



**CHESHIRE MINDS MATTER
GRANTS PROGRAMME 2020**

A responsive, flexible grants programme providing funding to increase **the capacity** of charitable organisations, supporting the mental health and wellbeing of vulnerable people affected by Covid-19.

Funding will encourage innovation, improve ability to **adapt and thrive**, with the aim of **further improving the mental health and wellbeing** outcomes of disadvantaged people in Cheshire and Warrington.

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1. INTRODUCTION TO THE PROGRAMME

Even before the Covid-19 pandemic, people in Cheshire and Warrington affected by mental health and wellbeing issues often found it hard to get the support they needed. Many were advised that they were too unwell to be supported solely by their GP or other primary-care services - but that they were not ill enough, to get the specialist help they needed.

The recent NHS Long Term Plan was a positive step forward, as it made improving statutory services a priority, with the funding to match. However, there is still very high demand for the voluntary sector, to provide support for mental health and wellbeing.

Covid-19 has undoubtedly exacerbated an already challenging situation. The outbreak has prevented some with mental health and wellbeing issues from receiving the care they were expecting. Services that would have been face to face, for example, started to be delivered over the phone or by video conferencing.

For some, this worked/is working well. For others, it is either less effective or just does not work at all. Alongside this, it has become more difficult to access healthcare services in general, which affects people's physical health, too.

The support provided by the voluntary sector at this time is testament to the vital importance of voluntary sector support for mental health and wellbeing, such that scaling back or adapting support – even for a short time – can have such an impact.

The challenge now will be determining how charitable organisations can **adapt the way that their services work, going forward**: listening to the needs of disadvantaged people who are experiencing poor mental health and wellbeing, so that these organisations can not only **survive but thrive** and continue to play a vital role in improving mental health and wellbeing for their service users.

The **Cheshire Minds Matter** programme is a **£250,000¹** grants “plus” programme, which aims to provide a combination of grant funding and entrepreneurial expertise/support to charitable organisations working in the field of **mental health and wellbeing, which have seen a rise in demand for their services as a result of the Covid-19 pandemic**.

The funding will enable organisations to model and test out well-thought-through ideas for more strategic, effective and efficient ways of working, **including partnerships and collaborations**, to help improve service delivery, adapt and thrive for long-term sustainability and, overall, improve the mental health and wellbeing of disadvantaged communities.

¹ £250,000 represents Cheshire Community Foundation's donor support – with potential for further external funds to be secured, from other sources

2. PARTNERS INVOLVED IN THE CONSULTATION

The following key Partners/Stakeholders have been/are actively involved in the design and consultation for the programme:

- Charitable organisations supporting mental health and wellbeing and their service users
- CCF donors
- Steve Morgan Foundation
- Warrington Impact Group
- Cheshire West Impact Group
- Cheshire West Voluntary Action
- Warrington Voluntary Action
- Cheshire East CVS
- Cheshire Connect
- Cheshire and Wirral Partnership NHS Foundation Trust
- Warrington, Cheshire West and Chester, and Cheshire East Councils
- Cheshire and Warrington Local Enterprise Partnership
- Cheshire Clinical Commissioning Group
- The Oglesby Charitable Trust
- The Westminster Foundation
- Marjory Boddy Charitable Trust
- Chester Municipal Charities Trust

3. PROGRAMME RATIONALE

The programme:

- Takes into consideration the challenges faced by charitable organisations that are delivering mental health and wellbeing services, whilst they themselves are experiencing loss of income **as a direct result of Covid-19**.
- Has a strong fit with CCF's strategic objective to expand the support we offer to charitable organisations to increase their ability to **survive and thrive**.
- Is evidence based (research tells us that around 25% of charities in Cheshire and Warrington may be forced to close in the next 12 months, due to limited fundraising opportunities and not having resources to cope with increased demand).
- Focuses on CCF's top priority of **mental health and wellbeing**.
- Provides a forum for funding bodies, charitable trusts and donors with a common interest in mental health **to come together, with opportunities to co-fund or match fund**.
- Provides opportunities for donors and support organisations that are working with CCF to share their valuable expertise, support and skills by acting as sounding boards through workshops/discussion webinars, focused on sharing good practice, shaping ways of working, forming partnerships and improving income generation and diversification.

