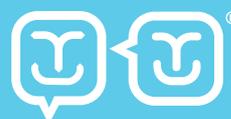


The Care Commission

BULLETIN

The mental health and well being of children and young people in residential care. Are services meeting the standards?

January
2009



HAPPY TO TRANSLATE



Page 2
Who we are
and what
we do



Page 3
Why we have
published this
bulletin



Page 5
What the
National Care
Standards say



Page 6
The information
we looked at



Page 10
Conclusions and
recommendations



Introduction

This bulletin looks at how residential care homes, residential special schools and secure accommodation services make sure that children and young people who are looked after away from home enjoy good mental health. It is based on information we gathered during our inspection, investigation and enforcement activities during 2007-08. It highlights what needs to be done to improve practices in these services in two ways.

- It provides information about what we have learnt from regulating and inspecting children's and young people's care homes, residential special schools and secure accommodation services between April 2007 and March 2008.
- It shares the main lessons on what needs to be done to improve practice in residential settings and to promote healthy choices for Scotland's children and young people.

Who we are and what we do

The Care Commission was set up in 2002 to help improve care services in Scotland. We register and inspect around 15,000 services that care for more than 320,000 people in all parts of Scotland. These services include childminders, foster care and adoption services, nurseries, daycare services, care homes and private hospitals.

As Scotland's national care regulator, we register and inspect services, investigate complaints and, where necessary, take legal action to make sure a service is meeting the standard of care it should be. We publish our findings in inspection reports to encourage services to improve the quality of the care they provide.

We also publish reports that give a national picture of the availability and quality of care services.

What this bulletin is about

This bulletin looks at the quality of service provided to children and young people who are looked after away from home in residential services with a particular focus on their mental health and well being. It is based on our work with the following services:

- care homes
- residential special schools
- secure accommodation services.



Why we have published this bulletin

Scottish Ministers have set a broad vision of expectations and aspirations for young people; namely that they are safe, nurtured, healthy, achieving, active, respected, responsible and included. Despite the adverse factors in the backgrounds of children and young people who are looked after away from home and, the breakdowns of placement and school, the current general health of these children and young people is good and this seems to improve as placements become more stable. There is, however, a high incidence of mental health problems, including conduct disorders. This is made worse by experience of poor parenting, trauma, bereavement or serious illness, including mental health problems in one or both parents. The environment, deprivation and poverty also have an effect on the mental health of children and young people. As a result, **The Action Framework for Children and Young People (Scottish Government 2007)**¹ indicates that 40% of children and young people in care will have mental or emotional health problems and this is significantly higher than for those who are not looked after. It also recognises that they are less likely than their peers to engage with health services, partly as a consequence of disruptive early family lives and sometimes due to being moved frequently when in care.

There have been a number of publications which support the Ministers' vision and which relate to this bulletin and its findings. In particular, **Extraordinary Lives**² highlights the importance of creating 'emotional warmth' for children and young people who are looked after away from home and **The Health of Looked After and Accommodated Children and Young People in Scotland**³ noted that research on the mental health of this group has shown that they are doing less well than their peers and that a particularly vulnerable group is those young people, still in their teens who leave care and move to independent living. **Better Health, Better Care (Scottish Government, 2007)**⁴ recognised the health needs of children and young people who are looked after away from home and included a commitment to addressing these.

The Mental Health of Children and Young People: A Framework for Promotion, Prevention and Care (Scottish Executive, 2005)⁵ sets out ways for local agencies to work together towards the mental health and well being of all children and young people.

¹ The Action Framework for Children and Young People Scottish Government 2007.

² Extraordinary Lives, SWIA 2006.

³ The health of looked after and accommodated children and young people in Scotland, SWIA 2006.

⁴ Better Health, Better Care, Scottish Government, 2007.

⁵ The Mental Health of Children and Young People: A Framework for Promotion, Prevention and Care, Scottish Executive, 2005.

It also focuses on the additional needs and support of children and young people who are looked after away from home. In **Delivering for Mental Health** (Scottish Executive, 2006), recommendation 10 states “We will improve mental health services being offered to children and young people by ensuring that by the end of 2008:

- a named mental health link person is available to every school, fulfilling the functions outlined in the Framework;
- basic mental health training should be offered to all those working with, or caring for, children and young people who are looked after away from home.”

These Are Our Bairns⁶ (Scottish Government, 2008) focuses on the corporate parenting responsibility of local authorities and associated agencies who are responsible for working together to meet the needs of looked after children and young people and those leaving care. This includes health services and restates the requirements of the Children (Scotland) Act 1995 that a child is examined by a registered medical practitioner before a child is placed (where the placement is likely to last a year or more) and a written assessment of health care needs provided. It also states that health boards need to ensure that young people can access primary medical care and specialist health services.

The strategy **Looked After Children and Young People: We Can and Must Do Better**⁷ identifies five key themes which impact upon the lives of looked after children and young people. One of these themes is **Being Emotionally, Mentally and Physically Healthy**. Action 16 within the strategy states that Scottish Government agreed with the Care Commission that we would review the health of children and young people who are looked after away from home.

