

The Mental Health and Well-being of Looked After Children Report of the House of Commons Education Committee April 2016

As part of a wider focus on children's mental health in March 2015 the Department of Health (DH) and the Department for Education (DfE) published new statutory guidance for England on '*Promoting the health and well-being of looked-after children*'. At the same time the Children and Young People's Mental Health Taskforce released their report, *Future in Mind*, on children's mental health. Against a backdrop where almost half of children in care have a diagnosable mental health disorder and two-thirds have special educational needs, and where problems of commissioning and provision of services exist throughout the system, from early intervention to the transition to adult care, the Education Committee have now published their report which focuses specifically on the mental health of looked after children; on how well the guidance is being implemented and their needs prioritised; the quality and extent of services; how well services are coordinated between education, health and social care and how schools can contribute and support the work of CAMHS.

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 the criteria for a psychiatric disorder in comparison with one in ten non-looked-after children. In the case of looked-after children, long-term outcomes are poorly monitored, but it is known that children in care and care leavers are more likely to experience poor health and more social problems and do less well in education. Young people leaving care in the UK are five times more likely to attempt suicide than their peers and more likely to enter the criminal justice system where 40% of prisoners under 21 have been in care and almost a quarter of adult prisoners. Purely in financial terms, including health, social care and criminal justice costs, the consequences of a lack of support for looked-after children's mental health and well-being can be more expensive than investing in specialist services. Research by Loughborough University and the NSPCC shows that an unstable and unsupported experience of care can cost £22,415 more per year than another child's stable and well supported journey through care.

How Well are Mental Health Needs Assessed?

Children enter care with varied and complex issues, but the current methods of assessing their mental health and well-being are inconsistent and often fail to identify those in need of specialist care and support. At the moment all looked-after children and young people who enter care should have an initial health assessment by a registered medical practitioner, however this is not a mental health assessment and they are rarely completed by qualified mental health professionals who would be more likely to recognise any specific needs. So far most local authorities have not been able to complete the initial health assessments within the required time frame.

Subsequent looked-after child reviews take place every six months with an Independent Reviewing Officer (IRO), social workers and foster or residential carers and the child's health and well-being should form a key part of these discussions. The Strengths and Difficulties Questionnaire (SDQ), which is a brief emotional and behavioural screening tool, should be completed annually for every child in care, but the evidence gathered by the committee shows they are rarely used to maximum effect.

The report recommends that the Government amends the statutory guidance to make clear that 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 by a qualified mental health professional. Where required this should be followed by regular assessment of mental health and well-being as part of existing looked-after children reviews.

Access to CAMHS

Looked-after children who need access to mental health services often have numerous and complex issues that require specialist input across multiple agencies, but high numbers of young people are being turned away from CAMHS because they do not fit the medical criteria of having a diagnosed mental health problem and, in addition, many looked after children are refused a service on the grounds of placement instability in spite of statutory guidance which states that this should not be the case. CAMHS are also expected to work with young people up until the age of 18; however in practice CAMHS will only see a young person between 16 and 18 if they are in full time education.

The report recommends that looked after children should have priority access to mental health assessments by specialist practitioners, but that subsequent treatment should be based on clinical need.

Placement Stability

Looked after children need continuity of care in an environment where they are able to form strong and lasting relationships in long term, secure placements which can support their emotional and mental health needs. Matching children and young people to suitable foster and residential settings is a crucial task.

Increased funding for 'Staying Put' which allows foster children to remain with their carers until they are 21, will hopefully contribute to increased stability for some care leavers, but leaving the care system is often a time of significant upheaval and disruption which is likely to be more acute for care leavers with mental health concerns. Current support for these vulnerable young people is inadequate and based too heavily on inflexible age restrictions.

The report recommends that CAMHS should be made available for all looked-after young people up to the age of 25.

Foster and Residential Carers

Training and support for foster and residential carers is highly variable and many local authorities fail to equip carers with the knowledge and skills needed to support looked-after children with mental health difficulties. Their current training should be extended to cover best practice in caring for children's mental health needs and their emotional well-being.

School Based Support

Schools recognise that they have a role in promoting the emotional and mental health needs of their pupils but most feel ill prepared to do so and many state that all they are able to do is provide emotional first aid. Recent recommendations for teacher training have highlighted the need for a basic grounding in child and adolescent development, including emotional and social development.

The report supports the recent recommendation made by the Youth Select Committee on the inclusion of mental health training in the core content of initial teacher training as a minimum requirement. Training on emotional well-being and mental health should also be included in continuous professional development for current teachers.

The Whole School Approach

There are a number of proposals regarding the role of schools, including a recommendation for school based counsellors who could be available to identify early potential problems and signpost children and young people with more acute mental health difficulties to specialist care, much as the SENCO takes on a specific responsibility for children with special needs. This approach is currently being piloted in the Mental Health Services and School Links Pilot Scheme within 255 schools.

Although schools have a clear role in relation to children's mental health and well-being, they are not trained or equipped to provide specialist care and treatment; collaboration between schools and health services needs to be strengthened so that they are better able to identify, assess and support their pupils with mental health difficulties.

The reports recommend that, 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.

Children's Participation

Finally, looked after children talk about their feelings of isolation and exclusion, of not being in control of their lives and the decisions that affect them, these feelings are even more acute for those with emotional and mental health needs. So it is important to reiterate that mental health professionals should focus on working from problems to solutions together with the children concerned, rather than just seeing the child as the subject of an intervention.

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

The next paper will focus on what works in preventing and treating poor mental health in looked after children.

References

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