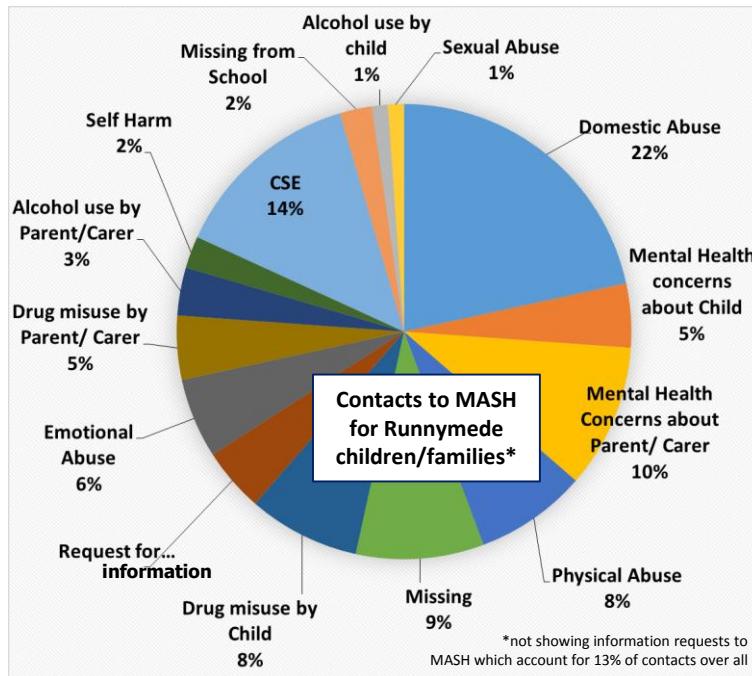


Annex 1: Runnymede Needs Assessment and Early Help Plan

Population		Areas of need	Data about local needs
Define our families within this district/borough?		30/40% most deprived neighbourhoods (IDACI)	Health needs:
0-4 years	4888		<ul style="list-style-type: none"> Childhood Obesity: 18% of year Under 18 conception: 19 per 1000 212 births to smoking mothers in NW CCG area (2016-17) 6 years difference in life expectancy between most and least deprived areas
5-9	4890		Other needs:
10-14	4254		
15-19	5424		
20-24	8355		
Total	27,811		
SEND N/S	1280		
SEND W/S	362		
Families in Need	136		
Children in Need	1395		
Children on FSM	1606 (12%)		



Our families

Parent, child, young person feedback (insight / voice)

Primary aged children

Strengths:

- "We have lots of parks" (Egham)
- "I like living close to my friends, and to Legoland" (Egham)
- "I like living close to friends and lots of trees" (Eng Green)
- "I like that I can walk to church" (V Water)
- "I like the big field, football ground and my friends nearby" (Chertsey)

Needs:

- "Not enough parks" (x2) (Chertsey/Addlestone)
- "I'd like a forest to camp in" (Egham)
- "It can get boring where I live" (Chertsey)
- "I would like a swimming pool" (Egham)
- "I'd like to have my own bedroom" (V Water)
- "I'd like to have more space in my house" (Egham)
- "I'm sad because our radiators don't work and it's cold" (Eg Hythe)

Parents:

- "Lack of pastoral support within schools – somewhere children can go when they're struggling and parents can phone in to nip problems in the bud"
- "Need more support groups for parents"
- "A one stop shop for parents – where they can stop in any time and get help and advice"

Gap Analysis

- **Childhood obesity** rates are high compared to the Surrey average. There are programmes in place to help address this but families are often **not accessing them or being referred**.
- Victims are reporting **Domestic Abuse** and receiving support themselves, but the waiting time for **support for children who have witnessed the abuse** is too long and means few children access it.
- Children are being negatively impacted by the **mental health of their parents**, with 10% of contacts at MASH being made for this reason. Unless the children are young carers there is not a clear route to support for these children.
- **Children of parents who misuse substances** also often miss out on support. According to those working locally to support families, children in families where parent's drug or alcohol use is not considered problematic enough for an intervention are still effected by their parents use but often do not receive support.
- Current commissioned support seems to focus on under 5s, or on teenagers. There is a weakness in support for 5 to 11 year olds and their parents. This is particularly the case for children of this age with ADHD or ASD as they go through transition to secondary school.
- Professionals and families feel access to **mental health support for children and young people is not quick enough and there is not enough capacity**. This is particularly the case for lower level mental health problems which may not merit a referral for a clinical service but still impact on school engagement and can have a knock-on effect in other areas of life.
- There is a lack of consistent support for **parents and parenting** in the area
- Babies are being born to **women who smoke during pregnancy** and this has an impact on the health of the child.

What works locally

- At the Foundation Stage, children with English as an Alternative Language (EAL) make very good progress.
- Strong links between primary and secondary schools
- 'Care Committees' in North of Runnymede – info sharing between schools, HSLWs, police, Children's Centres.
- Very low levels of NEET young people in the borough
- Strong culture of volunteering – RHUL, Besom, Homestart, CAP, churches etc – providing valuable support to families.

Priorities for development (Early Help Offer)

1. Access to therapeutic support for children impacted by parent's substance misuse or mental health, or who have witnessed domestic abuse
2. Improved sharing of information about existing services (with families and professionals) in Runnymede
3. Training of more volunteers and professionals in healthy weight and quit smoking programmes in Runnymede – from a variety of agencies, not just Children's Centres
4. Better linking of families who need help with voluntary, community and faith sector projects who can support them locally
5. Improving support for parenting, and for both parents of children in need of help
6. Develop transition support from primary to secondary school, targeting students we know will struggle more

Feedback from our early help partners...

"The wait for mental health support for young people is too long..." (secondary DSL)

"There's a problem with low level mental or emotional health in children and young people – not necessarily serious enough to need a clinical service but still needing some support" (primary head teacher)

"We're struggling to identify the babies who really need our targeted services because this information isn't systematically gathered and passed on my Health Visitors and other services"

"Parents who drink or use drugs, but not to the level where they would merit a support service, still have impact on their children's happiness – there doesn't seem to be support for these adults or their children"

"Primary children with SEND – particularly those with ADHD or ASD – struggle to make the transition to secondary school. Their parents are also struggling to cope with their behaviour when they're at home. Their EHCPs just provide for educational support" (local SENDCos)

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