Improving the emotional wellbeing and mental health of children and young people in Westminster

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Chair’s Foreword

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Executive Summary

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Introduction

The COVID-19 pandemic has had enormous impacts on the lives and opportunities of children and young people across the world.

In the UK, the disease itself has not, on the whole, clinically impacted or killed many children and young people in the way it has older or disabled people. However, social distancing measures and lockdowns, implemented to ensure that the NHS could cope whilst the country learned more about how to manage COVID-19, have meant that in-person opportunities for normal socialisation, interaction and for development and learning, have been unavailable or seriously limited. In many cases, unexpected loss of loved ones to the disease will also have caused distress to children and young people, many of whom will have experienced their first bereavement, or multiple bereavements, during this time. The impacts of the pandemic on the mental health and wellbeing of a generation of young people are the subject of much discussion, and it is important we understand the scale and what can be done to mitigate this impact.

Evidence collected throughout the pandemic suggests that, whilst children and young people generally coped well during the first wave of the pandemic, some children and young people have experienced greater negative impacts on their mental health and wellbeing. This group includes: children and young people who are disadvantaged economically; those who had pre-existing mental health needs prior to the pandemic; those who have special educational needs and disabilities (SEND); and autistic young people. With the pandemic ongoing at the time of this Task Group report, various in-person services and opportunities for socialising and learning are still unavailable to many children and young people in Westminster, or have become more difficult to access.

The Business and Children's Policy and Scrutiny Committee and the Adults and Public Health Policy and Scrutiny Committee committed to investigating children and young people's emotional wellbeing and mental health needs within Westminster, and established a Task Group in March 2021.

The Task Group is made up of six core members:

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

The Task Group set out to answer the following question: *Can the Council do more to improve the mental health and wellbeing of children and young people in Westminster?*

Answering this question required determining the level of mental health need within Westminster amongst children and young people. Once this had been estimated, the Task Group explored whether Westminster had the appropriate level of provision to match this need, examining both quantity and quality of services.

The inquiry focused on the mental health and wellbeing needs of children and young people aged up to 25 years old. The Task Group heard evidence from a variety of sources, including some of Westminster's young people, Council services, education settings, community organisations, and local NHS children's and adolescent mental health services (CAMHS).

The Council is a partner within Westminster's local mental health ecosystem, which is largely led by NHS services. This report contains information and observations about systems supporting the mental health of children and young people in the City, as well as practical recommendations for the Council on service improvements, programme development, and monitoring and evaluation.

This report focuses on five key themes:

1) Underlying factors for low wellbeing and mental ill health
2) Service provision in Westminster
3) The co-ordination and promotion of services
4) Early intervention and prevention
5) Whole-Council and whole-community approaches

Although the inquiry gathered evidence from a wide array of witnesses and sources, this report itself cannot capture a complete picture of mental health needs and available support services across Westminster. The Task Group recognises that there are many service providers for children and young people, and many Council initiatives that it was not possible to note in this report, and would like to thank everyone involved in supporting children, young people, and their families in Westminster.

Wellbeing and mental health in Westminster

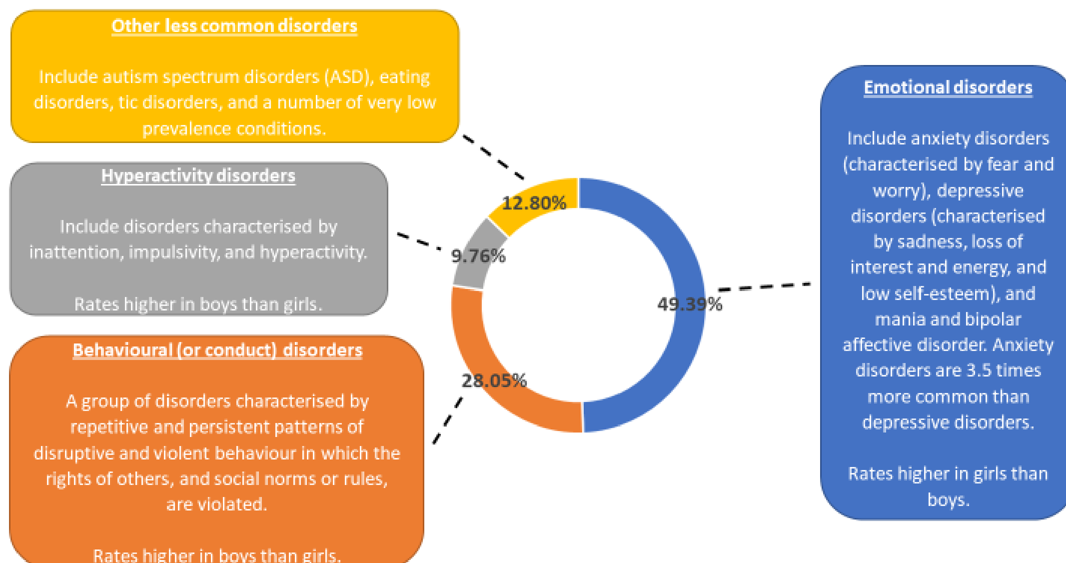
What do we mean by wellbeing and mental health?

"Mental health is everything" – Young person, Westminster City Youth Council

Mental health conditions are diagnosable disorders which affect a person's thinking, feeling, behaviour, and/or mood. These conditions can have wide-ranging impacts on individuals' lives, often resulting in difficulties with relationships, education, work, and other social problems.

Mental health conditions can be grouped into four main types for children and young people. Their prevalence varies by sex, with an average figure across all children and young people (CYP) in Figure 1 below:

Figure 1.



Although the onset of most mental disorders usually occurs during the first three decades of life, studies have shown that treatment is often not initiated until several years later. There is increasing evidence that intervention during the early stages of disorder may help reduce severity and/or persistence of the initial or primary disorder, and may prevent development of secondary disorders.

Throughout the evidence sessions, service providers in Westminster and other witnesses to this Task Group emphasised the importance of early intervention and support for children and young people displaying signs of low wellbeing and mental ill health. This issue is explored in greater detail later in the report.

Wellbeing and mental health in Westminster and nationally

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. NHS estimates indicate that up to one in six (16.7%) school-aged children have a mental health issue, whilst for young people and young adults aged 17-22 years old, this increases to one in five (20%). In Westminster, these proportions equate to approximately 5,750 children and young people aged 5-16 years old, and 3,675 young people aged 17-22 years old with mental health issues. These numbers are substantial, and likely to increase in line with projected wider trends.

Wellbeing

The Children's Society's Good Childhood Report 2021 estimated that 306,000 children aged 10–15 years old in the UK are unhappy with their lives, and that around a quarter of a million children did not cope well with changes during the pandemic. One of its key findings was that young people are particularly unhappy about school, with many under pressure to adhere to very high standards. The proportion of children unhappy with school has risen from 1/11 a decade ago to 1/8 in 2021. Locally, the *Young Westminster Foundation*, whose 2021 report *"Our City, Our Future"* found that 79% of young people they surveyed identified school and exams as their main worry.

Low subjective wellbeing and mental ill health are related but not synonymous issues, and measured lower life satisfaction in early adolescence can act as a warning sign for the development of certain mental health issues. Although the Council and local partners routinely collect information about children and young people who access mental health services, a more systematic approach to understanding children's lives and their wellbeing prior to the point of accessing services may prove beneficial. Ensuring a better understanding of low wellbeing amongst young residents in Westminster could allow steps to be taken at individual, community, and borough-wide levels to improve wellbeing and prevent the onset of mental health conditions in children and young people.

Being able to measure children's subjective wellbeing could give the Council and key local partners a wealth of data on how children feel about their lives, which could act as an evidence base for future planning. It would enable agencies to more strategically develop or commission services, to more accurately measure the impact of policies and programmes, and to better comprehend the local drivers of children's wellbeing and onset mental health needs.

Case Study: #BeeWell

BeeWell is an innovative wellbeing measurement and improvement framework being used by secondary schools in Greater Manchester. The project asks pupils about aspects of their lives that influence their wellbeing.

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 wellbeing serves a similar purpose, being used intelligently to improve young people's experiences and outcomes. The programme is now in its second phase and set to run till May 2024.

In Westminster, the Health Education Partnership[10] is commissioned to deliver the Healthy Schools London (and Healthy Early Years) programme. These are evidence-based public health initiatives for emotional and physical health and wellbeing. Schools work to achieve Healthy Schools London award status by way of a rating system incorporating a variety of areas, including:

- Physical activity (including travel to and from school, as well as activity in school)
- Healthy eating (including school food and drink policies)
- Drug, alcohol, and tobacco education
- Emotional wellbeing and mental health

as well as statutory requirements including anti-bullying and behaviour policies, safeguarding, and sex and relationship education. https://www.london.gov.uk/what-we-do/health/healthy-schools-london/awards/get-award/get-award

The Healthy Schools London framework has different levels of award (Bronze, Silver, Gold) and, at the higher levels, schools can develop outcome-based action plans for health, based on needs analysis identification of priority areas for the school. Here, schools collect baseline data, which includes measures of wellbeing and life satisfaction. At the time of writing, 53 Westminster schools were registered with Healthy Schools London, with 35 Westminster schools to date having achieved Gold and Silver awards: these schools are therefore already collecting information about students' wellbeing and life satisfaction. The Council should, in tandem with key local partners and legal advisors, explore whether this data can be used and evaluated (in compliance with data regulations) to better understand the wellbeing of children across the City, and inform future service development and delivery.

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 data sharing can be facilitated to better inform future spend on services.*

Mental health provision

There is growing recognition that youth mental health is an area of healthcare with a chasm between need and provision. In May 2021, the Government announced a £17m allocation for improvements in mental health and wellbeing support in schools and colleges. However, the *Centre for Mental Health* has calculated that as many as 1.5m more children and young people in the UK may need mental health support as a result of the pandemic's impacts on their lives; and analysis of national NHS data carried out by *The Royal College of Psychiatrists* showed that in Q2 2021, referrals for children and young people's mental health services had increased by 134% from the same period last year, with an 80% increase in the number of children needing mental health emergency crisis care. A broader package of funding may therefore be required to address the mental impacts of the pandemic.

