Evidence for the Children's Wellbeing and Schools Bill

We welcome the proposed Children's Wellbeing and Schools Bill, with its focus on children and young people in care and care leavers, the potentially transformative proposal of a single identifier, and the spotlight on multi-agency care. Using empirical evidence we set-out recommendations where we argue that the proposed clauses could be strengthened to align with and promote evidence-based practice, specifically as they relate to children in care and care leavers.

Who we are

We are a group of clinicians and academics from psychology and social science, who all have nationally and internationally recognised expertise in the mental health and wellbeing of care-experienced young people. The research highlighted below (most of which has been co-developed with care-experienced young people and service providers) demonstrates crucial considerations for the success of the proposed Children's Wellbeing and Schools Bill.

Rachel Hiller is Professor in Child & Adolescent Mental Health at UCL and leads the Child Trauma & Recovery Research Group, who specialise in the mental health and wellbeing of care-experienced young people. She is also the co-director of the UK Trauma Council.
Lisa Holmes is Professor in Applied Social Sciences at University of Sussex, the former Director of the Rees Centre, co-founder of the Children's Social Care Data User Group, and specialises in the area of children in care and care leavers.
Katherine Shelton is Professor in Developmental Psychopathology at Cardiff University, where she is Head of the School of Psychology, and has a research focus on care-experienced young people, including leading the Wales Adoption Cohort Study.
Robbie Duschinsky is Professor in Social Sciences at University of Cambridge, where he is Head of the Applied Social Science Group, and focuses on attachment, the sociology of health, and integration of health and care systems.
Pasco Fearon is Professor of Family Research at University of Cambridge and Director of the Centre for Family Research, which conducts world-leading research on child development and mental health.
Rick Hood is Professor in Social Work at Kingston University, where he conducts mixed-methods research applying systems ideas to improve practice and outcomes in children's social care.
David Trickey is a consultant clinical psychologist, co-director of the UK Trauma Council, and expert in assessment and psychological treatments for complex trauma exposed children and youth.
Matt Woolgar is a consultant clinical psychologist at King's College London and the South London & Maudsley NHS Foundation Trust, where he leads the psychology services in the National Adoption & Fostering Clinic.
Dinithi Wijedasa is an Associate Professor in Child and Family Welfare at University of Bristol, where she has led several studies investigating the mental health outcomes of children in care.

Proposed amendments and points of consideration for the Bill

To reduce the risk of misinterpretation of the Bill by multi-agency teams and by services, and to improve how it is implemented and operationalised, we suggest the following:

1. Explicitly name *mental health* within the Bill.

Relevant to:

- **Blanket statement across full Bill**
- **Specifically, Clauses 5-9.**

Mental health and wellbeing are intrinsically linked[1-4]. Wellbeing cannot be addressed without acknowledging, and in many cases directly addressing, mental health – particularly for a group of young people where there are well-documented high rates of mental ill-health. Yet, the Bill does not include a single reference to 'mental health'. This is a major omission based on empirical, clinical, and lived-experience evidence, and has the potential to affect how the Bill is interpreted and operationalised by services.

The poor mental health of young people in care and care-leavers is well-established[4-7]. There is moderate to strong overlap between mental health (e.g., depression-, anxiety-, trauma-related-, conduct-symptoms) and wellbeing (including general wellbeing, school wellbeing and relationships)[1]. This overlap only strengthens during the teenage years; by 16-17 years old, 90% of young people in care struggling with their mental health rate their wellbeing as 'low'. Population research suggests 15% of the population of teens consider their wellbeing to be low – for 16–17-year-olds in care, this is over 40%[1]. Both young people in care and caregivers often highlight prolonged and unmet mental health needs, and the impact this has on daily wellbeing[8,9].

