

# Children & Young People Overview and Scrutiny Committee

Date: Tuesday 14 June 2022  
Time: 10.00 am  
Venue: Council Chamber, Shire Hall

## Membership

Councillor Yousef Dahmash (Chair)  
Councillor Jerry Roodhouse (Vice-Chair)  
Councillor Jo Barker  
Councillor Brett Beetham  
Councillor Barbara Brown  
Councillor Peter Gilbert  
Councillor Brian Hammersley  
Councillor Marian Humphreys  
Councillor Justin Kerridge  
Councillor Jill Simpson-Vince  
Joseph Cannon  
John McRoberts  
Rev. Elaine Scrivens

Items on the agenda: -

## 6. The Impact of Covid-19 on Children and Young People

3 - 20

**Monica Fogarty**  
Chief Executive  
Warwickshire County Council  
Shire Hall, Warwick

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## Children & Young People Overview and Scrutiny Committee

14 June 2022

### The Impact of Covid-19 on Children and Young People

#### Recommendation

That the Children and Young People Overview and Scrutiny Committee considers and comments upon the impact and challenges presented by the Covid-19 pandemic on children and young people in Warwickshire.

#### 1. Executive Summary

- 1.1 This report considers the impact of Covid 19 upon children and young people in respect of school attendance and attainment, mental health, and on children supported within Warwickshire's Children and Families Service.

This is summarised in three separate sections:

- A. School attendance, missing education and attainment
- B. Mental Health
- C. Children and Families Service (including Social Care)

#### Section A - Attendance

#### 1.2 Context

- 1.2.1 The impact of the COVID-19 pandemic has been wide reaching and has affected pupils' attendance at school. When children and young people have reduced attendance in school this has an adverse impact on their personal, social, and emotional development but also on their academic progress. Absence will often result in children and young people missing certain elements of a progressive subject resulting in gaps in their knowledge.

- 1.2.2 Attendance issues related to COVID-19 can be broadly categorised into 3 areas:

- i. Absence due to having COVID or being a close contact.
- ii. Absence due to parent/carer worry or anxiety about infection rates in the school and
- iii. Children and young people's own anxieties about infection rates in their school or setting.

- 1.2.3 Parent and carer anxiety was particularly prevalent with children of pre-school and nursery age. This was fed back and evidenced in the weekly Primary Head Teacher briefings, Area Analysis Group meetings and Consortia Chair Meetings. These meetings are all specific to Head Teacher's and are led by the WCC School Improvement Team. Many early years settings noticed numbers decline significantly during the pandemic and a number of private providers ceased trading due to falling numbers.
- 1.2.4 School attendance rates fell significantly during the pandemic. Generally, schools and settings operate at around 95% or better over the year. This is the national average. During the pandemic this dropped significantly and with bubble closures and other classes affected by infection rates, Warwickshire schools at the peak of the pandemic were operating at around 50% attendance.
- 1.2.5 As restrictions have eased attendance is improving. In January 2022 the national average attendance was 85% and In April 2022 this had increased to 87%. Although infection rates were increasing during this period, the severity was stabilising. Restrictions in schools also eased so that prolonged self isolation was not required. Schools and settings are working incredibly hard to increase their attendance rates and to undertake a recovery curriculum to plug missed learning gaps. Warwickshire County Council have a Task and Finish Group for attendance. This is led by Sarah Tregaskis and the attendance team. They are looking specifically at:
- Mapping what provision and support is currently available to support schools improve their attendance.
  - Finding out what schools are doing to improve attendance, (particular projects and initiatives).
  - Identifying gaps and opportunities to further support schools improve their attendance.
  - Aiming to create 'pathways' identifying and signposting support and how it can be accessed.
  - Ensuring the Warwickshire approach fits in with the national landscape and the recent White Paper entitled **Opportunities for all: strong schools with great teachers for your child**
- 1.2.6 The Department for Education also included attendance in **Opportunities for all: strong schools with great teachers for your child**. It highlighted that in autumn 2021, the average primary school pupil had lost 1.9 months equivalent education in maths and 0.8 months in reading. Disadvantaged children lost an additional 0.3 months in maths and 0.4 months in reading. The White Paper also includes a clear commitment to improve behaviour and higher attendance through more effective use of data, including an annual behaviour survey and a national data system to drive up attendance and make it easier for agencies to protect vulnerable children. Local Authorities are also expected to take a much higher profile presence supporting schools with attendance including; termly conversations with schools, initiating Early Help assessments, supporting schools with formal actions, and implementing whole family plans.
- 1.2.7 Parents and carers who chose to withdraw their child(ren) from maintained schools and settings for elective home education increased during the

pandemic. Broadly the reasons for this included parent and carer anxiety and children and young people anxiety. However, there were a small proportion of children and young people that found remote learning or learning not in a school environment enabled them to excel.

