HOUSE OF COMMONS

Education Committee

Health Committee

Oral evidence: Children and young people's mental health—the role of education, HC 849

Wednesday 29 March 2017

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Watch the meeting

Members present:

Education Committee: Neil Carmichael (Chair); Michelle Donelan; Suella Fernandes; Catherine McKinnell; Ian Mearns; William Wragg.

Health Committee: Dr Sarah Wollaston; Heidi Alexander; Dr James Davies; Andrew Selous; Maggie Throup; Helen Whately; Dr Philippa Whitford.

Questions 59 - 132

Witnesses

I: **Natasha Devon MBE**, Founder, Self-Esteem Team; **Baroness Tyler of Enfield**, Chair of the Values-Based Child and Adolescent Mental Health System Commission; **Dr Peter Hindley**, Consultant child and adolescent psychiatrist in paediatric liaison, St Thomas' Hospital, London; and **Professor Lord Layard**, Director, Well-Being Programme, Centre for Economic Performance, London School of Economics.

II: **Edward Timpson MP**, Minister of State for Vulnerable Children and Families; **Nicola Blackwood MP**, Parliamentary Under-Secretary of State at the Department of Health; and **Karen Turner**, Director of Mental Health, NHS England.

Written evidence from witnesses:

- Baroness Tyler of Enfield
- Department for Education and the Department of Health

Examination of witnesses

Witnesses: Natasha Devon, Baroness Tyler, Dr Peter Hindley and Lord Layard.

Q59 **Chair:** Good morning and welcome to this joint inquiry. Both the Education Select Committee and the Health Select Committee are working together on this very important subject of children and young people's mental health. We are looking at the role of education in the context of this subject; that is what we are talking about today. The first panel is all about the view of the professionals and the second panel is the opportunity, effectively, to test the Ministers on the subject. I would like you to say who you are and from what organisation you hail, starting off with Professor Lord Layard.

Lord Layard: I am Richard Layard. I am from the London School of Economics, but I have been involved with the Improving Access to Psychological Therapies programme in the NHS. I also belong to a movement called Action for Happiness.

Q60 **Chair:** Thank you very much. Natasha, you have been before the Education Select Committee previously, so welcome back, and today you also have the Health Select Committee.

Natasha Devon: I am Natasha Devon. I am part of an organisation called the Self-Esteem Team and I visit about three schools a week all over the UK working with 12 to 18-year-olds on their mental health.

Dr Hindley: I am Peter Hindley. I am chair of the faculty of child and adolescent psychiatry, Royal College of Psychiatrists. I was convenor of the Values-Based CAMHS Commission.

Baroness Tyler: I am Claire Tyler. Outside Parliament, I am chair of the Children and Family Court Advisory service. Along with Peter, I chaired the Values-Based CAMHS Commission on what really matters in children and young people's mental health.

Q61 **Chair:** You and I have been in action with Demos, haven't we?

Baroness Tyler: We have indeed, yes, on social mobility.

Q62 **Chair:** So we know what we are doing—or at least we think we do. One of the key issues we need to thrash out right now is what we think wellbeing actually is. I am looking at Richard.

Lord Layard: I think it means, essentially, enjoying your life. Obviously, there is a whole spectrum. At the bottom end, a lot of the reasons why people are low are because of mental health problems, but there are more factors than mental health in wellbeing.

Q63 **Chair:** How would we define wellbeing of children in this education environment—at school?

Lord Layard: The school contributes enormously to the wellbeing of its children. We have just been using the data from the Avon study, which

show extraordinary differences in the effects of different schools on the wellbeing of their children, and even many years later, say, of primary schools affecting children at the age of 16. We should take the ethos of a school and its practices extremely seriously when we are thinking about the wellbeing of children.

Q64 **Chair:** That would be something Ofsted should be looking at in more detail.

Lord Layard: I think it has not been given sufficient weight. The wellbeing of the children should be an explicit goal of every school and it should be a subject for inspection.

Q65 **Chair:** You have identified variation between schools and colleges on the subject of providing good wellbeing. You have identified variants between educational institutions on the subject of wellbeing in terms of delivery.

Lord Layard: Yes, huge variation, and we know some things that schools can do that make a big difference: we know that a good ethos will make a big difference. Values-based schools have been shown to make a difference if they have a proper code of conduct and ethos, but also the teaching of life skills is crucial, and it can be done in an evidence-based way. I am not talking about a six-hour programme, or even an 18-hour programme, of which there are plenty floating around. I am talking about an hour a week throughout school life so that children develop basic healthy habits of mind.

We are trialling a programme, Healthy Minds, in 26 schools, which is based on evidence-based material but goes right through the whole of secondary school life. It seems to be doing pretty well. We are in the middle of it, but those kinds of changes are necessary if we are going to change the wellbeing of our children for the better. We have to give it professional attention. It cannot be done by relying on inspired teachers or the general curriculum. It has to be manualised. It is a very difficult subject to teach. There has to be teacher training. Obviously, all teachers need to have some basic training in mental health issues, but in primary schools all teachers need to have been trained to do evidence-based PSHE.

In secondary schools I would very much like to see PSHE becoming a specialism in the PGCE, not that all teachers who teach it will have had to specialise in the PGCE but that there should be at least one teacher in every school who has specialised in PSHE in their PGCE, as a sort of missionary. We need some missionaries for a more psychologically aware conduct of school life.

Q66 **Chair:** Thank you. Natasha, do you agree with Richard on the subject of PSHE?

Natasha Devon: It would be a huge step forward if PSHE was made mandatory. At the moment, there are no specialised teachers in the subject and all the funding seems to be going into the lesson plans, which

are then put on a website somewhere and it is expected that teachers will learn them in their spare time. The feedback that we get from the teenagers we work with certainly is that they do not enjoy their PSHE lesson. More specific training and specialised teachers are needed to deliver those lesson plans, which are really high quality; the ones that were produced by the PSHE Association on mental health are really good lesson plans, but we need more confidence from the people who are delivering them. If you made it mandatory, that could become a reality.

Q67 **Chair:** Peter, presumably you would agree that that would extend to supporting children with mental health issues in terms of training of teachers.

Dr Hindley: Yes. I want to make a couple of broader points as well. As I understand it, within the Ofsted framework, there is already quite a substantial focus on wellbeing and mental health that is not always necessarily following through. Rather than creating new laws, maybe we need to think about how we can make the existing system work more effectively.

I agree completely with the importance of wellbeing but also the two-way relationship between wellbeing and achievement, and maybe we need to consider how we think about achievement. Our focus in this country is very much on a narrow concept of academic achievement rather than thinking about the broad range of achievement that a whole range of children need and the links between services and schools, and thinking about how we can use links most effectively. A little later I would like to talk about the whole system, but—

Q68 **Chair:** You are going to have an opportunity to do that, so fear not. Claire, what are your thoughts about the importance of life skills in schools?

Baroness Tyler: I very much agree with what Richard said about wellbeing itself. For me, it is about children having a sense of self-worth and self-confidence. It is also about things like positive and healthy relationships so that they have a sense of purpose and within the school context feel they can flourish and thrive in their learning. It is an absolutely essential underpinning of good learning. Within a school context and wellbeing, you also need to think about wellbeing of teachers and the role of parents. It is a bigger picture than just children's wellbeing. I totally agree about the importance of PSHE.

I very much welcome the recent announcement that relationships and sex education is going to become a mandatory part of that, something that Andrew and I have often talked about, because I see that link between relationships, what is happening in the family, a child's sense of wellbeing and their ability to do well at school as absolutely fundamental. As other witnesses have said, when it comes to judging how well a school is doing, it is absolutely vital that those who are judging—primarily Ofsted—are looking at wellbeing, attainment and the links between the

two. It is the links between the two that have been one of the overlooked things so far.

Chair: Thank you very much. I am now going to bring in Sarah, who is Chair of the Health Committee.

Q69 **Dr Wollaston:** Good morning and thank you for coming. In previous sessions, we have discussed the distinction between the whole school approaches to wellbeing and providing a service for those young people in schools who have diagnosable mental illness. Can I ask the panel, perhaps starting with Peter, because you have touched on this, how we make sure we are providing the right service to both and get that balance right?

Dr Hindley: I would like to draw the focus back a little because we need to think about schools as part of a wider system. A key thing that we looked at in the Values-Based CAMHS Commission was the way in which all parts of the system relate to each other. School is obviously important, specialist CAMHS are important and the voluntary sector is very important—and the local authority. We need to think about how all those systems link together.

The analogy I make is that, if you are travelling from King's Cross to Highbury, you arrive at King's Cross and you have a whole range of different ways of getting to Highbury: you may take a taxi, a tube or a bus. Similarly, within the joining up of the children and young people's mental health system, we need to think about how we make sure that children get to the right place: some might need peer support, some might need school counselling, and some might need much more specialist input from CAMHS. We do not know when a child first presents exactly where they need to go; so enabling systems to work so that they can really route children through to the right place seems to be crucial.

When it comes to the distinction between whole school approaches and targeted interventions, you are thinking about a very different objective. Whole school approaches are about promoting wellbeing and ensuring that all the children within the system of a school achieve wellbeing and achieve well. Claire's point that this is very much related to teachers' wellbeing is very important; so we need to think about how schools foster wellbeing of teachers. I am sure you will remember a teacher who inspired you at school; they are often the ones who imparted enthusiasm and an enjoyable atmosphere within the classroom. That is crucial to promoting wellbeing within schools.

When it comes to targeted interventions, it is a long history. There was the TaMHS, which was developed under the previous Administration—two back—so there is a long history of targeted interventions. You have to think very carefully about what is needed for what school. There will be some schools where you need a much more significant investment, for instance, special schools, where you have much higher rates of mental

health disorder. In primary schools—and in secondary schools—you might need a different approach.

Within the Values-Based CAMHS Commission, we looked at what is right for the locality and trying to make sure you achieve a good match between what the locality needs and what is available in the locality. That will vary a lot in different parts of the country. What is appropriate within a rural setting may be very different from what is appropriate within an urban setting. Looking for one solution that fits all is a bit of a false trail. It is trying to help systems work together and make sure that the right parts of the system link together. We have some good examples of where that is happening across the country.

Q70 **Dr Wollaston:** You hear from schools that they would like to hold the funding, and from the CAMHS system you hear that they think it is better for them to hold the funding. Certainly, we saw a very successful model when we visited Camden last week, where that was held by the CAMHS system delivering a service within schools. Although I accept what you say about it varying around the country, do you have a view about whether it is better for this to be held within CAMHS, which is delivering a service in schools, or do you think it is better for schools to have the budget?