Similar findings were echoed by witnesses to the Task Group who stated that the pandemic has both increased the prevalence of poor mental health and hindered access to support. For example, Westminster's public health team estimated that a further 2,657 Westminster children would develop post-traumatic stress disorder (PTSD) and 9,252 will develop depression over the duration of the pandemic. If just 35% of these children consequently access health service support, this will lead to an

increased demand of 916 patients with PTSD and 3,189 with depression on Westminster's mental health services. The Council and NHS are therefore preparing to address a sustained increase in local demand for mental health support in coming years.

Young Healthwatch Westminster also reported that 88% of children and young people said that the pandemic has had an impact on their mental health. Young people told the Task Group that their friends' mental health issues had worsened during the pandemic, and that their usual social support networks were often harder to rely on virtually. For some, this means they developed new online support networks; for others, it means they have become more socially isolated.

The Task Group heard evidence from both the local Children and Adolescents Mental Health Services (CAMHS) and school Mental Health Support Teams (MHSTs) that, as well as increased levels of need, the complexity of presentations had also increased. The increased complexity requires additional clinical capacity, which places more strain on Westminster's mental health support sector and other services.

The *NHS Long Term Plan* set a national target for 2020/2 for the number of children and young people with a diagnosable mental health condition that should receive support, but this target is 35% of the total number that are estimated to need it. Locally, that currently translates to a target of more than 900 children and young people accessing support through NHS funded mental health support services (including CAMHS and the Mental Health Support Teams (MHST)) in the Central London CCG area. Whilst this target is currently being met, a substantial waiting list is maintained. Further, the Council estimates that 85% of young adults (18-25 years old) with a diagnosable mental health condition are not accessing support locally.

During the course of the Task Group's inquiry, it became clear that there is a need to raise awareness of existing service provision for those struggling with mental health issues, and that collaborative work should take place to address underlying causes of low wellbeing and mental health issues in children, with the aim of preventing development of diagnosable conditions.

Underlying factors affecting wellbeing and mental health

This section explores factors underlying low wellbeing and poor mental health in young people, and considers which groups are more at risk of developing mental health issues. Whilst some groups are at very high risk and therefore already known to the Council, there may be a higher number of vulnerable children currently not known to services and thus presently unsupported. The Task Group acknowledges the challenges to identifying and successfully engaging with these children and young people.

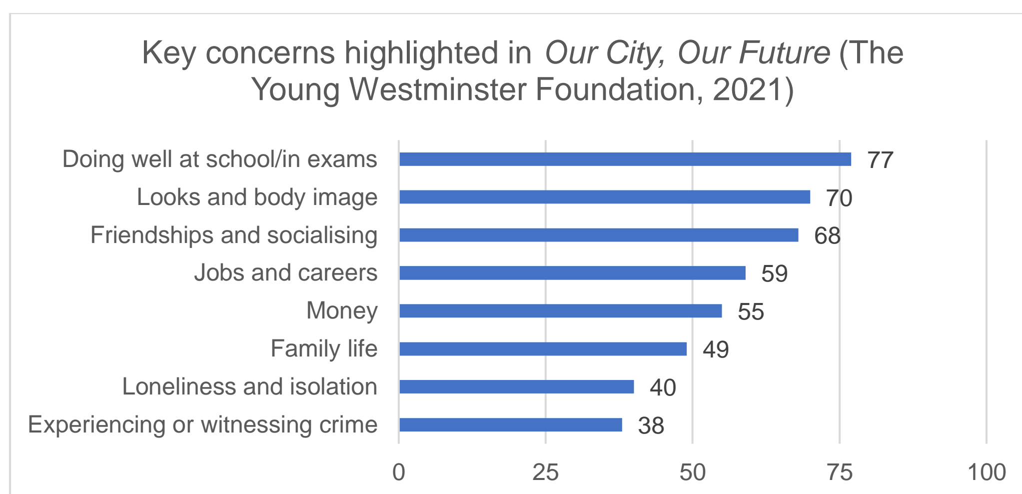
Wellbeing

Children should be able to enjoy good childhoods, which can provide the foundations for becoming healthy adults. Children and young people's own sense of their wellbeing and the quality of their lives is important. It can reveal broader difficulties in their lives

and can, over the longer term, be an indication of mental health problems. Understanding and addressing low wellbeing in children is therefore key to any strategy that has early intervention and prevention at its core.

Most children report happiness and satisfaction with their lives. *The Good Childhood Report 2021* found that young people reported that they were on average most happy with their home, their family, and their health. Locally, the Young Westminster Foundation's, *"Our City, Our Future"* report surveyed a representative sample of young people in Westminster about their lives, including areas of concern and sources of unhappiness. Figure 2 illustrates some of the key areas of concern identified in this report.

Figure 2.



The Good Childhood Report also explored children's subjective wellbeing in early adolescence, and links with subsequent negative mental health outcomes in older adolescence. It found that young people with lower life satisfaction at age 14 were significantly more likely to have negative mental health outcomes at age 17. This group were more likely to say they had self-harmed in the previous year, or even attempted suicide. Low life satisfaction in early adolescence could therefore be a warning sign for the development of adverse mental health outcomes.

The Department for Education's State of the Nation Report found that some groups of children and young people are more likely to have lower wellbeing than others. This research indicates that children with special educational needs and/or a disability, children and young people with disadvantaged family backgrounds, and some children from Black, Asian and Minority Ethnic backgrounds reported (or were reported by their parents as) being more anxious than children and young people who did not share these characteristics.

Wellbeing is a broad and largely subjective category, but within this category some key issues are recognised as having major impacts on mental and emotional wellbeing in children and young people.

Body image and social media

Social media plays an important role in many adolescent mental health issues, particularly depression and disordered eating behaviours related to body image. This is a problem for children and young people in Westminster, evidenced in the *Our City, Our Future* report, in which 7 out of 10 of those surveyed chose looks and body image as one of their main concerns.

Research evidence shows that, for girls, repeated exposure to images of oneself and others' bodies is linked to low self-esteem and idealisation of thinness (a risk factor for eating-disordered behaviours). Use of highly-visual social media platforms (HVSMs) – such as Instagram, Snapchat, and TikTok, which present feeds of images and video – appear to have a greater adverse psychological impact than the use of Facebook or other platforms that intersperse text updates with images and video. This is especially the case for adolescent girls experiencing repeated exposures to images of idealised (including digitally edited) female bodies.

Although the use of social media is known to have a particular impact on the mental health and self-image of adolescent girls, an emerging theme in research regarding the relationship between social media use and adolescent mental health is that of the impact on boys' body image. In contrast with the impact on girls – which tends to manifest as a desire for thinness, potentially resulting in anorexic or other eating-disordered behaviours – the effect of social media on adolescent males' body image appears to result in a focus on building muscle and cutting body fat, including through unhealthy methods such as binge-eating and use of anabolic steroids.

In the absence of a co-ordinated national effort to ensure children and adolescents are educated about (and supported to implement) healthy social media consumption strategies, Westminster's health services, schools/colleges, and Westminster City Council may wish to explore the feasibility of developing best-practice guidance for social media use, to be rolled out locally. This could take the form of multiple strands: some directly aimed at the end user (the child/adolescent), for example through their school or even local public campaigns such as bus-stop advertising; some aimed at parents who can influence or oversee their child's mobile device usage.

Although social media platforms have become a key part of our social worlds, and can improve some people's feelings of connectedness, the evidence is incontrovertible – including from social media companies' own research – that they have the ability to do considerable harm to children's mental health. Whilst it would be undesirable for the public sector to actively attempt to limit children's use of social media, it is clearly equally if not more undesirable to leave its harms to children unaddressed. Educating children and young people about avoiding potential harms, whilst promoting examples of healthier consumption patterns, could be a happy medium, and local policymakers may have an appetite for a well thought through education campaign. Westminster City Council has excellent links with local health and education services, and would be well-placed to lead such an education programme locally.

Diet, nutrition, body weight, and relationships with mental health

There are mechanistic relationships between physical health and mental health. It is beyond the scope of this report to explore these in detail, but brief summaries follow.

The links between dietary habits, nutrition, and mental health have been the subject of much research in recent decades. Good-quality review evidence confirms that poor dietary habits are associated with the exacerbation of low mood and depression symptoms; and although there are plausible mechanistic explanations for this relationship, involving micronutrients as cofactors in the production and function of neurotransmitters, the broader picture is that eating a balanced diet containing a variety of micronutrients is associated with reduced incidence of mental health conditions, even when confounding factors are taken into account.

In addition to general diet, there are strong links between obesity and clinical mental health conditions, including depression. Previous academic and policy attempts at calculating economic costs of obesity have not fully taken into account the impact of obesity-related mental health issues, as the extent of the links between the two has only relatively recently become apparent. In children, this link is apparent in girls more than boys, and this may be partly due to different societal pressures on appearance for males and females, as well as hormonal fluctuations during puberty and beyond for girls. We must note that, although depression and obesity share causative biological pathways, particularly those related to inflammation, the relationships between obesity and poor mental health are not solely biological. Social stigma and bullying related to obesity are also associated with depression and psychological distress in people who are obese, including children and adolescents.

However, obesity is a complex issue. Although historically often viewed as the result of an individual's choices about food and physical activity, over the last two decades obesity has become much better understood as a result of the many-layered interplay between the impact of genetics, environments (including family environments, as well as physical environments such as schools and neighbourhoods), and choices shaped by available opportunities and habits.

In a recent report, Westminster's Public Health team has identified childhood obesity as a priority for future work, building on work done to date. The Public Health report explains some of the actions taken to date to help address drivers of obesity locally, including provision of opportunities for physical activity (discussed in more detail below).

The report also notes the links between adult and child obesity, and the role of family environments in childhood obesity. Poverty is a strong driver of poor diet and nutrition, regardless of ethnic backgrounds and cultural factors, which also play key roles in under- and over-nutrition. However, it is important, given the increased prevalence of childhood obesity in families from some ethnic backgrounds compared to others, to develop a good understanding of different cultural attitudes to feeding children, and to take these into account. Some cultures value what in practice is overfeeding children, especially boys, and factors such as this can act as barriers to

families' engagement with healthy lifestyle programmes which aim to change those practices. This leaves some children from minority backgrounds at significantly increased risk of obesity and its consequences: both physical health consequences and psychosocial health consequences, which include mental health issues related to stigma and/or bullying.

