

## Written evidence submitted by The Who Cares? Trust

### 1. Introduction

- 1.1. The Who Cares? Trust is the leading national charity for children in care in England. We are a voice and a champion for children and young people living in care and care leavers. We inform and support thousands of children in care through our magazines and publications designed specifically for them and we influence improvements in policy and practice by ensuring their views and experiences are heard at the highest level. We also develop innovative, collaborative projects which pilot new ways of working, disseminate best practice and encourage more joined up working across the care system.
- 1.2. Our submission is based on evidence from our research and direct work with children in care and care leavers, and focus groups that we have held with young people when responding to consultation responses. We have also used the minutes from the meeting that the APPG for Looked After Children and Care Leavers held in [January 2015](#). The topic of this meeting was 'helping young people develop good mental health and emotional wellbeing in the face of emotional and psychological challenges they face in their transition to independence.'
- 1.3. We welcome this important inquiry by the Education Select Committee, and welcome the opportunity to contribute to the inquiry and to put forward the voices and opinions of looked after children and care leavers.

### 2. Executive Summary

- 2.1. We do not consider that the current guidance is sufficient to ensure that the mental health and wellbeing of children in care and care leavers are prioritised. We believe the guidance lacks information about working with the child in assessments and providing appropriate services when and for as long as they are required.
- 2.2. Current provision for children in care and care leavers is a postcode lottery and where young people do access services, they can be limited to one type of service, rather than a range of services to best meet each child's needs.
- 2.3. We are concerned about a 'clinical gap' between children's and adults' services that young people aged 16, 17 and 18 are at risk of falling through, as provision does not address their needs. We have heard of young people who have been refused treatment because they are not of the right age for services, and where young people do access adult services, the service does not cater for their needs as young adults.
- 2.4. All professionals need more time to develop relationships with children and young people and each other to ensure that they are able to coordinate support, but also to enable young people to feel comfortable talking about their mental health and emotional wellbeing.
- 2.5. It is important to ensure that young people are able to feed in their views about the design of services. While Children in Care Councils (CiCCs) may be a good vehicle to do this, it is important to ensure that young people who do not engage with participation are able to be consulted if they wish.

**3. Whether the Department for Education and Department of Health guidance on promoting the health and wellbeing of looked after children published in March 2015 is sufficient to ensure that mental health and wellbeing are prioritised for children in care and care leavers.**

- 3.1. We do not consider that the current guidance has sufficient information within it to ensure that mental health and wellbeing are prioritised for children in care and care leavers. We raised this as an issue in our [consultation response](#) in January 2015. We felt, and continue to feel, that two paragraphs on mental health is not sufficient given the importance of this issue. In their own [response](#) to the consultation, young people also raised concerns about the guidance, asking for the guidance to be clearer that professionals need to work with the child to assess needs, and that there should be appropriate access to CAMHS as well as more general emotional support and community-based services. We also identified that there was not sufficient information about the support that is expected to be provided if a child is unable to access CAMHS and do not feel that this was addressed in the final version.
- 3.2. We do not feel that there is sufficient guidance around access to CAMHS and ensuring that looked after children and care leavers are able to access the service when required, and for as long as needed. Young people tell us about being offered services for only six sessions, or having to wait a long time for support. Six sessions is just enough time to build up trust and begin to explore problems. It is not enough time to provide adequate support to complicated problems and vulnerable young people. Ofsted's single inspection framework states that a local authority is likely to be judged 'good' if (among other things) the 'Child and adolescent mental health provision, therapeutic help and services for learning or physically disabled children and young people are available when needed and for as long as they are required.'<sup>1</sup> We think that this should be stated in the guidance.
- 3.3. Given that many children in care will have experienced abuse and neglect prior to entering care, more needs to be done to ensure that children and young people are able to recover from the psychological impact of these pre-care experiences.