### **1.3 The effects of reduced attendance**

- 1.3.1 Teachers and Practitioners in Warwickshire have noted a trend emerging with children entering Reception classes in September 2021, with some children coming into school with delayed language development. From Head teacher feedback in regular Head Teacher briefings, Area Analysis Groups and Consortia Chair's meetings, Head Teacher's have shared this could be due to an inconsistent preschool experience and not having exposure to a language or vocabulary rich environment. Teachers and Practitioners are also having to modify their curriculum in the Autumn Term to allow for a longer settling in period whilst children adjust to routines and consistency of an Early Years or school environment.
- 1.3.2 Children in this year's current Year Two will have missed a significant proportion of their school-based learning time. Statutory Assessments for the Year One Phonics Screening Check and at the end of Key Stage One are returning this year. These assessments were not mandatory during the pandemic. Although schools are not encouraged to compare the two data sets, comparisons will inevitably be drawn. It is expected that the disadvantaged attainment and progress gap may have widened.
- 1.3.3 Children in Key Stage Two (Ages 7-11 or Years 3 to 6) will have also missed significant proportions of school-based education. Evidence gathered in the forums stated above, indicated that children were anxious about COVID-19. Some children may have noticed that they may not be catching up as quickly as their peers. Confidence and self-esteem issues are increasing and these lead to reduced attendance as issues such as, not wanting to come to school, withdrawal, increased frustrations with peers and missing out on extracurricular activities.
- 1.3.4 In Key Stage 3 and beyond young people can form their own opinions around the effects of the pandemic. This may result in increased anxiety or at the other end of the continuum, a reluctance to adhere to any restrictions in place. It is well documented that young people are concerned about the effects of the pandemic on their future hopes and aspirations. Again, reactions vary between increased diligence with studies to catch up or an apathy around how much they have to catch up. In Year 11, some secondary schools are noticing an increase in absence and engagement with some young people.

### **1.4 Wider effects of attendance**

- 1.4.1 It is not only pupil absence that is affecting school performance. In Warwickshire, staff absence has also been impacted significantly. There is a preconception that schools closed during the pandemic, when in fact they were open for key worker children throughout.

- 1.4.2 The impact of Covid and Covid related staff absence, has meant that children and young people may not have had a consistent professional delivering high quality teaching and learning to their students throughout the year. Often, schools and settings will use supply agencies and when that service is not available remaining Teaching Assistants have been used in the drive to keep schools open. This was widely communicated through the Head Teacher meetings referenced in section 1.2 entitled “context”.
- 1.4.3 For children and young people with attachment, emotional and developmental concerns, the stability of adults in the classroom is essential. Where it has not been consistent, children and young people in those groupings may be reluctant to attend school and attendance rates will fall.
- 1.4.4 The effects of long COVID are also becoming more prevalent in schools. Staff may have extended time off work due to recovery or need to have reduced timetables in place. This in turn is inconsistent for children and young people.
- 1.4.5 It is worth noting that the pandemic has added to recruitment and retention issues across all staff levels. Increased emotional pressures with children and young people can lead to more reactive behaviour choices. This in turn puts increased demands on staff. Staff well-being can then be compromised and often this results in staff absence. When staff attendance is low, consistency and stability is severely compromised. Recruitment and retention is a high priority for Warwickshire.

## **Section B - Mental Health**

### **1.5 Current Situation**

- 1.5.1 Recent research and studies show that children and young people have been affected by the Covid-19 pandemic. The crucial development phases of children and young people made them more susceptible to the negative impacts of the pandemic with them experiencing more depressive and anxiety symptoms as a result. Research also highlights that children and young people with neurodiverse needs are reported to have more severe emotional and anxiety symptoms during the pandemic compared to non-neurodiverse. (The Association for Child and Adolescent Mental Health 2022)
- 1.5.2 A report published by NHS Digital, Mental Health of Children and Young People in England (2020)<sup>1</sup> estimated that the rate of probable mental health disorders in Children and Young People to be around 1 in every 6 children, for those aged 5 to 16 years. A survey by Young Minds in January 2021<sup>2</sup> suggested, 75% of

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<sup>1</sup> <https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-of-children-and-young-people-in-england/2020-wave-1-follow-up>

<sup>2</sup> <https://www.youngminds.org.uk/about-us/reports-and-impact/coronavirus-impact-on-young-people-with-mental-health-needs/>

respondents agreed that they found the latest lockdown harder to cope with than the previous one and 67% believed that the pandemic will have a long-term negative effect on their mental health. There were some positives in that 79% of respondents agreed that their mental health would start to improve when most restrictions were lifted.

