

**Date: Wednesday, 21 November 2018**

Democratic and Members' Services

Fiona McMillan  
Monitoring Officer

**16:15hr**

Shire Hall  
Castle Hill  
Cambridge  
CB3 0AP

**Meeting Room 2, Huntingdon Library, Princes Street,  
Huntingdon PE29 3PA  
[Venue Address]**

## **AGENDA**

Open to Public and Press

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|----|---|-----------------|
| 1. | <b>Apologies for absence and declarations of interest</b>   |                 |
|    | <i>Guidance on declaring interests is available at</i><br><a href="http://tinyurl.com/ccc-conduct-code">http://tinyurl.com/ccc-conduct-code</a> |                 |
| 2. | <b>Minutes of the meeting on 19 September 2018</b>  | <b>5 - 14</b>   |
| 3. | <b>Action Log</b>   | <b>15 - 22</b>  |
| 4. | <b>Participation Report</b>   | <b>23 - 28</b>  |
| 5. | <b>Virtual School</b>   | <b>29 - 34</b>  |
| 6. | <b>Performance Report</b>   | <b>35 - 50</b>  |
| 7. | <b>Mental Health Services for Looked After Children</b>   | <b>51 - 124</b> |

<b>8.</b>	<b>Fostering Service Annual Report</b>	<b>125 - 142</b>
<b>9.</b>	<b>Local Offer for Care Leavers</b>	<b>143 - 148</b>
<b>10.</b>	<b>Sub-Committee Workshop and Training Plan</b>	<b>149 - 152</b>
<b>11.</b>	<b>Agenda Plan</b>	<b>153 - 158</b>
<b>12.</b>	<b>Date of Next Meeting</b>	

The Corporate Parenting Sub-Committee will meet next on Wednesday  
30 January 2019 in Room 128, Shire Hall, Cambridge.

The Corporate Parenting Sub-Committee comprises the following members:

Councillor Lis Every (Chairman) Councillor Anne Hay (Vice-Chairman)

Councillor Anna Bradnam Councillor Adela Costello and Councillor Claire Richards

*For more information about this meeting, including access arrangements and facilities for people with disabilities, please contact*

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Council and political Group Leaders which can be accessed via the following link or made available on request: <http://tinyurl.com/ccc-film-record>.

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**CORPORATE PARENTING SUB-COMMITTEE: MINUTES**

**Date:** 19 September 2018

**Time:** 4.00-6.50pm

**Venue:** Kreis Viersen Room, Shire Hall, Cambridge

**Present:** Councillors L Every (Chairman), A Bradnam, K Cuffley and C Richards (from 4.10pm)

Co-opted Members: P Asker (from 4.55pm) and S Day

**Apologies:** Councillors A Hay (Vice Chairman) and A Costello (substituted by K Cuffley)

**48. APOLOGIES FOR ABSENCE AND DECLARATIONS OF INTEREST**

Apologies were received from as noted above. There were no declarations of interest.

**49. MINUTES OF THE MEETING ON 13 JUNE 2018**

The minutes of the meeting on 13 June 2018 were approved as an accurate record and signed by the Chairman.

**50. ACTION LOG**

The Action Log was reviewed and verbal updates noted.

**51. YOUNG PEOPLE'S PARTICIPATION**

The Quality Assurance and Audit Service Manager and Participation Worker stated that two additional young people would be working alongside the Sub-Committee's Co-opted Members to provide substitute cover at meetings and to help share the workload. Officers would continue to support all of the young people working with the Sub-Committee. The Participation Service now had a full complement of staff and Just Us groups were continuing to run. Care leavers forums were being offered on a monthly basis in the south of the county and it was hoped to offer something similar in the north. The Picnic in the Park on 1 August 2018 had been a great success with a good turnout and positive feedback. A date would be set shortly for a similar event next year.

Arising from the report,

- Members commended the Picnic in the Park which they had found to be a well organised and fun event which had offered a safe space for families, councillors, officers and other stakeholders to come together and share experiences and both offer and receive support;
- Members sought more information on the Mind of my Own (MOMO) initiative. Officers stated that the MOMO app was a tool which offered a direct means for young people to express themselves and make contact with their social worker. It was differentiated according to age and needs and all queries must be answered within three days. There were currently around 200 young people

registered and about 300 officers in Cambridgeshire which made the county the top user nationally. Officers were working to continue to increase uptake and an apprentice had been employed to support this work. The Chairman asked that the Sub-Committee should be kept in touch with the development of MOMO in future reports;

**(Action:** Participation Service Managers)

- The Chairman highlighted the importance of Care Leavers' forums in making the Sub-Committee and officers aware of what support young people wanted and needed Post 16. Members would be happy to attend some of these meetings if the young people would find this helpful and she asked that officers should make sure that the young people were made aware of this offer to attend and the value which Members attached to their views.

**(Action:** Participation Service Managers)

It was resolved to:

- a) note developments in the participation team.

## **52. VIRTUAL SCHOOL**

The Chairman reminded those present that the exam results contained in the report had not yet been validated and so must be treated with a degree of caution. However, Members attached great importance to the attainment of the County's Looked After children and young people and as such they had wished to have early sight of the provisional results. Performance remained a major area of concern to the Sub-Committee due to the impact of this on long-term outcomes, and performance at Early Years and Post 16 were critical.

The Deputy Manager of the Virtual School stated that provisional results showed 37.5% of Cambridgeshire's Looked After Children (LAC) had attained a Good Level of Development (GLD) at Early Years compared to 70.9% of all Cambridgeshire children. It was planned in part to address this through the use of phonics screening at the end of Year 1. At Key Stage 2, 18.6% of LAC had provisionally achieved a GLD in the combined scores for reading, writing and maths compared to 60.9% of all Cambridgeshire children and 64.3% of children nationally. A new Support Manager and Data Collection post had been created to strengthen data collection and analysis and work had begun to formalise arrangements for sharing good practice and learning with other Virtual Schools within the Eastern Region.

Arising from the report,

- The Chairman noted officers' comment that a change in assessment and curriculum in 2016 had impacted on the attainment levels in that year, but stated that all children had been affected by these changes, not just LAC;
  - Noted that many LAC's performance was affected by their reduced exposure to wider life experiences and residual learning;
  - Officers confirmed that they had comparative data from other Local Authorities which could be shared with Members;
- (Action:** Deputy Head of the Virtual School)
- A Member commented that they were not criticising the good work being done by officers and teachers, but the results being achieved by LAC remained a concern;

- Officers stated that some pupils had missed out on achieving higher grades by a small margin. An on-line teaching tool had been rolled out which could be accessed by all children and young people, including those living out of county, but take up had been low. Similarly, additional holiday provision had been explored, but take up had again been low. Of the 12 pupils who had taken part, 11 had made expected progress;
- A Member questioned whether there was a correlation between performance and whether a child was placed in or out of county. Officers stated that there was no direct correlation and that every effort was made to provide parity of support to children, regardless of where they were placed. Where children were placed out of county the Cambridgeshire Virtual School would work with its local counterpart to try to identify the most appropriate school placement;
- Members welcomed news that officers contacted all Looked After Children personally when exam results were verified to congratulate them on their achievements.

Summing up, the Chairman stated that even if Cambridgeshire's Looked After Children were performing at the national average this meant that children in the care of other Local Authorities were performing better. Members' ambition on behalf of Cambridgeshire's Looked After Children exceeded their attaining average results. She asked that officers bring a report back to the Committee in six months' time providing an update on the issues explored. The report should also state whether full use was being made of Area Opportunity Funding in Huntingdonshire and Fenland in relation to Looked After Children; whether there was any correlation between number of school moves and attainment; and what had been done to reinstate the expectation that Looked After Children should be a priority area for School Governors.

(**Action:** Service Director for Education/ Head of the Virtual School)

It was resolved to:

- a) note and comment on the report.

## **53. CHILD AND ADOLESCENT MENTAL HEALTH ISSUES RELATING TO LOOKED AFTER CHILDREN IN CAMBRIDGESHIRE**

The Chairman welcomed Dr Paul Millard, Clinical Director for Children at Cambridgeshire and Peterborough NHS Foundation Trust, Pam Parker, Professional Lead for Psychology at Cambridgeshire County Council, and Kathryn Goose, Senior Child and Adolescent Mental Health Commissioner at the Cambridgeshire and Peterborough Clinical Commissioning Group (CCG) to the meeting. The Sub-Committee had been awaiting a report on this issue for some time and were glad to now have the opportunity to discuss this important issue. In the interim, Members had been reading the Departments for Health and Education's Green Paper on 'Transforming Children and Young People's Mental Health Provision' with great interest.

Dr Millard offered his apologies at the delay in providing the report requested by the Sub-Committee. This had been due to changes at senior management level within CPFT. CPFT was contracted to provide Tier 3 specialist services and Tier 4 in-patient services, so its work in relation to Looked After Children (LAC) was focused on specialist mental health services. It was funded solely to provide these services within Cambridgeshire and Peterborough with the CCG being responsible for Tier 3 and 4 services for Cambridgeshire LAC placed out of county. Pam Parker stated that she worked alongside frontline social workers to deliver some direct interventions in addition

to providing support to foster carers and some family work and support in residential settings. Kathryn Goose stated that the CFPT contract sat with the CCG. The process for providing support to LAC was quite complicated and there was no single pathway to accessing services. Whilst there were not necessarily gaps in provision there could be delays in getting the right services in place. In previous years the Thrive model had been used, but work was underway to focus on the use of network meetings to inform quick action.

