
Consultation Response

Transforming Children and Young People's Mental Health Services: A Green Paper

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 20,000 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 publication of the Green Paper: *Transforming Children and Young People's Mental Health Services*. As an association we have long pointed to deficiencies in the mental health system that let children, young people and their families down and hinder social workers from providing the high-quality support that they are trained to give. These deficiencies must partly be seen as a direct result of the Government's decision to reduce spending against ever increasing demand. Another key contributing factor to the deficiencies is the continued failure to establish a comprehensive system based on a clear hierarchy of need. Schools are a good place to start but cannot be where efforts end:

It is encouraging to see recognition by the Government that CAMHS is overburdened but the under-resourcing needs addressing urgently. There needs to be a clear spectrum of service 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 that impact will be measured.

From a social work perspective, and based on a survey of BASW England's membership, the Green Paper falls short in four key areas by failing to address the need for a holistic all-ages, full range of mental health health services:

- I. It barely mentions the role of the social worker in children and young people's mental health services or how social workers will fit into the new proposals.
- II. There is a noticeable lack of detail on planning for the specific needs of Looked After Children (LAC), many of whom will need support above and beyond the universal services described in the Green Paper's proposals.
- III. Early years mental health provision is not covered, despite a stated emphasis on early intervention and prevention. A holistic system, fit-for-purpose, would recognize the importance of preventative, educational services at an early age that would halt the escalation of a child's mental health along the spectrum of severity.
- IV. There is an almost total lack of planning for specialist services to refer children and young people to; particularly for those with more complex needs, including but not limited to children and young people subject to immigration control, separated children seeking asylum, children in the secure estate or children with disabilities. Some of these children and young people will not be in mainstream schools.

I. The Role of Social Workers in Children and Young People's Mental Health

Social workers, both in the statutory and voluntary sector, occupy many different roles within the child and adolescent mental health system. The work they do is varied and delivered within the statutory, private and voluntary sectors. The Green Paper gives readers very little idea of how the whole system works despite promising to *transform* child and adolescent mental health services, focusing instead on provision only in schools, without connecting this to current provision or linking it to community services or to the secure estate. As a result, the Green Paper barely mentions social workers, even though we are the coordinators, gatekeepers, practitioners and very often the point of delivery for these services.

We surveyed the BASW membership in England about their views on the Green Paper one respondent summed particularly well what many others were describing as the role of the social workers:

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 organizations and offer expertise, particularly where complex presentations are evident. Many professionals also recognize when they go beyond their own expertise in a particular situation or will point to other, more relevant services for families to access or assess conditions.¹

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 and other community settings.

Many social workers have specialist knowledge and skills such as: Cognitive Behavioural Therapy (CBT), motivational interviewing, counselling. These skills equip them to meet the emotional needs of children with more complex mental health problems. Other social workers will sometimes provide interim advice/support to children (and their families) who are on long waiting lists for clinical or 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 lottery². Children subject to child sexual exploitation suffer from a lack of available therapeutic support which is needed long after the abuse has taken place 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, yet this is not recognised within the proposals of the Green Paper.

Our respondents reported a 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 organizations, seeing NHS CAMHS

¹ BASW England Survey (2018)

² Care Quality Commission (2017)

*services as the only experts. Stepping out from this medical framework has been a challenge to practice.*³

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 over and over again, 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 clear-cut diagnosis, they might be the only advocate.

II. The needs of Looked After Children

Two-thirds of respondents to the BASW England survey work in either child protection or work with looked-after-children. Other respondents included Children & Adolescent Mental Health (CAMHS) social workers and social workers for children with disabilities.

90% of all respondents reported working with children who experience emotional and behavioural difficulties, 80% have worked with children who self-harm and well over half of all respondents had experience of working with children with depression, conduct disorders, serious mental illness, who have reported suicidal thoughts or who have attempted suicide. Many of these categories overlap with one another so social workers have a breadth of experience of working with children/young people (and their families) with a wide range of mental health and emotional wellbeing issues.

Social workers working with Looked After Children (LAC) formed one of the largest groups of to BASW's survey on the Green Paper. This cohort of over 70,000 children is not specifically referred to in the Green Paper, despite a recognised heightened need and higher instance of mental health difficulties than amongst the general population of children living with their families.

These children are very likely to have experienced multiple episodes of separation and loss; trauma (even whilst in the care system); abuse and/or neglect; rejection from peers and community. These children are also more likely to have: poor educational outcomes; criminal records; vulnerability to being trafficked and sexually exploited; reliance on alcohol and drugs; poor housing and input from adult mental health services when they leave care. It is therefore vital that Looked After Children, including care leavers, are given specific attention as part of the Green Paper's proposals going ahead.

Looked After Children often experience moves between schools or periods spent out of school. The Green Paper's focus on school-based provision risks denying help to children and young people who are, for a variety of reasons between mainstream schools or other educational settings, regardless of need. This point also applies to children and young people who have been excluded.

³ BASW England Survey (2018)

III. Early Years

The Green Paper does not recognise the importance of early help for children who might otherwise require more specialised and expensive support later. There is a clear need for universal, educational mental health support as well as more specialist training for professionals working in early years settings.

There is a lack of resources for low level and emerging mental health needs - educating young people about mental wellbeing and talking therapies rather than straight to CAMHS for diagnosis or to a GP for prescription medication.⁴

Cuts to community and children's centres such as Sure Start, FOI request tells us around 500 have been cut in England, mean that there are fewer opportunities for professionals to identify early signs of poor mental health in young children. This is particularly important considering child poverty figures rising as family financial stress has been shown to have a big impact on children and young people's mental health⁵. Nursery staff and other childcare providers are not systematically trained in mental health awareness or child development so even where there are opportunities for children's support needs to be recognised, those signs might be missed. The clear need is for a joined-up approach right across childhood.

