

Written evidence from the National Governance Association (NGA) (CMH0171)

The National Governance Association (NGA) exists to improve the well-being of children and young people by promoting high standards in all our schools, and improving the effectiveness of their governing bodies. The NGA is the only independent body representing school governors at national level across England. We support governing bodies in both local authority maintained schools and academies.

Summary of key points:

- Governing boards are responsible for promoting the well-being of children and young people and must ensure that they set an ethos and culture which is supportive.
- Support for children and young people with mental health problems is not sufficient to meet demand.
- Schools are facing significant financial pressures and their ability to ‘buy-in’ additional support is severely limited.
- Training and development is needed to assist those working in schools to identify children and young people with mental health issues.

1. Promoting emotional wellbeing, building resilience, and establishing and protecting good mental health

1.1. This is an issue which NGA takes very seriously and indeed have previously, in our termly meeting with Lord Nash, raised concerns that at a time of rising demand for specialist support, the availability of that support is actually reducing and the threshold for referral and access to Child and Adolescent Mental Health Services (CAHMS) support is being raised.

1.2. Statutory role of governors

1.3. Governing bodies of maintained schools have a specific statutory duty¹ to promote the well-being of pupils with particular regard to section 10.2 of the Children Act 2004, which includes “physical and mental health and emotional well-being”.

1.4. In addition, school governance regulations and the Department for Education’s Governance Handbook identify three core functions for governing boards:

- Ensuring clarity of vision, ethos and strategic direction;
- Holding executive leaders to account for the educational performance of the organisation and its pupils, and the performance management of staff; and
- Overseeing the financial performance of the organisation and making sure the money is well spent.

1.5. In practice, this means that governing boards should:

- Determine the ethos, values and culture for the trust/school.
- Agree a long-term vision for the school and a strategy to achieve this vision
- Establish policies that ensure compliance so that the school works in line with the agreed ethos and values
- Agree the budget and staffing structure required to deliver the strategy
- Ensure that parents are involved, consulted, and informed as appropriate

1.6. Governing boards are responsible for setting the ethos of the school/trust and thus have a key role in promoting emotional well-being in children and young people by instituting a positive learning environment. Establishing an ethos that is inclusive, with strong pupil and parent engagement and a zero-tolerance to bullying, can help to foster emotional well-being in young people.

¹ Section 48 of the Education and Inspections Act 2006

1.7. Governing boards have a statutory duty to ensure that the school has a “broad and balanced” curriculum. The curriculum is widely understood to be the sum of everything a young person learns at school, of which the ‘core’ element is just one aspect. The curriculum offer should promote the spiritual, moral, cultural, mental and physical development of pupils, and prepare them for the opportunities, responsibilities and experiences of adult life. This also includes extra-curricular activities and the governing board again has a role in ensuring that these enhance the opportunities for young people and enable them to widen their experiences.

1.8. While the governing board may not have professional teaching expertise, it can and should ask searching questions of senior leaders if changes to the curriculum are suggested, as part of its duty to ensure compliance to the ethos and values of the school.

1.9. One of the things that the governing board should ask about is how personal, social, health and economic (PSHE) education is taught. PSHE is an excellent way in which to promote emotional well-being in children and young people. It is NGA’s view that PSHE should be made statutory in all schools. We believe that this is necessary to ensure it is given due priority and allocated the appropriate time and resources needed. A good PSHE programme is one of the elements which can assist in the promotion of positive mental health education and awareness in schools.

1.10. NGA identifies several challenges for governing boards in promoting emotional well-being and good mental health.

1.11. One is the amount of space available in the curriculum to focus on non-academic subjects. In secondary schools, changes in accountability and assessment policies including Progress 8, Attainment 8 and the English Baccalaureate (EBacc), have had a perceived narrowing effect on the “broad and balanced” curriculum offer at key stage 4.

1.12. According to the annual joint TES/ NGA survey of 2015/16, which received 5000 responses from school governors and trustees, 40.9% had reduced the curriculum offer at their school in response to the introduction of the EBacc and Progress 8 performance measures. Additionally, changes in school funding have impacted the curriculum offer. Out of 5000 school governors and trustees, 29.4% had reduced the number of subjects on offer, 40.6% had reduced the number of teaching staff and 15.0% had reduced the number of qualifications on offer in response to funding pressures.² The survey uncovers a trend in which schools are beginning to focus on academic ‘core’, with less time spent developing ‘soft’ skills across the whole curriculum, as a result of changes in policy and funding. While the combined effect of these changes on the promotion of emotional well-being throughout the curriculum is difficult to measure, a picture of a less broad and balanced curriculum is emerging.

