

House of Lords Public Services Committee: Vulnerable children and public services

Written evidence submitted by the Royal College of Paediatrics and
Child Health - March 2021

Background

The [Royal College of Paediatrics and Child Health \(RCPCH\)](#) is responsible for training and examining paediatricians, setting professional standards and informing research and policy.

1.2 Competencies and roles

To protect children and young people from harm, and help improve their wellbeing, all healthcare staff must have the competencies to recognise child maltreatment, opportunities to improve childhood wellbeing and to take effective action as appropriate to their role.

All staff who come into contact with children and young people have a responsibility to safeguard and promote their welfare and should know what to do if they have concerns about safeguarding and child protection issues. All NHS Trusts must have a named doctor and nurse for safeguarding, who will provide advice and expertise for fellow professionals and promote good practice within their organisation.²

An essential component of the RCPCH mission is to make safeguarding the health and wellbeing of infants, children and young people at the core of all we do. To support our members to do this, we have developed a [safeguarding competencies framework](#) specifically for paediatricians.

This is complementary to the [full intercollegiate competency framework](#) that is for all healthcare staff, ranging from non-clinical staff to experts.

Additionally, we have a [Child Protection Portal](#), accessible to all our members, and others, that hosts a wide variety of resources about child protection, covering best practice and the latest evidence.

1.3 Systematic reviews

On the Child Protection Portal, there are a number of systematic reviews of evidence across a range of indicators associated with abuse or neglect. This helps inform clinical practice, child protection procedures and professional and expert opinion in the legal system.³

2. Defining vulnerable children

2.1. Children in the child protection system

This group includes those in Local Authority care, care leavers, on Child Protection/Child in Need Plans, and those who have Education, Health and Care Plans, and Statements of Special Educational Needs. They are already living in families identified as requiring additional support and are known to Local Authority services.

2 RCPCH, Safeguarding Children and Young People: Roles and Competencies, 2019, available at: <https://www.rcpch.ac.uk/resources/safeguarding-children-young-people-roles-competencies>

3 RCPCH, Child Protection Portal, 2020, available at: <https://childprotection.rcpch.ac.uk/child-protection-evidence/>

2.2 Children not known to services

Some children are vulnerable to abuse or neglect but not known to services. Risk factors for this include living in a household experiencing poverty, parental mental illness, parental substance misuse or living in a household where domestic abuse is happening. ⁴

2.3 Children not known to services growing due to COVID-19

The on-going pandemic means that the group of children not known to services has likely increased. This is in part because of increased stress on families who have lacked their normal support mechanisms and because children and young people have had less opportunity to talk to or be noticed by trusted professionals because of the majority of children being out of school for a number of months and having less contact with their extended family and others. Schools play a big role in identifying child protection issues and where appropriate, making referrals to children's social care. This will be further considered in section 5.

3. Health needs of vulnerable children

3.1 Children living in poverty

10,000 to 45 per 10,000. ⁷ Children in the child protection system are more likely to experience a poorer physical and mental health. ⁸

Neglect and abuse, (including physical, emotional or sexual abuse, and fabricated or induced illness), can have serious long-term effects on a child's social, emotional and physical health and development, and educational outcomes. Children and young people who experience one form of abuse often experience other forms, and neglect is a key and recurring theme in serious case reviews. ⁹

There is increasing evidence showing that Adverse Childhood Experiences (ACEs) have a negative impact on long-term health and wellbeing outcomes. ¹⁰

3.5 Young carers

Young carers are children and young people under 18 years old who provide unpaid care to a family member who is disabled, physically or mentally ill, or misuses substances. They may care for siblings or other dependents, in the place of other members of their family who are unable to. Being an unpaid carer is associated with worse self-reported health, being up to seven times more likely to report not being in good health compared to those who don't have unpaid caring responsibilities. ¹¹

3.6 Migrant children

There is evidence that the current charging regime for migrants is leading to direct and indirect negative impacts on children and pregnant women. ¹² Because of fears about charging, families may delay seeking medical attention when they need it, leading to exacerbation of health problems and a longer-term impact. ¹³ One example of this is lower immunisation uptake amongst migrant children compared to their non-migrant peers. ¹⁴

7 RCPCH, State of Child Health 2020, available at: <https://stateofchildhealth.rcpch.ac.uk/evidence/family-and-social-environment/child-protection-system/>

8 Ibid .

9 Ibid.

10 Ibid.

11 RCPCH, State of Child Health 2020, available at: <https://stateofchildhealth.rcpch.ac.uk/evidence/family-and-social-environment/young-carers/>

12 Murphy L, Broad J, Hopkinshaw B, et al, Healthcare access for children and families on the move and migrants, BMJ Paediatrics Open 2020;4:e000588. doi: 10.1136/bmjpo-2019-000588, available at: <https://bmjpaedsopen.bmj.com/content/bmjpo/4/1/e000588.full.pdf>

13 Ibid.

14 Public Health England, National Immunisation Programme: Health Equity Audit, 2021, available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/957670/immnstn-equity_AUDIT_v11.pdf

4.2 Need to build strong, cross-sector services that respond to local need

Services for vulnerable children have overwhelmingly seen their funding reduce over the previous decade. Simultaneously, demand has been increasing. It is thought that the impact of COVID-19 will see demand further increase in the coming months and years. The UK Government should ensure Local Authorities have adequate resource to provide services to meet the local needs of the population they serve.

