



House of Commons
Education and Health
Committees

**Children and young
people's mental health
—the role of education**

*First Joint Report of the Education and
Health Committees of Session 2016–17*



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and Health Committees of Session
2016–17**

*Tenth Report of the Education Committee of
Session 2016–17*

*Ninth Report of the Health Committee of
Session 2016–17*

*Report, together with formal minutes relating
to the report*

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Education Committee

The Education Committee is appointed by the House of Commons to examine the expenditure, administration, and policy of the Department for Education and its associated public bodies.

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Contacts

All correspondence should be addressed to the Clerk of the Health Committee / Education Committee, House of Commons, London SW1A 0AA. The telephone number for general enquiries is 020 7219 8976/4972; the Committees' email addresses are healthcom@parliament.uk / educom@parliament.uk.

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Summary

Schools and colleges have a front line role in promoting and protecting children and young people's mental health and well-being. Education and mental health services need to work closely together to plan the most effective way of improving children and young people's mental health and well-being.

We welcome the Government's commitment to make personal, social, health and economic education (PSHE) mandatory in schools and colleges.

We support a whole school approach that embeds the promotion of well-being throughout the culture of the school and curriculum as well as in staff training and continuing professional development. We recommend that the approach to mental health and well-being should be properly taken into account and reflected in Ofsted's inspection regime and reporting.

The Government should strengthen mental health training and continuing professional development for teachers to ensure they are properly equipped to recognise the early signs of mental illness in their pupils and have the confidence to be able to signpost or refer to the right support.

Strong partnerships between the education sector and mental health services improve the provision for children's mental health and well-being. There is significant variation in the quality of the links between schools and colleges and Child and Adolescent Mental Health Services (CAMHS) and in the level of financial support. The Government should commit sufficient resource and build on the CAMHS link pilot to ensure that effective services can be established in all parts of the country. We heard evidence of the adverse impact of funding pressures on mental health provision in schools and colleges, including the ability to bring in external support.

With half of all mental illness starting before the age of fifteen, it is a false economy to cut services for children and young people that could help to improve well-being, build resilience and provide early intervention.

Whilst we recognise the benefits of social media, harmful aspects of its use have a detrimental impact on children and young people's mental health. Schools and colleges should help children and young people develop the skills and ability to make wiser and more informed choices about their use of social media. There are limits to schools' capacity to deal with the issue of children and young people's use of technology. But they should share information and specialist knowledge with parents to increase awareness of what their children will be taught at school about social media. We heard evidence of links between excessive social media use, sleep deprivation and depression in children and young people. Parents have a key role to play in limiting screen time, reducing sleep deprivation and preventing exposure to harmful online activity. Meanwhile, social media providers must not be allowed to duck their responsibilities for harmful content which affects children and young people's online safety and well-being.

The decision to hold an early election has meant that we have been unable to go into the depth that we would have liked in this report. We hope that our successor Committees will return to this issue in the new Parliament.

1 Introduction

1. The education system has a front line role in children and young people's mental health and well-being. Evidence to this inquiry suggested a growing prevalence of mental ill-health among children and young people, particularly for behavioural and emotional conditions such as anxiety, depression and conduct disorders.¹ 50% of mental illness in adult life (excluding dementia) starts before age fifteen and 75% has started by age eighteen.² According to the last ONS prevalence survey, in 2004, around 10% of children between five and sixteen had a clinically diagnosed mental disorder.³ Teachers are often amongst the first to notice if a pupil has mental health issues as well as being the people to whom parents are most likely to turn when they suspect something may be wrong. YoungMinds told us:

Evidence has shown that schools can play a particularly important role in identifying needs that may have been missed at home. Parents also see schools and teachers as the first port of call when raising concerns about their child's emotional wellbeing and mental health: evidence demonstrates that parents of children with mental disorders are more likely to seek advice or help regarding the disorder from a teacher than any other professional or service.⁴

2. Addressing the mental health and well-being of children and young people will need to encompass a wide spectrum of action from promoting emotional resilience and well-being for the entire school population to specialist targeted intervention for those with identifiable symptoms of diagnosed mental illness. It involves schools but also Child and Adolescent Mental Health Services (CAMHS), which are commissioned under the auspices of NHS England. We look at the general promotion of well-being for children and young people in our next chapter before addressing the interface between the education sector and mental health services. The final chapter looks at how social media impacts on children and young people's mental health and how that can be managed.

3. This inquiry follows two recent reports on children and young people's mental health by the Health and Education Committees. Last year the Education Committee reported on the *Mental health and well-being of looked-after children* and in 2014, the then Health Committee published a report on *Children's and adolescents' mental health and CAMHS*.⁵

4. Late in 2016 we decided to hold a joint inquiry to look at the area more comprehensively. ***The unexpected decision to hold an early election has meant that this report is necessarily shorter than we would have hoped, especially given the volume of written evidence that we received and the importance of children and young people's mental health and education. We hope that our successor Committees will return to this issue in the new Parliament.***

1 Institute for Public Policy Research ([CMH 192](#))

2 Annual Report of the Chief Medical Officer 2012, *Our Children Deserve Better: Prevention Pays*, [chapter 10](#), page 2 [accessed 23 April 2017]

3 ONS, [Mental health of children and young people in Great Britain, 2004](#)

4 YoungMinds ([CMH 212](#)) para 2.5

5 Education Committee, Fourth Report of Session 2015–16, [Mental health and well-being of looked-after children, HC 481](#); Health Committee, Third Report of Session 2014–15, [Children's and adolescents' mental health and CAMHS, HC 342](#)

5. *In January this year, the Government announced its intention to publish a Green Paper on children and young people’s mental health.⁶ We urge the incoming Government to follow up on that as soon as possible in the new Parliament and, in doing so, to take account of the recommendations of this report.*

6. In the course of this inquiry, we heard oral evidence from representatives of both the education and the mental health sectors, including campaigners and practitioners, as well as two Government departments and NHS England.⁷ We received approximately 240 pieces of written evidence.⁸ We visited Regent High School in London where we met teachers and mental health professionals from Camden as well as representatives of Tavistock and Portman NHS Foundation Trust. On our behalf, YoungMinds conducted a survey of children and young people and TES held a web forum with teachers.⁹ We are very grateful to all those who have contributed, especially those who shared their personal experiences.

