



















*'Social media is a big one. People compare themselves to things they see online which aren't always true. [...] it gets to people a lot more than most people would think. I think most people have suffered from envy or feeling bad about themselves due to something they see online'* – Girl, 14, in focus group.

We need to be able to tell who a child is online, in the same way as we do offline. The case for the Online Safety Bill to protect children is strong and clear – we need this legislation to make sure children are not exposed to harmful content and activity. Self-regulation of online platforms has failed, and children have paid the heaviest price. Now is the time for change.

**Ambition 3 All children have plentiful access to safe and fun spaces to play with their friends.**

One of the most frequently used words in The Big Ask was 'play.' As one 6-year-old girl put it, they want *'places for kids to play and have fun things to do'*.

In The Big Ask, children spoke about the challenges of lockdown, when they didn't have the chance to play with their friends, and the impact of this on their mental health: *'After lessons we let everything inside ourselves go free, like at break time. At home it just goes on and on'*. Girl, 12

Schools need to get back to normal next year, and every child should be able to benefit from an expanded out of school offer, with more trips and enrichment opportunities for children and young people. In The Big Ask, the Commissioner proposed a voluntary third session in the school day, which would create time for catch up support and activities like sports and arts programmes. Outside of school, the Commissioner called for an updated duty on local authorities to provide a minimum level of youth provision.

**Ambition 4. All children's needs are met where they are and they receive support in school, through families of schools.**

*'Talk to a fair teacher that you actually like. [...] The teacher might ask someone who knows more about mental health and then come back to the student with tips and stuff'* – Boy, 14, in focus group.

School is vital in children's lives. We know the absence of it during lockdown made children appreciate how important the routine and support it provides is. As such, there needs to be a stronger priority placed on support for schools to take a Whole

School Approach to mental health and wellbeing. Schools need to adopt this approach, considering it as part of their school ethos, curriculum, and by sourcing or providing support for pupils, staff, and parents. Schools should have processes in place to assess children's wellbeing and have appropriate support in place when children need additional help. Schools cannot do this alone, and teachers are not mental health professionals. School leaders need clear guidance to implement this approach and training for senior leads. All schools should have access to a MHST so that children who need it can get early help in school. The Government should take the opportunity of the Mental Health Action Plan and the SEND Green Paper to ensure this support is in place for all schools.

**Ambition 5. The taboo of accessing support needs to be broken by making sure children can access it quickly, locally, in their communities or online.**

*'It's all about preference but it needs to be all round and equally distributed'* – Boy, 14, in focus group.

In some areas, children can go to a child-friendly drop-in centre to access help and support easily. In others, they can access help and advice online, and even speak to qualified counsellors over the internet as part of the local mental health offer. This kind of early help should be available across the country, so that no matter where a child lives, they are able to access support at a time and place that suits them – whenever and wherever they need it.

**Ambition 6. Specialist NHS support is available for any child who needs it, with no child turned away or stuck in a spiral of escalation whilst waiting for support.**

*'How far does it have to get? Sometimes to you sit there and you think what do I have to actually do to get the support, how far do I have to go?'* – Girl, 15, in focus group.

No child who needs specialist treatment should be turned away or stuck on a waiting list because the care is not available. Work must continue to expand capacity in NHS children's mental health services to ensure 100% of children who need it can access them. This must include 24/7 crisis support as a genuine alternative to hospital admission. This needs to be in addition to early support, which can help to reduce the need for more specialist provision. Crucially, these services need to work closely together, so that children with additional needs can be quickly transferred into specialist services, but those who do not need this

specialist provision have somewhere else to go. These changes will also mean that children who are on waiting lists for specialist provision also have somewhere to go and some form of help while they wait.

**Ambition 1. Every family receives support to promote good mental health and wellbeing through pregnancy and the early years through Family Hubs, including mental health support for parents where needed.**

**Background:**

The foundations of good mental health are put in place before a child is even born, by ensuring they are born to parents whose own mental health is supported, and that a family is helped to form strong attachments.

The earliest mental health care intervention possible is ensuring that all mothers, fathers, guardians, and families are supported in their own mental health – before the birth of the child, and shortly after birth. Improved, more regular support from health visiting services that directly check-in with parental and infant mental health could help to meet this early need.

However, too often, this sort of early support from health visitors and children’s services is not always available, and there is a lack of clarity over which organisations are responsible for commissioning early support for families.

