

**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

disorder such as anxiety and depression, hyperactivity and autistic spectrum disorders.<sup>3</sup>

- 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.<sup>4</sup>
- 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'*.<sup>5</sup>
- 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.<sup>6</sup> 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.<sup>7</sup> 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.<sup>8, 9</sup> Named nurses for looked after children are responsible for promoting good professional practice within their organisation, providing supervision, advice and expertise for fellow pro  
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**2.0**

2.1

### 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’<sup>19</sup>

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.

#### **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

## 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.<sup>23</sup>

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 agenci(d)-3(e)]TÆTBT1 03IBT1 0 0 1 107.42 548.59 Tm div.74 5

- 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.

- 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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