Dr Hindley: The key is the knowledge and expertise of the people who are commissioning the service. Commissioning mental health services is not necessarily an area of expertise for head teachers. There are some examples of areas where, for instance, educational psychologists and other specialists have worked together to create an infrastructure to enable schools to commission appropriate services.

It very much depends on what you are talking about. If you are talking about things like schools counselling, with appropriate support, I would have thought quite a lot of head teachers could commission that. Something we have thought about is how, for instance, it is very difficult for individual primary schools to commission these sorts of services themselves. Encouraging the formation of clusters of schools that could pool expertise and funding might be one approach. The more along the line you get towards specialist interventions, the more appropriate it is for that to be commissioned by specialist CAMHS. If you like, there is a spectrum, and it is where along the spectrum you are talking about the need.

Lord Layard: It is important to realise just how bad a place we are in as far as the provision of evidence-based therapy to children with mild to moderate disorders is concerned. It is not that different from the situation we were in for adults with depression and anxiety disorders eight years ago. I think it requires a rather radical initiative.

The first point to make is that what these people should be getting is NICE-recommended therapies. If you start from that point, you can see this has to be done primarily by NHS-trained and employed staff. We

need to be very clear about that. We are in a situation where only 25% of children in psychological need are receiving any kind of specialist help. That has to be changed by developing a new wing of CAMH services that is school based, that sees children earlier rather than waiting for them to get so seriously ill that they can cross the CAMHS threshold. We were talking about, say, 200,000 children being seen by CAMHS. We need to be seeing another 200,000 in schools. They are big numbers, less seriously ill but seriously in need of help—and, in many cases, their parents.

I would urge the Committee seriously to consider a more radical—a less evolutionary—approach to dealing with the problem of school-based mental health treatment. We had with adults, as we know, some counsellors employed in GP practices, largely not giving evidence-based therapy. That needs to be converted into a professional system of therapy with a clinical lead for that kind of school-based component of CAMHS and proper supervision of every therapist within a CAMH service. I can submit a paper on that, but please consider it.

Q71 **Dr Wollaston:** Thank you. I think Claire, Peter and Natasha want to make a point.

Baroness Tyler: I have a couple of points to answer your question and pick on something that Richard said. First, on your question about whole school approach versus targeted, I think it has to be both. I visited an excellent school nearby me in a disadvantaged area where the head teacher was taking—and I think it usually is when it is coming from the top—mental health incredibly seriously, at a whole school level. They were talking about it in assemblies and during mental health awareness week; they were having displays; they had workshops with charities coming in and talking to all children about promoting positive mental health.

Q72 **Dr Wollaston:** In other words, you do not just put it in a little box. It is the whole—

Baroness Tyler: Exactly. It was absolutely mainstream for all the school's activities through their pastoral work and their tutorial time. That is the whole school bit. I totally agree that there needs then to be targeted help and support. I feel very strongly that there needs to be a range of interventions at the early-intervention stage available from peer support, work with learning mentors through to things like school counselling and other sorts of therapeutic support.

Richard is absolutely right to talk about the importance of having specialised people delivering therapies around anxiety and depression, but I want to make it clear that I think school counselling has a big role to play. There is a growing body of evidence, which I would be very happy to share with the Committee, about the effectiveness of schools counselling. It is something slightly different from what Richard was talking about, but many children are presenting with various forms of

emotional distress, as I said earlier, a lot of it going back to what is happening in the family, and we have excellent voluntary organisations like Place2Be, Kooth and others. It is particularly the voluntary organisations that seem to have the flexibility, sometimes to come into school and sometimes to be placed outside schools, to deliver that sort of schools counselling in a non-stigmatised way. I would be very against a feeling that there is only one appropriate therapeutic intervention.

Q73 **Chair:** Could you send us some evidence, as you said you could?

Baroness Tyler: I would be delighted to do so.

Natasha Devon: I want to talk about when schools or colleges are under funding pressure and the first things they tend to sacrifice. Some 75% of colleges ran in at a loss last year and a large proportion of them were forced to sacrifice their enrichment programme—that is, sport, art, music, drama and debating, things that we know have a therapeutic value for wellbeing. My experience is that in schools, because of the way they are assessed, not just by Ofsted but often by their leadership and socially and generally, sport, art, music and drama are the first things to go by the wayside, to be given less time and attention and funding. We know that these things are good for wellbeing. Outside of talking to children about wellbeing, just doing those things, we know, promotes positive mental health.

The second thing they would be likely to sacrifice is their school counsellor. I completely agree with what Claire was saying: not all children have needs that CAMHS are equipped to meet. I would be wary of putting a clinical label on things like mild to moderate anxiety. I know that it is very difficult to measure the effectiveness of school counsellors, but, certainly on the ground, a large proportion of the children that we speak to say how much they value just having someone there to talk to in, as you say, a non-stigmatised environment.

Q74 **Dr Wollaston:** Peter, you wanted to make a final point.

Dr Hindley: Thank you very much. My points come from over 30 years of clinical experience of a child and adolescent psychiatrist. The first thing is to re-emphasise what Claire and Natasha have said about the difficulties with which children and young people present. They do not all amount to anxiety and depression, and CBT would not be a right intervention for a lot of young people who present in those sorts of settings. They need a variety of interventions.

Q75 **Dr Wollaston:** For those following from outside, CBT is cognitive—

Dr Hindley: Cognitive behavioural therapy, yes. The second point is that I have lived through the implementation of the tiered system. It is a fantastic model, but the way in which it was implemented created difficulties. People started to think that because you were working in what was called tier 1—maybe a GP or a school—that meant that children had tier 1 needs, and so the skills of the professionals who worked in that

setting were tier 1 needs. It created barriers between tier 2, tier 3, targeted and specialist services. There is a real risk that, if you introduce a schools-only service along the lines that Lord Layard is presenting, you recreate exactly the same problem.

What has been happening over the last four or five years is some really serious work across the country integrating services. The last thing we need to do is undermine that work. I am concerned that the proposal that Lord Layard is putting forward would effectively undermine that work. It would mean you would have a totally separate service, children might be seen by two different sets of professionals, and all the lines of communication and the lines of easing enabling children to get to the right place at the right time would be seriously impaired.

Q76 **Dr Wollaston:** We heard last week from the CAMH service that the advantage of having it all managed by CAMHS was that those who had the most serious needs could immediately go through into more specialist services.

Dr Hindley: Absolutely. As I understand it, Camden has a very long history of schools and CAMHS working together, and where you have that long history that sort of service works very well. That is not replicated across the country. You have to reflect on local conditions and relationships and that is why you need a variety of different models.

Q77 **Dr Davies:** We have already touched on how mental health can be delivered via the curriculum, and the Healthy Minds project and specific examples have been referred to, but how does the panel feel that mental health and wellbeing can be included within the curriculum in general? Shall we start with Richard?

Lord Layard: As I say, it should be an explicit goal of the school. Exactly how that is institutionalised will vary between schools. I was very struck when I went to West Kidlington primary school where they have a values system; they select the 20 values of the school for the next two years, it is a big debate and everybody signs up to it. There is a lot of value in having everybody signing a set of values, including newly recruited teachers. Obviously, it should inform the assembly. I do not think it is realistic to say it should be taught in every lesson or that it should be part of science. That does not seem to me to make sense. Of course, aspects of biology are relevant, but I would put the stress on getting a really good life-skills event every week for every child, based on evidence of effectiveness, and that I think we can provide.

We have a secondary school experiment that we are doing—I am sure there are others—and there are many more primary school programmes such as PATHS that have been developed around the world. If you search the world, which is what we did in compiling this curriculum, you will find enough components to put together to create an evidence-based programme. I would like to stress that the programmes that work are manualised; they do not rely on the inspired teacher as they are

manualised. They are mainly about what you should rather than should not do. All the programmes that go into schools and terrify children about the effect of drugs have been shown to be ineffective. You have to give people something they want to do, not something that they should not do. The development of what kind of person you want to be, what your goals are in life and all these kinds of issues are what will produce healthy people.

Natasha Devon: Putting good quality PSHE, which we have covered, to one side for a second, as I was saying earlier, sometimes we spend too long talking about things as opposed to doing them. Perhaps the focus should be on creating an environment and a lifestyle within school that is conducive to good mental health. We know that physical activity, creative endeavours and limiting exposure to technology—all three of these things—have a positive impact on mental health. If we were able to incorporate that into the culture and lifestyle of the school, that would be a really positive step forward. I also think Stonewall has a great approach for normalising LGBTQ within the curriculum in that it has suggestions for teachers of various subjects as to how they can casually drop into conversation LGBT-plus issues within the remit of their subject. That would be a good approach to take with mental health as well. In English, if you are studying Hamlet, he is pretty sleep-deprived and suffering from psychosis; so you can discuss mental health. That is a way of breaking down the stigma so that, when you come together to have an assembly on mental health, the subject has already been introduced to them.

Chair: Suella, you have a little question.

Dr Hindley: I have something to add about whole school approaches. I was involved in implementing a programme that Lord Layard referred to, PATHS, and the key thing is that this involves interaction between children and teachers and children themselves, and that takes time. The second key thing is that this needs to be a genuinely whole school approach, not just the teachers but the school governors, the supervisors and the dinner ladies. It has to be something that pervades the culture of the school.

Chair: James, are you happy with that?

Q78 **Dr Davies:** I want to ask about the effectiveness of mindfulness. Do any of the panellists have a view on that?

Dr Hindley: It is a skill that is very helpful, but it is only one of the skills that children need in order to function well in life.

Chair: That is one of Suella's subjects, so you can fire away.

Q79 **Suella Fernandes:** There is a mindfulness APPG—an all-party parliamentary group—which published a report in 2015 about how mindfulness could be effective in schools, and there are some projects around the country such as the MindUP programme and the Mindfulness

in Schools project. The DFE has included mindfulness in its children and young people's mental health research and evaluation programme; so there is some movement on it. I am interested to know—there is evidence out there but it is obviously a new discipline and idea that is emerging—if any of you have come across examples of good practice, and what would you say can be the benefits of it where you have seen it work well?

Lord Layard: I certainly believe in mindfulness and try to practise it, but it is only a part of the answer to this problem. I have been struck in schools that have been doing programmes like ours that, if you ask the children what they have gained most from them, they say "the ability to quieten myself down." For every human being in this country to learn to quieten themselves down would be a very major step forward, but it is not the only step forward. It has to be about how you are living your lives in all kinds of ways.