6 HM Government, “[Prime Minister unveils plans to transform mental health support](#)”, 9 January 2017

7 A full list of witnesses is published at the end of this report.

8 A large number of personal submissions were summarised in [CMH 237](#).

9 YoungMinds ([CMH 242](#)); TES ([CMH 243](#))

2 Well-being in schools and colleges

7. With the incidence of stress and anxiety amongst pupils rising,¹⁰ promoting well-being has the potential to enable them to stay well and to develop the skills needed to deal with stress and anxiety and to “bounce back” from set-backs. It can also help identify problems that may become more serious if not addressed.¹¹ Lord Layard, Director of the Well-being Programme at the London School of Economics, noted research that highlighted the impact of schools on the well-being of their pupils. He told us that schools “contribute enormously” to the well-being of their children with the effects lasting many years.¹²

8. It was widely acknowledged in the written evidence the need for schools to have some responsibility for maintaining and promoting the well-being of their pupils. We heard a number of calls for PSHE to be made compulsory in schools and colleges.¹³ Following long-running campaigns, the Government has now committed to doing so.¹⁴

9. ***We welcome the Government’s commitment to making PSHE a compulsory part of the curriculum and recommend that the next Government upholds that commitment. We recommend that our successor Committees explore in more detail how this is best implemented.***

Whole school approaches

10. The evidence we received from the education sector suggests that the principle that schools and colleges should have a responsibility for promoting the well-being of their pupils is widely accepted. For example, the Association of School and College Leaders said “Schools and colleges accept that they have a crucial role in promoting emotional wellbeing and building resilience in the children and young people in their care”¹⁵ Yet, in spite of this, we heard that provision can be patchy and is not always accorded sufficient priority.¹⁶ Concerns were raised about it being treated as a box-ticking exercise.¹⁷

11. To avoid tokenism, the need for a whole school approach to well-being was advocated.¹⁸ This might involve training for staff, engagement with parents and addressing well-being throughout the curriculum, for example.¹⁹ But the need for it to be underpinned by appropriate values and culture was emphasised. For example, Siobhan Collingwood, Headteacher of Morecambe Bay Community Primary School, told us:

For us, it is integral to everything we do. We have a values-based system within school, which helps children to develop positive skills and strengths like resilience, effort and happiness. We focus on those as a whole school for weeks at a time. We speak to families about that and it comes into every

10 [IPPR \(CMH 192\)](#)

11 [Association for Child and Adolescent Mental Health \(CMH 197\)](#)

12 [Q63](#)

13 [E.g. Q65–66](#)

14 [Education Committee “PSHE to be statutory in all schools Chairs’ letter urges” 8 January 2016; Education Committee “Statutory PSHE and SRE: Chair welcomes Secretary of State announcement”, 1 March 2017.](#)

15 [Association of School and College Leaders \(CMH 73\)](#) para 12

16 [E.g. Q65](#)

17 [Q43 \[Dr Brownlie\]](#)

18 [E.g. Family Links \(CMH 43\)](#) para 2.1.1; [YoungMinds \(CMH 212\)](#) para 3; [Q8](#)

19 [YoungMinds \(CMH 212\)](#) para 3

lesson. We reward it in assemblies. The children can speak and understand that language—what it means to be resilient as a learner, to be able to be independent and to be helpful, and what we expect from them from nursery age all the way through to year 6.²⁰

12. It was also emphasised to us that well-being should not be dependent on PSHE provision. The availability of subjects such as music and art as part of the curriculum also contributes to pupils' well-being.²¹

13. ***The promotion of well-being cannot be confined to the provision of PSHE classes. To achieve the whole school approach, senior leadership must embed well-being throughout their provision and culture. Doing so will have implications for staffing and training and the balance of provision and delivery of subjects across the curriculum to allow more time to focus on well-being and building resilience. We believe that this would be in the best interests of children and young people.***

Monitoring and inspection

14. We were told that Ofsted's inspection regime has a significant effect on the promotion of well-being in schools and colleges. There are other ways in which schools and colleges can have their efforts to promote well-being assessed and acknowledged.²² However, we were told that Ofsted's inspection regime has the potential to change the approach across the sector to the greatest extent and that efforts to promote well-being more widely will need to be recognised by Ofsted if they are to be successful. The IPPR said that the "Ofsted framework has a very strong ability to influence school behaviour" and the Association for Child and Adolescent Mental Health described it as the "largest driving force in school practice".²³ Emily Frith, of the Education Policy Institute, told us that the "benefit of having Ofsted look at wellbeing is that it is a signal to schools that it is part of their job, and it is not just about accountability measures and the academic side".²⁴

15. Many submissions said that mental health and well-being are not accorded sufficient priority in inspections and that the focus remains on academic achievement. For example, Lord Layard said that well-being had not been given "sufficient weight" by Ofsted.²⁵ Ofsted's inspection framework was revised in 2015 to include a target on "personal development, behaviour and well-being".²⁶ But Dr Peter Hindley of St Thomas' Hospital, London, felt that too often this aspect of the framework had not been properly implemented.²⁷ This view is supported by an analysis of Ofsted reports by the IPPR which found that only a third made explicit reference to pupils' mental health and well-being.²⁸ There was a clear sense from the evidence we received that too often only lip service being is paid to well-being within the inspection process:

20 Q43 [Siobhan Collingwood]

21 Q73 [Natasha Devon]

22 E.g. Q35

23 IPPR ([CMH 192](#)); Association for Child and Adolescent Mental Health ([CMH 197](#)) para 1.7

24 Q14

25 Q64

26 Ofsted, [Common inspection framework: education, skills and early years from September, 2015](#)

27 Q67

28 IPPR ([CMH 192](#))

Until accountability systems are broad and robust enough and are not primarily based on attainment data and a thin range of measures, schools will not be able to invest the time they need to research and evidence the work they are doing.²⁹

16. We welcome the inclusion of the personal development and well-being criteria in the Ofsted inspection framework. However, it seems that insufficient prominence is being given to it by inspectors. More must be done to ensure that mental health and well-being are given appropriate prominence in inspections and in contributing to the overall grade given to the school or college. The recently appointed Chief Inspector should, as a matter of priority, consider ways in which the inspection regime gives sufficient prominence to well-being. Should our successor Committees return to this subject, we recommend that they hear from her about the steps she is taking in this regard.

Balancing academic and emotional well-being

17. The apparent trade-off between a focus on achievement and on well-being was criticised as a false dichotomy. Rather than balancing academic achievement, many witnesses felt that well-being increased pupils' capacity to learn by lessening anxiety, improving confidence and equipping them to better deal with stress: the Association of Directors of Public Health told us that "Children with higher levels of emotional, behavioural, social and school wellbeing have higher levels of academic achievement on average".³⁰

18. PSHE and other activities to promote well-being can evidently equip pupils with the coping mechanisms to better enable them to handle stress and anxiety. We heard concerns that schools and colleges were pursuing academic attainment, or more specifically, exam results, to an extent that was affecting children and young people's mental health. We heard a number of calls for a better balance between academic attainment and well-being. Evidence to our inquiry also suggested that a rigid focus on academic attainment is squeezing out subjects such as music and time for physical activity which help develop life-long skills to improve well-being.³¹ Both parents and young people are concerned about the stress that the education system is currently creating.³² One of the numerous personal submissions we received said "All this stress is not helping and instead it kills the incentive to want to study".³³

19. Achieving a balance between promoting academic attainment and well-being should not be regarded as a zero-sum activity. Greater well-being can equip pupils to achieve academically. If the pressure to promote academic excellence is detrimentally affecting pupils, it becomes self-defeating. Government and schools must be conscious of the stress and anxiety that they are placing on pupils and ensure that sufficient time is allowed for activities which develop life-long skills for well-being.