Arising from the report,

- The Professional Lead for Psychology stated that in the social care clinical team requests were usually generated through LAC reviews or requests made by social workers or foster carers. The team would sign post services or conduct a visit/ assessment alongside a social worker, but did not themselves deliver a mental health service;
- The Clinical Director for Children at CPFT stated that when LAC were identified as requiring CPFT's specialist support services they would be seen a little more quickly;
- The Assistant Director stated that clinicians had been embedded in social work in Cambridgeshire since 2010. Their work had become more targeted since the appointment of the current Professional Lead the previous year, but this remained only one part of the support services available;
- A Co-opted Member asked whether similar types of mental health services were available to LAC placed out of county to those living in Cambridgeshire. The Professional Lead for Psychology stated that most areas had a Child and Adolescent Mental Health Services (CAMHS), although there was some variation in their service offer. Officers would visit out of county LAC to talk to them and assess the services purchased to ensure that they were right;
- A Co-opted Member commented that waiting times for access to mental health services could be long and asked what could be done to improve this. The Senior CAMH Commissioner, CCG stated that all stakeholders were acutely aware of this issue. The position was improving, with 80-90% of LAC now seen within 18 weeks. The Green Paper aimed to reduce this waiting time to around four weeks, but there would be workforce capacity issues involved nationally in delivering this;
- A Member expressed concern that long waiting times could act as a disincentive for those who might wish to seek support. The Assistant Director for Children's Services stated that officers would respond robustly if they felt that the waiting time for services was not acceptable;
- A Co-opted Member commented that support was sometimes offered which was not delivered and asked whether the necessary funds and resources were available. Given that around 45% of Looked After Children were described as experiencing some form of mental health issues funding was a big issue. The Senior CAMH Commissioner, CCG stated that the CCG's Transformation Plan had included five years of funding, but that it was not yet clear if the resources described in the Green Paper represented new or existing funding. The Chairman commented that it would be helpful to obtain greater clarity on this so that Members could take a view on whether they might wish to lobby for support; (**Action:** Professional Lead for Psychology)
- The Senior CAMH Commissioner, CCG described [Keep Your Head](#), a website designed to bring together reliable information and signposting on mental health and wellbeing for children, young people and adults across Cambridgeshire &



Peterborough. The Chairman suggested that officers might want to explore whether this could be linked with the Mind of my Own initiative;

(**Action:** Quality Assurance and Audit Service Manager)

- A Member commented that the only way to judge whether improvements were being made with regards to service access and waiting times was from the young people concerned. The Chairman broadly concurred, but emphasised the need to ensure that this was sought in a sufficiently sensitive way. The Assistant Director suggested that the Professional Lead for Psychology could help ensure that this was the case.

Summing up, the Chairman expressed her thanks to the Clinical Director for Children at Cambridgeshire and Peterborough NHS Foundation Trust, the Professional Lead for Psychology at Cambridgeshire County Council and the Senior Child and Adolescent Mental Health Commissioner at the Cambridgeshire and Peterborough Clinical Commissioning Group (CCG) for attending and sharing their knowledge. Child and adolescent mental health issues for Cambridgeshire's Looked After Children would be added to the Forward Plan for alternate meetings going (**Action:** Democratic Services Officer). The Chairman suggested that a workshop/ training session should be set up for Sub-Committee members to look at what they would want covered in future reports relating to mental health (**Action:** Participation Service Managers) and that the Assistant Director for Children's Services, the Clinical Lead for Psychology, the Head of Looked After Children Countywide and the Co-opted Members might also meet to discuss the way forward (**Action:** Assistant Director for Children's Services)

It was resolved to:

- a) note the contents of the report.

## **54. FOSTER CARE RECRUITMENT UPDATE**

The Residential and Placements Provisions Manager stated that one of the Local Authorities most important duties was ensuring high quality care for its Looked After Children. For most children and young people this meant living in a family. Additional Transformation funding had been obtained to support a strong recruitment campaign to attract more in-house foster carers. This amounted to an investment of around £300k over the next three years, compared to an annual recruitment budget of £16k previously. As of the end of June 2018 there were 140 households providing in-house foster care and 701 Looked After children. As a consequence many children and young people were placed with independent foster carers which often meant they were living further away and cost significantly more. The recruitment campaign had launched the previous week and 37 enquiries had been received so far in September which was very encouraging as on average 30 enquiries were received per month. Details had been included in the July newsletter sent to all schools and this had generated 62 enquiries, so this would be repeated in future. Nationally, one in ten enquiries progress to a new fostering household and figures in Cambridgeshire were in line with this. Officers were ensuring a prompt response to all enquiries and providing potential applicants a rounded picture of what it meant to be a foster carer, both the rewards and the challenges. They were also engaging with local and business communities to encourage them to support the initiative and join 'team Cambridgeshire'. This had included Cambridgeshire United Football Club offering the use of its stadium for the campaign launch.

Arising from the report:

- A Member asked if fostering households were paid more by independent agencies than by the Council. Officers stated that between 45-55% of the fees paid to independent foster care agencies were passed on to the fostering households so the sums they received would be similar to those received by in-house foster carers;
- A Member asked why potential foster carers might choose to work for an agency rather than the Council. Officers stated that anecdotal feedback suggested a lack of awareness of the Local Authority offer in some cases;
- The Assistant Director for Children's Services emphasised the Council's unique selling point as the corporate parent of the children whom they were placing. As such, the Council's commitment to supporting the children and their foster carers was unrivalled;
- A Co-opted Member asked whether foster carers working for independent agencies had more choice in the type of child or young person they cared for. Officers stated that this was not the case. Some agencies focused on providing foster carers for particular groups such as older children, but the carers views would always be an important part of the matching process. Unfortunately it tended to be more difficult to place children with the most complex needs which often meant that these were the children who were placed furthest away;
- The Chairman stated that it would be important to involve foster carers in the Sub-Committee's work and asked officers to reflect on ways in which this could best be done (**Action:** Residential and Placements Provisions Manager) and asked that date should be arranged for the Sub-Committee's planned work shop on fostering (**Action:** Residential and Placements Provisions Manager).

It was resolved to:

- a) note the report.

## **55. CORAM CAMBRIDGESHIRE ADOPTION ANNUAL REPORT 2017-18**

The Chairman welcomed Sarah Byatt, Managing Director of the Adoption and Permanence Service for Cambridgeshire and London, to the meeting and thanked her for her report, which was a very useful document.

Ms Byatt stated that 2017-18 had been a good year for the Service in Cambridgeshire as it had placed 39 children. Six months into the 2018-19 year 26 children had already been placed. Families were currently being actively sought for a further 17 children. None of these children had been waiting for a placement for more than 12 months, but it was acknowledged that this was still too long. The demand for post-adoption services had increased during the period, but this should not necessarily be considered a negative development as families were encouraged to seek support if needed. Satisfaction rates with the service provided were high.

Arising from the report:

- Ms Byatt stated that the use of digital and social media had proved most effective in attracting new applicants. Adoption was a life-long commitment and during the past four years only two significant disruptions had occurred;
- A Co-opted Member asked for clarification of the distinction between fostering and adoption. Ms Byatt stated that with adoption the legal rights of a child's birth parents were usually severed and their adopter/s became their legal parent/s;
- A Member asked about funding for post-adoption support services. Ms Byatt stated that central Government funding was guaranteed to May 2020 and that details of what would follow that period were awaited. The Chairman stated that the Sub-Committee would want to be kept in touch with developments on this issue (**Action:** Head of Countywide and Looked After Children);
- A Member asked about fostering to adopt. Ms Byatt stated that the Service did seek to establish early permanence when possible and this included carers fostering with a view to adoption.

It was resolved to:

- a) note the content of the report.

## 56. PERFORMANCE REPORT

The Head of Corporate Parenting stated that the report before the Sub-Committee covered the period from April to June 2018. As of 30 June 2018 there were 701 Looked After Children in the Council's care. 53% of these children and young people were placed within the county and 47% were placed outside of the county borders. 35% were placed more than 20 miles beyond the county border. Currently the figure stood at 723, with the increase relating mainly to the spontaneous arrival of a large number of unaccompanied asylum seeking children during the summer. Cambridgeshire was still looking after less children than the national average, but the rate of increase in the period was significant. The number of incidents of Looked After Children reported as going missing had dropped in June 2018 to 22 events involving 10 children, but each event continued to be treated with the utmost care.

Arising from the report:

- A Co-opted Member welcomed the increase in the proportion Looked After Children being visited within statutory timescales and improved performance in relation to the number of newly Looked After Children having their health assessment within 20 days of becoming Looked After. The Chairman asked that officers should continue to keep these figures under review and include them in every Performance Report (**Action:** Head of Corporate Parenting)
- A Co-opted Member commented that they found the number of Looked After Children reported as going missing shocking. They asked whether this was the same children and whether it might be linked to mental health issues. Officers stated that it did tend to be the same group of children involved. Senior officers were informed of every incident straight away and each was followed up by a visit from a specialist team to work with the young people on the reasons for them going missing. Officers worked closely with the police on this. The Chairman stated that Councillors were acutely aware of this issue and the potential vulnerability of the young people involved and examined these figures at every meeting;

- A Member questioned the amount of social worker time spent travelling to visit Cambridgeshire children accommodated out of county and asked whether reciprocal visiting arrangements had been explored with other Local Authorities to reduce this. The Assistant Director for Children's Services stated that her judgement was that Cambridgeshire children should be visited by Cambridgeshire social workers irrespective of where they were placed geographically to ensure that the Council had direct contact with each child and was able to fully oversee their experience.