Baroness Tyler: Briefly, I absolutely agree both with Richard and Peter that it is an important tool but it is not the only one. With one of my other hats on—I am co-chair of the all-party group on wellbeing—we have worked closely with your all-party group and we produced a report about two years ago about wellbeing and how to implement that in public policy. We had one whole section around how you could use mindfulness in a practical way, both in education and health. I remember we took evidence from a number of people, including GPs and head teachers. I do not claim to have any specialist expertise, but I will be very happy, if it would be helpful, to send that report to Committee.

Chair: That would be very helpful.

Baroness Tyler: It has quite a relevant chapter in it.

Chair: Thank you very much. That would be useful and I am sure Suella will be one of the first to read it.

Natasha Devon: I want to pick up on something that Peter said about mindfulness being a skill you have to practise. I feel like a lot of teachers and pupils are getting mixed messages because, on the one hand, they are under so much academic pressure and there is a guilt when they do nothing, yet on the other they are being told how important it is for their mental health to let go of their worries and be in the moment, which is essentially what mindfulness is. If you are going to implement mindfulness, you need to create an environment where it is possible to practise it, and at the moment schools are such stressed environments that that is not always possible.

Q80 **Ian Mearns:** I ask this question of Peter and Claire in the first instance. Could you describe how education providers would be involved in the "mental health impact assessments" that your commission report recommended? Could you also explain how assessments could lead to improvements in provision?

Dr Hindley: The first thing is that we should make sure that we avoid making this an additional burden for schools that makes everything unmanageable. Essentially, you need to look at the overall mental health need of a school, and you can use a variety of different tools to survey a population of children, and use that as a basis for helping school improvement plans to improve the mental wellbeing of children in schools; but the mental wellbeing of teachers, really trying to understand the wellbeing of teachers and how that impacts the wellbeing of children, is going to be a crucial component of that.

Baroness Tyler: I have two things, if I may. Yesterday, I was talking about this with a serving primary school head teacher who was a member of our commission and he also emphasised the importance of school improvement plans or school development plans as a way in which they can do a sort of a mental health audit, if you like, and what needs to happen to improve that. As you quite rightly say, it was one of the recommendations of our commission, but, as well as being aimed at schools, it was also aimed at Government because we were saying that we felt that Government should do more when introducing new policy around education and schools policy, or even wider policy, to think about what the impact of that would be on children's mental health; so it had a sort of macro level to it as well as focusing specifically on schools.

Lord Layard: It is really important that schools know how the mental wellbeing of their children is evolving under their influence. I do not think we should think of this as competing with the other objectives of the school. As Peter said, if the children are happy, they will learn. We should seriously be considering the issue of: if schools are only basically measuring the academic performance of their children, how can we get a rebalancing? It is difficult to see how you get a rebalancing in an age of measurement without measuring the thing you want to rebalance to.

So, let us encourage schools to measure the wellbeing of their children, and there are very good instruments for doing this on a repeated basis. Do not let us judge a school by the level of the wellbeing, because they have different intakes, but how they are affecting the wellbeing of their children. Let us help them to do that. I would urge the Committee to propose a pilot of this. It is a very delicate matter and it needs to be piloted very carefully. Maybe it will never become universal, but if schools were encouraged to do it on a voluntary basis, parents would lap it up.

Q81 **William Wragg:** Peter, you mentioned the mental wellbeing of teachers, and, as a former teacher, I have a great deal of empathy with that idea. I wonder about any link that you have discovered between the mental wellbeing of teachers and the effect on the pupils in their class, and if you have any comment to make.

Dr Hindley: I am only talking from a very common-sense perspective. You know, when you are learning, you respond well to somebody who has enthusiasm, who conveys their subject with interest and enthusiasm. I have a weekly piano lesson and a weekly tennis lesson, and when my

teacher is in a good frame of mind I learn much better. It is very simple. I am sure there is a lot of academic evidence to support that, but it seems to me a no-brainer.

Q82 **Ian Mearns:** From a lot of the answers I have heard this morning, I am reminded of one of the best day's work I ever did in my life, which was appointing a head teacher who had a very simple set of premises that he worked on, and he could put it in a simple sentence that said he wanted a school where he had happy children learning and achieving. It was as simple as that. What are the next steps for your commission?

Baroness Tyler: At the moment, in the north-east, there is a consortium of schools and the clinical commissioning group that is heading a project called SCHOOLS NorthEast. They are trying to model what we were talking about in our report.

Q83 **Ian Mearns:** Which CCG is that?

Dr Hindley: It is the whole of the north-east, I think. It is Northumbria, Newcastle, Gateshead and Durham. It is across the whole of the north-east.

Baroness Tyler: I was talking yesterday to the chair of the clinical commissioning group, I think in Newcastle and Gateshead, who was telling me how they are taking this work forward, very much as Peter was saying, trying to look at it across the whole system, recognising that schools have a hugely important role but at the moment often feel they sit outside, particularly out of the commissioning decisions. For example, they have set up something called Young Commissioners, where young people themselves come along to the commissioning meetings and talk about their own experience. They made a video to try to get those points across—I was able to send a link to that video to the secretariat of the Committee yesterday—so that people who are making these decisions are directly influenced by what young people are saying and it will make a difference to them.

Our commission was something that came together on a voluntary basis—a group of people who were very interested in this. We are now trying to feed our thinking into this Committee and to the Green Paper—I was very pleased to be able to have a conversation with the Secretary of State about it—and, on a voluntary basis, members of the commission are going to try to take forward these commissions in their own areas, but we have no formal status outside that.

Ian Mearns: On this Select Committee and the Education Select Committee you have a Member of Parliament from Newcastle and a Member of Parliament from Gateshead; so if you can link us in with that, it would be appreciated.

Chair: And I was born in Northumberland.

Baroness Tyler: I am hoping to go up and visit. Maybe it would be possible to have a visit with Committee members.

Chair: That might be possible. I know Easter is coming up.

Baroness Tyler: I am also myself hoping to go up and visit. There were three areas that we particularly focused on that are trying a whole systems approach, including schools. It was Liverpool, Newcastle and Gateshead, and Surrey and Borders. Peter, you were able to visit Liverpool.

Dr Hindley: I visited Liverpool.

Baroness Tyler: I am hoping myself to go up to Newcastle and Gateshead and visit there, and I do not know whether it would possible for Committee members to come as well.

Chair: That is a very good idea.

Q84 **Andrew Selous:** I have a question for Claire in the first instance, if I may. We had evidence that, in a 2015 survey of 4,500 children who were accessing CAMH services, family relationship problems were the biggest presenting problem. We learned also that family relationships were the one issue of concern to children of all ages who are contacting ChildLine, something you touched on earlier, Claire, but, in looking at the root causes of children's ill health and how we look beyond the school gate, how would you advise schools in what is a sensitive and difficult area anyway to try to make progress with this issue, which we know from the evidence is hugely significant as far as children's wellbeing is concerned? How do we need to join up across Government to make progress here?

Baroness Tyler: Thank you. In answer to that question, I am going to go a little bit beyond what the commission was talking about, and I should declare an interest inasmuch as I am vice-president of the charity Relate, which is involved in this area, just so that you are aware of that.

Andrew Selous: I should declare an interest as a Relate ambassador as well probably.

Baroness Tyler: Essentially, as you very rightly say, Andrew, there is a lot of evidence now saying that problems with family relationships, particularly if there is high-conflict family breakdown—and it takes me very much into my area, obviously, in Cafcass—is one of the biggest presenting problems for children arriving at CAMHS. There is also, I know, evidence that, for many of the children who are seeing school counsellors, the basic issue is about problems at home. It is really important that people who are delivering both the CAMH service and, indeed, school counselling and some of the earlier interventions understand about that and their intervention is taking the wider family context into account. As you and I have discussed, sometimes, with the way interventions are delivered, it is as if it is just about a one-to-one relationship—it is just about the individual child; but, of course, the child

operates in their wider family and environmental context. That is a really important bit of training and understanding for professionals.

As you say, it is a very sensitive area, but schools that really have the wellbeing of their children at heart say that they try to understand what is going on at home. I have heard head teachers say they stand outside the school gates to welcome the parents who are bringing the children to school but also to understand more about the child's circumstances, such as whether they are being brought to school by a sibling, are not very well dressed and obviously have not had breakfast in the morning, because if that is the case, they know there are a lot of problems at home. There is something about trying to join that all up. You cannot make schools responsible for families, but you can make them much more aware of the impact that has.

Chair: Richard wants to say something.

Lord Layard: The standard treatment for bad behaviour by a child is parent training if it is a mild to moderate child under 10. This has been extraordinarily effective. As you probably know, Parenting UK has trained about 4,000 people now, and this is happening already all over the country. Children have been followed up for about 10 years now, and, if they have been in a family where the parent got training because the child was behaving badly, it has been shown to have major effects on their behaviour in their late teens. This is very much about involving parents. Sometimes you involve the parent and the child. When the child gets older you may be seeing the child on their own, but there is a whole set of responses in NICE guidelines to every kind of situation that can arise. That is why I think it is important to see this within the context of delivering NICE guidelines, which go not just to anxiety and depression but to behaviour at least in 50% of the cases.

Can I add one point to what Peter said because I think it goes back to an earlier version of something I am forgetting? The proposal that I am suggesting for handling all of this does not involve a separate structure from CAMHS. This would be within CAMHS and there would be a seamless link from it to the more serious wing of CAMHS if the person is not responding.

Q85 **Chair:** Thank you. Peter, do you have a quick comment?

Dr Hindley: One is about the relationship between schools and families, and I think effective whole school approaches also include families. A lot of the schools that I have seen have family liaison officers who will be able to pick up the families where there are difficulties. Schools are a much more neutral setting for these sorts of problems to be explored. It will not necessarily mean that that is where the answer to the problem is found, but it will be a safe setting in which parents can start to talk about difficulties and be helped to reach answers in the same direction. That is it.

Q86 **Catherine McKinnell:** I was going to move on to social media, but Natasha mentioned the funding situation within schools. I have sat with a primary head teacher in Newcastle, who has had sleepless nights about how to balance the books in the next financial year, and the first thing she said they had to look at losing was their family support liaison worker in this school in a very deprived part of Newcastle; so I think that is very important.

Natasha Devon: Can I say something on that as well? We would not be here today if we were not taking this issue seriously, but there is also a tendency to underestimate. Teachers are ready to snap. When I was first given the role of mental health champion, I was asked whether I thought teachers were well placed to spot early symptoms of poor mental health and signpost. They are absolutely. However, they are not well placed to provide ongoing therapeutic care. Schools need support from parents and from the wider community. So much is being thrown at teachers, with the expectations on them, which is partly why we have such an epic retention problem in the teaching profession.

