Looked-after children: mental health and wellbeing – DfE response to Commons Education Committee

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Summary
The Government’s response to the Commons Education (Select) Committee’s report on mental health and wellbeing of looked-after children is the first significant statement on this important and high-profile issue from the new administration. The response confirms the Government’s commitment to improving mental health services for children and young people in general, and for looked-after children (and other vulnerable groups) in particular.

It sets out the response to specific conclusions and recommendations from the Committee, and the DfE’s and DH’s plans for taking things forward – including an Expert Working Group on the Mental Health of Looked-after Children to help identify the most appropriate way of ensuring that looked-after children, adopted children and care leavers achieve the best possible outcomes.

This briefing will be of interest to elected members and officers involved in corporate parenting of looked-after children and in the commissioning of mental health services for young people.

Overview
In the introduction, Ministers say: ‘Looked after children are some of the most vulnerable children and young people in our society. As such, they need and deserve the best possible support from the services there to help them. Nowhere is this more important than in the services that give care and support to help meet their mental health needs. We know that timely, effective intervention can make the world of difference to any child or young person with mental health concerns, but for children who are particularly vulnerable it is absolutely critical to their health outcomes, their life opportunities and their happiness and wellbeing. This Government is committed to improving mental health services for all children and young people, and we are investing £1.4 billion over the lifetime of this Parliament to drive that improvement.’ They go on, ‘The work that the Committee has done to bring together clinical experts, experts by experience, charities and others and the wealth of written evidence supplied will inform the next steps in designing and delivering better services that support looked-after children… The work of the Expert Working Group on the Mental Health of Looked after Children that we have set up will help us identify the most appropriate way of ensuring that looked-after children, as well as those who are adopted and care leavers, achieve the best possible outcomes.’

The responses are organised thematically under the following headings (which have a different structure to the chapters of the report): assessments, guidance, access to treatment for looked-
after children, CAMHS (Child and adolescent mental health services) as a multi-agency team, continuity of care, CAMHS for looked-after children up to age 25, data, training for those in care roles, training for those in school based roles, local transformation plans, designated mental health professional, and looked-after children – involvement in decision making. This briefing follows the response’s structure.

A ‘post script’ is added, outlining briefly a report published on 15 November by the Education Policy Institute (formerly CentreForum), *Time to deliver*, which is the third (and final) report of the independent Commission on Children and Young People’s Mental Health, established by CentreForum in December 2015.

**Briefing in full**

**Assessments**

The recommendation that all looked-after children should have a full mental health assessment by a qualified mental health professional is not accepted as it stands – but the issue will be considered by the Expert Working Group, which was announced in Ministers’ oral evidence to the Committee.

The first meeting of the Expert Group took place in July 2016, and it will work with NHS England, Health Education England and sector partners to consider how to improve the mental health and wellbeing of looked-after children, children adopted from care, care leavers and children leaving care under special guardianship or child arrangement orders. The group is co-chaired by Professor Peter Fonagy (University College, London) and Alison O’Sullivan (former President of ADCS); it will draw up care pathways and a quality standard, and consider the most appropriate models of care for children and young people in these groups, and its work is due to take approximately 18 months [details of the group and its work (including minutes of meetings) are on the Social Care Institute for Excellence (SCiE) website].

The Government’s view is that looked-after children’s initial health assessment by a doctor should cover their emotional and mental health as well as their physical health needs, and these should be given parity of esteem in assessments and elsewhere. If there are concerns about their mental health, these should lead to a multi-agency response to ensure that they receive appropriate, high-quality support. LAs as corporate parents may put in place additional services for looked-after children’s mental health, and there are good examples of such practice.

**Guidance**

In response to a trio of recommendations on amending and updating the statutory guidance *Promoting the health and well-being of looked-after children* to make it clearer in a number of areas, the Government accepts that a Strengths and Difficulties Questionnaire (SDQ) should be completed for every child entering care as a starting point, but not that this should be followed automatically by a full mental health assessment unless the SDQ and/or the professionals working with the child indicate it is necessary (but this will be looked at by the Expert Group).
The Government accepts in principle (subject to the findings of the Expert Group) that the recommendations of The Children and Young People’s Mental Health Taskforce report Future in Mind should be incorporated into the statutory guidance.

