



Department
of Health &
Social Care



Department
for Education

**Government Response to the
First Joint Report of the
Education and Health and Social
Care Committees of Session
2017-19 on *Transforming
Children and Young People's
Mental Health Provision: A
Green Paper***

Presented to Parliament
by the Secretary of State for Health and Social Care and Secretary of State for
Education
by Command of Her Majesty

July 2018

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Government Response to the First Joint Report of the Education and Health and Social Care Committees of Session 2017-19: The Government's Green Paper on mental health: failing a generation

First report of session 2017-19

INTRODUCTION

The Health and Education Select Committees published a report on 9 May 2018 following their inquiry earlier in the year into 'Transforming Children and Young People's Mental Health Provision: a green paper'.¹ This document sets out the Government's response to the Committees' report, from the Department of Health and Social Care and the Department of Education jointly.

Alongside this document response we have published our response to the consultation on the Green Paper. This consultation response sets out what people told us in the public consultation on the Green Paper, and gives further details about how the proposals will now be implemented.

We welcome the Committees' inquiry, which provided helpful insights during our consultation period. We acknowledge many of the concerns which the Committees heard during the course of the inquiry, including the need for the Green Paper proposals to integrate into the existing world of provision and services around children and young people; the need to join up with existing work across government; and the importance of the proposals having a positive impact on vulnerable groups.

However, we reject the Committees' assertion that the plans lack ambition in terms of scale and pace; our proposals are genuinely transformational and will take time to roll-out in a meaningful and useful way. Our estimates suggest that at full roll-out, the brand new Mental Health Support Teams could comprise up to 8,000 new staff. This is comparable in size to the entire current children and young people's mental health services workforce in the NHS, which is around 7,000 full time equivalent staff. It is also comparable in scale to roll-out of the adult "Improving Access to Psychological Therapies" (IAPT) workforce of almost 7,000 full time equivalents, which took eight years to create. However, unlike IAPT, this new programme has additional complexities in that the Mental Health Support Teams will be jointly owned by health and education. We will therefore expect local areas to determine what their workforce needs might be, and the trailblazers will test the right number and mix of staff in the Mental Health Support Teams.

We need to recruit and train a cadre of new staff to form the teams, which will take time. With over 20,000 schools and colleges, roll-out to a fifth to a quarter of the country by 2022/23 will in itself be a significant achievement. It is essential that we test our new approach carefully, with proper monitoring and evaluation, to influence the design of the full roll-out, which is an essential prerequisite for successful programmes.

As detailed below, we believe our plans, making available £300 million to support the proposals, represent a major addition to the existing extensive programme of transformation around children and young people's mental health. Children and young people's mental health

has been and continues to be a priority area for this Government, evidenced by existing work which includes:

- Improving access so that 70,000 additional children and young people with a mental health need per year by 2020/21 receive evidence based treatment.
- Work to improve data, and ensuring that reporting on children and young people's services data is a key component of the Mental Health Services Data Set.
- Introducing access and waiting times for children and young people on community eating disorders treatment and early intervention in psychosis treatment (both of which we are exceeding or on track to meet).
- Improved timely access to inpatient beds, closer to home, for those children and young people who require more intensive treatment.
- Investing £365 million in perinatal mental health services to ensure that by 2020/21 at least 30,000 additional women each year can access specialist community mental health care.
- Legislating to make it illegal for under 18s to be taken to police stations due to mental illness, from last December.

We have also recently announced a historic funding settlement for the NHS, and have asked the NHS to produce a major new long-term plan in return. As the Prime Minister has made clear, new ten year ambitions on mental health will be at the NHS plan's heart; the initiatives set out in our response to the Green Paper consultation are important first steps towards our longer term ambitions on mental health.

GOVERNMENT RESPONSE TO CONCLUSIONS AND RECOMMENDATIONS

1. **We welcome the publication of the Government’s Green Paper. However, we consider that it lacks any ambition and fails to consider how to prevent child and adolescent mental ill health in the first place. The narrow scope does not take several vulnerable groups into account, the proposals put more pressure on the teaching workforce without sufficient resources, and the timetable for implementation ignores hundreds of thousands of children over the next twelve years. We are also concerned that the funding for the Green Paper’s proposals is not guaranteed and contingent on an unspecified level of success. (Paragraph 7)**

2. **The long timeframes involved in implementing the Green Paper’s proposals will leave hundreds of thousands of children and young people unable to benefit from this strategy over the next few years. Rolling out the plans to only “a fifth to a quarter of the country by 2022/23” is not ambitious enough. We advocate more widespread implementation and iterative learning methods to inform best practice across the piece. (Paragraph 123)**

3. **The Green Paper notes that the precise rollout of its proposals will be determined by the success of the trailblazers, and securing funding after 2020/21 (the end of the Government’s current spending period). The long-term success of the Green Paper will rely on adequate funding being made available beyond 2020/21. We recognise the limited time frame for the Green Paper’s proposals to be implemented with the currently allocation of funding, and have concerns that attempts to secure longer term funding could result in pressure for short-term delivery, before 2020/21. We caution the Government against attempting to ensure short-term, rather than long-term success of the Green Paper, by choosing only high performing areas for the trailblazers. (Paragraph 124)**

Response (1, 2 and 3):

On the scope of the Green Paper

We completely reject the view that our proposals lack ambition. The Green Paper is only part of the action we are taking on multiple fronts to support children and young people’s mental health, and it will take significant time to be properly implemented. We give more information below on the extensive programme of work across government which also contributes to this aim.

The Green Paper proposals themselves represent a hugely ambitious programme of activity to boost collaborative first-port-of-call support and preventative activity in education. In 2015, the report ‘Future in Mind’, developed by an independent taskforce, clearly and thoroughly set out the nature of the problem, in terms of how best to support children and young people’s mental health.² That report was informed by extensive research and consultation with over 60 professionals across health, social care, youth justice and education and 1600 children, young people, parents and carers. This provided a comprehensive baseline of research for the Green Paper to build upon.