29 Q56 [Siobhan Collingwood]

30 Association of Directors of Public Health ([CMH 109](#))

31 Q73 [Natasha Devon]

32 Q42 [Dr Brownlie]

33 Summary of unpublished evidence ([CMH 237](#))

3 Mental health support in education providers

20. Strong partnerships between education providers and mental health services are key to providing children and young people with high quality care. We heard that schools and colleges must be well resourced to both provide on-site support and make referrals where necessary.

Workforce training

21. School and college workforces have a significant role to play in identifying mental ill health in their students and signposting them to support. Emily Frith told us:

Teachers are often the first professionals young people approach for help. Therefore, having teachers who understand basic mental health first aid is an important step in the process of getting early intervention with young people.³⁴

22. Teachers and school staff have a role in intervening in cases where students feel anxious about work pressures, as well as in referral to professional psychological assessment and support for students who are showing signs of diagnosable mental health conditions. In order to be effective in this role teachers should be given adequate training and opportunities for continuing professional development. We are encouraged to see that the Government's recent review of initial teacher training recommended that providers should:

equip trainees to analyse the strengths and needs of all pupils effectively, ensuring that they have an understanding of cognitive, social, emotional, physical and mental health factors that can inhibit or enhance pupils' education.³⁵

23. We have made recommendations on teacher training in previous inquiries. The Education Committee's report on *Mental health and well-being of looked-after children* stated that:

We support the recent recommendation made by the Youth Select Committee on the inclusion of mental health training in the core content of initial teacher training. We see this as a minimum requirement. Training on emotional well-being and mental health should also be included in continuous professional development for current teachers.³⁶

24. Similarly, the Health Committee's inquiry on *Children's and adolescent mental health and CAMHS* recommended that the DfE should include a:

34 Q5

35 Department for Education, [A framework of core content for initial teacher training \(ITT\)](#) (July 2016), p 16

36 Education Committee, Fourth Report of Session 2015–16, [Mental health and well-being of looked-after children, HC 481](#), para 57

mandatory module on mental health in initial teacher training, and should include mental health modules as part of ongoing professional development in schools for both teaching and support staff.³⁷

25. *Teachers are not mental health professionals, but they are in many cases well placed to identify mental ill health and refer students to further assessment and support. Training school and college staff to recognise the warning signs of mental health ill health in their students is crucial. We encourage the Government to build on the inclusion of mental health training in initial teacher training and ensure current teachers also receive training as part of an entitlement to continuing professional development.*

Co-ordination between health and education services

26. The Government's 2015 report *Future in Mind* made several recommendations about health and education services working together to provide effective mental health care.³⁸ The report described creating a whole system approach which would lead to better co-ordination between education and healthcare. It specifically recommended that schools should have a named mental health lead.³⁹

27. The mental health of children and young people is not solely an issue for the education sector. We are pleased to note ministerial acknowledgement that parental conflict is a significant contributor to the mental health problems of their children.⁴⁰ We encourage the incoming Government to take further action on this issue.

28. The second panel in our first evidence session spoke about co-ordination between services in their local areas. Dr Brownlie, Clinical Psychologist, Sheffield CAMHS service, Sheffield Children's NHS Foundation Trust, described the arrangements in Sheffield:

We have had a multi-agency approach for commissioning. The CCG [clinical commissioning group] and the local authority have been working together on commissioning and strategic development, and we have managed to engage schools within that.⁴¹

29. On 20 March we visited Regent High School where the Tavistock and Portman NHS Foundation Trust have been commissioned to run CAMHS by the Camden Clinical Commissioning Group and Camden Local Authority. The partnership between education, health and the local authority in this area was a good example of inter-agency co-ordination. They have successfully put into practice a whole system approach to mental health care and located senior staff members from the Trust in the local schools.

30. In 2015–16, DfE worked with NHS England on a £3million pilot to provide joint training to schools and CAMHS staff and to test how having single points of contact in both schools and CAMHS can improve referrals to specialist services. In February 2017, the Government published an evaluation of the pilot. It found that the scheme improved

37 Health Committee, Third Report of Session 2014–15, [Children's and adolescents' mental health and CAMHS, HC 342](#)

38 Department of Health and NHS England, [Future in Mind](#), March 2015

39 Ibid.

40 Q130 [Edward Timpson MP]

41 Q52

schools' knowledge and awareness of mental health issues, and their understanding of referral routes, and boosted confidence in supporting children and young people. The evaluation concluded:

At a national level, the pilot programme very much demonstrates the potential added value of providing schools and NHS CAMHS with opportunities to engage in joint planning and training activities, improving the clarity of local pathways to specialist mental health support, and establishing named points of contact in schools and NHS CAMHS. At the same time, the evaluation has underlined the lack of available resources to deliver this offer universally across all schools at this stage within many areas.⁴²

31. The Minister, Edward Timpson MP, told us that that the pilots had led to:

an increase in the frequency of contact between schools and children and young people's mental health services, and a better understanding as well as the number of referrals that were made by schools as a consequence.⁴³

He confirmed that the pilot will be extended to cover 1,200 more schools and that funding has been allocated for this next stage.

32. *A structured approach to referrals from education providers to CAMHS must be developed across the country. We have seen cases of strong partnerships between mental health services and education providers, but such links do not exist in many local areas.*

33. *We are encouraged by the results of the CAMHS link pilot and are pleased that the pilot has been extended. We recommend that the Government should follow the advice of the evaluation and commit resource to establish partnerships with mental health services across all schools and colleges. The variation in access for children and young people to timely assessment and support for mental illness is unacceptable.*

Cuts to school and college based services

34. In 2015 the Government announced £1.25bn in extra funding for young people's mental health. However, as schools see their funding cut, an increasing number are cutting back on mental health services such as in-school counsellors. Education Policy Institute analysis showed that “due to inflation and pension pressures, schools may be left with a funding gap of 10.7 per cent in 2020–21, or £4.8bn in 2015–16 prices, which could lead to cuts in mental health provision”.⁴⁴

35. In January 2017 the National Association of Headteachers (NAHT) and Place2Be conducted a survey of children's mental health which found that around 64% of primary schools do not have access to a school based counsellor and 78% of those surveyed reported financial constraints as a barrier to providing mental health services for students.⁴⁵

36. Siobhan Collingwood, Headteacher, Morecambe Bay Community Primary School, told us:

42 Department for Education, [Mental Health Services and Schools Link Pilots: Evaluation report](#), February 2017

43 Q123

44 Education Policy Institute ([CMH 122](#)) para 4.10

45 NAHT and Place2Be, [Children's Mental Health Matters](#), January 2017

I put a general email out to several of my colleagues before I came to today's meeting, and the responses I received have been overwhelming in terms of the number who are seriously considering cutting pastoral provision; it is the first thing to go. The first thing that will go will be the therapeutic services that are bought in and the outside services that are bought in. They are already going in April. Staff are being lost from pastoral teams from April.⁴⁶

37. Dr Brownlie highlighted what she felt was the “false economy” of not investing in children and young people's mental health. She said:

If we invest in young people and support their emotional resilience, lifelong health and wellbeing, it will save money further down the line.⁴⁷

38. We asked Minister Timpson about cuts to services within schools and colleges. He responded that he was unable to provide a “full picture” as a children and young people's mental health prevalence survey has not been completed since 2004:

That is one of the reasons we are undertaking the comprehensive national mental health provision survey in schools and colleges to really know and have a full read-out of what is happening on the ground.⁴⁸

39. We heard evidence of the adverse impact of funding pressures on mental health provision in schools and colleges, including the ability to bring in external support. We know that over half of all mental ill health starts before the age of fifteen and it is therefore a false economy to cut services for children and young people. We strongly urge the next Government to review the effect of budget reductions on the in-school provision of services to support children and young people's mental health and well-being.