The Chairman thanked officers for their report and for the additional information provided in response to questions. Taking the Performance Report as a standing item at each meeting was enabling members of the Sub-Committee to develop a greater understanding of the performance data and to more easily identify the trends and anomalies which occurred.

It was resolved to:

- a) review performance for Looked after Children and comment on the themes and trends identified in the report.

## **57. WORKFORCE DEVELOPMENT**

The Assistant Director for Children's Services reported that arrangements for the organisational restructure described at previous meetings were going well. It was hoped to introduce the new structure from 1 November 2018 and it was anticipated that there would be only three vacancies at that time. A big recruitment drive had attracted a good number of social workers including some newly qualified practitioners and some from overseas. Use was also being made of apprenticeships to attract new workers and there would be a greater emphasis on retaining existing workers. The changes included the establishment of a dedicated Corporate Parenting Service which was what both professionals and carers had asked for. The Principal Social Worker stated that training was needed to support these changes and work was in hand to ensure that this targeted the skills needed and was delivered without disrupting services to young people and carers. There was a clear focus on allowing sufficient time to ensure a smooth transition where support for a young person would be transferred from one social worker to another.

Arising from the report:

- A Co-opted Member commented that there had been lots of restructures recently and that in their case this had led to multiple changes of social worker in a short space of time and confusion over who their social worker was. The Assistant Director for Children's Services acknowledged this, but expressed the hope that the new arrangements would address this. Officers would be working closely with the Voices Matter Panel to make sure that the right structures were put in place and to make sure that lessons were learned from the past. Some changes made in previous restructures were working well and these would be retained;
- A Member asked whether it was hoped that the restructure would address retention issues. Officers stated that the County Council offer was now more closely aligned with neighbouring Authorities. All social workers leaving the Council were offered an exit interview with either the Assistant Director or Principal Social Worker. It was encouraging that three social workers who had

left the Council during the previous restructure were returning as they liked the refinements which were being made.

Summing up, the Chairman thanked officers for their update on the restructuring which was taking place and asked that the Sub-Committee should be kept informed of how this progressed over time (**Action:** Assistant Director for Children's Services).

It was resolved to:

- a) note and comment on the report.

#### **58. SUB-COMMITTEE WORKSHOP/ TRAINING PLAN**

The Chairman stated that Co-opted Members were very welcome to attend any Sub-Committee training sessions if they were available or to let officers know if there was any training which they would like to be arranged separately for them. It was now almost a year since the Sub-Committee had been established and it had been a steep learning curve for all involved. It would now be timely to arrange a generic workshop for all members and substitute members to consider how best to upskill themselves so that they were best equipped to fulfil their roles. It would be important to ensure a good turnout for this event to develop an agreed approach and to make full use of the wide variety of skills, experience and expertise of all involved (**Action:** Participation Managers).

It was resolved to:

- a) note and comment on the Sub-Committee workshop and training plan.

#### **59. FORWARD AGENDA PLAN**

The Committee reviewed the Forward Agenda Plan and agreed that an item on the Local Offer would be added, provisionally to the November meeting. (**Action:** Democratic Services Officer)

It was resolved to:

- a) note the Sub-Committee agenda plan.

#### **60. DATE OF NEXT MEETING**

The Corporate Parenting Sub-Committee will meet next on Wednesday 21 November 2018 at 4.15pm in Meeting Room 2, Huntingdon Library, Princes Street, Huntingdon PE29 3PA.

Chairman  
(date)



**CORPORATE  
PARENTING  
SUB-COMMITTEE**

**Minutes-Action Log**



**Summary**

The Action Log is a list of all of the things that people have been asked to do at earlier meetings. It is included at each meeting so that members can check that everything is being done. It was last updated on **12 November 2018**.

**Minutes of 13 December 2017**

<b>9.</b>	<b>Young People's Participation</b>	<b>Sarah-Jane Smedmor/ Richenda Greenhill</b>	To provide advice on whether Members should undergo a Disclosure and Barring Service check given that it was proposed that they would have direct access to personal information about children and young people in care and, on occasion, direct contact with the children and young people themselves.	<p><b>08.01.18:</b> The Assistant Director gave the view that Members of the Corporate Parenting Sub-Committee would need to undergo a DBS check in order to fully discharge their duties. Advice sought from the Head of HR.</p> <p><b>09.04.18:</b> To be processed by Democratic Services.</p> <p><b>08.10.18:</b> Updated training required to sign off DBS request. Course booked 29.11.18.</p>	<b>On-going</b>
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## Minutes of the meeting on 13 June 2018

42.	Virtual School	Jo Pallett	To routinely include comparative data from previous years in all future reports on attainment levels.	12.11.18: Officers confirm that when providing validated data this is always the case.	Completed
		Jon Lewis	To consider whether a report on the issue of under-performance amongst vulnerable children should be taken to the Children and Young People Committee.		
		Jon Lewis/ Jo Pallett	To include an update on the external review of the Virtual School which was currently taking place in the next report or when available.	10.09.18: The draft report has just been received and is being fact-checked. An update will be included in the Virtual School's report to the next Sub-Committee meeting on 21 November 2018.	On-going
		Jacqui Barry/ Claire Betteridge	<p>To explore with the Voices Matter Panel and report back on:</p> <p>1.Young people's experience of the support arrangements provided to Looked After Children by their schools and the Virtual School;</p> <p>2.Looked After Young People's experience of college and Further Education.</p>	<p>06.09.18: Due to some transport difficulties the Voices Matter Panel held in July 2018 only had two attendees who were older young people. However, this will be explored in future meetings and also through the Care Leavers Forum and Just Us groups and an update given.</p> <p>29.10.18: On the agenda for the Voices Matter Panel on 6 November 2018.</p>	On-going



<b>46.</b>	<b>Workshop and Training Plan</b>	<b>Jacqui Barry/ Claire Betteridge and John Heron</b>	<p>To re-arrange the planned training session on foster care from 24 July 2018 to a date which more members were able to attend.</p> <p>(Requested again by Members at the meeting on 19 September)</p>	<b>06.09.18:</b> John Heron will arrange this.	<b>On-going</b>
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## Minutes of the meeting on 19 September 2018

51.	Young People's Participation	Jacqui Barry/ Claire Betteridge	The include updates on the development of MOMO in future reports.	29.10.18: Now included in the participation report.	Completed
		Jacqui Barry/ Claire Betteridge	To make Care Leavers' Forums aware that the Chairman and members of the Sub-Committee would be happy to attend some of their meetings if the young people would find this helpful. The Chairman also asked that officers should make sure that the young people were made aware of the value which Members attached to their views	29.10.18: Care Leavers Forum members are attending Voices Matter Panel on 6 November. This message will be conveyed.	Completed
52.	Virtual School	Claire Hiorns	To share comparative data which the Virtual School had for other LAs with members of the Sub-Committee.	12.11.18: Comparative data circulated by email to all Committee members.	Completed

		<b>Jon Lewis/ Jo Pallett</b>	<p>To provide a six month update report on the issues explored in relation to the VS at the meeting on 19 September 2018. This should also include:</p> <ul style="list-style-type: none"> <li>i. Confirmation of whether full use was being made of Area Opportunity Funding in Huntingdonshire and Fenland in relation to Looked After Children;</li> <li>ii. Whether there was any correlation between number of school moves and attainment;</li> <li>iii. What has been done to reinstate the expectation that Looked After Children should be a priority area for School Governors.</li> </ul>	<p><b>12.11.18:</b></p> <ul style="list-style-type: none"> <li>i. It has not been clear what funding is available as in discussion this can only be used on activities which are new as part of the project and not ongoing developments or activities which impact on the whole county.</li> <li>ii. Many factors influence attainment one of which is home and/or school moves. While most children perform less well if they have multiple moves this is not always the case.</li> <li>iii. Governors have been made aware of their remit through training and information provided by the Virtual School as well as previously by the Vulnerable Groups Adviser. Head of the Virtual School also spoke at the annual Governors' conference.</li> </ul>	<b>Completed</b>
53.	<b>Child and Adolescent Mental Health Issues relating to LAC in Cambridgeshire</b>	<b>Pam Parker</b>	To try to establish whether resources described in the Green Paper represented new or existing funding so that Members could take a view on whether they might wish to lobby for support.		

		<b>Anna O'Leary</b>	To explore whether the 'Keep Your Head' website could somehow be linked with the Mind of my Own initiative.	<b>22.10.18:</b> Having checked, officers cannot link to MOMO due to the way the app works. However, they should be able to add this as information on the new Facebook page.	<b>Completed</b>
		<b>Richenda Greenhill</b>	To add Child and Adolescent Mental Health (CAMH) issues for Cambridgeshire's Looked After Children to the Forward Plan for alternate meetings going.	<b>09.10.18:</b> Added to the Forward Plan.	<b>Completed</b>
		<b>Pam Parker/ Jacqui Barry/ Claire Betteridge</b>	To arrange a workshop/ training session for Sub-Committee members to look at what they would want covered in future reports relating to mental health.		
		<b>Sarah-Jane Smedmor</b>	The Assistant Director for Children's Services, the Clinical Lead for Psychology, the Head of Looked After Children Countywide and the Co-opted Members of the Sub-Committee to consider meeting to discuss the way forward in relation to CAMH issues for Looked After Children.		
<b>54.</b>	<b>Foster Care Recruitment Update</b>	<b>John Heron</b>	The Chairman asked officers to reflect on ways in which to involve foster carers in the Sub-Committee's work.	<b>22.10.18:</b> The Fostering Service is setting up a Foster Carer Association and a Delivery and Development Board. Both of these boards will support Sub-Committee's work.	<b>Completed</b>
<b>55.</b>	<b>Coram Cambridgeshire Adoption Annual Report 2017-18</b>	<b>F van den Hout/ A Bennett</b>	To keep the Sub-Committee in touch with developments relating to central government funding for post-adoption support services.		

