Royal College of Nursing briefing ahead of report stage of the Children and Social Work Bill in the House of Lords

Summary

The number of looked after children is currently at its highest point since 1985¹ and the health and wellbeing of looked after children has been consistently found to be poorer than that of children and young people who have never been in care. The Children and Social Work Bill presents an opportunity for the Government to rectify this by ensuring that children and young people get access to the nursing expertise they need and deserve, to help drive improvements in their physical and mental health outcomes.

We are calling on Peers to:

- **Recognise** the role played by looked after children, specialist, ‘named’ and ‘designated’ nurses, health visitors and school nurses in supporting the health, wellbeing and safeguarding of children and young people, particularly looked after children.

- **Support** the amendment by Baroness Tyler of Enfield, The Earl of Listowel and Baroness Massey of Darwin to insert a new Clause after Clause 1 which will place a duty on local authorities “to promote physical and mental health and emotional well-being of a looked after child”². As part of this, looked after children should have a mental and physical health assessment upon entry into care, and this should be undertaken by a health practitioner with the right knowledge, skills and competence.

- **Support** the amendment by Lord Watson and Lord Warner to insert a new Clause after Clause 9 to place a duty on local authorities to report on outcomes for children in need, including looked after children, on their physical health, mental health and emotional well-being. Reporting will highlight unacceptable variations in standards of care and identify areas where additional support may be required.

- **Seek clarity** on how Clauses 15-22 on Local arrangements for safeguarding and promoting welfare of children and Clauses 23-27 on Child death reviews. Additional scrutiny is required to fully understand how they will operate in practice to ensure there will be no unintended consequences.

- **Seek clarity** on the impact of Clauses 29-33 which seek to trial different ways of working in children’s social care. We believe there may be significant unintended consequences of the proposed new ways of working and we are calling for additional scrutiny of the clauses to fully understand how they will operate.

² Hansard, Children and Social Work Bill: Running list of all amendments on report, 13 October. Available here.
The value and contribution of nursing to children in care

Looked after children nurses

‘Designated nurses’, ‘named nurses’ and specialist nurses for looked after children provide vital expertise in supporting children in care, including bringing together key partners to commission and deliver strong, integrated support for those in the care system.

Health visiting and school nursing services

We are extremely concerned to learn that since local authorities took over responsibility for commissioning health visiting services in October 2015, some councils have responded, as a result of decreased funding, by decommissioning, redesigning or paring back these services. Overall, 722 health visitor posts have been lost since January 2016, a 7% decrease. This a retrograde step and short term approach that will undo the progress made by the Government’s Health Visitor Implementation Plan 2011-15. Any changes to the way children’s services are designed and delivered must take into account the vital role that health visitors play in safeguarding children and young people, promoting physical and mental health in families and local communities, and identifying and sign posting at risk children to the services they need.

School nursing is experiencing similar cuts, with a 13% decrease in school nursing posts since 2010. They are in a unique position to develop relationships with education colleagues to raise awareness and help young people talk about how they are feeling. The current pressure faced by health visiting and school nursing services compromises the effectiveness of interventions and risks failing those individuals most at risk.

After Clause 1: “Duty to promote physical and mental health and emotional well-being”

We support the amendment by Baroness Tyler of Enfield, The Earl of Listowel and Baroness Massey of Darwin to insert a new Clause after Clause 1 which will place a duty on local authorities “to promote physical and mental health and emotional well-being of a looked after child”. This would support parity between physical and mental health alongside education in the promotion of better outcomes for looked after children.

b. A duty on local authorities to assess looked after children’s mental health

The Children Act 1989 places a duty on local authorities to safeguard and promote the welfare of looked after children. It was amended in 2004 to state that this includes a particular duty to promote their educational attainment. However, there is no parallel duty in relation to looked after children’s mental health, despite their increased risk of physical and mental health problems. Looked after children have been found to have much higher rates of mental health and emotional wellbeing issues, with almost 50% demonstrating symptoms of a mental health disorder such as anxiety and depression, hyperactivity and autistic spectrum disorders.