46 Q48

47 Q49

48 Q99

4 Social media

40. Social media was identified as a particular factor which witnesses told us can have an adverse effect on young people's mental health. 66% of respondents to the survey run by YoungMinds for the Committee's inquiry said that they were concerned about the effect of social media on young people's mental health, compared to just 14% who were not concerned.⁴⁹

41. The 2014 Health Behaviours of School-Aged Children (HBSC) survey of 11, 13, and 15 year olds found that 18% of young people reported having experienced cyberbullying in the past two months.⁵⁰ The second wave of the Longitudinal Study of Young People in England 2, in 2014, found that 11% of 15 year olds had experienced cyberbullying.⁵¹ The NSPCC told us in written evidence that in 2015–16, there were more than 11,000 Childline counselling sessions relating to online sexual abuse, cyber-bullying and internet safety, which was a 9% increase on the previous year.⁵²

42. However, despite the negative effects that social media and technology can have on the mental health of young people, we heard in our evidence that it can also have a beneficial effect for young people. Emily Frith, Director of Mental Health, Education Policy Institute, told us that

It is important to recognise that there are some positives about young people's online lives. Young people access Childline online now rather than phoning the number. There are lots of ways young people can support each other through social media, particularly if they have a rare condition. Being able to connect with other young people with the same set of experiences online has been shown to be really supportive.⁵³

43. Sarah Brennan raised the issue of the physical effects of social media and technology on young people:

Building digital resilience so that it becomes a normality is something we have to get our heads around. It is here to stay and it will only increase. It is about what happens online, but it is also about the physical effects of young people using social media into the night—the impact of a blue screen on sleep and the impact of lack of sleep on mood and depression. There is a very physical impact in using social media.⁵⁴

44. Minister Timpson recognised that there is more that could be done to provide guidance to parents on sleep deprivation and the effect of social media and technology on young people's well-being:

49 YoungMinds (CMH 242) para 6.2

50 Department for Education and Department of Health (CMH 219)

51 Ibid.

52 NSPCC (CMH 216)

53 Q25

54 Q25

There are a number of opportunities to look more closely at the issue of sleep deprivation and the interlinking that that has with the changing relationship that children have with the internet; so, absolutely, it is something we want to address.⁵⁵

45. Witnesses were clear that the responsibility for dealing with the social media problem does not solely lie with schools. Nevertheless we heard examples of the kinds of action that schools are taking to address the issue of social media. Baroness Tyler told us “there are some things [...] that are within the power of schools” and that

One head teacher I was talking to yesterday [...] said that he has banned mobile phones so that the children cannot use their mobile phones at all during the course of the day, just as one way of getting away from that sort of abuse and focusing continuously on the screen and all of that.⁵⁶

46. However our evidence was clear that the key way to deal with social media is by “equipping young people with how to manage the difficulties of modern life”.⁵⁷ Dr Peter Hindley told us that

It is about helping children and young people to learn how to make wise choices, because social media is an intimate part of children and young people's lives and in some circumstances can be very helpful. In other circumstances, it can be damaging. [...] It goes back to our earlier discussion about the importance of PSHE and helping children learn to assess risks and work out how best to manage risk rather than thinking that we can remove this risk from young people's lives.⁵⁸

47. *We recommend that schools should include education on social media as part of PSHE, including educating children on how to assess and manage the risks of social media and providing them with the skills and ability to make wiser and more informed choices about their use of social media.*

48. However we recognise that schools and colleges have limited opportunity to deal with the broader issue of children's use of technology and it is not always most appropriate for them to do so. There is a key role for parents in ensuring that children's use of social media and the internet is not having an adverse effect on their well-being. It is therefore encouraging that the Government plans to bring forward a range of resources to support parents as well as teachers.⁵⁹ Baroness Tyler, referring to earlier comments from her fellow witness Natasha Devon, who works with teens in schools on mental health, body image and self-esteem, told us that

Technology is moving on at such a pace that [...] many parents do not feel very well equipped to know what is going on and how best to support their children. If there was more of the specialist expertise that Natasha was talking about in schools, schools would be very well advised to try to

55 Q109

56 Q87

57 Q88

58 Q87

59 Q87 [Nicola Blackwood]

be passing some of that on to parents in simple ways, you know, tips about how to help in managing their child's use of social media and what the pitfalls are.⁶⁰

49. Natasha Devon described the importance of ensuring that parents and teachers have up to date knowledge:

There is, in my experience, a gap in understanding between young people and their parents and teachers, and the technology is developing faster than we can measure the psychological impact. I think last year there was quite an extensive report published on the impact on self-esteem of Facebook use, but teenagers are not on Facebook anymore; they have moved on to Instagram and Snapchat, and that is part of the problem.⁶¹

50. ***We recommend that the Government should encourage schools to share details of PSHE and other specialist expertise and knowledge, including relevant online support, with parents to increase awareness of what their children will be taught at school about social media. This should include guidance on the effects of sleep deprivation on children and young people's well-being and mental health. Parents have a key role to play in limiting screen time, reducing sleep deprivation and preventing exposure to harmful online activity.***

51. Social media organisations and providers also have a responsibility to tackle the issues caused by social media. Edward Timpson referred to the UKCCIS (United Kingdom Council for Child Internet Safety) board,

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

There is no doubt that, as we get a greater insight into what social media does to children, both in a positive and negative way, we respond not just through Government wielding a stick but by those who are the instigators of either the material or the conduit for it, as well as those who promote it and advertise it, taking their responsibility seriously and working with us so that we come up with the right solutions.⁶²

52. ***We urge the Government to continue the work that is being done by the United Kingdom Council for Child Internet Safety and to take steps to ensure that social media organisations and internet providers prioritise child internet safety and dealing with cyber-bullying. These organisations and providers must not be allowed to duck their own responsibility for preventing harm to children and young people.***

60 Q89

61 Q87

62 Q131

Recommendations

Introduction

1. The unexpected decision to hold an early election has meant that this report is necessarily shorter than we would have hoped, especially given the volume of written evidence that we received and the importance of children and young people's mental health and education. We hope that our successor Committees will return to this issue in the new Parliament. (Paragraph 4)
2. In January this year, the Government announced its intention to publish a Green Paper on children and young people's mental health. We urge the incoming Government to follow up on that as soon as possible in the new Parliament and, in doing so, to take account of the recommendations of this report. (Paragraph 5)