While a significant programme of activity resulted from 'Future in Mind', we were clear that further concrete action was needed. Building on feedback from schools and colleges, and the joint Department for Education and NHS England schools and colleges 'Mental Health Services and Schools Link Programme' pilot (carried out following 'Future in Mind'), we saw the need for further action around better join up between education and the NHS, and improved support for young people. That is why we focused the Green Paper on this area.

As we made clear in the Green Paper itself and in evidence to the Committees, there is a significant transformation underway to support children and young people's mental health in the NHS, which the Green Paper proposals build on. This includes an additional £1.4 billion which we are making available to support children and young people's mental health services; an ambition to see an additional 70,000 children a year by 2020/21; and the first waiting time standards for children and young people's mental health (for eating disorders and early interventions after first episodes of psychosis).³ And for the first time, this Government has now committed to a five-year budget settlement for the NHS, and mental health will be a flagship part of a historic ten-year plan we will bring forward, setting out major new ambitions for the NHS. The plans set out in the consultation response for the Green Paper are important first steps on the way.

On vulnerable children

We agree that it is imperative for the Green Paper proposals to benefit those who most need support. Some groups of vulnerable children have higher prevalence of mental ill-health, as well as barriers to accessing the right support.⁴ Access to NHS support must continue to be on the basis of clinical need, not personal characteristic. In terms of access to the right support however, we will use the trailblazers proposed in the Green Paper to test how best the new Mental Health Support Teams can benefit different groups of young people, including children in need, young offenders and children and young people educated in "alternative provision" such as pupil referral units. We will monitor the impact on particular groups during the roll-out.

On prevention of mental ill-health

We address this part of the conclusion in more detail below, under the Committees' subsequent relevant conclusions and recommendations.

On the teaching workforce

We remain clear that our proposals do not create new jobs for teachers. Instead, the proposals provide additional support to help schools and colleges build on what they are already doing to support the mental health and wellbeing of their pupils. We do not want to place new burdens on schools or colleges; the support we are making available to leads who do engage should offset any burden and we are not making it a central requirement for schools to appoint Designated Senior Leads or to engage with Mental Health Support Teams.

While engagement with the new Mental Health Support Teams will require schools to dedicate some staff time, we know that supporting mental health issues already takes up time. Our expectation is that this engagement should be more than offset by the benefits of increased mental health support. The way teams operate will be crucial to managing the impact on the school and college workforce. There will be a range of different ways in which this can be

done, which will be dependent on local circumstances. As part of the trailblazer programme we will ensure that schools are engaged in developing the local ways of working - in some areas groups of school may choose to manage teams. We will use the trailblazers to evaluate carefully the effect on workload and inform future practice with the aim of minimising any burdens.

Although the Designated Senior Lead role will not be centrally prescribed, we do expect that it will be most effective if it is a senior post with a strategic responsibility for implementing a whole school approach. Given this, it is likely that the lead will have to be able to influence teaching approaches, behaviour policies and other core aspects of school life. We do not expect leads to be a mental health professional in a school. It is important that school leaders have the freedom to decide what sort of staff member is best placed to take on the role. In that context we will look at what extra incentives and rewards schools should be able to offer to leads.

On the timescales and funding for roll-out

We reject the Committees' view that our intended roll-out of plans is too slow. As we have previously stated to the Committees, on implementation the proposals will deliver real system wide transformation and provide additional, visible frontline capacity. We expect the new Mental Health Support Teams to be included within the health and care workforce strategy which will be drawn up in the context of the NHS's new ten-year plan. As stated above, our estimates suggest that at full roll-out, the brand new Mental Health Support Teams could be up to 8,000 new staff. This is comparable in size to the entire current children and young people's mental health services workforce in the NHS, which is around 7,000 full time equivalent staff. As stated in the introduction above, the roll out of IAPT, which was of a similar scale, shows that creating a significant new workforce takes time. It is therefore essential that we test our new approach carefully, with proper monitoring and evaluation, to influence the design of the full roll-out, which is an essential prerequisite for successful programmes

Ensuring that teams can operate effectively and collaboratively in the complex environment described by the Committees will take time to do properly. There is not a "one-size-fits-all" solution and we are conscious that existing best practice examples are the result of considerable hard work, over long periods. It is therefore imperative to test how teams can work in different local circumstances through robust analysis of the Green Paper's proposals before further national roll-out. This will take time to do properly.

The Committees have also counselled about the necessity of not imposing burdens on existing services, in particular schools or destabilising existing services across health and care. The extent of the joint working challenge therefore means that going too quickly risks both being detrimental to core service delivery and undermining the impact and longer-term sustainability of teams. We want to ensure that learning from trailblazers through robust evaluation and iteration and will ensure that there is sufficient regional and national resource to support wider learning and preparatory action in areas that are not part of trailblazers.

Decisions on future funding will be made based on the outcomes of the trailblazers and the additional funding that would be required to deliver Mental Health Support Teams linked to all schools and colleges across England.

4. **We believe that the Government limited the scope of the Green Paper too early by restricting the terms of the evidence review. Scrutiny of the Green Paper has been made more difficult because we did not have access to the evidence review on which it was based. (Paragraph 15)**
5. **We recommend that the Government publish the evidence review alongside the response to this report. (Paragraph 16)**

Response (4 and 5):

We set out above the reasons why the Green Paper focused on joining up mental health provision across education and health. That is why the evidence review also focused on this area.

As explained to the Committees during oral evidence sessions, the evidence review was not published alongside the Green Paper in December 2017 due to the need to follow the rigorous academic peer review processes. The authors of the evidence review plan to make it publically available. As this is an independent review, the timescales for publication are not in the control of Government.

