



Professionals' Survey for Children and Young People's Mental Health and Wellbeing Taskforce

Survey response

Introduction

The Children's Society is a leading charity committed to improving the lives of thousands of children and young people every year. We work across the country with the most disadvantaged children through our specialist services and children's centres. Our direct work with vulnerable groups including disabled children, children in or leaving care, refugee, migrant and trafficked children, means that we can place the voices of children at the centre of our work.

We run 11 projects supporting young people in care and 13 specialist projects working with children who run away or go missing and/or are at risk or victims of sexual exploitation. We also run services that deliver emotional support, psychological interventions and counselling for children who have experienced domestic abuse and/or sexual exploitation. Many of the children we support are very vulnerable young people who come into contact with mental health services.

The Children's Society welcomes the establishment of the Children and Young People's Mental Health and Wellbeing taskforce to investigate the gaps in provision of mental health support services for children and young people.

We support the need to develop practical solutions but would also like the taskforce to acknowledge that effective services are currently severely undermined by inadequate planning, commissioning and funding. The recent report published by the Health Committee on children and adolescents' mental health services as well as earlier reviews undertaken in the last 10 years have all raised concerns about the commissioning, funding and access to CAMHS, particularly the gap in services for older adolescents. We believe that it is important that the taskforce address these issues.

We also believe that findings and recommendations of The Children and Young People's Mental Health and Wellbeing Taskforce should be shared with the newly established taskforce on Mental Health initiated by Deputy Prime Minister, Nick Clegg.

Prevention and access to support:

How can early intervention to prevent mental health difficulties be supported and improved? (across early years, schools, colleges, youth services, primary care services, and all health services).

Early intervention

Early intervention and preventative work is essential in promoting positive wellbeing and the mental health of children and young people. There should be more support available for those with emerging problems, such as low-wellbeing, both in terms of educating children and young people about mental health issues and in referring them to specialist services when they require more help.

Our 2014 Good Childhood report revealed that children in England do particularly poorly when it comes to feelings about their appearance, with almost one in eight (13%) children saying they are unhappy about the way they look. The report found that girls are twice as likely as boys to feel unhappy about the way they look (18% of girls compared with 9% of boys). The problem increases dramatically as young children become teenagers (17% of children aged 12-13 compared with 9% of 10-11 year olds). Schools can offer a safe environment for children and young people to address themes such as negative images in the media.

- **Role of schools**

We believe that the new guidance on behaviour and mental health in schools launched earlier this year by the government promotes the role of schools in identifying and supporting children with mental health issues. In our view, further guidance is needed on how to embed positive mental health and emotional resilience in both the curriculum and in the wider school setting. Mental health education can be delivered through a number of subjects taught in schools such as PSHE, citizenship, English literature or drama. Including mental health in the curriculum can also help to dispel misconceptions and reduce stigma.

Recommendation 1: We believe the inclusion of mental health in the school curriculum is critical not just to raise awareness about the signs of mental health problems but to also inform pupils about where to seek help.

Recommendation 2: The Children's Society endorses the recommendation put forward by the Health Committee in its final inquiry report¹. The committee recommended that the Department for Education consult with young people, including those with experience of mental health issues, to ensure mental health within the curriculum is developed in a way that best meets their needs.

- **Availability of information**

Children and young people we work with often tell us about the lack of easy to understand information that would help them to deal with their own health issues or health issues affecting their family. In recent years there have been positive developments in terms of availability of mental health support via online tools. Although this provision is important, we believe that its effectiveness should be evaluated and there should be recognition that online support is not

¹ The Health Committee (2014) Inquiry into Children's and adolescent mental health and CAMHS

suitable for all children. There should be accessible school or community based services from which young people can seek information and advice. It is also important to acknowledge that not all children and young people will be able to identify that they experience mental health issues and therefore, will not be seeking advice. It is the responsibility of professionals or other relevant adults to refer and signpost young people to information and support services.

Some examples of the information needs of children and young people include:

- Disabled children and children with learning difficulties would like accessible information about the condition they have or information on the choice of treatment and support available to them.
- Young refugees who experience mental health problems may need professional support with interpretation to help them share their experiences and ensure they have information in their own language about the role and purposes of different mental health services that may help them deal with health issues they experience.
- Young carers would like accessible and easy to understand information about mental health issues of their parents.