Care must therefore be taken by Council and commissioned services to ensure that targeted healthy lifestyle messaging aimed at these cohorts is developed sensitively in partnership with local families from a variety of backgrounds, and is delivered through appropriate methods to increase engagement across the board. We are more likely to achieve success if we listen to a wide range of voices and understand common issues.

Physical health and mental health

Physical health problems are associated with significantly increased risk of poor mental health. Around 30% of all people with a long-term physical health condition also have a mental health problem, most commonly depression or anxiety. Westminster's Sport, Leisure and Active Communities (SLAC) team provided evidence to the Task Group regarding links between wellbeing and physical health and to examine the affordability and accessibility of Westminster's amenities and facilities for physical activity.

SLAC staff informed the inquiry that the service looks for opportunities to embed opportunities for sports and physical activities in open spaces and across the borough as well as in the leisure centres for which the Council is responsible. The team supports Westminster communities at all levels, from schools to groups for older residents, across a range of abilities and disabilities, to become and remain as active as possible through a mixture of universal and targeted provision.

Case Study: The Neighbourhood Sports Club (NCS)

The NSC programme provides free accessible sports and physical activity opportunities to Westminster residents and young people, from age eight years and over. The programme offers inclusive activities for residents who are physically disabled, learning disabled, and who have mental health conditions, as well as those who do not live with disabilities. This offer is provided as part of a minimum of 130 hours of multi-sport activity, managed by Everyone Active via the leisure contract's community objective outcomes.

Everyone Active work with local community providers to deliver activities as part of the NSC programme and, prior to the Covid-19 pandemic, the programme engaged an average of 360 young people per month. Although the earlier phases of the pandemic forced a halt to many activities, a gradual return began from 29 March 2021. As of August 2021, the NSC programme was able to offer 84.9 hours monthly, and engaging on average 240 young people per month. As providers continue to return to normal levels of activity, these figures are expected to increase.

Innovative programmes like the NCS can be seen as one tool in a wider local toolkit of initiatives aimed at preventative mental health support. Their target audiences are residents in more deprived wards, who generally have higher levels of mental health needs.

During gathering of evidence, the Task Group found that there is a perception amongst some young people that gym facilities (both those operated by the Council partnership with Everyone Active, and private gyms run by other companies) were expensive and therefore not accessible. The Council has a number of free outdoor gym facilities which are well used by local residents (including in Paddington Recreation Ground and at Westbourne Green). However, these are not considered particularly attractive options for young people in the winter. Young people felt that there was a disparity between free, non-competitive summer and winter activities.

Evidence presented to this Task Group showed significant discounts available through the *ActiveWestminster* Card, with a £15 maximum monthly fee for Council run gym facilities for 11-18 year olds who live in Westminster (extended to 11-24 for disabled residents). It appeared that young people were not aware of these reduced rates, and may benefit from more promotion of the *ActiveWestminster* card across the Council. Although this is in part the responsibility of this service, which promotes the card via its social media channels, outreach, and occasionally has a section in the MyWestminster newsletter, other teams across the Council which regularly interact with young residents, parents, and students could do more ensure their audiences are also aware of this excellent Council initiative.

Recommendation*: The Council should take an holistic approach to improve its communication and awareness of the ActiveWestminster Card amongst children, young people, and parents.*

Witnesses informed the Task Group that the SLAC service has positive partnership working underway with Children's Services and the a long-standing relationship with the Youth Offending Team, with sports and other activities used to help divert young people from criminal activity, there would be benefits to ensuring the Sport, Leisure and Active Communities was further integrated into a WCC whole-systems approach to protecting and improving mental wellbeing. Such benefits could include more opportunities for cross-referral, more consistent messaging to service users, greater collaboration and opportunities for sourcing external funding, improvements to impact measurement across the Council, and better alignment of programmes (e.g. Change 4 Life) run across departments.

Poverty

Poverty impacts a child’s whole life, affecting education, housing and social environment and in turn impacting health outcomes, including their mental health.

The *Royal College of Paediatrics and Child Health* have consistently found that the gap is widening between the health of children from wealthy backgrounds and those from disadvantaged backgrounds. NHS prevalence data shows that children and young people living in a household which is struggling financially are twice as likely to have a mental health disorder as their peers.

In January 2021, Westminster had 6,862 children eligible for free school meals attending Council-maintained schools in the borough. Westminster has a 29% child poverty rate, which is in line with national child poverty statistics. This figure is comparably better than some other London boroughs, but the Office for National Statistics considers Westminster one of the most deprived boroughs in the country due to its number of deprived Lower-layer Super Output Areas (LSOAs). https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/835115/IoD2019_Statistical_Release.pdf.

Local authorities have limited resources at their disposable to directly address child poverty, with many of the levers held by central Government. Amongst numerous other initiatives aimed at supporting our residents on low incomes, Westminster City Council provides or signposts to quality benefits advice and support, through a range of services and agencies; assists residents to upskill and find work through the Westminster Employment Service and programmes such as Supported Internships; maintains its parks and open spaces so they are available for all to use regardless of income; and offers subsidised membership to its leisure centres for families on low incomes and in receipt of certain benefits. Although affordable housing in the borough remains a hot-topic issue, with the length of waiting lists for social housing measurable in decades, the Council has in recent years partnered with housing associations to deliver other affordable housing options in Westminster, and is also doing all it can to construct new homes for rent.

One poverty reduction initiative aimed specifically at protecting children from problems caused by growing up in low-income households centres upon the concept of “poverty-proofing” the school day, originally piloted in the North-East of England. Some policies and practices in schools have the inadvertent effect of highlighting children who cannot afford to participate in activities or purchase required equipment for lessons, and this can result in bullying and stigmatisation from peers. Schools can take steps to identify such practices and alter them, and can also identify families in need of signposting to additional support.

Case Study: Poverty Proofing Audit

Poverty Proofing the School Day is a project developed by Children North East. The project provides a toolkit to assist schools in exploring the most effective way to spend pupil premium allocation, to reduce stigma and remove barriers to learning.

Poverty Proofing the School Day consists of an audit for each individual school, questioning pupils, staff, parents and governors. For example, an audit might find that the financial pressure points for families is the price of school uniform, school trips, transport and non-uniform days. An audit of a different school might find that children are given detentions if they do not bring ingredients from home for food technology lessons, even if the reason is they cannot afford to.

The result of the audits is an action plan tailored to each individual school to address any policies or practices that stigmatise poverty directly or indirectly, and to help ensure educators are aware of the wider support available to families in need.

During the Covid-19 pandemic, Westminster City Council worked with local organisations across the public sector, private sector, and charity sector to deliver aid to residents, including considerable amounts of food aid and support. Additionally, during the summer of 2021, the Council funded 33 providers to support 1,675 disadvantaged children to encourage them to eat more healthily and be more active. This effort could be expanded by working with schools to assess the cost of the school day and working with families to identify financial pressures they face meeting those costs.

The Food Foundation's *"Children's Future Food Enquiry"*, gathering evidence on the impacts of food poverty across the country including in London, resulted in the 2019 publication of the Children's Right2Food charter, the Westminster launch of which was supported by Nadhim Zahawi MP as the then Parliamentary Under-Secretary of State for Children and Families. With food poverty a huge factor in educational under-attainment for many children from low-income families, it is important to understand the scale of this issue locally and take concrete steps to ensure no Westminster child is hungry in school. The new and strengthened partnerships Westminster City Council has built locally since the pandemic could provide a foundation for Westminster to become a "Right To Food" borough, building on Sustain's work with cities elsewhere in the UK. At the time of writing, the Mayor of London had not responded to calls to declare London to be a Right To Food city, and Westminster could therefore lead the way in London by developing and implementing its own Right To Food strategy.

Recommendation: *The Council should share the 'Poverty Proofing the School Day' audit with schools across the borough for them to use. The Council should declare Westminster a Right To Food borough, leading the way in London in committing to address local food poverty.*

Employment and opportunities

Young people aged 16-25 who are not in employment, education or training (NEET) have a high prevalence of mental health conditions: 24%, almost one in every four of this group. NEET status is strongly linked to mental health conditions and behavioural issues (including substance misuse), with related adverse mental health outcomes especially common amongst young NEET women.

Ingrained disparities of opportunity are prevalent within Westminster's young population, and have been exacerbated by the pandemic. This is reflected in the growing number of NEET young people across the Borough. Council data shows an upward trend in NEET which started before the first lockdown (in March 2020); the average monthly NEET figure increased from 28 in 2018/19 to 49 in 2019/20, and continued to increase to 62 in 2020/21. Figures from Q2 2021 show that Westminster's wards with higher levels of deprivation, Church Street, Churchill, Harrow Road, Queens Park, and Westbourne, had the highest rates of youth unemployment in the borough.

Westminster has many available pathways and support available for 16–25 year olds who are NEET or struggling in employment or education, particularly through the Economy team's Business Unit which co-ordinates a wide variety of employment and entrepreneurship opportunities for Westminster's young people. Whilst there are already existing information-sharing protocols between colleges and sixth forms and the Council when students drop out of courses, it may prove helpful to target holistic efforts aimed at identifying and supporting students at risk of dropping out of their courses, and addressing any underlying reasons where possible through packages of appropriate support.

> ***Recommendation:*** *The Council should offer all NEET 16–25 year olds resident in Westminster holistic mentoring and/or coaching, to improve their ability to make the most of opportunities for employment or education.*

Parental mental ill health

More than 2.9 million children and young people in the UK have a parent with mental illness. This equates to approximately 6 pupils in every classroom.

Whilst research shows that the mental health of children is closely related to the mental health of their parents, through both genetic and environmental mechanisms, there is no national policy, practice guidelines or funding frameworks in place for families where parents have mental health conditions. Parental mental illness can negatively impact all aspects of a child's development, with children in these families having a 70% chance of developing a preventable mental health issue during their lives, and 40% requiring treatment before the age of 20 .

