

BASW response to Public Accounts Committee inquiry into mental health services - Nov 2018

The British Association of Social Workers (BASW) is the professional association for social work in the UK, with offices in England, Northern Ireland, Scotland and Wales. With over 21000 members, we exist to promote the best possible social work services for all people who may need them, while also securing the well-being of social workers.

BASW welcomes the Public Account Committee's inquiry into mental health services for children and young people. As an association we have highlighted the inadequate and constant shortfalls in the mental health system that let children, young people and their families down and which hinder social workers from providing the high-quality support and expertise that they are trained to give. These shortfalls are complex and inter-relate with a lack of financial investment by Government in mental health services for children and young people, in a climate of ever-increasing demand. An increase in access thresholds to services and post code lottery has also had a direct impact on the experience of children and young people resulting in failure to establish a comprehensive equitable, inclusive system based on need.

BASW key messages:

Based on a survey of BASW England's membership, we would recommend that the Committee focus on the following key points:

- **Recognition of the role of social workers within the wider mental health system.** Social workers occupy many different roles within the child and adolescent mental health system in the private, statutory and voluntary sector. The work they do is varied and delivered within the statutory, private and voluntary sectors. Social workers assess, support, coordinate, navigate children and young people to access services, advocate on behalf of children families and at times, have specialist expertise and knowledge and at times are gatekeepers of services - social workers are often the first point of delivery for these services.
- **The variety of young people's mental health needs and the settings within which support can and should be accessed are not properly recognised in current legislation/ regulation.** Social workers play a key role working directly and indirectly with children and young people's mental health services and more acknowledgment of this is needed in current legislation and regulation. Most children's social workers have knowledge and experience of supporting children/young people (and their families) with mental health and/or emotional wellbeing issues across the spectrum of need, working with children in a variety of settings including in schools, within foster placements, children's homes, children's centres, youth services, in hospital settings, education and other community settings.

Solution: Greater recognition and inclusion of the role(s) of social workers in meeting the mental health needs of children and young people. Clearly defining the role of the social worker as part of the government reforms and training and recruiting more social workers to work specifically in the field of mental health. Social workers need to be empowered to focus on child centred relationship-based social work which they are professionally trained to undertake.

- **There is an almost total lack of planning for specialist services to refer children and young people to.** Where needs are identified, especially for children and young people with more complex needs, there are limited statutory, voluntary and independent community services available for social workers to make referrals to or alternatively there are long waiting lists. The types of unmet needs include children and young people who have experienced harm and abuse, who are at risk of sexual exploitation, children with eating disorders, children and young people with self-harm/ suicidal tendencies, young people subject to immigration control, separated children seeking asylum, children in the secure services, children with disabilities and those who have experienced post trauma events. It is important to that note some of these children and young people will not be in mainstream schools.

- Signposting and working together has always been essential to social work practice and within health and social care, particularly in relation to safeguarding. We therefore work as part of a network of professionals and organisations and offer expertise, knowledge and skills when supporting children and young people with a range of complex needs. Social workers also recognise the unique contribution and expertise of other professionals, organisations, voluntary and community services and will often sign post and support children, young people and families to access appropriate skilled support.
- **Children subject to child sexual exploitation suffer from a lack of therapeutic support.** A troubling example of complex needs not being met is that of the many of the children who have been sexually abused who do not automatically receive therapeutic support due to a lack of resources and an acknowledged postcode lottery. Ongoing therapeutic support for these vulnerable children and young people is critical not just during child protection enquiries and criminal prosecutions. BASW feels very strongly that ongoing support should be the norm rather than the exception for all children who have suffered abuse and trauma.

Solution: The inclusion of Looked After Children at every stage of planning reforms, providing for their needs by including them as a core part of the new training programs and implementing the recommendations of the SCIE Expert Working Group on Improving Mental Health Support for Children in Care.

- **The disconnect between mental health services and social work interventions.** We are concerned that the response by health services to mental health issues in children is dominated by a medical model approach rather than giving equal consideration to the social and environmental factors that may be affecting a child's mental and emotional wellbeing. Multi-disciplinary working in mental health remains essential to our practice, however, the emphasis has largely been developed around a medical model for other organisations, seeing NHS CAMHS services as the only experts. Stepping out from this medical framework has been a challenge to practice.