Q87 **Catherine McKinnell:** Thank you, Natasha. Some of the statistics around social media and young people's wellbeing are quite disturbing. You mentioned SCHOOLS NorthEast earlier; they supplied evidence to the Committee that seven out of 10 children have experienced cyber-bullying, 20% on a daily basis that is extreme. What do you think we can do better within schools to educate and help to protect and empower young people when it comes to social media?

Baroness Tyler: I am not an expert in this field at all but, just from talking to other people, I very much recognise the issues you are raising there. Again, one head teacher I was talking to yesterday, not from the north-east, said that he has banned mobile phones so that the children cannot use their mobile phones at all during the course of the day, just as one way of getting away from that sort of abuse and focusing continuously on the screen and all of that. There are some things like that that are within the power of the schools, but, as to other things, clearly education and just explaining to children about how abusive some of the stuff is and how to deal with cyber-bullying is incredibly important. It was not something we particularly focused on in our commission; so I do not have anything specific to add.

Dr Hindley: It is about helping children and young people to learn how to make wise choices, because social media is an intimate part of children and young people's lives and in some circumstances can be very helpful. In other circumstances, it can be damaging. Equally, recreational drugs could be another example. It goes back to our earlier discussion about the importance of PSHE and helping children learn to assess risks and work out how best to manage risk rather than thinking that we can remove this risk from young people's lives.

Natasha Devon: There is, in my experience, a gap in understanding between young people and their parents and teachers, and the

technology is developing faster than we can measure the psychological impact. I think last year there was quite an extensive report published on the impact on self-esteem of Facebook use, but teenagers are not on Facebook any more; they have moved on to Instagram and Snapchat, and that is part of the problem. I went into a boarding school where they remove their mobile phones at the beginning of the day and hand them back at the end for a few hours. They all have two or three mobile phones to circumnavigate that problem.

There was an example where they gave a teenage boy the Fort Knox of laptops with every single parental control on it and challenged him to find some pornography. He did it in 30 seconds by googling the Spanish word for pornography, which I thought was quite ingenious. They find ways round the safe measures that we put in. What schools need, I think, are experts in this field, who are up to date with the technology. At Self-Esteem Team we have an expert in pornography who goes in and tackles the areas that parents or teachers cannot or do not necessarily want to.

Q88 **Catherine McKinnell:** It is not just a north-east problem. YoungMinds has reported back to the Committee that 40% thought that, overall, social media has a negative or very negative effect on young people's mental health. Is there more that schools can do to work with parents as well, because obviously it is not just about the school environment but they take it home with them?

Dr Hindley: Again, it is sensible parenting, but that is difficult, because the sensible thing is to try to limit social media access at home, but that creates tensions and arguments. I still think it goes back to equipping young people with how to manage the difficulties of modern life. This is not going to go away.

Q89 **Catherine McKinnell:** How do schools do that?

Dr Hindley: It is a much broader thing. We have all been talking about how children and young people develop a whole range of skills, mindfulness being one of them; but it is also how you understand yourself in relation to a problem, how it is impacting you, how it is affecting how you are feeling and thinking, and learning how to use those skills in lots of different settings—not just in relation to social media but what happens if somebody offers you some drugs when you go to a party and how you respond to that. There is a much broader issue about how people learn how to live good and safe lives.

Baroness Tyler: Building on what Natasha was saying, it is absolutely right that the technology is moving on at such a pace that many people—and I certainly put myself in this category—or many parents do not feel very well equipped to know what is going on and how best to support their children. If there was more of the specialist expertise that Natasha was talking about in schools, schools would be very well advised to try to be passing some of that on to parents in simple ways, you know, tips

about how to help in managing their child's use of social media and what the pitfalls are. But, to me, it is particularly important to get the message across about a balance that is needed between what you might call screen time, physical activity, sleep and all those sorts of things, which all contribute to good, overall wellbeing.

Chair: Thank you very much indeed for answering our questions so thoroughly. We are looking forward to getting the extra material from you, Claire, so thank you very much—

Baroness Tyler: Indeed.

Chair: And your recommendations, Richard, are well taken. I cannot promise they will all be reflected in our report, but they have been well argued; so thank you. Thank you very much to you, Natasha and Peter, for giving some useful tips on how to navigate, first of all, the internet—expert advice—and, Peter, your thorough answers as well. Thank you.

Examination of witnesses

Witnesses: Edward Timpson MP, Nicola Blackwood MP and Karen Turner.

Q90 **Chair:** Good morning and welcome to panel two of our inquiry into the wellbeing and mental health of young people. It is great to see two Ministers and one leader of an important agency. If you could say who you are and what you are representing, kicking off with Karen, that would be great.

Karen Turner: I am Karen Turner, director of mental health at NHS England.

Nicola Blackwood: I am Nicola Blackwood. I am the Under-Secretary of State for Public Health and Innovation.

Edward Timpson: I am Edward Timpson, the Minister of State for Vulnerable Children and Families, and the Member of Parliament for Crewe and Nantwich.

Q91 **Chair:** Thank you very much and welcome to all three of you. One thing we have been hearing about this morning already is patchy variants and so on in provision. How consistently are young people accessing the mental health support they need?

Karen Turner: There is great variation across the country in access to services; we know that. One aim of the new money that we have had is to increase access by another 70,000. At the moment, there are 240,000-odd, which represents about a quarter of children. That is not enough. We are very clear about that. Our expectations are that we will do better than 70,000 across the range of need. The focus for us needs to be on finding children, getting them seen very quickly and diverted to the right place.

The witnesses before us, and the report that you have had, have shown how important that is: getting some excellent triage quickly, diverting children to the right place and then looking at how they are doing, often for each session, being very clear with them as to whether they are recovering or not and getting them back into school or college. That is our aim. The beginnings of the information we have is that we are starting to show a baseline at least against which we can measure our progress.

Q92 **Chair:** Edward, are you satisfied with the progress so far?

Edward Timpson: No. I am never satisfied with progress on such an important issue as this, and I think it reflects the fact that in many ways, whether it is Government, public institutions more generally or society at large, we are coming to terms with what is a greater level of understanding and awareness of an issue that has been kept under wraps by way of the societal norms that pervaded, which we are now starting to open up, and we have to respond to that. We have been trying to do that over the last seven years or so, but there is a huge amount more that we need to do as we start to develop more awareness and understanding. That is why we have the Green Paper coming later in the year and why it is timely that we have this Joint Committee looking at the specific issue of children and young people's mental health, because there is only one direction in which this can go, which is a greater focus and greater determination to make sure that we get that consistency right across the country, across all age ranges as well.

Q93 **Chair:** Nicola, that is an important point, is it not, because we have primary schools, secondary schools, FE colleges and, in some areas, middle schools. What is the record in all of those?

Nicola Blackwood: We are starting to see some progress. One of the most important changes we have seen this year, and one that I am particularly proud of, is that we have introduced a real sea change in transparency and accountability for mental health with the new datasets and the CCG improvement and assessment framework for mental health. This means that, for the first time, we can now track spending but also performance and outcomes in mental health. That is a real change because we have always had that in the physical healthcare sector but we did not have it in mental health. That means we can start seeing where we do not have the access and the waiting times that we would like and can start targeting and improving that.

The other important thing is that we are going to be bringing out the workforce strategy very soon, to start improving capacity and capability and really bringing on the workforce. We are never going to be able to improve the capability of local areas if we do not have the workforce to do that. Those are the two areas that are really important.

Q94 **Chair:** The aim is clearly more consistency across the education sector. Do you think that is deliverable, Karen?

Karen Turner: Yes, I do. I was in for the earlier piece and heard Lord Layard talking about the need for higher prescription, and Peter Hindley questioning whether that is always the case and us needing to be wary of that. As always, there is truth in both of those things. For highly recognisable conditions, such as common depression and anxiety, where there is an evidence base, we need therapists working probably, sensibly, in schools because that is where large numbers of children are, but that is a local decision that needs to be made in the wider context. It needs to be part of a broader service.

Again, I come back to this important point about triage. The diagnosis has to be right and triaged into the right place. The school sounds the sensible place, if the school agrees and it is part of a focus on collecting evidence and outcomes, and we can then treat children more quickly. Indeed, that is what is happening in a number of schools now. I was at one in Haringey last week where that is exactly what is happening.

Q95 **Catherine McKinnell:** One variable we have within the system is grammar schools. A recent survey by Kent Education Network found that 92% of head teachers in fully selective areas believed that the 11-plus negatively impacts upon pupil's self-esteem, and Brian Apter of the British Psychological Society has said the evidence is vast and incontrovertible that the experience of failing the 11-plus casts a long and depressing shadow into adulthood. Have the Government looked at the impact of their policy on expanding selective education on young people's mental health?

Edward Timpson: We want to look right across the whole school network to establish where we need to improve mental health provision, whether that is in schools or how we better connect schools into services that may be more specialised when they are not in a position to deliver. Of course, we want to feed into whatever evidence there is, but it is important that we do not end up trying to siphon off different parts of the education system in trying to come to the right conclusion.

There is other evidence that would potentially point in a different direction. We know that there is concern about making sure that we get the right balance between the amount of testing that we do along with the support that we provide to children and teachers themselves in whatever educational setting that is. But we have made it absolutely clear that the work that is being done around increasing choice for parents, including selective education, is that we are doing so in a way that is not looking to try to create the binary position that perhaps is being referred to in many cases, that we had back in the 1970s. We are looking to try to find a way to improve the prospects of children and take their talents as far as they can possibly go. Of course, part of that is making sure they have good mental health.

One thing I want to make sure of—I think it was talked about in the previous session—is that we do think about mental health both as a good thing as well as an illness that can develop. In recognising that 50% of

adults who have a mental health illness started to develop it before the age of 15, we want to ensure that, at whatever age, up to and including going into further and higher education, we have the right response for that child or young person in their individual situation, whatever school they are in, irrespective of whether it is a grant-maintained school, an academy, a grammar school or an independent school, because it is for the child, not for whatever system they happen to be in.

Q96 **Catherine McKinnell:** Would the Government be happy today to commit to looking at the impact on mental health of the expansion of selective education?

Edward Timpson: As I say, we want to look right across the whole of the education network, and that includes looking at all types of schools, because it is looking at it from the perspective, as I say, of the child and young person, what their experience is. Of course, we want to make sure that we cover all the range of experiences that they are having.

Catherine McKinnell: So that is a yes; thank you.

