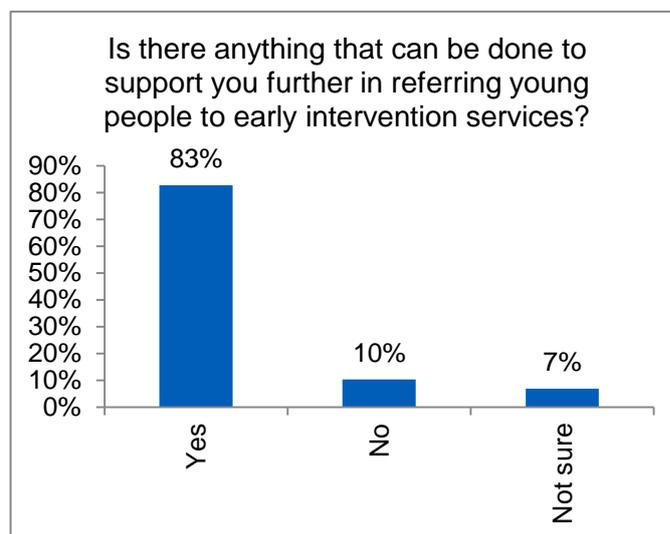
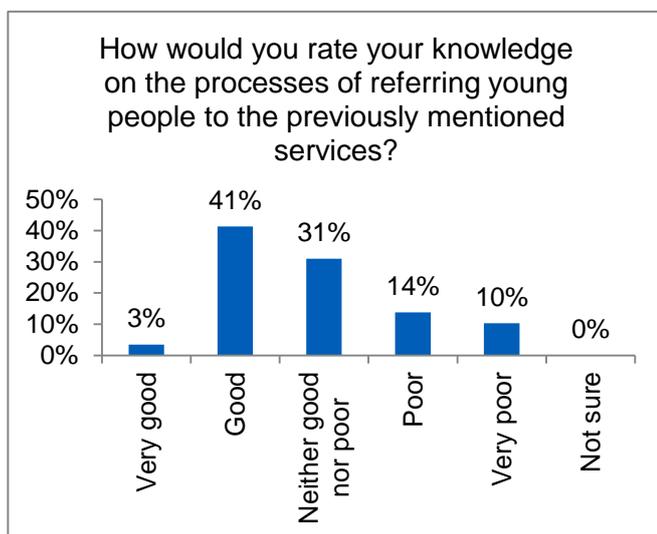
#### 4.3.4 South Nottinghamshire

Professionals who reported their profession in South Nottinghamshire were mostly GPs (38%), followed by other health professionals (31%), those working in education (15%), social care (8%) and other professions (8%).

Professionals reported their level of awareness of services and referrals made to these services (see graph below). The service most known but not referred to was Kooth in the County and the service most referred to was the County Primary Mental Health Team. The service least known and referred to was Mustard Seed.



Professionals rated their knowledge on the processes of referring young people to support and then noted if anything could be done to support them further with this process (see two graphs below).



As seen in the graphs above, most professionals reported their knowledge on the referral process as good. Most professionals then felt that that further support at this stage would be beneficial. The key themes that emerged when asked what could be done to support professionals when referring children and young people included:

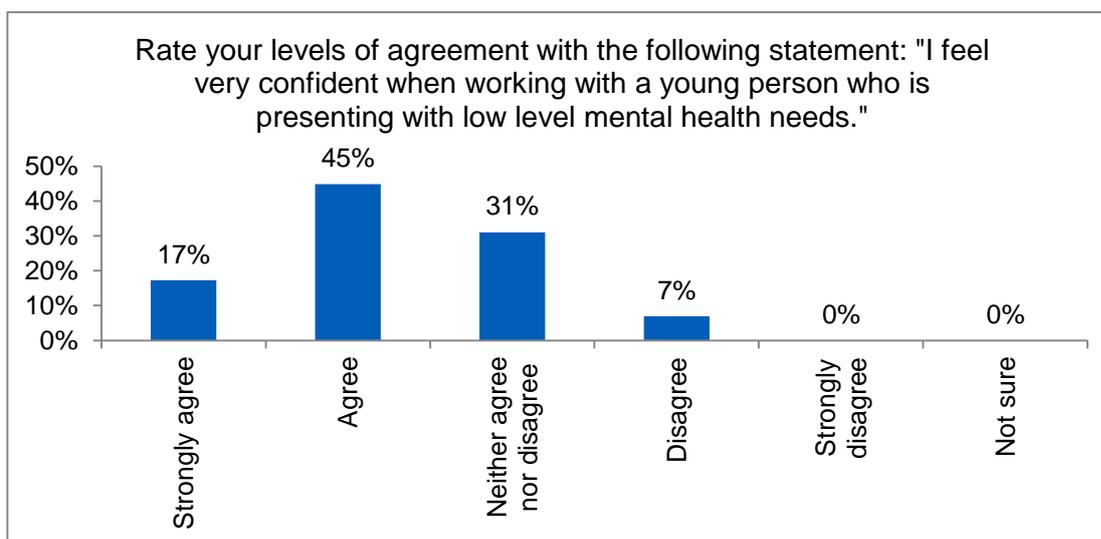
- Increased awareness and information on services.
- Clear and simple referral pathway with greater information on this.
- All information about services and referral mechanisms in one place.