NHS mental health services are also not set up to support infants under the age of 5. This means that emerging mental health problems or SEND are not always identified early enough.

**What children said:**

This is demonstrated from what children told us in the focus groups the office conducted. As one girl explained:

*‘...People (primarily women) not getting diagnosed as neurodivergent (autistic, ADHD, dyslexic etc) until late in their lives. Most men get diagnosed when they're 2-3, sometimes even a little earlier. For women, being diagnosed at 15 is considered early ... I've been waiting for about 1.5 - 2 years now. By the time I'm diagnosed I'll probably be out of school (I'm 15.). I won't get the help I need in time’ – Girl, 15, in focus group.*

Young people who had experienced mental health symptoms felt that their symptoms could have been spotted earlier, had they been taken seriously by the adults around them. Some children spoke about trying to describe their symptoms from a young age and not being ‘taken seriously’ by adults. As one girl said:

*'I was described as 'an old soul' and 'beyond my years' - like no 4-year-old has panic attacks, it's not just a quirk. No one said, 'what's going on', it was just a case of you will grow up and grow out of it. Everything was sort of like brushed off' – Girl, 19, in focus group.*

### **The way forward to support children:**

- **There should be a Family Hub in every area of the country.** Every family should be able to access help to give their children the supporting and loving environment that can help them to thrive.
- **The Children's Commissioner will prioritise mental health and what more can be done to support families in her Family Review.** Including how Family Hubs can support parents to create the best environment for children. This Review will also explore how we can support families facing additional pressures, such as money worries and relationship difficulties.
- **The Family Review will outline what a Family Hubs offer should look like, and how Family Hubs can be built around schools – to help improve children and families' access to care.<sup>v</sup>** Some families of schools are exploring how to build Family Hubs around schools, with schools providing nurseries and other early years support, such as antenatal classes. Having enough support in the school to support family needs (see Ambition 3), as well as community face-to-face support for families through Family Hubs, would ensure families have a regular contact point outside of the school gates. These services would support the whole family unit, including children such as young carers.

**Ambition 2. The online world is a safe, supportive, and exciting place for children to have fun, learn, and connect with others, and all children are protected from harm and taught the digital skills they need to be safe online.**

### **Background**

Last year, the Children's Commissioner was formally commissioned by DCMS and DfE to look at how to protect children online in the wake of Everyone's Invited and the Ofsted Review into sexual harassment in schools. Since then, the Office's work has uncovered the insidious ways in which inappropriate content warps children's understanding of sex, consent, and healthy intimate relationships. This includes pornography. But children also spoke to us about the cumulative impact of sexualised content, misogynistic online cultures, intimate image-sharing, and edited images on their mental health, self-esteem, and perceptions of gender norms and sexual consent. Since then the Commissioner has listened to children and young people's needs, and provided a supportive guide for parents: [The things I wish my parents had known](#). The Commissioner has also called for amendments to the Online Safety Bill, and was pleased to see them taken forward. However, there is no doubt that tech companies need to do more to play their part in protecting children online. Throughout the office's work it has become clear that the online world can have a harmful and detrimental effect on children's mental health.

### **What children said:**

In the focus groups and interviews that the Office has conducted, children and young people cited the impact that the pressures and risks of life online has had on their wellbeing. This included unrealistic expectations created by apps, which promote the editing and filtering of body images, and creates comparison with peers. As one girl said:

*'Social media is a big one. People compare themselves to things they see online which aren't always true. [...] it gets to people a lot more than most people would think. I think most people have suffered from envy or feeling bad about themselves due to something they see online'* – Girl, 14, in focus group.

Children also explained how a lack of interaction on social media could cause a

feeling of disappointment or inadequacy. As one boy said:

*'With the social media thing, the like count affects your self-worth, it makes you feel like a number and everyone else is better compared to you'* – Boy, 15, in focus group.

Bullying online, or problems at school spilling out into the online world, was another key concern. As one girl said:

*'With Covid and everything going on there's not as much learning in school. There's a lot more bullying online and offline, people walking round feeling unsafe and insecure so they don't have the courage to do what they want to so they can't achieve what they want to'* – Girl, 12 The Big Ask.

