



# **What can we do to help children and young people to develop good mental health and emotional well-being in the face of life's challenges?**

A report on the seminar series held jointly by:

**APPG on Child Protection**

**APPG on Penal Affairs**

**APPG for Children**

**APPG for Looked After Children and Care Leavers**

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Four All Party Parliamentary Groups (APPGs) came together in November 2014 to jointly host a seminar series on promoting the mental health and emotional well-being of children and young people. This report provides a summary of each of the four meetings, and concludes with a set of good practice principles, identified by the participating APPGs, to underpin the provision of mental health and well-being support for children and young people.

### **Seminar series meetings**

APPG on Child Protection (26 November): What can we do to protect the mental health and emotional well-being of children and young people in the face of **challenges online**?

APPG on Penal Affairs (9 December): What can we do to meet the multiple and complex needs of **young offenders**?

APPG for Children (12 January)\*: What can we do to help children and young people to develop good mental health and emotional well-being in the face of **challenges in school**?

APPG for Looked After Children and Care Leavers (21 January): What can we do to help young people to develop good mental health and emotional well-being in the face of the emotional and psychological challenges they face in their **transition to independence**?

*\*With support from the APPG on Learning Disability*

The APPGs chose this theme due to concerns about the prevalence of poor emotional and mental health among children and young people and the capacity of mental health and other services to meet their needs. The seminar series proved timely given the establishment of the Department of Health's Children and Young People's Mental Health and Well-being Taskforce in 2014 to improve the coordination and delivery of Child and Adolescent Mental Health Services (CAMHS).

The seminar series raised a number of key challenges for:

- **Relationships** – healthy attachments with adults provide stability for children and young people and offer them an outlet to share their emotions. Without specialist training, many teachers, social workers and other professionals are unable to fully support children's mental health needs, particularly at times of crisis.
- **Service provision** – too frequently children and young people experience a 'postcode lottery' in accessing services that support their mental health and emotional well-being. This is being exacerbated by a lack of service coordination.
- **Transitions** – children and young people's mental health and well-being is significantly affected by the degree to which they are supported during periods of change. The critical period is at age 16 to 18 when young people leave care or the responsibility for their support moves to adult services.



## **ALL PARTY PARLIAMENTARY GROUP ON CHILD PROTECTION**

**26<sup>th</sup> November 2014**

### ***What can we do to protect the mental health and emotional well-being of children and young people in the face of challenges online?***

**Chair: Meg Munn MP**

**Speakers: Ruth Ball**, Senior Policy Analyst, NSPCC

**Dr Zoe Hilton**, Head of Safeguarding and Child Protection, CEOP

**Professor Alisdair Gillespie**, Lancaster University

#### **Emotional exploitation online**

- The internet brings many benefits to young people, but it also presents a number of risks. Adolescents are naturally inexperienced, sensation seeking and risky, and have a tendency to explore sexual urges. Offenders manipulate young people's natural curiosity and emotional vulnerability, their natural impulsivity and naivety in a systematic way.
- Some of these offenders do it on an almost professional basis, and the number of victims or contact with children can be significant. This creates logistical complexities in dealing with the issue.
- A key part of the difficulty in dealing with emotional exploitation online is that many children do not recognise this as abuse. Instead, they feel they have just made a new friend online and may therefore share secrets or images freely.
- Information from Childline shows that emotional exploitation online has a devastating impact on children, particularly on their mental health and can lead to suicide and self-harm.
- During the seminar, the example of sexual blackmail was considered. This typically involves a perpetrator assuming a fake identity online, often pretending to be a child, targeting children to elicit information and images and using these to blackmail the victim.

#### **Education and prevention**

- There is a need for greater educative and preventative messaging to children and young people.
- Existing messages (such as "think before you post", "don't talk to strangers") no longer resonate with teenagers in the online world, where talking to strangers and taking risks online is often the norm. So we need to rethink the preventative messages we give to ensure they reflect the realities of modern teenage life and help build their resilience online.
- We need to consider how we can facilitate and empower young people to educate their peers about these issues too.