Solution: Expand the remit of the planned mental health support teams to cover early years provision, schools, youth services and provide incentives for nursery staff and other health, education and social care representatives to undertake tailored mental health awareness training. This should be delivered against a backdrop of halting further closures to children's centres, youth services and conducting a joined-up audit of where provision is currently falling short.

- **Children and young people need consistent and reliable support, which is currently being undermined by pressures on services.** Interventions from community mental health services are likely to be short-term interventions. Social workers typically organise the long-term wrap-around support that vulnerable children need, coordinating their care and helping families to access help. Due to the short-term nature of both clinical and therapeutic help, young people will often see a variety of different professionals, requiring them to tell their story repeatedly, making them feel like they are starting from scratch with every new professional. This needs to be addressed in order to prevent children from being re-traumatised. Social workers also play an important role in advocating for children/young people and their families in various settings particularly where their needs are not being recognised and/or met and in the majority of cases where there is no formal diagnosis, they might be the only advocate.

Solution: Provide ring-fenced funding for local specialist services to ensure that a child/ young person can access a service at the right time in the right place. The existing postcode lottery is unsustainable and unfair.

- **There needs to be a joined-up approach to emotional well-being and mental health across childhood.** FOI data (Children and Young People Now, 2018) has highlighted that approximately 1000 children centres have closed in England, there are fewer preventative opportunities for professionals to identify early signs of poor mental health in young children. This is particularly important considering child poverty figures are rising and family financial stress has been shown to have a big impact on children and young people's mental health (Child Poverty Action Group, 2018). Nursery staff and other childcare providers are not systematically trained in mental health awareness so even where there are opportunities for children's support needs to be recognised, those signs might be missed.

Solution: Expand the remit of the planned mental health support teams to cover early years provision, providing incentives for nursery staff to undertake tailored mental health awareness training. This should be delivered against a backdrop of halting further closures to children's centres and conducting a joined-up audit of where provision is currently falling short.

- **The current postcode lottery that determines the availability of appropriate support for children and young people is unfair and must end.** BASW would urge a systematic approach to ensure therapeutic services are available to all children who need them particularly, children in the care system, children in secure units and children with disabilities. A robust equality impact assessment is needed to gauge the level of need locally so that there is adequate funding for services.

Key facts:

The 'Education Policy Institute report on access to children and young people's mental health services 2018' highlights:

- The number of referrals to specialist children's mental health services has increased by 26 per cent over the last five years.
- Rejection rates remain high: as many as one in four children (24.2 per cent) referred to specialist mental health services were rejected in 2017/18.
- The most common reason for referrals being rejected was that children's mental health conditions were not serious enough to meet the eligibility criteria for treatment.
- Most providers do not follow up with children who have been unable to access treatment. The outcomes for these children are often unknown.
- Many areas of the country lack sufficient alternative services for young people not accepted for treatment.
- Many children still face unacceptably long waiting times, and there are great disparities across the country.
- Significantly, current waiting times are far longer than the government's new standard of 4 weeks, set out in its green paper on children's mental health.
- There are many loopholes in the current system for reporting and disclosing data for CAMHS in England under Freedom of Information law, and many children's mental health providers have not provided basic information on access to services requested from them.
- Privatised service provision poses further barriers to transparency around publicly funded services, as independent providers are exempt from the Freedom of Information Act.
- There may also be a risk of 'gaming' of waiting time standards from some providers. There is a danger that thresholds for securing treatment are raised to meet new standards on waiting times – denying more children access to support.
- Broader, more consistent government accountability measures for reporting data on CAMHS are therefore urgently required, including clear definitions of who is eligible for treatment.

In the 'Transforming Children and Young People's Mental Health Services Green Paper' the Government acknowledges that Children & Adolescent Mental Health Services (CAMHS) are overburdened and current resources are insufficient – however this under-resourcing needs addressing urgently. There needs to be a clear spectrum of service provisions ranging from a low level of preventative and educational advice through professional intervention right up to specialist interventions which will only affect a tiny minority of children and young people. We welcome the introduction of the *Mental Health Support Teams* as part of that spectrum and as an attempt to reduce the burden further along but would encourage the Government to publish information on how their impact will be measured and outline the funding allocation.

For further information please contact:

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References

Children and Young People Now 2018 - <https://www.cypnow.co.uk/cyp/news/2005120/as-many-as-1-000-childrens-centres-now-closed-study-finds>

Child Poverty Action Group 2018 - <http://www.cpag.org.uk/content/child-poverty-facts-and-figures>

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