- Takes into consideration that many people in Cheshire will be experiencing **high levels of stress and poor mental health and wellbeing due to anticipated job losses and reduced incomes (see also Appendix 1).**

4. PROGRAMME PARAMETERS

- The programme is flexible and responsive and provides both grant funding and expertise/support (a grants “plus” model), to ensure mental health and wellbeing charities can build capacity and test out new ways of working, to ensure their long-term sustainability, with support during the process.
- Partnership working and collaboration is **strongly** encouraged (we recognise that collaboration is a key feature of the voluntary sector and that the most effective partnerships begin with really good dialogue at the beginning so as to achieve real understanding of what each party wants / can contribute / how they’ll work together etc)
- We are **primarily** focussed on medium-sized charities (as defined in the National Council for Voluntary Organisations' UK Civil Society Almanac - i.e. those with annual incomes of between **£100,000 and £1million**) who are **locally based** mental health and wellbeing organisations – particularly those that are delivering **early intervention** outcomes and services in **areas of disadvantage** and that have a clear understanding of need.
- We are keen to support organisations that are seeing a rise in demand for their services as a direct result of the **Covid-19 pandemic and have strong referral routes.**

Grants “Plus” aspect of the programme:

- All organisations that apply will have access to useful links (which will accompany the programme criteria), including signposting to other sources of funding (if they are not successful in securing funding).
- Groups that pass through the **Expression of Interest Stage** assessment to progress to a Full Application. will be able to join themed/geographical online webinars/support workshops, with the opportunity to “fine tune” their applications, as appropriate. These workshops will encourage best-practice sharing – and could lead to new partnership working opportunities being identified.² The exact nature of the workshops will be dependent on the themes and needs identified in the applications, taken forward to next stage.
- Organisations that are awarded a grant will benefit from continued support from key partners during the implementation and delivery phases³

² Cheshire Community Foundation is looking to secure additional funding that would be set aside for partner/infrastructure organisations **expenses** to deliver workshops/webinar support, as a **contribution towards** their time in supporting this programme.

The grants will fund:

- Organisational **capacity building** and development costs to adapt and improve services, which may include staff, trustee and volunteer training, business planning and development support, costs associated with the development and implementation of improved services.
- Staff and volunteer costs for those who will be actively involved in the planning of and preparation for innovation/improved effectiveness, including the trialling/testing of new ways of working.
- Funding to improve “efficiency” and reduce duplication and avoid dilution of support, focusing on service user needs and their positive experience of support.
- Funding associated with expert advice/consultancy support/legal support for idea development, where the expertise does not exist within the organisation itself - and where volunteer support is not available.
- Support for organisations to cope with longer term, more permanent adaptations to working practices including new ways of working, new skills physical adaptations and digital equipment, as a result of Covid-19 (Note: **no more than 50% of the costs applied for can be for capital equipment**).

5. PROGRAMME PRIORITIES

Organisation priorities

We recognise that organisations supporting disadvantaged people’s mental health and wellbeing take many forms and support a wide variety of people. We are keen to fund organisations supporting those people who might not have appropriate support systems around them to access help for example, disabled people, looked-after children, young people in contact with the youth justice system; people from Black and Minority Ethnic (BAME) groups; Lesbian, Gay, Bisexual and Transgendered (LGBT) people; people from lower social economic groups; people who may experience chaotic lifestyles.

Our priorities would be organisations that provide the following services:

- Early intervention counselling support, including bereavement or trauma support (which are increasingly needed post covid-19).
- Debt advice and financial advice for disadvantaged people.
- Support to people affected by domestic violence and abuse.
- Support to people who have become unemployed/require support to find employment.
- Support to tackle mental health and wellbeing issues arising from poverty and disadvantage, within areas of multiple deprivation including food poverty.
- Support for youth mental health (including substance abuse, anti-social behaviour, exploitation, anxiety, digital exclusion and lack of access to education resulting in Covid-19-related gaps in educational attainment).

- Support for older people who are isolated in their own homes and have no means to communicate digitally.