5. Imp act of COVID-19

5.1 Imp act of school closures to most students

For children and young people without a medical or known social vulnerability, not being at school could trigger a vulnerability because the loss of opportunities for school staff to identify concerns, and access initiatives to boost their wellbeing and the sources of support that have previously been available to them have been removed. This is exacerbated by the financial repercussions of the pandemic. One possibility is that increased numbers of children and young people with emotional health and wellbeing issues refuse to go back to school when they reopen, because of time away from a more social environment. This could become a child protection issue if parents are unable or unwilling to convince them to attend after a number of days or weeks.

5.2 Imp act on children in the child protection system

Schools remained open to those identified as vulnerable, however we know that most of these children did not take up their places in either the ²³ first or second period ²⁴ of school closure.

5.3 Imp act on LAC

The majority of initial and review health assessments for looked after children (LAC) are currently being performed remotely. This can be a less effective way of undertaking such checks because paediatricians may miss physical symptoms if they're more difficult to identify, and young people may feel less comfortable sharing what can be sensitive information remotely. Looked After children are additionally most likely to have the increased health needs already identified for all children and young people. 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.

23 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>

24 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>

5.4 Imp act on Young Carers

7. Capacity for catch-up post-pandemic

Due to redeployment last year, community paediatric teams were advised to prioritise a strategy to catch up on routine health appointments and the increased demand for mental health services.³⁰

In the context of the financial pressures facing Local Authorities – exacerbated by further demands on them in light of the impacts of the COVID-19 pandemic – it will be difficult to respond to the level of demand for services provided by Local Authorities.

As cited above, there are some children for whom the pandemic will have meant moving in to the vulnerable category, or the risk towards them has escalated as a result of the pandemic. Child related incidents reported by councils have risen by more than a quarter since COVID-19 took hold. The number of serious incident notifications in England during the first half of the reporting year 2020/21 increased by 27% compared to the same period in the previous reporting year.³¹

8. Levelling up

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

The Government's flagship policy drive has to date, focused on infrastructure projects such as the Levelling Up Fund, rail electrification and 'Treasury North.' We believe that it's impossible for the Government to achieve levelling up of the country if they look through only this lens. The delivery of public services is key to addressing inequalities in our society. We believe that if the Government focused on improving child health outcomes in the coming years, public service delivery would be improved, poverty will reduce, children's life chances will improve and so too will the economic prosperity of the country.

8.2 Cross-government policymaking

RCPCH has been calling for a children and young people's health and wellbeing strategy for a number of years. This would drive levelling up because it would ensure a 'child health in all policies' approach was taken across the departments of Whitehall, reducing 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.

30 RCPCH, COVID-19 – Guidance for Paediatric Services, 2020, available at: <https://www.rcpch.ac.uk/resources/covid-19-guidance-paediatric-services#safeguarding-looked-after-children-and-vulnerable-children-processes-in-england-wales-and-northern-ireland>

31 LGA, Serious child harm cases reported by councils rise by more than a quarter during the pandemic, 2021, available at: <https://www.local.gov.uk/serious-child-harm-cases-reported-councils-rise-more-quarter-during-pandemic-warns-lga>

8.3 Calls to Government:

RCPCH believes there are five 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 NHS number as unique identifier – research demonstrates there’s a link between children’s health, education and social outcomes. Currently, the data collected on children is not routinely shared between different agencies. Having a unique, consistent identifier for children will allow professionals interacting with children to share information easily and better provide for their needs. 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 a number of agencies. ³²
- Scrap migrant health surcharge – as discussed in section 3.6, 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 the impact of COVID-19 on children and young people – whilst children and young people have been widely protected from the worst clinical impacts of COVID-19, its broader effects have disproportionately negatively impacted them. The Government should set up an 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 pyramid of need across the full range of settings that care for children and young people.
- Provide sufficient funding for Local Authorities – Government must urgently increase funding to Local Authorities, commensurate to local population need. This must include restoring the £1 billion of real-terms cuts to the public health grant since 2015. ³³ Future 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 in section 8.2, the Government should introduce a children and young people’s health and wellbeing strategy to ensure a ‘child health in all policies’ approach to policymaking is embedded in its ways of working.
- 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. Funding for children and young people’s mental health services should grow faster than both overall NHS funding and total mental health spending.

³² 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>

³³ Health Foundation, Urgent call for £1 billion to reverse cuts to public health grant. 2019, available at: <https://www.health.org.uk/news-and-comment/news/urgent-call-for-1-billion-a-year-to-reverse-cuts-to-public-health-grant>

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