1.13. In primary schools, the key accountability measures are key stage 2 tests and in some schools the pressure on schools to achieve good outcomes can result in stress being passed down to the children. This should not happen. Governing boards have a key role in ensuring that the culture of the school is one in which young people are encouraged and supported to achieve to the best of their ability, but not made to feel any responsibility for an accountability measure which does not apply directly to them.

2. Support for young people with mental health problems

2.1. As reported in our opening paragraph, access to support for young people with mental health problems has been reducing at a time when demand is increasing. Schools are facing significant financial pressures on their core budgets, and are having to make increasingly stark decisions about which provision they can continue. Some schools, although by no means all, have been able to afford to employ counsellors and other support workers to meet the demand for assistance. However, as

² TES and National Governors’ Association Annual Survey 2016, conducted in spring 2016 with 5000 respondents.

financial pressures continue to increase, the ability to buy-in additional support for children with mental health problems is likely to become more difficult.

- 2.2. In terms of support for children and young people with mental health problems, governing boards are responsible for adopting whole-school policies and procedures that help staff to respond to mental health and emotional well-being issues and self-harm incidents. This may be part of a safeguarding or child protection policy or adopted as a stand-alone policy. NGA supports the recommendations of Dr Pooky Knightsmith that a mental health policy adopted by a governing board ought to be a 'living' document, relevant to the local context of the school community. Policies should be clearly communicated to all staff, pupils and parents. They should include a named member of staff and references to further resources to give support to pupils with mental health problems.³
- 2.3. Furthermore, governing boards have a statutory responsibility to secure special educational provision relevant to the needs of a pupil with a learning difficulty or disability. They also must have regard to the need to eliminate discrimination and publish information on how they meet the public sector equality duty.
- 2.4. It is not always easy for those working in schools, who are of course not mental health practitioners or experts, to distinguish when a child or young person is experiencing mental health problems, as opposed to having a special education need (SEN).
- 2.5. Having said that, research has identified learning difficulties, communication difficulties, and SEN more widely, as being a risk factor to children in developing mental health problems, with the suggestion being that those with SEN are up to six times more likely⁴ to develop a mental health disorder. Research has suggested⁵ that those with physical needs, for example those who are unable to communicate, may suffer more acutely from mental health problems. There is an issue around identification, as these problems are often overlooked in favour of the "obvious" physical problem. Mental health issues can also be wrongly identified as behavioural difficulties, for young people with and without SEN. This is caused by lack of knowledge and training. Research has suggested⁶ that a lack of training in teachers has led to children being dismissed as badly behaved, rather than their mental health being treated.
- 2.6. There have been numerous reports about young people who have been severely bullied and subsequently acted to harm themselves or take their own lives. Most commonly, these individuals have been victims of online bullying and as part of their wide-ranging safeguarding duties, schools have a responsibility to educate and protect young people who access the internet, social media and other online forums.
- 2.7. As highlighted earlier in this submission, there is a risk that young people with special educational needs and disabilities (SEND) are not provided with the support needed to address both their physical and mental health needs. In 2014, research by the Institute of Education (IoE) found that primary school pupils with special educational needs were twice as likely as other children to be bullied.
- 2.8. The Prime Minister highlighted recently some worrying statistics about the rise in young people reporting their experiences of being cyberbullied and self-harming. Addressing the Charity Commission annual lecture on 9 January, Theresa May quoted the following statistics:

³ Dr Pooky Knightsmith, *Promoting Positive Mental Health*, Governing Matters Magazine (November/December 2016).

⁴ Young Minds, Better Outcomes New Delivery (BOND), *Children and Young People with Learning Disabilities – Understanding their Mental Health*.

⁵ Rachel Allan, SEN Magazine, *Healthy mind, everybody*, <https://senmagazine.co.uk/articles/articles/senarticles/healthy-mind-everybody-mental-health-and-sen>

⁶ A. Fergusson et.al, *Responding to the Mental Health Needs of Young People with Profound and Multiple Learning Disabilities and Autistic Spectrum Disorders: Issues and Challenges*. Mental Health and Learning Disabilities Research and Practice, 5. <http://eprints.hud.ac.uk/12409/1/526.pdf>

- In 2014, just over 1 in 10 young people said that they had experienced cyberbullying by phone or over the internet;
- Between 2000 and 2014, 1 in 5 16-24-year-old women reported that they had self-harmed.