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4 NHS Digital, Health and Social Care Information Centre, Provisional NHS Hospital & Community Health Service (HCHS) monthly workforce statistics, June 2016
5 NHS Digital, Health and Social Care Information Centre, Provisional NHS Hospital & Community Health Service (HCHS) monthly workforce statistics, August 2016
It is essential that the initial assessment is carried out by a health practitioner with the right child specific physical and mental health knowledge, skills and competence. At present, there is an anomaly in existing guidance\(^6\) which states that only a medical practitioner should undertake an initial health assessment. We believe that an advanced paediatric nurse practitioner, who has completed higher level training and education, should be able to carry out this assessment. This will bolster the capacity of the existing clinical workforce who work with looked after children, support earlier intervention and where required, help to fast track these vulnerable children to the most appropriate source of help and support to meet their individual needs.

c. A duty on the NHS (via local Clinical Commissioning Groups) to support local authorities in relation to the above duties and to appoint a designated doctor and nurse to take this forward in each local area

Statutory guidance currently states that Clinical Commissioning Groups (CCGs) are required to have access to the expertise of a designated doctor and nurse for looked after children. The role of these professionals is to assist commissioners to fulfil their responsibilities to improve the health of looked-after children. However, a survey of our members highlighted major concerns about the wide variations in service provision for looked after children, in particular for those placed out of area\(^7\).

We believe the Bill is an opportunity to strengthen existing expectations on the NHS to appoint designated doctors and nurses for looked after children in each local area, and this should be underpinned by primary legislation included in the Bill to ensure widespread adherence.

After Clause 9: “Duty to report on outcomes”

We support the amendment tabled by Lord Watson and Lord Warner to insert a new Clause after Clause 9 to place a duty on local authorities to report to the Secretary of State on outcomes for children in need, including looked after children, on their physical health, mental health and emotional well-being. There is already a startling variation in outcomes for children in the first 5 years in relation to obesity, tooth decay, injury and school-readiness outcomes, depending on where they live and the levels of deprivation in their local authority area.

We believe by placing a duty on local authorities and the Secretary of State to publish a yearly update on outcomes will give a clear national picture on the state of health, mental health and emotional well-being of children in need across England and identify areas where additional support is needed.

Clauses 15-22: Local arrangements for safeguarding and promoting welfare of children

We welcome the aspiration of the Bill to clearly define the role and responsibilities for local safeguarding arrangements. However, we would like to see Clause 15 specify that the health partner in local safeguarding arrangements should be a person with frontline safeguarding experience. A clear job description for this role should be outlined in the Bill’s accompanying statutory guidance. In addition, we believe the Bill must clearly set out the competency requirements for safeguarding practice reviewer in Clause 16.


\(^7\) Royal College of Nursing, *RCN survey of nurses working with looked after children*, January 2015
Clause 29-33: Children’s social care: different ways of working

We are concerned that provisions in the Bill which seek to encourage new ways of working may have the unintended consequence of perpetuating inequalities. We are concerned that a shift from nationally agreed “gold standard” rights of the child, as set out in the Children’s Act 1989, to a ‘local offer’ from local authorities may see these rights watered down and eroded. There is a clear risk that variation in local offers may serve to worsen child health inequalities and lead to further unacceptable variation in outcomes. We are calling for clarity around the proposals and a commitment from the Government that safeguards will be put in place to prevent the unintended consequence of eroding the rights of the child.

Clauses 23-27: Child death reviews

In the case of a looked after child, it remains unclear which CCG or local authority will be responsible for leading the review if a looked after child moves between local authorities and CCGs and subsequently dies. This must be clearly defined within the Bill to avoid confusion in practice.

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About the Royal College of Nursing

The RCN is the voice of nursing across the UK and the largest professional union of nursing staff in the world.

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