

Children in crisis¹- the need for therapeutic state provision. Position statement: December 2022

Children in crisis are suffering significant harm through lack of access to the therapeutic resources they urgently need.¹⁻⁴ There is a national shortage of Tier 4 mental health beds for treatment of severe mental illness,^{1,5} and of therapeutic provision for children presenting with severe aggression or self-harm often as a result of early childhood trauma, who do not meet criteria for detention under mental health legislation.¹⁻⁷ The problem is urgent.

The Children's Commissioner,⁴ the Committee of Public Accounts,⁸ the Housing, Communities and Local Government Committee⁹ and the National Audit Office¹⁰ have all called upon the government to address the shortfall in residential care. The Health and Social Care Committee has additionally called for high quality community-based provision for children with complex needs and increased quality in inpatient care for those who need it.¹¹

The NNDHP* calls on the government to devise an urgent national strategy for provision of equitable, therapeutic care for children when they present in crisis. Early and effective intervention would prevent harmful containment of children in non-therapeutic settings. The focus must be on uniform provision of trauma informed services, fully equipped to prevent crises from occurring.

National context

Even before the pandemic, there was deteriorating mental health reported in children across England¹¹ and across the UK.¹² The pandemic worsened this crisis^{11,13} with increased mental health problems now disproportionately affecting children suffering financial hardship.¹²⁻¹⁵

NNDHP discussions, reinforced by a membership survey, find that across England, children in crisis are being cared for in paediatric wards that are unable to provide therapeutic care, with staff frequently having no other option than to contain children with physical or chemical restraints.¹⁶

In 2020, the Children's Commissioner reported on failures in the care system, including provision of secure accommodation. She was clear that the Department for Education has ultimate responsibility and that it has failed in its responsibilities. She called for the Department for Education 'urgently to set out a strategy for how it will improve residential care for looked after children in England'.⁴

In 2022, an evidence review from the Nuffield Family Justice Observatory⁷ pointed to lack of early intervention to support children and their families before risk escalates, and then lack of suitable support that might prevent children needing to enter secure settings. The current model of secure care was found to be based on either punishment or risk reduction rather than fundamental input to support children's recovery and reduce risks in the community.

Legal context

In a 2017 High Court judgement, commenting on a child who needed a Tier 4 mental health inpatient provision, Sir James Munby said: 'What this case demonstrates, as if further demonstration is still required

¹ We are using the term 'children in crisis' to mean those who are stranded on hospital wards or in inappropriate residential placements due to severe emotional, behavioural or mental health difficulties

*Designated health professionals provide clinical expertise and strategic advice to ensure that the needs of children and young people are at the forefront of commissioned health services. The National Network of Designated Healthcare Professionals (NNDHP) is made up of all designated health professionals (doctors and nurses) who work in the area of children's safeguarding, looked after children and child death overview panels and provides a national voice for this approach.¹⁸

of what is a well-known scandal, is the disgraceful and utterly shaming lack of proper provision in this country.¹⁷

Court judgements since then have castigated also the shortage of secure residential placements and therapeutic support for children with severe behavioural disturbance.^{2-4,6,19-21} Local authorities are increasingly applying to the high court to authorise deprivation of liberty for children in unregulated placements.⁷ Judgements recognise the challenge of distinguishing between psychiatric illness and the psychological impact of trauma when applying mental health legislation.^{3,6}

Harms to children

Many children have already suffered cumulative trauma and have had escalating behavioural issues from a young age (ADHD, autism, emotional dysregulation).¹ They risk being further harmed by the absence of appropriate therapeutic expertise and input in clinical settings.⁷

Harm is caused by:

- An escalation in self-harm, and/or absconding or aggressive behaviour to others.^{2,3,22}
- Use of physical restraint,^{3,6} including requiring the presence of multiple police officers in addition to hospital security staff.^{2,3}
- Use of chemical restraint, including administration beyond recognised protocols.^{2,3,16}

High Court judgements have determined that children's human rights are being breached as a result of trying to deliver care in inappropriate settings, with infringement of Article 5 of the European Court of Human Rights (right to liberty and security),^{1,3} and possible infringement of Articles 2 (right to Life),¹⁷ 3 (prohibition of torture and inhuman or degrading treatment),^{3,17} and 8 (respect for private and family life).¹⁷

Wider harms

- Other children in hospital are suffering vicarious trauma as they are witness to restraint and violent behaviour.^{2,3,22}
- Witnessing children's distress and the use of restraint has a significant emotional impact on family and staff who are not equipped to manage the child's needs.^{2,3}
- Nurses and other hospital staff have been injured because of physical assault.^{2,3,6,20}
- Clinical staff are approaching burnout.³
- A specialist environment and specialist expertise are needed to manage children in psychological or psychiatric crisis. Where this isn't available, considerable resource may be required just to maintain the basic safety of children and professionals.^{3,16,19,22}

Impact on the system

- Considerable resource is used to contain children stranded on hospital wards.^{2,3,16}
- This impacts on delivery of health care for other children including disruption of paediatric care arrangements, on occasion for an entire region of the UK.³
- Multiple police officers may be called away from core duties to contain challenging behaviours and prevent harm to staff and children.^{2,3}

In summary

Increasing numbers of children are suffering psychological and psychiatric crises. Local systems are unable to meet their needs. The harms are serious and widespread. Urgent national solutions are needed to protect and safeguard these vulnerable children.

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