### **The way forward to support children:**

- **The Online Safety Bill is landmark legislation that should be passed with robust child safety measures, to keep children safe online.** The Children's Commissioner will continue her work to make sure children are front and centre of the Online Safety Bill. However, it will take time for Online Safety regulation to come into effect if it is to be implemented thoughtfully and effectively. In the meantime, the Commissioner encourages both Government and industry to take meaningful steps to keep children safe. For example, DHSC should work in close partnership with the Ofcom, DCMS, and DfE to evaluate the impact of online platforms on children's mental health and design a strategy to combat these, in tandem with the Government's forthcoming Online Safety legislation.
- **Tech companies need to do more to protect children online.** Ahead of the Online Safety Bill, the Children's Commissioner is also calling on technology firms to take their responsibilities towards children's mental health seriously, by critically examining the impact of their design choices on children's wellbeing. This should include companies conducting in-depth research on the impact of platform features – such as recommendation algorithms, infinite scroll, and harmful content – on promoting mental health disorders, including self-harm and suicidal ideation, body dysmorphia, and anxiety and depression among children. This research should be made freely available to platform users, including children and parents, so that children can make informed choices about their participation online. Platforms should make clear the actions they are taking to mitigate risks to children's mental health. The Commissioner

believes that DHSC should use its subject matter expertise to closely guide this process.

- **Ofcom should consider children's needs as the online safety regulator.** As Ofcom prepares for its new role as online safety regulator, the Commissioner believes that its research teams should work directly with children who have suffered harm to their mental health online, to understand the drivers of these risks and to inform its regulatory approach. As regulator, Ofcom should use this evidence base to hold tech companies accountable where design choices put children's health at risk.
- **Improved digital literacy education for all children, with a strong focus on managing the risks to mental health.** Children are often 'the canaries in the coalmine' when it comes to the risks of the online world. Young people often tell us that they feel left to grapple with the complex impacts of the digital world on their mental wellbeing, without sufficient guidance and support from adults. Digital literacy curricula should be regularly updated and adapted to tackle the evolving risks of the digital world. Digital literacy and mental health education should be well-funded, underpinned by best-practice evidence, and delivered by teachers with specialist training on these issues. Following a request from the Secretary of State for Education, the Children's Commissioner will be investigating children's experience of relationship and sex education (RSE), and how the consistency and quality of RSE teaching could be improved.
- **More support for parents – to help them protect children online.** Improved digital literacy education for young people must be paired with improved support for parents to manage the risks of the digital environment. DHSC should work closely with Ofcom, DfE, and DCMS to develop high-quality childhood mental health and digital literacy resources for parents. This should be co-designed with children and young people.



**Ambition 3. England becomes the best place for children to grow up, as all children have plentiful access to safe spaces to play and have fun with their friends.**

### **Background**

In The Big Ask, children and young people said they would like more safe places to play and socialise. They would also like more intentional, planned time to have fun and to focus on their own wellbeing. They would like this to be provided by adults – both in and outside of school – centred on things that they would enjoy, like socialising with friends, listening to music, gaming, and playing sports. Undoubtedly the impact of the pandemic had a particularly difficult impact on children who bore the brunt of the isolation on their wellbeing.

### **What children said**

Many children missed taking part in sports and PE during lockdown. As one girl explained:

*‘There need to be more outdoor places with free activities. A healthier environment for everyone with sports being more affordable. I think PE needs to be more regular in schools because it is just as important as maths and all of that because it can make people happier, healthier, more focused and active’* – Girl, 10, The Big Ask.

Others missed clubs and wider enrichment. As one girl said:

*‘We can’t go to clubs, for example, I want to be a singer, dancer and actor, all that stuff, but thanks to Covid I missed doing my first proper show and I did classes on zoom and that was not very good’* – Girl, 9, The Big Ask.

In mental health focus groups, children said that there is not always enough time in their lives to do the things that they enjoy. This is particularly important after the pandemic, where children have lost out on valuable social time – to learn, to play, and to have fun like the generations before them. Children and young people described their wish for more school trips, clubs, and enrichment days. Children and young people struggled to name the kind of activities that were on offer to them outside of school and said that they would like it to be easier to find these kinds of activities and clubs.

### **The way forward**

- **Every child should have access to an expanded out of school offer.** This

should include more trips and enrichment opportunities for children and young people, so that all children have the chance to experience activities that they want to pursue.