Recommendation 3: Health care services should plan for the information needs of children and young people and should make information available in accessible formats and easy to understand language.

Family in early years

How can families of young children be supported to nurture their child's mental health and wellbeing early, and avoid problems arising?

The Children's Society recently collaborated with the New Economics Foundations to produce a guide explaining what children can do to support their own wellbeing and how their families can support them.

Our guide highlights the following five steps parents encourage their child to take to boost their wellbeing:

- 1) **Connect:** To support the mental health and wellbeing of young children parents should encourage children to talk about their feelings. One of the challenges many parents face today is finding the time and space to talk with and listen to their children.
- 2) **Be active:** Children need a range of opportunities to be active, both in and outdoors. Taking part in physical activities has been shown to enhance the self-confidence and co-operation of children and can also help to support the formation of new friendships outside of school. Our work with teenagers in Cheshire uses sports to help them to develop trusting relationships with safe adults, often for the first time.
- 3) **Be creative and play:** Children are naturally imaginative and creative. It is vital that they are encouraged to take part in some form of creative activity. Our Good Childhood Report 2014 found that Children who regularly play sports or active games have higher well-being. Children who never do this were around twice as likely to have low well-being

as those who did so at least once a week², playing inside and out are essential to their emotional and physical development.

4) Learning: The children we spoke with were really clear that learning outside of school was just as important to them as learning at school. It was the sense of achievement that they felt from gaining new knowledge or skills that most mattered. That is why it is crucial that we try to keep as many learning avenues open for our children as possible.

5) Take notice: We should not underestimate how differently children see and interact with the world around them. This also means that their surroundings have a real impact on their wellbeing. For parents, it is important to nurture this quality rather than discourage it.

Recommendation 4: It is important that authorities support families in nurturing their child's wellbeing by offering them the space and support in schools, Children's Centres, community centres or GPs. These services can also encourage families by producing and distributing resources such as leaflets to inform parents about their nearest available facilities such as libraries.

From our direct work with adolescents, particularly vulnerable adolescents such as young runaways, young people who are victims of CSE, or those at risk of homelessness we know that family relationships for this group of young people can be very fragile. The lack of emotional support and increasing independence of adolescents can have negative impact on their mental health.

The Children's Society led the first comprehensive research study in the UK on maltreatment of adolescents.³ Safeguarding Young People was conducted in partnership with the University of York and the NSPCC. The research highlighted issues with professional attitudes that impacted on the operation of systems and processes. Professionals often perceive that adolescents are:

- Less at risk of harm than younger children (and sometimes perceived as 'putting themselves at risk').
- More able to cope with the effects of maltreatment.
- More likely to remove themselves from abusive situations.

From our direct work and from research available we know that the impact of maltreatment in adolescent years can be significant and long lasting. Adolescents need help and information should also be available to their families, both to support them in parenting adolescents appropriately, meet their emotional needs and to help them deal with conflict.

Recommendation 5: There should be information and support available with specific focus on adolescents. In addition, those services working with vulnerable adolescents should consider their mental health needs within their family context and offer appropriate support to both the young person and their family.

² <http://www.childrenssociety.org.uk/sites/default/files/The%20Good%20Childhood%20Report%202014%20summary%20FINAL.pdf>

³ <http://www.childrenssociety.org.uk/what-we-do/research/research-areas/safeguarding-young-people>

Access

We know that not all children and young people who need mental health services are accessing them.

How can we get the right support to children and young people who need it, and at the right time?

Access to and availability of mental health services can vary greatly from one area to another.

- **Improving the points of access:**

At present, different areas offer different modes of entry into the CAMHS system. As CAMHS services are both commissioned and delivered by multiple bodies, there is often some confusion around access points and referral pathways. In addition, there is no clear guidance on the most effective referral practices, this often can act as a barrier or may delay children and young people receiving help at the right time.

From our direct practice we know that where different agencies work together to identify vulnerable young people, there is also a better working procedures for referrals of young people who need help. For example, our Manchester Resolve project which provides counselling and intensive individual support for children in domestic abuse situation is a city wide service. Children are normally referred through a Multi-Agency Risk Assessment Conference (MARAC) in partnership with Independent Domestic Violence Advocates (IDVAs), children's social care, the police and Child and Adolescent Mental Health Services (CAMHS). These services also accept open referrals, most commonly from schools, health and other third sector providers. The support is short and intense, and we work with children for a minimum of eight sessions.

