

Royal College of Nursing submission to the House of Commons Education Committee Inquiry: Mental health and wellbeing of looked after children

With a membership of more than 425,000 registered nurses, midwives, health visitors, nursing students, health care assistants and nurse cadets, the Royal College of Nursing (RCN) is the voice of nursing across the UK and the largest professional union of nursing staff in the world. RCN members work in a variety of hospital and community settings in the NHS and the independent sector. The RCN promotes patient and nursing interests on a wide range of issues by working closely with the UK Governments, the UK Parliaments and other national and European political institutions, trade unions, professional bodies and voluntary organisations.

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The Royal College of Nursing welcomes the opportunity to provide a health and nursing perspective to the Education Committee inquiry into mental health and wellbeing of looked after children.

1.0 Background

- 1.1 There were 69,540 looked after children across England on 31st March 2015, revealing a steady increase in numbers over the last seven years¹. The number of looked after children is currently at its highest since 1985.
- 1.2 The majority of looked after children and young people become so as a result of abuse or neglect, although there are increasing numbers of unaccompanied asylum seekers and children who have been trafficked from overseas.
- 1.3 Approximately one in ten children and young people in the general population has a diagnosable mental health disorder.² Looked after children have been found to have much higher rates of mental health and emotional wellbeing issues, with almost fifty per cent demonstrating symptoms of a mental health

¹ <https://www.gov.uk/government/statistics/children-looked-after-in-england-including-adoption-2014-to-2015>

² <https://www.gov.uk/government/publications/improving-mental-health-services-for-young-people>

disorder such as anxiety and depression, hyperactivity and autistic spectrum disorders.³

- 1.4 The health and wellbeing of young people leaving care has consistently been found to be poorer than that of young people who have never been in care. Local authorities and health care commissioners have statutory duties to safeguard and promote the welfare of children who are in their care, including ensuring that their health needs are fully assessed, that they have a health plan in place which is regularly reviewed and that they have access to a range of health services to meet their needs.⁴
- 1.5 Health staff working with looked after children and their carers must have the right knowledge, skills, attitudes and values, to improve outcomes and enable young people to achieve their full potential. The RCN, with the, Royal College of General Practitioners (RCGP) and the Royal College of Paediatrics and Child Health (RCPCH) have recently (2015) developed an intercollegiate framework for skills and competences to guide curricula and staff development: '*Looked after children: knowledge, skills and competences of health care staff*'.⁵
- 1.6 While universal health service practitioners such as health visitors and school nurses must have key knowledge, skills and competences, evidence highlights that where looked after children have access to specialist health practitioners their health improved.⁶ Specialist nurses for looked after children have a key role to play in promoting the health of looked after children as outlined in the intercollegiate role framework.⁷ Health Visitors and school nurses, providing they have the required knowledge, skills and competence, can also undertake annual review health assessments of looked after children.
- 1.7 Designated Nurses for looked after children are statutory roles with responsibility for the provision of strategic advice and guidance to service planners and commissioning organisations.^{8, 9} Named nurses for looked after children are responsible for promoting good professional practice within their organisation, providing supervision, advice and expertise for fellow professionals, and ensuring that 'Looked After Children Awareness Training' is in place.¹⁰

³ <http://www.nspcc.org.uk/services-and-resources/research-and-resources/what-works-preventing-treating-mental-health-looked-after-children/>

⁴ <https://www.gov.uk/government/publications/promoting-the-health-and-wellbeing-of-looked-after-children--2>

⁵ [www.rcpch.ac.uk/.../page/Looked After Children 2015_0.pdf](http://www.rcpch.ac.uk/.../page/Looked%20After%20Children%202015_0.pdf)

⁶ <https://www.education.gov.uk/publications/eOrderingDownload/DCSF-RR125.pdf>

⁷ [www.rcpch.ac.uk/.../page/Looked After Children 2015_0.pdf](http://www.rcpch.ac.uk/.../page/Looked%20After%20Children%202015_0.pdf)

⁸ [www.rcpch.ac.uk/.../page/Looked After Children 2015_0.pdf](http://www.rcpch.ac.uk/.../page/Looked%20After%20Children%202015_0.pdf)

⁹ <https://www.gov.uk/government/publications/promoting-the-health-and-wellbeing-of-looked-after-children--2>

¹⁰ [www.rcpch.ac.uk/.../page/Looked After Children 2015_0.pdf](http://www.rcpch.ac.uk/.../page/Looked%20After%20Children%202015_0.pdf)

2.0 Statutory Guidance ‘Promoting the health and wellbeing of looked after children’

- 2.1 The statutory guidance published by the Department for Education and Department of Health in March 2015 emphasises the need for parity of esteem between physical and mental health for looked after children and care leavers.¹¹ This includes adherence to the principles of the Mental Health Crisis Concordat.¹²
- 2.2 The report of the Mental Health Task Force, ‘*Future in Mind*,’¹³ together with recent research on the mental health and emotional wellbeing of looked after children commissioned by the NSPCC¹⁴ and the CAMHS Transformation plan¹⁵ have generated momentum and a recognition of the scale and urgency of this national issue.
- 2.3 An RCN survey of nurses working with looked after children published earlier this year highlighted major concerns about the wide variations in service provision for looked after children, in particular for those placed “out of area.”¹⁶ In respect of mental health provision one of the respondents stated:

‘The school advertises a service which addresses mental health issues and draws a lot of funding for this, but then accesses local child and adolescent mental health services (CAMHS) when a crisis occurs, expecting local services to solve issues. There needs to be very clear procedures in place to ensure children’s needs are met and this needs collaborative working’¹⁷.