- **There should be a voluntary third session in the school day, for catch up support and activities.** These activities can include sports and arts programmes, as proposed in The Big Ask.
- **There should be an updated duty on local authorities, to ensure a minimum level of youth provision in all areas of the country and a broader duty on public bodies to make their spaces available to charities working with children at cost.** The renewed focus on youth services over recent years – in particular, the £500 million Youth Investment Fund – is welcome. These additional measures would help to ensure a more consistent local offer for children.

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**Ambition 4. Meet children where they are: all children receive support in school, through families of schools.**

**Background**

In The Big Ask, children said they would like schools to be places that promote good wellbeing. It is a place where they trust the adults. Where they need additional support, they are keen for it to be in school, this includes with their mental health, safeguarding or additional learning needs. This has also come out of the Children's Commissioner's work on attendance, including that where additional support is needed, it be provided quickly to help get them back into school. Where children need additional support, and receive it in school, they are happier than the overall cohort. Children also benefitted from being in school because of the routine and structure it provides. It is also where they can see their friends and take part in activities and hobbies, sometimes those friends and peers can often be a source of support themselves.

**What children said**

Children like it best when there is a Whole School Approach to mental health and wellbeing - where there was a culture of promoting and protecting everyone. There are lots of different ways to do this and many schools are doing this brilliantly.

Some children want a safe space or nurture room to go when they are feeling overwhelmed. A girl said:

*'In schools there can be a room where you can go and take friends... Where there will be an animal and you could just calm down and there will be books and things to do. There will be cushions and blankets and you could do it at breaktime'* – Girl, 9, in focus group.

And another boy explained:

*'Maybe it would be best to not label the room and then if it's more of an alternative to the playground then teachers can keep an eye on it and see if you need extra support'* – Boy, 14, in focus group.

Primary school children want school to be a place where someone will hear their concerns and where they know an adult will act if there is a problem. One primary school the Office visited used 'worry monsters'. These are a toy for children to write and place their concerns, to be discussed with an adult later. Some of the

secondary schools that the Office visited adopted a similar approach, with anonymous 'worry boxes' placed in inconspicuous areas in school. With these techniques, a key part of the process is the possibility for the escalation of concerns. Children want to know their concerns and worries will be taken seriously, and that there will be a tangible outcome if there needs to be one.

Children explained that they would like to receive mental health support in school – the place where they spend most of their time, and often have trusted and valued relationships with peers and teachers. This support does not need to come from teachers directly - although children really valued their mental health coordinators (MenCos) - rather that support can be delivered through schools by other professionals where that is more appropriate. As one girl said:

*'In school I get all the support [from my] 1:1 teacher, she's helped a lot, she can contact CAMHS for me whenever I need'* – Girl, 15, in focus group.

And, another boy explained:

*'Talk to a fair teacher that you actually like. [...] The teacher might ask someone who knows more about mental health and then come back to the student with tips and stuff'* – Boy, 14, in focus group.

Children described the importance of having a trusted adult at school. One girl said:

*'Adults can help the child out by having calm time with the adult. It can help their mind to calm down'* – Girl, 9, in focus group.

Children that had counselling in their school, through organisations like Place2Be,<sup>vi</sup> valued this support. A teenage girl explained how this had helped her:

*'Talking to someone [...] you can just trust them as they don't tell people unless you are in danger (sic)'* – Girl, 14, in focus group.

And another girl said:

*'It is a relief, if I have something on my mind I lay it all out'* – Girl, 14, in focus group.

But children also felt that even where there was provision, there was not always enough of it. As one girl said:

*'You see that mental health is very serious, if there is a function like [counselling] it should be in more schools'* – Girl, 13, in focus group.

Children said that they want their school to be a place of support, where talking about mental health is normalised, and where the stigma around mental health is reduced. As one boy said:

*'We shouldn't just have assemblies on mental health because it's Mental Health Awareness Week. We should have them in general and all year round'* – Boy, 15, in focus group.

Children and young people also explained that they do not want to be 'singled out' in school mental health interventions. They would like to be treated the same as their peers, in a place where everyone is comfortable discussing their mental health. As one boy said:

*'Talk about how you feel, but don't constantly remind them of the fact they have a mental health condition. Don't treat them like they have something wrong with them'* – Boy, 17, in focus group.

And another girl said:

*'Some people with anxiety and depression want to be treated the same as everyone, don't push them, as they want to be treated normally'* – Girl, 14, in focus group.