<b>56.</b>	<b>Performance Report</b>	<b>F van den Hout</b>	The Chairman asked that figures relating to visits within statutory timescales and the number of newly Looked After Children having their health assessment within 20 days of becoming Looked After should be included in each report.	<b>22.10.18:</b> This figure will continue to be included in all future reports.	<b>Completed</b>
<b>57.</b>	<b>Workforce Development</b>	<b>Sarah-Jane Smedmor</b>	To keep the Sub-Committee informed of how the Service restructuring progressed over time.		
<b>58.</b>	<b>Sub-Committee Workshop/ Training Plan</b>	<b>Jacqui Barry/ Claire Betteridge</b>	To arrange a generic workshop for all members and substitute members to consider how best to upskill themselves so that they were best equipped to fulfil their roles. It would be important to ensure a good turnout for this event to develop an agreed approach and to make full use of the wide variety of skills, experience and expertise of all involved.	<b>29.10.18:</b> Jacqui Barry discussing this with the Chairman.	<b>On-going</b>
<b>59.</b>	<b>Forward Agenda Plan</b>	<b>Richenda Greenhill</b>	To add an item on the Local Offer to the Forward Agenda Plan, in November if possible.	<b>26.09.18:</b> Added to the agenda plan for November 2018.	<b>Completed</b>



**YOUNG PEOPLE'S PARTICIPATION**

*To:* **Corporate Parenting Sub-Committee**

*Meeting Date:* **21 November 2018**

*From:* **Jacqui Barry & Claire Betteridge - Service Development Managers  
Hullal Miah – MOMO Apprentice**

*Electoral division(s):* **All**

*Purpose:* **Update on participation of young people within Corporate Parenting Sub-Committee**

*Recommendation:* **To review and comment on the report.**

<b><i>Officer contact:</i></b>	<b><i>Member contact:</i></b>
Name: Claire Betteridge and Jacqui Barry Post: Service Development Managers  Email: <a href="mailto:CSC.Participation@cambridgeshire.gov.uk">CSC.Participation@cambridgeshire.gov.uk</a>  Tel: 01480 372493 / 01223 715530	Names: Councillor Lis Every Role: Chairman, Corporate Parenting Sub-Committee  Email: Lis.Every@cambridgeshire.gov.uk  Tel: (office) 01223 706398

### Summary:

- *The two Participation workers have moved to new positions and one post is currently being advertised.*
- *The Participation Service supported an event in partnership with Realise, in the October Half Term.*
- *Three Christmas events are planned: a Christmas Make and Take' Craft Fair for younger children, a Christmas Pantomime for the older age range and a meal for Care Leavers.*
- *A Just Us group is arranged for Wisbech at Kidz Ark Craft Centre.*
- *A pack for children and young people entering care has been produced.*
- *A set of 'Promises', highlighting what the Council will do for looked after children and young people has been produced.*
- *Work has been happening to promote the use of MOMO to social workers at different offices around the County. See attachment for a breakdown of performance for MOMO.*

## 1. BACKGROUND

1.1 Committee requested an update on the work of the Participation Service at each meeting.

## 2. MAIN ISSUES

### 2.1 Update on Participation Service

#### Engagement

Considerable efforts have been made to contact and engage children and young people in the various groups supported by the Participation team. This includes children newly looked after via Social Workers and Personal Advisors and through a partnership with Cambridge Regional College.

#### Staffing

Both the participation workers have chosen to move to new permanent positions within Children's Services. We are recruiting for a new worker for one post (and expecting another worker to return from maternity leave in March).

#### MOMO

The Mind of My Own (MOMO) Application enables children and young people to participate fully in their care by guiding them through a series of open questions to express their wishes and feelings. Use of the App also helps to make practice changes in children's services through the use of technology and application of data analysis.

MOMO Monday was launched in September. The MOMO Apprentice and members of the Participation Service have been around to offices to talk to social workers and other staff to demonstrate and promote the use of the App.



Further information about the usage of MOMO is included at Appendix 1.

## **Events Held**

A 2 day event 'Realise' was held in the October half term for 12 looked after young people. The main aim of the event is to give young people a positive and fun experience at University, to raise aspirations and encourage further education.

This project was run by Cambridge University and filled with activities such as the sport "Fives" and interactive workshops around Zoology and a science workshop. At the end of the two days the young people were divided into smaller groups and asked to create something they feel would benefit them whilst at university. They went on to make their invention out of Lego and present to the rest of the groups. Additionally, they had a talk from a care leaver who attended Cambridge University, to inform them of the services they would have access to as a Looked After Young Person.

The Care Leavers' Forum has worked hard to creating a set of Promises (to update the existing pledge) and a Young Person's guide to being Looked After. The Promises will be launched shortly.

The Care Leaver's Forum has been involved in the consultation on the Local Offer for Care Leavers. Additionally, the group have been looking at another project around transport issues in Cambridge and how accessible it is.

## **Events Planned**

As an alternative to Just Us youth-club style clubs, an activity is planned at Kidz Ark in Wisbech. The session will be fun, craft based and the discussion will focus on children's rights.

3 Christmas events for Looked After Young people are arranged.

- 20 tickets for the Pantomime "Aladdin" have been purchased from Cambridge Arts Theatre for young people aged 12-16.
- A 'Make and Take' craft fair for young people aged 6-11 is arranged to happen at Witchford Village Hall and is intended for children and their carers. Craft activities will be run by various teams from within children's services and the presence of Members and Senior Managers is encouraged. Drinks, mince pies and sausage rolls will be provided.
- A meal out is planned for Care Leavers.

## **3.0 SIGNIFICANT IMPLICATIONS**

### **3.1 Resource Implications**

N/A

### **3.2 Procurement/Contractual/Council Contract Procedure Rules Implications**

N/A

### **3.3 Statutory, Legal and Risk Implications**

N/A

### 3.4 Equality and Diversity Implications

N/A

### 3.5 Engagement and Communications Implications

N/A

### 3.6 Localism and Local Member Involvement

N/A

### 3.7 Public Health Implications

N/A

### **SOURCE DOCUMENTS**

*It is a legal requirement for the following box to be completed by the report author.*

Source Documents	Location
N/A	

## Appendix 1 MOMO Q2 (July to Sept 18)

<b>Number of worker accounts 16/10/18</b>	348	<b>Number of young people with accounts 16/10/18</b>	115	
	<b>July 18</b>	<b>August 18</b>	<b>September 18</b>	<b>Total</b>
<b>Number of statements per month from YP</b>	17	17	5	39 (33 in Q2)
<b>Number of statements per month via worker</b>	7	13	12	32 (44 in Q2)
<b>MOMO Express Statements per month (replied to directly)</b>	6	11	12	29 (32 in Q2)
<b>Any messages not yet replied to</b>	0	0	4 – 3 statements from the same child – child not found on our system – contacted her to see if she is from another county	
<b>Statements created but not sent</b>	17 yp 8 workers	16 yp 13 workers	6 yp 12 workers	
<b>Top 3 subject matters each month</b>	<ul style="list-style-type: none"> <li>•51% FC Review</li> <li>•17% Worker Visit</li> <li>•15% Share good news</li> </ul>	<ul style="list-style-type: none"> <li>•43% FC review</li> <li>•33% Worker visit</li> <li>•18% Share good news</li> </ul>	<ul style="list-style-type: none"> <li>•22 % FC reviews</li> <li>•27% Share good news</li> <li>•24% worker visit</li> </ul>	

### KEY

MOMO – Mind of My Own (Application)

MOMO Express – Simplified MOMO application for children with disabilities or younger children

FC – Foster Carers



**Agenda Item No: 5**

**VIRTUAL SCHOOL**

*To:* **Corporate Parenting Sub-Committee**

*Meeting Date:* **21 November 2018**

*From:* **Jo Pallett  
Learning Directorate Lead for Vulnerable Groups  
Head of the Virtual School**

*Electoral division(s):* **All**

*Purpose:* **To inform the committee of issues affecting the Virtual School**

*Recommendation:* **The Committee is asked to support the work of the Virtual School by taking issues discussed and areas for further development to Senior LA Colleagues, Head Teachers and Councillors.**

<b><i>Officer contact:</i></b>		<b><i>Member contact:</i></b>	
Name:	Jo Pallett	Names:	Councillor Lis Every
Post:	Learning Directorate Lead for Vulnerable Groups Head of the Virtual School	Role:	Chairman, Corporate Parenting Sub-Committee
Email:	joanna.pallett@cambridgeshire.gov.uk	Email:	Lis.Every@cambridgeshire.gov.uk
Tel:	01223 715412	Tel:	(office) 01223 706398

## Summary:

### 1 **Background**

- 1.1 The Virtual School is a statutory requirement of the Local Authority. Members have asked for themes for discussion at each meeting. This paper covers the discussion points of Early Years, School Admissions and the External Review of the Virtual School.

### 2 **Early Years**

#### 2.1 **Early Years background.**

The Virtual School has, for many years, worked with Looked After Children (LAC) in the year before they started school.

In September 2015 we employed an Early Years specialist on a 0.5 full-time equivalent (fte) contract. This contract has been extended to 0.8fte since the outset due to demand for support. The Early Years specialist works with children from the term before they turn two.