Well-being in schools and colleges

3. We welcome the Government's commitment to making PSHE a compulsory part of the curriculum and recommend that the next Government upholds that commitment. We recommend that our successor Committees explore in more detail how this is best implemented. (Paragraph 9)
4. The promotion of well-being cannot be confined to the provision of PSHE classes. To achieve the whole school approach, senior leadership must embed well-being throughout their provision and culture. Doing so will have implications for staffing and training and the balance of provision and delivery of subjects across the curriculum to allow more time to focus on well-being and building resilience. We believe that this would be in the best interests of children and young people. (Paragraph 13)
5. We welcome the inclusion of the personal development and well-being criteria in the Ofsted inspection framework. However, it seems that insufficient prominence is being given to it by inspectors. More must be done to ensure that mental health and well-being are given appropriate prominence in inspections and in contributing to the overall grade given to the school or college. The recently appointed Chief Inspector should, as a matter of priority, consider ways in which the inspection regime gives sufficient prominence to well-being. Should our successor Committees return to this subject, we recommend that they hear from her about the steps she is taking in this regard. (Paragraph 16)
6. Achieving a balance between promoting academic attainment and well-being should not be regarded as a zero-sum activity. Greater well-being can equip pupils to achieve academically. If the pressure to promote academic excellence is detrimentally affecting pupils, it becomes self-defeating. Government and schools must be conscious of the stress and anxiety that they are placing on pupils and ensure that sufficient time is allowed for activities which develop life-long skills for well-being. (Paragraph 19)

Mental health support in education providers

7. Teachers are not mental health professionals, but they are in many cases well placed to identify mental ill health and refer students to further assessment and support. Training school and college staff to recognise the warning signs of mental health ill health in their students is crucial. We encourage the Government to build on the inclusion of mental health training in initial teacher training and ensure current teachers also receive training as part of an entitlement to continuing professional development. (Paragraph 25)

Co-ordination between health and education services

8. A structured approach to referrals from education providers to CAMHS must be developed across the country. We have seen cases of strong partnerships between mental health services and education providers, but such links do not exist in many local areas. (Paragraph 32)
9. We are encouraged by the results of the CAMHS link pilot and are pleased that the pilot has been extended. We recommend that the Government should follow the advice of the evaluation and commit resource to establish partnerships with mental health services across all schools and colleges. The variation in access for children and young people to timely assessment and support for mental illness is unacceptable. (Paragraph 33)

Cuts to school and college based services

10. We heard evidence of the adverse impact of funding pressures on mental health provision in schools and colleges, including the ability to bring in external support. We know that over half of all mental ill health starts before the age of fifteen and it is therefore a false economy to cut services for children and young people. We strongly urge the next Government to review the effect of budget reductions on the in-school provision of services to support children and young people's mental health and well-being. (Paragraph 39)

Social media

11. We recommend that schools should include education on social media as part of PSHE, including educating children on how to assess and manage the risks of social media and providing them with the skills and ability to make wiser and more informed choices about their use of social media. (Paragraph 47)
12. We recommend that the Government should encourage schools to share details of PSHE and other specialist expertise and knowledge, including relevant online support, with parents to increase awareness of what their children will be taught at school about social media. This should include guidance on the effects of sleep deprivation on children and young people's well-being and mental health. Parents have a key role to play in limiting screen time, reducing sleep deprivation and preventing exposure to harmful online activity. (Paragraph 50)

13. We urge the Government to continue the work that is being done by the United Kingdom Council for Child Internet Safety and to take steps to ensure that social media organisations and internet providers prioritise child internet safety and dealing with cyber-bullying. These organisations and providers must not be allowed to duck their own responsibility for preventing harm to children and young people. (Paragraph 52)

Annex: Visit to Camden

On Monday 20 March 2017, the Committees visited Regent High School, one of the ten secondary schools and 43 primary schools where the Tavistock and Portman NHS Foundation Trust has been commissioned to run Child and Adolescent Mental Health Services (CAMHS) by the Camden Clinical Commissioning Group and Camden Local Authority.

Education Committee members present: Neil Carmichael (Chair) and Lilian Greenwood.

Health Committee members present: Dr Sarah Wollaston (Chair), Heidi Alexander, Dr James Davies, and Helen Whately.

The event was chaired by Paul Burstow, Chair of the Tavistock and Portman NHS Foundation Trust. Dr Sally Hodges, Director of Children, Young Adults and Families at Tavistock spoke to the Committees about 'working in partnership to provide the best possible care' and Gary Moore, Headteacher, welcomed the Committees to Regent High School and talked about key issues for education.

Committee members talked to clinicians, school staff, commissioners and families in small groups at different "market stalls". The market stalls were:

- **Primary schools:** Victoria Blincow, Coordinator, Tavistock Schools Service and Child and Adolescent Psychotherapist, Dr Ferdousi Chowdhury, Schools Clinician, Clinical Psychologist, and Marta Cioeta, Tavistock Outreach in Primary Schools Lead, Child and Adolescent Psychotherapist, Tavistock and Portman NHS Foundation Trust, Mandi Howells, Deputy Headteacher, Carlton Primary School, James Humphries, Headteacher, Kentish Town CoE School, and service users.
- **Secondary schools:** Nimisha Deakin, Psychiatric Nurse and Family Nurse Partnership Lead in the Schools Service, Tavistock and Portman NHS Foundation Trust, Chandu Hirani, Assistant Headteacher, and Gary Moore, Headteacher, Regent High School, and service users.
- **Specialist schools:** Lucy Hall, Inclusion Manager, Swiss Cottage School, Family and Inclusion Team, Grant Jacobson, Kentish Town CoE School, Physical Disability Resource Base, Dr Mike Solomon, Consultant Clinical Psychologist, Tavistock and Portman NHS Foundation Trust, and service users.
- **Our vision—a whole system approach:** Sarah Brown, Children's Commissioning Manager, Camden CCG and Camden Council, Juliette Jackson, Executive Head (St Eugene de Mazenod Catholic Primary School, Our Lady's Catholic Primary School, Camden Town, St Mary's Kilburn Church of England Primary School, St Michael's Church of England Primary School, Camden Twon), National Leader of Education, Associate Director of The National Education Trust, Maggie McCutcheon, Children's Commissioning Manager, Camden CCG and Camden Council, Gill Morris, Senior Health and Wellbeing and Cross Phase Adviser, London Borough of Camden, and Dr Andy Wiener, Associate Clinical Director, Children, Young Adults and Families, Tavistock and Portman NHS Foundation Trust.

- **Training for educators—building a resilient workforce:** Nadia Borlase, Assistant Research Psychologist, and Lydia Hartland-Rowe, Consultant Child and Adolescent Psychotherapist, Tavistock and Portman NHS Foundation Trust, Neera Dhingra, Wellbeing Project Manager, Parliament Hill School, current Tavistock trainee in Psychological therapies with children, young people and families, and Richard Young, Advisory Teacher for Behaviour and Inclusion Support, London Borough of Tower Hamlets.

