

29 October 2015

ADCS submission to the Education Select Committee inquiry into the mental health and wellbeing of looked after children

1. The Association of Directors of Children's Services Ltd (ADCS) welcomes the opportunity to provide written evidence to the Education Select Committee to support their inquiry into the mental health and wellbeing of looked after children. ADCS is the professional association for directors of children's services (DCS) and their senior management teams. Under the provisions of the Children Act 2004, the DCS is the chief officer responsible for the discharge of local authority functions with regard to education and children's social care and champion for children across wider children's services.
2. The term 'looked after' was introduced by the Children Act 1989 to describe a child or young person who is in the care of a local authority. Although ADCS members recognise this is the appropriate legal terminology, children and young people have told us that they do not want to be referred to as 'looked after'. They feel this language is too passive and does not adequately reflect their voice and participation in their own care plans and the wider care system. The term 'children in care' was deemed more appropriate to describe the active role of these children and young people and as such, this is used throughout the remainder of this submission.
3. ADCS welcomes the Department for Education and Department of Health guidance '*Promoting the health and wellbeing of looked after children*' in bringing greater attention and awareness to the needs of children in care and care leavers. The guidance helpfully provides a level of clarity regarding the roles and responsibilities of partners in supporting the health and wellbeing of this cohort of particularly vulnerable children and young people.
4. While the guidance is welcomed as a first step in ensuring statutory partners effectively contribute to meeting the health and wellbeing needs of children in care, some sections of the guidance could be strengthened. While it is essential that children in care are supported to have the best possible health and wellbeing, for many young people, the transition from care can be an equally challenging time and it is essential that their health and wellbeing needs during this transitional period are given due attention.
5. The National Audit Office (NAO) report, '*Care leavers' transition to adulthood*' (July 2015), stated there is no reliable information on a range of aspects of care leavers' lives including "whether they have timely access to health services, whether they feel they left care at the right time, or the extent to which they have poor social outcomes such as unemployment, homelessness, mental illness or criminal activity".
6. Although the guidance does reference care leavers, given the NAOs findings, ADCS members feel this section could be strengthened to ensure there is a continuity of care for care leavers with no delay in receiving services. The document would benefit from clearly outlining the responsibilities of both children and adults' health professionals, as well as social workers, in supporting the successful transition of young people leaving care, particularly those who leave care before they turn 18.
7. In their third report of session 2014–15, '*Children's and adolescents' mental health and CAMHS*', the Health Select Committee stated that "the lack of reliable and up to date information about children's and adolescents' mental health and CAMHS means that those planning and running CAMHS services have been operating in a 'fog'". Given the lack of data available relating to CAMHS services, it is difficult to judge if the guidance is having an impact.

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Piccadilly House, 49 Piccadilly, Manchester, M1 2AP
Tel: 0161 826 9484 Email: info@adcs.org.uk Website: www.adcs.org.uk

8. ADCS members report a varied landscape of provision of health and wellbeing services dedicated to children in care. There is a need to support community services to ensure children and young people experiencing mental health issues receive the help they need as early as possible. Long waiting times associated with CAMHS and a lack of available in-patient tier 4 beds suggest that accessing such services for children in care remains difficult. In addition, there is growing demand for secure welfare placements yet ADCS members report difficulties in accessing such services. The recent announcement of in-year cuts to the Youth Justice Board budget, over and above the savings that have already been identified in 2015/16, will make accessing such services increasingly difficult.
9. The introduction of the Adoption Support Fund (ASF) has seen some improvements in access to therapeutic support services for adopted children and their carers, however access still remains an issue for other children both in and leaving the care system. The ASF was established to provide additional support rather than to meet the existing deficits in CAMHS services.
10. There are currently discrepancies between the level of therapeutic support offered to children in long term foster care, those subject to special guardianship orders and those who are adopted, even though these children generally have similar needs. ADCS members believe that there should be no distinction between the support available to these children. This lack of parity has been raised with government.
11. The publication of *'Future in Mind'* (Department of Health, 2015) and the development of local transformation plans create an opportunity for local areas, working closely with their Health and Wellbeing Boards, to transform local systems to secure sustainable improvements in children and young people's mental health services. This also provides local areas with the opportunity to harness elements of the education, care and health system to ensure each are working together to support a comprehensive system of early intervention, prevention and targeted services available to children where and when they need them. Key to this will be the engagement of all schools as commissioners within the local system, placing emphasis on their role in supporting children to build resilience, develop good emotional and psychological health and where necessary, identify those children who require additional support.
12. Schools play a critical role in supporting children and young people, not only in achieving their educational aspirations but also in supporting their personal development. Schools receive the maximum amount of pupil premium funding to provide additional provision for students in care, those who have been adopted or are subject to a special guardianship order, a residence order or a child arrangements order.
13. In their briefing, *'The link between pupil health and wellbeing and attainment'* (2014), Public Health England reported that research evidence shows a close link between educational attainment and health. The report noted "effective social and emotional competencies are associated with greater health and wellbeing, and better achievement". Given this causal link, it may be appropriate to look at innovative uses for the pupil premium and ways this additional resource can support improved mental health in students who are in or have experienced care.
14. The ADCS President Alison O'Sullivan (Director of Children's Services, Kirklees Council) would welcome the opportunity to attend a future meeting of the Education Select Committee to give further oral evidence on the mental health and wellbeing of children in care.

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