

Written evidence submitted by Children and Young People's Mental Health Coalition/School's wellbeing partnership

Education select committee: Covid-19 impact

*Children and Young People's Mental Health Coalition/School's wellbeing partnership:
Evidence Submission*

Who we are

The Coalition brings together over 200 organisations to campaign and influence policy, with and on behalf of children and young people, in relation to their mental health and wellbeing.

We do not represent any one organisation, approach, or professional group, but come together to provide a strong unified voice speaking out about children and young people's mental health. We are Chaired by Sir Norman Lamb.

The Schools' Wellbeing Partnership is a national network of nearly 50 member organisations from across the education, mental health and children sectors which works to improve mental health and wellbeing in schools. The Partnership's vision is for children's wellbeing and good mental health to become a strategic priority, embedded into the culture and ethos of every school and prioritized across government

Summary

Educational settings play a vital role in children and young people's mental health and wellbeing. Not just because of the social and academic benefits, but they also act as a hub of support. Our member groups, ranging from frontline workers to researchers, have reported the wide-ranging challenges Covid-19 lockdown measures is posing to education, and the various areas it impacts, as we outline in detail. We are supporting a children's sector live practitioner survey, turning the responses into policy briefs and recommendations for decision makers.

Given the uncertainty of when schools will fully reopen, we believe the Committee must consider the evidence of school closure impact on children and what can be done should it continue, alongside planning school resumption that prioritises the wellbeing of our children and young people, given the impact of lockdown so far.

School change and resumption can and must prioritise wellbeing. It is a chance to go back to better, not back to normal, for our children and young people.

Key messages and recommendations:

- 1) There is a heightened risk to the mental health of vulnerable children and young people due to school closures and lack of remote support.

Key recommendation: Department for Education (DfE) ensures vulnerable children who are best off going to school are going while ensuring those at home are supported. The long term needs of these children should be considered as part of reopening plans.

- 2) Children and young people with Special Education Needs, who have a mental health condition, learning disability and/or autism, and who are not attending school, are being left behind.

Key recommendation: DfE works with local authorities to address barriers of children with complex needs getting the help they need given lockdowns restrictions. Schools should support them holistically on resumption.

- 3) Online and distance support is varied nationwide, with some success but some children and their carers not receiving help. Government and local authority action is needed to ensure all children get the help they need missing due to lockdown measures.

Key recommendation: Information and resources for parents, carers and children who are currently out of school due to the pandemic, should be quality controlled by the Department for Education and produced with full consideration of diverse family circumstances.

- 4) A recovery plan for school reopening, reintegration and mental health support in future should be co-created with key stakeholders that prioritises wellbeing.

Key recommendation: Decision makers embed wellbeing across the Covid-19 response strategy in order for children and young people and schools to recover

Long term impact on the most vulnerable groups

- (1.1) Education disruption has the potential to significantly affect the lives and mental health of children and young people. Children with existing vulnerabilities are those whose health and development is likely to be significantly impaired without social service or local authority help. Children living in households with conflict and in other traumatic situations are of particular risk. Social distancing and Lockdown measures are reducing people's access to support and increasing confinement. Schools usually play a vital role in referrals, hosting third sector intervention and counselling, and being a safe space for the children mentioned above. As mental health can be impacted by being in traumatic households, as we elaborate on in (1.2), schools closing take away the above role they play and therefore may affect said children's mental health. Responses to our practitioner survey included "My work is done on a one-to-one basis in schools supporting children and young people who have witnessed domestic abuse - at present my work is severely affected by the crisis."
- (1.2) We welcome the Government's additional investment in domestic violence support and are concerned about the established increase in cases already reported. We note the additional effect of this is the mental health of children and young people in these homes. Domestic abuse is traumatic for children and young people to witness first hand and be around. As well as being a recognised form of emotional abuse for childrenⁱ, it is one of the most common Adverse Childhood Experiences in the UKⁱⁱ. The current public health measures assume that all children have a home, and that this is a safe place to isolate or be socially distanced. We are seeing that for some families this is not the case (for example, calls to the National Domestic Abuse Helpline are up 25% since lockdown beganⁱⁱⁱ). More measures are needed to reach these children who have lost school as a safe space and source of support.