The Chairs also met Zoe Dale, School Clinician and Occupational Therapist, Tavistock and Portman NHS Foundation Trust, who is based at Regent High School, and service users.

Formal Minutes

Wednesday 26 April 2017

The Education and Health Committees met concurrently, pursuant to Standing Order No. 137A.

Members present:

Education Committee

Health Committee

Neil Carmichael

Dr James Davies

Marion Fellows

Andrew Selous

Ian Mearns

Helen Whately

William Wragg

Dr Philippa Whitford

Dr Sarah Wollaston

Neil Carmichael was called to the Chair (Standing Order No.137A (1)(d)).

Draft Report (*Children and young people’s mental health—the role of education*), proposed by the Chair, brought up and read.

Ordered, That the Chair’s draft Report be considered concurrently, in accordance with Standing Order No. 137A(1).

Ordered, That the Chair’s draft Report be read a second time, paragraph by paragraph.

Paragraphs 1 to 52 read and agreed to.

Summary agreed to.

Annex agreed to.

EDUCATION COMMITTEE

The Health Committee withdrew.

Neil Carmichael, in the Chair

Marion Fellows William Wragg

Ian Mearns

Draft Report (*Children and young people's mental health—the role of education*), proposed by the Chair, brought up and read.

Resolved, That the draft Report prepared by the Education and Health Committees be the Tenth Report of the Committee to the House.

Ordered, That the provisions of Standing Order No. 137A(2) be applied to the Report.

Ordered, That the Chair make the Joint Report to the House.

Ordered, That embargoed copies of the Report be made available, in accordance with the provisions of Standing Order No. 134.

[The Committee adjourned.]

HEALTH COMMITTEE

The Education Committee withdrew.

Dr Sarah Wollaston, in the Chair

Dr James Davies Helen Whately

Andrew Selous Dr Philippa Whitford

Draft Report (*Children and young people's mental health—the role of education*), proposed by the Chair, brought up and read.

Resolved, That the draft Report prepared by the Education and Health Committees be the Ninth Report of the Committee to the House.

Ordered, That the provisions of Standing Order No. 137A(2) be applied to the Report.

Ordered, That Neil Carmichael make the Joint Report to the House.

Ordered, That embargoed copies of the Report be made available, in accordance with the provisions of Standing Order No. 134.

[The Committee adjourned.]

Witnesses

The following witnesses gave evidence. Transcripts can be viewed on the [inquiry publications page](#) of the Committee’s website.

Tuesday 14 March 2017

Question number

Emily Frith, Director of Mental Health, Education Policy Institute, **Professor Dame Sue Bailey**, Chair, Children’s and Young People’s Mental Health Coalition, **Sarah Brennan**, Chief Executive, Young Minds, and **Kate Fallon**, General Secretary, Association of Educational Psychologists [Q1–27](#)

Dr John Ivens, Headteacher, Bethlem and Maudsley Hospital School, **Siobhan Collingwood**, Headteacher, Morecambe Bay Community Primary School, and **Dr Zoe Brownlie**, Clinical Psychologist, Sheffield CAMHS, Sheffield Children’s NHS Foundation Trust [Q28–58](#)

Wednesday 29 March 2017

Natasha Devon MBE, Founder, Self-Esteem Team, **Baroness Tyler of Enfield**, Chair of the Values-Based Child and Adolescent Mental Health System Commission, **Dr Peter Hindley**, Consultant child and adolescent psychiatrist in paediatric liaison, St Thomas’ Hospital, London, and **Professor Lord Layard**, Director, Well-Being Programme, Centre for Economic Performance, London School of Economics [Q59–89](#)

Edward Timpson MP, Minister of State for Vulnerable Children and Families, **Nicola Blackwood MP**, Parliamentary Under-Secretary of State at the Department of Health, and **Karen Turner**, Director of Mental Health, NHS England [Q90–132](#)

Published written evidence

The following written evidence was received and can be viewed on the [inquiry publications page](#) of the Committee's website.

CMH numbers are generated by the evidence processing system and so may not be complete.

- 1 A primary school – written evidence ([CMH0099](#))
- 2 A Quiet Place ([CMH0048](#))
- 3 Adrian Stott ([CMH0002](#))
- 4 All Rise Say No To Cyber Abuse ([CMH0065](#))
- 5 Alliance for Learning ([CMH0072](#))
- 6 Amanda Chadwick ([CMH0240](#))
- 7 Anderton Primary School ([CMH0006](#))
- 8 Anna Freud National Centre for Children and Families ([CMH0126](#))
- 9 Association for Child and Adolescent Mental Health ([CMH0197](#))
- 10 Association of Colleges ([CMH0164](#))
- 11 Association of Directors of Public Health ([CMH0109](#))
- 12 Association of School and College Leaders ([CMH0073](#))
- 13 ATL ([CMH0067](#))
- 14 Barnardo's ([CMH0198](#))
- 15 Baroness Tyler ([CMH0234](#))
- 16 Beat ([CMH0200](#))
- 17 Bedford Borough Council ([CMH0015](#))
- 18 Bedfordshire CCG ([CMH0088](#))
- 19 Bedfordshire Clinical Commissioning Group ([CMH0215](#))
- 20 Bethlem and Maudsley Hospital School ([CMH0052](#))
- 21 Birmingham Education Partnership ([CMH0141](#))
- 22 Bournemouth University ([CMH0195](#))
- 23 Bradford District Care NHS Foundation ([CMH0177](#))
- 24 British Autism Advocate(s) ([CMH0026](#))
- 25 Carers Trust ([CMH0108](#))
- 26 CASE (Campaign for State Education) ([CMH0102](#))
- 27 Catch22 ([CMH0121](#))
- 28 Centre for Evidence Based Early Intervention ([CMH0233](#))
- 29 Centre for Mental Health ([CMH0136](#))
- 30 CEP Child Wellbeing Group ([CMH0069](#))
- 31 Child Outcomes Research Consortium ([CMH0134](#))
- 32 Childhood Bereavement Network ([CMH0151](#))
- 33 Children & Young People's Mental Health Coalition ([CMH0096](#))