Geographical priorities

People can be affected by mental health and wellbeing issues in **any** geography, and we welcome **a wide range of applications delivering in diverse places across Cheshire and Warrington**. However, we also recognise that marginalised and disadvantaged communities are at an even higher risk of poor mental health and wellbeing outcomes, particularly as a result of Covid-19, and are least likely to access mainstream support. Therefore, we are encouraging applications to come forward to support the following areas:

- **Warrington – Central six wards**
- **Cheshire East – Central Crewe and deprived wards within the Macclesfield and Congleton areas**
- **Cheshire West and Chester – Lache, Blacon, Kingsway, Ellesmere Port and Winsford**
- **Rurally isolated areas in Cheshire and Warrington**

In the application form, there will be an opportunity to add comment, for organisations that may not be working in these target areas, to identify if and how they are working with marginalised disadvantaged communities within their locality.

6. GRANT FUNDING AVAILABLE

In 2020, an initial contribution of **£250,000** has been made available from Cheshire Community Foundation's Cheshire and Warrington Covid-19 Appeal Fund. **The aim is for other funding partners to contribute to the programme, to increase the size of the funding pot and increase the number of grants that can be awarded. It may be possible for the programme to continue in subsequent years subject to availability of future funds.**

- **£5,000** minimum grant⁴
- Maximum grant for organisations applying individually: **£15,000**
- Maximum grant for **partnerships**: **£50,000**

We recognise that making the budget viable can be a challenge in partnership working – should Cheshire Community Foundation secure additional funds this may be used to increase the maximum amount available to partnership applications, as an incentive to partnership working, (but this is not yet guaranteed).

- ⁴ Cheshire Community Foundation have an ongoing small grants programmes for smaller grants available bi-monthly

7. WHO CAN APPLY

- Registered charities, constituted community groups and other charitable organisations, including Social Enterprises and CICs delivering projects in Cheshire and Warrington.
- Organisations that have been running activities for a **minimum of 12 months**. Primarily we are looking to fund organisations with an income of **£1 million or under** for their last full financial year.
- National organisations working in Cheshire and Warrington may be considered, but **only** if they can demonstrate that they have resources in the local area – and that they are the best organisation to tackle a particular mental and wellbeing issue – or that they address a specific need for which there is **no local organisation able to help**.
- Partnerships are strongly encouraged to apply – but there must be a lead applicant and all other partners must be eligible for funding.
- Organisations with lived experience, where people directly affected by the issues are involved in the organisation.
- Organisations with innovative approaches designed to respond to clearly defined needs – including the use of digital technology, as appropriate.
- Organisations that both use and can share good practice, with evidence that their methodologies are successful.
- Organisations that focus on **early intervention** for mental health conditions.
- Organisations that recognise the need for multi-disciplinary working and strong referral systems in order to achieve positive mental health and wellbeing outcomes.

Organisations need to:

- Be able to show how they have predicted, and risk assessed any anticipated surges in demand for their services as a result of covid-19
- Be able to receive referrals from appropriate sources and address these in a timely manner strong referral route or the ability to convert those that self-refer.
- Have appropriate insurance in place for activities, staff, and volunteers.
- Have robust information, governance, policies, and procedures (such as Data Protection, Confidentiality, and Information Security) that are appropriate for the organisation/activity and comply with all current legislation.
- Have in place Safeguarding policies and procedures that are appropriate for the —organisation/activity and comply with all current legislation.
- Have in place DBS checks for eligible staff, trustees, and volunteer roles.
- Have the authority of the organisation to provide new services/increased services to accommodate increased demand from service users.
- Have in place Health & Safety Policies, Risk Assessments and Procedures that are appropriate for the organisation/group/activity and comply with all current legislation.

- Have in place Equal Opportunities Policies and Procedures that are appropriate for the organisation/group/activity and comply with all current legislation.

8. OUTCOMES

We are looking first and foremost with this programme, to support capacity to improve outcomes for mental health and wellbeing service users as follows: -

Service user outcomes

- Reduced stigma and discrimination associated with mental health issues.
- Increased access to coping strategies and improved mental wellbeing from as early as primary school age (and above).
- Increased support available for hard-to-reach people, through enhanced accessibility of mental health services.
- A feeling of empowerment among people supported, to seek support for their mental health and wellbeing within their communities.
- Increased opportunities for people to seek help at an earlier stage.
- Increase access to support through an increased range of communication/access channels

And also, for organisations funded to achieve one or more of the following organisational outcomes

- Increased capacity within the organisations funded to improve support for people with mental health issues, at an early intervention stage.
- Increased sustainability for organisations, through partnerships/collaboration, access to expertise and support, and efficiency savings.
- Improved and adapted services, taking into consideration new ways of working beyond Covid-19 which meet service user needs.