This bulletin is one of several which will fulfill that commitment. It provides information on the extent to which residential care services meet the mental health and well being needs of children and young people in their care.

⁶ These Are Our Bairns: a guide for community planning partnerships on being good corporate parent Scottish Government 2008.

⁷ Looked After Children and Young People: We Can and Must Do Better, Scottish Executive 2007.





What the National Care Standards say

National Care Standards set out the standard of care that people can expect from any care services they use. Two sets of National Care Standards describe the standards which children and young people who are looked after away from home can expect in:

- care homes for children and young people
- school care accommodation services.

These are available on our website (www.carecommission.com)

According to the National Care Standards, children and young people who are looked after away from home can expect that their mental health and well being is promoted as follows:

- National Care Standard 11 (care homes for children and young people)

“Keeping Well - lifestyle

Your health needs are met. Staff discuss your healthcare needs (physical, emotional and social) with you and your family, and others responsible for your care, and arrange for appropriate healthcare.”

- National Care Standard 12 (school care accommodation services) –

“Keeping Well - lifestyle

The school or hostel promotes a healthy lifestyle. You are confident that the staff will know your healthcare needs and arrange to meet them in a way that is best for you.”

In addition, The Regulation of Care (Requirements as to Care Services) (Scotland) Regulations 2002 4 (1)(a) states that “providers shall make proper provision for the health and welfare of service users”.



How we carried out this study

This section considers:

- what information we looked at
- how many services there are.



The information we looked at

During our inspections in 2007-08 our Care Commission officers, (CCOs) asked residential services for children and young people how they met the mental health and well being needs of children and young people. They then checked what they were told by:

- talking to children and young people who are looked after away from home
- talking to service managers and staff
- observing practice
- talking to other professionals (especially specialist nurses who look after children in residential services (LAAC nurses))
- talking to parents and carers.

After their inspection, each care service receives an inspection report. If we identify that a service needs to improve the care it provides, our report includes recommendations or requirements we think it should take.

If we decide that a service should make improvements to achieve the standards set out in the National Care Standard then we make a **recommendation**. If a service is not complying with the regulations set out in the Regulation of Care (Scotland) Act 2001, then we make a **requirement**. Inspection reports are available on our website: www.carecommission.com

We also have a legal power of **enforcement**, which means we can:

- vary or impose new conditions that services must meet to be registered with us
- serve a legal notice that requires services to make improvements within a set timescale
- cancel a service's registration.

In addition to our inspections we consider all complaints about this area and our enforcement activity within it.



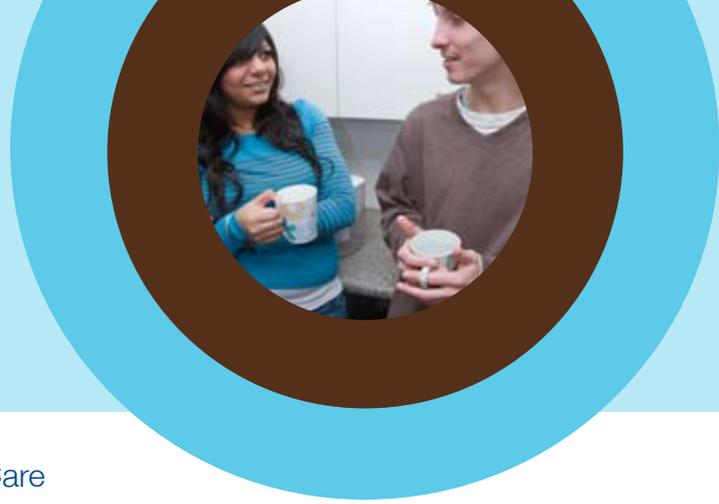
How many services are there

In 2007/08 there were 240 residential services for children and young people who are looked after away from home. These services were:

- 197 care homes
- 37 residential special schools
- 6 secure accommodation services.

We did not include in this figure those services which were registered or cancelled during the inspection year.

⁸ Reflections on Permanency Planning for Children in Scotland: Someone to watch over me. BAAF 2008.



We did not include fostering services as the Care Commission only began to inspect these services in 2006/07 and published a report on the findings of our first year of inspections of these services in November 2007.

What did we find?

We considered a series of questions charting a young person's progress through the residential service. We developed these questions following consultation with the Scottish Healthy Care Network and the Scottish Institute for Residential Child Care and were:

1) Are young people's mental health needs assessed at the point of admission?

There were clear gaps in how young people's mental health needs were assessed. We made 90 recommendations and 44 requirements on the need for assessments. This was in 56% of services and reflects the variations in access to mental health assessment services across Scotland. The introduction of Looked After and Accommodated Children's nurses (LAAC nurses) has improved the assessment of young people's mental health needs as it was reported that they often carried out these assessments. It is reassuring to note that once a young person becomes accommodated, the vast majority of services (94.5%) have systems in place for promoting mental health needs. Staff in residential services are good at health promotion and are supported by LAAC nurses in this.