6. **Mental health sits within a complex landscape, and with this policy area as with many others, there must be effective coordination with other initiatives from across Government when building a new strategy. (Paragraph 19)**
7. **The Green Paper does not adequately connect to other relevant policies and we are concerned that it misses opportunities to address fragmented and, in places, poor services. (Paragraph 24)**
8. **When the Government publishes its response to the consultation on the Green Paper, we want to see more evidence that the changes it proposes will join up services in a way which places children and young people at their heart. The Government's response must also address and recognise the constant change and fragmentation of both the education and health systems. (Paragraph 25)**

Response (6, 7 and 8):

We agree that the improved support that will be offered by Mental Health Support Teams must be complementary to other initiatives. The teams should not duplicate work or work in silos. We state above that we will look to test how the trailblazers can ensure access to the new service by vulnerable groups, and that we will monitor the impact of the proposals on vulnerable groups during roll-out of the trailblazers. The trailblazers will also provide the opportunity to test the link to other initiatives, such as the Department for Education's social mobility-focused "opportunity areas".

The Committees also noted the importance of putting support in place immediately. Where leaders locally have been brave and committed enough to take the first step and set up a new front-line approach it can provide a practical way to address fragmentation and allow services to support each other to improve. We do not agree with the Committees' view that the Green Paper misses opportunities to further address fragmentation across the system. Our aim is for the Mental Health Support Teams to build on and take inspiration from such existing good

practice and provide a new focus for collaborative working. This will be achieved through our provision of additional, trained staff, at the heart of meeting the needs of children and young people in a responsive way, ensuring support to and join up with existing professionals. These may include local troubled families' coordinators, educational psychologists, school nurses, health visitors, local children's services, school counsellors and voluntary and community sector provision. The teams will also liaise closely with those working in specialist services to ensure appropriate referrals for those with more severe needs.

We know this is not a straightforward task, which is one of the reasons that we are starting with the trailblazer approach, and why it will require time to do properly. The trailblazer approach will allow us to test different ways of working across services and boundaries, rather than imposing another layer. We will test these ways of working through robust analysis of the outcomes, considering what works, in order to inform national implementation. This will also be considered further as the long-term plan for the NHS is developed.

- 9. The Government should also place a greater emphasis on, and provide a strategy for, prevention, early intervention and dealing with some of the root causes of child mental health problems. (Paragraph 26)**
- 10. We recommend that the Government include the early years in their plans for children and young people's mental health following the consultation. (Paragraph 44)**
- 11. The Green Paper fails to take fully into account the factors affecting children's mental health and the need for preventative action in stimulating and protecting early years brain development, supporting loving and respectful inter-parental relationships and enabling secure attachments with parents and carers. (Paragraph 46)**
- 12. We recommend that more work is done to integrate preventative approaches with vulnerable groups into the core strategy of the Green Paper. (Paragraph 45)**
- 13. We are surprised that despite clear evidence of particular need for certain groups of young people—including the most socially disadvantaged children and young people, looked-after children, children in the criminal justice system, and NEETs—the Government has not recommended policy interventions to ensure that support is available for them. The Government should ensure that it is providing mental health support for the young people who are most likely to need it and should set out how it will reduce health inequality in the mental health of young people. (Paragraph 63)**

Response (9, 10, 11, 12 and 13):Prevention and early intervention

The importance of prevention and early intervention was a core element of 'Future in Mind', on which the Green Paper builds, and we remain committed to this area, as previously highlighted to both Committees. Our broad programme of existing work in this area includes:

- Providing mental health awareness training for a teacher in every primary and secondary school (having already reached 1,000 secondary schools)
- Investing £15 million to train one million members of the public in basic mental health awareness and in first aid to increase mental health literacy
- Ensuring all pupils are taught about mental health and wellbeing is a focus of our work to improve the quality of relationships education and PSHE.
- Work by Public Health England (PHE) to support local authorities and the NHS. This includes publication of PHE's 'Prevention Concordat for Better Mental Health', which includes resources to help local areas promote good mental health and prevention.⁵

As also set out within the Green Paper, PHE will be convening a Special Interest Group to identify the evidence base and gaps in prevention approaches, laying a firm platform for adopting a whole system approach.

Schools and colleges have always played a role in improving prevention and early intervention, but as we have said, no one part of the system should be solely responsible. As described by 'Future in Mind', a whole system approach to mental health is imperative. Work done by schools and colleges should also be supported by resources such as MindEd (which provides online educational resources for parents, carers and professionals around supporting children and young people's mental health). The Green Paper proposals will provide the additional, evidence-based support which schools and colleges need. In particular, the Mental Health Support Teams will provide support for the Designated Senior Leads in schools, bringing expertise and support to the role that schools already play in promoting good mental health and early intervention.

Reducing health inequalities

We agree that some children and young people, including those in vulnerable groups, are more at risk of developing mental ill health. However we are clear that provision of care must continue to be based upon clinical need. The focus of the Green Paper is to offer support for children and young people who need it, rather than prioritising treatment for individual groups. Mental Health Support Teams provide an opportunity to bring together the new support linked to schools and colleges with other services to ensure that children with the most complex needs get mental health support that complements other interventions that they are receiving. That is why we have committed to include in the trailblazer programme teams that test links to social care and other support. We give further information below on looked after children, in response to the Committees' specific conclusions and recommendations about this group.

We are also commissioning a new, comprehensive survey on the prevalence of mental ill-health among children and young people who have experienced care. This survey is to

understand more about the drivers behind poor mental health in this group, which in turn will inform the improved commissioning of services, and the training of professionals.

On tackling the factors which affect poor mental health

We agree that tackling the causes of poor mental health in children and young people is important. We are already taking action on:

- Perinatal mental health;
- Parental conflict;
- Supporting young people with a learning disability, autism or behaviour that challenges and/or mental health problems through the Transforming Care programme;
- The Healthy Child programme, with a wide range of programmes to improve child health; and
- Supporting the most vulnerable and chaotic families through the Troubled Families programme.

The significant programme of improvements to adult mental health provision also supports children's mental health. We include more detail on these programmes in the Government Response to the consultation on the Green Paper.

We also committed in the Green Paper to commission further research into interventions that support parents and carers to build and/or improve the quality of attachment relationships with their babies, which we know is an important factor.

