

## Royal College of Nursing response to The House of Lords Public Services Committee inquiry: Call for evidence – The role of public services in addressing child vulnerability

### 1.0 Overview

With a membership of around 450,000 registered nurses, midwives, health visitors, nursing students, health care assistants and nurse cadets, the Royal College of Nursing (RCN) is the voice of nursing across the UK and the largest professional union of nursing staff in the world. RCN members work in a variety of hospital and community settings in the NHS and the independent sector.

The Royal College of Nursing (RCN) welcomes the opportunity to feed into the inquiry looking at the role of public services in addressing child vulnerability. Child protection, protecting children from harm, because of abuse or neglect is an important and integral part of role of all nurses working within and providing care to children and young people.

Nurses are well placed to identify children and young people who are may be at risk / vulnerable and act to safeguard their welfare. To do this, nurses and all healthcare professionals must have the competencies to identify child maltreatment and to know how seize opportunities to improve possible outcomes for that child or young person by acting appropriately.

The RCN believe that safeguarding the health and wellbeing of children and young people should be at the core of everything that both nurses and other healthcare professionals do. To support this, we have developed in conjunction with other professional bodies the intercollegiate competency framework<sup>1</sup>, for all healthcare staff ranging, from non-clinical staff to experts.

### 2.0 RCN Response

The RCN does not propose to respond to every question rather to provide information that should be considered in relation to all the questions.

#### 1. How is child vulnerability best defined?

The Children's Commissioner in trying to define vulnerable children identified seven broad categories<sup>2</sup> that could be used ranging from more formal categories, such as those within the child protection system, through to more informal categories, such as children who are carers for others and children who do not necessarily reach a threshold for access to services. The most common definitions would include, albeit not limited to the following:

##### 1.1. Children in the child protection system

Such as children in Local Authority care, care leavers, children with Child Protection or Child in Need plans, and those with Statements of Special Educational Needs. These children and young people are already known to public services and have been identified as requiring additional support.

##### 1.2 Children not known to services

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<sup>1</sup> Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff Intercollegiate Document, fourth edition, January 2019 available via <https://www.rcn.org.uk/professional-development/publications/pub-007366>

<sup>2</sup> Children's Commissioner Trends in Childhood Vulnerability: Technical report 1 July 2019 Available via <https://www.childrenscommissioner.gov.uk/report/childhood-vulnerability-in-england-2019/>

There are a number of children and young people who are vulnerable from abuse, neglect or exploitation but are not known to services. There are a variety of risk factors that may help identify these children, they include but are not limited to living with a parent suffering from mental illness, or who is misusing substances, or living with or witnessing domestic abuse in the household or living in a household experiencing poverty.<sup>3</sup>

### **1.3 Children not known to services growing due to COVID-19**

The numbers of children at risk who are not known to services is likely to have increased over the pandemic. This will be due to increased stress on families who will be experiencing financial and emotional hardship, due to loss of employment and lack of access to their normal support mechanisms. Additionally, due to the closure of schools for most children and young people, they have been socially isolated from friends and extended family members and have had less opportunities to talk to or be seen by a trusted professional. Schools play a big role in identifying child protection issues and where appropriate, making referrals to children's social care.

It is postulated that due to the disruption in education, social isolation, increasing concern and anxiety about the impact of the pandemic on loved ones, the number of children with a mental health need will have increased by approximately 50% over the last three years and equates to an increase from 1 in 9 to 1 in 6<sup>4</sup>. This reflects the information the RCN is receiving from its members in relation to increased demand for mental health services, longer waiting times and increased pressure on staff.

Our members advise us that they are seeing more and more children and young people attending emergency departments in crisis as they are unable to access appropriate services in a timely manner elsewhere. The age at presentation is also getting younger and the child / young person is more severely unwell upon presenting / requesting support. This would suggest that the needs of vulnerable children and young people are not currently being met by the system.

Our members have also informed us of discussions, amongst paediatricians, about potential correlation between increased alcohol consumption during lockdown, more pregnancies, and a rise in Foetal Alcohol Spectrum Disorders (FASD).