- 34 Children's Commissioner's Office ([CMH0061](#))
- 35 City of York Council ([CMH0161](#))
- 36 CLIC Sargent ([CMH0115](#))
- 37 Coram Life Education ([CMH0076](#))
- 38 Cornwall Council ([CMH0222](#))
- 39 Craig Parr ([CMH0064](#))
- 40 Cumbria Multi-agency CYP Emotional and Mental Wellbeing Partnership ([CMH0160](#))
- 41 Department for Education and Department of Health ([CMH0219](#))
- 42 Derby City Educational Psychology Service ([CMH0038](#))
- 43 Dr Barbara Rishworth ([CMH0232](#))
- 44 Dr Charles Holme ([CMH0218](#))
- 45 Dr Dusana Dorjee ([CMH0221](#))
- 46 Dr Fiona McBryde ([CMH0139](#))
- 47 Dr Frank O'Kelly ([CMH0238](#))
- 48 Dr Michelle O'Reilly ([CMH0098](#))
- 49 Dr Nick Durbin ([CMH0230](#))
- 50 Dr Rachel Wood ([CMH0095](#))
- 51 Dr Shungu Hilda M'gadzah ([CMH0094](#))
- 52 Dr Simon Gibbs ([CMH0031](#))
- 53 Dr Tania Hart ([CMH0097](#))
- 54 Durham County Council ([CMH0059](#))
- 55 Education Policy Institute ([CMH0122](#))
- 56 Education Support Partnership ([CMH0132](#))
- 57 ELSA Network ([CMH0001](#))
- 58 End Violence Against Women Coalition ([CMH0124](#))
- 59 eQeOUTDOORS ([CMH0181](#))
- 60 Equilibrium and Enablement (eQe) Ltd ([CMH0182](#))
- 61 ES Teachers ([CMH0082](#))
- 62 Essex County Council ([CMH0075](#))
- 63 Exeter College ([CMH0201](#))
- 64 F.E.A.S.T. ([CMH0039](#))
- 65 Faculty of Public Health ([CMH0120](#))
- 66 Fair Ways ([CMH0053](#))
- 67 Family Links ([CMH0043](#))
- 68 Girlguiding ([CMH0172](#))
- 69 GL Assessment ([CMH0176](#))
- 70 Gloucestershire Clinical Commissioning Group ([CMH0220](#))
- 71 Halton Borough Council ([CMH0103](#))

- 72 Healthwatch Cambridgeshire ([CMH0050](#))
- 73 Healthy Minds Management Group ([CMH0051](#))
- 74 Herefordshire council ([CMH0046](#))
- 75 Herts Valleys CCG and East and North Herts CCG ([CMH0143](#))
- 76 How to Thrive ([CMH0128](#))
- 77 If U Care Share Foundation ([CMH0207](#))
- 78 Illuminate Education ([CMH0024](#))
- 79 Independent Schools Council ([CMH0173](#))
- 80 Institute for Social and Economic Research, University of Essex ([CMH0111](#))
- 81 IPPR ([CMH0192](#))
- 82 Isobel Urquhart ([CMH0209](#))
- 83 Jill Mc William & Stephen Blunden ([CMH0239](#))
- 84 Kate Fallon ([CMH0241](#))
- 85 Kathleen Richardson ([CMH0079](#))
- 86 Lady Iveta Kurpniece ([CMH0013](#))
- 87 Lancashire County Council ([CMH0184](#))
- 88 Leicester City CCG ([CMH0085](#))
- 89 Leicestershire County Council ([CMH0092](#))
- 90 Lifespace Trust ([CMH0060](#))
- 91 London Borough of Newham ([CMH0084](#))
- 92 Manchester Institute of Education, University of Manchester ([CMH0057](#))
- 93 Mental Health First Aid England ([CMH0081](#))
- 94 Mental Health Foundation ([CMH0055](#))
- 95 Mind. World Ltd ([CMH0017](#))
- 96 Miss Maria Liviero ([CMH0020](#))
- 97 Morecambe Bay Community Primary School ([CMH0045](#))
- 98 Movement to Work ([CMH0224](#))
- 99 Mr Andrew Ramtohul ([CMH0174](#))
- 100 Mr Dave Traxson ([CMH0041](#))
- 101 Mr John Phillips ([CMH0014](#))
- 102 Mr Joseph Krasinski ([CMH0194](#))
- 103 Mr Lucas Shelemy ([CMH0131](#))
- 104 Mr Michael Brooks ([CMH0019](#))
- 105 Mr Mike Simons ([CMH0188](#))
- 106 Mr Richard Bagnall-Oakeley ([CMH0044](#))
- 107 Mr Robin Marsden ([CMH0205](#))
- 108 Mrs Ann Ricketts ([CMH0190](#))
- 109 Mrs Annette Hargreaves ([CMH0145](#))

- 110 Mrs Clare McCarron ([CMH0035](#))
- 111 Mrs Jean Gross, CBE ([CMH0033](#))
- 112 Mrs Judith Jerwood ([CMH0037](#))
- 113 Mrs Margaret Woodward ([CMH0169](#))
- 114 Mrs Rachel Mulcahy ([CMH0011](#))
- 115 Mrs Ruth Israel ([CMH0028](#))
- 116 Mrs Sarah Griffiths ([CMH0135](#))
- 117 Mrs Susan Fielden ([CMH0107](#))
- 118 Ms Alison Critchley ([CMH0191](#))
- 119 Ms Sarah Lepley ([CMH0047](#))
- 120 Ms Susan Mennear ([CMH0010](#))
- 121 NAHT ([CMH0068](#))
- 122 NASS (National Association of Independent Schools and Non-Maintained Special Schools) ([CMH0167](#))
- 123 National Association for Therapeutic Education ([CMH0005](#))
- 124 National Association of Principal Educational Psychologists ([CMH0091](#))
- 125 National Children's Bureau (NCB) ([CMH0193](#))
- 126 National Counselling Society ([CMH0077](#))
- 127 National Governors' Association ([CMH0171](#))
- 128 National Network of Parent Carer Forums ([CMH0070](#))
- 129 National Union of Students ([CMH0113](#))
- 130 National Union of Teachers ([CMH0168](#))
- 131 Natspec ([CMH0093](#))
- 132 Network Rail ([CMH0159](#))
- 133 Norfolk and Suffolk NHS Foundation Trust ([CMH0227](#))
- 134 Norfolk County Council ([CMH0056](#))
- 135 Northumberland Tyne and Wear NHS Trust ([CMH0042](#))
- 136 NSPCC ([CMH0216](#))
- 137 Nurture Group Network ([CMH0087](#))
- 138 Oxleas NHS Foundation trust ([CMH0104](#))
- 139 PAPYRUS - prevention of young suicide ([CMH0162](#))
- 140 Partnership for Children ([CMH0080](#))
- 141 Peacemakers ([CMH0083](#))
- 142 Perfect English Jeff Wood ([CMH0032](#))
- 143 Place2Be ([CMH0146](#))
- 144 Planet Autism ([CMH0208](#))
- 145 Portsmouth City Council ([CMH0066](#))
- 146 Priory Group ([CMH0178](#))

