

Thursday 1 March 2018

By email to: youngmentalhealth@dh.gsi.gov.uk

ADCS response to Transforming Children and Young People's Mental Health Provision: a Green Paper

1. The Association of Directors of Children's Services Ltd. (ADCS) is the national leadership organisation in England for directors of children's services (DCSs) under the provisions of the Children Act (2004). The DCS acts as a single point of leadership and accountability for services for children and young people in a local area, including children's social care and education. ADCS welcomes the opportunity to respond to the government's Green Paper '*Transforming children and young people's mental health provision*'.
2. ADCS welcomes the Green Paper's focus on improving children and young people's mental health, the emphasis on early help and prevention and the additional investment being made available. Poor mental health and wellbeing can have a devastating and lifelong impact on the lives of children and their families so it is crucial that they receive the right support, in the right place and at the earliest opportunity to prevent mental health problems from escalating and reaching crisis point. The Green Paper rightly acknowledges the vital role of schools in the early identification and support of pupils with mental health problems. Schools see children and young people every day so are well placed to understand the mental health and wellbeing challenges facing their pupils.
3. While the additional funding will go some way towards improving mental health support for children and young people, the need for a sustainable, long term funding strategy for children and young people's mental health services cannot be underestimated. The Green Paper reaffirms the government's commitment to implementing the recommendations in Future in Mind and the £1.4 billion funding to achieve this. While this continued commitment is welcome, there is a lack of transparency and accountability in terms of how resources are being used to improve outcomes for children and young people. ADCS members remain concerned that Future in Mind money, allocated by NHS England to clinical commissioning groups, is being used to alleviate wider pressures within the NHS rather than reaching services for children and young people.
4. The lack of transparency and accountability within the system has previously been highlighted, most recently by the CQC in the phase one report from their '[Review of children and young people's mental health services](#)' and again by the Children's Commissioner in her publication '[Briefing: Children's mental healthcare in England](#)'. More needs to be done to bring greater clarity on how additional investment in being utilised to support the mental health and wellbeing of children and young people and improve outcomes.

5. Local authorities have a unique role, working closely with schools and health partners to design, commission and deliver a range of early help services. It is disappointing that the Green Paper does not acknowledge this within the main proposals. Any additional funding for early help in relation to mental health should be routed via local authorities, with the expectation that plans are developed in partnership with clinical commissioning groups. This would avoid it being 'lost' within the NHS while also allowing local authorities, in partnership with clinical commissioning groups, to commission support teams that are complimentary to the wider early help local offer for children and young people. If the proposals are too clinically driven, this will not happen and the opportunity to strengthen the early help offer will be lost.
6. ADCS members would caution against pathologising the range of adolescent behaviors that fall within the definition of 'normal' and schools must be adept at dealing with them through child centred ways of working. There is a risk that the system will normalise the need for children and young people to access services over and above the universal level.
7. The recent evaluation of the mental health services and schools link pilots found they had successfully strengthened communication and joint working arrangements between schools and children and young people's mental health teams which in turn brought a range of benefits. While it is reassuring that the Green Paper builds on this success, ADCS members are concerned that the current system does not have the capacity to deliver against the proposals. The recruitment and retention challenges within the child and adolescent mental health services (CAMHS) workforce have been widely reported and cannot be underestimated. There is a danger that in creating new mental health support teams, the workforce from other parts of the system will be diverted into these new teams which will only compound the workforce challenges we face and further heighten access and waiting time issues.
8. There is a lack of oversight and ownership at the national level in the development of the whole spectrum of the children's services workforce. The absence of national data on the wider children's services workforce further exacerbates this problem. ADCS members would suggest there is a need for a national holistic workforce strategy, informed by timely and accurate data, covering the breadth of professionals working with children and young people. This should not be limited to training and career progression, but also address the capacity needed within the system to effectively support children and young people. There are shortages in many areas of the workforce, from social workers, teachers and educational psychologists, to speech and language therapists to child psychiatrists, which must be addressed.
9. There is an emerging tension between the role of educational psychologists and clinical psychologists. There is a risk that the role of educational psychologist could become increasingly narrow in focus and limited to education, health and care plan processes. Educational psychologists are experts in education and should be encouraged to play an extensive role working with schools, parents/carers and children and young people to support them to learn effectively, and to

make the most of their education. The relationship between this role and that of clinical psychologists also supporting the system needs careful development.

10. The proposed scale and pace of roll out is disappointing and could further compound the postcode lottery in terms of access to services that many young people experience. The Green Paper acknowledges the significant level of prevalence of mental health issues and the lasting negative impact on children and young people's lives that can stay with them into adulthood. DfE and DoH must be more ambitious for children and young people, this cannot be limited to a fifth to a quarter of the country.
11. While the paper acknowledges the work being done to strengthen the offer of specialist services, recent cases in the high court have again highlighted the difficulties vulnerable young people can face in accessing the most specialist inpatient care. While the development of more community based responses is welcome, more must be done to ensure inpatient services are available without delay to vulnerable children and young people with the most complex needs who may require them.
12. ADCS members support the LGA's call for central government funding to be used to ensure access to on-site school counselling services for every pupil in secondary and alternative education provision is mandatory. Such a service would allow many more young people to access early help and support before their needs escalate to the point of needing support from a CAMHS team. The benefits of school based counselling have been acknowledged in the DfE publication, [*Counselling in Schools: a blueprint for the future*](#), which states: "counselling within secondary schools has been shown to bring about significant reductions in psychological distress in the short-term, and helps young people move closer towards their personal goals". Any funding available for this must be routed through the dedicated schools grant.

