

House of Commons  
Education Committee

## **Mental health and well-being of looked-after children 2015/16**

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### **Summary**

This report was motivated by the 2015 Department of Education and Department of Health joint guidance on *Promoting the health and well-being of looked after children*. It shows that almost half the children in care have a diagnosable mental health disorder.

Provision for looked after children with mental health concerns has proven to be poor in many areas across England. It is recognised that some local authorities are providing integrated services with a strong focus on multi-agency working and support for key workers such as foster carers and school staff. However, a significant number fail to identify mental health issues when children enter the care system

The report recognises that all children who need access to CAMHS should get it in a timely manner and that all looked after children should be viewed as a priority for mental health assessments and never refused care based on their placement or severity of their condition.

Co-ordination between health, education and social services at a local level is seen as being at the heart of effective support for looked after children with mental health difficulties. The report calls for the government to address the lack of reliable data about the state of children and young people's mental health. It also stresses that the voices of children and young people in the care system should be heard.

### **1 Introduction**

The mental health of looked after children is significantly poorer than that of their peers, with almost half of the children and young people in care meeting the criteria for a psychiatric disorder. The 2014 report into CAMHS is cited for revealing the crisis in the commissioning and provision of CAMHS.

The Government will invest £1.4 billion in children and young people's mental health services over the course of this parliament. Yet children in care and care leavers are more likely to experience poor health, education and social outcomes. Young people leaving care are five times more likely to attempt suicide than their peers. They are more likely to enter the criminal justice system. 23% of adult prisoners have been in care and 40% of prisoners under 21. A comparative case study shows how one child's unstable and unsupported experience of care costs £22,415 more per year (including health, social care and criminal justice costs) than another child's stable and well supported care journey. Seen in this context, it would make more sense to invest in good mental health services earlier on, to prevent inflated costs for those children who have a poor experience of care and services.

The inquiry called for written evidence and oral evidence on a range of pertinent issues including whether the Department for Education and Department of Health guidance on

*Promoting the health and well-being of looked-after children* published in March 2015 is sufficient for looked after children and care leavers.

## 2. Access to mental health services

According to the joint DfE and DH guidance on *Promoting the health and well-being of looked after children*, all looked after children and young people who enter care should have an initial health assessment by a registered medical practitioner. Looked after children should then take place every six months with an Independent Reviewing Officer (IRO) social workers and foster or residential carers.

The Strengths and Difficulties Questionnaire (SDQs) came under the scrutiny of the inquiry, the brief emotional screening tool should be completed annually for every child in care.

- Most local authorities inspected were unable to complete initial health assessments on time
- SDQs are not mental health assessments and will not provide overarching mental health insight
- The assessments are highly variable and often poor
- A Foster Carer recommended that the mental health needs of a child in care needed to take place throughout their time in care.

CAMHS and looked after children

- Children and young people in care were turned away from CAMHS because they did not meet the CAMHS assessment criteria
- CAMHS will only see a child when they are in a 'permanent settled placement'.
- One foster carer explained how a child in her care said that she had been waiting for two and a half years to be assessed. She was unable to access the CAMHS service because she had been moved thirteen

## 3 The care system

### Placement stability

Children in long-term secure placements are more likely to feel that their mental and emotional health needs are supported. There is much evidence to support the view that 'staying put' policy which allows young people to remain in their placements until 21. Reference was made to the recent Government announcement of a 50% increase in funding to support the staying put policy.

Placement stability is said to have a positive impact on looked after children's attachment relationships and subsequently their mental health and emotional needs.

### The Transition out of care

CAMHS are expected to work with children up until they are 18. But CAMHS will see a young person between 16 and 18 only if they are in full time education. The NSPCC have described this transition, or lack of it as a 'cliff edge' for looked after children and ask that local authorities work together to support care leavers up to the age of 25.

### Monitoring of looked-after children

The inquiry makes reference to the 2014 Health Committee report on CAHMS over the lack of reliable data on children and young people's mental health. The committee described it as 'deeply' concerning that the Office of National Statistics (ONS) was 10 years out of date.

#### **4 Workforce development**

##### Foster and residential carers

The inquiry met foster and residential carers as part of its visit to Trafford Council. It refers to its two training programmes on mental health and wellbeing awareness as a recognition that investment in carers can help insure placement stability for children and young people. Training and support for foster and residential carers is highly variable and in many local authorities fails to equip carers with the knowledge and skills needed to support looked-after children with mental health difficulties.

#### **5 School Provision**

##### A 'whole school approach' to mental health and well-being

Several submissions spoke of the importance of a "whole school approach" to mental health and well-being within schools. The Children and Young People's Mental Health Coalition (CYPMHC), a coalition of charities campaigning together on the mental health and well-being of children and young people, has worked with Public Health England to design a framework for this approach. It said: that a whole school approach is important as it ensures that mental health and well-being is embedded within the culture and processes of the school, and also ensures that they work with partners in health, the voluntary sector etc. to provide mental health support for those most in need.