1.5.3 Further analysis by QualityWatch, a joint programme between the Nuffield Trust and Health Foundation (Growing Problems – What has been the impact of Covid-19 on healthcare for children and young people in England? Nuffield Trust, 18 February 2022<sup>3</sup>) has found several issues:

- In April to September 2021, nationally, there was an 81% increase in referrals for children and young people’s mental health services on the same period in 2019.
- During the same period, there were over 15,000 urgent or emergency crisis care referrals for children and young people. This was a 59% increase compared to the same period in 2019.
- One in five children and young people waited more than 12 weeks for a follow up appointment with mental health services between April 2020 and March 2021, increasing the risk that conditions deteriorate further.
- The number of children and young people (under 19 years) waiting to start treatment for a suspected eating disorder quadrupled from pre-pandemic levels to 2,083 by September 2021.
- During the pandemic, the number of children and young people (under 19 years) attending A&E primarily for an eating disorder doubled, from 107 in October 2019 to 214 in October 2021.

## 1.6 Challenges in Warwickshire

1.6.1 National challenges are reflected locally within Warwickshire where child mental health services have seen an increase in referrals, demand and those accessing the services presenting with a greater complexity of need.

1.6.2 Self-Harm and Suicide - In Warwickshire, admissions to hospital as a result of self-harm in young people aged 10-24 years old remained significantly higher than the England average (2018/19). During 2020/21, there was an increasing number of young people presenting to children and young people’s mental health services and at acute settings with increasingly complex mental health needs. In January 2021, Warwickshire County Council introduced their formal Suicide Cluster Response process following a number of suicides and attempted suicides within the County. Within this Suicide Cluster Response context, a system response was required to provide additional early intervention/prevention support for children and young people’s mental health needs, and to prevent further escalation and increased referrals into children and young people’s mental health services.

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<sup>3</sup> <https://www.nuffieldtrust.org.uk/resource/growing-problems-in-detail-covid-19-s-impact-on-health-care-for-children-and-young-people-in-england>

- 1.6.3 Children and Young People in Crisis – The Crisis Service was commissioned in 2019 and went fully live in October 2019. The anticipated flow of referrals was expected to be 600 per year across Coventry and Warwickshire. In the year from April 2021 to March 2022 there have been 1040 crisis episodes for children and young people in Warwickshire.

This growing demand has continued throughout 2022. A situation experienced nationally and locally, the increased demand accompanied with a lack of capacity in the NHS England specialist commissioned beds (known as Tier 4 beds) has resulted in children having to wait in hospital for longer periods of time before moving into a tier 4 bed, when available.

- 1.6.4 Eating Disorders – the pandemic has had a significant detrimental impact on those children and young people at risk of and who already have an eating disorder. This is a trend that has been noted nationally. The Eating Disorder service in the county has experienced increasing demand and complexity and have been unable to meet the access and waiting standard for eating disorders as demand has outstripped capacity. A review of NHS data suggested that the referrals had increased between April 2020 to March 2021 of 37% for child mental health services and up to 59% for child eating disorder services. The cumulative demand for episodes of assessment for Rise Specialist Eating disorders service has grown by 31.5% between 2019 and March 2022, with the team having 222 assessments in 21/22. However performance against the constitutional target has decreased to 21.74% for urgent cases within 1 week and 9.37% for routine in 4 weeks.
- 1.6.5 Transitions 18 – 25 - as part of work around mental health of young people, it had been identified that a gap exists in the transition from children and young people mental health services into adult mental health provision. As part of the recommissioning of adult mental health services, stakeholder meetings highlighted that Covid has had a huge impact on the mental health of those aged over 16; in particular, the issues of those leaving care and those transitioning from children and young people's mental health services into adult services have been raised.

## **1.7 Commissioned Activity and Responding to the Challenges**

- 1.7.1 Rise - In Warwickshire, Child and Adolescent Mental Health Services are contracted by the Council and Coventry and Warwickshire CCG and delivered by Coventry and Warwickshire Partnership Trust (CWPT). The service is known as Rise.
- 1.7.2 Rise is a family of NHS-led services delivered in partnership with Coventry and Warwickshire Mind to provide emotional wellbeing and mental health services for children and young people in Coventry and Warwickshire. Rise aims to build resilience and empower children and young people (as well as the adults in their lives) to manage their mental health and wellbeing needs and to know where to go for help and advice. The Rise service is made up of a number of different teams, each led by mental health specialists.