Recommendation 6: We believe that each area should have detailed list of local services and mapped out referral routes to access CAMHS services at different tiers, this should be available to all agencies working with children locally to ensure easy access to the system for children who need help.

Recommendation 7: We believe that there is a need for a clear national guidance on mental health support for children and young people which details the role of different professionals in identifying and assessing mental health needs of children and young people. This should outline entry points to the system, thresholds, referral routes into different tiers of support available and standards for follow up support.

- **Access for vulnerable 16 and 17 year olds:**

Our practice suggests that vulnerable adolescents become even more vulnerable once they reach the age of 16, either because of the quality of support they receive or because they do not qualify for any support, despite services being aware of their needs. In many places there is still a lack of clarity on whether they fit into CAMHS or AMHS, despite the Children Act 1989 defining everyone under the age of 18 a child. They are also less likely to be identified as needing support as many young people of this age, particularly vulnerable young people, are not always enrolled in schools or any other formal training.

Recommendation 8: We believe that more services with specialised staff need to be commissioned for older adolescents. This may include appointing designated staff to work with this age group and prepare them for transitioning into adult services.

Recommendation 9: Training for staff delivering CAMHS should include information about the vulnerability and the legal status of children aged 16-17. This will ensure that children in this age group are identified early, offered help and it will combat any negative attitudes these professionals may have.

Hospital and crisis services

Even with effective early intervention and prevention, we know that some young people will require intensive support such as hospital treatment or crisis care.

What practical steps could be taken to improve their experience of hospital and crisis care?

- **Assessment**

The Children's Society is concerned about the lack of health based places of safety for assessment of children and young people detained under Section 136 of the Mental Health Act 1983 as shown in the recent report from the Care Quality Commission⁴. The practice of taking children to police cells in the absence of health based places of safety for assessment is inappropriate practice.

Recommendation 10: Local areas should develop flexible places of safety for assessments under section 136 where beds can be found at short notice.

- **Access to advocates**

An amendment made under the Mental Health Act in 2009 entitles anyone accommodated in a mental health setting or held under the Act access to an Independent Mental Health Advocate (IMHA). In addition, the Children Act 1989 and its relevant guidance gives children the right to have their wishes and feeling taken into account when decisions are made about their lives.

From our direct work with children and young people we know that some young people need the support of an advocate to access health services, to participate in decisions about their care and to have a say in strategic decisions about the planning and commissioning of services⁵. In inpatient settings, children and young people can feel frightened or anxious and this can impact on the progress of their treatment and recovery.

Children and young people leaving inpatient services also often require advocacy support to help them resolve issues around accommodation or placements, particularly in cases of looked after children or care leavers. .

There needs to be greater support for vulnerable groups such as looked after children, children who have experienced abuse or exploitation or young separated migrants in inpatient settings who may not have the usual social networks around them. Having access to an advocate is particularly important for these groups.

⁴ <http://www.cqc.org.uk/media/new-map-health-based-places-safety-people-experiencing-mental-health-crisis-reveals-restrictio>

⁵ Hounsell, D., Pona, I. (2012) The Value of advocacy for looked after children. The Children's Society.

Recommendation 11: Children and young people should be informed about and be able to access the support of an independent advocate if they require help to communicate their wishes and feelings when engaging with mental health services.

- **Partnership working during discharge**

Our staff report that for many young people, treatment received in a hospital setting can only be as good as the exit plan put in place before leaving. Cases where Children's Services and medical professionals have worked closely upon a young person's exit from the system are the most effective in ensuring positive mental health over the long term.

Partnership working between Children's Services and mental health services is vital in ensuring good quality after care and support for children. One principle that would be beneficial to develop and adopt is 'planning for coordinated after care and support'. This is particularly crucial for vulnerable groups such as looked after children and young separated migrants who may require additional support in reintegrating back into their normal routines, i.e. support with accommodation or education.

