

Mind over Matter follow-up: session with parents and carers

Note of discussion

Held Wednesday 11 March 2020 (11:15-12:30)

The Committee's report on the emotional and mental health of children and young people (Mind over Matter) was published in April 2018. The Committee has been undertaking follow-up work to establish what progress has been made in implementing the recommendations set out in the report.

To inform this work, the Committee invited parents and carers to share their views on progress at a roundtable session on 11 March 2020.

The participants, who are members of the Parents Voices in Wales community interest group, shared insights based on their own lived experience and on the wider activity of the group. Participants were asked to rate progress in key areas as Red, Amber or Green (RAG), and identify what further improvements are needed.

The RAG rating was defined as the following:

- **Red** – not good enough and needs to be addressed as a matter of urgency
- **Amber** – some progress has been made but more needs to be done in the longer term
- **Green** – there are no major issues here at the moment



Whole-school approach

Participants began the discussion by sharing key findings from a survey of schools carried out by the Parents Voices in Wales group. A total of 24 schools responded to the survey, from 10 local authority areas:

- Only 16% of respondents said they had read and understood the Mind over Matter report. 25% had some level of familiarity with it. 58% were not familiar with the report.
- 87.5% of schools considered the mental health and wellbeing of pupils a priority in their learning.
- 75% considered that the mental health and wellbeing of staff is as important as that of pupils.
- None of the schools who responded had any in-house provision of primary mental health or CAMHS services.

One of the key points highlighted by participants was the **stark difference they observed between the primary and secondary school environments**. They reported primary schools, in general, having a very nurturing ethos. Secondaries, they felt, are culturally very different and there's a much greater focus on pupils' performance, target grades etc. A child will have many teachers when they move to secondary school, as opposed to one teacher in their primary school class. There was a sense that wellbeing is something that pupils are taught about in secondary school, rather than it being part of the environment/culture of the school.

Participants acknowledged that the **transition from primary to secondary school** could be a very unsettling time for children. It was noted that schools do run transition days for Year 6 pupils in the summer term, but there were concerns that some schools are no longer doing this (which they thought may be due to funding issues).

It was reported that there is greater **promotion of mental health and wellbeing** in primary schools than in secondary schools. However, while primaries do have this 'preventative' focus, participants believed they are less equipped to respond with **interventions** when children do have needs for support. In contrast, it was felt that secondary schools do less to promote wellbeing, but are more able to intervene when issues arise.

Some examples of support programmes in schools were highlighted, but the point was made that unless a school provides a **trusting environment for a child/young person**, it doesn't matter how good the programmes are. The child/young person must feel able to engage with these kind of interventions. Participants felt that primary schools are better at getting children to engage, and their nurturing environment is likely to be a key factor here.

'**Communication**' was another strong theme arising from the discussion. Participants highlighted the importance of parents/carers communicating with the school and informing them that their child may be struggling and in need of support – school staff may not spot this otherwise. In participants' experience, unless attendance becomes an issue, schools don't communicate with parents/carers about the wellbeing of a child. Parents evenings for example, particularly in secondary school, don't seem to include any focus on wellbeing.

Issues related to **staffing** were also highlighted. Participants reported that, in many secondary schools, wellbeing support is a role given to particular staff members/teams. However, it was pointed out that the member of staff in that role won't necessarily be the person an individual pupil feels most comfortable with.

Training was felt to be key. This isn't just for staff in a pastoral role, but must cover everyone who has contact with schoolchildren – the 'whole school' – including for example the midday supervisor and the receptionist.

It was suggested that what's missing is an **overarching framework and a clear 'vision'**, so that schools and staff have a good understanding of what they're trying to achieve. Participants acknowledged that some staff may be fearful about what's expected of them, for example that they will have to play a therapist's role. While this isn't the expectation, it was emphasised that staff will still need to be given time and space to undertake any required training and development.

The point was also made that any **staff cuts**, for example the loss of teaching assistant posts, will have an impact – less staff means there's less chance of spotting the child who needs help.