It might be presumed that wellbeing would obviously include mental health, without the need for this to be explicitly stated. Just like it might be assumed that referring to 'health' would automatically encompass 'mental health'. Yet in practice, local authorities often view wellbeing as distinct from mental health[10], and health (and health care professionals) as distinct from mental health (and mental health care professionals). Services are commissioned on this basis, resulting in mental health provision that regularly draws on pseudoscience and non-evidenced practice[5,10]. Our research on mental health service provision for care-experienced young people[10] showed that mental health services working with young people in care and care-leavers would often purport that they were 'wellbeing focused' and that this justified a limited or no focus on mental health. Yet, these services were clearly working with young people struggling with significant unmet mental health need, and there was no other or limited mental health provision elsewhere.

We urge the committee to modify the Bill to explicitly acknowledge that wellbeing includes or encompasses mental health. Ideally, this should be presented as a blanket statement, but we specifically suggest revising:

Clause 5, subclause 2 (a): health and wellbeing, *including mental health*
Clause 7, subclause 4 (b) (i): health and wellbeing, *including mental health*

2. Inclusion of a shared multi-agency-developed and published mental health and wellbeing service specification, extended not just for kinship care but also for all children under local authority care and care leavers.

Relevant to:

- **Clause 5, including subclause 1(c) and subclause 2: information about health and wellbeing *(revised to include mental health)* services.**
- **Clause 7, including subclause 4(b): helping them to access services relating to health and wellbeing *(revised to include mental health)***
- **Clause 8, subclause 2A(d): assisting former relevant children under 25 to access services of the kind mentioned in subsection (2; *revised to include mental health*).**

We welcome the Clause 5 focus on kinship care and the need for this to be separated out to monitor provision. However, what is proposed is also relevant for all looked-after children. The large majority of children in care, including those approaching 'aging-out' of care, are in non-kinship placements, yet they remain overlooked in the current Bill. **We suggest an amendment to the Bill to include an additional section within Clause 5, outlining expectations for local authority reporting provision in their region for the wellbeing (including mental health) of looked after children and care leavers (Clause 7-8).** This should be produced as part of a collaborative shared service specification, developed with appropriate multi-agency staff from mental health, health, education, and social care.

Research with children's social care and mental health teams across England has shown that part of the poor availability of high-quality mental health and wellbeing support for young people in care stems from a lack of shared understanding of what provision is available for mental health and wellbeing care at a local and regional level[10]. Put simply, CAMHS often think children's social care services are providing support but in reality these teams are rarely commissioned to work directly with young people[10]. Conversely, children's social care teams report high rates of referral rejections and barriers to access to CAMHS[11]. In many cases, neither leadership have met to explore what provision is on offer, or they may have met but compiling the offer has not been prioritised. Setting a national standard that multi-agency leadership (*including naming mental health in that group*) comes together to develop this jointly-reported specification ensures all parties have a clear understanding of what provision is available, when it is available, and for whom. Doing so would enable gaps in provision to be identified and remedies developed. In recent research on case studies of best practice for joined-up working, the development of shared service specifications was a key ingredient[12]. Bringing multi-agency leadership together to create this develops a shared understanding of the challenges faced by each sector, reduces blame and frustration, and allows for key decision-making to improve access to care between sectors.

3. A statutory requirement for annual health assessment reviews to include services recording whether the young person's wellbeing needs are being met from the perspective of the young person and their caregiver.

Relevant to:

- **Clause 5 *(revised to include looked-after children)***
- **Clause 7, subclause 2: local authority must assess provision of staying close support**
- **Clause 8, subclause 2A(a)**

A risk within the Bill is that it creates further 'tick boxes' that do not meaningfully meet need for young people. For example, local authorities have long published their 'care-leaver offers', with little clear benefits for care-leavers (although we support the publishing of this information, for transparency). The Bill presents an opportunity to inform meaningful targets for services, which centre the voice of young people and caregivers. We recommend introducing a subclause into revised Clause 5 (see earlier point 2) and Clauses 7-8, which require local authorities to collect data on whether young people and caregivers perceive that mental health and wellbeing needs are being met. This transformation in practice would move us from simply publishing provision and shift attention and evaluation efforts to establishing whether provision is meeting need. In turn, this would afford services the opportunity for data-driven decision making on support (e.g., by understanding for which young people needs are met and how; which needs are not met and why).

Key References

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