The relevant local authority's Children's Services need to be informed of an admission as soon as possible. At the moment this is left to the discretion of Approved Mental Health Professional (AMHP) but we feel that even if Children's Service do not have a role to play in the treatment process they should be heavily involved in planning the young person's exit from hospital by signposting them to services and providing additional support to go along with that support already offered on exit through health professionals.

Recommendation 12: We believe that there is a need to provide detailed guidance outlining the role of different professionals when a young person is discharged from an inpatient mental health setting and specifically on how the services should work together to provide adequate follow up support to sustain improvements in mental health for young people.

How the system works:

Commissioning

Despite the obvious importance of children and young people's mental health, CAMHS has been described as a 'Cinderella service'.

How can it be ensured that children and young people's mental health and wellbeing is prioritised in strategic planning and commissioning?

Our practice report that children and young people's experience of mental health services vary considerably depending on the area they live and on the working relationships between mental health services and other relevant services, including the children's services and the police. These relationships have a significant impact on the quality of services children receive.

There are a number of steps local areas can take to prioritise the mental health and wellbeing of young people.

- Incorporating the voice of child:

Health and Wellbeing Boards and other joint commissioning health boards should appoint a children's champion or someone with responsibility to ensure that the needs of vulnerable groups of children, including those with mental ill-health, are taken into account in the commissioning process. These boards should include representatives from education as children and young people often access services in educational establishments directly and mental health related problems are often identified in schools.

Recommendation 13: We would like to see specialist advocacy services for children, especially for children with additional communication needs, commissioned to support them in accessing mental health services, having a say about the commissioning and delivery of services and sharing their experiences in the health care system.

- Training for health practitioners:

Recommendation 14: Training and awareness raising among health professionals at the local level should be improved to inform better commissioning and delivery of services meeting the needs of vulnerable groups. For example, training on information sharing should be delivered to facilitate timely exchange of information for vulnerable groups such as looked after children or disabled children.

- Involving service providers:

Recommendation 15: Voluntary sector organisations who work with some of the most vulnerable groups of children and young people should have a strong voice in Joint Strategic Needs Assessments and in informing the strategic planning and commissioning of public health and clinical services.

Transition

We know transition, both from CAMHS to Adult Mental Health Services and across different parts of the system, are a problem for many young people.

What practical steps can be taken to improve this?

There have been historic concerns about transitioning in CAMHS both between tiers and between CAMHS and Adult Mental Health Services (AMHS).

We welcome the Government's commitment in highlighting transitioning as a priority area in its *Closing the Gap* strategy (2014). In particular, the government has outlined its intention to end the "cliff edge" where support for young people in CAMHS disappears. One step the government is currently pursuing through NHS England is the development of a transition service specification for Clinical Commissioning Groups (CCGs) and Local Authorities. The Children's Society welcomes this step and would recommend that this clearly outline roles and responsibilities of CAMHS and AMHS during transitioning.

Transitioning from children's to adult health services can be a daunting experience for young people. It can be particularly overwhelming within mental health services. We know that more often than not children and young people themselves are not involved in planning their transition. We feel that this is particularly important for children with mental health problems as given the opportunity to feed into plans surrounding their transition. The Care Quality

Commission's recent review of children's transition into adult health services found that 50% of young people and their families did not feel supported enough during their transition into adult health services, the inspectorate also found that the levels of planning to meet the health needs of a child in transition were insufficient in many areas.

From our direct work with looked after children, including disabled looked after children; we know that they experience greater difficulties in transitioning from children's to adult's services when they are placed outside their home local authority. Their experiences of transition are characterised by the confusion about responsibilities for funding and carrying out health assessments, such as continuing care assessments, delays in registering with general practitioners and thus delays in referrals to hospital specialists.

Recommendation 16: CAMHS and AMHS health services should work together and in cooperation with other agencies to plan and review transition arrangements for vulnerable young people, including those in the looked after system and young people in out of local authority placements

Recommendation 17: Young people should be informed about and supported to have a say in transition planning around their mental health needs.

Shared outcomes

Feedback suggests there is often broad consensus about what we want to achieve for children and young people, but confusion about where responsibility lies.

How can we achieve shared ownership of children and young people's mental health outcomes across the system?

Children and young people often come into contact with professionals from various backgrounds, these include but not limited to, health services, schools, police, voluntary sector professionals etc. It is important for all of these services to understand their roles and responsibilities in identifying and signposting children to the most appropriate services.