Children and young people want to be able to talk regularly about mental health in an environment that supports them to do so with their peers – not just with adults, where discussions about mental health can become 'top down' and unrelated to the young person's reality.

### **Case Study: 'A Champion for Every Child'**

The Kemnal Academies Trust (TKAT) offers one-to-one pastoral tutoring to thousands of children across their schools. Following a successful pilot, they are now working to reach 8,500 children across 45 schools. As part of this research, the team visited one of the schools who have implemented this programme and spoke to children who have an ACE tutor.

Using pupil premium funding, TKAT employs pastoral tutors whose expertise covers a wider range of skills beyond the curriculum. Children taking part in the programme meet individually with a tutor up to twice a week, depending on the child's level of need. A core guiding principle of the ACE programme is creating a positive relationship between the tutor and the child and their family. This

positive relationship then becomes the gateway to overcoming barriers in school.<sup>vii</sup><sup>viii</sup>

Tutors are recruited from teaching assistants, family support workers, and previous pastoral support roles. This range of skills means that every child in the programme has a trusted adult they can talk to about worries or issues beyond their progress in classes. The tutors are trained to employ a coaching model, rather than a dependency model, with the children that they work with. This means that the tutor works with the child to set achievable goals, which they then work towards together. The tutor is also able to discuss the child's needs with other adults in the school, and link up different support services.

ImpactEd carried out an independent evaluation of the pilot phase of the programme and found that there were statistically significant improvements in pupils' levels of 'goal orientation, self-efficacy, and motivation.'

While the ACE programme does not replace the need for counselling services and further mental health support, it dramatically increases the chances of emerging issues being identified early and increases children's resilience to external pressures.

Mentoring, particularly through peer networks was popular amongst children. In one mainstream secondary school, we spoke with a group of pupils who have been trained as student wellbeing mentors. The students felt that the training they received gave them the confidence to support other students, even if they themselves had a mental health diagnosis. As one girl explained:

*'When you go through training you let the teachers know what we've gone through, I help students with anxiety and I can talk from that experience'* – Girl, 15, in focus group.

The wellbeing mentors felt that they were able to help students who might be struggling to get help sooner from peers, who could relate to their experience and refer them for additional support if they needed it. As one girl explained:

*'With mental health, it shouldn't be rushed, when people come to you with these problems you should slowly break it down bit by bit. Teachers don't know how to deal with it as much as students'* – Girl, 15, in focus group.

Peer support from other students is not a replacement for formal, trained counselling services, or mental health support teams. However, this initiative shows that some students really value the opportunity to help others. Peer support can be an effective early intervention mechanism, with mentors able to spot the start of an emerging issue. Crucial to the programme is the mentors also receiving the right support from their teachers. When asked about how the initiative could be improved, one girl explained that she felt that parents should also be involved. As one girl said:

*'The school should communicate more with parents. Parents should do it with wellbeing mentors and [school pastoral support], bringing everyone together would help'* – Girl, 15, in focus group.

### **The way forward**

- **Every school should adopt a Whole School Approach to mental health, with national roll-out of joint training for senior leaders in schools and the NHS.**<sup>ix</sup>

The key elements of a Whole School Approach include:

1. Curriculum teaching and learning to promote resilience and to support social and emotional learning
2. Enabling student voice to influence decisions
3. Staff development to support their own wellbeing and that of students
4. Identifying need and monitoring impact of interventions
5. Working with parents and carers
6. Targeted support and appropriate referral
7. An ethos and environment that promotes respect and values diversity

This needs support from Government, setting the direction of travel with statutory guidance, accountability, and funding to ensure that this is seen as part of a school's core responsibility. This would support work to remove barriers to attendance, as called for in the Commissioner's most recent attendance report, [Voices of England's Missing Children](#).<sup>x</sup> As part of her work on improving attendance, the Commissioner is producing an assembly for Year 6 pupils, to aid a smooth transition to secondary school, support their wellbeing, and thereby increase school attendance.

