

Improving the emotional well-being and mental health of children and young people in Westminster

Interim Recommendations and Briefing – Scrutiny Task Group

The Covid-19 pandemic has affected the lives of all children and young people across the country, including Westminster. Whilst the disease itself has largely targeted the elderly and the most vulnerable, its social ramifications have meant that children's lives were put on pause and many opportunities were taken away from young people.

Most children and young people are incredibly resilient, however evidence collected throughout the pandemic suggests that some children and young people, especially those with certain characteristics, appear to have experienced greater negative impacts on their mental health and well-being.¹² These include children and young people who are disadvantaged economically, with pre-existing mental health needs, and those with special education needs and autism.

Both the Business and Children's Policy and Scrutiny Committee and the Adults and Public Health Policy and Scrutiny Committee wanted to shine a spotlight on this issue. A Task Group was established in March 2021 to better understand children and young people's emotional well-being and mental health needs within the City and if the Council could do more to support these young people. The Task Group is made up of six core members:

- Councillor Karen Scarborough (Chairman)
- Councillor Tim Roca
- Councillor Christabel Flight
- Councillor Aicha Less
- Councillor Angela Harvey
- Councillor Nafsika Butler-Thalassis

The Task Group set out to answer the following question: *Can the council be doing more to improve the mental health and well-being of children and young people in Westminster?*

Answering this question first required ascertaining the level of mental health need within the City amongst children and young people and then whether the Council had the appropriate level of provision to match this need, in both quantity and quality of services.

The inquiry focused on the mental health and well-being needs of children and young people across the lifespan, from 0-25 years-old, to assess if there were any gaps in support. Task Group members received evidence from young people, council services, schools, community providers as well as NHS mental health services for children and adolescents (CAMHS)³. All were unanimous in their commitment to

¹ Co-Space Study, University of Oxford 2021. [Available here](#)

² Public Health England 2021. [Available here](#)

³ A full list of witnesses can be found at the end of this briefing

supporting children and young people across Westminster and this commitment shone through throughout all the evidence sessions. The inquiry took evidence from an array of witnesses, but it is important to acknowledge that the evidence within the report cannot capture the full picture of mental health needs and available support services across Westminster.

Whilst the Task Group heard many examples of excellent practice, this report will recommend how the Council and local partners can go above and beyond to support its youngest residents. The final Task Group report will focus on five key themes:

1. Underlying factors contributing to low well-being and mental ill health
2. Service provision in Westminster
3. The co-ordination and promotion of these services
4. Early Intervention and prevention
5. Whole-Council and Whole-Community Approach

These themes paint a picture of a City working hard to support all children and young people and also highlight where improvements can be made. The final report provides a range of observations about the effectiveness of Westminster's local mental health system and importantly recognises that the Council is a small cog within that system. The final report offers a mixture of practical recommendations the Council and local partners can take forward and wider recommendations that should act as a starting point between local partners to improve the local mental health system.

Below are summaries of the main themes that have come out of this inquiry. The final report will be reviewed at the next Business and Children's Policy and Scrutiny Committee on 2nd February 2022 and published during Children's Mental Health Week.

This interim briefing proposes four recommendations for the Council and local partners. These recommendations are focused on continuing to support children's well-being, awareness of services currently available across the City and increasing funding for CAMHS services. Further recommendations will be made in the final report.

Context - Mental health and well-being of children and young

According to the Office of National Statistics (ONS) population data, there are up to 50,701 children aged 0-17 years old and up to 30,488 young people aged 18-25 years old living in Westminster.⁴ It is estimated that one in six school-aged children have a mental health issue,⁵ whilst for young people and young adults aged 17-22 years old, this increases to one in five. In Westminster, this would equate 5751 children and young people aged 5-16 years old and 3675 young people aged 17-22 years old.⁶ These proportions are stark and will likely grow.

Well-being

⁴ ONS Population Data 2021. [Available here.](#)

⁵ NHS Prevalence Data 2020. [Available here.](#)

⁶ ONS Population Data shows 34,507 children aged 5-16 years olds inclusive, and 18,376 17-22 year olds inclusive.

Whilst the vast majority of children are happy with their lives, *The Children's Society's Good Childhood Report 2021*⁷ estimated that 306,000 10–15-year-olds in the country are unhappy with their lives and roughly a quarter million children did not cope well with changes during the pandemic. Young people are particularly unhappy about their school and are coming under pressure to adhere to high standards, for example the proportion of children unhappy with their school lives has leapt from 1 in 11 ten years ago to 1 in 8.⁸ Low subjective well-being and mental ill-health are related concepts but not synonymous. Their research has suggested for example that lower life satisfaction in early adolescences could act as a warning sign for the development of mental health issues.