The Government agrees that no looked-after child should face a delay in accessing services after moving local authority area, but believes the guidance is already clear on the use of the SDQ (but the DfE is writing to LAs to remind them of the importance of SDQs), and on what should happen if a looked-after child moves local authority area. It will consider revision of the statutory guidance in light of the Expert Group’s findings.

Access to treatment for looked-after children

In response to the Committee’s evidence that CAMHS is often unable to provide appropriate care due to high thresholds and a refusal to see children or young people without a stable placement, and its recommendation that CAMHS should not make such refusals, the Government fully agrees with the Committee that looked-after children should receive timely access to mental health services. Placement instability should not in itself preclude access to mental health services or specialist consultation and advice. Any decision to delay an assessment or treatment should be made only after consideration of the needs of the child or young person, and these needs should be the deciding factor. It believes the guidance is clear ‘that looked-after children should be able to access mental health services just as other children and young people do…’

The Government also agrees with the Committee’s conclusions elsewhere in their report that a multi-agency approach is required and that those with emerging mental health problems might require a response from a number of agencies, including Children and Adolescent Mental Health Services (CAMHS) and other local partners. The issue of access will be addressed by the Expert Working Group, who will identify how current arrangements can be improved.

CAMHS as a multi-agency team

In response to the recommendation that where possible CAMHS should form part of a multi-agency team in which education, health and social care work in partnership, the Government agrees with the Committee that a multi-agency team is best placed to offer support to looked-after children and young people. This is supported by the statutory guidance Promoting the health and well-being of looked-after children, the public health guidance from NICE Promoting the quality of life of looked-after children and young people, and NICE’s joint health and social care Quality standard for the health and wellbeing of looked-after children and young people.

Future in mind suggested that there should be a more cohesive way to plan locally, of which Local Transformation Plans (LTPs) would be a critical part, and these are now to be revised and refreshed regularly by clinical commissioning groups (CCGs).

‘One area where mental health staff are preparing for a new way of working with social care and education staff is within secure children’s homes. NHS England and the Department for Education are working jointly with the Secure Children’s Homes Sector to develop a new framework for integrated care – where care staff and mental health staff will work side by side on shifts, discussing and agreeing interventions as a team, and undertaking joint and individual supervision and training and development.’
Continuity of care

In response to two of the Committee’s conclusions on the importance of continuity of care and the inadequacy of current support for care leavers, the Government welcomes the Committee’s endorsement of ‘Staying Put’ – but wants all care leavers to have a safe and affordable place to live, with adequate support. DfE is working with the Department for Communities and Local Government (DCLG) to identify the actions needed to achieve this, and plans will be set out in a cross-government care leavers’ charter later this year.

The Expert Working Group will be looking at the transition from CAMHS to adult mental health services as part of its work on developing the care pathway for children in care and care leavers, and the Children and Social Work Bill includes proposals for:

- a new set of principles to which LAs should have regard when carrying out their responsibilities in respect of children in care and care leavers
- a new requirement on LAs to consult on and publish a ‘local offer’ of support for care leavers
- allowing all care leavers to have support from a personal advisor up to age 25 if they need it.

The Government is also proposing to create a new ‘care leaver covenant’ to which public, private and voluntary sector organisations could sign up.

CAMHS for looked-after children up to age 25

The Government does not agree with the recommendation that CAMHS should be made available for all looked-after young people up to the age of 25, believing that ‘mental health support should be available for those that need it regardless of age and the Government does not therefore mandate an age range for statutory mental health services for children or adults. The configuration of local mental health services is a matter for commissioners, based on the needs of their local population.’

NHS England has produced non-mandatory service specifications for commissioners about transition from child to adult mental health or elsewhere that deliberately do not specify an age at which transition must take place. Instead, the specifications make clear this should be a decision based on the needs, wishes and feelings of the young person concerned, where appropriate involving their family.

Data

The Select Committee concluded that ‘There is an urgent need for comprehensive and up to date data on the mental health and well-being of looked-after children and care leavers. We are disappointed that a new ONS survey will not report until 2008.’ It recommended that the Government should return to funding ONS prevalence surveys on a five-yearly basis, and invest in outcomes monitoring to better understand the challenges that young people face whilst in and when leaving the care system.