- Schools have a key role to play – there is concern that the significant focus on children’s academic outcomes means the welfare of children is not always at the forefront.
- Statutory Sex and Relationship Education (SRE), which focuses on what a healthy relationship looks like, could help – we need a strong message from SRE and Personal, Social, Health and Economic Education (PSHE) about what is not a healthy relationship and where to access support when feeling pressured.
- There is also a need to engage with all pupils in schools when an issue does arise so that support isn’t given just to the individual, but to their wider social network.

### **Role of parents**

- A key aspect of effective education and prevention is encouraging parents to have conversations with their children. Parents are often seeking out advice to help them do this and we need to make sure support is available for them as well as young people.
- Some parents are intimidated by the online world so are not having conversations with their children about it. However, parents need to understand that this is not about having greater technical skill but about utilising existing parenting skills, having dialogue with children about what they are doing online and ensuring they know where to go if they need help.

### **Role of technology in identifying and supporting young people online**

- There is an important role for technology to play in helping to identify children who are vulnerable or at risk online. Some of the more significant cases law enforcement agencies see are discovered not because children disclose but because service providers have flagged behaviour on their sites.
- Too often, the abuse has been ongoing for months and the victim has either been too scared or not known what to do – often leading to a massive psychological impact on the child victim.
- Some social networking providers try to identify patterns of chat, but this can be very complex because of the scale of activity taking place on such sites. However, more could be done to consider technological searching software (i.e. identifying keywords which suggest concerning behaviour and using technology to search for these on chat logs).

### **Services and support for victims**

- There is a need for better and more easily accessible support services for young people - including online services such as cyber mentors and online counselling. These have reduced following the closure of Beat Bullying. There is currently a lack of support available in the form children want.

### **Effectiveness of legislation**

- In examining the example of sexual blackmail during the seminar, consideration was given to whether existing legislation is able to keep up with technology and adequately protect children online.
- In the case of sexual blackmail, legislation is quite old and may not therefore cover the act properly, or trigger the right sex offenders registration. If the law doesn’t reflect the offence properly, then sentencing is often not effective.



**ALL PARTY PARLIAMENTARY GROUP ON PENAL AFFAIRS**  
**9<sup>th</sup> December 2014**

**What can we do to promote good mental health and emotional well-being  
among young offenders?**

**Chair:** Rt Hon Dominic Grieve QC MP

**Speakers:** Dr Rachael Pickering, Co-Chair of the Forensic Medicine Committee,  
British Medical Association

**Thirza Smith**, Centre Manager for Clayfields House Secure Children's  
Home, Nottingham, and Deputy Chair of the Secure Accommodation  
Network.

**Thirza Smith** said that she had been working in secure children's homes for 14 years. Over that period she had witnessed a fundamental change in the young people she worked with. Their needs were more complex and multi-layered with many having experienced multiple traumas: bereavement, rape, neglect, emotional abuse. They had also experienced higher rates of mental health and special educational needs. She said she had also seen increasing numbers of young people who had been out of school long-term, from primary school age.

Thirza said that meeting the needs of difficult complex young people required an expert child-centred holistic service. The key factors in this approach are:

- A thorough assessment of needs including health, mental health, substance misuse, special education, care, and training.
- High quality mental health interventions, available on-site five days a week.
- Outstanding education which is accessible, appropriate, bespoke to each pupil.
- Expert teachers who are qualified and experienced in working with difficult young people.
- Meaningful exams and training qualifications.
- High quality offending behaviour work, to address that offending and the associated risk factors.
- A range of different therapies – drama therapy, art therapy, CAT therapy, EMDR therapy, and counselling, with a substance misuse worker on site five days week.
- High quality care and high staffing ratios, using qualified experienced staff.
- Advocating for the individuals to get their needs met on release, in terms of accommodation, jobs and support, and odd things like specialist equipment to meet their individual needs – needs like dyslexia

Thirza said that over the summer 16 young people at her establishment had taken 39 GCSEs, all graded, with 23 passes from grades A-C. Given that these young people have been out of education for such a long time, this is a real achievement. One of those young people who got two grade Cs and an A was only 13. Over the past year Clayfields had a reoffending rate of 18%. This compares to a national reoffending rate of around

68%. (Thirza noted that 18% represents four young people who have reoffended by breaching their licenses by not attending an appointment. That is not to excuse them, but breach is of less gravity than a further offence.)