Many of the children and young people from these families therefore fall between service boundaries, only receiving support when they develop mental health conditions themselves. Adult mental health services do not address the support needs

of children in a parent's care; and child and adolescent mental health services (CAMHS) are only available when children start to develop mental health problems. This is often once problems are deeply entrenched, whereas earlier and more holistic intervention may have prevented the need arising.

Unfortunately, it appears that the COVID-19 pandemic has increased the prevalence of children of parents with mental illnesses, and the number of young carers in general. Despite this increased challenge, early intervention and preventative approaches can mitigate the immediate problems facing children of parents with mental illnesses and reduce their risk of developing future mental health conditions. One such approach is demonstrated by the charity *Our Time*, which hosts 'KidsTime Workshops' for families where a parent has a mental illness. These workshops are non-treatment sessions, offering a protected space, where young people can express themselves, have fun, build confidence and resilience, and learn about mental health. Parents can share their experiences and discuss their role as parents, rather than patients, in an informal and intimate space.

In November 2020, *Our Time* established a partnership with Westminster City Council Early Help service to develop two KidsTime Workshops linked to the North and South Family Hubs. The following case study highlights the difference this is making for children and families in Westminster.

Case Study: KidsTime Workshops Westminster

"One of our families joined us during lockdown. Mum was hesitant about coming, as she didn't know what to expect and it was via Zoom. However, she came along and was able to engage in the session with her children. The family have not spoken about mental illness within their family, but have witnessed a relative becoming very unwell, and Mum didn't know what to say to the children. The workshops have given Mum some tools to be able to have conversations with her children and to know it's ok to talk about mental health and mental illnesses. Mum is working on acknowledging the difficult feelings that the children have and trying to give them opportunities to express themselves.

KidsTime has helped the children to find language for their feelings and to learn about mental illness in a fun way that doesn't focus on their situation, but on mental illness as a whole, and that it's nothing to be ashamed about. KidsTime had their first face-to-face session and, afterwards, Mum said that it was really good to be able to speak to people who understand. In the session, the parents supported each other and gave advice from their own experiences."

Recommendation: *The Council should continue to deliver workshops for families where a parent has a mental illness, and roll these out further across the City.*

In 2018, a Westminster City Council Scrutiny Task and Finish Report evaluated Health and Wellbeing Centres across the capital. The in-depth report identified the Church Street area as having great potential to benefit from a "one-door" model for a Health and Wellbeing Centre, and recommended its commissioning as part of the planned regeneration of the Church Street area. This report explored issues around the provision of child and adolescent health services, and emphasised the importance of early intervention to address mental health issues in young people, noting that this could be improved by integrating adolescent health into Westminster's health and wellbeing centres.

This Task Group recommends that the Health and Wellbeing Centre proposed for Church Street should be an intergenerational wellbeing hub providing holistic healthcare to both adults and children, with the aim of improving the physical and psychological wellbeing of the whole community through provision of a range of co-ordinated services.

Recommendation*: The regeneration of the Church Street area should include an intergenerational health and wellbeing centre in line with the recommendations of the 2018 report.*

Children in care and care leavers

At the time of writing, Westminster had 219 looked-after children (LAC) and 320 care leavers. LAC and care leavers were particularly impacted by the pandemic, because they were cut off from many of their usual sources of support, such as schools, children's centres, health visitors, social workers, and visits from extended family or friends.

Young people entering the local authority care system have, by the point of entry, experienced difficulties in life over and above those experienced by most of their peers. Most will have suffered abuse or neglect; or experienced bereavement, disability, or serious illness of one or both parents. Many are from disadvantaged backgrounds. Perhaps unsurprisingly, the mental health of looked-after children is significantly poorer than that of their peers, with almost half of children and young people in care meeting diagnostic criteria for a psychiatric disorder.

Westminster City Council's Children's Services has been rated outstanding, with an inspection noting that the service was particularly good as regards multi-agency working. Co-ordination between health, education and social services at a local level is essential to provide effective support for LAC with mental health challenges. Westminster has a dedicated Child and Adolescent Mental Health Service (CAMHS) practitioner supporting social workers and carers working with children in care. A pilot expansion of their Looked After Children CAMHS Team is in progress, so that it can support care leavers as well as LAC. Funding for this pilot will support the service to work with the growing population of care leavers in Westminster. This approach was praised by Members of the Task Group for recognising the complex needs of LAC and care leavers.

Unaccompanied and separated young people as well as children in asylum-seeking families face particular challenges when in the UK. Westminster, like other local authorities, is in the process of assisting hundreds of Afghan refugee families, many of whom are likely to have significant mental health needs due to trauma and seeking safe refuge. There is a need to review the mental health and wellbeing offer for this cohort of children and young people, to ensure they are adequately supported as they integrate into life in the UK.

After the Grenfell tragedy, the NHS Grenfell Trauma Service was set up in response to the huge and unprecedented need for the children and young people of the local community. The Task Group recommends that Central Northwest London (CNWL) explores development of a similar service for children and young people arriving from Afghanistan and other countries seeking asylum. Such a service should establish links with healthcare services elsewhere in the country, as many refugee families may ultimately settle in other parts of the UK, and will require continuity of care to support relocation.

Case Study: NHS Grenfell Trauma Service

The Grenfell CAMHS service was set up in the wake of the Grenfell tragedy, and has worked with over 200 young people. A broad range of services are available in the community for young people, from listening and counselling services to leisure activities and art and drama therapy, which allow young people outlets, opportunities to express their feelings, or act as distractions from distress.

The impact of trauma and adverse childhood experiences (ACEs)

Adverse childhood experiences (ACEs) and childhood trauma are well-recognised as being associated with increased risk for poor mental health outcomes throughout the life course, including in childhood and adolescence. Although these impacts can generally be seen in children in care or those in families with a social worker, the majority of children experiencing ACEs may never be seen by social services.

There is well-documented increased risk of mental health issues conferred by multiple ACEs. This does not, however, mean poor mental health is inevitable for every individual who has experienced ACEs. Much of the difference in outcomes – why some people experience longer-term mental health issues after ACEs – depends on the nature of the ACEs experienced, and the support available to the child during the time and as he or she grows older.

A 2018 report from the Commons Select Committee for Science and Technology heard there is some disagreement regarding the value of methodologies which conflate multiple ACEs when analysing the impact of these experiences on individuals (since ACEs vary in nature and impact). https://publications.parliament.uk/pa/cm201719/cmselect/cmsctech/506/50605.htm#_idTextAnchor005

More recent good-quality research evidence indicates that ACEs specifically related to general household dysfunction or bereavement are likely to be less important in the development of key childhood and adolescent mental health issues (particularly those resulting in internalised harm) than ACEs that are related to household abuse, violence, and victimisation. Therefore, it may be wise to target work towards preventing the 'most' harmful ACEs – for example, through robust resourcing for prevention of domestic violence (which usually takes the form of male violence against women and girls, although male children are frequently also victims) and psychological abuse. Efforts targeted at improving harmful household environments and developing parents' capabilities to nurture families may have significant impact on mental health outcomes over the longer term.

Particularly in the post-pandemic context, it will be crucial to ensure adequate support for struggling parents, who often have inadequate social support because of poverty – for example, being unable to afford childcare, which increases the likelihood of being overwhelmed by the continual burden of caring for pre-school-aged children alone. These issues compound pre-existing dysfunction in households with children. The COVID-19 pandemic has unfortunately meant that many struggling families have been unable to access the right support for them. Recent well-publicised child abuse cases from elsewhere in the UK have highlighted the fact that many seriously dysfunctional households have been left unsupported or uninvestigated where relevant, as a result of constraints imposed because of the pandemic.

Westminster's Children's Services team was able to maintain a good level of outreach and access to children's centres for families in need throughout much of the locked-down periods, over and above much of the rest of the country. However, it is recognised that many of Westminster's struggling families will not be known to Children's Services, nor will some families self-refer even though they may benefit from support. This may be because of a general sense of mistrust and suspicion (even though it is not deserved) of social services generally amongst the general public in the UK, which was reflected in much of the public reaction to those recent high-profile serious child abuse cases. Children's Services is investigating options to further increase support for and engagement with struggling parents in the borough. One recommendation may be to develop a new communications campaign aimed at educating in-need Westminster families about the types of support our Children's Services teams and related commissioned services are able to offer (with success stories as examples), with the aim of reducing mistrust.

In light of the above-noted research findings in the area of adverse childhood experiences, it may also be useful for the local CAMHS to collect and analyse data on ACEs by type in patients who access the service. Such analysis could usefully inform future NHS and Council spending on prevention efforts, facilitating better future projection of service development needs by improving our understanding of different types of ACEs as drivers of need for mental health support services locally in children and young people.

Autistic children and young people

One issue that emerged throughout the evidence sessions for this inquiry was that the pandemic has been particularly hard on autistic children and young people.

Whilst autism is not a mental health problem itself, people on the autistic spectrum are more likely to experience mental health problems than the general population. Depression and suicidal ideation – resulting in proportionately high rates of suicide amongst autistic adults – is particularly common amongst autistic people, with the National Autistic Society noting in its guide for parents and carers of autistic children that *"social isolation and loneliness are the most common reasons for suicidal thoughts".* The difficulty experienced by autistic children and young people when communicating with and attempting to understand their peers puts them at particular risk for social isolation and loneliness, when compared to non-autistic children and young people.

Autistic children and young people have been found to be at increased risk of harm online as well as in physical social settings, compared to their non-autistic peers, as they "tend to be overly trusting"; and online grooming and sexual exploitation is emerging as a growing area of concern regarding autistic children. Adolescents who are autistic (and those with other disabilities) also report greater feelings of distress that their non-disabled peers after experiencing online bullying and victimisation.