- **Every school should have access to a Mental Health Support Team, including MenCos.** Schools cannot be expected to provide all the support for children's mental health alone. It is vital that there is a team around the school

to provide additional support and expertise. In 2017, the Government published a Green Paper introducing Mental Health Support Teams of mental health professionals for schools. As of Spring 2022, 287 teams are now operational.<sup>xi</sup> Additional training for new teams are in the pipeline, so that over 500 MHSTs will be up and running by 2024. It is vital that Mental Health Support teams are rolled out quickly and consistently to all schools. This should include the training for mental health leads in schools, or 'MenCos'. Additionally, in one focus group, professionals raised that children who had been referred to NHS Mental Health Services cannot access help via MHSTs, which are designed to conduct preventative work. It is crucial that gaps in MHST support are evaluated and filled to ensure that all children – wherever they are – find the support they need.



**Ambition 5. Support is available for children to access quickly in communities and online, to ensure children are more likely to seek early help.**

**Background**

Children would like access to early help across a range of settings, so that they can get support where they feel most comfortable. While many children said they wanted support in school, others said they would prefer to look for help outside of school, in a place that is welcoming and anonymous – including online, or in a place they could visit with close friends.

**What children said**

Children explained they wanted the choice to access help inside school, in the community, or online. As one girl said:

*'I had an experience in school where the teacher told my mum and it wasn't helpful. I would rather talk to someone outside of school'* – Girl, 12, in focus group.

It is important that this early help support is available no matter where a child lives. As one boy said:

*'It's all about preference but it needs to be all round and equally distributed'* – Boy, 14, in focus group.

There is wide variation in the types of services available to children and young people in each local area. We need to make sure that the same consistent rich offer is made to children wherever they live.

Additionally, the focus groups showed that young people and the adults that work with them do not always know the types of early mental health support available in their area. The complexity of support in each area adds to the confusion and is an additional barrier preventing children from accessing services.

### Case study: Beyond

Grassroots mental health charity 'Beyond' has developed an online directory.<sup>xiii</sup> It is a continually expanding, interactive online resource for parents, professionals, and children to identify the types of mental health help available to them in their area. Beyond describes it as 'the UK's first online database to connect educators with local mental health and well-being experts who work with young people.' Beyond research local areas and take time to vet listed services before uploading. This kind of directory and signposting service could help to improve the join up between local services and to reduce the complexity in navigating local provision for schools, parents, and children. At a national level, more could be done to build on initiatives like this, to increase consistency and clarity over what help is available in each area.

Some young people who had received support from NHS services described the type of clinical intervention as ineffective or unhelpful. For example, inflexible Cognitive Behavioural Therapy (CBT) programmes being used when another type of support could be more beneficial. These examples demonstrate the importance of a flexible and accessible support offer for children.

Some, including those from BAME backgrounds, described a lack of understanding, or a disconnect between what they needed and the support they received. As one girl explained:

*'He couldn't understand what I was going through'* – Girl, 14, in focus group.

### The way forward

- **Children should have a range of support to choose from – in schools, online, through drop-in centres, and through Family Hubs – so that it is as easy as possible to access help.** While treatment must be evidence-based, there is no one size fits all approach to mental health care – symptom management approaches may benefit some young people in particular contexts, while early exploratory approaches may help others. Community-based, youth-focused mental health services – such as mental health hubs, based on the Youth Information and Advice Service model – should form part of local children's mental health services, with self-referral for easy access.

- **Every area should have a regularly updated mental health support directory.** This would be a practical solution to the gap in local services knowledge for young people, schools, professionals, and parents. These directories can be regularly updated to provide a central and reliable bank of mental health or wellbeing service providers for families and young people. Ideally, directories would signpost all services for children – including youth clubs, sexual health services, careers advice, housing advice and wellbeing services – to provide a one stop shop for children’s wellbeing needs.
- **Children and young people should have access to support that recognises cultural and racial complexities in mental health care.** This means recruiting and training more therapists and professionals from different economic and ethnic backgrounds, and training current professionals to understand the needs of all their clients.

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## **Ambition 6: Specialist NHS support is available for any child who needs it, with no child turned away**

### **Background**

The Commissioner has set out in her response to The Big Ask the importance of increasing access to specialist NHS provision, of improving the quality of inpatient care, and increasing the quality and availability of crisis care in the community.<sup>xiii</sup> The research for this report mainly focused on early help and support, since children in The Big Ask called for earlier help, particularly in schools.

However, the focus groups that the Office conducted with children and young people also demonstrated that there is still a dearth of appropriate specialist support for children with acute mental health needs. Every child who needs it should be able to access the specialist support at the right time for acute mental health needs – such as psychosis, or suicidal ideation. While children are waiting for more specialist support they should be able to access the early help outlined in this report.