- 1.7.3 The Rise vision of “no door is the wrong door” is central to its delivery and ensures that no matter the reason why, or how, children, young people, families and/or professionals access Rise, the goal is to ensure that the right support is given at the right time. The support each person receives is based on empowering them to address their individual needs, develop strength and resilience.
- 1.7.4 The Service is moving into its sixth year of the contract and provides a range of interventions and specialist advice which includes:
- Dimensions - digital personalised information portal
  - Mental Health in Schools Teams
  - Primary Mental Health Teams
  - Targeted Emotional & Mental Health Support
  - Support and advice for Children Looked after in Warwickshire (CLA)
  - Support and advice for children in the Youth Justice Service
  - Specialist Mental Health Services
  - Eating Disorders
  - Children and Young People Crisis and Home Treatment service
  - Neurodevelopmental assessment and diagnosis service (conditions such as Autism Spectrum Disorder, Attention Deficit Hyperactivity Disorder)
  - Community support and Partnerships
- 1.7.5 Rise has continued to operate throughout the pandemic supporting the emotional and mental health needs of children and young people, ensuring the Rise vision of no door is the wrong door remained open for referrals and access to services. The length of the pandemic and the enduring impact has resulted in the need for a range of ongoing service developments for Rise which have been supported by NHSE, local commissioners and the CCG.
- 1.7.6 Rise Responses to Covid -19 - CWPT are part of the Global Digital Exemplar programme, and as a result, this has enabled Rise to lead on the delivery on a digital blended model to promote access and engagement for children and young people. Rise have embraced this delivery via digital platforms with the introduction of the NHS secondary care solution for digital consultation platform as well as piloting another virtual platform to explore the delivery of care in a digital way that is both safe and effective for children and young people, families and staff but also to increase the engagement and access for children and young people within their pathway of care.
- 1.7.7 The blended digital approach enhances the clinical interventions for all and allows for increased ways to work with children and young people. This approach includes being able to engage with the adults linked to the child and involves family members who, prior to this have been restricted due to their geographical location or work commitments. It has enabled them to attend appointments and has also increased the number of contacts Rise can have with children and young people during their intervention. This blended approach has also supported children and young people’s return to school, resulting in less disruption.

- 1.7.8 Other advances include the redevelopment of the CW Rise Website [www.cwrise.com](http://www.cwrise.com), and the enhancement of social media activity for Rise providing positive messages and support. The service developed the #thankskids<sup>4</sup> to recognise the acts of kindness and support made by children and young people in the pandemic.
- 1.7.9 As part of the community offer Primary Mental Health Teams (PMHT) have continued to offer parent workshops and professional (mostly schools) workshops to increase awareness, skills and strategies to help children and young people's emotional wellbeing. These have been delivered via digital platforms such as MS Teams and Zoom. To support school staff and other professionals Rise have converted previous face-to-face workshops to offer seven different e-learning packages. CWMind Developed resource packs and seminars to support the broadest range of children and young people in need of support.
- 1.7.10 Access and Engagement Team - the development of a dedicated access and engagement team has supported the delivery of access for specialist assessment and designed to enhance the quality and speed of assessment and formation to an appropriate intervention. This development has been enabled as part of the national 4 week wait pilot for specialist mental health services.
- 1.7.11 Rise has a target for 95% of children and young people referred to Rise to be seen within 18 weeks Referral to Treatment Time (RTT). There has been variation of this during the 2021 with responsiveness and capacity challenges which were not as significant prior to the pandemic. The majority of children and young people continue to be seen within 18 weeks. It is worth noting that due to high level of complexity and increased needs, assessments are taking longer than they were, thus there is an impact on patient flow.
- 1.7.12 Think Family Outreach Team – this was established as part of a winter pressures initiative in December 2020. The Think Family Outreach Team aims to support young people and families who are in emotional distress and either at risk of requiring crisis intervention (from the Rise Crisis Team in the Community or Acute Hospital Settings) or moving from Rise Crisis Team to the Specialist locality teams. The clinical offer is tailored to suit each individual young person/family's needs and focuses on empowerment and skills. The type of support offered on the ward included workshops on healthy relationships, child exploitation, protective behaviours and online safety. This has been recognised by NHSE as an innovative approach to support children and young people and their families and has been established as an ongoing support model in the transformational investment.
- 1.7.13 Children in Crisis Response – as part of a response to the crisis issues highlighted above, an established multi-agency system protocol has been utilised to escalate and co-ordinate a multi-agency response to this issue. A

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<sup>4</sup> <https://cwrise.com/thankskids/>

range of agencies have been involved in a Gold, Silver, Bronze command structure to enable discussions on case management and any escalations. Bronze daily multi-disciplinary team meetings to review cases and plan for the discharge of children and young people from this service have been established. In addition, there is a Bronze multi-disciplinary team to ensure that all agencies are engaged at all levels to look at any system issues and where improvements can be made to aid crisis care for children and young people in the local area.