One young man described the difference between being at a secure children's home and a young offenders institution: 'I feel safe here. I can relax, and I can be myself. I am not constantly having to be top dog. I feel protected, and I don't have to guard myself any more'.

**Dr Rachael Pickering** said that doctors have a key role in protecting and promoting the rights and wellbeing of children and young people both before, during and after their time in detention. The British Medical Association had recently published a report titled *Young lives behind bars: The health and human rights of children and young people detained in the criminal justice system*. The key lessons of the report are as follows:

First, children are not simply 'prisoners' – they are among the most vulnerable patients within our society. They have complex physical, emotional, psychiatric and spiritual needs. Reliable early identification, roomy consultation times, superb clinical skills, child-friendly manners, fool-proof continuity of care and bespoke specialist services are all required – yet very frequently are lacking.

Second, the demands of custodial settings can undermine the fundamental rights of children and young people. Although forensic physicians and secure environment GPs do have some obligations to the criminal justice system within which they work, Dr Pickering said that she still met colleagues who seem to have forgotten that their primary role remains that of patient advocate – protecting and promoting the rights of children and young people and the vulnerable adults that they inevitably become during their sentences.

Third, secure environment clinicians need to be at least the equal of their community counterparts and need to be properly supported and trained to provide excellent holistic, non-judgmental care. Dr Pickering said that too many times within secure environments she had seen poorly run services with sparse, demoralised staff who desperately wanted, but never received, appropriate training. Secure environment medicine needs to be seen to be an attractive option for highly-skilled clinicians to work in long-term. At the moment, this isn't the case.

Fourth, despite being in the era of the Health and Social Care Act, which is meant to achieve high quality care through competitive tendering, commissioning and monitoring arrangements are often not up to the task. Dr Pickering said it was all too easy to 'write a good bid' that promises lots of experienced clinicians and amazing high standards. But once a bidder wins that tender, they need to be held to account with regard to their promised superior staff, their pledged amazing clinical standards, and their visions of robust governance arrangements. And this is a particular challenge because these glossier aspects of a bid are harder to measure and monitor than, say, how many drug addicts are put through a methadone programme.



## ALL PARTY PARLIAMENTARY GROUP FOR CHILDREN

12<sup>th</sup> January 2015

### ***What can we do to help children and young people to develop good mental health and emotional well-being in the face of challenges in school?***

**Chair:**           **Baroness Massey of Darwen**

**Speakers:** **Lucie Russell**, accompanied by young activists - Young Minds  
**Katie Ellis** – young ambassador for Mencap  
**John Fowler** and **Dr Sam Frankel** - Co-Directors of Centre of Excellence for Social Learning, accompanied by teachers and pupils from Wormley Primary School  
**Professor Colleen McLaughlin** - University of Sussex  
**Professor James Arthur** - Jubilee Centre for Character and Virtues

*The invited speakers presented their personal experiences, views, knowledge and expertise on the seminar theme. The ideas expressed included:*

#### **The challenges children and young people face in school**

- Schools can cause distress for some children and young people. The complexity of young people's lives is underestimated. Our young people have been shown to feel more pressure than their European counterparts.
- Focusing on performance challenges children's emotional wellbeing, leaving them unable to make the most of their learning. There are children facing these challenges in every school.
- Mental health is not spoken about in schools and schools are not quick enough to recognise mental health problems.
- Young people are subjected to rigorous measurements in school. There is too much focus on 'what you should do' which stops young people thinking about 'what I could become'.