## **2. Service provision for vulnerable children**

Vulnerable children access and use a variety of services, which include children's social services, Children and Young People's Mental health services, programmes such as Sure Start as well as the criminal justice system.

## **3. Service provision in the last decade**

There has been a dramatic increase in demand for children's services over the last few years.<sup>5</sup> It's estimated that the funding gap facing councils' children's services will reach £3 billion by 2025<sup>6</sup> – and this was calculated before COVID-19. This £3 billion includes £1.7 billion from the Early Intervention Grant, which used to fund services including Sure Start centres.<sup>7</sup>

The Covid-19 pandemic has highlighted and further exacerbated social and health inequalities and has negatively impacted the physical and mental health and wellbeing of many children and young

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<sup>3</sup> NSPCC, *Children and Families at risk*, 2011, available at: <https://learning.nspcc.org.uk/children-and-families-at-risk>

<sup>4</sup> Children's Commissioner 28 January 2021 "The State of children's mental health services 2020/21" available via [The state of children's mental health services 2020/21 | Children's Commissioner for England](#)

<sup>5</sup> LGA, *Supporting children in need in to adulthood*, 2018, available at: <https://www.local.gov.uk/sites/default/files/documents/LGA%20Briefing%20-%20Supporting%20children%20in%20need%20FINAL.pdf>

<sup>6</sup> *Ibid.*

<sup>7</sup> *Ibid.*

people. Increasing numbers of children and young people are experiencing food poverty, increased social isolation due to the ongoing closure of schools, a sense of loss for the future they believed they would have, increased levels of stress and anxiety, they have also expressed increased levels of anxiety regarding family members and concern over family finances.

The Government's announcement last week that out of the 500 million allocated for mental health in the spending review, 79 million will go to children's mental health aiming to have 400 mental health support teams working across schools by 2023 is welcomed.<sup>8</sup> Although this is against the backdrop of approximately 40,000 NHS nurse vacancies across the UK.<sup>9</sup>

In recent years the number of school nurses in England<sup>10</sup> has fallen by around a third leaving many children and young people without this fundamental support. Investing in this vital role is essential to help identify and safeguard vulnerable children and to give back the life chances many children and young people are missing out on.

The funding of youth services has also declined dramatically since 2010; a 70% cut in real terms.<sup>11</sup> Additionally, over 1000 services have been closed since 2009.<sup>12</sup>

#### **4.0 Need to build strong, cross-sector services that respond to local need**

Funding for services for vulnerable children has significantly reduced over the previous decade, whilst demand for such services has simultaneously been increasing.

It is postulated that the demand will further increase over the coming months and years as a direct result of the coronavirus pandemic. Therefore, it is vital that the UK Government ensures Local Authorities and all public sector services have adequate resources to provide services to meet the local needs of the population they serve.

### **5. Impact of COVID-19**

#### **5.1 Impact of school closures to most students**

For those children who were not classed as vulnerable and or the child of a key worker during the pandemic, prolong absence from school could trigger a vulnerability because the loss of opportunities for school staff to identify concerns early, and access initiatives to boost their wellbeing and the sources of support that have previously been available to them have been removed. Children have expressed increased levels of social isolation and anxiety as a result of not mixing with their peers.

Our members have also advised that they are seeing development regression within children, the cause of this is unknown but if not addressed then this could lead to future issues and the child becoming vulnerable. Emerging issues have highlighted an increase in self-harm, hyper anxiety, and reduced concentration spans.

Children with SEND who have returned to school are often hyper vigilant; anxious and irrational which means that cortisol levels will run high, and as research has shown, this will block memory

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<sup>8</sup> <https://www.gov.uk/government/news/79-million-to-boost-mental-health-support-for-children-and-young-people>

<sup>9</sup> [NHS Vacancy Statistics \(and previous NHS Vacancies Survey\) - NHS Digital](#)

<sup>10</sup> [NHS Workforce Statistics - November 2020 \(Including selected provisional statistics for December 2020\) - NHS Digital](#)

<sup>11</sup> YMCA, *Out of Service*, 2020, available at: <https://www.ymca.org.uk/outofservice>

<sup>12</sup> Barnardos, *Children's services at breaking point, charities warn*, 2020, available at: <https://www.barnardos.org.uk/news/childrens-services-breaking-point-charities-warn>

imprint. Thus, children are not supported in returning to school could lead to further problems and issues in the future.