14. We recommend that the Government should gather independent evidence concerning the impact of exam pressure on young people's mental health, and what steps might be considered to build resilience to cope with it. This consultation should take into account the views of children and young people, teachers and school leaders, and health care professionals. It should consider the past 10 years, given the varied changes in examination policy in both primary and secondary schools. (Paragraph 31)

15. We also recommend that the Government commission independent research, with young people at its heart, on whether the narrowing of the curriculum from Key Stage 1 to Key Stage 4 is also having an impact on mental health. This research should be considered when considering further restrictions to the accountability of schools in relation to curriculum offer. (Paragraph 32)

Response (14 and 15):

We know that schools and colleges play an important role in promoting the long-term mental health of children and young people by making sure that their qualifications and wider education thoroughly prepare them for the world of work and future study. Taking tests and exams is part of this and so wider support and knowledge is needed to help children build coping strategies and resilience. This wider support and knowledge is already the focus of work that the government is taking forward.

Part of the knowledge pupils need is on mental health – not just to understand disorders, but how their levels of happiness, stress and other factors can go up and down without necessarily being harmful. This knowledge combined with experience and coping strategies, has the potential to build the resilience children and young people need, not just to take exams, but later in life too.

This is one of the reasons that we are taking forward our manifesto commitment that children will learn about mental health through the curriculum. We have recently announced our intention to make health education a compulsory part of the curriculum for the first time, with all schools teaching it by September 2020, and have launched a consultation on the draft regulations and guidance. This will mean that all schools will teach children about the benefits of a healthier lifestyle, what determines their physical health and how to build mental resilience and wellbeing – including how to stay safe on and offline and the importance of healthy relationships. To support this we are looking at how we can best support schools to have access to the best, most innovative teaching materials developed by experts. We are also considering how this might be linked to effective exam preparation. Our trials of preventative practice in schools are testing mental health literacy teaching that can contribute, and other approaches such as the Healthy Minds curriculum are also being tested with similar rigour.

While exams and tests are important to children and young people individually, the results are also important to schools as they are used in the accountability system. Proportionate accountability is of course vital to making sure that every child has the opportunity to get the qualifications they need, but it is important that it does not create perverse incentives. So as part of bearing down on workload, which can itself increase stress in the classroom, we want to be much clearer about how that accountability should work. That is why the Government has published a new set of high-level principles about how accountability should operate, empowering school leaders to focus on improving outcomes for their pupils.⁶

However, school accountability should not limit individuals. The reason that we introduced the English Baccalaureate (EBacc) is that opportunities to take the GCSEs that give the best general grounding for going on to further study and work had been narrowing. Too many pupils were being steered towards qualifications that counted towards accountability targets but were of limited value to pupils themselves. Our new Key Stage 4 performance measures (Progress 8, Attainment 8, EBacc entry and attainment) encourage schools to teach a broad and balanced curriculum, with a strong focus on an academic core that will support pupils to progress. Whilst we expect 75% of pupils in year 10 to have taken up study of the EBacc combination by 2022, the decision not to enter a pupil for the EBacc combination of subjects will need to be considered on a case by case basis by each school. We acknowledge that schools will need to take into account a range of factors particular to each pupil.

These measures do leave room for pupils to take other GCSEs or alternative qualifications outside the core. On average, pupils in state-funded schools enter nine GCSEs and equivalent qualifications, rising to more than ten for more able pupils. For instance entries to arts GCSEs have remained broadly stable since the introduction of the EBacc in 2010: (47.2% of pupils in state-funded schools entered GCSEs in at least one arts subjects in 2010, compared with 46.5% in 2017).⁷ We also know that many students decide not to study arts qualifications, but nevertheless continue to enjoy taking part in the arts, in school and out, by singing in choirs, playing in orchestras and bands, and acting in school plays.

- 16. We recommend that the Department for Education’s review into exclusions focuses on the increase in pupils being excluded with mental health needs and how the mental health needs of excluded pupils are being met. The Government’s response to the Green Paper should ensure that Pupil Referral Units have sufficient resources and capacity to meet the particular needs of the pupils who attend. (Paragraph 34)**

Due to the nature of their work, Alternative Provision (AP) institutions, including Pupil Referral Units (PRUs) often have close links to mental health services. Places such as the new Family School in north London are integrating mental health support seamlessly in day-to-day provision. In other areas, such as Stockport and Barnsley, PRUs are at the heart of managing good links between mainstream schools and mental health services, being clear about their own role as part of ensuring all pupils get the best possible support and education.

In March 2018, the Department for Education published our vision for AP, which recognises AP as an integral part of the education system.⁸ It sets out plans to ensure that the right children are placed in AP, that all AP settings provide high quality education and that the routes into and out of AP settings work in the best interests of children, to improve their outcomes and allow them to fulfil their potential. The Green Paper supports this work; government will test, through the Mental Health Support Team trailblazers, how mainstream, special and AP settings, including PRUs, can enhance provision for the most vulnerable children.

We also welcome the Education Select Committee inquiry into alternative provision, which launched in September 2017. We will carefully consider the findings of the Committee’s report upon publication.

Finally, the exclusions review led by Edward Timpson CBE is underway (the call for evidence closed on 6 May) and is due to report by the end of the year. This will examine how head teachers use exclusion and the factors that drive the differences in exclusion rates between schools, areas and groups of pupils with different characteristics, including those with social, emotional and mental health needs. It will also explore alternatives to exclusion including the approaches taken in areas where the disparities are less significant.

- 17. Given the widespread concerns about the impact of social media, we look forward to the outcomes of the working group of social media and digital sector companies in partnership with the Department of Health and Social Care and the Department for Digital, Culture, Media and Sport. We also look forward to the report of the Chief Medical Officer on the impact of technology on children’s mental health and to the House of Commons Science and Technology Committee’s forthcoming inquiry. (Paragraph 36)**

- 18. We repeat the recommendation of our predecessor Committees that PSHE should be compulsory in all maintained and academy schools. All schools should include education on social media as part of PSHE. (Paragraph 37)**

Response (17 and 18):

The working group referred to above, focused on the mental health impacts of social media use, and discussed challenges around age verification, cyberbullying and children spending long periods online. We welcome the companies' engagement with this forum and recognise that some companies are taking steps towards addressing some of these important issues. However, we were disappointed with their overall ambition and are clear that there is further action they could take in this area.

