

# ▶ Transforming children's and young people's mental health provision: Green Paper

## ▶ A response from London Councils

London Councils represents London's 32 borough councils and the City of London. It is a cross-party organisation that works on behalf of all of its member authorities to make the case for powers, freedoms and resources to best serve the needs of London's residents and businesses.

On 4 December 2017, the government launched "Transforming Children and Young People's Mental Health Provision", which sets out ways in which child mental health problems can be tackled within education settings.

London Councils welcomes the Government's commitment to improving the mental health and wellbeing of children and young people through early intervention, and their acknowledgement of the role that schools and colleges can play in improving the wellbeing of children and young people within the wider mental health support system.

We have identified a number of key concerns on the scope and implementation of the Green Papers proposals:

**There is little acknowledgment of the role of the broader landscape of support for children and young people's mental health outside of the NHS, particularly from local government, or of the wider education system:**

- Local authority services should not be dealt with as separate entities. Troubled Families, SEND, and many youth offending teams, sit within Children and Young People's services in local authorities, and work together to maximise outcomes for children and young people, and their families. Local authority Children's Services as a whole are critical to engage with as part of the pilot phase, and the wider work.

- It is important that appropriate engagement takes place with school nurses and school-based counsellors; however, the emphasis on schools and the school structure masks the crucial contribution that colleges will make to the success of the ambitions set out in the Green Paper. In a 2016 survey by the Association of Colleges 85% of colleges said they had experienced a significant increase of students declaring mental health issues. College funding does not provide for school nurses or PSHE and colleges will need to be properly equipped to support young people, and should be seen at least as equal partners to schools in the delivery of the commitments.
- We also have concerns about the proposed Designated Leads being seen as solely responsible for mental health in schools and colleges rather than as a whole school / college approach.
- The green paper focuses on schools and colleges without considering children and young people in differing circumstances, for example those who are home educated, or in work-based training and apprenticeships. The response should address how these young people will be supported.
- We are concerned about the lack of reference to the support that will be available to children and young people who sit outside the school / college system. There has been an increase in the number of children being off-rolled, primarily by academies, mostly due to behavioural issues or SEND, resulting in more children and young people being home educated. This group are more likely to have complex needs and experience mental health problems, yet they remain unrecognised in the Green Paper proposals.
- There is also no acknowledgement of the way in which early years services, schools at every phase, colleges, and universities will need to work together to ensure streamlining of support and provision, and to support vulnerable children and young people to manage difficult transition periods.

**A particular concern is that there is little emphasis on children and young people with SEND or in need of other special provision within the Green Paper:**

- The needs of children and young people with SEND should be at the forefront of these proposals. This group of young people are much more likely to experience mental health issues than others: nearly 40% will experience a significant psychiatric disorder at some point in their lives, compared to 10% of those without a learning disability.
- The Council for Disabled Children report, 'These are our children', found that no professional group felt trained or equipped to meet the physical or mental health needs of children with

SEND due to the complexity and variety of the needs they may present. This is a fundamental issue that must be addressed in the proposals.

- Furthermore, there has been an exponential increase in the number of children and young people with Education, Health and Care Plans in London over the last few years. In 2016/17, London boroughs spent £100 million more than they received through government allocations on high needs. Local authorities have experienced significant cuts to their funding, resulting in the reduction of early intervention and funding for youth services. It is important that councils are resourced appropriately to take on any new roles or duties in relation to mental health.
- It is essential that the government considers how the proposals will be accessible and appropriate for those with SEND. This is especially significant given the disproportionate number of young people with SEND who are off-rolled by schools, or placed in alternative provision.

**The Green Paper does not clarify where accountability for outcomes sits and we are concerned about the process for quality assuring the training, and the ongoing standard of the provision offered by Designated Mental Health Leads:**

- Local authorities are key partners in supporting children's mental health and should be involved in the joint management or oversight of Mental Health Support teams in schools and colleges.
- The government should provide further detail on the experience and skills required by the Mental Health Support Teams before identifying the most appropriate body to lead the teams. According to our current understanding of the role of the teams, it is vital that the NHS has close involvement in establishing, running and supporting mental health teams. Given the pressures on CAMHS, it is particularly important that the teams supporting the Designated Mental Health Lead, who is primarily an education specialist, are adequately trained and skilled to offer support to vulnerable young people. Relevant local authority service areas (including social care, Troubled Families, education, and SEND teams) also need to be heavily involved in this process.
- We are concerned about the ability of schools and colleges to be able to identify and resource a Designated Senior Lead. Schools may end up giving the responsibilities to their Designated Safeguarding lead which would have an impact on capacity.
- Thirdly, the role and responsibilities of the Designated Mental Health Lead will vary according to the age of the young people concerned, and the size of the school. The skills and time required to provide support to children in a single form of entry primary school will differ greatly from that

required to undertake this role in a large further education college. These differences must be considered, and the training and funding adapted accordingly.

- The pilot should be evaluated comprehensively to ensure that the correct approach is taken and the correct engagement is taking place across the board; therefore, we do not support the principle of testing just three links.