1.7.14 The approach to a values-based work for Children in Crisis has been recognised regionally as good practice and all local agencies involved have joined NHSE regional development forums to present the model to other areas. Interested systems have also met with Rise and other system leads to allow them to model these behaviours and ways of working in their own systems. Rise continue to lead with the C&W CCG on the development of a multiagency offer of support and have a system wide workshop planned for 9 June 2022 to establish the next steps in relation to the urgent and crisis offer for children and young people in Coventry & Warwickshire.

1.7.15 Eating Disorders – Significant transformation work is underway as detailed in the Coventry and Warwickshire Transformation Plan 2021/22. This will improve performance for the constitutional targets for access to a NICE approved intervention and the ability to meet the needs of growing demand and complexity. Service developments include:

- expanding the service to accept referrals for young adults up to the age of 18 years and 364 days;
- expanding the workforce to help manage the increased demand and complexity;
- introducing an intensive community-based eating disorder support service to support increased complexity in the community; and
- developing a treatment pathway for ARFID (Avoidant/Restrictive Food Intake Disorder – this has a different clinical presentation and intervention model to an eating disorder) as part of the children and young people’s eating disorder service.

1.7.16 National pressure on Eating Disorders services has resulted in growth across all systems which placed additional challenges on workforce recruitment during the pandemic. Rise has continued work to address this workforce shortfall with a range of targeted approaches which has including the develop of skills for professional staff with an interest in this area with staff accessing national specialist eating disorders training and working alongside Coventry University providing a Children’s Mental Health Module to allow broader workforce recruitment.

1.7.17 Mental Health Support Teams – The Warwickshire provision for Mental Health Support Teams (MHSTs) continues to grow. MHSTs deliver 3 core functions:

- Delivering evidence-based interventions for children and young people with mild-to-moderate mental health problems.

- Supporting the senior mental health lead in each education setting to introduce or develop their whole school/college approach.
- Giving timely advice to school and college staff, and liaising with external specialist services, to help children and young people to get the right mental health support and stay in education.

1.7.18 The South Warwickshire Team established at the start of the MHST programme has expanded to meet the requirements of all schools identified for its work.

1.7.19 The Nuneaton and Bedworth and North Warwickshire MHST has recruited the Trainee Educational Mental Health Practitioners (EMHP) who are working in the placements alongside their training programme. They will develop their skills and continue expanding into identified schools.

1.7.20 Further investment has been secured and the Rugby MHST will also now be in development with two further services to cover the schools in Rugby. Recruitment started for these in May 2022.

1.7.21 Rise have been able to lead on the development of senior EMHP role which has been recognised by Health Education England and NHSE as good practice in the sustainability and workforce development of the developing teams. In expanding the clinical offer Rise are also working to develop a trauma response under the MHST umbrella again preventing longer term impact of mental health difficulties on our children and young people.

1.7.22 Early Intervention and Prevention (including Suicide Prevention) – in response to the challenges presented by the pandemic (including accessing early support), Warwickshire County Council, in partnership with Coventry and Warwickshire Clinical Commissioning Group (CWCCG) commissioned Kooth, an online mental health and emotional wellbeing support package for children and young people. Kooth provides early help for mild, moderate and complex needs. Depending on the individual, early help can range from self-help advice resources such as magazine articles, to a key worker in Kooth supporting a child or young person with accessing the appropriate services to support them. Kooth enables children and young people to access mental health and wellbeing support through non-traditional routes and in doing so removes barriers for ‘hard-to-reach’ groups and the stigma that may be attached to accessing mental health services.

1.7.23 Since its introduction into Warwickshire in March 2021, Kooth has seen usage of its service steadily increase. New registrations have been rising from September 2021. Most new registrations were from children aged between 11 and 17 years old. Presenting issues were varied but some of the key issues children and young people have been using the service for over the past year include: anxiety/stress, self-harm, suicidal thoughts, issues with family relationships and issues with friendships.

- 1.7.24 Transitions 18-25 Services - A long-standing commissioning intention to address this was to develop a comprehensive offer for 0 – 25-year-olds that reaches across mental health services for children and young people and adults, ensuring the right support is provided at the right time. A multi-agency Working Group has been established that encompasses three workstreams: data analysis, co-production and research into models of best practice. A business case based on the information gathered and looking at what the offer could be for 0-25 will be developed by the Working Group for consideration by the Health Care Partnership Mental Health and Wellbeing Board.
- 1.7.25 As part of this work, during 2021, a project was commissioned to offer peer mentoring support to: young adults 16 - 18 transitioning from children and young people's mental health services to adult mental services; young adults aged 17 – 25 who have never accessed mental health services but are at risk of needing an intervention; and young adults leaving care at risk of accessing mental health services. Experts by experience aged 18 – 25 would be recruited to the service who will provide a peer mentoring role to young adults, providing pastoral support, and the volunteers would complement the work being completed by professionals, offering independent support to young adults. This project began in January 2022 and is being delivered by Coventry and Warwickshire MIND.
- 1.7.26 Additional Capacity – Owing to the breadth and volume of work generated by the demand on children and young people's mental health services, Warwickshire County Council made the decision to fund additional commissioning capacity to work with the system to facilitate the progression of the agendas mentioned above. In January 2022, an additional full time Commissioner for Children and Young People's Mental Health services joined the funded CCG and WCC current Commissioner.