There is no doubt that Early Years education is fundamental for the long term development of LAC pupils.

#### 2.2 **Early Years points for information.**

- 2.2.1 Early Years work starts with children the term before they are aged two through to reception. Early Years children are more likely to be adopted or moved quickly to family members and as a result are often looked after for a limited period. This 'churn' makes it difficult to build relationships and measure any realistic impact.

There are currently 65 Early Years pupils on school roll.

More Early Years pupils remain within Cambridgeshire than older cohorts while Looked After. Approximately 80% remain within Cambridgeshire.

- 2.2.2 Early Years pupils are eligible for the Pupil Premium Funding for LAC to support additional interventions. The funding for Early Years pupil premium is £300 a year as opposed to £2,300 for older pupils.

This limited fund and the turnover of pupils means the funding has limited impact. The Virtual School coordinates the Pupil Premium allocation and monitors its spending in line with visits, networking and guidance papers.

- 2.2.3 Many Early Years placements are small scale, often single staff member organisations. This limits time for training and discussion for LAC pupils and adds a disproportionate pressure to settings to complete necessary reports such as Personal Education Plans (PEP).

To assist with this we have developed a bespoke Early Years PEP which focusses only on areas that are directly relevant to Early Years.

#### 2.2.4 Training and development provision;

We provide training for Early Years settings on the role of the Designated Person, positive intervention strategies, attachment disorder etc in line with the training we offer other settings.

We run a networking session in different locations across the county each term for Early Years setting staff to get together to share best practice, consider joint concerns etc.

We provide training for Social Care staff and others within the LA.

Following a conference in June with all Virtual Staff from the Eastern Region we have organised a meeting for the Early Years specialist staff of the Eastern Region Virtual Schools to meet and further develop joint improvement strategies.

#### 2.2.5 The interventions and support of the Virtual School has been able to support settings in identifying and progressing support for children who have additional needs. This includes helping to identify needs for Education Health and Care Plans, recognising a need for additional speech and language support and in gaining increased vocabulary to improve better interaction. This early support and recognition of need has helped children to positively engage in the education process.

#### 2.2.6 Outcomes for Early Years LAC pupils is below the Cambridgeshire Early Years outcomes for all pupils. Un-validated data for Cambridgeshire; Foundation stage expected level of development, all pupils, 70% Foundation stage expected level of development, LAC pupils, 38%. Previous years data shows that LAC pupils nationally achieve less well than non LAC pupils in Early Years and that this gap widens as children progress through education.

### 3 **Admissions, Refusals and Alternative Provision.**

#### 3.1 LAC pupils should be placed in schools which are rated good or better by OFSTED, application is not based on a school catchment area or the numbers already on the school roll.

Pupils can be placed in a school rated below good e.g. if the child already attended when the school changed rating, if there are no good schools within a reasonable travelling distance to the home placement or if the school has excellent support and experience of LAC pupils and the Ofsted rating relates to something which is easily remedied.

As LAC pupils should attend a good or better school there has been a disproportionate number of applications to these schools. LAC pupils can bring many qualities to a school but they also bring a range of additional needs and requirements which schools may not want. As a result many schools both primary and secondary have started to refuse applications from LAC pupils.

Our experience is that we receive more refusals, delays and blocks for applications to schools outside of Cambridgeshire and for pupils who have additional needs.

In general schools state they cannot accept the application as they are full or that the school cannot meet the needs of the young person.

- 3.2 When a school refuses a child we will question this initially with the school. I have contacted the CEO of academy chains to advise on appropriate legislation and the needs of vulnerable pupils. We have involved the Regional Schools Commissioner and/or the Secretary of State to direct schools to take pupils. We have worked closely with the admissions team and now have a clear process for initiating direction letters as soon as a school negatively responds to an application.

While we follow up on refused admissions and have directed schools to take pupils it must be remembered that during this time the child is out of education. The Virtual School pays for tuition during this period to engage/reengage the young person but this does bring additional pressure to the home placement and there are placement breakdowns while we are still trying to get a school to accept a pupil.

- 3.3 When taking children into care or moving young people the education of the child is not given a high priority by social care. As a result we have occasions where a young person is placed where there is no suitable education offer nearby. This creates difficulties of its own regarding education provision.

- 3.4 In Cambridgeshire there is no education provision for Primary aged pupils with additional needs who do not have an EHC plan. We are therefore often applying for a primary school place knowing that the school will need to access support from other, limited, Cambridgeshire services.

The funding arrangement for alternative provision for secondary aged pupils creates additional difficulties for admissions. If a pupil requires Alternative Provision this can only be accessed via a school roll. We are effectively asking schools to take a child on roll and pay for them to immediately access AP. This is expensive for the school and likely to have a negative impact on overall results. Almost half of year 11 LAC for 2018 came into care during Key Stage 4, the majority of the year 11 cohort were on an alternative provision package. This has a significant impact on their education opportunities and limits the options available Post 16.

- 3.5 There has been an increase in the number of LAC pupils from other counties requesting placements in Cambridgeshire schools. This is a particular issue in the Fenland area where large cheap housing has established a number of private homes/fostering placements used by other LAs. Cambridgeshire schools can therefore have a number of pupils from a number of counties with a variety of systems, paperwork, funding agreements and expectations.

If schools have a large LAC cohort they are less able/inclined to accept Cambridgeshire LAC applications. One secondary school has 20 LAC pupils, 4 are Cambridgeshire LAC.



## 4 **The External Review of the Virtual School**

- 4.1 During the summer term a review was undertaken of the Cambridgeshire and Peterborough Virtual Schools. This review was undertaken by a former Head of the Virtual School, Essex. The draft report was provided in August 2018.
- 4.2 Points for discussion included the option to unify the Virtual Schools into a Bi-County school. The Director of Education does not accept this as the correct route at this time. Rather the intention is to keep the schools separate as both have statutory responsibilities relating to their counties LAC and Pupil Premium grant arrangements, but to work collaboratively where possible.
- 4.3 Discussions between the two heads of schools over the last few years have already identified opportunities for joint working such as;  
Shared training provision  
Common principles of PP grant allocation  
Common principles for PEP paperwork  
We are currently working on a joint introduction to our development plans to outline more clearly how this collaborative approach will work.
- 4.4 The review identified some aspects of school development for both schools including improved data analysis, redrafting the rating systems and reviewing the school audits we undertake.

Overall however both Virtual Schools are considered to be operating well and the developments which have already been underway in the last few years will continue to take the school to a 'school improvement role' rather than a 'caseload role'.

## 5 **Providing support for life skills such as budgeting.**

- 5.1 The Virtual School does not run programmes of study which cover life skills. Such skills are part of the school curriculum and if appropriate part of tuition provided by bought in companies.

We have introduced summer activities for Post 16 pupils to prepare them for transition from school to college. This has also included work with unaccompanied asylum seeking children to familiarise them with various social situations and experiences.

A new 'homework' club has also started based at the YMCA and 'staffed' by volunteers from the university to support engagement with education and engender aspiration.

Such activities allow for more informal learning opportunities for young people.

## 6 **Alignment with Corporate Priorities**

### 6.1 **Developing the local economy for the benefit of all**

- 6.1.1 An appropriately skilled workforce is essential to Cambridgeshire's economic prosperity. Our aim is that all children achieve their potential, including LAC. High quality provision for this group of vulnerable students reduces the risk of them becoming NEET (Not in Education, Employment or Training).

6.2        **Helping people live healthy and independent lives**

6.2.1      A quality education and the acquisition of appropriate qualifications is one of the best ways of ensuring that LAC are able to lead healthy and independent lives.

6.3        **Supporting and protecting vulnerable people**

6.3.1      A key purpose of the Virtual School is to ensure that this group of vulnerable children and young people who are at risk of failing to achieve have access to a relevant curriculum that is appropriate for their needs and meets statutory and legal requirements

7         **Significant Implications**

7.1        Resource Implications, none within this paper

7.2        Statutory Legal and Risk Implications, none within this paper

7.3        Equality and Diversity Implications, none within this paper

7.4        Engagement and Communication Implications, none within this paper

7.5        Localism and Local Member Involvement, present in all three groups outlined.

7.6        Public Health Implications, none within this paper

**CORPORATE PARENTING SUB-COMMITTEE PERFORMANCE REPORT**

*To:* **Corporate Parenting Sub-Committee**

*Meeting Date:* **21<sup>st</sup> November 2018**

*From:* **Fiona Van Den Hout  
Head of Corporate Parenting**

*Electoral division(s):* **All**

*Purpose:* **To report on the performance of services for Looked After Children and Care Leavers - as required in legislation and fulfilling the purpose of monitoring and offering advice**

*Recommendation:* **The Sub-Committee is asked to review performance for Looked after Children, and comment on the themes and trends identified in this report**

<b><i>Officer contact:</i></b>		<b><i>Member contact:</i></b>	
Name:	Fiona Van Den Hout	Names:	Councillor Lis Every
Post:	Head of Corporate Parenting	Role:	Chairman, Corporate Parenting Sub-Committee
Email:	Fiona.VanDenHout@cambridgeshire.gov.uk	Email:	Lis.Every@cambridgeshire.gov.uk
Tel:	01223 518739	Tel:	(office) 01223 706398

**Summary:**

- As of 31 August 2018, 737 looked after children are supported by the Council
- 58% of looked after children are male, 42% are female
- 8% have a diagnosed disability
- At the end of August 47.1% of children (excluding unaccompanied children) were living out of County and of that 47%, 36.2% were placed more than 20 miles over Cambridgeshire borders
- 77.6% of unaccompanied asylum seeking young people are living out of county
- The proportion of looked after children being visited within the statutory timescales is 92.7% in August which is an improvement from July (89%)
- The number of looked after children reported as going missing has fluctuated in this period (20 in June compared to 17 in July and 25 in August)
- In August there were 220 fostering placements being provided by local authority foster carers, 38 children on Short Breaks (temporary care to support their main placement) and 10 young people are living with foster carers beyond their 18<sup>th</sup> birthday under Staying Put Arrangements.
- There were 3 children were adopted in this reporting period all in August.