It was noted that a **headteacher's own views** will set the culture and determine the approach a school takes to supporting mental health and wellbeing.

RAG rating for whole-school approach: In light of their discussion, participants chose to apply a separate RAG rating for primary and for secondary schools as follows: primary schools – **amber**, secondary schools – **red**.

Missing middle

Much of the discussion focused on the support in schools for children falling into the missing middle category.

According to the Parents Voices in Wales survey (referred to earlier), none of the schools responding had primary mental health or CAMHS clinics within schools, although participants were aware that this was in the pipeline for some schools.

Participants reported that:

- there are a **range of school-based support programmes** run by the third sector.
- generally, there is a **lack of clarity about the criteria** for accessing mental health support services in schools, and **limited spaces are available**.

Participants therefore questioned how effectively these services are able to meet the needs of the missing middle, and whether children and young people are able to access services at an early enough stage.

While the third sector are keen for their programmes to be embedded in schools, participants felt that schools' "**preoccupation**" with **academic performance and attendance** remains a barrier to the further development/rolling out of school-based support programmes.

This **focus on attendance** was also perceived to dominate schools' conversations with a young person who is experiencing difficulties. Participants felt that this is unhelpful as, if the young person perceives that the school is only concerned about when they'll be back in school, it is likely they will feel less able or willing to engage.

Again, those participating emphasised that **trust is key** and that any support promised must actually be delivered. They felt that 'broken promises' have a significant negative impact on a young person's feelings of self-worth and can compound the issues they're struggling with.

It was noted that some schools do an annual **survey of pupils' wellbeing** but this isn't done consistently. Pupils themselves may be unaware of the outcomes of this kind of activity so these can tend to be seen as a tick box exercise.

Participants suggested that schools need to do more to **communicate with parents and carers** about the interventions/programmes which are available to their children in school (and outside school). They felt that **improved signposting** is

needed. Participants reported that parents aren't aware that schools might be able to provide support, and are more likely to approach their GP. In their experience, GPs often then refer to primary mental health support services, which aren't always the most appropriate to meet a young person's needs, particularly if they have to wait to access these.

On a further point about communication, it was suggested that there should be **ways for parents/carers to raise an issue**, for example about a school's handling of an individual's situation, without going through a formal complaints process.

It was noted that the **upskilling of school nurses** (as recommended by the RCN) to better support the emotional wellbeing of children and young people hasn't happened. School nursing, therefore, is a resource that they felt isn't being maximised, and which could play a greater role in meeting the needs of the missing middle.

Overall, it was felt that there are pockets of good practice in schools, but it's a very mixed picture and the **extent of the support available in a school depends largely on its leadership**. Participants were not confident that this agenda will move forward unless mental health and wellbeing in schools is measured as part of school's overall performance. There's a risk it will simply be seen as an 'add-on' in schools.

Participants noted that young people who aren't attending school can't benefit from school-based support programmes, and highlighted the **valuable role of youth workers in bridging the gap** between home and school. It was emphasised that, if properly resourced, the youth service may present the single most important opportunity to "catch these kids before they fall" and address the gap in provision for the missing middle.

The benefits of 'therapeutic parenting' were also discussed¹. This approach is suitable for use with any child, and examples were given of how this has particularly benefited looked-after children. Training in therapeutic parenting may benefit foster carers, adopters, teaching staff and parents-to-be.

RAG rating for missing middle: red/amber

¹ Therapeutic parenting is a highly nurturing, structured parenting approach, based on empathy.

Crisis care

Not all participants had direct experience of crisis care services, but through its wider work the group was able to share information about how parents tried to access help when in a crisis situation. Parents reported approaching **third sector organisations** (for example Papyrus) when in need of urgent help; people also went to their **GP** or presented at **A&E**. Parents reported being much less likely to contact the police or a crisis team.