Whilst the Council and local partners routinely collect data and information about children and young people that access mental health services, they could benefit from more systemically understanding children's lives and their well-being. Understanding children's well-being, and importantly if and why children have low well-being and trying to improve this would enable local partners to support children on the onset of mental health problems developing.

Measuring children's subjective well-being would give the Council and local partners a wealth of data on how children feel about their lives. It would enable agencies to commission services more strategically, to measure the impact of policy and programmes, and to better understand the drivers of children's well-being and onset mental health needs.

Case Study: #BeeWell⁹

BeeWell is a wellbeing measurement and improvement framework for secondary schools in Greater Manchester. The project is asking pupils about aspects of their lives that influence their well-being. Schools routinely use academic data to assess the progress of their pupils, make decisions about their priorities for action and evaluate the success of their efforts. Measuring well-being will serve a similar purpose, being used intelligently to improve young people's experiences and outcomes. The programme is currently in Phase 2 and set to run until May 2024.

In Westminster, the Health Education Partnership¹⁰ is commissioned to deliver The Healthy Schools and Healthy Early Years Programmes which are evidenced-based public health initiatives which support settings to deliver a whole setting approach to emotional and physical health and wellbeing. Schools complete an initial review, (bronze toolkit) to demonstrate they have the requirements of Healthy School status which focusses on four main areas: Emotional health and well-being, Personal Health Social Economic Education (PHSE), healthy eating and physical activity and relate to both school curriculum and the emotional and physical learning environment.

Once schools have achieved Healthy Schools status they can move on to the next level, where an outcome-based action plan is developed based on a needs analysis identifying a priority health and well-being area for the school's population. At this

⁷ The Children's Society's 'Good Childhood Report' 2021. [Available here.](#)

⁸ IBID

⁹ University of Manchester, Beewell programme proposal. [Available here.](#)

¹⁰ Westminster – Health Education Partnership. [Available here.](#)

stage schools collect baseline data which includes the use of well-being and life satisfaction measures. As this programme shows, some schools across Westminster are already analysing the well-being and life satisfaction of their pupils through these programmes. The Council should work with local partners to explore how this data can be collected and analysed more analytically to better understand the well-being of children across the City.

- 1. Recommendation:** *The Council should continue to support evidence-based programmes that monitor and evaluate children's health and wellbeing such as the Healthy Early Years and Healthy Schools Programme and explore if they can be expanded.*

Mental Health

Whilst local partners have limited data on the well-being of children and young people, they have a better understanding of the mental health needs of their residents. The *Centre for Mental Health* has estimated that as many as 1.5 million more children and young people may need new or additional mental health support because of the pandemic.¹¹¹² *The Royal College of Psychiatrists* analysis of NHS Data showed that nationally referrals for children and young people's mental health services between April and June 2021 were up 134% from the same period last year and 96% on 2019.¹³

Similar findings were echoed in Task Group evidence sessions by witnesses who stated that the pandemic would have both increased the prevalence of poor mental health in local children, young people and the young adult population and hindered access to support. For example, in a recently published report by the Young Westminster Foundation they found that over 60% of young people felt that mental health issues were common amongst their peers.¹⁴ As such, the Council is bracing for a sustained increase in need and demand locally over the next few years.

Evidence from both the local Children and Adolescents Mental Health Services (CAMHS) and Mental Health Support Teams in schools (MHST) to the Task Group showed that as well as seeing high levels of need, they had also seen an increase in the complexity of presentations. During the inquiry, it became apparent that the Council not only needs to increase awareness of its service provision for those struggling with mental health issues but should increase its work to tackle the root causes of low well-being and mental health issues in children.

Theme 1 – Underlying factors contributing to low well-being and ill mental health

The Chief Medical Officer for England identified several groups of young people as being at risk of developing mental health problems, including children living at a socio-economic disadvantage, children with parents who have mental health or substance misuse problems, and vulnerable children.¹⁵ These groups must not only receive

¹¹ Centre for Mental Health, Covid19 briefing 2020. [Available here.](#)

¹² NHS Confederation 'Reaching the tipping point: Children and Young People's Mental Health' (August 2021) Available [here](#)

¹³ Royal College of Psychiatrists, Analysis of NHS Digital Data, 2021. [Available here](#)

¹⁴ Young Westminster Foundation, Our City Our Future. [Available here.](#)

¹⁵ Mental Health Foundation and Joseph Rowntree Foundation 2016. [Available here](#)

targeted mental health support, but the Council must also work with partners to ensure early help is available to these children.

Whilst these groups are most at risk and usually known to the Council, there may be a higher number of vulnerable children currently not known to services and therefore going unsupported. Identifying and reaching these children and young people was a challenge acknowledged by the Task Group.