Transition in 2020 has been particularly difficult. The September transfer to a new school, into year 7, has been traumatic for many children with SEND, and we already know that it is a trigger time for school refusal, especially in girls with Autism. Capacity and resource are vital, and non-judgemental responses for key agencies will be essential. This could become a child protection issue if parents are unable or unwilling to convince them to attend after several days or weeks.

Although schools remained open for those classed as vulnerable, many of these children did not take up their places in either the first<sup>13</sup> or second period<sup>14</sup> of school closure.

### 5.3 Impact of remote working

The majority of health assessments for looked after children (LAC) are currently being performed remotely. Whilst these may be useful, they can be thwart with difficulties as physical symptoms may be missed, due to difficulties in identifying them, young people feeling uncomfortable discussing sensitive information remotely. Looked After children are additionally most likely to have the increased health needs already identified for all children and young people.

Additionally, for some vulnerable children, they may not have the opportunity to freely discuss their concerns if they are not alone during the consultations. This could lead to their issues and or their vulnerability not being identified or recognised. Similar processes are in place for adoption medical assessments and SEN health assessments. There has been increased risk of foster care placement breakdowns, and delays in moving young people in and out of semi-independent placements and changing foster placements. Care leavers and those in semi-independent placements have had to manage without as much support from social services.

There are good examples of where social service provision has worked well during the pandemic and this is usually where there has been good collaboration between all public sector services. Sharing of appropriate information across public sector bodies, is key if vulnerable children are to be protected

### 5.4 Impact on Young Carers

A survey undertaken by the Carers Trust in July showed 40% of young carers say their mental health is worse since COVID-19.<sup>15</sup> 66% are feeling more stressed and 69% are feeling less connected to others. Many young carers have had to shield because the person they are caring for is Clinically Extremely Vulnerable (CEV).

## 6 Workforce redeployment during COVID-19

### 6.1 Redeployment of health visitors

School nurses and Health Visitors have a unique role in identifying child protection issues because they see children in school and go into family homes. During the first phase of the pandemic in

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<sup>13</sup> Department for Education, *Coronavirus (COVID-19): attendance in education and early years settings*, 2020, available at: <https://www.gov.uk/government/publications/coronavirus-covid-19-attendance-in-education-and-early-years-settings>

<sup>14</sup> Department for Education, *Children of critical workers and vulnerable children who can access schools or educational settings*, 2021, available at: <https://www.gov.uk/government/publications/coronavirus-covid-19-maintaining-educational-provision/guidance-for-schools-colleges-and-local-authorities-on-maintaining-educational-provision>

<sup>15</sup> Carers Trust, *Our survey on the impact of Coronavirus on young and young adult carers*, 2020, available at: <https://carers.org/what-we-do/our-survey-on-the-impact-of-coronavirus-on-young-carers-and-young-adult-carers->

2020, 41% of health visitors said that members of their team had been redeployed.<sup>16</sup> RCN welcomed the letter from the Chief Nursing Officer Ruth May, the Chief Nurse at PHE Viv Bennett and Cllr Ian Hudspeth, the Chair of the Local Government Association's Health and Wellbeing Board, published in October, which said Health Visitors should not be redeployed in the then-anticipated second wave of COVID-19.<sup>17</sup>

## 7.0 Question 10. Levelling up

### 7.1 Where do vulnerable children fit in to the levelling up agenda?

The Government Levelling Up policy so far has focused on infrastructure projects such as the Levelling Up Fund, rail electrification and 'Treasury North.' The RCN believe it is impossible for the Government to achieve levelling up only via this route, societal inequalities, across the board, need to be addressed and key to achieving this is the need to ensure their appropriate and ring fenced funding for public services. If we are to improve the health outcomes for children and young people, their life chances will be improved as will economic prosperity of the country.