The other answers included easier access to services for young people with no waits and no thresholds, increased training for staff on mental health in young people, greater partnership working, managing expectations of young people by informing them of wait and process and joined service provision for City and County.

Professionals reported on their levels of agreement with the statement “I feel very confident when working with a young person who is presenting with low level mental health needs”. See graph below. Most professionals agreed with this statement. When asked what could be done to increase confidence levels the following three key themes were noted:

- An increase in awareness of services.
- Easier service access for children and young people with no waits or thresholds.
- Greater training for staff.

Other comments mentioned greater partnership working between services regarding children and young people’s engagement.



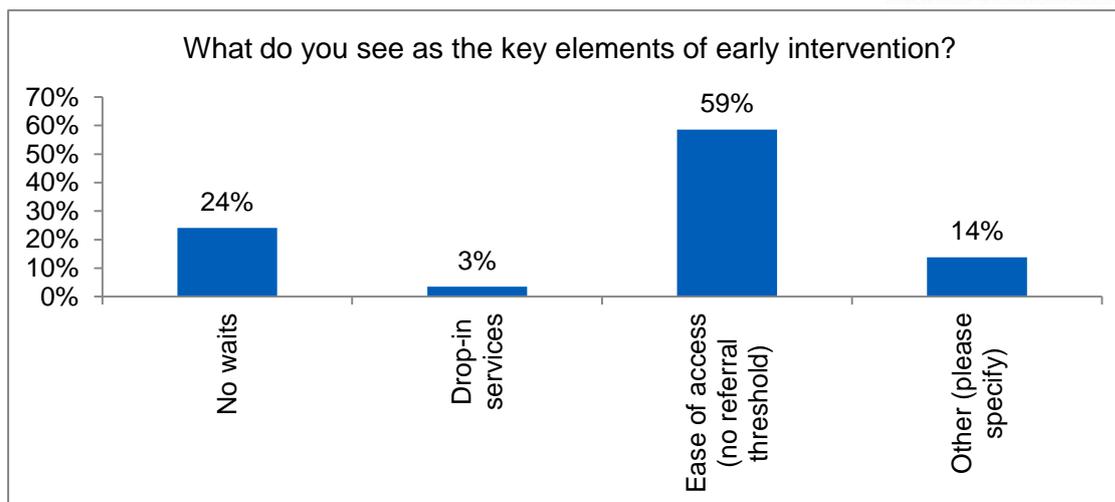
Professionals in South Nottinghamshire reported that the number of children and young people they see monthly with low level mental health needs ranged from 1 to 40 with an average (mean) of 12. When asked how they manage children and young people who do not currently meet the thresholds, the following three themes were noted:

- Provide or seek support for mental health within school, college or university.
- Supporting children and young people themselves.
- Relying on self-help resources or health visiting services.

Other themes included referring to EI services of which Kooth and Base 51 were mentioned, relying on support from voluntary sector organisations, support from GPs, external counselling services including private support, early help unit, partnership working with agencies and using F12 in SystemOne by GPs. It is also important to note that comments were made on the difficulty of managing children and young people who are not meeting thresholds.

Professionals reported on the key elements of EI (see graph below). It was found that ease of access (no referral thresholds) was of greatest importance to professionals in South Nottinghamshire. Those who reported 'other' referred to:

- All elements being important (i.e. no wait, drop-in service and no referral threshold).
- Children and young people's self-referral.
- Shorter waits and mental health education for children and young people.



Professionals added what they would like to see as part of EI service offer for children and young people with the three key themes being:

- Greater service access with no waits or thresholds.
- Different types of support available (e.g. drop-ins, befriending, face-to-face counseling, online support, crisis support for those not at risk, resources and support for parents).
- Quick and easy referral process enabling self-referral for children and young people.

Other themes included greater partnership working between schools, GPs and mental health services, greater promotion of services, more mental health staff in schools more universal services staff and out hour services support.

Professionals reported anything else that can be done to support them further. The three most prevalent themes were:

- Resources (i.e. greater funding, more staff and resources for parents and carers).
- Clear and simple referral pathway with more information on this.
- Greater training and ongoing support for staff such as a helpline.

Other themes included greater information and promotion of services available (including promotion amongst young people who may find it more difficult to seek support such as young males), comments on type of support available (such as leaflets, one-to-one support holistic support), better partnership working and an increase in confidence around the accessibility of services for children and young people.

## 5. Additional Comments

Throughout the engagement period, comments were made by children and young people, parents, carers and professionals on the CAMHS service via the surveys, virtual focus groups and telephone interviews held. Though CAMHS is not an EI service, it is important to highlight the main themes regarding comments based on CAMHS.

From a young person's perspective, mixed experiences were reported. Some children and young people found the counselling support offered by CAMHS to be helpful whilst others felt that the support they received was not helpful. One young person reported that the initial support from CAMHS was helpful however being discharged following diagnosis was very unhelpful and negatively impacted their mental health.