**4. The extent and quality of dedicated mental health and wellbeing services provided for looked after children and care leavers, including training and support for carers and social workers.**

- 4.1. We do not consider that there are sufficient dedicated mental health and wellbeing services provided for looked after children and care leavers. Young people that we work with say that there is not a sufficient range of services available and that it is a postcode lottery as to whether they receive services. If they do access services, the type and quality that they do receive is variable. Too often the default support available is talking therapies, rather than offering a service that better meets a young person's needs. Young people say that often high-level services are not appropriate for their needs and would prefer to have access to a range of therapies and services such as art and play therapy, or more general services such as mentoring that would enable them to develop emotional resilience.
- 4.2. We believe that more needs to be done to identify the best way to meet a child's needs, and ensure that everyone, including the child, is fully informed of the different services that are available. Only when fully informed about their options will children in care and care

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<sup>1</sup> <https://www.gov.uk/government/publications/inspecting-local-authority-childrens-services-framework>

leavers be able to fully participate in expressing their views and making decisions about their care.

- 4.3. We recognise that caring for and working with children in care and care leavers can have an emotional impact on those who care for and work with children in care and care leavers. Social workers and carers should have access to regular and high quality supervision to ensure that their own emotional and mental health needs are being met to ensure that they are in turn able to support the children and young people they care for.
- 4.4. Personal advisers (PAs) are not required to undertake a qualification to become PAs, and yet often have to deal with complicated issues and vulnerable young people. Not only should all who work with children and young people be trained in emotional and mental health support, but there should be greater recognition of the importance of the PA role, and therefore PAs should be required to undergo a specific training course or qualification.
- 4.5. We have concerns about the 'clinical gap' between children's and adults' services and many young people fall through this gap, usually when coping with major changes, such as exams, leaving care and adulthood. We hear of young people being told that they are too old at 16 or 17 for children's services, but are too young for adult services. We also hear from young people that when they do access adult services at 18, they are treated by medical staff as though they are 30 or 40 years old and as such their needs aren't met.
- 4.6. We therefore suggest that children in care and care leavers are able to access a 16-25 service, staffed by professionals who understand the needs of adolescents and young adults. However, in addition to this, it is imperative that services are statutory, available across the country, and are not fragmented.

**5. The level of coordination between relevant elements of the education system, the care system and the health system in supporting the mental health and wellbeing of looked after children and care leavers, and how this can be improved.**

- 5.1. Independent Reviewing Officers (IROs) should be playing a pivotal role in coordinating the support that a child or young person receives. However, we are concerned that the high caseloads that IROs hold limits their ability to review the child's care and the support they are getting, as well as building strong relationships with the child and the professionals themselves. Care leavers cease to have IROs upon leaving care, and therefore have no one who could coordinate these elements once they have left care, which could be as young as 16.
- 5.2. However, young people often report being uncomfortable at review meetings where personal details are shared between professionals whom they do not know, or whom they don't want to know personal information about them. While we would encourage greater information sharing and collaboration between professionals, this only should be done where necessary and where possible, with the consent of the child or young person.
- 5.3. Good coordination can only happen when professionals have the time to ensure that it happens. With the current caseloads that many professionals hold, we do not believe that they are able to do so. The mental health and wellbeing of children in care and care leavers must be something that everyone is aware of. Children and young people may disclose concerns about their mental health or wellbeing to any of the professionals that they come into contact with, particularly those with whom they have strong relationships. This may be

an independent visitor, a mentor or a teacher, as well as carers and social workers. It is crucial that when young people seek help, they are supported in a holistic, timely and caring way. Professionals need time to build relationships with children and young people to ensure that they are able to disclose their concerns and feelings, and so that professionals know those they care for well enough to notice where a child needs help.

**6. How young people and their carers can be more involved in designing mental health and wellbeing services for looked after children, including when making the transition to adult services when leaving care.**

- 6.1. Young people should be able to feed in their views about the design of services. Children in Care Councils (CiCC) may offer opportunities for professionals to speak to young people about designing services. However, it is important to ensure that young people who are not engaged in the CiCC are also able to share their views. Young people tell us that there should be different opportunities and means for them to share their views, as not all young people want to express their views in the same way. Internet access can be a barrier for some young people in care, particularly those in children's homes.
- 6.2. We would stress the importance of listening to younger children in care and care leavers. Younger children in care can be more difficult to consult with, and as such their views are not taken into consideration, but will experience services differently from older children in care. Care leavers often have to access services without the support of carers and as such face additional barriers, such as transport issues or having to attend appointments while also attending college, university or work.