The inquiry identified five groups and/or reasons that might increase the risk of children and young people developing mental health issues. These were:

- Children in poverty;
- Employment and opportunities available to young people;
- Children affected by parental mental illness;
- Children in Care and Care leavers; and
- Children and young people with autism.

The final report explores these categories in depth and makes targeted recommendations for the Council and local partners to adopt in order to better identify and support these groups of young people.

Theme 2 – Service provision in Westminster

Whilst local authorities are a relatively small partner in local mental health systems, they have a vital role in helping children to have mentally healthy childhoods. The commissioning landscape of mental health and well-being services for young people is complex. The provision is a mixture of statutory and non-statutory children's services, CCG commissioned services, voluntary sector services and services provided by faith and community groups. Mental health support is also provided through schools.

Westminster has a rich array of services available to children and young people in the City that promote good well-being and support those with mental health needs. These services are not always commissioned with the sole aim of supporting child and family well-being or mental health, but as part of the local early intervention offer. From family hubs to youth centres, Westminster has a mixture of universal and targeted services that support all age ranges. These services tend to cluster around three main localities where children would go to get support - schools, NHS services and in the community.

The inquiry examined the support provided to young people in these localities to assess the current service provision available to children and young people and if there were any gaps in support. The report examines the following services and/or policies in detail:

- Well-being and mental health support from youth clubs;
- Well-being and mental health support from family hubs;
- Child-centred approach to supporting mental health and well-being;
- Mental health support teams in schools;

- Whole school approach to improving mental health;
- Mental health support from GPs; and
- Mental health support from Child and Adolescent Mental Health Services (CAMHS)

Throughout the evidence sessions, many witnesses raised with the Task Group the need to expand the mental health support provided by CAMHS. The Task Group were informed that Westminster CAMHS had received additional clinical capacity, in reality this means an increase from 1050 children accessing those services in 20/21 to 1363 in 21/22.¹⁶ However, given the scale of the mental health crisis amongst children and young people, which has been exacerbated by the pandemic, the Task Group questioned whether the current funding level was enough.

Westminster CAMHS activity this year has generally tracked above 2020 levels, averaging a 12% increase on the previous year up to mid-August.¹⁷ Whilst this had started to level off, it shows the rising levels of need amongst young residents with serious mental health problems. It's worth noting however, that Westminster CAMHS has not seen the same pattern of increased referrals that has been reported for core CAMHS as a whole.

Often the perception of CAMHS from young people, parents and teachers was negative. Witnesses cited long waiting times, the length of time between referral and treatment and high thresholds to receive mental health support as reasons for this negative perception. However, young people's perceptions of CAMHS and their experiences often did not align. After receiving treatment, young people told the Task Group that they felt very supported and listened to by the clinicians and overall felt that it had helped them cope with their mental health issues. The Task Group welcomed this and acknowledged the commitment of the clinicians throughout the pandemic to continue to support vulnerable children.

As of mid-October 2021, the NHS had received over £34 billion to respond to the Covid19 crisis¹⁸ this year alone, the additional funding allocated by the Government has been welcomed by all. NHS Trusts such as Central North-west London that provide services such as community treatment for physical conditions, mental health and sexual health support should also receive an allocation of this funding. As whilst the Task Group acknowledges that all services within the NHS need additional resource as a result of the pandemic, this also includes children and young people's mental health services, which have been historically and disproportionately underfunded.

2. Recommendation: *The Central North-West London (CNWL) NHS Trust should allocate a greater proportion of its budget to children and adolescent's mental health services. This recommendation should not come at the cost of dis-investing in frontline NHS services elsewhere, and if this cannot be achieved then the Task Group would support its partners in asking central*

¹⁶ Access has been defined as an individual child having at least 2 appointments within a year

¹⁷ Evidence Submission from CAMHS, September 2021

¹⁸NHS Funding Announcement – UK Government October 2021. [Available here](#)

Government for further funding for CAMHS service in order to support the rising levels of need after the pandemic.

In addition to the above recommendation, Members of the Task Group should convene a roundtable involving all local partners and providers of mental health and well-being services across Westminster to assess where the gaps in services are and how more young people can be supported before they reach NHS Crisis services.

The final report will provide recommendations to other local partners on how these services can be improved and reach a wider group of young people.