### 7.2 Cross-government policymaking

The RCN believes that having a children and young people's health and wellbeing strategy would assist the levelling up agenda. This would ensure that all decisions taken would have children and child health at the centre of that decision. Children do not live in isolation but are impacted by their environment. If children and young people, vulnerable or not, are to be protected then their needs need to be at the centre of decision making, across the departments of Whitehall. If this approach was taken this would help to reduce the unintended consequences of policies that have negative impacts on child health. Recovery from the pandemic provides an opportunity for the Government, and wider society, to reconceive the basis on how policy is made in the future.

## In conclusion

The RCN and its members are pleased to have this opportunity to raise some of the issues in this paper and to be able to represent a particularly vulnerable population of children and young people. Our members have identified increasing, unmet needs in this population who have significant vulnerability and complex health, social, educational and care needs.

RCN believes there several steps the Government should take that would reduce the number of vulnerable children in the UK, drive better child health outcomes and achieve levelling up.

- **Use of a unique identifier** – evidence shows there is a link between children's health, social outcomes, and education. Yet currently data / information on a child is not shared routinely between different agencies. This is for a variety of reasons, not least the use of different IT systems and different identifiers for the child in question. Having a unique, consistent identifier for children will allow professionals interacting with children to share information easily, thus better provide for their needs in a timely way. Children repeatedly tell us that they don't want to have to 'tell their story twice'. For vulnerable children, these stories may well be upsetting to recount and they are more likely to be interacting with several agencies.<sup>18</sup>
- **Scrap migrant health surcharge** – as discussed above the migrant health surcharge deters families from seeking medical assistance when they need it. The Government should scrap it and conduct an impact assessment of the policy for the years it's been in place.
- **Independent commission into impact of COVID-19 on children and young people** – the RCN supports the Royal College of Child and Paediatric Healthcare calls for an

<sup>16</sup> UCL, Vulnerable families at risk as health visitor workloads increase, 2020, available at: <https://www.ucl.ac.uk/news/2020/jul/vulnerable-families-risk-health-visitor-workloads-increase>

<sup>17</sup> Nursing Times, Health visitors should not be redeployed again says PHE, 2020, available at: <https://www.nursinginpractice.com/community-nursing/health-visitors-should-not-be-redeployed-again-says-phe/>

<sup>18</sup> RCPCH, Position statement: using NHS numbers as a unique identifier for children, 2020, available at: <https://www.rcpch.ac.uk/resources/nhs-number-unique-identifier-children-position-statement>

independent commission into the impact of the current pandemic on children and young people to identify cross government and inter-agency approaches to delivering better services that help to address the myriad of needs across the full range of settings that care for children and young people.

- **Provide sufficient funding for Local Authorities** – Government must urgently address the funding crisis within Local Authorities, to enable them to meet their local population need. Further, investment in public health provision should increase at the same rate as NHS funding and be allocated based on population health needs.
- **Children and young people’s health and wellbeing strategy** – as discussed above the Government should introduce a children and young people’s health and wellbeing strategy to ensure child health are at the centre of policy decisions.
- **Provide renewed investment, resourcing, and ring-fenced funding of CAMHS services in England**- funding provided should be reflective of local service demand, facilitate cross-agency working and be regularly reviewed. Spending on children and young people’s mental health services varies significantly across the country. On average the amount spent is considerably less than that which is spent on adult mental health services. The Children’s Commissioner’s report provided evidence that demonstrated that where spending on children and young people’s mental health is higher, they accordingly have better mental health services.
- **Sustainable Nursing Workforce** - To fully consider an effective and sustainable nursing workforce better able to meet the needs of this population. Current failures to tackle the nursing workforce crisis are leaving those most in need of care facing the biggest problems in accessing the care that they need.
- **Online Safety Bill** - The Government needs to urgently develop and enact the Online Safety Bill, given the duty of care and the legal obligation this places on social media providers to identify, remove and limit the spread of illegal content, including suicide material. Additionally, it needs to ensure that the secondary legislation defining what contributes harm and abuse is enacted as quickly as possible.
- **Normalising the questioning of internet usage** - RCN members have advised that questioning children and young people about their internet usage should be normalised and included in all conversations and interactions, whether be they are at school, home, or healthcare environment. Thus, allowing for an appreciation and understanding of the child’s / young person’s virtual friendships.

### 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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