Q97 **Dr Wollaston:** Can I return to the issue of variation, because in some parts of the country, such as Devon, for example, there are extraordinarily long waits for initial assessments and triage; families assume that is going to be the start of their treatment, but in fact they are then facing an exceptionally long wait after they have had that initial assessment. Can we be clear that we will be able to see both of those within the dashboards so that, around the country, the level of variation is very clear as to starting treatment as well as having that initial assessment?

Can you also set out what is going to happen for those families who have children who are living with autistic spectrum disorder? It seems that very many of those are falling through the gaps, because they may have a mental health issue as well as their autism and they are finding that nobody wants to see them. Families feel they are being left out. Is that something that concerns you, Nicola?

Nicola Blackwood: Obviously, waiting times are a top priority and we have the latest data from NHS Benchmarking, which shows referral to first appointment on average is now at nine weeks, which is progress from where we were, and that second appointment is at 17 weeks. This is a recognised proxy for treatment. We are making progress. We want to improve and so we have introduced the first-ever access and waiting standards for mental health services, which is a real step in the direction of parity for mental health, which we have committed to do.

As a part of the CCG improvement and assessment framework, we will be moving to key national metrics, including the CYP access and outcomes as part of that framework. We have to do it in a way that will strengthen the service rather than produce inappropriate disincentives within the system; so we are working in a way that works and we are very happy to report to the Committee on how we do that.

Edward Timpson: Can I add something about children on the autistic spectrum, which Dr Wollaston asked about? One important change we made under the special educational needs reforms is that, for the first time, we have one of the categories of special educational needs including mental health. It is SEMH—social, emotional and mental health. A lot of children who are on the more profound needs end of the autistic spectrum will fall within the new statutory educational health and care plans and we will be getting a greater 0 to 25 singular approach to how we assess, plan and then review the support that we have for those children.

But there are also a large number of children who are on the lower end of the spectrum, and through SEMH support in schools we want to do more work to understand how we can better support them both in some of the special schools that are being set up and in mainstream schools, where they do not always get the support that they need. We want to improve that consistency, both working with schools and with those experts in the charitable sector and in the clinical sphere, who can help them develop better ways of providing those children with the education that they deserve.

Karen Turner: Can I say something else on waiting times for Dr Wollaston? We found that in Derby their first appointment was within five weeks and their second within nine, and that is since all the staff have been trained in the use of evidence-based practice. Their throughput has gone up 25%—they are discharging more—so the whole focus on use of the evidence, seeing children quickly, the session-by-session monitoring agreeing discharge, is increasing productivity and reducing waiting times considerably. The average wait of the best quarter of trusts in the country is five weeks. That is where we need to get to with everybody. We know it can be done and that is the work that we have in hand at the moment.

Chair: Heidi, how about some comments on funding?

Q98 **Heidi Alexander:** Thank you, Neil. Edward, if I could start with you perhaps, numerous sources have told us that with increasingly constrained budgets in schools one of the first things to be cut is support for young people with mental health problems. Could you set out what the Government are doing to ensure that young people and children in schools still have access to early intervention services?

Edward Timpson: First, I do not want to spend too much of the Committee's time having a long discussion about whether what the IFS says about the level of funding is in agreement with what the NAO says about it. There are the facts out there that we can rely upon around the level, but we also have to acknowledge that schools are under pressure and they are having to make some difficult choices. We want to help support them so that they make good choices, making sure that they respond not just to the academic rigour we want to see in schools but the emotional and mental support that they are able to offer.

One of the first things we have wanted to do is understand what is going on in schools, which is why we have not only the prevalence survey that we are doing in the Department of Health more generally across the country but a large-scale mental health provision survey in schools and colleges to understand what is happening, what the decision points are that make schools go one way or the other, because we know there is huge variation across both education and health settings of the amount that is spent on mental health and associated areas, including early intervention. We are also developing peer support for children and young people's mental health through pilots—that is £1.5 million—to understand what impact that has. We also have the research projects under way, random control trials looking at which preventive programmes really do work for children and understanding what the schools already do. We have to remember that a lot of schools do this well already.

I know, for instance, that Tapton in Sheffield, a high-performing secondary academy school in a challenging area of the city, has both done the whole school approach, which is looking at wellbeing, and is linked into the local CAMH services, linked very well and able to make quick referrals. It is a combination of better understanding of what is happening and improving the evidence base so that we can then help schools make good decisions, which in the long run may help alleviate some of the pressures on their budgets because they are not having children who are finding it more difficult to learn, not having greater levels of absences and are getting better engagement as a consequence.

Q99 **Heidi Alexander:** Can I ask you specifically about schools-based counsellors, because research by the National Association of Head Teachers and Place2be has shown that 64% of primary schools do not have access to a schools-based counsellor? In that same survey, 78% responded and said it was financial constraints that were the main barrier to providing support. When it comes to school-based counsellors, is that number going up or down at the moment, and what do you envisage happening over the next few years?

Edward Timpson: That is one of the reasons we are undertaking the comprehensive national mental health provision survey in schools and colleges to really know and have a full read-out of what is happening on the ground.

Q100 **Heidi Alexander:** So you do not know at the moment.

Edward Timpson: We do not have a full picture. Surveys can give us a snapshot of a certain number, but we want to get that comprehensive overview so that we can start to establish where it is happening, where it is happening well, what is stopping it happening where it may be needed, and how it fits into the wider work that is going on to make sure that we have an integrated approach to how we support children and young people in school to improve their mental health.

Q101 **Heidi Alexander:** This is a question for Nicola. When it comes to more

specialised support that children and young people need, obviously the CAMH service is absolutely critical. In 2015, the Government promised an extra £250 million per year for young people's mental health. A lot of concern has been expressed about the fact that that money is not reaching the frontline; certainly, freedom of information requests show that to be the case. In the last two years, of that extra £500 million that should have been spent on children and mental health services, how much has reached CAMHS and how much has been spent of that £500 million in the first two years?

Nicola Blackwood: This year, for example, £235 million was allocated for children and young people's services, £30 million for eating disorders specifically, £15 million for perinatal, and then there was a separate £30 million for places of safety to address the issue of children going into police cells in times of crisis; so that was a specific separate programme. That is how the funding broke down. You have to understand that there were different areas—

Heidi Alexander: That was for 2015-16.

Nicola Blackwood: That is this year, yes.

Heidi Alexander: That is 2016-17.

Nicola Blackwood: Yes. To ensure that the money is going to the frontline first of all, as I said in my first answer, we have made sure that we had, for the first year ever, a measure of transparency over the spending that is going to children and young people, which we have never had before, with the mental health dataset and the CCG improvement and assessment framework for mental health. That tracks planned spending and actual spending along with a number of measures to see outcomes and so on. These are new data, so this year is the first time we have ever had these.

In addition to that, we have published the uplifts by CCG so that we know what money is going to which area. Alongside that—Karen will want to come in and give you the expert view—there is the NHS England mental health implementation plan, which brings in common standards and looks at spend alongside expected performance and outcome data and shared planning guidance, which gives the mental health must-dos for 2017-18 and 2018-19: things such as increasing access to children and young people's mental health and the eating disorders standard that was brought in, which is that every child must be referred to treatment within four weeks, or one week if it is an urgent case.

We agree that the variation between CCGs cannot be explained purely by local decision making and local need, although we retain the view that local CCGs are still best placed to make those decisions. So, in view of some of the variation that we have seen, a letter has gone to CCGs from Claire Murdoch, Bruce Keogh and Matthew Swindells to make the point that we expect the uplift on mental health to be spent on mental health,

and we will be tracking these data. Karen might want to come in on that, and we are very happy to provide a copy of that letter to the Select Committee as part of the inquiry. We will continue to follow the assurance process that we have been doing as this goes forward.

Karen Turner: Shall I quickly add two points to Ms Blackwood's answer? The letter from Bruce Keogh, Matthew Swindells and Claire Murdoch asked all CCGs to confirm that they had sufficient money to fulfil the deliverables in the Five Year Forward View for mental health. A specific point was asked about children, and the majority of local areas have come back. CCGs and trusts were asked to confirm together that the money was right, not just CCGs on their own. We are looking at the analysis now and there are a couple of areas that we have not heard from; so we are going back to those to try to understand better.

The second point I wanted to make was to remind the Committee that this new money is only part of the money that is spent on child mental health. It represents about 25% to 30% of money spent on child mental health. Through the dashboard, we are tracking both those things to ensure that the money that was being spent originally remains—and this is additional—and through the work that CCGs are doing with the local authorities and now also with schools in local areas, through the local transformation plans, all agencies are asked to sign up and set out what they are spending as part of their baselines, again so that we can ensure that the money in the system stays in the system for child mental health.

Chair: Ian has a supplementary on that point.

Q102 **Ian Mearns:** You talked about some figures in terms of what is being spent, that this is new money added to what is currently being spent. When you talk about the money that is currently being spent, is that money that should be being spent or is it actually being spent on what it is targeted for?

Karen Turner: At the beginning of every year, we get the CCG planned spend on a number of areas—child mental health in this case—and at the end of the year we get the actual spend. In 2017-18, we are expecting that the new money will be between 25% and 30% of the planned spend. At the moment, we are still clearly waiting for the out-turn for 2016-17, so it is in that ballpark that I am talking about.

Q103 **Ian Mearns:** In the ballpark, but, in terms of amount spent per head of the population at which it is targeted, what sort of range of variation is there around the country?

Karen Turner: Significant—well, there is variation. I do not want to use the word "significant," but there is certainly variation. Some of that will be on history, how much has been spent over the years, the extent to which local authorities and schools are also making provision and the levels of need, so it is very contextual.

Q104 **Ian Mearns:** The Minister was talking earlier about a school that was

developing very good practice, but that is one school in Sheffield. We are all aware that the whole school estate is not in that ballpark and those variations can be significant, with intervention thresholds very different around the country based on the amount of resources that are available.

Nicola Blackwood: Yes, although this is funding through the mental health service, which is slightly different from through the school system.

Chair: Okay. We will go on to training with Helen.

Q105 **Helen Whately:** Teachers generally are very well placed to identify when children have mental health needs and sometimes provide some initial support. They may well be the first point of call for children, but we also hear that they often feel they do not have the skills that they need to identify and support children's mental health needs. Edward, I think you are best placed to answer the question, which is: what progress has been made on including mental health in initial teacher training?