- (1.3) **Recommendation:** We welcome published school guidance^{iv} on supporting children when they return to school. However, there should be clear reference to a trauma informed approach, beyond generalised wellbeing check in from faculty, to ensure that children mentioned above get the correct support they need, and that schools can pick up issues early. Further, understanding of challenging behaviour, and why children may behave differently, should be included in any training/resources for faculty.
- (1.4) Figures published by the DfE in April showed that only 5% of the allocated 500 000 school places for vulnerable children were being taken up^v. This is very worrying, considering that school is a crucial place for local authorities to pick up on safeguarding and protection issues. The most vulnerable children and young people have been behind closed doors, and lockdown measures have meant social care and family workers being less available for these children. The reasons why children are not in school may vary - from fear of Covid-19 spreading to child neglect. Identifying the specific barriers will allow practitioners to act on them.
- (1.5) **Recommendation:** We welcome DfE guidance for schools to make sure that vulnerable children attend school. However, DfE Should works with local authorities to identify and address the barriers for children with complex needs attending school and getting the help they need at home given lockdowns restrictions. This should include working with the volunteer and charity sector, ensuring vital home and remote services they provide are fully funded by Government.
- (1.6) In addition, young carers are an already at-risk group with an estimated 2 in 5 young carers currently experiencing a mental health problem.^{vi} Young carers are likely facing significant challenges at this time, including caring for a relative affected by the virus and struggling to keep up with their learning during the lockdown. One practitioner also raised concerns about isolation faced by young carers, they noted that 'currently young carers are being supported remotely by the team but have no relief from their caring role and very limited interaction with their peers.'
- (1.7) **Recommendation:** We welcome government guidance ^{vii} on considering vulnerable pupil's mental health on site. Schools reopening must consider meeting the long term needs of children and young people who have been most vulnerable during lockdown such as those in traumatic households and young carers. But this can only be done by ensuring that staff and faculty are properly trained and supported in a trauma informed approach and that their own wellbeing and capacity needs are considered.

(2. Children with learning disabilities and complex needs

- (2.1) The rollout of all home and remote schooling has inevitably affected all children. However, children with Learning Disabilities and/or autism, mental health conditions, and other Special Educational Needs (SEN) are facing multiple challenges, as are their parents and carers. This ranges from difficulties in adapting to significant disruptions to routines, to insufficient support within the family environment.

- (2.2) We welcomed the government's awareness in maintaining a skeleton education service for 270 000 children with an Education, Health, and Care Plan (EHCP). However, as the Department for Education (DfE) figures showed in April, actual attendance was poor. Urgent action is needed to ensure that pupils who need it most are attending school now and in the future.
- (2.3) Local authorities have a duty to enact the requirements of EHCPs, but this is not possible if children are unreachable at home, are not at school, or the home environment does not have access to the skills, expertise or resources that are needed for learning.
- (2.4) **Recommendation:** Measures to account for school closure and children not at school must be considered by government to ensure every opportunity that children who need support most get it. All children have a right to a continuity of education, and we know that not safeguarding this will impact on outcomes for children and young people with alternative needs. Some schools will be able to support children better than others- government must consider supporting schools that need more help and resources, so that they can help their pupils remotely.
- (2.5) Children and young people not attending school are reliant on their parents and carers creating a tailored plan for their learning alongside their social, emotional or health care needs. Structure is often beneficial for certain conditions such as autism and OCD, putting pressure on carers to provide this alone can be a daunting task. Asking parents to support their children in this way without specialist input is a big ask. For example, one practitioner is concerned that 'we sign post parents to resources or talk them through helpful strategies. I wonder how this is then interpreted by the parent to the child, often there can be systemic family issues that are exacerbating the child's 'symptoms' of mental health issues'.
- (2.6) **Recommendation:** Information and resources to compensate for school closure should be quality controlled and produced with full consideration of diverse family circumstances. These resources should have clear and consistent signposting information to ensure parents and carers can seek further support should they need do.
- (2.7) Before the lockdown, the Government had invested in an infrastructure to support mental health in schools, including additional funding, Mental Health Support Teams (MHSTs) and Designated Mental Health Leads. This new investment must have full impact, however it is undecided how this additional infrastructure, skill and resource will be redeployed during the lockdown. Specifically, children and young people with a Learning Disability are four times more likely to develop a mental health problem than their peers, as our report, *Overshadowed*, highlights in depth^{viii}. Therefore, it follows that pupils with learning disabilities may rely more on MHST than their peers.