2) Do young people have access to health professionals?

This was generally good. In 93% of services, young people could access the relevant health professionals. In some secure services there have been difficulties in accessing primary health care and discussions have begun between the Health Department and secure accommodation services to resolve the difficulty.

3) What opportunities are there for young people to discuss worries with staff?

The British Association of Fostering and Adoption noted in **Reflections on Permanency Planning for Children in Scotland**⁸ that "living with distress and disorder creates complex attachment patterns, damages self esteem, subjects the child to multiple experiences of separation and loss and lays down the 'wiring' that will be unhelpful in the future." It is reassuring, therefore, that residential services were managing this well and young people in 94% of services were able to discuss their worries and concerns with staff.

4) Do staff work with young people affected by substance misuse?

There is an increasing number of children and young people who are looked after away from home who are affected by substance misuse – either because they misuse or their parents misuse substances. The latter is an increasing problem and, in 16% of services we found inadequate or no procedures for working with the children of substance misusing parents or no links to child protection procedures. This has implications in respect of subsequent loss and bereavement as a result of parents substance misusing. In 21% of services we made recommendations that staff needed to improve their knowledge about services for substance misusing parents. However in 91% of services staff had had training in working with young people affected by substance misuse.

5) What knowledge and skills do staff have in dealing with bereavement and loss?

We made recommendations in 7% of services that staff needed to improve in this area. Although the vast majority of staff had knowledge in this area, we are concerned that a small number of staff were not fully aware of the implications of bereavement and loss for young people. All children and young people who become looked after away from home experience loss: of home, parents, family, friends, lifestyle and community, and staff need to have the knowledge to help them deal with this.

6) Do staff provide physical comforting and do they know about boundaries?

In 96% of services, staff felt comfortable about physically comforting young people who were distressed – giving them a cuddle. Young people confirmed that this was appropriate and staff were clear about boundaries. There has been a perceived view that this was not the case and that staff would avoid physically comforting young people because they were afraid that they may be accused of inappropriately touching the young person. We are reassured that this was not the case and the figure of 96% reflects the training given by the Scottish Institute for Residential Childcare (SIRCC) in this area. It is important that this training continues to be available to staff and managers, ensuring that staff continue to provide physical comfort when appropriate and in the best interests of young people, and that appropriate safeguards are in place for children, young people and staff. As there was a great difference between our finding and the perceived view, Who Cares? Scotland young people's workers were also asked their views. They confirmed that, in their experience, there was appropriate and comforting use of touch in residential care services, with young people being given a cuddle by staff when they were distressed. Their view, however, was that this is often dependent upon the

⁹ Sweet 16? The age of leaving care in Scotland, SCCYP 2008.

experience and confidence of the staff and the relationship and trust between staff and the young person. They were less clear about whether hugs and cuddles were given as a matter of routine or just when the young person was distressed. This issue is a sensitive one and the Care Commission may explore it further in the future.

7) Are young people helped when they leave the service?*

Research has shown how poorly equipped many young people leaving care are to cope with life after being looked after away from home: practically, emotionally and educationally. This has implications for their subsequent experiences of loneliness, isolation and poor mental health. The Scottish Commissioner for Children and Young People has reported⁹ that children and young people who are looked after away from home are being “pushed out” of care and “onto the streets,” usually at the age of 16. This was confirmed in our findings where we made requirements or recommendations in 50% of services where they were not adequately helping young people leave appropriately.

(*We have also published a companion bulletin to this, which considers the throughcare and aftercare provided to children and young people who are looked after away from home.)





Conclusions and recommendations

The quality of services was found to be generally good with most doing well, although two services performed poorly in respect of mental health and well being with each receiving six recommendations. In some areas of practice the national picture is good with all of the following areas being appropriately addressed in well over 90% of services:

- mental health promotion
- access to health professionals
- opportunities to discuss worries with staff
- physical comforting and awareness of boundaries.

These areas have been supported by LAAC nurses' involvement in residential care services and SIRCC's training course on mental health and wellbeing.

What should happen next

There are three areas, identified below, where providers need to do significant work to improve outcomes for young people who are looked after away from home. Taken together, these are critical in affecting the life experience and life chances of young people who have been looked after away from home. The recommendations within *The Mental Health of Children and Young People: a Framework for Promotion, Prevention and Care* should be fully implemented.

All people and organisations providing residential care for children and young people should:

- work with health colleagues to ensure appropriate assessment of mental health needs at the point of admission
- train staff and develop procedures for working with children of substance misusing parents
- better help young people to move on from the service.

We should:

- check that all requirements and recommendations we have issued are met by services
- work with service providers and partnership organisations to improve and promote the mental health of children and young people who are looked after away from home
- provide information to the Scottish Government about the extent of good practice across Scotland.



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