We are now taking forward action on social media and potential harms to children and young people's mental health through our response to the Internet Safety Strategy Green Paper. We have now published a draft statutory code of practice which provides guidance to social media providers on appropriate reporting mechanisms and moderation processes, to protect users from potential mental health harms, including suicide and self-harm content. We are also introducing transparency reporting for social media companies. Transparency reports will provide data on the amount of harmful content being reported to platforms in the UK and information on how these reports are dealt with. These reports will help us understand the extent of online harms and how effectively companies are tackling breaches in their terms and conditions. As announced in the response to the Internet Safety Strategy, the Department for Digital, Culture, Media and Sport's Online Harms White Paper will be published later in 2018 and will allow us to draw together existing work on safety as well as considering new policies aimed at improving children and young people's mental health.

The Chief Medical Officer will run a systematic evidence review of all relevant international research surrounding social media use and mental health of young people, up to the age of 25. This will inform a report which will be published in 2019, and will consider both positive and negative impacts of social media use, building on work done by the Children's Commissioner to support the government's activity in this space.

On learning about social media as part of PSHE: Teaching online safety is often included in PSHE. The Department for Education is working across government on measures to improve online safety for young people that may be taught through relationships education and relationships and sex education. Any work will be designed to complement the National Curriculum for computing which already covers e-safety from Key Stage 1 to Key Stage 4. As stated above, recently announced our intention to make health education a compulsory part of the curriculum for the first time and have launched a consultation on the draft regulations and guidance. The consultation closes in November 2018, after which we will lay regulations in Parliament and publish guidance, allowing schools to begin teaching the new subjects from September 2019. They will be required to do so from September 2020. To support this we are looking at how we can best support schools to have access to the best, most innovative teaching materials developed by experts.

19. We recommend more co-commissioning between adult and child mental health services for the whole family, especially in perinatal mental health support. (Paragraph 41)

We accept this recommendation and are already prioritising co-commissioning and alignment across health and care through NHS England's 'Five Year Forward View for Mental Health'. All areas now have Local Transformation Plans in place which should cover the whole

spectrum of services for children and young people's mental health and wellbeing, including early years. These plans should include necessary input and partnership from all relevant sectors and be refreshed annually. Some examples of NHS England's work in this area are:

- Investment in Mental Health Improvement Teams, based in mental health Clinical Networks. These teams provide expert clinical input to commissioners and providers on children and young people's mental health.
- A Commissioner Development Programme. This reaches over 100 commissioners with an interest in children and young people's mental health from a range of backgrounds including the NHS and from children's services and public health. The programme helped them to improve in areas such as working in partnership in schools and with parents and carers, and understanding children's needs (especially those in higher risk groups such as looked after children).
- Collaborative Commissioning Networks to address the need to improve coordination between commissioning partners across the health and justice systems.

Improving perinatal mental health is a further significant aspect of improving mental health for children and young people, and government has increased investment to support the mental health of new mothers, as detailed earlier in this document.⁹ Health visitors also support parents to identify the most appropriate level of support for their individual needs by working with partners to deliver a comprehensive programme of support, including around mental health where needed.

20. Young people are falling through the gaps and not receiving the services they need as they enter adulthood. It is disappointing that there are no substantive plans to deal with the transition from CAMHS to adult mental health services in the Green Paper. (Paragraph 49)

21. We recommend that the Government commit to a full assessment of the current transition arrangements between child and adult mental health services. (Paragraph 50)

Response (20 and 21):

We know that young adults are disproportionately affected by mental health problems at the pivotal time of transition into adult life.¹⁰ We also know that the point of transition between children's and adult's mental health services is a crucial stage, but is not always easy. We have already stated in the Green Paper that we will review the impact of the 'Commissioning for Quality and Innovation' scheme (CQUIN) to assess whether further action is needed. The CQUIN scheme gives financial incentives to local providers for improved transition planning and runs from 2017-19.

Further, local areas hold responsibility for effective transition planning. The Care Quality Commission's second report, published in March 2018 as part of their thematic review into children and young people's mental health services, identified some areas of good transition planning, as well as identifying poor transition planning as a barrier to high-quality care.¹¹ We agree with their recommendation that:

“Local offers must also address the ongoing problem of poorly planned, disjointed transitions by setting out how commissioners and providers of children’s services and adults’ services will jointly deliver evidence-based and person-centred transitions. This would make sure that local systems take a joined-up, holistic approach to planning and delivering mental health support for all children and young people who need it.”

In the Green Paper, we also set out our intention to create a new partnership focused on the mental health of 16-25 year olds. This will put us in a stronger position to raise the profile of young adult mental health and accelerate progress in this area. Following an initial meeting with a cross section of stakeholders in May, the Cabinet Office has been working with the Department of Health and Social Care, the Department for Education and a range of other organisations to consider next steps in this area.

22. We recommend that the Government target funding for mental health support into areas of social disadvantage and inequality. (Paragraph 55)

The existing NHS allocations formula already takes account of relative need when allocating resources. Clinical Commissioning Group (CCG) funding is targeted to support equal opportunity of access for equal need, including targeting more funding, all else being equal, into areas of social disadvantage and inequality. The allocation of funding to CCGs is informed by the estimation of the relative health needs of local areas, based on a formula.

The formula is based on independent academic research and includes the factors statistically associated with higher or lower need per head for NHS services. This formula produces a target allocation, or 'fair share' for each area, based on a complex assessment of factors such as demography, morbidity and the unavoidable cost of providing services in different areas.

Allocations will therefore differ depending on the exact combinations of these factors in each area, as well as how quickly an area can be moved towards its target allocation each year.

In terms of implementing the Green Paper proposals, and as set out in our consultation response, for selecting the first wave of trailblazers, we will take a regional approach which will be funded through CCGs. CCGs will need to demonstrate an understanding of local need, including social disadvantage and inequality, and will need to provide evidence that they will tailor and target support provided by Mental Health Support Teams accordingly. Within CCGs, trailblazers will focus on children and young people with the greatest need, so where disadvantage and inequality lead to greater need, such targeting will take place.