Others commented on unmet needs and a lack of appropriate provision.¹⁸

- 2.4 RCN members have indicated that the condensed statutory guidance ‘*Promoting the health and wellbeing of looked after children*’ provides limited guidance for improving the mental health and wellbeing of looked after children, with several suggesting that there is a need for specific additional guidance in this area because the current guidance is too generalised, and does not cover the subject in enough depth to deliver the complex and sensitive needs of children in care.

¹¹ <https://www.gov.uk/government/publications/promoting-the-health-and-wellbeing-of-looked-after-children--2>

¹² https://www.gov.uk/.../36353_Mental_Health_Crisis_accessible.pdf

¹³ <https://www.gov.uk/government/publications/improving-mental-health-services-for-young-people>

¹⁴ <http://www.nspcc.org.uk/services-and-resources/research-and-resources/what-works-preventing-treating-mental-health-looked-after-children/>

¹⁵ www.england.nhs.uk/wp-content/uploads/2015/05/transformation-plans...

¹⁶ www.rcn.org.uk/__data/assets/pdf_file/0010/608932/004-735.pdf

¹⁷ www.rcn.org.uk/__data/assets/pdf_file/0010/608932/004-735.pdf page 11

¹⁸ www.rcn.org.uk/__data/assets/pdf_file/0010/608932/004-735.pdf page 12

3.0 Implementation of Statutory guidance at local level

- 3.1 The RCN is aware that services do not have the capacity to deliver the aims articulated in the guidance, particularly for children placed out of area. For example, one of the respondents to the RCN survey stated:

‘More consideration from social care and health services needs to be given when placing looked after children who require access to CAMHS to ensure they can access and receive the services they require’¹⁹

- 3.2 Some areas have dedicated CAMHS teams for looked after children and some looked after children’s nursing teams also include mental health nurses to meet children and young people’s psychological and emotional needs. One response to the survey stated:

‘The named nurse will carry out health assessments, work 1:1 with children/young people, carers and other professionals. The nurse will lead/ coordinate foster carer training and training for other professionals. Support for the acute trust on understanding the needs of LAC and the consent issues for LAC who need treatment. We have a range of skills in the team including a mental health nurse and a learning disability nurse.’
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- 3.3 The RCN holds networking events for nurses working with children and young people twice a year. Members attending these events have repeatedly highlighted that looked after children placed out of area have difficulty accessing mental health services when they move from one placement to another, often getting placed on the bottom of waiting lists as a result.
- 3.4 RCN members have reported that they are not aware of any specific changes in ways of working as a result of the publication of the revised statutory guidance ‘*Promoting the health and wellbeing of looked after children.*’
- 3.5 There are, however, examples of good practice where Designated Nurses for looked after children have led on the development of the looked after children aspects of local CAMHS Transformation plans. In these areas, a tracker is used to monitor access to services regardless of placement location, access to online and interactive support for young people; and step-down support for children at transition has been implemented.

¹⁹ www.rcn.org.uk/__data/assets/pdf_file/0010/608932/004-735.pdf page 12

²⁰ www.rcn.org.uk/__data/assets/pdf_file/0010/608932/004-735.pdf page 21

4.0 Dedicated child and adolescent mental health and wellbeing services

- 4.1 The commissioning and delivery of child and adolescent mental health services (CAMHS) is variable. The RCN is concerned that there is a post code lottery in respect of dedicated CAMHS for looked after children and care leavers. Gaining access to and receiving mental health services is seen to be even more difficult for those children placed away from their local authority, due to the complexity of commissioning CAMHS provision in another area.
- 4.2 The RCN is aware of significant capacity issues and some members report a lack of knowledge of the services and resources available locally. Figures from the Health and Social Care Information Centre (HSCIC)²¹ confirm that mental health services have lost 2,951 full time nursing staff since May 2010, a fall of 7 per cent. This loss and devaluation of nursing skills and experience is a significant cause for concern when demand for CAMHS is increasing all the time.
- 4.3 RCN members have highlighted some examples of good practice reporting examples of Clinical Commissioning Groups (CCGs) commissioning dedicated CAMHS Services. These may include nurse led specialist mental health services for looked after children, which focus on outcomes and include service evaluation completed by the service user and carer before and after accessing the service.
- 4.4 Everyone working with looked after children and young people, including teachers, youth workers, social workers and health professionals, for example, should have a basic level of mental health training to enable them to identify mental health issues and take appropriate steps. The RCN, with the RCPCH, the Royal College of Psychiatrists (RCPsych) and other stakeholders produced insert date the MindEd e-learning portal²², a resource to help adults to understand and identify children and young people with mental health issues.
- 4.5 There are some examples of good practice with comprehensive training programmes in place for staff in residential settings, foster carers and for professionals in education, health and social care. RCN members have, however, highlighted that training and support for carers and social workers at local level is variable depending on the individual local authority and CCG.