Edward Timpson: We have made some important progress, which I will come on to in a moment, but it is worth emphasising that we should not expect teachers to act as mental health professionals. They are not. That is why we need to have both types of responses to whatever presentation a child may have. It may be that they need better mental health themselves but they do not have a mental illness. A big issue in schools now is around sleep deprivation; children are not getting enough sleep and that causes problems with concentration at school. That is something that teachers can help with, but there will be other children who are far further down the road of a mental illness and that is where teachers need to have a better understanding of how they can make a referral that is both timely and appropriate for that child.

Last year, we reviewed the initial teacher training. Every qualified teacher and trainee has to follow the Teachers' Standards, which gives the base expectations of what they are going to be able to do as a qualified teacher and through initial teacher training. Stephen Munday, who led the expert group that looked at that, has concluded, which is now included in the new ITT content, that there is a need to ensure that every teacher who is training and moving into the classroom has an understanding of a range of issues, which includes their ability to understand mental health factors, both how they can inhibit and enhance a pupil's ability to learn. That is something that was not as explicit before, so it is an important development.

As I am sure the Committee is aware, we are also piloting, and about to expand the piloting of, the single point of contact in schools, which is trying to buy more closely the specialist services that CAMHS can offer, with schools being able to work with them to both improve their own knowledge and skills around dealing with mental health issues and to make a more efficient and effective referral mechanism so that those children who do need that extra professional support can get it.

We have also worked with the likes of the PSHE Association to provide guidance to teachers about how to deal with these issues. It just so happens that I have brought a copy of the teacher guidance that we did with them. We can provide copies to the Committee but it is readily available. Having read through it myself, it is very helpful and informative in setting out some of the issues around eating disorders and understanding some of the patterns of behaviour that you need to look out for. So, there are some good guides out there for teachers, but I am realistic that, as we become more aware and more determined to tackle this issue, we need to help teachers feel confident about how they deal with the whole range of presentations that they will see. We want to address how we go about doing that in the Green Paper; so it will be very helpful to have some input from the Committee through the conclusions of this report.

Q106 **Helen Whately:** For clarity, can I pick up on that? I welcome the single point of contact, which I know is due to be rolled out under a new contract in my area—it will be very helpful for teachers—but with regard to the inclusion of mental health skills as a core part of initial teacher training, I did not quite get from your answer whether that is something that is now happening.

Edward Timpson: The newly published framework of the content of initial teacher training, which was published in July last year, sets out the basic expectations of what qualified teachers and trainees will have to be able to demonstrate as part of their ability to reach the required standard, and that includes an ability to understand mental health factors; that is explicit within that new framework. We can provide that to the Committee.

Q107 **Helen Whately:** Thank you very much. I have one further question. You have mentioned several times the survey that you are carrying out. Do you have any interim findings you can share from that on the level of skills to support mental health needs of children in schools?

Edward Timpson: We do not but we are hoping that the survey—and I think it is better to have a complete picture—will be completed by June or July. It may be that there is sufficient information that we can draw from that which could be fed into the Committee's final deliberations as they start to form some conclusions and recommendations.

Chair: It would be very helpful if it is timely, Edward; thank you.

Q108 **Andrew Selous:** Edward, can I come back quickly on the point you made about sleep deprivation, as it is really important, and I suspect it is very closely linked to limiting access to technology, which we heard about from the panel earlier in that children are probably on their phones and screens until quite late into the night? It would be helpful to have some clear, well-evidenced national guidance that is put up in lights so that parents can find it, because these battles go on in every home in the country. If there was something well evidenced, it would be incredibly

helpful. Is that something the Department could do in this area?

Edward Timpson: Absolutely. We are looking not just in the Department for Education but in the Department for Culture, Media and Sport around internet safety, and in the Home Office around some of the even more difficult issues that children face as a consequence of their relationship with the wide world. I have another meaty bit of guidance on sexting in schools and—

Q109 **Andrew Selous:** I am sorry to interrupt, but I just mean some clear guidance on the amount of sleep and the number of hours to which you should perhaps limit yourselves on a phone or tablet. I find these issues are closely related, and if you say sleep deprivation is a huge issue in schools, some clear guidance would be helpful. I do not know if somebody else would like to answer that.

Nicola Blackwood: There is a page on NHS Choices that gives quite clear guidance on the number of hours that children should sleep, but I do agree with you that sleep deprivation is part of the picture that we should be looking at in the children and young people's mental health Green Paper, and it is something that we will be picking up as part of that. I do want to go on with a couple of the points that Helen Whately—

Andrew Selous: I am sorry, can we go back to Edward first?

Edward Timpson: I will finish my response. I was going on to say that we also have an internet safety strategy that is going to be published later in the year. We also have the UKCCIS board, which met yesterday, where there is an education group looking at these issues. There are a number of opportunities to look more closely at the issue of sleep deprivation and the interlinking that that has with the changing relationship that children have with the internet; so, absolutely, it is something we want to address.

Andrew Selous: Thank you. Nicola?

Nicola Blackwood: Thank you very much. One announcement that the Prime Minister made as part of her mental health announcement was that we will be rolling out mental health first aid across all secondary schools, which will deliver a one-day course for secondary school teachers from April to December. So, teachers will be receiving mental health first-aid training. I think you received the training yourself. You will be aware that it is quite high-quality training and it will provide a level of awareness. One issue that we have not touched on yet is that it is all very well having a high level of awareness among teachers, but if young people are not willing to come forward to receive help because of stigma, we will not be making any progress.

Another key priority we have to look at is how we are going to break through that. We run a big programme, Time to Change, which is reaching over 750,000 children and young people with social marketing messages, and so on, trying to change attitudes and encourage young

people to seek help if they feel they need to. We will be running this through schools, including a campaign, a boot camp and the train the trainer roles, but we would be very grateful to hear any recommendations that the Committee can make as part of this inquiry, as this is a key barrier to not only boosting and promoting mental wellbeing but to early identification, triage and prevention. That has to be a key priority going forward.

Chair: Thank you very much, Nicola. Michelle, you are now going to talk about first aid.

Q110 **Michelle Donelan:** That is right. I want to follow up on your point, Nicola, and ask about what progress has been made already on the first-aid training for mental health, but also to ask you about the challenges that you can perceive with it. We already heard in the last panel from Natasha Devon from the Self-Esteem Team that, in her words, teachers are "ready to snap" because of the overworking, the different curricula and the pressures on them. So, do you think adding another thing, whether it is right or not, will be a major problem?

Nicola Blackwood: I think Ed will want to talk about the experience of teachers—it is not the right thing for me to do—but given that this is a need that has been clearly articulated from within the schools sector, I would expect that this will be a seen as a solution rather than an additional burden. The immediate focus between January and March this year will be to analyse currently upskilled instructors to assess their capacity to deliver the programme, the quality of previous delivery and their experience. Instructors will only be used who have delivered and observed at least two one-day schools courses so that they do not in any way inhibit or upset the system within the school and work well within the system. An additional programme will be developed to develop and upskill additional youth MHFA instructors with the capability and capacity to be part of the project and deliver the one-day course to ensure good geographical spread by the end of the programme's first year so that we have at least 100 instructors by year 1 of the programme. This will mean that we have a cascade effect throughout the system. Our expectation is that this will be seen as a good programme to capacity build within the system rather than anything else.

Q111 **Michelle Donelan:** Then will you look to extend it to, potentially, primary schools and colleges if it proves successful?

Nicola Blackwood: My preference would be to do that, but this is a programme that the evidence shows we know will work within an institution like a secondary school, so the best thing is to Beta test it within a school system like that and make sure it works rather than rolling it out too quickly.

Edward Timpson: The cascading point is important. Although it is one teacher in every secondary school, that provides a touch point for other teachers and staff members to learn from them and let it spread across

the school environment, because part of this is—again, going back to the whole school approach—everybody investing in a different ethos in a school in tackling the issue of mental health. Most teachers want more training, particularly when it comes to dealing with mental health and wellbeing in their school. This could have reciprocal benefits.

I know the Committee heard in earlier evidence how you learn better as a child or young person if your teacher is also in good spirits and has good mental health. As part of the cascading, this is not just across the school network but among teachers themselves, which could assist them in ensuring that they feel able and ready to teach in the best way possible.

Q112 **Michelle Donelan:** So far, there is going to be in the first tranches a third of schools. Is that correct? Just for the purposes of the Committee, what geographical location is that—mixed across the country or a third within a certain region?

Edward Timpson: It falls in all regions across the country. We do not have the specific locations right in front of us, but we can provide the Committee with that information. The hope is that this will give us enough evidence to look at where we can expand or roll it out further, within secondary schools but potentially more widely across education settings.

Q113 **William Wragg:** Good morning. Given the omniscience of Ofsted in all things to do with schools, do you think that Ofsted should be playing a more significant role in assessing the mental health provision of schools and colleges, if I can start with Karen?

Karen Turner: When we are doing inspections and assessments, the skills of the inspectors and assessors are critical. The CQC do this and do it very well. I am sure there is scope for helpful join-up between Ofsted and the CQC in this, but if we are looking at inspecting school-based health services, it would strike me it is a critical role for the CQC to be involved as well and I know discussions are taking place around that.

Q114 **William Wragg:** One piece of evidence that we have had is that, of a sample of around 50 school Ofsted reports, only a third made reference to mental health and wellbeing, even though one category of inspection is to look at the personal development, behaviour and welfare of children and learning. At the moment, is that something you think is not happening sufficiently?

Karen Turner: Is the question still for me?

William Wragg: Yes.

Karen Turner: Your analysis suggests that it is not. I would go back to other evidence that the Committee has received about the importance of a really good ethos and whole approach to mental health. I was in a school in Haringey last week, and it comes from the leadership, from the head down, who understands the interlinkages between good mental

health and individual achievement. Health-based services are only one part of that, so it is a sensible joining up between the CQC and Ofsted if we can get that to happen in reality.

Edward Timpson: May I add to that? In the current inspectors' handbook, it is very clear they have to look at how schools are keeping children safe and healthy, and that includes online, from our earlier discussion. Our new chief inspector, who is in place, has launched a major thematic review into the curriculum, which will also include PSHE. So there is an opportunity there to look at how Ofsted is geared up to inspect and report on both the prevalence and quality of mental health provision within schools, bearing in mind the limitations of teachers to deliver mental health services. I am also aware that Ofsted is looking at appointing an HMI lead on PSHE and citizenship, which is something it has not done before.

Possibly the lever that will be of greatest benefit here is the Government's recent announcement, subject to parliamentary approval, of the inclusion on a statutory basis in the curriculum of sex education and relationships education, seeking a power to have a duty around PSHE in schools. That will heighten the significance within an Ofsted inspection of that area as they have to look across the whole curriculum. That could be potentially a very different environment in which this important area will be judged by Ofsted.