Early intervention is needed to address issues of child abuse, neglect and other associated factors such as parental drug misuse, alcohol dependence, domestic violence and parental mental distress. All these factors have a direct bearing on children's mental health, especially when these issues are left unaddressed for long periods of time. The issues need to be acted upon at an early stage and appropriate support to be given to the child to cope with the situation they may be living with at home.⁶

Suggestions made by Eileen Munroe⁷ which included strengthening early years help including universal provision such as health visitors laid out a clear path to ensuring the recognition of mental health problems as part of the broader child protection system. BASW advises that these proposals are revisited considering the Green Paper to ensure that early years are not neglected.

IV. Specialist Services

The Children's Commissioner provided important analysis in October 2017 which pointed to vast differences between Clinical Commissioning groups and the amount of investment each makes in children and young people's mental health services⁸. This disparity and the likely impact it will have on the success of the Green Paper's proposals is not recognised by its authors.

Cuts have been made to mental health provision for children and young people that used to be in place. The lack of available specialists, such as educational psychologists in schools, is not addressed in the Green Paper, nor do the proposals therein make for an adequate replacement. As a result, even the most at-risk children with the most complex needs don't necessarily access timely and effective

⁴ BASW England Survey (2018)

⁵ Bywaters, Paul (2018)

⁶ BASW England Survey (2018)

⁷ Munroe, Eileen (2011)

⁸ Children's Commissioner (2017) 'Children's Voices: The Wellbeing of Children with Mental Health Needs in England'

mental health support. The access to specialist services, above and beyond what the new Mental Health Support Teams can realistically handle, is vital.

The emphasis should be on coordinating complexity through flexibility, having a range of approaches and a variety of options / providers or the same groups will continue to slip through the net: BAME, LGBT, young offenders, children of parents with mental health conditions etc.⁹

The children and young people in the secure estate and those who are separated from their families and seeking asylum are two specific groups of children in the state system whom are known to be at significantly higher risk of serious mental health problems and for whom therapeutic services are seriously under provided and resourced¹⁰.

BASW would urge a systematic approach to ending the postcode lottery to ensure therapeutic services are available to all children who need them particularly, children in the care system, children in the secure estate, children with disabilities. A robust impact assessment is needed to gauge the level of need locally so that there is adequate funding for services.

There is a serious shortfall in services provision that needs to be addressed; we are very good at assessing what is needed, but not that good at providing what is actually needed in terms of services to adequately address the problems and mental health needs of vulnerable children.¹¹

There is a correlation between social deprivation, child poverty and poor mental health. Provision therefore needs to be increased in communities where there is greatest need. BASW is developing an anti-poverty practice guide.

Conclusion and Recommendations

There are many challenges faced by social workers working with children and young people with mental health issues but only some of them will be solved by the proposals put forward in the Green Paper. These proposals seem to be aimed at a tier of children and young people with moderate-level need and good school engagement, taking no consideration of the complexity of long-term mental health problems and of their origin in a lack of universal early intervention.

The inaccessibility of community mental health (or early intervention services) to signpost/refer children/young and their families to is a problem that only ringfenced funding for Local Authorities and commissioners will solve. Without such services only the most at-risk children can access effective mental health support. Children who do not meet certain thresholds, despite social workers' identifying need and risks, are currently unable to access specialist services and this could be exacerbated by new waiting time targets.

From a workforce point of view, high caseloads of work make it difficult to schedule meetings with children and young people or provide the levels of support that children and their families need and deserve. Children's social workers feel frustrated that they can't undertake more direct work with children, working with them to better support their mental health needs. This is a problem of recruitment and retention in the social work sector, the high turnover of staff in local authority

⁹ BASW England Survey (2018)

¹⁰ Chase, E. (2017) 'Health and wellbeing' Becoming Adult Research Brief n.5, London: UCL

¹¹ BASW England Survey (2018)

children's social work teams needs to be addressed to contribute to a more effective response to meeting the mental health needs of children.

The Green Paper acknowledges that in certain areas the waiting list for CAMHS are untenably long. Because of pressures on CAMHS workers, there is a lack of cooperation from them with the child's social worker until proof of immediate significant risk can be provided, by which time the window for effectively helping that young person may have closed. CAMHS has been set up to fail by the cutbacks to the service which means they cannot effectively meet the current demands being made on them.

BASW is supportive of multi-disciplinary teams specifically tackling children's mental health and want them strengthened not reduced. In addition, there are difficulties with data sharing between professionals, particularly sharing information on a child/young person's mental health history, this makes it harder to plan and means the child or young person face further delays before appropriate intervention. This needs to be addressed before any implementation can begin.

The Government should use the opportunity of the Green Paper to comprehensively transform child and adolescent mental health services into a full spectrum, holistic system instead of developing a 'one size fits all' approach that is solely reliant on schools.

BASW recommends:

- Greater recognition and inclusion of the role(s) of the social worker in meeting the mental health needs of children and young people. Clearly defining the role of the social worker as part of the Green Paper and training and recruiting more social workers to work specifically in the new mental health support teams. Social workers need to be empowered to focus on child centred relationship-based social work which they are professionally trained to undertake.
- The inclusion of Looked After Children at every stage of the Green Paper process, providing for their needs as part of the new proposals by including their need 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.
- Expand the remit of the 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.
- Provide ring-fenced funding for local specialist services to ensure that once a mental health problem is identified, the services exist to refer that child or young person to. The existing postcode lottery is unsustainable and unfair.

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