It is important to understand these issues in the context of the pandemic, which caused children and young people to socialise more online than before. Autistic children and young people may have experienced more harm online during the pandemic as a result of bullying and victimisation, so it may be wise for Children's Services, local NHS services, and other partners to attempt to assess this. Better understanding and analysis of the issue could be used to mitigate residual harms which may be costly in the longer term, in terms of both social impact on the individual, and increased financial costs to schools and wider services as a result of increased mental health conditions (such as depression) in this complex and vulnerable population.

It was observed by many witnesses and members of the Task Group that not only had diagnosis times for autism lengthened during the pandemic, but the support available to this group had reduced considerably. In some areas, this reduced support was directly attributable to increased waiting times for diagnosis: without the correct diagnosis, autistic children and young people will not have appropriate provision in school or college to help them succeed. In other areas, such as activity groups outside of school or college, where autistic children can learn skills or to socialise with their peers (including sports teams or other groups formed around specific interests), reduced support was for a variety of reasons. Activity groups experienced extended periods of time where they were unable to meet at all due to national rules. Even in the absence of those rules, because autistic people tend to be very sensitive to physical sensation, some of the most basic protection measures against disease transmission such as mask wearing are all but impossible for this section of the population.

A generation of children has missed many of their opportunities for socialisation. We must acknowledge that those missed opportunities may have had a greater impact on autistic children compared to non-autistic children, because of their greater pre-existing need for learning how to socialise. It must also be noted that, especially for autistic children with high care needs, pandemic-related changes in routine and the reduced contact with family, carers, and educators is likely to have had particular adverse impact. This, however, will be difficult to measure, and care must be taken to plan services and programmes around the knowledge that there will be wide gaps in the data available to us about this particularly disadvantaged cohort. We must also recognise that there has also been considerable impact on the families of these children, who may have experienced particular hardship during the pandemic as a result of additional or altered caring responsibilities. Further, the strong hereditary patterns in autism mean it is likely that some of these children's family members may also be autistic (although not necessarily diagnosed) and require support themselves.

Post-diagnostic support for our autistic children and young people, and their families, remains fragmented and difficult to access due to lack of resource. The resulting problems are compounded by a widespread dearth of understanding in our communities about the autistic spectrum, which means that autistic children and young people remain at increased risk of being socially isolated, bullied, and otherwise coming to harm. Improved understanding and acceptance of autism in Westminster will improve quality of life and lead to more chance of equality of opportunity for autistic residents.

CAMHS informed the Task Group that, as of September 2021, autism diagnosis times for children were averaging 12 months locally. (Adults thought to be on the autism spectrum are seen by a separate diagnostic service, with different waiting times.) Full autism assessments are highly specialised, requiring multi-disciplinary teams, and were logistically challenging to organise throughout the pandemic. Witnesses advised that long waiting lists were a growing cause for concern across London.

The Task Group were pleased to be informed that additional investment was being used to recruit more clinical staff and test a new method of assessing young people. Additionally, clinicians aimed to implement a 'one-stop shop' model, in use elsewhere in the NHS for other issues, so the assessment can be carried out in one day to try and shorten autism diagnosis waiting times. Both of these initiatives were welcomed by the Task Group, but there was strength of feeling that local partners must also set urgent targets to ensure reduction in autism diagnosis waiting times.

Recommendation: *CCG targets for bringing down autism diagnosis waiting times should complement the Council's new SEND strategy, and improving access to post-diagnosis support should be a priority for local services. We must also increase knowledge and acceptance in our communities and schools about the autistic spectrum, and the resulting differences in communication and understanding.*

Service Provision in Westminster

Local authorities play a vital role in helping children to have mentally healthy childhoods. During the pandemic, Westminster City Council adapted its core local support offer to reach a wider group of young people. For example, fully funded training was delivered to a wide range of public sector and community/voluntary sector partners, upskilling staff to support young people experiencing challenges around mental health and suicide. A total of 316 community-based staff are now qualified Youth Mental Health First Aiders.

The commissioning landscape of mental health and wellbeing services for young people is complex, with provision a mix of statutory and non-statutory children's services, CCG-commissioned services, local authority 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 borough that promote good wellbeing and support those with mental health needs. These services tend to cluster around three main points of access for children to get support - schools, NHS services, and in the community. This chapter explores the availability of emotional wellbeing and mental health services, as well as their funding, accessibility, and co-ordination.

Community services

Westminster has an array of community services available to support young people's wellbeing. These services are not commissioned with the sole aim of supporting children and family's wellbeing or mental health, but as part of the early intervention offer. Local services for young people include five Youth Hubs and the 100+ youth organisations who form the membership of the Young Westminster Foundation. These Youth Hubs are:

- Amberley Youth Project (Future Men)
- Avenues Youth Project
- Churchill Gardens Youth Club (Future Men)
- Fourth Feathers Youth & Community Centre
- St Andrew's Club

These youth clubs were very highly regarded by the young people from whom the Task Group heard evidence. These witnesses told Members that the clubs should to be protected at all costs, and access widened so that more of Westminster's young people can benefit from them. Some youth clubs across Westminster also offer support through outreach work. This is particularly important for young people who may not feel able to come to the youth clubs. Detached youth work involves making contact with young people in their own territory and exploring their needs, building relationships with them and providing support. This work tends to operate across designated areas, specifically targeting "hot spots" for disruptive youth activity as

identified by partner organisations including the Council, local businesses and the police.

The young witnesses to the inquiry explained that, in their experience, clubs which advertise fun activities (e.g. a sport or creative class) are the best way to introduce conversations about mental health, rather than advertising an activity explicitly about mental health. The Council recognises that provision of 'low-level' mental health support through these youth hubs may reach a greater number of young people, and are currently piloting a Youth Mental Health Worker working across all five of Westminster's youth hub, who can provide additional support to an estimated 200 young people a year (aged 11-19 years old). The Task Group welcomed this initiative.

Westminster also operates 3 family hubs across the borough: Bessborough Family Hub, the Portman Centre, and Queen's Park children's centre. Family hubs bring together services including health visiting, CAMHS, maternity and early years support, police, schools and local voluntary service providers such as youth clubs and youth providers. The Family Hub approach is underpinned by Westminster's Early Help strategy. The service believes that Early Help is all about identifying needs within families early and providing co-ordinated support before problems become even more complex. This strategy helps families provide healthy childhoods for their children, supporting their wellbeing and reducing the risk of mental health issues.

Members considered that services were sometimes targeted at treating or supporting specific issues, and not the child or family themselves. For example, a Member of the Task Group gave an example of a family receiving domestic abuse support from one service, benefit advice from another, and mental health support from another, meaning they had to repeat their story to support services several times.

A child-centred support model such as the Family Hub therefore reduces the burden on families of having to repeatedly provide the same information (some of which may be traumatising, such as in cases of domestic abuse) to multiple services. The Family Hub approach practised across Westminster is a system where a family is supported by one professional who can make referrals directly to specialist support where required. This is known as the one worker, one plan model. The Task Group welcomed this approach.

Recommendation: *The Council should continue to roll out the one plan, one worker model approach for supporting children and families through family hubs such as the Portman Centre.*

Schools

As noted, the Government has committed additional funding to children's mental health services. Alongside action to improve access to specialist and crisis services for children and young people, there has been a growing focus on mental health promotion, prevention of poor mental health, and early intervention, particularly in schools.

Headteachers who provided evidence to this inquiry spoke about the challenges of supporting both their pupils and their staff during the pandemic. They reflected that teaching staff had become more open with one another about their own wellbeing and mental health, and that this open dialogue in turn helped children to talk more about their own feelings. However, they also stated that parents had developed sometimes unrealistic expectations that schools can diagnose and treat or "fix" mental health issues quickly. The below sections explore two ways in which schools are trying to support the mental health of their students.

Mental Health Support Teams

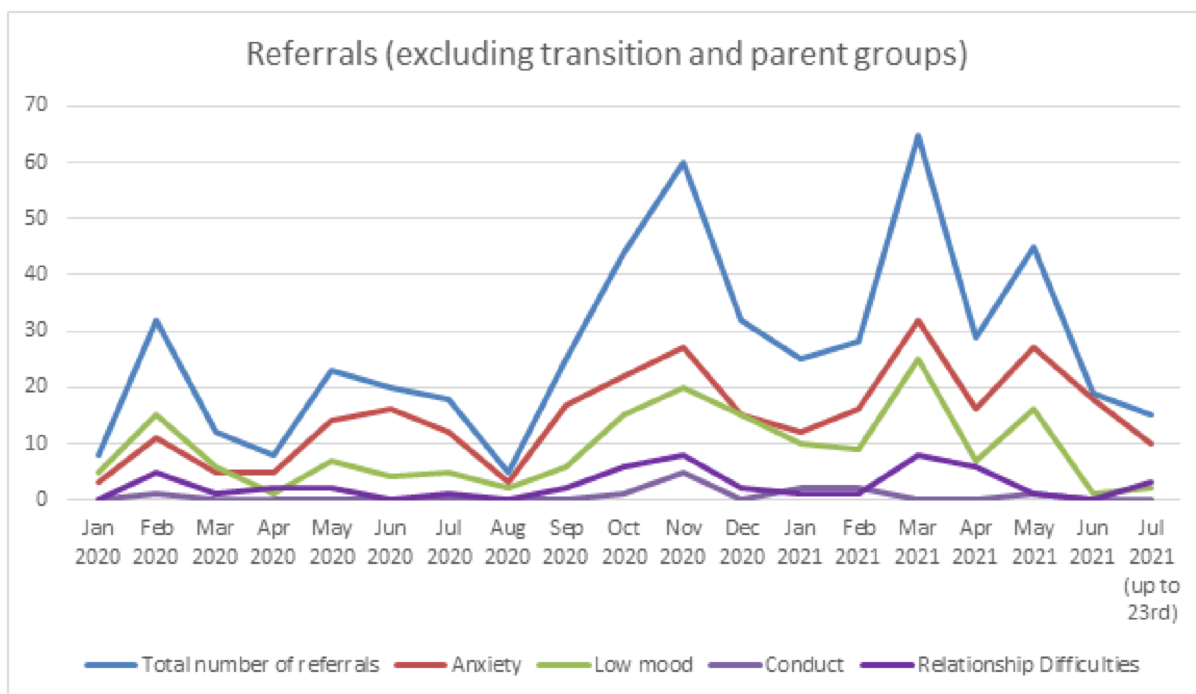
Schools and colleges are crucial to help identify mental health needs of children and young people at an early stage, with workers who can refer young people to specialist support and work jointly with other services. *The Transforming Children and Young People's Mental Health Provision green paper* set out the government's proposed action plan, funding MHSTs in schools and assigning senior mental health leads.