### **What children said**

Children with more serious mental health conditions that the Office spoke with in focus groups experienced a similar journey in seeking support, with their mental health being written off as being a behavioural issue. As one girl said:

*'At first, I was seen as a naughty kid, can't do anything right [...] I didn't know what was going on inside my head either'* – Girl, 15, in focus group.

Then when their health needs were recognised, they were unable to get appropriate support through Child and Young People Mental Health Services (CYPMHS) and relied instead on in-school six-week counselling courses. As one girl explained:

*'I got put on the list for school counselling and I had my block of six and that's it. The school said they can put me back on the waiting list'* – Girl, 14, in focus group.

However, short counselling courses in school were not the right level of support for children with these specialist needs. One girl said:

*'With counselling you just sit there and talk about your week, it's never like, deeper than that'* – Girl, 15, in focus group.

Consistently, some young people had been told that they were not high-risk enough for specialist support through the NHS. As one girl explained:

*'How far does it have to get? Sometimes to you sit there and you think what I have to actually do to get the support, how far do I have to go?'* – Girl, 15, in focus group.

These experiences exemplify the experience of thousands of children across England, whose schools are doing their best to meet a rising tide of mental health need, but who need specialist, trauma-informed care appropriate to their level of need.

Children in care often tell the team that they struggle to get the mental health support they need, particularly support to deal with past trauma. The Commissioner's Help at Hand helpline supports children in care who are being bounced between social care and mental health settings where people are arguing over what support is needed and who should pay for it. It is vital that children in care can access support in the community to prevent problems escalating and that NHS and local authority commissioners work closely together to ensure that where a child does need more intensive support, that this is provided quickly and in a coordinated way, so that children can get the care they need.

### **The way forward**

- **An expansion of specialist NHS mental health provision.** This should include expansion of 24/7 crisis care to provide a genuine alternative to inpatient admission, and which will meet the new NHS timelines for seeing children referred for crisis care.<sup>xiv</sup> This needs to be in addition to early support, which can help to reduce the need for more specialist provision. Crucially, these services need to work closely together, so that children with additional needs can be quickly transferred into specialist services – but those who do not need this specialist provision have somewhere else to go.
- **An extension of evidence-based community treatment for eating disorders.** This is needed given the sharp increase in referrals during the pandemic.

- **NHS and Local Authority Commissioners in Integrated Care Systems should work together to ensure more coordinated mental health and social care support for looked after children who need more intensive support.**

The creation of Integrated Care Systems under the Health and Care Act 2022 provides an opportunity for better integration of support for children in care who need to be provided with intensive therapeutic accommodation. This is needed to stop the problem of children being bounced between mental health wards and children's homes with commissioners arguing over who should provide this support.

- **NHS England must continue its work to improve the quality of inpatient care.** This report has focused on getting children the support they need early enough to avoid the need for more specialist services, including inpatient admission. It is vital, however, that work continues to ensure that children who do need admission to hospital always receive safe and high-quality care, as this is at present too often not the case.

## **Conclusion**

If we are truly going to make England the best place to grow up. The place where children are happiest. Where all children feel safe, secure, loved, and able to succeed. Then we need to focus on mental health. It is children's number one priority, and so everyone must give it the same focus.

From the very earliest years, we need to give children a firm foundation for good mental health by providing families with the right support to help their babies and toddlers to thrive. By creating safe spaces to have fun – both online and offline – and by building teams of support for children and families around schools, we can continue to create a healthy environment for children to grow up and help to prevent mental health problems developing.

When problems do emerge, children need to be able to find the right help in the right place at the right time. This means early support in schools, online, or in the community. When specialist help is needed, it needs to be easy for children to access – without long waiting times, or children being turned away from treatment. That means good connections between early help services and specialist NHS treatment.

The Government's Mental Health and Wellbeing Plan offers a unique opportunity to support children's wellbeing and increase access to children's mental health care, to give children the support they need from an early stage. The Children's Commissioner greatly values this opportunity to put children's wishes and children's voices at the heart of government ambition, and the Office hopes to see these views reflected in the plan. Through family support, safe places for children to play and have fun on and offline, a supportive school system, early help in schools, the community and online, and improved specialist therapeutic support for those with acute mental health needs, we can build the network of support that our children and young people deserve.

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