## 1.8 **Future Work**

Coventry and Warwickshire's local transformation plan (LTP) for improving Children and Young People's Mental Health and Emotional Wellbeing<sup>5</sup> sets out how Commissioners, providers and partners across the Health Care Partnership will work together to ensure that services across Coventry and Warwickshire will be developed and improved to meet children and young people's mental health and emotional well-being needs in a range of settings appropriate for them – school, community or hospital. This plan was refreshed during 2021 and has considered the changes and pressures brought about by the pandemic. Work will continue to implement the ambitions in this plan, in addition to taking up any further opportunities provided by future funding for children and young people's mental health and emotional wellbeing.

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<sup>5</sup> <https://coventrywarwickshireccg.nhs.uk/wp-content/uploads/2021/09/Coventry-Warwickshire-LTP-Refresh-2021-2022-1.pdf>

## **Section C - The impact of Covid 19 on Children and Families Service**

- 1.9 From the start of the national lockdown in March 2020, the Service was already equipped for agile working with mobile devices utilising Microsoft 365. This facilitated our digital transformation, enabling both Teams meetings and more family-centred applications, for example, WhatsApp. The Children and Families Leadership Team promptly adapted service provision to balance keeping children safe and supported, whilst keeping our workforce safe and well. We collaborated with regional networks to respond to amendments in our statutory requirements. Despite reduced requirements, we retained our ambitious standards at a time when the pandemic meant that vulnerable children had reduced access to some other support services, alongside reduced support from family and friends as a result of the rules on households mixing that were in place at the time.
- 1.10 Across the service, we adopted diverse approaches depending on requirements. Our family-facing teams rotated as small, set groups to reduce cross-infection risks, whilst other workers were mainly based at home. For many people, home working was challenging, ensuring confidential spaces, and retaining boundaries around their work-life balance. Throughout the pandemic there were episodes of staff sickness and self-isolation. Continuity of service provision was achieved through collaborative approaches to working with families, including temporary changes of some roles. Managers undertook risk-assessments on every child to ascertain the appropriate type of contact (method and frequency), and we monitored all welfare checks on a weekly basis. In-person contacts continued, despite the challenges of maintaining social distancing within small/overcrowded homes and with children seeking physical proximity. Personal Protective Equipment, vaccinations and reinstatement assessments were provided to ensure that we kept our staff as safe as possible. We utilised a risk assessment approach to ensure that our core functions continued, for example sustaining family time, assessing carers/adopters and transitional planning for children moving between placements.
- 1.11 Over the last two years, we have adjusted our approach to reflect the prevailing government guidelines. We now have a blended approach, retaining virtual meetings if appropriate and beneficial. We implemented our Change Programme despite the pandemic, establishing a wide range of services for families and increased support for staff, including our cultural change for Restorative Practice. This was recognised in our recent Ofsted Inspection:

*Leaders have implemented a wide range of measures to ensure that children's needs are met well. They have a sound understanding of the quality of frontline practice and, despite the challenges of the COVID-19 pandemic, they have been tenacious in securing resources and ensuring that services continue to improve. As a result, social workers have continued to support vulnerable children well. [[Ofsted Report](#)]*

We are proud of how Warwickshire responded to Covid, with workers being collaborative, solution-focused and providing the best possible support for families.

### 1.12 The impact of covid 19 on Children and Families in Need:

During the pandemic there was research conducted nationally, which identified significant themes for children and young people:

- a) **Increased complexity for all children in need:** increased mental health needs, including self-harm and suicide attempts; increased parental needs, for example family crisis, financial pressures, isolation, elevated alcohol usage and a consistent trend for rising numbers of children impacted by domestic abuse. The disruption in school attendance caused delays in safeguarding concerns being identified and accordingly reduced support, disrupted peer relationships affected wellbeing and development, increasing pressures within the family home. [[DoE, Vulnerable C&YP Survey, April 2021](#); [The Childrens Society – The impact of COVID-19 on C&YP](#)]
- b) **Increased mental health issues:** including depression, PTSD (Post Traumatic Stress Disorder), eating disorders and loneliness. Children living in poverty had more symptoms of behavioural, emotional, and attentional difficulties and these were more persistent. Those with pre-existing mental health needs reported higher levels of stress, conflict, isolation, alongside lower levels of perceived social support. Returning to secondary school was identified as a stress trigger, resurfacing mental health problems, self-harm, or suicidal thoughts. Children supported by social care were 90% more likely to be unhappy in their lives than other children. The older children in care get, the less they felt that the care system can be relied upon, particularly those placed out of area who may have felt cut off from family and friends, resulting in increased episodes of children missing from care. Placement stability varied, with some carers being extremely determined to provide consistent care, whereas for young people who struggled with lockdown constraints they had increased missing episodes, greater placement moves, with many being placed in residential units. The people who were most impacted by the pandemic were more likely to be worried about the future, for themselves and society. [[DfE \(Department for Education\), State of the Nation Report, Feb 2022](#); [Office for Health Improvement & Disparities, COVID-19 surveillance report](#)]
- c) **Increased risks for adolescents:** increased isolation, challenging family relationships, lack of trusted relationships, increased online pressure, increased risk of engagement in gangs, substance misuse, carrying weapons, harmful practices, and exploitation. 88% of youth organisations who responded anticipated reduced service provision and 81% anticipated difficulties providing a digital service. [[UK Youth Survey, 2020](#)]
- d) **Economic impact on young adults:** The pandemic resulted in an economic downturn, with one third of 18–24 year olds being furloughed or

losing their job, twice as likely for low-income families and ethnic minorities. This then impacts upon future employability/wages and doubles the likelihood of mental health issues for young parents and our care leavers. [[Generation COVID-19](#); [The British Academy \(2021\) THE COVID DECADE](#)]

In Warwickshire, we provided a wide range of support to families in need to mitigate these themes.

### 1.13 Our Key Strengths:

- 10,000 people per week received our Family Information Service newsletter.
- 21,957 people were supported through WCC (Warwickshire County Council) Welfare Scheme, £1.89m support for food and fuel.
- 10,800 food parcels were distributed; 29 local projects supported to combat food poverty.
- 4,500 laptops and dongles distributed to children and young people.
- 17,000 vouchers distributed for food and free holiday activities during summer 2021.
- 90 approved providers offered free summer activities for children and young people.
- 1255 pupils not seen in schools were checked upon by the Children Missing Education Team.
- Additional mental health and wellbeing support was provided: 24/7 Crisis Line, improved digital offer for parents/carers and young people, increased outreach from the MIND bus.
- Continued provision of Early Help and Targeted Family Support, preventing escalation to social care. We launched our “Spectrum of Support” guidance enabling support at the right time.
- Youth Workers launched a virtual offer and detached service to support young people outside of their homes. Financial grants were provided to community groups to sustain their youth support.
- Family Support & Social worker initially delivered essentials eg medicine and food parcels. We adjusted to virtual approaches for assessing, supporting, and reviewing support. Our risk assessments usually occurred in person.
- Children were positive about virtual engagement; practitioners felt these improved relationships.
- Increased attendance of partner agencies at meetings, for example Police, Health, and Schools.
- Participation with young people continued: Warwickshire Youth Councils, Children in Care Council, Care Leaver Forum. Advocacy was virtual to ensure the child’s voice was heard.
- Alternative peer activities were provided for our children in care to socialise together virtually.
- Maintained face to face family time/supervised contact for our most vulnerable children.
- Quickly established court rooms in our offices for social workers/youth justice practitioners, managers, and solicitors to attend hybrid Court Hearings together in both care and justice matters.



- Approval and assessment of foster carers and adopters continued, included virtual panels.
- Our children in care team uplifted support for young people living in semi-independent accommodation, matching Universal Credit and delayed moves at the age of 18.
- Increased support to unaccompanied asylum seekers to ensure that they understood government guidance and mitigated their increased risk of isolation and mental health crisis.

#### **1.14 Our Key Challenges:**

1.14.1 Our most significant challenge was managing the increased demand across the system. There was an increased demand at the Front Door and Early Help, particularly when children returned to schools. We experienced a significant increase in the level of need for children and young people. There were record numbers accessing Early Help and Children in Need Services. Many young people and parents found the pandemic stressful; it was sometimes challenging to assess if disengagement was anxiety around infection or avoidance of safeguarding monitoring.

1.14.2 During the pandemic, the number of children entering care increased, particularly 16–17-year-olds entering care through the joint housing assessment process and breakdown in family relationships. We also received a high number of unaccompanied asylum-seeking children.

1.14.3 The reduced oversight by other professionals resulted in a reluctance to end plans or step down to a lower level of support. There has also been a similar delay for resolution for children in care. At the start of the pandemic, we lost all the booked final hearings. However, our local courts were really proactive in setting up virtual courts for shorter hearings (including urgent contested removals and contested longer virtual hearings). Despite this responsiveness, delays persisted due to a number of factors, including assessments not being completed remotely. This caused an accumulation of cases, with under 25% concluding in 2021. We are still seeking to reduce this backlog, through working with CAFCASS and the Courts to introduce new processes, for example rapid discharge of Care Orders were agreed by all parties.