#### **The role of schools in developing good mental health and emotional well-being**

- Education shouldn't be purely academic. Student wellbeing is as important as academic achievement and must be integrated into every part of learning – everything matters.
- A whole school approaches towards mental health and wellbeing is needed. Mental health should be embedded in all schools for all pupils.
- PSHE, including mental health, should be compulsory.
- Schools' relationships with CAMHS needs to improve and teachers needed more support

- Students should be taught how to manage stress and pressure both at school and in the adult world.
- Transitions between phases needs careful management. Support following transition needs to stretch beyond the first year in a new school for some students.

### **Importance of relationships in schools**

- Relationships between peers and with teachers are important.
- Evidence shows that pupils who are attached to teachers engage in less risky behaviour and that if young people are attached to at least one friend and one teacher their criminality deteriorates.
- When young people belong to a school it becomes a deeply formative experience. When young people feel they belong in a school, and perceive they are supported, they learn better.

### **Training for staff in schools**

- Everyone has an obligation to promote the wellbeing of young people.
- All Initial Teacher Training courses should include training in child development.
- Training is needed for all school staff so that they know how best to support students, particularly as the number of students needing support has increased.
- Each school should have a mental health first aid worker.
- There is a current focus on character education across the political parties – it is the fifth aim for education in Nicky Morgan’s strategy, with the introduction of Character Awards as part of a £5 million Character Innovation Fund to support the development of character in schools; and Shadow Education Secretary Tristram Hunt has called for primary teachers to be trained in character education and for all schools to embed character education and resilience across the curriculum.
- Parents are still the first educators and have a role to play.





## ALL PARTY PARLIAMENTARY GROUP FOR LOOKED AFTER CHILDREN

21<sup>st</sup> January 2015

***What can we do to help young people to develop good mental health and emotional well-being in the face of the emotional and psychological challenges they face in their transition to independence?***

**Chair:** **Craig Whittaker MP**, Chair of the APPG for Looked After Children and Care Leavers

**Panel:** **Dr Maggie Atkinson**, Children's Commissioner for England  
**Naomi Gilchrist**, care experienced young person, National Youth Advocacy Service  
**Cathy Gleeson**, Independent Mental Health Advocate, National Youth Advocacy Service  
**Frank Lowe**, Psychoanalytic Psychotherapist and the Head of Social Work, Specialist Adolescent and Adults Mental Health Services at the Tavistock and Portman NHS Foundation Trust  
**Professor Mike Stein**, Research Professor, University of York

### **Key themes:**

#### **i. Stability and availability**

Mike Stein said young people must be settled and not constantly moved around; they should be able to stay with their carers until they are ready to leave; and should be supported to set up home. Frank agreed, adding that secure attachments were essential to ensure positive outcomes for care leavers. Arrangements needed to be made to ensure young people have the support they need. Mental health services have far too high thresholds for referrals and young people often need to be severely ill to get access to support. Mental health services need to be supported and monitored. He said professionals, particularly personal advisors, need training on mental health and emotional wellbeing.

Naomi Gilchrist said care is nothing like Tracy Beaker and said often when young people are transitioning to independence they are also transitioning in many other ways. She said it can make care leavers feel isolated and abandoned and it's therefore important to have a key person that stays the same who you can turn to. Information between services needs to be shared and staff need to be more available to young people when they need them. She also talked about how many young people have attachment disorders so it is important for them to have secure attachments, a stable base and someone to turn to for support.

She said she'd had a leak in her roof and didn't know who to turn to which had made her feel isolated and abandoned. Naomi said trying to get hold of someone for even the most basic needs can be exhausting for young people and often there is a two to three year waiting list for access to support such as talking therapies. Services vary by local authority so the support you receive is often a postcode lottery. Naomi said she was very

lucky as her CAMHS worker was consistently there for her. Young people spoke of the difficulties of being moved during their teenage years and not having staff available, including examples of support workers never visiting, children's services not being available in the evening, and being told to contact the police in a crisis. Maggie said young people should always have someone to call and this should not just be one person but a whole team of people. One young person suggested a drop-in centre for children in care and care leavers.