2.9. More recent reports from the National Society for the Prevention of Cruelty to Children (NSPCC) reported that:

- In 2015-16, bullying/cyberbullying was one of the top three concerns of young people who were contacting them, with a 13% increase in the number of counselling sessions they carried out relating to cyberbullying;
- One in three counselling sessions they delivered, related to mental health and well-being issues;
- In 2014, there have been 187 suicides of 15-19 year olds in the UK, 136 of which were recorded as deaths by intentional self-harm;
- The five-year average suicide rates for 15– 19 year olds have started to rise in England, after over a decade in decline.

2.10. These statistics demonstrate two things:

- a) That there is an increased demand for mental health support for young people; and
- b) That existing mental health support is not meeting this demand.

2.11. The Institute of Public Policy Research has reported⁷ that between 2009/10 and 2014/15, there was an increase of more than 50% of 0-17 year olds who were admitted to hospital for self-harm. At the same time, the financial resources available to mental health services have declined. As such, whilst the need for access to child and adolescent mental health services (CAMHS) has increased since 2010, provision has still not been sufficient to meet the increasing need.

2.12. Last year, CentreForum reported that in 2013/14, just 6% of the mental health budget was spent on CAMHS – a total of 0.7% of the total NHS budget. In order to improve access to and the quality of mental health services, further funding will inevitably be necessary.

2.13. Increased demand amongst children for mental health services generally is an issue, but this is especially key for pupils with SEN. The [SEND Code of Practice](#) encourages multi-sector working, but this can prove difficult in practice. Research has suggested⁸ that it is difficult for children with complex SEN to access children and adolescent mental health services (CAMHS), and that they face long referral times. Further, the high threshold for accessing such services means that there are children who are shut out of accessing mental health provision. Schools are therefore left to provide support for these children in school but they do not have the training, funding, or resources to do this effectively.

2.14. Current approaches tend to focus more on those who already have mental health issues, rather than considering how we might take steps to prevent them from surfacing, by promoting positive mental health. Whilst it can be difficult to identify a trigger for any given mental health condition, further exploration is needed to determine the elements of positive mental health and what 'quick wins' schools could implement to promote this. An effective approach for achieving this is to take a whole-school approach in which pupils and staff have frequent and consistent opportunities to learn about issues affecting young people which in turn, could impact their mental health.

2.15. NGA welcomes the Prime Minister's recent announcement to implement a package of reforms to mental health services. The government encourages multi-agency working to provide effective support but this is being hindered by the lack of funding currently being allocated to CAMHS. However, there has been no mention of any further funding to help facilitate these plans and given the increased

⁷ Institute of Public Policy Research (IPPR) (2016) *Education, education, mental health: Supporting secondary schools to play a central role in early intervention mental health services*.

⁸ Rachel Allan, SEN Magazine, *Healthy mind, everybody*, <https://senmagazine.co.uk/articles/articles/senarticles/healthy-mind-everybody-mental-health-and-sen>

demand in services as highlighted in this submission, we would urge the government to increase funding and ensure that frontline mental health services are accessible to all children and young people and are of a high, consistent quality across the country.

2.16. Fundamental to this funding is the opportunity this will provide for school staff to have frequent, up-to-date mental health training by mental health professionals so that those who, arguably, have the most contact with children and young people, might be able to aid prevention and early intervention.

2.17. The Institute of Public Policy Research recently reported that there is much variation in the availability and quality of mental health support for schools. It identifies four major barriers which impact this:

- 1) schools' inability to access sufficient funding and resources
- 2) a lack of established mechanisms by which schools can influence commissioning decisions taken by clinical commissioning groups (CCGs)
- 3) the inconsistent quality of mental health support available to schools to buy in directly
- 4) a lack of external checks on the appropriateness and quality of the approaches taken by individual schools.

2.18. This suggests, then, that the Department's vision for collaborative working between schools and other agencies to safeguard children, is not currently being fulfilled

3. Building skills for professionals

3.1. More needs to be done to provide those working in schools with children and young people, both teacher and support workers, with some skills to help them identify where young people may be suffering from a mental health problem. This is not so that teachers can take the place of expert mental health workers, but to enable them to refer children and young people to the appropriate services in order to obtain the support they need. Training is also needed to enable teachers to support these young people in the classroom.

4. Social media and the internet

4.1. The government has provided standalone advice about e-safety in schools and this reinforces the importance of implementing filters to mitigate the opportunities for pupils to access certain websites whilst in school. However, most young people now have their own access to the internet – whether that is using a smartphone, tablet, or personal computer – and so steps need to be taken to ensure that pupils are sufficiently educated in responsible use of the internet, which translates to settings outside of school. Parents clearly have a role to play in educating and monitoring their children in this regard, but it is also true that very many parents are not as 'internet-savvy' as their children and may not be aware of all the dangers. Many schools also offer sessions to parents on internet safety in order to aid awareness.