9. INELIGIBLE ORGANISATIONS AND ACTIVITIES

- Organisations generating private profit.
- Statutory organisations, including schools, universities, and hospitals.
- National organisations, unless the application is submitted by a local office with a separate management committee, bank account and governing documents.
- Organisations promoting party political activity.

- Applications to fund costs retrospectively, i.e. anything that has already been paid for or has already taken place or any costs incurred prior to receipt of a grant offer and signed terms and conditions.
- Applications from individuals.
- Applications seeking a contribution towards major building work, infrastructure, or capital refurbishment work.
- Any costs incurred when putting together the application.
- Major capital refurbishment projects.
- Major digital IT infrastructure projects which represent 50% or more of the total project costs (it is advisable to talk to us before applying for IT)
- The programme will not make a general % contribution towards an organisations core costs but we will consider a fair and reasonable contribution towards overheads (see Appendix 2 below).
- We cannot make a general contribution for loss of income; replace reserves or cover deficits. We will prioritise support to organisations which can demonstrate their potential to survive and thrive.
- The programme is open to faith-based organisations. However, we cannot fund the practising of religion or any activities that actively promote a religion or belief systems (or a lack of belief). This is because these activities could exclude people from accessing an activity on religious grounds.

10. QUALITY PRINCIPLES TO CONSIDER

- Evidence of benchmarking/consultation with people for the activity that will be delivered.
- An understanding of relevant national best practice for the activity and how this might be relevant.
- A well-costed budget that represents good value for money.
- Strong tools and techniques to measure and report on positive changes made.

11. WHEN TO APPLY

7th July 2020 – Programme Launch. Groups complete a simple Expression of Interest (EOI)

30th July 2020 – Submission Deadline for EOIs. We will be reviewing EOIs on a rolling basis and reserve the right to close the programme early **if we reach sufficient quantities and quality of EOIs** before the deadline – therefore groups are encouraged to start the process as soon as possible and **apply early**.

Early August 2020 – All EOIs reviewed for fit with programme and eligibility of organisations. Those being taken forward to the next stage (those EOIs not progressing beyond the First Stage will be notified).

Mid August 2020 EOIs progressing to full application will be invited to take advantage of workshop/webinars, to support and fine tune applications and then submit their Full Applications online

31st August 2020 - submission of Full applications and assessment

Mid Sept - all applications assessed this may include a telephone call to clarify aspects of the Application.

End sept/ early October 2020 – **approximately successful grantees awarded one-year grants. Grants must be able to start as soon as possible after acceptance.**

12. DOCUMENTS TO ACCOMPANY EXPRESSION OF INTEREST FOR ELIGIBILITY CHECKS

- A list of the names of the Management Committee/Board.
- A copy of the organisation's governing document (e.g. constitution, memorandum and articles or set of rules).
- A copy of the organisation's most recent annual accounts.
- A photocopy of a bank statement no more than 3 months old. The bank account must be in the name of the organisation applying.
- Copies of the organisation's Safeguarding and Equal Opportunities policies.

13. FURTHER ADVICE

- For any enquiries about grant applications or the process of applying, please contact Cheshire Community Foundation on 01606 330 607 or email cheshiremindsmatter@cheshirecommunityfoundation.org.uk
- Please also refer to the programme's page on our website <https://cheshirecommunityfoundation.org.uk/apply-for-funding/>

14. YOUR DATA WHEN APPLYING

The following outlines personal data guidance to be given to applicants:

By completing an application form for this programme, you accept that Cheshire Community Foundation will use the personal data about you and other individuals named in your application to assess and administer a grant application for the **Cheshire Minds Matter Grants Programme**. Personal data about your Board or management committee may also be used for identification.

When necessary, personal data collected through the application process will be shared with Cheshire Community Foundation programme assessors and with other third parties, where the law permits or requires it.