**1. BACKGROUND**

- 1.1 This report provides the sub-committee with an overview of performance of services for Looked After Children and Care Leavers for July and August 2018. The full performance report can be found in Appendix A.

**2. MAIN ISSUES**

- 2.1 There has been an increase in the number of looked after children that Cambridgeshire is Corporate Parent for since the last report – to 54.9 per 10,000.
- 2.2 We have 47.1% of children and young people (excluding unaccompanied children) out of in-county. 77.6% of unaccompanied asylum seeking young people are placed out of county and the majority of their placements are located in Peterborough, where their cultural needs are appropriately met. However due to resource availability some are being placed further afield.
- 2.3 The proportion of looked after children being visited within the statutory timescales has risen but does fluctuate between 89 and 92.7%, and this continues to be monitored closely.

- 2.4 In July and August, 60 children and young people became looked after and 31 children and young people ceased to be looked after.
- 2.5 Performance around newly looked after children having their health assessments within 20 days of becoming looked after improved in August 35% after a drop to 33% in July. Arranging assessments for children who are out of county is a significant issue.
- 2.6 The incidents of looked after children going missing was reported as being 17 children in July (30 incidents) and 25 in August (40 incidents).

There is a multi-agency approach to missing incidents and supporting children and young people to tell their story. The children and young people are monitored individually and patterns are examined to identify individuals and locations of concern and to plan intervention to break dangerous cycles.

### **3. SIGNIFICANT IMPLICATIONS**

#### **3.1 Resource Implications**

#### **3.2 Procurement/Contractual/Council Contract Procedure Rules Implications**

None.

#### **3.3 Statutory, Legal and Risk Implications**

None

#### **3.4 Equality and Diversity Implications**

None

#### **3.5 Engagement and Communications Implications**

None

#### **3.6 Localism and Local Member Involvement**

None

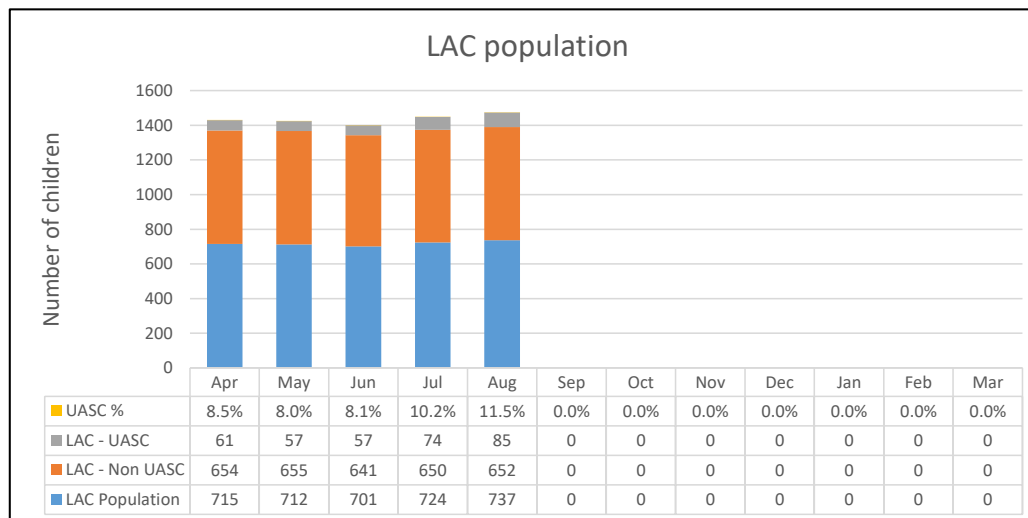
#### **3.7 Public Health Implications**

None

Source Documents	Location
<b>Children's Service Performance Dashboard. Appendix A - Corporate Parenting Dashboard</b>	Hannah Parkinson Senior Analyst Business Intelligence Cambridgeshire County Council Octagon, Shire Hall Cambridge CB3 0AP

## Looked After Children - Population

Looked After Children (LAC)	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Trend	Average
LAC Population	715	712	701	724	737									718
LAC - Non UASC	654	655	641	650	652									650
LAC - UASC	61	57	57	74	85									67
UASC %	8.5%	8.0%	8.1%	10.2%	11.5%									9.3%
Rate per 10,000	53.2	53.0	52.2	53.9	54.9									53.4
Became Looked After	32	23	14	30	30									26
Ceased Looked After	19	26	24	14	17									20



### Commentary:

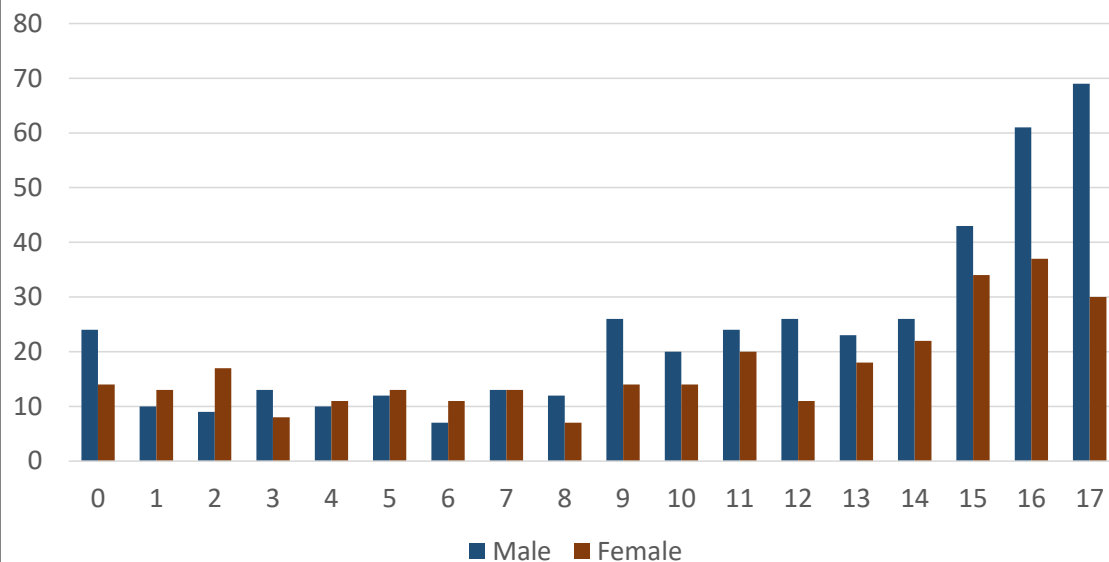
There has been an increase in the number of looked after children since reporting to the last Corporate Parenting Committee, an increase of 3% compared to April 2018. As a result the rate of looked after children per 10,000 has increased by 2.7 from June.

### Notes on data and definitions:

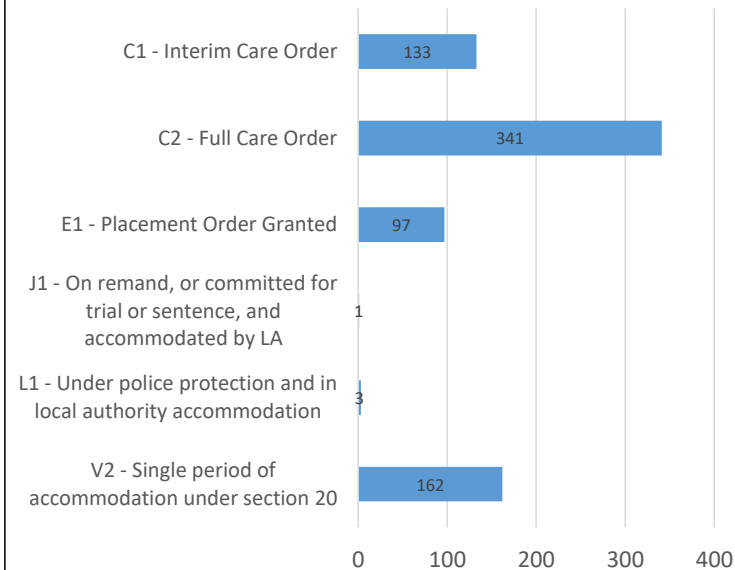
- The 'LAC population figure' measures the number of children who are in the care of the local authority at the end of each month.
- A 'UASC' is an Unaccompanied Asylum-Seeking Child. A contribution of accommodating UASCs is met by the Government.
- The 'Became Looked After' and 'Ceased Looked After' are the numbers of children who entered and left care in the month.