Theme 3 – Co-ordination and promotion of local mental health services

As stated above, Westminster undoubtedly has an array of services available to young people. However, the Task Group explored beyond individual service provision to understand the environment and conditions needed for a local mental health system to function effectively. The final report explores the following key components that enable a local mental health system to run effectively:

- Co-ordination of services
- Accessibility and awareness of services
- De-stigmatising mental health
- Funding and sustainability of services

Throughout the inquiry it became increasingly apparent that the key to an effective local mental health system was co-ordination and multi-agency working between the Council, local partners and the community they serve as well as the promotion of these services. The Task Group was told by the Bi-Borough Directorate for Children's Services that the benefits of this partnership working had shone through throughout the pandemic. The inquiry received some excellent examples of multi-agency working and stated that this should be sustained and expanded between all local partners.

The inquiry also found that awareness of mental health and well-being services varied amongst young people across the City. The Council is already working hard to promote these services amongst children and young people. To boost awareness, they have piloted the use of a keyring, with a QR code on it, that directs viewers to a page with available mental health support on it. However, some young people informed the Task Group that they would not use a keyring as it could be stigmatising. The young people suggested a mobile phone app would be better, as well as physical advertising in schools, parks, leisure centres and youth clubs. Posters with the QR code on it have also been distributed to schools and community providers across the City. These steps are welcome but should be expanded into other communication channels in order to reach a greater amount of young people.

- 3. Recommendation:** *The Council should create and implement a promotion strategy for existing mental health and well-being services across the Borough. This will include promoting services available in schools, statutory and non-statutory services as well as community and faith-based support.*

The *Young Westminster Foundation* and *Young K&C* operate a services and support directory called *OurCity*.¹⁹ This website hosts activities, programmes and support for under 25's in Westminster and Kensington and Chelsea. Across the Boroughs, 61 programmes and support providers are listed under health and well-being and 22 under mental health²⁰. This type of accessibility is very welcome, and the Council should explore how they can help promote the *OurCity* Directory more widely and if this can be linked to the Councils own mental health and well-being offer.

4. Recommendation: *The Council should work with local partners to improve awareness of the OurCity Directory.*

Theme 4 – Early Intervention and Prevention

The growing local, regional and national concerns about young people's mental health and well-being has led to increasing emphasis being placed upon promotion, prevention and early intervention. Nowhere is this emphasis more apparent than in Westminster City Council, where it has become a strategic priority to intervene early to improve the life chances of children and their families.

Witnesses informed the Task Group that, whilst referrals to CAMHS had increased during the pandemic, the increase appeared lower than that of neighbouring boroughs. One of the early hypotheses for this was that Westminster had a strong early intervention offer, and therefore children and young people were being supported before they reached crisis point. The final report examines the early intervention offer across Westminster and the link between good well-being and physical health.

Theme 5 – Whole-Council and Whole Community Approach to improving mental health

There are many different teams and services within Westminster City Council that are both knowingly and unknowingly trying to improve the well-being and happiness of their residents. From maintaining the city parks to building affordable homes with more access to utilities, these services have all been proven to have impact on young people's well-being.

The final report concludes that, whilst the Council practises good multi-agency and bi-borough working in many respects, bringing different directorates together under the same objective – to improve well-being and mental health of children and young people – would enable a more efficient and co-ordinated response to this issue. This theme explores how the Council and the whole community can work with one another more efficiently to improve the well-being and mental health of children and young people.

¹⁹ Our City Website. [Available here.](#)

²⁰ Website searched on 1st November 2021

Conclusion

The pandemic has shone a spotlight on existing health inequalities and accelerated the rising levels of mental health issues amongst the City's youngest. But it has also brought together local partners under a renewed sense of urgency and ambition to tackle this growing crisis. This shared ambition came through strongly throughout the inquiry and the Task Group members were impressed with the programme of work by the Council and its local partners to support Westminster's children and young people.

The Task Group hopes that these interim recommendations can build on this existing good work by providing the Council and its partners with the tools to understand children's lives better as well as to better co-ordinate and communicate the array of statutory and non-statutory well-being and mental health support available across the City to Westminster's children and young people.

Witnesses to the Task Group

The Task Group took written and verbal evidence from the following professionals and groups;

- Westminster Young Healthwatch
- The Young Westminster Foundation
- Westminster City Council's Public Health Team
- OurTime, Service Provider
- Westminster City Council's Sport, Leisure & Active Communities Service
- MIND, Mental Health Support Teams in Schools (MHSTs) Service Provider
- Westminster City Council's Children's Services Team
- Westminster Youth Council
- Principal, Beachcroft AP Academy
- Deputy Headteacher, Gateway Academy Primary School
- Westminster Children and Adolescent Mental Health Services (CAMHS)

Evidence has also been collected from internal and external research, evaluations of Council strategies and policies as well as evidence provided to the Business and Children's Policy and Scrutiny Committee.

Members of the Task Group express their thanks and gratitude for the input received by all witnesses and Council Officers.