Any photographs and commentary provided to support your application may include personal data relating to individuals supported by your project. These photos, logos and details may be used in promotional material created in relation to your application and may appear on our website and literature.

We will only use your information where we have a legal basis to do so, for example, to carry out our legitimate business interests to manage and promote our grants or to meet our legal or contractual obligations. By providing any personal data about another person, you are confirming that they understand how their data may be used and shared. You have certain rights when it comes to your personal information. This includes rights to access and correct your information, and to erase, transfer, object to, restrict or take away consent around how we use your information. Please contact Cheshire Community Foundation if you or anyone named in your application has any concerns with the information being used publicly or if you wish to exercise any of these rights.

15. COMMUNICATIONS

For successful organisations we will be producing materials, press releases and social media posts to celebrate the grants awarded. We will always ask permission before giving contact details to the press or any third parties.

Organisations will also be able to produce their own literature; however, any public-facing promotion will need to be signed off by Cheshire Community Foundation, including use of any programme or the organisation's logos.

17. SPENDING OF GRANTS AWARDED, MONITORING AND EVALUATION

Given the difficulty in predicting surges in demand for mental health services, the timing of release of funds awarded for new project ideas being delivered has been considered. Cheshire Community Foundation do not want to be in a position of releasing funding too soon when there is no evidence of an anticipated surge in demand or need to test out a service but equally, if funding is released too late organisations awarded grants may be swamped without funding being in place. Therefore, whilst there will be one application award date, there will be a much wider, more flexible “go live” date - or trigger point when money can be drawn down. The funding awarded will be in place and secure - but we are supportive of a phased release, where organisations awarded a grant can request funding, when they can evidence a need to use it to test out new ways of working or to meet a surge in demand.

Successful organisations will be required to complete one formal End of Grant monitoring report at the end of the grant term but may be asked for a short interim update by email. We will be asking how the grant was spent, as well as the difference the project has made (above and beyond measuring attendance and behaviour), what was achieved, any key issues and lessons learnt.

Before beginning the project, we suggest successful organisations take the time to read the End of Grant monitoring forms shared on award of the grant, so that necessary information can be recorded from the outset. This should include:

- Sharing the evaluation form with staff in the organisation.
- Discussing and deciding specific goals based on the application.
- Deciding who will write the report.
- Collecting data from the outset.
- Quantitative data (numbers) – how many people are taking part or using the service, achieved goals (e.g. employment, improved health).
- Qualitative data (stories) – feedback from users and volunteers, observed increase in skills, confidence, etc.
- Learning – feedback from project participants, what went well, what you would do differently, etc.
- Build in time to complete the form.

Funded organisations should also be willing to discuss the progress of the project over the phone as and when necessary and to host visits that will assist with any interim monitoring, learning and best practice.

APPENDIX 1 – CONTRIBUTION TO ORGANISATIONAL OVERHEADS

We recognise, particularly in the current economic climate, that it is important that the overheads of an organisation are shared between activities delivered by the organisation on a **fair and reasonable basis**. This means each activity's share of the overheads is appropriate, given the nature and extent of the activities delivered (in other words, an activity delivered does not receive a share of overheads that it does not incur) and there is a rational basis for the method used to share overheads that can be justified and supported.

We **do not** regard the addition of a management fee calculated as a standard **percentage %** of activity costs as a fair or reasonable way of sharing overheads. This is because this method is not based on an understanding of what your overheads are.

You must decide how to share your organisation's overheads across the activity or support area applied for. If your organisation already has an established way of sharing all of its overheads, and this method is fair and reasonable, we will expect you to use this method. If your organisation does not have an established method you must choose a method that is fair and reasonable. Sharing overheads based on the number of direct staff involved is quite common for example. Where premises costs are substantial, it may be appropriate to share costs based on the length of time each project uses the premises or the floor area occupied by each project.

