

09 June 2020

Children and Young People Board priorities

Purpose of report

For discussion and direction.

Summary

Given the impact of the Coronavirus pandemic on schools and children's services, this report suggests revised future priorities for the Children and Young People Board, for discussion.

Recommendation

That the Board discuss and agree a revised set of priorities.

Action

Officers to progress as directed.

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Children and Young People Board priorities

Background

1. Given the impact of the Coronavirus pandemic on schools and children's services the Board is asked to reflect on short and long-term priorities for lobbying, policy development and improvement.

Proposed priorities

Early years/children's social care

Immediate

2. Financial support for early years providers to make sure we have enough childcare when people start going back to work.

Longer term

3. We expect a rise in demand for children's social care that will last well beyond the initial recovery as the impact of coronavirus plays out e.g. increased poverty, family breakdown, mental health issues. We need children's social care to be adequately funded to cope with this, to support children and their families from the earliest stage possible.
4. Councils, children's social care providers and the government will need to work closely together to make sure we have enough appropriate placements available for children in care. This was a significant issue before coronavirus, we expect numbers to go even higher as we move through recovery so we need to be sure we can properly support these children and young people.
5. We must learn lessons from the new ways of working implemented throughout lockdown. While the situation clearly had significant negative impacts, we have also heard some very positive stories, including improved relationships between children and staff in children's homes, some better working practices with courts, improved engagement with education amongst young people previously at risk of exclusion, and improved relationships between social workers and families thanks to the addition of more practical support. These lessons must not be lost, and councils and providers must be supported to have the 'headspace' they need to embed new ways of working where appropriate.

Education

Immediate

6. Councils have been pivotal in leading local education systems during lockdown, the closure of schools to most pupils and in supporting schools to stay open for the children of key workers and vulnerable children. DfE should continue to support councils and schools facing a very complex set of issues as schools reopen to more children and recognise the need for powers to open and close schools to be devolved to councils to deal with local flare-ups in infections; for timely access to testing, tracking and tracing data;

for planning and funding to tackle the public transport challenges of increasing numbers of pupils returning to schools; and for appropriate resources for schools and councils to deal with the additional support that will be needed for children's emotional wellbeing and to help them catch up following an extended period out of school.

7. To continue to allow councils and partners flexibility to deliver support to children and young people with Education, Health and Care Plans, while schools are not operating as normal and CCG resources are focussed on recovery.

Longer term

8. A 'reset' in the relationship between schools and councils. The pandemic has highlighted the importance of councils working closely with all schools, including academies, as well as the vital partnership between children's services departments and local schools in keeping children safe. Councils should be given the powers and funding to ensure all schools work closely with education and children's services to ensure they are fulfilling their safeguarding responsibilities effectively.
9. The Government's on-going review of the SEND system must ensure that councils have the powers and funding to act as local leaders of SEND systems, allowing them to hold partners to account for the support they provide to children and young people with SEND, as well as sufficient funding to meet the ever-increasing demand for support. This should include the opportunity to consider new ways of working that have been implemented as a result of the lockdown and that have benefited children and young people with SEND, as well as councils, schools and CCGs.
10. We plan to commission research on the council role in managing the partial closure and reopening of schools and their priorities for the recovery in the medium and long term.

Children and young people's mental health

11. COVID-19 is likely to lead to an increase in mental ill-health in children and young people, both as a direct consequence of the virus and as a result of the measures necessary to contain it. There are likely to be groups who are more vulnerable to experiencing mental health issues, such as those with pre-existing conditions, young carers, vulnerable children, those in households with domestic abuse, those in households experiencing economic hardship, those in households where adults have been experiencing mental health issues and/or substance abuse, those experiencing Adverse Childhood Experiences (ACEs), etc. Increases in depression, anxiety and stress are expected as a result of uncertainty, particularly around examinations and transitions. Issues are also expected to arise in the long term where behavioural developmental milestones are affected by isolation.

Immediate

12. That central government recognise that mental wellbeing is crucial to nearly every aspect of recovery planning – from reopening schools, to getting the country safely back to work and dealing with the economic and housing consequences of the pandemic – and that the

wellbeing response is best led locally by councils who have the insight, community assets (such as parks, libraries and local authority-led schools) and partnerships to identify need and target interventions.

13. In order to support children and young people's mental health and wellbeing during any recovery and resilience phase, local public mental health and children's services, alongside the local voluntary and community sector, must be adequately resourced to meet both new and unmet demand that has built up during the pandemic, to invest in preventative mental wellbeing work at scale and to respond to any further turning on and off of restrictions, particularly where these have to occur on a local basis.
14. That we adopt a whole-family approach to the provision of mental health and wellbeing support to ensure the needs of children, parents and carers are addressed. This is best achieved through councils, bringing together public health, children's services and adult services.
15. That welcomed new national voluntary sector funding for mental health needs filter into local initiatives, particularly with regards to bereavement support for children and young people.
16. Councils must have access to the data being collected by PHE and DHSE on the emerging picture of mental health and wellbeing, the demand for support and possible peaks in the demand for support to enable an effective local response, especially for children and young people's suicide risk, self-harm and eating disorders. This will be particularly important for councils facing local lockdown decisions.
17. Despite the challenging situation, it is essential that vulnerable people's human rights are protected, particularly the rights of children and young people. Any emergency provisions to the Mental Health Act that are enacted must only be used when there are significant staff shortages, there is an immediate risk to people's safety, for the shortest length of time possible, and councils must be fully involved in the decision to use the provisions.
18. DHSC must confirm funding for year 2 of the LGA/ADPH suicide prevention SLI programme as a matter of urgency so that we can get on with delivering practical support to councils on suicide prevention and COVID-19.

Longer term

19. We need to build on the increased awareness of the importance of good mental health and wellbeing to reframe the children and young people's mental health interventions from treating mental ill-health in clinical settings to creating mentally healthy childhoods.

We need to build on the good practice and innovations that have developed as part of the response to COVID-19, such as the increased use of digital platforms, to enhance the mental health and wellbeing support that can be offered to children and young people.

Children's Health

Immediate

20. Push for adequate resources and capacity for the Healthy Child Programme to play a part in a national immunisations catch up programme to ensure a secondary pandemic in diseases such as measles, is prevented.
21. Review of impact of COVID-19 on other areas of children's health such as healthy weight, oral health and how LAs can plan to address the impact.
22. Work with schools and DfE to highlight impact of missed Relationship and Sex Education if Year 6 do not receive it as planned, this summer term.

Longer term

23. Rebuilding the Healthy Child Programme workforce to ensure children and families are supported, unmet need is identified and work begins to address the adverse impact COVID-19 is predicted to have had on health inequalities.
24. Work with DfE and PHE to ensure the implementation of the new curriculum in Relationship, Health and Sex Education (planned for September 2021) in primary and secondary schools is delayed as appropriate and local authorities and schools have the time and resources they need to ensure it is delivered safely and additional support needs for both teachers and students are in place.

Financial implications

25. It is expected that the work programme arising from the priorities set will be covered within existing budgets.

Implications for Wales

26. Education and children's services are devolved matters. The LGA will liaise with WLGA on issues of common interest and concern.

Next Steps

27. *Officers to progress as directed.*