From a parent and carer perspective, many reported long waiting lists and high thresholds for access to CAMHS resulting in numerous children and young people falling through the gaps and struggling with greater mental health issues. Many parents and carers felt that CAMHS would not support their young person until they were at crisis point which leaves many parents and carers struggling to care for their young person. Some carers accessed private support to ensure their young person's needs were being met. The need for greater support for young people on the autism spectrum, young people with ADHD, young people with a PDA profile and young people who are non-verbal was also noted.

From a professional perspective, many reported on the long waiting lists to access CAMHS support with professionals wanting to see this reduced. Professionals also reported having their referrals to CAMHS rejected and hence feel that lower thresholds are needed to provide young people with the support they need. Mental health support was also requested for autistic young people and young people with ADHD.

## 6. Recommendations based on data and feedback collected

### 6.1 Children and Young People

Below are a few recommendations based on the broader views and feedback from children and young people. It is also important to consider further recommendations from children and young people which are available in the findings:

- **Raise awareness of services available:** Young people reported that greater awareness of services and more information on the type of support offered would help to reduce barriers to accessing support.
- **Offer flexible support:** Services should be flexible in tailoring support to individual needs and should offer support outside of normal working hours to ensure that young people are able to engage at a time most needed or convenient for them.
- **Offer more immediate support:** Children and young people would like to access support before their mental health worsens. Hence, services should offer support

that is more immediately available to ensure children and young people are supported before their mental health deteriorates.

- **Consider varying needs between young people in the City and County:** Children and young people in the County reported that having support closer to home would help to reduce barriers to accessing care. Such views need to be considered when procuring services as part of the EI pathway.
- **Enable children and young people to assist in the delivery of training to professionals:** Children and young people noted that training for professionals should be delivered in partnership with young people. Training for professionals should cover important topics such as how to appropriately communicate and engage with a young person who may be struggling with their mental health and specific mental health topics.

## 6.2 Parents and Carers

Below are a few recommendations based on the broader views and feedback from parents and carers. It is also important to consider further recommendations from parents and carers which are available in the findings:

- **Raise awareness of services amongst parents and carers:** Awareness of services need to be raised amongst parents and carers so they can access the most appropriate support for their child or young person.
- **Provide greater support for parents and carers:** Greater support needs to be provided for parents and carers at this early stage as many were not offered any support. This results in carers having to struggle themselves or seek help from other existing carers groups and charities. Parents and carers would like guidance on how to best support their children and young people and how to look after their own wellbeing as carers.
- **Offer flexible support to parents and carers:** Support offered to parents and carers at this early stage should be tailored to suit needs and preferences. A parent peer group was of great importance to many. Providing a choice in the method of accessing support and offering flexible timings (including support out of hours) are important for carers.
- **Parents and carers request more accessible services for young people:** Parents and carers would like their young people to access more immediate support with reduced thresholds for service access. They would also like services and support to be more accessible for children and young people who are non-verbal, young people on the autism spectrum, young people with ADHD and young people with a PDA profile.
- **Provide greater communication to and involvement of parent and carers in support:** Parents and carers want to be more involved in their young person's care and receive more communication from services. This extends to parents with young people on waiting lists to access services. Greater and more transparent communication with parents regarding wait times and reassurance that they have not been forgotten would be of great benefit.

### 6.3 Professionals

Below are a few recommendations based on the broader views and feedback from professionals. It is also important to consider further recommendations from professionals which are available in the findings:

- **Raise more awareness of services available:** Professionals requested more information about services that are available with frequent updates on any changes.
- **Implement a clear and simple referral pathway:** Many professionals felt a clear and simple referral pathway for services would be beneficial with more information provided on where to access these and who can be referred.
- **Provide greater training and support for staff:** More training and support for staff was requested with training covering areas such as how to support a young person and services available. Staff requested on-going support from specialist mental health professionals to provide reassurance, guidance and advice on individual young people. This could take the form of an advice or helpline over the phone.
- **Professionals requested easier access to services for children and young people:** Easier access to services for children and young people with no waits and no thresholds were comments raised frequently by professionals, as many are currently supporting children and young people themselves.
- **Promote and encourage greater partnership working between services:** Professionals requested greater partnership working between services such as mental health professionals, GPs and schools.

## 7. Appendices

Appendix 1 – Joint Green Paper (2018)



Joint Green Paper  
(2018)

Appendix 2 – NHS Long Term Plan (2019)



NHS Long Term Plan  
(2019)

Appendix 3 – Parent and carer survey with all overall data.



Parent/Carer survey  
and all overall respon

Appendix 4 – Parent and carer virtual focus group/telephone interview questions



Parents\_carers focus  
group/phone interview

Appendix 5 – Stakeholder lists



Stakeholder list.pdf

Appendix 6 – Professionals survey with all overall data.



Professionals survey  
and all overall respon

Appendix 7– Children and young people’s survey with all overall data.



CYP survey and all  
overall responses.pdf

Appendix 8 – Children and young people’s telephone interview questions



CYP telephone  
interview questions.p

Appendix 9 – Press release.



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E+D data.pdf

Appendix 10 – All equality and diversity data.