#### **ii. Staff training**

Maggie Atkinson said training about care and mental health should extend beyond personal advisors (PAs), to teachers, youth workers, police officers and the whole community. Young people need to be supported by adults. This was echoed by other members of the panel, with Frank saying that support from personal advisors is absolutely critical, however many professionals have not had any kind of training around the emotional and mental health needs of the young people they support. There were comments from the floor saying that there needed to be recognition of the importance of the PA role.

#### **iii. A 'clinical gap'**

There was a discussion on the transition of young people from children's services to adult services, with the panel talking about a 'clinical gap' between leaving children's services and entering adult services. It was agreed that many young people fall through this gap, usually when they are coping with major changes. Young people recounted their experiences of needing to access services between the ages of 17 and 18, with examples being given of seeking help at 18 but being treated as 30 or 40 years old by medical professionals and being told that they were too old for children's services. One young person spoke of attempting suicide at 17½ and not being allowed to stay on an adult hospital ward as she was deemed too young but was also turned away from the children's ward for being too old. The young person said that they had to sleep at a police station while social services requested an assessment. There was a comment about how adult mental health services had significantly more spent on it than CAMHS.

There was a discussion on setting up mental health services specifically for young people between the age of 16 -25. The majority of the room agreed there should be a service in place specifically for 16-25 year olds, however one young person said that there was too much focus on age and asked what support there was for care leavers over 25. Mike said services should not be reduced to an age as the legacy of care can last a lifetime and he said this needs to be addressed, and support needs to be available over a lifetime. Naomi suggested a 16+ service but stressed the importance of services being statutory, available nationwide and not fragmented.

#### **iv. Empower and listen to young people**

Cathy Gleeson highlighted the importance of empowering and listening to young people so professionals understand the issues and work alongside young people to ensure that they get the services they need. A number of young people agreed that they often asked for things and were ignored or not taken seriously, including requests for help with mental health issues. Panel members emphasised the importance of advocacy and ensuring young people know about their rights and entitlements, including to advocacy.



## CONCLUSION

This seminar series has demonstrated a commitment, shared by the children's sector and parliamentarians alike, to improving children and young people's access to high quality and age-appropriate mental health and emotional well-being support. In March 2015, a taskforce led by the Department of Health, published a vision for improving the coordination and delivery of mental health services for children and young people.<sup>1</sup> The findings and recommendations outlined in the taskforce's report echo many of the key messages arising from the seminar series.

Drawing upon the evidence and examples of good practice presented during the seminar series, participating APPGs have identified the following principles, which should underpin the provision of mental health and well-being support for children and young people:

- An holistic approach should be taken by practitioners, with mental health needs addressed within the wider context of a child's life;
- All professionals working with children and young people should receive specialist child and adolescent mental health training so that they have the skills and confidence to listen to children and young people and be able to assess and respond to their needs;
- Children and young people should be supported to develop healthy relationships with parents, carers, professionals and other children, which can provide stability and an outlet to share experiences and emotions;
- The coordination and integration of services should be strengthened so that they better meet the needs of children and young people, with a focus on early identification. Key interfaces are schools, CAMHS, GPs, local authority children's services, including leaving care teams, and youth justice services.
- Commissioners of mental health services should consult with children and young people and this should inform the development and delivery of services;
- Children and young people should be given access to age-appropriate services, with a particular emphasis placed on supporting young people during their transition into adulthood and recognising that mental health issues do not stop at the age that children transition to adult services;
- Children should be informed of their rights to independent mental health advocates and where children are looked after or care leavers, their rights to advocacy to access services;
- Children and young people should be given access to reliable and age-appropriate online and offline information and support, which is available in a range of formats;
- Parents, carers, and other professionals who work with children and young people should be informed about where they can access information and resources to support children and young people's mental health and well-being;

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<sup>1</sup> Department of Health (2015) Future in mind: promoting, protecting and improving our children and young people's mental health and wellbeing

- Personal, Health, Social and Economic education (PSHE) should promote the mental health and emotional well-being of children and young people, and support them to develop character and resilience.