1.14.4 The combination of these factors has resulted in increased caseloads for family support workers and social workers across the whole service. In response, we adapted our workforce recruitment strategy to bring new talent into Warwickshire, including creating new Lead Practitioner roles to attract experienced social workers and an Enhanced Team Leader role. We have launched our Academy programmes for newly qualified social workers, early professional development, and Practice Leaders. We provided enhanced support for those that started their career as a social worker in restricted learning environments. We have improved our recruitment and retention offer.

1.14.5 We have also increased the use of recruitment agencies, including a dedicated team for 6 months to support social care assessments, the recruitment of 40 permanent social workers, the return of experienced social workers to the profession, and the recruitment of additional social workers (permanent and temporary). This additional investment ensured safer caseloads throughout the pandemic. Staff feedback is positive about the family-centred leadership approach.

### **1.15 Our key priorities to support recovery:**

- Continue an agile collaborative approach to delivering services and overcoming challenges
- Continuing accessibility of services and multi-agency collaboration through digital technology, alongside promoting hybrid and in person meetings.
- Continue to support community-led responses to build local capacity, particularly where there are high levels of deprivation and limited opportunities for families, including our Family Hub.
- Increased provision of early and targeted support, providing right support at the right time.
- Continued focus on health and wellbeing for children, young people, parents, carers, and our employees, including improved mental health support for children and young people.
- Improved education around the risks of exploitation, criminal and sexual, through commissioning training in schools and for our staff.
- Expand multi-disciplinary working with families to safeguard children, including co-location of specialist practitioners for mental health, substance misuse and domestic abuse.
- Improving placement sufficiency, through initially supporting family-centred solutions to protect children, then providing an improved continuum of internal placements.
- Improved support for care leavers until the age of 25, particularly in respect of wellbeing, flexible education opportunities, enhancing employability and independent living skills.
- Review our Workforce Strategy and review our priorities to recruit/retain a diverse workforce.

### **Conclusion**

1.16 The Covid-19 virus outbreak has had a detrimental effect on the lives of many children and young people especially those who were already experiencing mental health problems, those already vulnerable in society and those children and young people already requiring support from services of some type. The worry and anxiety about becoming infected (or one of their family members becoming infected), living in isolation, not being able to go to school and the impact on their education, and family financial difficulties have brought a whole new raft of problems which have hugely increased psychological distress and compounded the mental health problems of not only those children already in services, but additional children and young people across the county.

- 1.17 The biggest challenge this has presented services with is the significant growth in demand especially for mental health services and social care. Education, mental health and social care services have all risen to this challenge and looked to develop new ways of working to address many of the challenges experienced during the pandemic, however, the effects of the pandemic on children and young people are still being felt and services will need to continue to learn, grow and develop from this.

## 2. Financial Implications

None

## 3. Environmental Implications

None

## 4. Supporting Information

None

## Appendices

None

## Background Papers

None

	<b>Name</b>	<b>Contact Information</b>
Report Authors	Darren Barrow (Education) Helen Broughton (Commissioning) Jo Davies (Children and Families)	darrenbarrow@warwickshire.gov.uk helenbroughton@warwickshire.gov.uk  jodavies@warwickshire.gov.uk
Assistant Director	Chris Baird Becky Hale John Coleman	<a href="mailto:Chrisbaird@warwickshire.gov.uk">Chrisbaird@warwickshire.gov.uk</a> <a href="mailto:Becky Hale@warwickshire.gov.uk">Becky Hale@warwickshire.gov.uk</a> <a href="mailto:johncoleman@warwickshire.gov.uk">johncoleman@warwickshire.gov.uk</a>
Strategic Director	Strategic Director for People – Nigel Minns	<a href="mailto:nigelminns@warwickshire.gov.uk">nigelminns@warwickshire.gov.uk</a>
Portfolio Holder	Portfolio Holder for Children & Families Jeff Morgan Portfolio Holder for Education Kam Kaur Portfolio Holder for Adult Social Care & Health Margaret Bell	<a href="mailto:jeffmorgan@warwickshire.gov.uk">jeffmorgan@warwickshire.gov.uk</a>  <a href="mailto:kamkaur@warwickshire.gov.uk">kamkaur@warwickshire.gov.uk</a>  <a href="mailto:margaretbell@warwickshire.gov.uk">margaretbell@warwickshire.gov.uk</a>

The report was circulated to the following members prior to publication:

Local Member(s): Cllr Jeff Morgan

Other members: None

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