Shared ownership of CAMHS outcomes should be reflected in a much clearer CAMHS strategy and partnership between the Department of Health and Education; this would help to facilitate multi-agency working and can establish clear duties for both services.

Recommendation 18: The Department of Health and Department for Education should encourage joint ownership by producing joint guidance on shared outcomes and how to meet these.

- Training:

Recommendation 19: Training to raise awareness and knowledge around the symptoms of mental ill-health must be offered to all professionals who may come into contact with children.

- The role of health and wellbeing boards in enforcing shared ownership:

On a local level, health and wellbeing boards play an important role in establishing local health priorities and improving outcomes. Membership of the board can include a range of local services including schools; this can help to facilitate joint decision-making.

Recommendation 20: CAMHS outcomes data should be thoroughly reviewed by HWBs and should be used to inform local strategies.

- Information sharing:

Vulnerable groups of children, such as homeless young, people often have multiple needs and may require assistance from various services such as health, children's and housing services. It is vital that these services effectively communicate with one another to achieve the best possible outcome for the young person.

Recommendation 21: Local multiagency forums should include mental health services both for the purposes of identification of vulnerable children and young people and to ensure swift referral to services they need.

Integration

We know that there are sometimes problems in the way that services addressing mental health issues in children and young people work together.

What practical steps can be taken to improve integration across services working with children and young people's mental health issues?

There currently exists no government guidance detailing how joined up working and integrated working should work in relation to CAMHS, education and care services. Although flexibility to suit local needs and circumstances is important, some example of how this might look and more clarity about the structures and levers in place to support joined up working between HWB members and with wider partners is needed.

In The Children's Society's local experience, we have often found that JSNAs do not always reflect the level of needs of vulnerable groups of children and young people. This results in insufficient provision and fragmented services, particularly around equality of services for particular groups, for example, child victims of sex abuse, refugees and migrant communities.

Recommendation 22: Voluntary sector organisations such as The Children's Society working locally have a wealth of local data and experience which would enhance the local JSNA process. HWBs should therefore take steps to engage with local voluntary sector groups and service providers to ensure this local knowledge is used to most effectively in the JSNA process. For example, local voluntary groups could be invited to share evidence and discuss the challenges they have come across with HWB sub-groups, this could help to inform commissioning decisions.

One of the issues that has been highlighted by our practice is the lack of co-ordination on the discharge of looked after young people from mental health settings. From our practice we know that while the reviews may happen with a focus on mental health support they receive, there is a lack of efficient communication between the mental health practitioners and social care practitioners to ensure that care planning review ensure smooth transition for a young person from mental health settings to care settings.

Recommendation 23: We recommend that the taskforce reviews the effectiveness of the multiagency arrangements in providing support for looked after children discharged from mental health settings.

Data and standards:

Data collection

We have received feedback that the collection of data can be a significant time burden on professionals.

What practical steps could be taken to improve the process of collection?

For effective commissioning that reflects the true needs of local communities, data collection about vulnerable groups of children and young people must be improved. Commissioning of services for some of the most vulnerable groups of children is made more complicated by the lack of reliable data about the needs of these groups and the lack of knowledge among health care professionals about the issues these groups experience. This has been highlighted in many reports, including in the review by Sir Ian Kennedy in 2010. For example, high level of unmet mental health needs among looked after children has been an issue of concern for many professionals working with this group of children and has been highlighted in various studies.

Recommendation 24: We believe that local and national data needs to be collected on the number of referrals received and accepted to all tiers of CAMHS, waiting times for services, quality of support received through by seeking feedback from young people.

Recommendation 25: We would like to see data on the use of mental health services by vulnerable groups, including as looked after children and young people, 'children in need', young runways, young carers, to be made available to inform commissioning of services.

Vulnerable groups:

Extra barriers for vulnerable groups

We know that there are some groups of children and young people who are particularly vulnerable and find it harder to access mental health services (e.g. victims of sexual exploitation, learning disabled children, looked after/adopted children, young offenders).

What practical steps could be taken to help particularly vulnerable children and young people to access mental health services?

Our response to this question is informed by our direct practice working with children and young people who have been victims of sexual exploitation, looked after children, disabled children, refugees and migrant children, families facing domestic issues such as substance misuse or domestic violence.