I have one last point about the CQC. Last year, we introduced for the first time in relation to special educational needs services in an area joint inspections by Ofsted and the CQC. We have had around 25 to 30 local areas that have been inspected. That is an interesting model to look at not just within schools but as regards how we are integrating mental health services across an area and getting an eye on that from the relevant inspectorates rather than it all being done individually. That is an area that we want to explore further.

Nicola Blackwood: The only point I would make is that, if we are going to be moving in the direction of having more integration between education services and mental health services, as we are going to be exploring through the children and young people's mental health Green Paper, we must ensure that any mental health services within that system are safe and high quality. At the moment, we are not at a stage where we have concluded exactly how that would be regulated and inspected, but it must have that baseline and we must ensure that, whatever system we have in place, the inspectors have the core skills to be able to ensure that that is the case.

Q115 **William Wragg:** Edward, I have a final point. With Ofsted it is a concern, for a high stakes accountability system within schools, that that content could in itself cause mental distress to teachers and so forth. How are you going to balance out any inspection requirement by Ofsted on the area of wellbeing to ensure it is not just on the pupils but also the

teachers and leadership team in that school?

Edward Timpson: Part of the answer to that will be what comes out of the thematic review by Ofsted into how these are taught within schools. That will, as I understand it, be looking not only at what Ofsted itself will be doing, but at the better understanding of the context and the impact that that then has on a school. The whole purpose of an inspection is to highlight where there are deficiencies as well as where there are successes, and then to be able to point to what the remedy may be and the support that is going to be put in place to make that happen.

The tone we have taken with the CQC and Ofsted inspections of SEND services is very much supportive, albeit not accepting failure. I do not want to gainsay what the chief inspector wants to do in her role—she has that independent thought and needs to carry that out in an unfettered way—but we need to ensure that, in any inspection of mental health provision within schools, we look at it in the round, both from a pupil's perspective but also more widely across the impact it is having on a school.

Chair: Philippa, you would like to ask something on curriculum.

Q116 **Dr Whitford:** When we were taking evidence previously, I was quite surprised to hear from a primary school teacher from Morecambe Bay talking, in among sleep deprivation and other things, about academic stress being a major contributor even in primary school, whereas we tend to think of primary school as happier, a bit more relaxed. As the curriculum has almost become more traditional again and very packed on top of things like the SATs exams, are there any thoughts centrally when these plans are made of the pressure that that creates both on the teachers to get through the work and the children to face what may feel quite stressful to them?

Edward Timpson: First, it would be remiss of me not to say there is no compromise on academic rigour. We want to make sure that children leave school with the absolute basic and necessary skills and academic attainment that they are going to need to be successful in later life, but we also have to recognise that in order to make sure that that happens there needs to be that underlying ability for them to be in a mental and emotional state to be able to maximise that opportunity. One reason, for example, we are bringing in a different way of measuring success in schools, rather than having the A star to C grades, moving towards progression measures, is so that we can start to see what impact schools are having for every child, irrespective of where their starting point was. That will help in unravelling what it is schools are doing that really maximises children's ability to learn and to succeed.

This wider work around children and young people's mental health shows that there is a need to create a better balance within schools—many, as I say, do it very well already—so that the environment they create is one where children feel supported, safe and have every opportunity to

concentrate on being academically successful and not be distracted by other aspects of their life. We are still learning about how to create that in the right way, but it is important that we are talking about it and recognising that we need to engender an environment in school that does not compromise academic rigour but provides every opportunity for children to reach their full potential.

Q117 **Dr Whitford:** We heard from the educational psychologists on that panel that, as we have talked about here, children need to be happy and resilient to be receptive to learning. It is whether that overarching vision has been taken into account when the curriculum is being planned as the national curriculum, and the impact of exams and the sense of children who are only halfway through primary school sitting what they may feel are really important exams.

Edward Timpson: We cannot escape exams. We need to test children to find out how they are performing and whether they are progressing. Having brought in a new curriculum, we want to understand whether it is achieving that objective. Part of that is looking at whether there are points within a child's journey through school where they need better support so that they stay on the right track. This Committee's inquiry will, I am sure, inform assimilation to that, but also the prevalence work, and the provision that we are looking at which is already available will give a better understanding of whether we have that balance right. The curriculum is not looked at in a vacuum; it is looked at as understanding the wider responsibility of a school and how they are best able to achieve what we want, which is every child leaving primary school, for example, being able to read and write properly and to have those basic tenets of education—building blocks—in place so that they are able to succeed.

Q118 **Dr Whitford:** Is there guidance given to teachers when the tests are being applied on how to test children without them being all that aware that they are going through a test that will give you the result that you want, as opposed to, "Here we are. This is this week. You are studying for this. You are working up to it," which creates heightened stress? It sounds as if schools take different approaches to that. Is there any guidance for teachers?

Edward Timpson: There is guidance and I think it is also important that we do not think, in central Government, that we are in the best position to prescribe to every teacher how they should carry out their task around exams when they are better placed—knowing their pupils, I suggest, better than I do—to know the approach to take. We know that they want to be more supportive and to have more training around that as well as the guidance that is provided, so that is something that we want to continue to look at.

Nicola Blackwood: We all recognise that growing up at times can be very stressful, whether it is exams, peer pressure in the playground, social media, problems at home or whatever it might be. The whole point about bringing forward the Green Paper is a recognition that we can do a

better job of providing mental health support through the schools system and integrating the links between the schools system and the mental health services, and indeed improving the mental health services.

The whole point of the process that we are going to go through with the Green Paper is to identify the evidence of what works, to intervene earlier, prevent earlier, promote mental wellbeing and provide the right tools and coping strategies for exactly those stresses, because, first, you cannot eliminate the stresses, but, secondly, I do not think it is necessarily particularly helpful to eliminate the stresses because they will come along all through life and, if you do not develop the coping strategies, you are not going to be particularly successful in life.

The point about the Green Paper is to try to provide the support all along the way to help young people cope better but also provide access to the right mental health support and care at the right time before things escalate out of control, because we recognise that at the moment that system is not working as it should. We are at the very early stage of that process, but that is exactly what the Green Paper is designed to try to do. I hope that is a bit of reassurance on that point.

Dr Whitford: It is just that the stresses that we were used to young people hitting in mid-teens now children seem to be hitting in primary school, and that is within the educational system and within their lives, internet, social media and all the things we have talked about. It just seems as if there is an awful lot going on in their heads at a very young age.

Q119 **Dr Wollaston:** There is also, is there not, Minister, a matter of degree here, that if we are piling too much exam pressure on children we are contributing unnecessarily to mental health problems? Certainly it is very clear from the survey YoungMinds did—and we are very grateful to it for conducting its survey—of young children about the things that they felt had an impact on their mental health that the pressure to do well in exams is the thing that they have identified, along with the other points that you recognise. Pressure to do well in exams is clearly the main issue that they identify. Do you feel, Minister, that we have the balance wrong here and we are piling too much pressure on children for exams? Should we be tailing that back so that we are focusing more on a whole school and valuing wellbeing and measuring it as well, because at the moment the measurements are all on exams?

We heard from Lord Layard in our previous panel that there are now very good measures for assessing wellbeing. Should we be valuing them as well? When you are talking about appraising progress through school, should we be bringing in a formal appraisal alongside that about wellbeing?

Edward Timpson: One thing we can agree on is that one should complement the other inasmuch as, if you have good wellbeing and strong emotional health, you are likely to have children who are going to

be performing well academically. How you measure that, clearly, is changing within schools with the progression measures. We cannot move away from not having testing or exams; otherwise we are never going to be able to demonstrate—

Dr Wollaston: No one is suggesting that.

Edward Timpson: That schools are achieving what we want our pupils to do.

Another important change of emphasis within schools and colleges that the Government are bringing in is saying to children and young people that going to university is not something that we want everybody to do as a measure of whether you are a success or failure in later life and that there are other routes to a great career, particularly down the vocational route—obviously, the tier levels that we have announced, and the investment in apprenticeships. That will also help take away some of the pressure to be seen to be part of that cohort who are going on to university and somehow, if you do not, you become a lesser part of the education system. That is from secondary level onwards.

We also need to think about how we get the balance right between academic rigour and emotional support through the primary school years, but I do not think they should be mutually exclusive. We can look at how we measure the impact of one on the other. The evidence base is growing in that regard, and it may be something that we need to test out as we are doing with some of the other random control tests that I mentioned earlier.

Q120 **Ian Mearns:** It is not just the stress of exams that, from a mental health perspective, stresses young people within an educational institution, but the appropriateness of an academically rigorous curriculum for all children, which can place its own stresses. Children have a huge range of capabilities, personal circumstances and support mechanisms, and an academically rigorous curriculum for 100% of children might not always be completely appropriate, because children quite often learn and have to be taught in different ways and have, frankly, different capabilities to succeed in that environment.

Edward Timpson: That is why we are moving towards measuring progress of individual pupils and that being a measure of the success of a school, but also there are those—and this is reflected in the Rochford review that took place recently—who will always be below that baseline and we need to look at how we factor them into the academic structures that we have put in place. There are some children for whom there is absolutely a different approach to knowing what their academic potential is and responding to it, to make sure that we do not reduce our ambition for them in any way, because there is a danger that that is a consequence, but we still also make sure that their progress is an important part of a school's responsibility for all children.

Ian Mearns: Education, you know, is not just about imparting knowledge; it is about helping a young person to grow and develop, helping them to learn, and if the ways employed in helping them to learn are not appropriate to that youngster's needs, you could end up in a situation, which often happens, of turning them off all learning, which is a real problem.

Q121 **Suella Fernandes:** This is directed at Mr Timpson. You mentioned academic rigour going hand in hand with emotional support. What are your views on Professor Putnam's book—I am sure you will know it—"Our Kids"? He has talked about the decline in wellbeing and mental health among young children today saying that mechanisms like having a family lunch, mentoring and support from peers, extracurricular activities, which are not necessarily focused in the classroom, and team-based sports can all be very helpful, practical methods to provide support and increase wellbeing among children.

Can I extend an invitation to Michaela community school, a school that I co-founded, where we are succeeding in combining academic rigour and emotional support through having a zero tolerance policy on bullying, with authority asserted by the teachers, an emphasis on discipline, manners and gratitude through appreciations and thank-you notes on a daily basis and empathy—your thoughts and an invitation?

Chair: Not too many thoughts.