23. Mental health support for children and young people who move between carers and in and out of care is often patchy and disjointed, and sometimes non-existent. The proposals in the Green Paper will not meet the needs of looked after children, in fact, they may well exacerbate them. (Paragraph 59)

24. We echo our predecessor Committee’s recommendation to ensure that looked-after children and young people have priority access to mental health assessments by specialist practitioners but that subsequent treatment should be based on clinical need. We also recommend that the Government’s response to the Green Paper include a distinct and separate set of proposals for looked after children accessing mental health services. (Paragraph 60)

Response (23 and 24):

Access to NHS children and young people's mental health services is based on clinical need – this is an important principle and we do not prioritise access to NHS services on the basis of whether a person has a particular characteristic. However, we know that looked after children and young people are at a heightened vulnerability to developing a mental health problem, have problems accessing services in their current format, or may face poorer outcomes as a result of social factors or comorbidities.¹² To help tackle these issues, NHS England is testing personal budgets for looked after children in order to give children and people a voice in how their needs are met.

In addition, to ensure effective mental health assessments that looked after children receive upon entering care, the Department for Education will begin piloting improved approaches to such assessments later this year. We are committed to drawing from the pilot's independent evaluation in order to embed best practice nationally.

We do not accept the Committees' assertion that the Green Paper proposals will exacerbate issues faced by looked after children. As stated above, the Mental Health Support Teams represent a real opportunity to bring care together linked to provision in education and other services and we aim to test this specifically through the trailblazers as previously outlined. We will also respond to the Social Care Institute for Excellence's report into looked after children in due course, ensuring join up with the assessment pilots and implementation of the Green Paper proposals.

25. The Government often referred to schools and colleges interchangeably, and did not adequately recognise the substantial differences between schools and colleges. We recommend the Government utilise the potential of a further education sectoral approach in implementation alongside other approaches. (Paragraph 66)

26. The Government should take action to ensure that apprentices also have access to mental health provision under the Green Paper's proposals. (Paragraph 68)

Response (25 and 26):

Our proposals recognised that Designated Senior Leads will need to play very different roles in different settings and that Mental Health Support Teams would play a different role if linked to colleges rather than, for instance, a group of primary schools. That is why we have avoided implementing a one-size-fits all approach. However, we expect that trailblazers linked to colleges will develop sector-specific approaches – either as a stand-alone post-16 approach or with colleges acting as a focus for support across a wider group, including schools.

We want Mental Health Support Teams to improve support for young people and will support trailblazers that test how to deliver support to apprentices and other young people in work-based learning. A Further Education college might be well-placed to provide a focus for teams that make these wider links in a way that does not place undue burdens on employers.

27. Effective data collection on the in-school provision and workforce for mental health support is crucial for future policy development and monitoring purposes. (Paragraph 72)

28. We recommend that the current level of pastoral care and mental health support provided by schools and colleges be documented and kept under review, including the number of counsellors, educational psychologists, peer mentors, and other pastoral care workers. (Paragraph 73)

Response (27 and 28):

We are wary of introducing new national data collections that impose additional burdens on schools. However, it is important that we make sure, through the trailblazer evaluation, that Mental Health Support Teams do not simply displace or replicate other existing mental health and pastoral provision. We will therefore seek to establish local baselines in order to monitor the effect of teams on other services, in a way that doesn't provide additional burden for schools.

The Active Lives (Children and Young People) survey, which has been rolled out to schools this year, includes questions which relate to mental wellbeing, for example asking young people (aged 5-15) about happiness and life satisfaction as well as resilience and levels of social trust.

29. We recommend that the Government set out and publish plans to ensure that the existing workforce is not overburdened by the demands of the Green Paper, and that the risks are understood. It should set out how it plans to make the Designated Senior Lead for Mental Health an attractive role and what it will do in the event of low take-up. In its plans, the Government should set out an assessment of the feasibility of providing an additional responsibility payment for teachers who take on the Designated Senior Lead role. The Government should develop contingency plans to ensure the role could be delivered by qualified professionals. The Government should consider in its plans whether the role being delivered by qualified professionals rather than teachers should be its first course of action rather than the contingency plan. (Paragraph 81)

We agree that neither the existing health nor education workforce should be overburdened by the Green Paper proposals. We are clear that our proposals do not create a new job for schools, as previously stated to the Committees. They reflect the sorts of things schools are already doing to support the mental health and wellbeing of their pupils. The Green Paper proposals provide additional substantial support to help the sector to build on existing practice and, as already outlined in response to the Committees' first recommendations, we do not intend for the Green Paper proposals to place new burdens on schools.

In terms of impact on mental health NHS staff and psychiatrists in specialist services, we are absolutely clear that we do not intend for creation of the Mental Health Support Teams to take away from existing staff numbers. We expect these new teams to be included within the health and care workforce strategy which will be drawn up in the context of the NHS's new ten-year plan. The Mental Health Support Teams will comprise newly recruited, additional staff, which

our estimates suggest could be up to 8,000 full time equivalent members of staff at full roll-out. To improve the broader mental health workforce, Health Education England (HEE) recently published a workforce plan announcing delivery of 21,000 new posts across mental health. Professionals working in children and young people's mental health services are among the groups expected to grow most in the planned expansion, totalling 4,400 out of the new 21,000 posts. This includes 1,700 additional children and young people's therapists and supervisors that will be employed by 2020/21, to meet demand. The new staff that will be recruited to create the Mental Health Support Teams will be additional to the 4,400 posts created through HEE's workforce strategy.

The Green Paper builds upon and complements this by recognising that early support for children's and young people's mental health and wellbeing ultimately aims to reduce the incidence of serious mental illness. Our intention is that in turn, the proposals in the Green Paper, and the resources we have allocated to deliver them, will help to reduce the call upon NHS mental health services in the medium to longer term.