²¹ Health and Social Care Information Centre, *NHS workforce statistics – February 2014 provisional statistics*

²² <https://www.minded.org.uk/>

5.0 Coordination across education, social care and health

- 5.1 NICE guidelines published in 2010 recommend how organisations, professionals and carers can work together to enable looked after children and young people reach their full potential.²³
- 5.2 Successful coordination across education, social care and health varies. RCN members report that individual cases of great concern are often prioritised and the process works well. For the majority, however, successful coordination does not happen for a variety of reasons, including capacity issues, placement changes and specific cases not meeting threshold criteria for accessing support.
- 5.3 Examples of good practice include the development of an Integrated Health, Education and Social care dashboard monitored monthly by the Looked After Children Health Strategic Partnership Group and a CAMHS and Transitions deep dive audit with partner agencies.
- 5.4 It is important that the Team Around the Child (TAC) model²⁴ is consistently applied for looked after children, including child and adolescent mental health team members.
- 5.5 Communication between services and agencies is often fragmented and bureaucratic. RCN members responding to a survey highlighted the poor exchange of timely placement information by social care departments to health services, particularly for children placed out of area.²⁵

6.0 The role of schools in supporting the mental health and wellbeing of looked after children

- 6.1 Schools and school staff have a critically important role in supporting the mental health and wellbeing of looked after children alongside services such as CAMHS. RCN members highlight that where this works well, looked after children receive support from the Virtual Head Teacher, Designated Teachers and Learning mentors, as well as school counsellors.
- 6.2 Reports are requested by the Corporate Parenting Board from the Board of Governors of each school. The forward plan of the Corporate Parenting Board enables detailed scrutiny of outcomes for looked after children and Care leavers for educational attainment, physical and emotional wellbeing.

²³ <http://www.nice.org.uk/guidance/PH28>

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http://webarchive.nationalarchives.gov.uk/20130401151715/http://www.education.gov.uk/publications/eOrderingDownload/LeadPro_Managers-Guide.pdf

²⁵ www.rcn.org.uk/__data/assets/pdf_file/0010/608932/004-735.pdf

- 6.3 The level of support available varies between schools, and often depends on staff knowledge and awareness of need. While many schools aim to provide a good level of basic support, they are unable in the majority of instances to provide the specialist emotional support that some looked after children require.
- 6.4 Some schools employ child psychologists and children and young people's mental health nurses on a sessional basis to provide specific input in the educational setting. Personal, Social, Health and Economic (PSHE) education is not currently included in the national curriculum and ability to build emotional resilience varies among pupils. The RCN strongly believes that PSHE education should be mandatory in schools.
- 6.5 Provision of school based counselling and support by many charities and third sector providers has diminished as a result of public sector cuts. RCN members report that many schools are purchasing counselling and therapist support for those pupils with the greatest need.

7.0 Involving young people and carers in the design of services

- 7.1. It is crucial to involve looked after children and young people, as well as carers or families in reviewing and designing of mental health and wellbeing services..
- 7.2 Putting the voice of children, young people and their families at the heart of service design and delivery is a key principle of the NICE guideline about Looked-after Children and Young People.²⁶
- 7.3 Individual feedback at any point of the journey in care should be encouraged and supported to understand what works, and what doesn't, in the system.
- 7.4 A significant study by the University of Warwick, for example, into transition between CAMHS and Adult Mental Health Services found that people working in CAMHS reported a 'lack of two-way communication with adult services as a challenge affecting transitions.'²⁷ Poor communication between services can lead to repeated assessments for young people and results in them not getting support when they need it.
- 7.5 RCN members report that in many instances, their local Healthwatch has been commissioned to undertake engagement activity with looked after children and their families or carers to enable their experiences of commissioned services to influence the improvement and future development of looked after children health services, including at the point of transition to adult services when leaving care.

²⁶ <http://www.nice.org.uk/guidance/PH28>

²⁷ Transition from CAMHS to Adult Mental Health Services (TRACK): A study of service organisation, policies, process and user and carer perspectives; University of Warwick,; 2010, p.107

- 7.6 In many areas views are sought via local Children in Care Councils, gaining feedback about their experiences, what could be improved and thoughts about different ways of working to better meet their needs. Good practice examples include foster carers asking care leavers what would support them.
- 7.7 Feedback should be provided to the individuals, whether children, young people, carers or biological parents, that their concerns and suggestions have been taken into account and will contribute to change.

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