There is a free excel workbook which is designed to help organisations work out the costs of your activity, including overheads. It's been designed by CA Plus (www.caplus.org.uk). You may use it as often as you like, **but please do not sell it. If you do share it with others, all we ask for is an acknowledgement of the source.**

The spreadsheet allows up to three years of costs to be entered but please bear in mind that for Cheshire Minds Matter, we are looking for costs **for one year only.**



Full-cost-recovery-project-budget-template

APPENDIX 2 – STATISTICS AND NEED FOR THE PROGRAMME

It is very concerning that a recent Re-think Mental Illness survey found that 42% of those who responded stated that their mental health had got worse during the pandemic because they are getting less support from services. We can all experience mental health problems, whatever our background or walk of life, but the risk of experiencing mental ill-health is **not equally distributed across Cheshire and Warrington**. Those who face the greatest disadvantages in life also face the greatest risk to their mental health.

The distribution of infections and deaths during the Covid-19 pandemic, the lockdown and associated measures, and the longer-term socioeconomic impact are likely to reproduce and **intensify the financial inequalities** that contribute towards the **increased prevalence and unequal distribution of mental ill-health**.

The evidence of this social gradient in the UK is clear and has been established repeatedly. For example, the Health Survey for England has consistently found that **people in the lowest socioeconomic class have the highest risk of having a mental health problem**. A 2017 survey commissioned by the Mental Health Foundation with participants from across the UK found that **73% of people living in the lowest household income bracket (less than £1,200 per month) reported having experienced a mental health problem during their lifetime**, compared with 59% in the highest household income bracket (more than £3,701 per month).

The mental health risk of economic hardship starts early in life. Socioeconomically **disadvantaged children and adolescents are two to three times more likely to develop mental health problems**.

The World Health Organization (WHO) has concluded that material disadvantage “trumps” emotional and cognitive advantages. In other words, **people from poorer economic circumstances are still more likely to have worse mental health, even if they have been supported to develop good personal coping and cognitive skills**. People with an existing psychiatric diagnosis are also at greater risk of financial inequality and less likely to be in employment, fuelling their experience of multiple disadvantages.

Debt itself is an issue: people in debt are more likely to have a common mental health problem, and the more debt people have, the greater is the likelihood of this. **One in four people experiencing a mental health problem is in problem debt, and people with mental health problems are three times more likely to be in financial difficulty**.

Employment is one of the most strongly evidenced determinants of mental health. Lack of access to either employment or good quality employment can decrease quality of life, social status, self-esteem and achievement of life goals. Studies have also found that unemployment has a range of negative effects, including relative poverty or a drop in standards of living for those who lose a job, stresses associated with financial insecurity, the shame of being unemployed and in receipt of social welfare and loss of vital social networks.

According to Universal Credit* Claimant data from the Department of Work and Pensions (provided by Cheshire and Warrington LEP), the total number of Universal Credit claimants from March to April 2020 has risen overall within the region by 44%. Within that, there has been an increase of 33% of female claimants and 60% of male claimants. Broken down into areas, the percentage increase in Universal Credit claims between those two months is as follows:

Warrington: +39%
Cheshire West and Chester: +42%
Cheshire East: +47%

The number of people in the area who are on the job retention scheme (furloughed) in the Cheshire and Warrington area is currently c. one fifth of the workforce population.

CEC	43,400
CW&C	41,400
WBC	24,500
Total	109,300

The Organisation for Economic Co-operation and Development (OECD) has described how **job loss has a traumatic and immediate negative impact on mental health** and noted that **there is further damage where unemployment continues into the long term**. Unemployment is associated with varieties of distress, including mixed symptoms of distress, depression, anxiety, psychosomatic symptoms and drops in subjective wellbeing and self-esteem. The same study found that 34% of unemployed people experienced mental distress, compared with 16% of those in employment. Importantly, the analysis showed that unemployment causes this distress. Research also consistently shows that unemployment has been associated with lower wellbeing. Furthermore, job insecurity and restructuring also have negative impacts on employee wellbeing over time.

It is not only having a job that can benefit mental health; the OECD has recognised that **the quality of employment also matters for supporting mental wellbeing**. The OECD found that **work-related mental health problems occur more often for employees with detrimental working conditions** (e.g. toxic stress, discrimination, and bullying). The conclusion that good quality work is important for fostering good mental health has been affirmed by successive UK policy reports and was emphasised by Farmer and Stevenson in their 2017 review of mental health and employment. In their report, they incorporated good working conditions (e.g. fair pay, job security, education and training, and staff consultation and representation) as one of their proposed mental health core standards. Some groups of self-employed workers are also vulnerable to lower mental wellbeing. **One quarter of self-employed workers in Europe are in situations characterised by economic dependence (i.e. dependent on a single employer for their source of income), low levels of autonomy and financial vulnerability, and people in this category have reported lower levels of mental wellbeing than self-employed workers with more stable work.**

Evidence⁵ from previous studies into pandemics and social isolation or quarantine has indicated an **increase in demand for Children and Young People's (CYP) Mental Health services (MH)**. Figures showed a third of CYP required MH services, or CYP were five times more likely to require MH services, following a pandemic and/or social isolation or quarantine. We might therefore reasonably anticipate an increase in overall demand for CYP MH support.