Designated senior lead for mental health

13. The Green Paper outlines proposals for a designated senior lead for mental health with training rolled out to all areas by 2025. The funding, which will be made available to schools and colleges to cover the cost of training, is welcome, however, roll out should take place over a shorter time period so children and young people can benefit from this sooner. Ongoing funding must also be provided to meet the costs of the additional capacity needed within the teaching workforce to fulfil this new role. Schools cannot be expected to absorb this new responsibility into already over-stretch budgets and if seen as merely an add on to an already busy day job it will not have the intended impact.
14. Late last year, the expert working group on the mental health and wellbeing needs of looked after children published it's final report. The recommendations included the creation of a virtual mental health lead to ensure *'that every child and young person in the system is getting the support they need for their mental health and emotional wellbeing'*. The relationship between the virtual mental health lead and the designated senior lead is unclear and not referenced within the proposals. It would be helpful if this was clarified in the government's response to the review.

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15. The issue of clinical supervision, both for designated senior leads for mental health and teachers delivering low level interventions, is not addressed within the proposals. This again will have an impact on the workforce and must be part of the considerations during planning for implementation.

Mental health support teams

16. The relationship between the new mental health support teams and CAMHS services will be vital. ADCS members welcome the proposed flexibility around operating models, this will allow areas to build on work already taking place and ensure new teams complement existing arrangements.
17. Although the aim of the new mental health support teams is to provide additional capacity for early intervention and ongoing help, there is a need to strengthen specialist CAMHS services to ensure they are responsive to pupils needs if and when they are referred for more specialist support.

Waiting time standard

18. ADCS members welcome the introduction of a new waiting time standard for access to specialist mental health services, however, this work should be on a national scale rather than limited to a small number of pilot areas. As the Green Paper acknowledges, waiting times vary considerably across the country and this must be addressed. There is a danger that children living in areas outside of the pilots will continue to experience significant delays in accessing treatment.
19. There is little detail about which services the new waiting time standard will cover and the waiting time period that will be measured. Any new standard must be applied to all specialist services, including tier 4, and cover the period from referral to the start of treatment. There is a danger that if the standard only measures from the point of referral to the undertaking of an initial assessment, children may still experience significant waiting times before starting treatment. We must also be aware of the risk that in an already stretched and underfunded system, a new waiting time standard may have the unintended consequence of pushing up thresholds, thereby restricting access to those who need support.

Wider action proposed in the Green Paper

20. It is right that student teachers learn about the importance of emotional development, good mental health and wellbeing, such issues can impact on the performance of pupils so it is positive to see this being introduced through teacher training.
21. ADCS members welcome the introduction of mandatory relationship education for primary school pupils and relationship and sex education for secondary school pupils. We would encourage government to go further and put personal, social, health and economic education on a statutory footing to ensure all children and young people receive a broader programme of education that teaches them about

risk and how to stay safe while also helping to build resilience and prepare them for independence and adulthood.

22. Parental mental health problems are a significant determinant for the mental health needs of children and young people. While the Green Paper acknowledges the importance of attachment relationships in the early years and the impact of parent/ carer conflict, more needs to be done to offer parents early help and support as this too will benefit their children. The Early Intervention Foundation (EIF) has published research in both areas which DfE and DoH may be interested in: [What works to enhance inter-parental relationships and improve outcomes for children](#), [Reducing the impact of interparental conflict on children – commissioner guide](#) and [Foundations for life: What works to support parent child interaction in the early years](#). In addition, during March 2018, the EIF and the Department for Work and Pensions are holding conferences exploring how local services can reduce parental conflict to improve outcomes for children and young people.
23. ADCS members have previously raised concerns about schools that are ‘gaming the system’, i.e. excluding pupils during crucial GCSE studies or encouraging parents to educate at home, all to improve league table performances. This lack of inclusivity is driven, in part, by the ever-sharper focus on achievement in core academic subjects at whole school level, as part of the ongoing national reforms and the inspectorate’s framework for inspecting schools. This does nothing to support vulnerable learners to achieve their potential and requires urgent review. ADCS will soon publish a paper on children missing from mainstream education and would be happy to share this with both Ofsted and DfE to help inform the development of a common inspection framework for schools. Further, ADCS would be happy to host DfE and Ofsted at a future meeting of the Standards, Performance and Inspection Policy Committee to discuss the development of the schools inspection framework in more detail.
24. ADCS would be happy to welcome representatives from the DfE and DoH to a future meeting of the Association’s Health, Care & Additional Needs Policy Committee to discuss the Green Paper further. Please contact Esther Kavanagh Dixon, ADCS Policy Officer via esther@adcs.org.uk.

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