30. The most recent workforce plan published by NHS England in July 2017 aimed for an expansion in CAMHS Psychiatrist roles but none in CAMHS community services. We recommend that Health Education England set out how they will address the questions raised about the impact of the Green Paper's proposals on the entire CAMHS workforce in its upcoming workforce strategy, due for publication in July 2018. (Paragraph 82)

HEE published 'Facing the Facts, Shaping the Future - a draft health and care workforce strategy for England to 2027' in December 2017 for consultation.¹³ A final and comprehensive strategy reflecting what was learnt from the consultation and the needs of the system will be published by the end of the year. The provision of all services for children and young people needs to be a fundamental part of mental healthcare delivery. HEE, which is playing a crucial role in developing the Mental Health Support Team workforce, intend that it will support and complement existing services, not replace or substitute for them.

As the Committees recognise, ahead of the Green Paper, HEE launched 'Stepping forward to 2020/21: the mental health workforce plan for England' (as referred to in 'Facing the Facts, Shaping the Future').¹⁴ This sets out the HEE workforce response to 'Future in Mind' and NHS England's subsequent 'Five Year Forward View for Mental Health'. Staff within the Mental Health Support Teams will be completely additional to staff committed to through HEE's workforce plan. As referred to above, we also expect the new Mental Health Support Teams to be included within the health and care workforce strategy which will be drawn up in the context of the NHS's new ten-year plan.

31. We are concerned that the Departments are anticipating significant weight to be borne by the Mental Health Support Teams, despite the fact that there is very little detail about how the teams will work in practice, and the range of skills and professional expertise that will be represented. (Paragraph 85)

We give further details about the teams in our response to the consultation on the Green Paper, published alongside this document. As the Committees note in their report, it is important that the way in which teams work fits into local areas, which may all have very

different mixes of services and ways of working. How the teams work will not be set in stone for other services to fit in with, but will develop as the trailblazers test what works.

We are developing a core offer of what the Mental Health Support Teams will be expected to deliver, supported by a curriculum for training staff within the team, based on evidence-based practice. We are also engaging other services to ensure that training builds joint working skills. We will use the trailblazers to test how teams work in practice, the mix of staffing and supervision they need and any implications for training.

32. The extent of the disquiet raised in evidence about the 8,000 people that the Green Paper sets out will be working in the Mental Health Support Teams suggests that engagement with stakeholders was lacking prior to the publication of the Green Paper. We recommend that the Departments carefully examine the feedback received in their consultation and the evidence we have received in our inquiry as they make progress on this proposal. (Paragraph 86)

Stakeholder engagement

We agree with the recommendation that engagement with stakeholders is important and we have consulted extensively, both during the development of the Green Paper and in the post-publication consultation. During these phases, we formally and directly engaged with over 90 professional and third sector bodies to understand their views, through individual meetings and two national roundtables. We also worked with the charity Youth Access to hold a workshop with children and young people, seeking their views. In addition, we engaged with stakeholders by speaking at and attending numerous other events, meetings, conferences and visits.

Following publication of the Green Paper, we ran a public consultation from 4 December to 2 March (13 weeks), comprising:

- An online consultation, open to anyone of any age.¹⁵
- A number of face-to-face consultation events with children and young people (aged 11-25), parents and professionals from a wide range of sectors, with over 130 children and young people. These took place in locations across the country.¹⁶
- Two national stakeholder roundtables.
- A roundtable for Peers and Members of Parliament.

We received 2,567 responses to the online consultation and over 150 emails and letters. Over 280 people attended our engagement events, including 160 organisations. Fuller details are in our response to the consultation, published alongside this document.

We plan to continue to involve stakeholders as we implement the proposals to ensure that we fully understand the impact our proposals are having on services, professionals, families and young people.

Mental Health Support Team workforce

In terms of the staff for the new Mental Health Support teams, we have been clear that these will be new, additional staff, and that they will not be taken from existing services. However training a new workforce, on top of the additional 1,700 for children's services as set out in HEE's workforce strategy, and setting up such a major new service will take time. Our intention was to use the consultation process to gather thoughts and ideas on how the teams should be implemented. This is why the online consultation included questions on the numbers and make up of teams, how many schools and colleges each team should cover, which existing professionals they should work with and how the teams should receive funding.

- 33. We are pleased that the Government will soon publish new prevalence data, and has committed to regular updates. However, it is not sufficient to repeat the survey every seven years. (Paragraph 89)**
- 34. The Government must set out how it will ensure that prevalence data is sufficiently robust in between the full seven year prevalence surveys. We recommend that the Government undertake regular follow-up studies of the impact of the Green Paper proposals on the nature and prevalence of demand for children and young people's mental health services between the upcoming prevalence survey and the following survey in seven years' time. (Paragraph 90)**
- 35. The assumptions underpinning the Green Paper have been based on out of date prevalence data, and there is a widespread expectation that the level of demand will prove to have been underestimated. (Paragraph 91)**
- 36. We recommend that following the release of new ONS prevalence data the Government fully recalibrate the Green Paper proposals which are contingent on the updated understanding of demand. This assessment should include matters of funding which have been costed using existing prevalence assumptions. (Paragraph 92)**

Response (33, 34, 35 and 36):

The most up to date prevalence survey report is expected to be published in autumn 2018. In order to achieve more regularly updated information, we are considering a 'keep-in-touch' exercise and subsequent follow-up survey at three or five years after the original data were collected. Results of the prevalence survey will help to inform the longer term implementation of the Green Paper proposals, both at a local level and in informing any changes to staff training and the need for a different range of evidence-based interventions.

We have been very open about the limitations of the data to plan the roll-out of such a large scale programme. This is why we have stressed the need to test and pilot the implementation, and learn as we go. The updated prevalence data will be an important addition to the evidence base, and will help inform all of the planning and activity around children and young people's mental health that has been mentioned above, not just for the Green Paper roll-out.

37. We recommend that the Government publish details of the source of the funding for the policies outlined in the Green Paper, including details about how other health and education services will be adversely affected. We also recommend that a training package for the Designated Senior Lead role be developed so that the Government can ensure that sufficient funding will be available for all teachers taking up that role. (Paragraph 99)

When we published the Green Paper, we announced that the Government would make available £300 million of funding to implement the proposals. Following the public consultation, these commitments still stand. Within this, funding for training leads (£15-20 million a year, over five years) is being found from within education budgets, and will be over and above core school funding. Funding assumptions were based on supporting a course of significant duration (similar to a SENCO qualification) with cover for backfill. We are assessing whether the courses to be supported under the Teaching and Learning Innovation Fund (TLIF) programme will provide sufficient high quality training that meets these requirements. We will develop arrangements for funding in the light of this assessment and commission further training if necessary.