MHSTs have three core functions, whilst having sufficient flexibility to tailor delivery models and interventions to local needs, and dovetail with existing provision. These core functions are:

1) Delivering evidence-based interventions to children and young people with mild to moderate (Tier 1 and Tier 2) mental health issues
2) Supporting the senior mental health lead in each education setting to introduce or develop their whole-school or -college approach to mental health and wellbeing
3) Giving timely advice to education staff and liaising with external specialist services, to help children and young people get the right support and complete their education

Westminster has school based MHSTs working in 43 schools and colleges across the borough. Figure 3, below, shows the quantity and reasons for referrals into the service during 2020/21.

Figure 3.



This figure demonstrates that the number of referrals decreased during lockdowns and summer holidays when schools were empty, and peaked with some weeks' lag after restrictions were eased and after pupils returned from summer holidays.

The local MHST service provider, MIND, informed the Task Group that there was a gap between their early intervention support offer and CAMHS services: many cases were above the MHST threshold, but did not meet the CAMHS threshold. MIND also informed the Task Group of increased risk and complexity of presentations amongst young people seeking support through MHSTs, including young people with eating disorders, self-harming, and experiencing suicidal ideation. Early evaluations of MHSTs across the country indicate these issues are common and not localised to Westminster.

Whole-School Approach to improving mental health

Members of the Task Group raised concerns that some schools' behaviour policies are not wellbeing- or trauma-informed. Westminster City Council recognises the negative impact exclusions can have on a young person's mental health. Published research shows that many vulnerable children and young people are at high risk of being disciplined or removed from mainstream education because of their behaviour. Although it is important to protect the learning environment for all children, and behaviour policies are therefore essential, it is increasingly understood that exclusions often have an immediate and longer-term negative impact on a child or young person's wellbeing and future opportunities.

Recommendation: *The Council should encourage all schools across the City to have trauma-informed discipline and attendance policies.*

The Bi-Borough Inclusion Strategy commits to reduce the number of children and young people being removed from mainstream education as a result of their

behaviour. Westminster's School Inclusion pilot shows how the Council supports schools to work with their challenging and vulnerable students.

Case Study: The School Inclusion Pilot

The programme targets children at risk of exclusion in years 4 to 7 as they transition from primary to secondary school, plus a small cohort of children re-integrating back into mainstream secondary school following off-site placement in alternative provision. At the time of writing, all 63 children with whom the pilot team worked have remained in school without any permanent exclusions.

Although Westminster's Early Help team-led inclusion programme is well-regarded, they currently only have the capacity to support 2.8% of students who receive at least one fixed-term exclusion each year. This strategy on its own is therefore unlikely to have a marked impact on exclusion rates.

The pilot does, however, encourage schools to adopt a trauma-informed approach when developing and implementing policies and practices. This encourages schools to proactively consider the reasons why children might be behaving badly, and to attempt to address the underlying causes of the behaviour, rather than reactively disciplining children. For example, St Augustine's CE High School, since being involved with the pilot, has developed new trauma-informed attendance and behaviour policies.

A Government-commissioned review found that school leadership was a major driver of school exclusions. Differing leadership approaches lead to significant variation in the culture and standards between schools: something that would result in a child being excluded from one school may not be seen as grounds for exclusion in another. The Council should support all schools across the Borough to develop trauma-informed policies and take whole-school approaches to improving wellbeing and mental health. Such support could take the form of the Council leading on development of a toolkit for local schools to create new trauma-informed policies.

A whole-school approach would likely contribute to improved mental health of all children and young people within the setting, not just those with identified mental health problems. This approach is comprised of eight key principles (Figure 4), with strong and knowledgeable leadership at the heart of the approach. The approach is graduated, from universal and light-touch strategies through to more targeted and specialist forms of support for children in most need.

Figure 4.

Whilst the Council only manages 13 community schools, it can encourage and share best practice amongst all schools across the borough. Councils have a clear role in providing strategic oversight to support schools, as well as using their expertise to facilitate conversations locally and bring school nurses, educational psychologists, and other relevant professionals together to work to clear objectives.

Recommendation: *The Council should encourage all schools to adopt the Whole-School Approach to improving wellbeing and mental health, and ensure their work is trauma-informed to get the best from children in need of support.*

NHS Services

Westminster's local NHS services provide a range of support to children and young people in need of mental health support. These services range from primary care provided by GP surgeries, secondary and tertiary care, and highly-specialist crisis support and inpatient services.

GPs

General Practitioners (GPs) are a frontline service for young people struggling with mental ill health. They can play a crucial role in providing advice to young people, and in making referrals to specialist support which can be life-changing. However, evidence suggests that young people's experiences of accessing support through their GP is variable across Westminster.

NHS primary care services have been under strain nationally as a result of the Covid-19 pandemic, and this picture is reflected in Westminster, with evidence that demand continues to increase. Local primary care services carried out over 50% of appointments face-to-face: at the time of writing, Westminster was the only area in CNWL to achieve this target in primary care.

Whilst a lot of low-level mental health needs can be managed in primary care, this is dependent on the skills and confidence of their GP. A recent research report by *Young Minds* examined young people's experiences of receiving mental health support through their GPs. The report found that 55% of 16-25 year olds surveyed had visited their GP about a mental health concern, but that 67% of those surveyed would prefer to be able to access support for their mental health without going to see their GP. This was echoed in Healthwatch's evidence to the Task Group. Young people in Westminster told Healthwatch that they would not wish to approach their GP for support; there appeared to be little awareness that this route can be a gateway to more specialist and appropriate mental health support.

Case Study: HealthSpot

Healthspot is an in-house GP surgery for young people aged 11-19, living in Tower Hamlets run by the youth service Spotlight. The service is available every Tuesday, between 4-8pm. Young people will be able to have a 15-30 minute consultation with a GP, over the phone or via video, about their health needs. A youth worker will be available to attend the meeting with the young person if they wish.

Using the Association for Young People's Health GP Toolkit, Primary Care Networks in Westminster should consider adopting the following principles:

- Accessible and flexible appointments, including allowing young people to have face-to-face or virtual appointments depending on what best meets their needs
- Listening to young people and giving them time to become comfortable, including offering longer appointments if necessary
- Piloting community GP sessions, where GPs have slots to hold consultations in Westminster's youth centres and family hubs
- Involving young people in patient participation groups
- Appointing a 'champion' in the practice for young people's health

Adopting these principles should make the experience of seeing your GP more inclusive and thereby encourage more young people to seek support.

***Recommendation**: The Council should work with Primary Care Networks across Westminster to pilot youth-friendly GP sessions*

From young people that have visited their GP for support in Westminster, they fed back to Healthwatch that the information they were given on mental health support felt outdated. Some GPs may have limited knowledge of what services are available to young people across the Borough, and efforts to extend social prescribing for children and young people may in part improve this.

What is social prescribing?

Social prescribing is a process by which NHS services link patients with non-medical forms of support within the community. This process may involve a healthcare professional (HCP) referring a patient to link worker who in turn develops a non-clinical

plan for the patient, connecting the patient with community organisations to improve mental wellbeing and other areas of people's lives. Alternatively, it may simply involve the HCP providing information about community groups and recommending the patient engage with them. Activities can include arts and music, volunteering, gardening, or sports and exercise, for example.

The principles of social prescribing are:

NO TWO SOCIAL PRESCRIPTIONS ARE THE SAME. THEY MEET DIFFERENT NEEDS FOR DIFFERENT PEOPLE.

CENTERED AROUND "WHAT MATTERS TO THE PATIENT".

PATIENTS AND SOCIAL PRESCRIBER'S SPEND QUALITY TIME TOGETHER EXPLORING SOLUTION.

Whilst social prescribing is now common practice amongst GPs for adult patients, it is less so for young patients. Since April 2020, GPs across the borough have been a part of Westminster Social Prescribers programme, managed by One Westminster. This embeds seven social prescribers in GP surgeries across Westminster, to support adult residents to improve their health and wellbeing. Both GPs and their young patients could benefit if Westminster's social prescribing programme was rolled out to children and young people across the borough as part of our broader approach to supporting mental health needs in our community.

Recommendation: *Westminster's Social Prescribing Programme should be broadened to include children and young people.*

Child and Adolescent Mental Health Services (CAMHS)

Child and Adolescent Mental Health Services (CAMHS) teams normally comprise multi-disciplinary staffing including psychiatrists, psychologists, psychotherapists, family therapists, nurses, and social workers.

Westminster's 2021 CAMHS activity generally tracked above 2020 levels, averaging a 12% increase on the previous year up to mid-August. Whilst this began to level off instead of continuing to rise, it confirmed increased levels of need amongst young residents with serious mental health problems. Clinicians also raised concerns to the Task Group about the rising number of young people presenting with complex needs, especially the increased number of children and young people presenting with eating disorders.

The Task Group heard from many young witnesses that their perception of CAMHS was often negative, citing the long waiting times and the fear of being labelled or judged for their mental health issues. However, speaking with young people that have used the service, their perceptions quickly changed. They felt supported and listened to by the clinicians. The Task Group welcomed this, and acknowledged the commitment shown by the clinicians throughout the pandemic in supporting vulnerable children. The inquiry found that the perception of CAMHS amongst parents and teachers was also fairly negative. Headteachers raised with the Task Group their frustrations that if a child and/or parent misses a CAMHS assessment or first appointments, they are discharged. However, given the lengths of waiting lists and levels of demand, CAMHS has to ensure appointments are opened where possible for those able to attend. Some flexibility is needed when dealing with vulnerable children and young people, but the service may benefit from further emphasising why these rules exist and how important it is that appointments are adhered to.