However, emerging data shows a significant reduction in referrals to CAMHS since the start of lockdown. We might assume this "**suppressed demand**" will also emerge in time. Data on whether referrals to VCS or online support have increased is mixed. However, many VCS services are reporting concern over financial stability.

There is evidence to suggest that **a number of CYP with pre-existing MH difficulties have seen formal support for them or their families reduce or stop**. Both CYP and parent-report suggest that the **MH of CYP with pre-existing MH difficulties may have worsened** since the start of the pandemic. It is unclear at this stage whether any worsening of symptoms is temporary, nor whether it represents worsening of existing symptoms or emergence of additional/new difficulties and symptoms. However, this **may impact on throughput of CYP already open to MH services/support**.

There is compelling evidence that **family functioning is crucial as both a risk and protective factor**. Pre-COVID prevalence studies show 3-4 times higher rates of MH difficulties in CYP living in less healthy functioning households and with a parent experiencing their own MH problems. There is emerging evidence that incidents of family/parental stress (particularly work & financial), domestic violence, and child abuse during the lockdown period may have increased, along with reductions in family income. Evidence from previous studies has suggested that family functioning reduces risk of CYP developing MH difficulties following a disaster; PTSD following trauma or loss; and suicide risk during social isolation. **Parents in UK surveys are requesting support and advice via online mediums despite this already being available**.

There is evidence that social isolation can increase concurrent anxiety. Emerging evidence indicates that **anxiety in CYP is elevated at present** (e.g. COVID-related, somatic, health & separation anxiety) and may be particularly high in children of keyworkers. However, there is **less clear evidence this will be long-lasting** from either current or previous studies. We **might reasonably anticipate a spike in anxiety-related difficulties and need for support at the point of lockdown measures easing and CYP returning to school**. In adults based in the UK there is some evidence that anxiety has reduced over the duration of lockdown.

Evidence from prior studies of social isolation, quarantine and bereavement all suggest a **likely increase in depression that will be longer lasting**. An ongoing current study of older adolescents has suggested those of black or mixed ethnicities are reporting significantly higher depression symptoms.

⁵ COVID-19 Children & Young People's Mental Health Restoration & Recovery Planning Summary of Relevant Literature & Emerging Evidence Dr Gavin Lockhart Consultant Clinical Psychologist: Clinical Lead CYP Mental Health

There is some evidence that sleep difficulties have increased for CYP at present, and there is **some very tentative evidence that sleep may moderate the impact of social isolation on other MH difficulties** although this might not be directly translatable to the current context.

The **majority (approximately ¾) of CYP experiencing a family bereavement show grief reactions but do not go on to develop MH difficulties**. However, CYP who have experienced family bereavement **are more likely to develop internalizing MH difficulties than peers (particularly depression, which may be up to four times more likely)**. They are also **more likely to develop PTSD, particularly where grief reactions are heightened**.

CYP experiencing disasters, interpersonal trauma, and ICU are at **increased risk of developing PTSD (potentially between 25-50%), which is often comorbid with other MH difficulties**. Reports of current COVID-19 related PTSD symptoms are at similar levels, and children of keyworkers may be particularly vulnerable.

Ongoing studies across the UK, Europe and Asia suggest **potential increases in irritability, anger and behavioural difficulties** in children, with particularly **high levels in CYP with SEN**.

There is **some evidence that social isolation or quarantine increases risk of self-harm, suicidal ideation/attempts and eating disorder risk behavior**.

There is **very little currently reported or known regarding vulnerable groups or those with severe mental illness**, beyond those with SEN. 86% CYP classed as a "child in need" are not currently attending school.