Written evidence from the Children’s Rights Alliance for England (CRAE)

CRAE welcomes the opportunity to provide a written submission to the Health and Education Select Committees’ joint inquiry on Transforming children and young people’s mental health provision. This submission responds to the scope and implementation of the proposals outlined in the Government’s Green Paper, published in December 2017.

The Children’s Rights Alliance for England (CRAE) works with 150 organisations and individual members to promote children’s rights, making us one of the biggest children’s rights coalitions in the world.

We believe that human rights are a powerful tool in making life better for children. We fight for children’s rights by listening to what they say, carrying out research to understand what children are going through and using the law to challenge those who violate children’s rights. We campaign for the people in power to change things for children. And we empower children and those who care about children to push for the changes that they want to see.

CRAE believes that the scope and implementation of the proposals outlined in the Green Paper could be strengthened in five areas:

No reference to the UN Convention on the Rights of the Child (UN CRC):

The UN Committee on the Rights of the Child (the UN Committee) published its report on the UK’s implementation of the UN CRC in June 20161. The Concluding Observations by the UN Committee included specific recommendations on the need for the UK to strengthen and improve provision of mental health services for children and young people. Concerns raised by the Committee included the lack of sufficient mental health services for children and young people, insufficient levels of therapeutic community-based and age-appropriate services, and the need to pay particular attention to children at greater risk, including children living in poverty, children in care and children in contact with the criminal justice system.

The Green Paper makes no references to the UN CRC or to the UN Committee’s recommendations in this area. This is concerning as the UK Government is obliged to make clear how it plans to address the recommendations made by the Committee. The UK has been a signatory to the UN CRC since 1991 and we believe that taking account of the Convention in all areas that affect children is necessary in order to improve policy and practice affecting children’s lives. Key provisions of the UN CRC- such as Article 3 on considering a child’s best interests, Article 12 on listening to children and taking their views into account, Article 2 on non-discrimination and Article 19 on protection from all forms of violence - are essential in any measures designed to improve the provision of mental health services for children and young people.

Children’s participation in processes and decisions which affect their lives is a fundamental principle of the UN CRC. We welcome the Green Paper’s acknowledgement of the importance of involving children and young people in decisions about their care and support services available to them, but the Paper does not include any significant detail on how this will be carried out. We would like to draw attention to the UN Committee’s General Comment on participation as an essential reference and guide.

- The Government must set out how it will act on the UN Committee’s recommendations on improving mental health provision for children and young people, in both school settings and in other areas of service provision.

- All measures to improve the provision of mental health services for children and young people must be based on, and consistent with, the UN CRC.

- We recommend the inclusion of training on children’s rights as part of the proposed professional training for those working on mental health for children and young people, including children’s rights education in schools, for both pupils and teachers/staff. This would help to ensure that efforts to improve mental health support and services are consistent with the principles and standards of the UNCRC. Building a culture of human rights in schools can also contribute to fostering attitudes and behaviours among students and staff which support mental health and wellbeing. This could also be an incentive for schools to strive to be centres of excellence for children’s rights and wellbeing.

- We recommend that the lead for children’s participation in the Department for Education’s Children’s Rights, Programme and Strategy Team is involved in any processes to involve children and young people as the Green Paper’s proposals are taken forward

Need for increased investment in mental health services for children and young people:

Evidence shows that demand for child and adolescent mental health services is increasing and that additional investments in Children and Adolescent Mental Health Services (CAMHS) does not always reach frontline services (eg many Clinical Commissioning Groups have used additional resources to fund other priorities). Waiting times and access to CAMHS continue to be a lottery and there is insufficient availability of crisis care for suicidal children and those with severe mental health issues. There is a continuing lack of specialist inpatient mental health provision, with seven out of ten children with severe mental health issues admitted to hospitals outside their local area in 2016-17 – an increase from 57% the previous year\(^2\).

The Green Paper’s focus on strengthening the capacity of schools to identify and intervene early in mental health problems is welcome. Early mental health intervention in schools is crucial, and is also much cheaper to deliver. However, a real transformation of children’s and adolescents’ mental health cannot happen without addressing the current shortage of CAMHS services and professionals and increasing capacity and investment. The Green Paper fails to adequately recognize the need for effective and well-resourced specialist mental health services that children and young people can be referred to.

- The Government must consider providing additional and sustained funding for CAMHS. The £1.4 billion investment pledged in 2015 must also be ring-fenced so it goes to CAMHS and is not diverted to other purposes. If the proposed Mental Health Support Teams are supposed

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to have a dual function of early detection and intervention on the one hand, and referral on the other, the specialist services that can deal with the mental health needs of children and young people need sufficient investment in order to be responsive and effective.

More recognition of, and action on, the underlying determinants of mental health:

Children living in poverty are more likely to be depressed, suggesting that their mental health is affected by factors such as family income and insecure or inadequate housing. Evidence shows that rising levels of homelessness of children with families, and extended periods in temporary accommodation and in inadequate, unsafe and insecure housing, has a detrimental impact on children’s health and wellbeing, including their mental health. In one study, two thirds of parents felt that their children’s emotional and mental health had been badly affected by their housing situation.

The current proposals in the Green Paper do little to respond to the impacts of poverty, insecurity, low wages, food poverty and the lack of adequate secure housing for families with children, and the impact that these factors have on the mental health of children and young people. As such, the scope of the proposals is limited and insufficient to address the needs of the most disadvantaged children and young people.

The role of mental health issues in school exclusions and in the use of restraint

We welcome the commitment, in the Green Paper, to consider the recommendations of the Department for Education’s external review of school exclusions and the experience of groups of children and young people who are disproportionately affected by exclusions. We are concerned that school exclusion is also increasingly affecting very young children. While there is no systematic collection and publication of data on the use of restraint on children and young people with mental health difficulties, we know that face-down restraint (one of the most dangerous forms of restraint) is used on children in inpatient care, despite calls from the UN Committee to abolish the practice. Such practices are frightening, humiliating and can be fatal. The use of restraint in ‘special schools’ is also of particular concern.

The outcome of the Green Paper consultation process must also considers the ways in which mental health issues can be both a cause and a consequence of school exclusion.

The upcoming independent review on school exclusions should also considers the mental health issues associated with exclusion. The review body would benefit from including a representative with expertise in children’s and young people’s mental health.

The proposals must also include measures to ensure that schools’ and colleges’ own policies and procedures do not exacerbate mental health issues faced by children and young people, through practices which are contrary to children’s rights and best interests, eg the use of seclusion and exclusion (including of very young children).

An independent review of the use of restraint on children and young people with mental health difficulties, and the impacts on children’s rights, is urgently needed, followed by

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implementation of recommendations through statutory guidance.

Vulnerable children and young people and those with complex needs

The Green Paper acknowledges the particular needs of vulnerable children such as children in care or leaving care and those with learning and other disabilities. However, it does not explicitly reference the needs of groups of children, such as refugees and asylum seeking children and children living in poverty, and the multiple forms of disadvantage which they may face.

➢ Further attention and proposals are needed to address the needs of children with complex needs, including mental health needs, and who may need very specialised and ongoing care. This includes children with learning disabilities (who may also have mental health needs that may be overlooked) and refugees and asylum seeking children.

March 2018