# Looked After Children - Demographics as at 31st August 2018

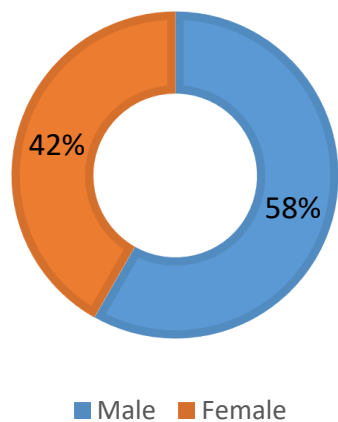
## LAC - Age and Gender



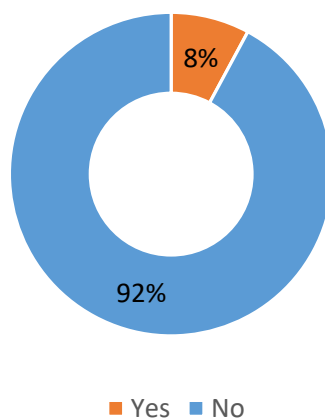
## LAC - Legal Status



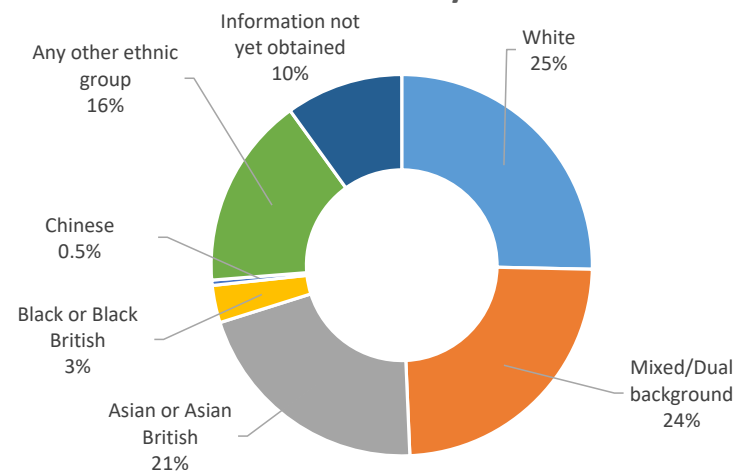
## GENDER



## Disability



## Ethnicity

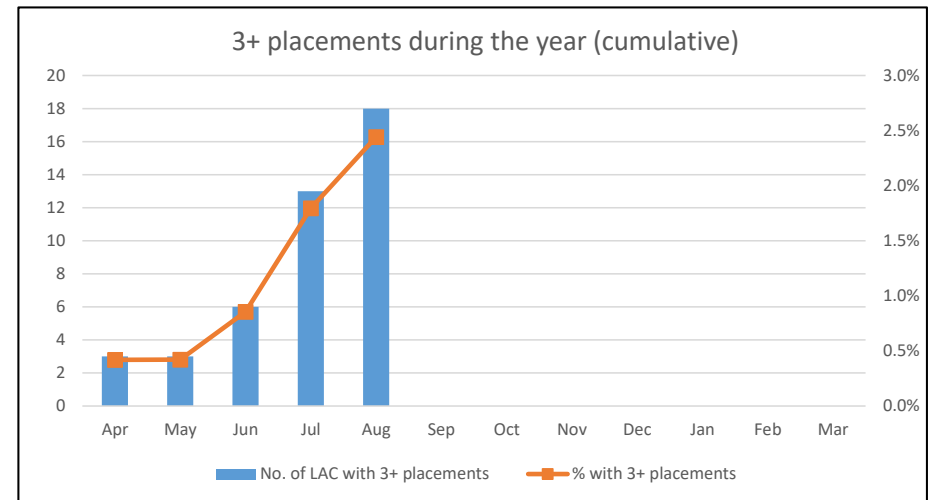
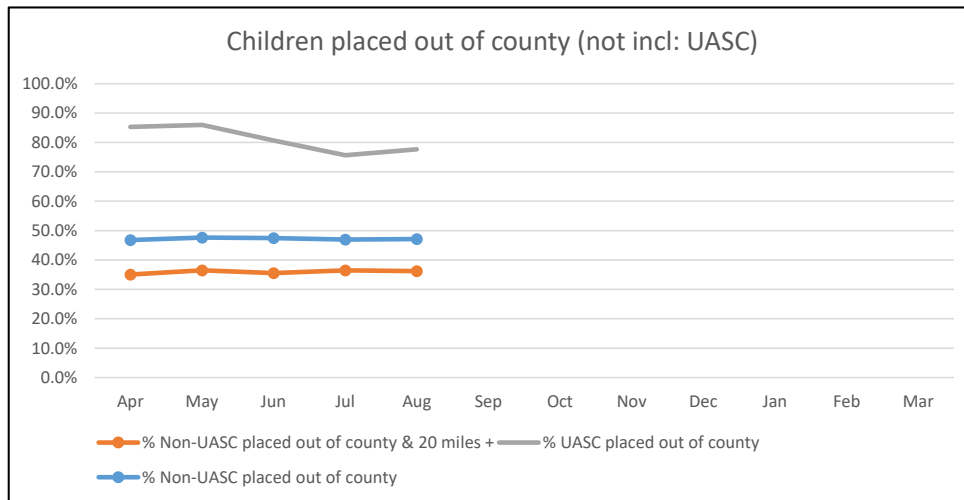




## Looked After Children - Placements

All LAC children placed IN county	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Trend	Average
LAC placed In county	357	351	351	363	364									357
Children placed out of county (not incl: UASC)	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Trend	Average
LAC placed out of county	306	312	304	305	307									307
% Non-UASC placed out of county	46.8%	47.6%	47.4%	46.9%	47.1%									47.2%
LAC placed out of county & 20 miles +	229	239	228	237	236									234
% Non-UASC placed out of county & 20 miles +	35.0%	36.5%	35.6%	36.5%	36.2%									35.9%
UASC placed out of county	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Trend	Average
UASC placed out of county	52	49	46	56	66									54
% UASC placed out of county	85.2%	86.0%	80.7%	75.7%	77.6%									81.0%

3+ placements during the year (cumulative)	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Trend
No. of LAC with 3+ placements	3	3	6	13	18								
% with 3+ placements	0.4%	0.4%	0.9%	1.8%	2.4%								
Target	0.4%	0.8%	1.3%	1.7%	2.1%								



### Commentary:

**49% of the looked after population have placements in County. 2.4% of Cambridgeshire's looked after children have had 3 or more changes in placement. There may be a number of reasons for this, for example, a 3rd placement change may be to a child's permanent placement while another may be as a result of placement breakdown. We are looking at the details behind these to better understand the reasons for placement changes. A high proportion of unaccompanied asylum seeking young people are placed out of County and this is due to lack of availability of suitable and benefit sustainable accommodation in Cambridgeshire.**

### Notes on data and definitions:

- LAC placed In county - Children who have been placed into care within the Cambridgeshire.
- 'Looked After Children placed out of county' measures the number of children we are responsible for who are placed into care outside of the Cambridgeshire area.
- We also measure those who have been placed into care outside Cambridgeshire who are 20 miles or more from the home they lived in before they became a looked after child.
- We count separately the number of UASC who are placed into care outside Cambridgeshire.
- 3+ placements is a count of the number of 3 or more placement changes a looked after child has had since the start of April to fall in line with statutory reporting. This is measured cumulatively. We measure the number of placement changes to understand a child's placement stability whilst in care.

## Looked After Children - Placement Types In and Out of County as at end of August 2018

Placement Type	In	Out
A4 - Placed for adoption with consent not with current foster carer		
A5 - Placed for adoption with placement order with current foster carer		2
A6 - Placed for adoption with placement order not with current foster carer	16	16
H5 - Residential accommodation not subject to Children's homes regulations	27	50
K1 - Secure Unit		2
K2 - Homes and Hostels	27	31
M3 - Whereabouts unknown		
P1 - Placed with own Parents or Those with Parental Responsibility	6	5
P2 - Independent Living	1	
Q1 - Foster Placement with Relative or Friend	4	3
Q2 - Placement with other Foster Carer	36	42
R1 - Residential Care Home		2
R2 - NHS/Health trust or other establishment providing medical or nursing care	1	
R3 - Family Centre/Mother and Baby Unit	1	
R5 - Young Offender Institution or Prison		2
S1 - All Residential Schools, except where dual-registered as a school and Children's Home	4	5
T0 - All types of temporary move		
T4 - Temporary accommodation of seven days or less, for any reason, not covered by codes T1 to T3	2	
U1 Foster placement with relative or friend- long term fostering	10	8
U2 Foster placement with relative or friend who is also an approved adopter- FFA	2	1
U3 Foster placement with relative or friend- not long term or FFA	11	3
U4 Placement with other foster carer- long term fostering	91	84
U5 Placement with other foster carer who is also an approved adopter- FFA	8	3
U6 Placement with other foster carer - not long term or FFA	117	108
Z1 - Other Placement		2
Unknown		4
<b>Total</b>	<b>364</b>	<b>373</b>

### Commentary:

The location of adopters is always based on securing the best possible match for children so it is expected that children be in and out of county based on the best adopters to meet their needs. 8% of children are placed in children's homes. Some of these children will have disabilities and will require specially equipped settings to meet their needs. 76% of all looked after children are placed with foster carers.