It was felt that the **police** could be a “great force for good” with examples of good practice shared, but participants felt there’s a significant training need. They described examples of police using unhelpful language when responding to a young person in crisis, and treating the young person concerned as though they’d been ‘naughty’ and ‘causing trouble’. They felt that this again does little to encourage trust and a young person’s ability to engage with the help offered.

There was also concern that in cases where a young person is seen by a crisis team but is unable, at that time, to engage, they may be **off-listed**. They reported a **lack of follow up**, and therefore no subsequent assessment of how at risk that young person may be. Participants felt that we’re still a long way off “holding someone safely” within a system that’s difficult to navigate, and where young people may not fit specific criteria.

The A&E environment was discussed. Participants reported a **“stark difference” between paediatric and adult emergency departments** in terms of both the environment and the response from healthcare staff. (Young people age 16+ attend adult A&E departments). Adult A&E was described as an “incredibly stressful” environment for a young person in acute distress. Participants reported a lack of empathy from hospital staff, and a much more judgmental response than that experienced in children’s A&E departments.

As a positive example, the development of a separate, safe space for young people in mental health crisis at the Noah’s Ark Children’s Hospital for Wales was welcomed.

RAG rating for crisis care: **red**

Transitions

The transition from child to adult mental health services at age 18 was described as a “**cliff-edge**”, and “terrifying” for the young person concerned. Participants’ experiences suggested that there is **no continuity** for the young person, and it was felt that struggling young people are abandoned at this point. They reported the same issues applying to care-leavers.

Participants felt that the way the system is structured fails to recognise that, developmentally, a young person’s brain is no different at age 18 than at age 17 and three quarters.

Concerns were raised about the **adequacy of staffing levels** in mental health services, and the importance of a young person having constant support from a professional who they **trusted**, and who they felt understood them, was emphasised.

There was also a feeling that once young people are past compulsory school age, no-one is interested in them anymore. “They’re not in education so therefore we can forget about them”.

Participants felt that young people at age 18 should be able to choose whether to continue to access CAMHS or whether to move to adult mental health services.

RAG rating for transitions: It was felt that it was difficult to apply a RAG rating to this area, as it’s on health boards’ agendas but no changes have been implemented. Participants did however agree a RAG rating of **amber/red**.

Inpatient services

Again, not all participants had lived experience in this area.

There were, however, significant concerns about **staffing levels**, and it was felt that the focus going forward has to be on resources and ensuring CAMHS inpatient services are staffed appropriately. Participants stated that this isn’t just a question of numbers, it also relates to **skill-mix**. There was concern that staff had been lost to community teams and inpatient settings were becoming more of a risk.

There was also concern about the number of children who are being cared for in specialist inpatient settings **outside of Wales**.

It was emphasised that failing to provide the care needed doesn’t just affect the individual concerned and their family, but can have a much wider impact in terms

of their **lost potential and contribution to society**. “These are our citizens of the future (...). This is Wales, and we should have that sense of we can do better for them”.

RAG rating for inpatient services: Not all participants felt they had sufficient knowledge of this area to apply a RAG rating. Two participants gave an **amber** rating.

Key recommendation

Participants discussed the Committee’s key recommendation – that the emotional/mental wellbeing of children and young people should be a stated, national priority.

There was agreement that **progress is being made**. Participants felt:

- there is a will to make the necessary improvements, but not yet all the tools;
- more training is needed;
- the new curriculum could be key to driving this agenda forward in schools;
- there has been a step-change in the level of discussion about children and young people’s emotional and mental wellbeing, and moves towards a more joined-up approach between health and education.

Participants believed that there is, however, a significant group of young people who are being let down. This includes looked after and adopted children, and also those under special guardianship orders and kinship care. It was noted that these last two were not specifically considered in the Committee’s original Mind over Matter report. It was felt that all children going into care need support, as these children will have experienced trauma

RAG rating for key recommendation: **amber**

Due to time constraints it was not possible to discuss themes relating to vulnerable children and psychological therapies. The intention had been to gather views in writing however, in response to public health guidance relating to the Covid-19 pandemic, committee business was paused in March 2020.