**There is little effort to address the wider determinants of mental ill-health among children and young people.**

- Socioeconomic disadvantage, with a particular prevalence among BAME communities, is a considerable factor in the development of mental health problems among children and young people. Socioeconomic disadvantage acts as a psychosocial stressor, and can work through poor housing, unemployment, malnourishment or family breakdown to negatively impact young people's mental health and wellbeing. According to the Centre for Mental Health, children from the poorest 20% of households are four times more likely to experience a mental health issue than those from the 20% wealthiest households. Child poverty is expected to climb to 37% by 2022, and it is important that the Government considers how disadvantaged groups in particular will be supported.
- The government's proposals should consider more carefully how to engage with more vulnerable families. The Green Paper does not acknowledge the vital link that the Mental Health Support Teams will need to have with social care and Troubled Families, understanding the wider context in which the children and young people find themselves.
- The importance of their peer groups should not be overlooked. Young people should themselves be given the opportunity to learn about good mental health, how to recognise the signs and how to support each other.
- We welcome the focus on the 16-25 age groups with the aim of improving services for this group of young people. We suggest that NHS contracts specify that CAMHS should be a 0-25 service in order to provide better support for young adults and to encourage regions to find solutions to the funding barriers.
- Further education colleges have a higher proportion of students from disadvantaged backgrounds (17% of 16-18 year old college students had been eligible for free school meals compared to 9% in maintained schools and academy sixth forms) and it is known that there is a greater risk of developing mental health difficulties for those from a disadvantaged background. Therefore we welcome the inclusion of colleges in the proposal, but it extremely important that

the proposals take into account the considerable differences between schools and colleges when planning implementation, including the cohorts, structures, size, and relationships with parents. It is important that the transition between school and college is considered as part of the proposals, which can be a difficult and disorientating time for many young people, especially those with mental health issues.

- It is important to link up with local authority Children's Services teams to ensure that looked after children can benefit from the proposals, and to understand the role that Virtual Schools could play. It is also vital to ensure that the proposals are accessible for children in need, who are not only likely to present greater need, but are also at greater risk of sitting outside the formal education system and therefore remaining locked out of the proposals as currently stands. It is disappointing that the proposals do not acknowledge the importance of the home environment in mitigating the development or worsening of mental health issues, and we would encourage the Departments to consider how to extend the proposals to consider the role that parents play.

**It is unclear how financially sustainable the proposals will be given ongoing funding issues, and there is little clarity on how the issue of mental health workforce shortages is to be addressed:**

- Schools and colleges have faced significant funding reductions over the last few years, and only 26 per cent of London schools will receive sufficient funding to meet the real term cost pressures forecast by the National Audit Office for 2018/19.
- In addition, there are significant shortages in the mental health workforce, with the rising vacancy rate in CAMHS posts highlighted in the Royal College of Psychiatrists 2017 workforce census a particular concern. Not only is it unlikely that schools and colleges will have sufficient funds to appoint Designated Senior Leads unless they are fully compensated by central government, the recruitment and retention of Mental Health Support Team staff and the wider CAMHS workforce must be addressed if these proposals are to be realised.
- The £1.4 billion originally committed to the CAMHS transformation has not been ring-fenced, and much of it is not reaching frontline providers - with significantly less funding than expected released to CCGs by Government so far and only around half of CCGs using the additional funds for CAMHS provision in 2016/17. This is an opportunity to look again at the funding, resource and training requirements to ensure that CAMHS is an effective organisation. What is more, the extra £300 million announced to fund the Green Paper's proposals has also not been ring-fenced and there is no indication of a long-term commitment by Government to sponsor these initiatives in schools and colleges.

- We believe that it would be advisable to use the assessment of ongoing costs of implementation to provide an additional measure of success in the trailblazer areas, as it would provide a useful indication of the likely issues and impediments of rollout at a local level.
- Moreover, the government's aim of rolling out changes in 20-25 per cent of the country by 2022/23 does not go far enough. It is important that the government recognises the scale of this issue and commits to implementing and funding effective change in every school in the country. It would also be beneficial to provide greater clarity around the 20-25% target and how the funding will be distributed between regions and school types.

**We believe that the question of distribution of the training fund is a secondary issue. We have a number of concerns relating to the principles of the training fund:**

- The £95 million funding set aside for training is not sufficient to deliver high quality initial and ongoing training for a Designated Mental Health Lead in every school in the country, many of whom will have limited knowledge of mental health. These Leads should also have access to supervision given the level of responsibility of this role and their position as non-specialists in the area.
- Training is not the only aspect of the Designated Mental Health Leads' role that needs to be funded by central government. Funding must also be provided to ensure that the Leads can reduce their workload elsewhere to create time to undertake this important and potentially stressful role. As highlighted in the recent Public Accounts Committee report on teacher recruitment and retention, workload is the main reason why teachers leave the profession. Pressure on workloads has increased significantly over the last few years, as schools have had to make efficiency savings, such as increasing class sizes and contact time, in the wake of significant budgetary pressures. This is only set to worsen as 74% of schools in London will receive a real terms decrease in their funding in 2018/19.

**We are supportive of the aim to reduce waiting times for children and young people's mental health services; however this commitment needs to be appropriately funded to ensure that the ambition can be fulfilled:**

- Waiting times are currently extremely unpredictable and can be dangerously long, and CAMHS is suffering from under-staffing and under-funding. According to the Education Policy Institute, between a sixth and a quarter of children referred to specialist treatment are turned away.

- On top of the current pressure on CAMHS, the introduction of Designated Mental Health Leads in schools and colleges and the emphasis on awareness raising is likely to result in an increased number of referrals for mental health services. CAMHS must be appropriately resourced and staffed to deal with this pressure. If this does not happen, children and young people could be placed at risk; and Designated Mental Health Leads, who are not specialists, will be placed in a vulnerable position where they are providing more specialist support than they are trained to provide.
- We are also concerned about the fact that the four week waiting target will only be rolled out after 2023. This target is insufficiently ambitious and fails to recognise the urgency of the issue.

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