The Children's Society is concerned by the lack of access to CAMHS for these specific groups of children and young people. The lack of access to timely mental health support can contribute to negative long-term outcomes for young people, including the part taking of risky behaviour, poor academic achievement, anti-social behaviour and offending.

- **Victims of sexual exploitation**

Child victims of sexual exploitation are more likely to develop mental health problems such as anxiety, depression or Post Traumatic Stress Disorder (PTSD) than their peers. In many cases children internalise their trauma and present with their problems later in life.

Recommendation 26: all children and adolescents known to authorities to have been subject to sexual exploitation should be offered assessment and be referred to appropriate CAMHS services regardless of whether or not they have a diagnosed mental health need.

- **Looked-after children**

Looked-after children are five times more likely to develop a mental disorder than children living at home with their families yet several studies indicate that only a small minority of those diagnosed access CAMHS⁶. The Children's Society is concerned that not enough is being done to target support for look-after children and care-leavers.

From our direct work with looked-after children we know that the planning and co-ordination between the mental health services and social services is not working in many cases. This jeopardises their recovery and future life chances. This lack of partnership working is particularly worrying for children placed outside their local authority area.

Recommendation 27: We believe it is vital that both children's and health services develop joint protocols that clearly set out responsibilities and outline how the quality of support will be maintained for children and young people placed outside of their local authority.

- **Access to CAMHS for homeless young people**

The taskforce should evaluate the level of mental health support available to homeless young people. Homeless young people are a distinctly transient group who often have multiple needs of which may include mental health and emotional wellbeing.

Recommendation 28: We recommend that for young people who are at risk of homelessness or present themselves as homeless to the local authorities, the assessment of need should include assessment on their mental health and wellbeing and where there are needs plans should be put in place to provide adequate support.

- **Support for child victims of domestic violence**

There is compelling evidence on the serious long-term impact of domestic violence on children's emotional wellbeing. Domestic violence within the home setting can have a detrimental impact on children's ability to form trusting relationships, particularly with adults.

⁶ Bonfield, S., Collins, S., Guishard-Pine J., and Langdon, P. (2010) 'Help-seeking by Foster-Carers for their 'Look-after' Children: The Role of Mental Health Literacy and Treatment Attitudes', British Journal of Social Work, No. 40, pp. 1335 - 1352

Recommendation 29: We believe that all children who experience or witness domestic abuse should receive support which includes: safety planning, including developing their own personal safety plans and identifying where they can get help, mapping their personal support networks, focusing on their strengths and building their self-esteem.

- **Representation in decision-making panels**

Recommendation 30: To ensure that the multiple needs of the vulnerable children are not left out there, the taskforce should consider recommending the appointment of a champion for vulnerable children on each health and wellbeing board.

Recommendation 31: We would recommend that data on the use of mental health services by vulnerable groups, including as looked after children and young people, 'children in need', young runways, young carers, to be made available to inform commissioning of services.

Introduction

Contact details

The personal details you give in the following questions are confidential, will not be stored beyond the end of the Taskforce's work, will not be passed onto third parties, and will not be used for purposes other than the Taskforce's work.

Name

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Would you be happy for the Taskforce Secretariat to get in contact, if they would like to speak further with you about your answers to this survey? (Required)

Yes [please delete as appropriate]

Email address **Iryna.pona@childrenssociety.org.uk**

This is optional, but if you enter your email address then you will be able to return to edit your consultation at any time until you submit it. You will also receive an acknowledgement email when you complete the consultation.

Email **Iryna.pona@childrenssociety.org.uk**

Your Work

The information collected in the following questions may be published in a collated format to show the demographics who responded to the survey (e.g. 20 people from South West). Which of the following best describes the service you work in? (Required). Please circle.

• **Voluntary (The Children's Society)**

Which of the following best describes your role? (Required). Please circle.

• **Policy**

We may wish to use quotes or information from your answers to this survey in the Taskforce's final report. No names, location, contact details, or anything else that could identify you will be included. Are you happy to have your answers to this survey published in the CYPMH Taskforce report or its annex? (Required) Please Select.

Yes [please delete as appropriate]

For queries, please contact CYPMHTaskforce@dh.gsi.gov.uk