#### **6 Service integration, leadership and local implementation**

##### Revision of the Government's statutory guidance

Current DfE and DH 'new' statutory guidance says that local authorities, CCGs, NHS England and Public Health England must cooperate to commission health services for all children in the area. On the same day The Children and Young People's Mental Health Taskforce published its report *Future in mind*. The taskforce was co-chaired by NHS England and DH. It provided a broad range of recommendations across education and health sectors aimed at improving the mental health of children and young people. Including the transformation of CAHMS

##### Local Transformation Plans

The Future in Mind report had clearly recommended was that all local areas develop Local Transformation Plans to cover the whole spectrum of children's services for children and young people's mental health and wellbeing, from health promotion and prevention work to support children and young people who have existing or emerging mental health problems, as well as transitions between services

These plans are meant to be created locally by the Clinical Commissioning Group, working with the Health and Wellbeing Board and local authorities. Again the inquiry found that when it came to the issue of looked after children, the results of the Transformation Plans are varied.

### Implementing integration in local authority areas

The local authorities with the most success of service integration are those with good multi-agency teams. Co-location of social workers and CAHMS services is praised for its ability to provide good services for children and young people with complex needs.

### Out of area placements and movement of looked-after children

Evidence shows that there are particular problems for commissioning for looked after children and young people who have been moved out of their local authority area. Where a child placed is placed 'out of area' it is often unable to access services, as neither local authority will accept responsibility for the commissioning and funding of the service. This can lead to a looked-after child being without care for extended periods of time.

### The role of leadership in service commissioning

The role of the Health and Wellbeing Boards are seen as critical to the delivery of improved mental health services. The link is made between good leadership and the co-location of services. These more integrated structured happen because they are directed from the top.

## **7 The participation of looked after children in decision making**

All looked after children should play a meaningful part in the decisions made about their mental health care and be empowered to have a more active role in decision about their placements to increase their likelihood that they will be stable and successful.

### **Recommendations**

There is a full list of conclusions and recommendations on page 28 they include:

#### **Access to mental health services**

- Government to amends the statutory guidance to make clear an SDQ should be completed for every child entering care as a starting point and all looked-after children should have a full mental health assessment
- CAMHS should not refuse to see children or young people without a stable placement
- CAMHS should form a part of a multi-agency team in which education, health and social care work in partnership.
- Looked after children should have priority access to mental health assessments

#### **The care system**

- The inquiry request evidence to show 'staying put funding' is used to help young people remain in secure placements for longer.
- CAMHS should be made available for all looked-after young people up to the age of 25
- The inquiry points to the 'urgent' need for comprehensive up to date data on mental health and looked after children. Government to return to funding ONS prevalence surveys on children in care and mental health on a five yearly basis.

### **Workforce development**

- Training, Support and Development standards should be supplemented with specific modules which focus on mental health and emotional well-being.
- For the inclusion of mental health training in the core content of initial teacher training.
- School based counsellors to be available to for children with mental health issues
- Schools have a clear role in teaching about mental health and well-being
- Teachers and schools are better equipped to identify, assess and support pupils with mental health
- If successful, the current schools link pilot be extended across all clinical commissioning groups with funding for all schools to train a mental health coordinator.

### **Service integration, leadership and local implementation**

- The inquiry recommends that the statutory guidance on promoting the health and well-being of looked-after children be revised and strengthened to incorporate the recommendations made in The Children and Young People's Mental Health Taskforce report Future in Mind.
- Local Transformation Plans are to state the services they provide specifically for looked-after children and the funding assigned for them.
- No looked-after child should face a delay in accessing services after moving. Government are called to amend its joint statutory guidance to clarify the balance of responsibility between local authorities when looked-after children and young people are placed out of area.
- Each local area is recommended to employ a senior, designated mental health professional with expertise in the diagnosis and treatment of mental illness and awareness of the broader risk factors common in looked-after children.

### **The participation of looked-after children in decision making**

- All looked-after children should play a meaningful part in the decisions made about their mental health care.

### **TACT response**

The Education Committee spotlight on mental health and well-being of looked after children is most welcome.

The fact that almost half the children in care have a diagnosable mental health problem, yet find the services that they need inaccessible as a result of placement instability is a national disgrace. Placement instability is not the fault of the Child it is the fault of the system and children must not be punished for it

Up and down the country local authorities are integrating services to better meet these needs, but they do so in a climate of cuts. TACT fully support the report's recommendations. But we recognise the need to go further. What we need is an integrated service offer whereby CAMHS & Children's social care are integrated into one unified service.