Edward Timpson: Those thoughts may be curtailed by, I am afraid, my admittance that I am afraid Professor Putnam's book is probably in the very large pile by the side of my bed that I need to get through, but I am a great believer in what can colloquially be called life skills and how we equip children and young people with what a lot of the business community is looking for when they are recruiting. We have already done a lot of work, through NCS, the expansion of the cadet force, expansion in schools, as well as the other resilience work that we are doing in schools, to help embody that and embed it more widely. Of course, I will be delighted to see how it is being done very well in your own constituency.

Chair: Thank you, Edward—nicely dealt with there.

Q122 **Helen Whately:** I have a short question for Edward specifically focusing on exclusions and whether there is a prevalence of children with mental health conditions, including developmental disorders, among children who are excluded from school.

Edward Timpson: We know that children who would fall under special educational needs and disabilities, of which those with mental health are a part, have a disproportionate propensity to exclusion through the new code of conduct around special educational needs, which is the statutory guidance where we have explained ways of trying to row back on sometimes what are ill-informed and poor decisions about that but also around alternative provision. We want to see how we can make schools

more accountable for children whom they exclude and what happens next to them with their education, whether they go to a pupil referral unit or sometimes they end up being educated at home. At the moment, there is a lack of accountability on schools for the consequences of that decision, but we know that those who have more profound needs tend to have a higher level of exclusion, and that is something we do want to address.

Chair: Maggie—co-ordination, I think it is.

Q123 **Maggie Throup:** Yes. Edward, you mentioned earlier about a single point of contact, and I want to explore that a bit further. The evaluation published last month of the CAMHS schools-linked pilot indicated lack of resource available to roll it out further. What are the next steps for the pilot and will the Government commit to more resources to establish better links between schools and CAMHS?

Edward Timpson: It is important to recognise that the early indications are that there has been a lot of success on the back of the pilots, something we were doing with NHS England as well. We saw an increase in the frequency of contact between schools and children and young people's mental health services, and a better understanding as well as the number of referrals that were made by schools as a consequence. There was a greater and better knowledge and understanding of mental health issues prevailing around the school and there was better communication and working relationships between the different agencies.

There are a lot of positives that have come out and clearly we want to build on that, which is why we are moving into 20 new areas that will cover about 1,200 schools. We have set aside the funding in order to do that, but, as Nicola said earlier, we want to use it as an opportunity also to understand the capacity in the system to enable it to expand further. We do not want to set up a single point of contact in a school that sounds great but in practice does not happen because there are not the requisite services in that area. Part of it is capacity building and at the same time understanding how integration best works between schools and mental health services.

Q124 **Maggie Throup:** Karen, do you want to add to that?

Karen Turner: Thank you. I think the Minister has said some of the things I was going to say about the evaluation, but I would add that the findings are not just for those schools. We are publishing them across all child mental health services in the NHS. The improvement support that is available to local areas will use what works best in that area, so it will not just be contained within the 1,500-odd schools that the Minister has mentioned.

Q125 **Maggie Throup:** Are you still developing the models?

Karen Turner: In areas where there is nothing, it can act as a very helpful blueprint according to the context, as we have said, but there are a lot of schools that have elements of the pilot programme in place

anyway. In those, they are learning what works better and how to build on it. In some areas, schools are an obvious place to have a whole focus on a significant service. In others, they are not. In inner city areas, where you might have something on the corner that is well established, you would not necessarily replicate it in school; so it is very contextual. The single focus has to be a very sensible one.

Maggie Throup: Edward, you sort of side-stepped the other part of my question about whether enough resources will be allocated.

Edward Timpson: Did I?

Q126 **Maggie Throup:** You indicated that resource is allocated for the next bit, but how about the complete picture?

Edward Timpson: No decisions have been made about that because part of it is understanding through the evaluation what would be the best next steps to take, but there is clear commitment from the Government to use this as an entry point into a wider use of clear referral pathways through schools, which were not that consistent before they existed. I cannot tell you what is going to happen next because we have not made that decision yet.

Q127 **Maggie Throup:** Nicola, do you want to add anything?

Nicola Blackwood: No. I would say that this is part of the bigger picture of the Green Paper process that we are going through, and the single point of contact or having the linkage between schools and the mental health services as a point of early triage is the first stage. We have talked a little about the need at that point to address stigma and to make sure that there is a base level of mental health first-aid training throughout the schools. What we have not really talked about is the need also to provide better support and access to tools for parents, because, if you have a child who is starting to struggle or has even developed a mental illness, it can be very frightening. At the moment, access to the right kind of support is not quite there, so that needs to be part of the picture. Then the next stage is access to the right kind of services in the community, and then we need to have the CAMHS. That is the way we are thinking about it, but we are at the early stage of development. Hopefully, what we will get, with the fact that we are developing our process alongside you doing your inquiry, is a very synonymous process.

Q128 **Maggie Throup:** Can I follow up? You are developing the pathways, but there is some good practice out there already. The Committee saw some during its visit to the Tavistock and Portman NHS foundation trust last week at the Regent high school. How can those be replicated and moved out quickly across the country?

Nicola Blackwood: As part of the process we are going through, we will be going to engage with what works. NHS England spends an awful lot of time engaging with those processes and holding up the very best practices, but trying to impose a one size fits all on different areas does

not work because the services develop in very individual ways. We need to ensure that we are looking for the right outcomes, not specific processes or innovations.

Karen Turner: Might I just add that we have quite significant improvement support for local areas, so the model you described is being described and discussed in other areas across the country and the people who have led it are going into other areas where there is interest and where there is a similar context, so that we do not wait for results? Where things are being shown to be working early, it makes sense to put them in place.

Q129 **Andrew Selous:** We had evidence in a survey of 4,500 children who have been seen by CAMHS that family relationship problems were the biggest presenting problem. My question is in relation to the Green Paper. I am looking for an assurance that it will look beyond the school gates at the root causes of children's mental health. Not all these problems are caused in school per se; so I would like some assurance that you will be looking at the wider family issues and seeking also to join up your colleagues in the Department for Work and Pensions, where some of the family policy in this area is located.

Edward Timpson: We cannot separate parents out from something in which they should be part of the solution, whether that is specifically on something like online safety all the way through to their wider understanding of the impact on school of what is happening at home. That has to be part of the societal shift that we want to see happen on this issue, not just around awareness but on delivery.

Q130 **Andrew Selous:** One large issue is parental conflict. Will that be an issue that you will look at as part of the Green Paper?

Edward Timpson: Absolutely, because, as I say, it would not be sensible to try to de-compartmentalise this issue. It is looking at it from the children's perspective: what is it that happens in their life that has an impact on their mental health and wellbeing? There will be a whole range of issues, including parental conflict. As someone who has spent 10 years at the family Bar, I saw it every day; so, yes, we want to make sure that we cover all bases as far as children are concerned so that we get a comprehensive response and a strategy in place.

Chair: Thank you, Andrew. Michelle, you are going to wrap up with social media, I think.

Q131 **Michelle Donelan:** Yes, thank you. More than a tenth of young people are reported as having been victims of just cyber-bullying, and all the other online threats and abuse they can come under, as well as the positive things. What do you think is the responsibility of social media and technology companies to tackle this and what are the Government doing to address that?

Edward Timpson: As I alluded to earlier, I met with the UKCCIS board yesterday—the United Kingdom Council for Child Internet Safety board—where Ministers from the Department for Education, the Department for Culture, Media and Sport, and the Home Office, together with internet service providers, the Internet Watch Foundation, CEOP and other charities working in the sector, all come together to try to come up with ways of tackling these issues in a self-regulatory way. That is what led to the change, for instance, on parental controls, having them in place on all public wi-fi, and other measures that we have put in place that would not have happened without that co-ordination. So there is a forum to try to talk about where that responsibility lies.

There is no doubt that, as we get a greater insight into what social media does to children, both in a positive and negative way, we respond not just through Government wielding a stick but by those who are the instigators of either the material or the conduit for it, as well as those who promote it and advertise it, taking their responsibility seriously and working with us so that we come up with the right solutions.

If we take cyber-bullying, it was pointed out to me yesterday that, when we talk about cyber-bullying, it is part of wider what could be termed rumour and nastiness that goes on, on the internet. Cyber-bullying is part of that, but we know that there are lots of other ways that children are exposed to material and end up making poor choices through lack of understanding that we need to address. That is why we brought into the computing curriculum internet safety in all four key stages and why also the measures that we are taking on relationships education and relationships and sex education and the powers around PSHE provide a strong platform to educate children and build in that digital resilience that we know they are going to need from a more and more tender age.

If we take cyber-bullying as an example, last year we announced £1.6 million over two years to support children through charities such as the Diana Award to work with them to enable them to gain that resilience. The UK Safer Internet Centre has done a cyber-bullying guidance for schools, with the GEO, so there is more of a burgeoning response to the issue. But it is important—and this has been demonstrated in the last few weeks—that the likes of Facebook, Google and Twitter cannot escape their social responsibility to children, and they should always think, when they are putting a new product on the market or pushing new products through the internet, about how that is keeping children safe and whether there is more that they could do to make sure that is exactly what happens—not the opposite.

Q132 **Michelle Donelan:** Having been in the meetings with them and had discussions, do you think that they are taking on board their responsibility enough, or do you think that in the end self-regulation will not be satisfactory and we will have to legislate?

Edward Timpson: We always reserve the right to regulate. It is not our preferred approach and, as I say, we have already made significant

progress through working with the industry to make sure that we get more measures in place that keep children as safe online as we want in the offline world. So, yes, there is good engagement, but there is always more that they can do to lead by example as well as come up with technical solutions that we as Government cannot keep pace with through legislation.

Nicola Blackwood: It is also worth pointing out that this has now become front and centre in all the policy work that we are doing. We have social media as one of the key strands of the children and young people's Green Paper; we have the national internet strategy, which is coming out led by DCMS; but we are also bringing forward a range of resources to support teachers and parents. We have the MindEd resource, which over 3,500 teachers regularly use, which helps them identify risky online behaviours, support children in schools and give them the advice that they need, for free. Also, we have an online campaign called Rise Above, which has targeted the 14 to 19-year-old group, which is proving to be quite effective around this whole social media bullying online area. We are developing this particular area because we recognise that the resources that we can bring into this will have the most impact at this particular point.

Chair: I would like to thank all three of you for some excellent answers—really useful contributions—Edward, Nicola and Karen. Thank you very much. Edward and Nicola have both pledged to give us further information in the form of letters or reports as appropriate and we look forward to receiving those. I would like to thank everybody who has contributed to this very useful morning's session. Thank you very much.