Current NHS projections indicate that around a third of children and young people with a diagnosable mental health condition will receive NHS care or treatment in 2020/21. However, with an anticipated rise in true prevalence of mental illness, there would need to be substantial new investment over the next ten years just to maintain this 1/3 figure beyond 2021. Westminster CAMHS has received funding to increase its clinical capacity so that the service will be able to see 35% of the local children and young people who have mental health problems meeting threshold for referral. For Westminster CAMHS this means an increase from 1,050 children accessing services in 2020/21 to 1,363 in 2021/22. However, given the scale of the mental health crisis amongst children and young people, which existed prior to the pandemic and has been exacerbated by its impacts, the Task Group questioned whether this funding was enough.

The NHS has recently concluded consultation on new waiting time standards for mental health services. For children, young people and their families/carers presenting to CAMHS, proposals are that they are assessed within 4 weeks from a referral being made. The current target is set at 12 weeks, and the Task Group was informed that Westminster CAMHS consistently meets this target, with an average waiting time of 7-9 weeks. The Task Group was also informed that the waiting times for mental health support in schools from MHSTs is much lower, between 1-2 weeks, and these combined would help CAMHS meet this new target of 4 weeks. Whilst it is positive that MHSTs are providing mental health support to children and young people, they are not able to provide crisis interventions, nor are they equipped to support those with complex mental health difficulties.

CAMHS waiting times have been repeatedly raised by witnesses to the Task Group as a serious case for concern; therefore, these new targets are welcome. However, with the increased demand on these services as children and young people recover from the pandemic, it will be important to ensure that these new targets can be met with good-quality services.

Recommendation: *The Central North-West London 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. If this cannot be achieved, the Task Group would support its partners in asking central Government for further funding for CAMHS services.*

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 wellbeing services across Westminster. The purpose of this roundtable should be to determine, discuss, and assess gaps in services and jointly estimate how more young people can be supported before they reach NHS crisis care.

Westminster CAMHS also informed the Task Group that CNWL were in the process of developing a new 16-25 Young Adults Service, to better bridge the gap between CAMHS and adult mental health services. It will provide support to young adults transitioning from CAMHS to Adult Mental Health Services, extend support to 25 years of age for LAC and those in the justice system, and improve the wellbeing and recovery of young adults on waiting lists and those in post-treatment. This bridged support will be vital in ensuring young people can reach the support they need in early adulthood, and its development was warmly welcomed by the Task Group.

The co-ordination and promotion of local mental health services

This section moves beyond types of service provision, to discuss the environment and conditions needed for a local mental health system to function optimally.

Co-ordination between services

Not all services in Westminster that support our community's wellbeing are commissioned through the local authority or the NHS. There are many community and voluntary groups improving wellbeing and mental health, which may not be known to the Council. For example, many young people across Westminster turn to mentors for support, as well as culture- and faith-based organisations. Co-ordination between public sector services and these groups could help ensure all children and young people across the borough are aware of the support available to them.

Westminster has some excellent examples of strategic multi-agency working, with the Council's Early Help Boards an example of this. These Boards are central to the Council's new framework for Early Help, the framework being based on networked collaboration, seeking to reduce duplication and maximising the use of all partner resources across local areas. The boards consist of senior representatives from local partners, statutory, private, and voluntary sector. The Task Group were told by the Bi-Borough Directorate for Children's Services that the benefits of this partnership working were sustained throughout the pandemic.

These multi-agency approaches should be continued and expanded to include relationships with all local organisations it is possible to reach, so that local

practitioners become more aware of available services across the borough and their referral pathways. *Our Time,* commissioned to provide workshops to families affected by parental mental illness in Westminster, informed the Task Group that all of their referrals so far had been from Children's Services. They were open to widening their referral agencies to include adult services, schools, and other voluntary groups, so that more young people and families could benefit from accessing their services. Increasing the awareness of and engagement with available services, and their referral pathways, amongst service users and practitioners alike could be vital in ensuring children and young people get the help they need.

Awareness of mental health services

The inquiry found that awareness of available mental health services was varied amongst young people across Westminster. Young people said that some schools hold occasional assemblies about mental health and where to obtain support. They recommended to the Task Group that information should be regularly distributed during form time to young people.

The Council are already working hard to promote these services amongst children and young people. To boost awareness, they have piloted the use of a QR code keyring that directs viewers to a page with details of mental health support. However, some young people informed the Task Group that they would not use a keyring as it would be a visible symbol of mental health issues, which may be unhelpful in environments where mental health problems are stigmatised. 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 have also been distributed to schools and community providers in Westminster. These steps are welcome, and details of mental health support services should be provided through other communication channels in order to reach a greater amount of young people.

Recommendation: *The Council should create and implement a multi-agency communications campaign for existing mental health and wellbeing 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*. This website hosts activities, programmes, and support for under 25's in Westminster or Kensington and Chelsea. Across the Boroughs, 61 programmes and support providers are listed under health and wellbeing, and 22 under mental health. This initiative 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 Council's own mental health and wellbeing offer.

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

Whilst the pandemic put significant additional pressure on Westminster's mental health support services, it also compelled services to adapt their service model, offering virtual support throughout the pandemic.

Young people informed the Task Group that they searched online for mental health support through sites such as *The Mix* and *YoungMinds*, or social media, as well as asking peers or trusted adults for advice. A research project by *Place2Be* (prior to the pandemic) found that children and young people wanted a combination of face-to-face and digital support. Westminster City Council jointly commissions *Kooth* online counselling and information service for local children and young people aged 11-25 years old to provide free and confidential online information and support. This option is welcomed by the Task Group.

Breaking the cycle of stigma

Young people in Westminster report considerable stigma around mental health conditons. For example*, Young Healthwatch* informed the Task Group that young people were reluctant to seek help through their GP due to fear of being stigmatised or "labelled", or potentially being bullied by peers. Similar fears were raised with seeking help through CAMHS. To enable young people to seek appropriate support at the right time, we must continue to support efforts to destigmatise mental health conditions and drive anti-bullying initiatives generally.

Young people told Westminster *Young Healthwatch* that youth clubs and community centres that offer sports sessions or creative activities would be the best way to introduce conversations about mental health in a safe environment, rather than advertising an activity explicitly about mental health. The *Young Westminster Foundation* found that young people often felt 'very supported' by their youth clubs throughout the pandemic, compared with other sources of support. These groups could provide useful outlets for children and young people, as well as appropriate non-school environments to normalise conversations about difficult topics, supported by adults with some training in safeguarding.

Reaching all our communities

Westminster's health inequalities are well documented and are the subject of ongoing Council efforts to reduce local gaps in health outcomes. The Task Group heard that the Council's Public Health team are prioritising a joined-up professional approach to addressing health inequalities across the Westminster community. There are many underlying factors involved in health disparities, including differences in culture and ethnic backgrounds, the effects of which can be seen in differing outcomes. Young witnesses told the Task Group that cultural attitudes to mental health can also sometimes prevent them and their parents from seeking help. A local population with major differences in cultures has a range of implications for mental health practice locally, including around the ways that people view health and illness, to their resulting health behaviours, externalising loci of control, treatment-seeking patterns, and the nature of the therapeutic relationship. These differences must be considered when designing, developing, and delivering services for Westminster's young people and

their families. There are some voluntary groups in London whose work takes into account these differences in approach, including Autism Voice UK based across the river in Lambeth and Southwark.

Autism Voice UK has produced some high quality research on differing attitudes to autism in minority ethnic communities, including religious aspects, and recommends culturally sensitive education to address these attitudes and resulting behaviours. Westminster City Council and its local partners could take learning from this report or even commission Autism Voice UK to co-produce similar work specific to Westminster, with a focus on overcoming cultural stigma and improving understanding and acceptance in different communities – not just for autism, but for mental health conditions more widely.

Westminster City Council oversees a commissioned Community Champions programme. Community Champions are neighbourhood volunteers across the borough who run a variety of health and wellbeing campaigns, community days, and weekly activity groups that link residents to local services.

The Task Group proposes investigating expansion of this programme, or operating a similar model for a Mental Health Champions programme. Any such programme must be designed and delivered with safeguarding at its heart. Children and young people with mental health conditions are often particularly vulnerable, so any volunteer programme should take concrete steps to ensure solid safeguarding and monitoring procedures are implemented throughout, with clear and measurable outcomes, including wellbeing-related outcomes, specifically determined to allow assessment of the programme. For this reason, a pilot or feasibility study ought to be carefully developed, trialled, and iterated as necessary until we are confident in our model, before such a scheme is rolled out more widely. Safeguarding vulnerable children and young adults is something we refuse to get wrong.

Recommendation: *Westminster should investigate feasibility of a community Mental Health Champion programme, similar to the existing Community Champion programme.*

Funding and sustainability of services

Whilst funding continues to improve for emotional wellbeing and mental health, it still trawls far behind what is needed to address the growing mental health crisis amongst children and young people. Much of the recent Government funding has focused on mental health support within education settings and the NHS, and additional funding provided to the youth sector has focused on improving infrastructure and provision. There has been little consideration from central Government of what communities and local Government can do to promote positive wellbeing, and as a result, there is little space in the system for community-based emotional health and wellbeing services.

The Task Group was pleased to learn that children and young people's emotional wellbeing and mental health is a priority for the Council, local health partners and wider local partners. As such, the offer of support available is made up of a mixture of

commissioned support (local authority and CCG) and directly delivered support (Local authority and partners). The CCG commissions the large majority (87%) of the £4.88m of local emotional wellbeing and mental health services (including the majority of local CAMHS services and the MHSTs in schools) with the Council commissioning the remaining 13% (£0.63m). However, this doesn't include the wider wellbeing services that have key contributory roles.

Both the Council and the Trust clearly have a strong partnership built on shared values and desired outcomes for Westminster residents. This is illustrated in the Joint CCG and Bi-Borough Children and Young People's Emotional Wellbeing and Mental Health Plan 2019-2020, where it's clear that both the CCG and local authority have improved their joint commissioning. The Task Group has learnt that integrated commissioning can sometimes unlock more resources that could benefit children and young people across Westminster. The Task Group recommends that the Council explores the benefits as well as challenges of integrated commissioning options with CNWL.