- (2.8) **Recommendation:** For all Children and Young People not in school, MHST should be redeployed in an outreach capacity, using community infrastructures beyond school, to ensure the schoolchildren they were assigned to help can still be helped, and reaching more emerging need if possible.
- (2.9) **Recommendation:** The government's response to the outbreak should ensure that children and young people with learning disabilities are not unintentionally put at greater risk, by ensuring they can still attend school when possible, developing preventative outreach and support, and investing in early intervention.
- (2.10) In the longer term, children with Special Educational Needs or a Disability (including mental health) may be affected more adversely by such a long delay of school and support compared to their peers.
- (2.11) **Recommendation:** When resuming in person education, Schools and DfE consider the needs of children with learning disabilities who have been disproportionately affected by not attending school, by taking a trauma informed approach to behaviour.

(3. Interventions and support that have been disrupted by school closure

- (3.1) Currently, it is clear from practitioner responses that school closure has greatly disrupted their practices. For practitioners delivering mental health services within schools, they are no longer delivering interventions to children and young people such as counselling. As one practitioner noted, this means that children are not receiving a service that they have been identified as needing to support their mental health.
- (3.2) We discuss digital migration below, but there is a separate issue surrounding services that cannot be migrated, or whose effectiveness is depleted. The unique role schools play can be difficult to replicate for practitioners. One response said – 'it is clear that in a situation like we have with schools closed we do not have community structures to reach those most in need of support, particularly young people'.
- (3.3) Practitioners also raised concerns about the availability of safe spaces for young people to access telephone and online support and how 'they may not have the necessary privacy to have a session on the phone in their home.' It was noted that young people may feel less likely to talk about issues that are concerning them if they are at home. One practitioner noted that the 'ability to read young people and respond to body language etc. and be trauma informed when sharing resources is more difficult during phone support.'
- (3.4) **Recommendation:** Pragmatic solutions should be considered for providing a safe space for children and young people who do not have one, for conducting their therapy and treatment online. These can obey social distancing, especially as restriction levels ease, such as using school and library space for this purpose.

- (3.5) Many in school-based services, including third sector counselling and therapeutic intervention, have to adapt their delivery model to either providing support digitally or via the telephone as a result of lockdown measures, allowing young people and professionals to attend from their home. Practitioners have reported challenges in relation to this digital migration. Practical issues were reported with infrastructure within organisations to make this transition. For example, IT systems not being set up for staff to work from home, slow systems and issues with internet access. We welcome NHS England offering free online training to ensure practitioners adapt to online therapy. But this must be supplemented with clear guidance and support on what platforms should be used. Children missing out on provision they usually get through school will suffer if online alternatives are not as effective as possible.
- (3.6) **Recommendation:** There is a need for centralised guidance on what platforms are appropriate to use within services providing mental health support to children and young people during school closure, to ensure the same high quality online intervention and counselling across the country. This could be developed by NICE, for example. We welcome NHS England's free online practitioner training, but this must be widely publicised to ensure maximum uptake.
- (3.7) **Recommendation:** Although schools are reopening in a staggered fashion, it is unclear how many children will actually return and when. It is imperative that remote support for children at home (and their carers) is continually supported and improved, through DfE supporting schools and DCMS/DHSC supporting groups providing help online.