- 147 Professor Andrew Murray ([CMH0114](#))
- 148 PSHE Association ([CMH0138](#))
- 149 Psychotherapy and Counselling Union ([CMH0150](#))
- 150 Public Health England ([CMH0226](#))
- 151 Randstad Student & Worker Support ([CMH0153](#))
- 152 Rathbone Training ([CMH0157](#))
- 153 Red Balloon Learner Centre Group ([CMH0149](#))
- 154 Relate ([CMH0078](#))
- 155 Rescue our Schools ([CMH0137](#))
- 156 Royal College of General Practitioners ([CMH0223](#))
- 157 Royal College of Nursing ([CMH0116](#))
- 158 Royal College of Paediatrics and Child Health ([CMH0112](#))
- 159 Royal College of Psychiatrists ([CMH0130](#))
- 160 Rt Hon Norman Lamb ([CMH0012](#))
- 161 Samaritans ([CMH0186](#))
- 162 Sandwell MBC (Inclusion Support) ([CMH0214](#))
- 163 SCHOOLS NorthEast ([CMH0199](#))
- 164 Seven Sisters Primary School ([CMH0225](#))
- 165 Sheffield CCG, Sheffield City Council, Sheffield Children's NHS Foundation Trust ([CMH0125](#))
- 166 Southampton City Council ([CMH0165](#))
- 167 Staffordshire County Council ([CMH0152](#))
- 168 Step Up To Serve ([CMH0156](#))
- 169 Suffolk County Council ([CMH0089](#))
- 170 Suffolk Health Scrutiny Committee ([CMH0155](#))
- 171 Summary of Unpublished Evidence ([CMH](#))
- 172 Surrey County Council ([CMH0142](#))
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- 174 Tavistock and Portman NHS FT ([CMH0170](#))
- 175 Tavistock and Portman NHS Trust ([CMH0158](#))
- 176 Tavistock Relationships ([CMH0071](#))
- 177 Team Mental Health ([CMH0236](#))
- 178 Terrence Higgins Trust ([CMH0133](#))
- 179 TES ([CMH0243](#))
- 180 The Art Room ([CMH0163](#))
- 181 The Association of Child Psychotherapists (ACP) ([CMH0204](#))
- 182 The Association of Educational Psychologists ([CMH0187](#))
- 183 The Bridge Foundation ([CMH0029](#))

- 184 The British Association for Counselling and Psychotherapy ([CMH0148](#))
- 185 The British Psychological Society ([CMH0210](#))
- 186 The British Youth Council ([CMH0231](#))
- 187 The Caspari Foundation ([CMH0036](#))
- 188 The Centre for Social Justice ([CMH0110](#))
- 189 The Children's Society ([CMH0166](#))
- 190 The Communication Trust ([CMH0090](#))
- 191 The Manchester College ([CMH0175](#))
- 192 The Matthew Elvidge Trust ([CMH0129](#))
- 193 The MindEd Trust ([CMH0179](#))
- 194 The Prince's Trust ([CMH0127](#))
- 195 The Royal College of Speech and Language Therapists ([CMH0118](#))
- 196 The School and Family Works ([CMH0183](#))
- 197 The Scout Association ([CMH0185](#))
- 198 Tutor/Teacher Wilmina Iglesias Miss Wilmina ([CMH0007](#))
- 199 ukactive ([CMH0228](#))
- 200 University of Bedfordshire ([CMH0049](#))
- 201 University of Bristol ([CMH0117](#))
- 202 University of Glasgow ([CMH0202](#))
- 203 University of Hertfordshire ([CMH0054](#))
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- 206 What About The Children? ([CMH0189](#))
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- 208 Worrinots ([CMH0022](#))
- 209 Worth-it ([CMH0101](#))
- 210 YMCA England ([CMH0144](#))
- 211 YoungMinds ([CMH0212](#))
- 212 YoungMinds ([CMH0213](#))
- 213 YoungMinds ([CMH0242](#))
- 214 Youth Connexions Hertfordshire ([CMH0211](#))
- 215 Youth Justice Board for England and Wales ([CMH0180](#))
- 216 Youth Sport Trust ([CMH0119](#))

List of Reports from the Education Committee during the current Parliament

All publications from the Committee are available on the [publications page](#) of the Committee's website.

The reference number of the Government's response to each Report is printed in brackets after the HC printing number.

Session 2015–16

First Report	The role of Regional Schools Commissioners	HC 401 (HC 975)
Second Report	Holocaust Education	HC 480 (HC 974)
Third Report	Appointment of the Chief Regulator of Ofqual	HC 822
Fourth Report	Mental health and well-being of looked-after children	HC 481
First Joint Special Report	Education, skills and productivity: commissioned research	HC 565
First Special Report	Apprenticeships and traineeships for 16 to 19 year olds: Government Response to the Committee's Seventh Report of Session 2014–15	HC 317
Second Special Report	Extremism in schools: the Trojan Horse affair: Ofsted Response to the Committee's Seventh Report of Session 2014–15	HC 324
Fourth Special Report	Holocaust Education: Government Response to the Committee's Second Report of Session 2015–16	HC 974
Fifth Special Report	The role of Regional Schools Commissioners: Government Response to the Committee's First Report of Session 2015–16	HC 975

Session 2016–17

First Report	Careers education, information, advice and guidance	HC 205
Second Report	Appointment of Her Majesty's Chief Inspector of Education, Children's Services and Skills	HC 170 (HC 674)
Third Report	Social work reform	HC 201 (HC 733)
Fourth Report	Evidence check: Grammar schools	HC 780
Fifth Report	Recruitment and retention of teachers	HC 199
Sixth Report	Appointment of the Chair of the Office for Students	HC 882
Seventh Report	Multi-academy trusts	HC 204

Eighth Report	Apprenticeships	HC 206
Ninth Report	Exiting the EU: challenges and opportunities for higher education	HC 683
Tenth Report	Children and young people's mental health—the role of education	HC 849
Eleventh Report	Primary assessment	HC 682
First Special Report	Appointment of Her Majesty's Chief Inspector of Education, Children's Services and Skills: Government Response to the Committee's Second Report of Session 2016–17	HC 674
Second Special Report	Social work reform: Government Response to the Committee's Third Report of Session 2016–17	HC 733
Third Special Report	Careers education, information, advice and guidance: Government response to the Committee's First Report	HC 757
Fourth Special Report	Recruitment and retention of teachers: Government Response to the Committee's Fifth Report	HC 683

List of Reports from the Health Committee during the current Parliament

All publications from the Committee are available on the [publications page](#) of the Committee's website.

The reference number of the Government's response to each Report is printed in brackets after the HC printing number.

Session 2015–16

First Report	Child obesity-brave and bold action	HC 465 (Cm 9330)
Second Report	Appointment of the Chair of the Care Quality Commission	HC 195
Third Report	Appointment of the Chair of the Food Standards Agency	HC 663
Fourth Report	Primary care	HC 408 (Cm 9331)

Session 2016–17

First Report	Impact of the Spending Review on health and social care	HC 139 (Cm 9385)
Second Report	Public health post-2013	HC 140 (Cm 9378)
Third Report	Winter pressure in accident and emergency departments	HC 277
Fourth Report	Suicide prevention: interim report	HC 300
Fifth Report/ First Joint Report	Appointment of the Parliamentary and Health Service Ombudsman	HC 810
Sixth Report	Suicide prevention	HC 1087
Seventh Report	Childhood obesity: follow-up	HC 928
Eighth Report	Brexit and health and social care - People & Process	HC 640