Community wellbeing and mental health services are crucial in preventing escalation to later mental ill health. The piloting of a youth mental worker across Westminster's youth hubs is a clear example of community-based early intervention work. However, services need the security of long-term funding for projects to allow them to build relationships in our Westminster community, not short-term funding with no guarantee of extension upon achieving set KPIs. One of the main concerns presented to this inquiry by witnesses was the sustainability of pilot services and the seemingly-bureaucratic requirements that accompany some funding streams. Running pilot projects enables local authorities to test innovative solutions to societal problems, but long-term funding must be guaranteed if the pilot is shown to have positive outcomes for its service users.

***Recommendation**: The Council should make funding for children's services a key priority in its City for All Public Affairs Strategy.*

Westminster City Council, compared with other local authorities, funds a broad range of early intervention and targeted children's services, and if possible secures external funding sources to support these services due to budgetary constraints. Whilst further funding for children's services from central Government is still crucial, if this is not forthcoming, the Council should prepare to reappraise its budgets to prioritise essential services such as those supporting mental health in our community, including children's and youth services across the borough.

Prioritising early intervention and prevention

The growing local, regional and national concerns about young people's mental health and wellbeing has led to increasing emphasis being placed upon promotion of wellbeing, prevention of ill health, and early intervention. At Westminster City Council, early intervention is a strategic priority to improve the life chances of children and their families. Intervening early to prevent problems from developing brings several advantages, including intervening before patterns become ingrained and difficult to

reverse, reducing the burden on young people and their families, and reducing the costs associated with treating mental disorders.

Witnesses informed the Task Group that whilst CAMHS referrals in Westminster had increased during the pandemic, the increase was lower than that of neighbouring boroughs. Westminster has a strong early intervention offer, and it was therefore likely that children and young people were being supported before they met the criteria for CAMHS referral. The Task Group were proud that the Council were prioritising early intervention and had a seemingly effective service offer. If this lower increase in referrals can be shown to be directly attributable to the early intervention offer, our strategy should be shared with other local authorities as best practice; the Local Government Association (LGA) offers platforms for sharing knowledge such as this, and Children's Services may wish to produce a report to present to the LGA for wider dissemination of its success in this area.

Westminster City Council also has a strong Early Help offer, and has committed to transform our pre-birth to 5 years old offer (known as the early years stage), with an aim to improve integration between NHS maternity services and the Council's early years services. This will include looking at opportunities to strengthen the way the Healthy Child Programme is delivered, to ensure that children are supported throughout the crucial early years and to become school-ready. Targeted provision will also equip parents and professionals to focus on the importance of speech, language and communication to a child's development.

The Task Group welcomed the emphasis the Council places on supporting families who show signs of struggling in a child's early years. However, continued support relies not just on funding but on staffing for delivery, and it must be noted that key midwifery services (where early family problems can be identified) and health visiting services are struggling to meet demand, partly because of pressures that existed prior to the pandemic, and also because of pressures arising from the pandemic.

Past early years, Westminster's community-based emotional health and wellbeing services support children and young people when they have concerns about their thoughts, feelings or behaviours that are persisting. These services sit below the clinical threshold for CAMHS. Open-access drop-in hubs offer an effective way of delivering these services; these hubs are designed to provide additional capacity and are not designed to replace the vital support provided by statutory services. A recent study carried out found that clinical outcomes in the voluntary and community sector, such as these early support hubs, are comparable to those reported in school-based and statutory mental health services.

They are designed to offer easy-to-access, drop-in support on a self-referral basis for young people with emotional health and wellbeing needs up to age 25. This model is one that is recognised internationally with a network of these kind of services being established in Australia, Ireland, Israel and Demark.

Case Study: Headspace, Australia

Headspace began in 2006 to address the mismatch between need and provision of mental health services among adolescents, and provides tailored, holistic mental health support to 12-25 year olds. It has since developed into a network of one-stop-shop centres across Australia. Headspace is accessed by over 100,000 young people each year and now operates in 131 communities.

In the Health and Wellbeing Centres Task and Finish Report , it was recommended that the Council should include an adolescent component to the Health and Wellbeing Centre (previously discussed) which is planned as part of the regeneration of the Church Street area. This could be offered as a drop-in model along the lines of the Headspace example. Since that report was published in 2018, the Council have agreed funding for an enhanced support service for young adults called 'Bridging the Gap'.

Case Study: Bridging the Gap

Bridging the Gap (BTG) is the planned 16-25 integrated wellbeing and employment hub in Westminster, funded through Westminster City Council's MyWestminster fund. BTG is initially a two-year pilot, including a range of our existing services supplemented by additional youth and mental health support. The service will offer a one-stop-shop for 16-25 year olds to access place-based holistic and flexible provision, led by VCS partners. The key services that will be offered to young people will be mental health services, employment, education and training, sexual health, substance misuse, and housing & benefits support.

This service typifies the forward-thinking and collaborative ethos of the Council and is warmly welcomed by all Members of the Task Group. If the service proves successful, the Council should not only provide it with long-term sustainable funding, but should expand the age range to include all adolescents in Westminster.

Whole-Community and Whole-Council approaches

Whole-Community Approach

Developing mentally healthy communities involves service providers and professionals to provide support where required, but can be driven by young people themselves, their friends, their families, and the wider community. Witnesses and young people told the Task Group that they relied heavily on their personal support networks throughout the pandemic. Local peer networks, that also need to be supported through a whole-community approach to improving mental health. This can be achieved, for example, by offering mental health first aider training to teenagers and young adults across the Borough, not just professionals.

Within the community, social determinants of mental health include the economic status of the community, levels of neighbourliness, degree of personal safety, levels of loneliness, the quality of housing and open spaces and personal relationships with families, friends and neighbours. Specific models such as neighbourhood committees,

peer leadership and Community Champions have the potential to be applied within a 'whole community' approach to improving mental health.

Case Study: The Wigan Deal

This deal is an informal agreement between Wigan Council and everyone who lives or works there to work together to create a better Borough. Over a period of six years, public services in Wigan have been through a major process of transformation, based on the idea of building a different relationship with local people known as The Wigan Deal. The transformation in Wigan has included four main components; asset-based working, permission to innovate, investing in communities and place-based working. For example, the Council commits to ensure easy, timely access to good quality GP services seven days a week and the community pledge to register with a GP and go for regular check-ups in order to take charge of their own health and wellbeing.

Whilst the Wigan Deal will be difficult for any local authority to replicate, an ambition that can be replicated is putting the resilience and wellbeing of the entire community front and centre.

Whole-Council Approach

From maintaining Council-owned parks and open spaces, to building affordable homes with more access to amenities, to supporting training and employment opportunities, many different teams and services within Westminster City Council make a positive impact on our residents' wellbeing, including that of our younger residents. Whilst the Council practices good multi-agency and bi-borough working in many respects, bringing our own different directorates together with the same overarching goal – to improve wellbeing and mental health of children and young people – would enable a more efficient and co-ordinated approach to mental health and wellbeing within the Council. The City for All strategic plan offers an opportunity for services to define and co-ordinate wellbeing-related objectives.

***Recommendation**: Improving the wellbeing of all residents should become a strategic priority in the City For All plan, with baseline data collected to allow measurement of any changes.*

In addition to the Council activities and recommendations discussed throughout this report, use of the Mental Wellbeing Impact Assessment tool (MWIA) may be helpful for some Council projects specifically aiming to measure their impact on mental wellbeing. However, well-established tools such as Health Impact Assessments (HIAs) or Integrated Impact Assessments can be used to capture potential impacts on mental wellbeing in addition to wider health, environmental, and equality impacts, and these types of impact assessment may be more suitable for some Council workstreams than MWIAs. Conducting appropriate impact assessments on current and future Council projects, programmes, and policies would enable measurement of future successes achieved through a whole-Council approach to wellbeing and mental health in Westminster.

Recommendation: *The Council should develop high-quality guidance on when different types of impact assessments should be used, and this should be applied to policies, programmes, and projects.*

Conclusion

The COVID-19 pandemic shone a spotlight on existing health inequalities in Westminster and the rest of the UK, and the pandemic's impacts have accelerated rising levels of mental health issues amongst our residents, particularly our vulnerable and younger residents. However, it has also brought together local partners with a renewed sense of urgency and ambition to tackle this growing crisis. This shared determination came through strongly throughout the inquiry. The Task Group were pleased with the Council's programme of work with local partners to support children's and young people's mental health and wellbeing.

Westminster City Council's Early Help offer is considered exemplary. It provides an array of innovative targeted and universal support available to children and young people across the borough. Where there are any gaps in provision, the Council has made significant progress in addressing them, and are working to develop a truly comprehensive offer.

In common with every other local authority across the country, Westminster's early intervention services could be expanded if additional funding was made available. Costs rise each year, but funding does not rise in line with costs. Whilst the Council runs several services in tandem with local partners to boost the early intervention mental health offer in the borough, these are predominantly pilot or smaller-scale programmes. One concrete action Westminster City Council can take is lobbying central Government for greater funding allocations for children's and youth services, as well as appropriate funding for NHS mental health services. The potential savings for other services including education settings, NHS crisis care, and the criminal justice system, as well as improved outcomes for individual children, young people, and families, warrant more sensible strategies for investment.

Children's Services alone cannot shoulder the burden of the Council's approach to the rising levels of mental health needs in Westminster's youth. A whole-Council strategy is required to ensure resident wellbeing is as the heart of all Council policy.

Whilst the local authority has a central role to play in co-ordinating local partners, community services, schools and the NHS all play equal roles in supporting families to provide healthy and happy childhoods. The local NHS must prioritise reducing waiting times for CAMHS and autism services, and working with local partners to improve the community-based mental health offer for young people across Westminster.

Through improving the awareness of all services and their referral pathways, with targeted communications campaigns aimed at young people at risk of developing

mental health issues, we can make these services more accessible and less daunting to our children and young people.

The Task Group hopes that the recommendations put forward in this report will bring about a whole-community approach to improving mental health and wellbeing amongst the City's youngest residents.

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, and reviews of 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.