(4. Recovery plan for schools-considering long term impact and opportunities for positive change

- (4.1) School reopening is crucial for tackling deteriorating mental health, given the effects of Covid-19 and lockdown. We understand how challenging getting this right is for children, their families, and school faculty. However, members report a confusing picture emerging for schools and returning pupils. This period is a chance to make long term system changes, for long term mental health improvement. We welcome the recently released DfE guidance for schools and staff. However, as we have outlined above, if wellbeing is to be prioritised, schools and parents must be fully supported with resource and training where needed, allowing a whole school approach, trauma informed practice, and person centred behaviour management to take place across the system.
- (4.2) **Recommendation:** Decision makers embed wellbeing across the Covid-19 response strategy in order for children, young people and schools to recover, to address inequalities and to secure good long-term outcomes for children and young people.
- (4.3) We welcome the focus in recent guidance^{ix} on staff wellbeing. With specific regard to the wellbeing of children and young people, comparative data from countries who are further ahead with schools returns highlight the importance of a focus on play, social-interaction, extra-curricular activities, targeted individual support, and looking at challenging behaviour in the context of trauma. It is great to see a 'pressure off' approach highlighted by DfE, but this will be easier for some schools than others. Engagement with parents, carers, and children and young people themselves is key to understanding priorities and practicalities.

- (4.4) **Recommendation:** a commitment from government to cross-departmental working on this agenda to develop a systems-wide response taking the above into account; And from DfE to continue to update guidance for schools on recovery planning with wellbeing as a primary focus, giving specifics on supporting staff to do so
- (4.5) **Recommendation:** Adopt an approach that is Whole School focussed and is trauma-informed will best support children and young people in their recovery, give consistency across the system and could facilitate a unified strategy. Behaviour approach should be considered in this. All behaviour is communication- schools must work with children from a holistic perspective, by helping them reintegrate and pick up on signs of trauma early, as opposed to excluding or punishing them for reactions to adverse experiences during lockdown.
- (4.6) The COVID-19 outbreak and lockdown has focused attention on loss and grief in an unprecedented way. The death of someone close is associated with risks to mental and physical health, learning and relationships, especially in circumstances that are already disadvantaged. Many bereaved children experience significant anxiety about the health of others they care about. The pandemic and physical distancing measures have made grieving harder both for children who were already bereaved, and those who have been affected by a death during the lockdown. Not being able to visit someone who is dying, being apart from wider family and friends who could offer comfort, having a very restricted funeral, and being away from the routine and normality of school have been very challenging for these children and young people.
- (4.7) **Recommendation:** As pupils return to school, staff need to be equipped to have supportive conversations with those who have been bereaved, find extra help for those that need it, and be ready to address topics of loss and grief in the new RSE and Health curricula.

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/779401/Working_Together_to_Safeguard-Children.pdf

ⁱⁱ <https://www.cdc.gov/violenceprevention/childabuseandneglect/acestudy/about.html>

ⁱⁱⁱ [https://www.barnardos.org.uk/sites/default/files/uploads/Barnardo%E2%80%99s%20briefing%20on%20the%20Domestic%20Abuse%20Bill_%20Second%20Reading%20Debate%20\(HoC\)%2028%20April.pdf](https://www.barnardos.org.uk/sites/default/files/uploads/Barnardo%E2%80%99s%20briefing%20on%20the%20Domestic%20Abuse%20Bill_%20Second%20Reading%20Debate%20(HoC)%2028%20April.pdf)

^{iv} <https://www.gov.uk/guidance/supporting-pupils-wellbeing#maintaining-wellbeing-by-setting-realistic-expectations>

^v <https://www.theguardian.com/education/2020/apr/21/just-5-of-vulnerable-children-were-in-school-in->

[england-last-week](#)

^{vi} [https://youngminds.org.uk/media/1241/report - beyond adversity.pdf](https://youngminds.org.uk/media/1241/report_-_beyond_adversity.pdf)

^{vii} <https://www.gov.uk/government/publications/coronavirus-covid-19-guidance-on-vulnerable-children-and-young-people/coronavirus-covid-19-guidance-on-vulnerable-children-and-young-people>

^{viii} <https://cypmhc.org.uk/publications/overshadowed/>

^{ix} <https://www.gov.uk/guidance/supporting-pupils-wellbeing>

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