38. We recommend that appropriate resource is made available to ensure that the implementation of the four-week waiting time target does not have any unintended adverse consequences on those accessing CAMHS services by making the threshold for accessing services even higher. (Paragraph 100)

We accept this recommendation. Lowering waiting times should not be at the cost of reducing access or any other unintended consequences. Any waiting time standard must drive improvements in access to NHS specialist mental health support. We are fully committed to lowering waiting times, and not just for a specific service or condition, but across the entire range of issues that children and young people's mental health services support. Young people in crisis will continue to be seen more rapidly than four weeks, as is currently the case. Also, the new ten year plan for the NHS will move us towards clinically defined access standards that are as ambitious as those in physical health. Our waiting time pilots in children's mental health services will contribute towards this ambition.

The four week pilots will learn from, and build upon the existing standards for early intervention in psychosis and eating disorders. From 2018 to 2021, we will test and collect data on a four week target from referral to appropriate outcome, agreeing with local areas the proportion of children who will be seen within four weeks and their trajectory for achieving this, based on their current performance. Piloting the four week waiting times will ensure we lower waiting times in a way that avoids unintended consequences and makes the most effective use of public resources. Further detail is set out in our response to the public consultation on the Green Paper.

39. We are pleased that the National Audit Office has launched a value for money study into mental health services for children and young people and that it will include an assessment of accountability for spending. We look forward to the publication of the study. (Paragraph 101)

We welcome this study to help improve accountability of mental health spend and have contributed to the NAO's evidence gathering process.

40. We welcome NHS England's announcement that every clinical commissioning group must meet the Mental Health Investment Standard in 2018/19, but we are concerned that this does not protect spending on services for children and young people. (Paragraph 102)

41. We recommend that NHS England commit to a mandatory child and adolescent mental health investment standard. (Paragraph 103)

Response (40 and 41):

The Mental Health Investment Standard covers all ages. NHS England does not have current plans to introduce a Mental Health Investment Standard specifically for children and young people's mental health.

The NHS is making an additional £1.4 billion available to improve young people's mental health care and better support families. There is no doubt that there is a long way to go until every young person gets the care that they need. However, new services including for eating disorders, crisis and psychosis, will mean increased access, closer to home, and to earlier and more effective treatment. We have made available information to regions on CCG breakdowns and will continue to monitor CCG spend alongside performance. In addition, we have for the last few years been tracking spend on the mental health programme, comparing spend to the increase in CCG baseline allocations. This will be more heavily scrutinised at organisation level in 2018/19.

42. We recommend that the accountability structures for the Mental Health Support Teams and the work of trailblazers be defined to ensure clarity on local responsibility, and to mitigate the risk of gaps in provision. (Paragraph 106)

Trailblazer areas will have sufficient time to design and agree local governance structures to support implementation and ensure that responsibilities are agreed between local stakeholders and delivery partners. Trailblazer areas will need to baseline existing provision and ensure that Mental Health Support Teams build upon, and integrate with, local services, ensuring that additional provisions that are put in place to meet the needs of the local population.

43. The Green Paper's proposals are fundamentally reliant on effective collaboration between multiple different services and sectors. (Paragraph 111)

44. We recommend that the Government should commission an independent review of the data sharing and collaboration frameworks that will be necessary for the proposals to work optimally and in the best interests of children. The required data sharing frameworks must be in place as the Green Paper's proposals are rolled out to best support collaboration and implementation. (Paragraph 112)

Response (43 and 44):

We agree with the need for join up across the system, as referred to earlier in this document. Upon roll-out of the proposals in the trailblazer areas, we will put in place data collection systems to support their delivery and evaluation. A number of areas already work collaboratively and have developed ways of sharing information and data in support of this. This has also been one of the focuses of the children and young people's IAPT programme. We will test different ways of data collection as part of the trailblazers so that we know what works and what doesn't, in order to inform national roll-out.

45. The trailblazer approach, while useful in developing evidence of best practice, may inadvertently lead to a wider gap of inequality between areas of good provision and those which struggle across the country. (Paragraph 115)

46. We recommend that the Government set out how it will monitor and act to mitigate the risk of a widening inequality of provision. (Paragraph 116)

47. In considering the trailblazer criteria, we recommend that a wide range of different areas be represented. These areas should include trailblazers with both poor and effective current provision, rural and urban areas, different types of school and college provision, and areas with social deprivation (for example, through ensuring that a selection of social mobility opportunity areas are represented). (Paragraph 120)

Response (45, 46 and 47):

We agree that it is important for the first wave of trailblazers to cover as wide a range of areas as possible to ensure that we can test the delivery model and learn lessons to inform future roll-out. Trailblazer areas will cover a mixture of rural and urban areas, different types of school and college provision, and areas with social deprivation.

We set out further details around selection of trailblazers in our response to the public consultation on the Green Paper, published alongside this document. This includes ensuring that we build upon areas that have made some progress already, and do not exacerbate inequalities by choosing areas to be trailblazers which are not ready to effectively deliver the new support.

48. We recommend that the Government reconsider how it chooses to review progress and extend the period of time to monitor progress of trailblazer areas beyond the 2020/21 Spending Review. (Paragraph 125)

The details around national roll-out will be determined by the success of the trailblazers, and securing funding after the next spending review period. We are drawing up detailed plans for monitoring and evaluating the trailblazers, which will include both ongoing monitoring of performance, as well as longer term evaluation of impacts.

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¹⁵ A list of the questions that were asked during the consultation period can be found here: <https://www.gov.uk/government/consultations/transforming-children-and-young-peoples-mental-health-provision-a-green-paper>

¹⁶ Loughborough, Barnet, St Helens, Manchester, Norwich, Southampton and Liverpool

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