The Government ‘fully agrees with the Committee that up-to-date information on the mental health of all children and young people, including those who are the most vulnerable, is essential. Having
this information helps local commissioners and providers work together to commission and deliver the right services to meet local demand both now and in the future… Fieldwork on a general mental health prevalence survey of children and young people is due to begin later in 2016 and will continue until the middle of 2017. A national report of the survey findings will then be published in 2018 once detailed analysis is complete.’

Because children and young people who are, or have been, in care make up such a small proportion of the whole population of children and young people, consideration is being given to how to improve the evidence base for these groups, including the possibility of a separate survey focusing specifically on them. The Government supports in principle the proposal for a prevalence survey to be repeated regularly.

The new Mental Health Services Dataset is now beginning to collect a comprehensive range of patient level data about children and young people’s access to, and outcomes from, mental health services – including access and outcomes for children who are looked after.

The Children and Young People’s Improving Access to Psychological Therapies (CYP IAPT) programme trains staff working in CAMHS in the use of Routine Outcomes Monitoring, along with promoting evidence based interventions and greater participation of children, young people and families and carers. The programme is being extended to work with children and young people’s mental health services that cover 100% of the 0-19 population of England by 2018, including looked-after children.

The DfE’s annual data collection provides information on 19 to 21-year-old care leavers’ engagement in training, education and employment, and on their accommodation arrangements; this has been extended to include 17- and 18-year-olds, and LA level statistics will be published in December 2016. A one-off data sharing agreement between the DfE and the Ministry of Justice will link pupil level data to prison, probation and police data, and a separate agreement with HM Revenue and Customs, DWP and BIS will explore the link between educational achievement and labour market outcomes. Conditional on the quality of the data match, the DfE aims to move to a more regular sharing of data, and will consider how best to disseminate the findings.

Training for those in care roles

The Committee concluded that training and support for foster and residential carers is highly variable, and in many LAs fails to equip carers with the knowledge and skills needed to support looked-after children with mental health difficulties; it recommended that the current Training, Support and Development standards should be supplemented with specific modules focused on mental health and wellbeing.

The Government agrees on the need for basic training for foster carers in recognising mental health issues. However, it does not agree with the recommendation in respect of immediately developing specific mental health modules for the Training, Support and Development Standards and forming a curriculum development committee to oversee development of the modules. In the broader context of its children’s social care reform programme, the DfE will consider whether the standards still provide the right framework to develop and maintain foster carers’ skills, and meanwhile is committed to ensuring that they receive the training, development and support they need to meet the National Minimum Standards.
'The National Implementation Service has been testing and building the sustainability of evidence-based therapeutic interventions for children in care and their carers in the UK. Four sites have been specially funded to implement KEEP Safe, a training and support programme for foster carers who look after teenagers.’ Over the coming months, the Government will consider the most effective ways to ensure foster carers receive the appropriate training and support necessary to meet the emotional health and well-being needs of those they care for.

‘On residential care, the Government has already amended The Children’s Homes Regulations (England) 2015 in response to calls for staff to be better trained, supervised and supported… New mandatory qualifications for children’s homes staff were introduced in January 2015… These qualifications include a mandatory unit on children’s health and wellbeing, including mental health… The Government will also take into account recommendations about the children’s homes workforce from Sir Martin Narey’s review of residential care, published in July 2016.’

Training for those in school based roles

The Committee’s report included a conclusion supporting the recommendation of the Youth Select Committee on the inclusion of mental health training in the core content of initial teacher training, and another suggesting that school-based counsellors should be available to identify early potential problems and signpost those with more acute difficulties to specialist care and that schools should have a clear role in teaching about mental health well-being. It recommended that the interface between schools and health services needs to be strengthened to ensure that schools are better equipped to identify and support young people with mental health difficulties.

‘The Government does not prescribe the content of Initial Teacher Training (ITT). However, we commissioned an independent group of experts chaired by Stephen Munday CBE to build a better shared understanding of what elements good ITT courses include and to develop a framework of core ITT content. The report and the Government’s response was published in July 2016.’

‘The Government agrees that school-based counselling can be an important part of a whole-school approach to mental health and wellbeing… The [DfE] has recently updated its guidance to schools on school-based counselling, which was drawn up in conjunction with experts in the area. This sets out the Government ambition that over time all schools should offer access to counselling… Young people can also support each other to build good mental wellbeing and work through issues linked to their mental health. Earlier in the year we set up an expert steering group and issued a call for evidence on how to encourage good practice in peer support in schools, community groups and online. This included consultation on how to support a range of vulnerable groups, including looked-after children. We will be using this to inform projects supported with £1.5m to develop and share practice.’

‘To support schools in teaching about mental health, the [DfE] funded the PSHE Association to provide mental health guidance and age-appropriate lesson plans on teaching about mental health in PSHE, which were published last year. The Government have also funded the development of MindEd, a free online portal, which allows teachers and other school staff [and others] to access information to learn more about mental health issues and how best to support their pupils.’

‘The Government agrees that the interface between schools and mental health services can be strengthened. The outcomes from the pilot of single points of contact are being independently evaluated and a final report will be produced by the end of this year. Initial outcomes were shared...
at two national events in April and May and all local areas can choose to use funding to put single points of contact in place. DfE and NHS England will consider what further action to take in the light of the evaluation.’

Local transformation plans
The Committee’s conclusions and recommendation on LTPs have been largely overtaken by events. The response describes LTPs as ‘the richest source of information available to date on the state of [CAMHs] across England’, and draws attention to the quantitative and qualitative analyses of LTPs commissioned by NHS England, which showed that 85% of the plans included specific activity or plans for looked-after children.

Designated mental health professional
The Committee recommended that each local area should employ a senior, designated mental health professional with expertise in the issues affecting looked-after children.

The response says, ‘While there is no statutory requirement for areas to do this, we encourage this response if it is the best way to meet identified local needs’, and outlines the expectations in guidance. It also encourages local partners to explore models and potential models for a role as envisaged by the Committee, including looking at the existing roles of senior leaders such as virtual school heads, embedded professionals and others.

Looked after children – involvement in decision making
The Committee concluded that all looked-after children should play a meaningful part in the decisions made about their mental health care, and should 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 response emphasises the Government’s commitment that the ‘voice of the child’ should be at the heart of the care system, and the extent to which LAs are already expected to do what the Committee suggests.

Comment
The Government’s response to the Select Committee’s report does not seem to imply any significant change in approach by the new administration to this important policy area. Although it does not accept some of the Committee’s suggestions and recommendations, the response acknowledges the importance of the Committee’s inquiry to policy development.

Post script
On 15 November, the Education Policy Institute (formerly CentreForum) published *Time to deliver* – the third, and final, report of its independent Commission on Children and Young People’s Mental Health, established to reflect on progress made in transforming services following the government’s investment of £1.4bn, announced in 2015. (The Commission is chaired by former Mental Health Minister Rt Hon Norman Lamb MP.)

Key findings and recommendations include:
The Government’s decision not to ring-fence the funding for children’s mental health is putting the young people’s mental health transformation process at risk. In the first year, of the expected £250m, only £143m was released, and of that only £75m was distributed to clinical commissioning groups. While it is unclear how much of this has reached frontline services, mental health providers have indicated that they have not yet seen this increased investment.

- It recommends that ‘the government must withhold local areas’ shares until they have set out robust plans to improve care and can demonstrate that the money is reaching services and not offsetting cuts elsewhere.’

- there is evidence of a ‘treatment gap’ in local mental health transformation plans, with specialist mental health services turning away nearly a quarter of young people referred to them for treatment

- workforce difficulties are a key barrier to implementation of the vision set out in *Future in mind* (with mental health nurses and consultant psychiatrists being the hardest posts to fill)

- a further significant hindrance to progress is the lack of engagement between health services and schools

- the Commission calls for a new ‘Prime Minister’s Challenge on Children’s Mental Health’, which should be adopted as a key priority for the government. This would set out an ambitious reform programme covering research and prevention, early intervention, and improving access to quality services.

**External links**

- Government response to Education Select Committee report on mental health and wellbeing of looked-after children

- EPI: *Time to deliver*

**Related briefings**

- Mental health and well-being of looked-after children report: Commons Education Committee (May 2016)

- DfE policy: Putting children first (August 2016)

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