### Notes on data and definitions:

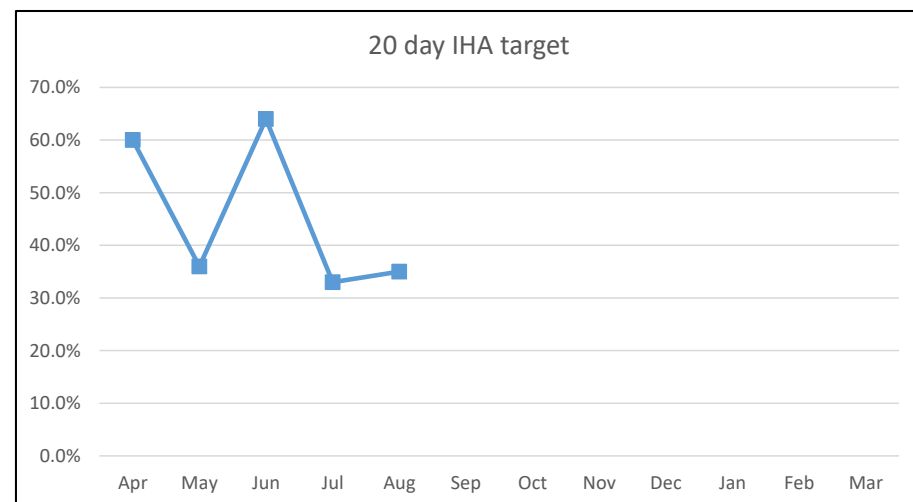
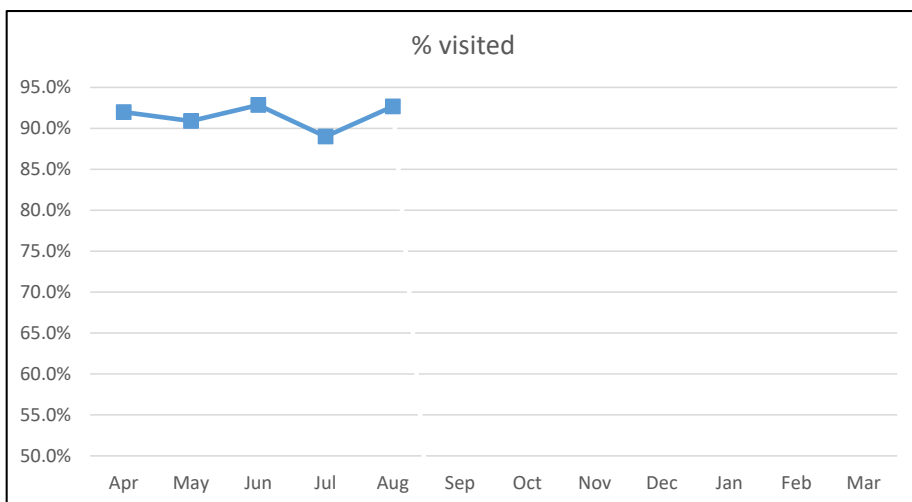
The table compares all Looked After Children placed in care within Cambridgeshire and outside the Cambridgeshire county area.

The codes and descriptions of the Placement Types are defined by the Department for Education which are used in the Looked After Children Statutory Data Returns each year.

## Looked After Children -Visits, Reviews and Health

Visits and Reviews	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Trend	Average
Children to be visited	512	505	503	509	533									512
No. not seen in timescale	41	46	36	56	39									44
% visited	92.0%	90.9%	92.8%	89.0%	92.7%									91.5%
Late Reviews this month	7	6	2	3	5								..	5
Cumulative late reviews	23	48	57	69	76									
% reviews in timescale	81.6%	73.4%	85.7%	81.8%	94.0%								..	83.3%

Health	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Trend	Average
20 day IHA target	60.0%	36.0%	64.0%	33.0%	35.0%								..	



**Commentary:** With the exception of the month of July, performance around children being visited has remained between 90 and 92% in target. The timeliness of looked after children reviews in the month of August was the highest it has been in the reporting year 2018-19. Performance around newly looked after children having their health assessment in 20 days of becoming looked after reached a high of 64% in Jun, but dropped down to 33% in July.

### Notes on data and definitions:

- The 'Children to be visited' measures the number of children who are due a visit in the reporting month.
- **LAC Visits:** The number of children not seen in timescale are those who were due a visit in the reporting month, but were not seen in timescale.
- **LAC Reviews:** The 'Late Reviews this month' are those LAC children whose LAC Review did not take place. We also record the cumulative late reviews throughout the year as well as the % of reviews in timescale each month.
- An Initial Health Assessments (IHA) for all children must take place within 20 working days of them becoming looked after. The NHS provide the percentage of children who had their IHA within 20 working days.

## Looked After Children - Care Leavers and Adoption

Care Leavers	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Trend	Average
Care leaver cohort	33	32	31	44	20									32
Care leavers in suitable accommodation - Yes	26	29	29	42	15									28
Care leavers in suitable accommodation - Unknown	7	3	2	2	5									4
Care leavers who are EET -Yes	18	19	17	27	10									18
Care leavers who are EET - Unknown	15	13	14	17	10									14
Care leavers in touch - Yes	28	29	28	41	16									28
Care leavers in touch - Returned Home	1	0	0	0	1									0
Care leavers in touch - No Longer Required	0	0	0	0	0									0

Corum Cambridge Adoption	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Trend	Average
Number of adoptions per month	3	3	4	0	3									3
Average time between child entering care and moving in with its adoptive family (days)	244	226	437	-	341									312
Average time between an LA receiving court authority to place a child and the LA deciding on a match	102	61	213	-	79									114
Children who wait less than 14 months between entering care and moving in with their adoptive family	100%	100%	75%	-	100%									93.8%

### Commentary:

The data relating to care leavers is presented in the same way all Local Authorities are required to report into the Department for Education.




The Care Leaver Cohort are the Care Leavers whose 17th, 18th 19th, 20th and 21st birthdays fell within the reporting month. There were approximately 366 young people with care leaver status allocated to practitioners in children's services in August. Performance in relation to children waiting less than 14 months to be adopted has been 100% with the exception being in the month of June.

No children were adopted in July, 3 were adopted in August.

### Notes on data and definitions:

- Care Leaver Cohort - the Care Leavers whose 17th, 18th 19th, 20th and 21st birthdays fell within the reporting month.
- Suitable Accommodation. Whether accommodation is deemed 'suitable' is judged on an individual case. The Department for Education judge the following accommodation types as suitable ('Parents or relatives', 'Community home or other form of residential care', 'Semi-independent', 'transitional accommodation', 'Supported lodgings', 'Ordinary lodgings' without formal support, 'Foyers and similar supported accommodation' and 'Independent living')
- In Touch. There should be "contact" between the authority and the young person around 3 months before and one month after the Care Leaver's birthday. This is designed to monitor the situation of young people when they have left care, rather than their situation immediately before they left care.
- We measure main activity for Care Leavers on or around their 17th, 18th, 19th, 20th or 21st birthday when we are in touch with them. This is reflected in the Education, Employment and Training (EET) numbers.

## Looked After Children - Education

Education	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Trend	Average
% yr 12s who are in learning	95.0%	94.6%	94.3%	93.3%										
% yr 13s who are in learning	90.6%	90.3%	90.2%	90.0%										
% of 16-18 yr olds who are NEET	2.7%	2.8%	2.9%	3.1%										

### Commentary:

There has been an improvement in the number of year 12 and 13 children in learning since April 2017.



**NOTE:** NEET data is not available for August

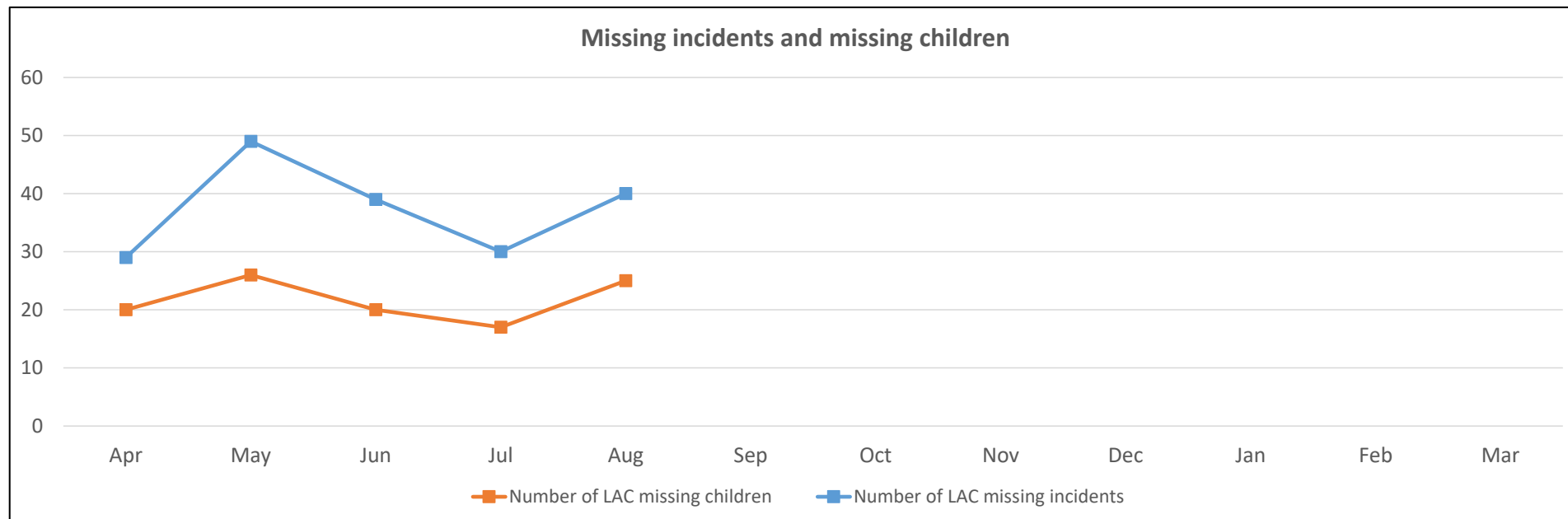
### Notes on data and definitions:

- Measures of the percentage of year 12s and 13s currently in some form of learning.

- NEET - Not in Education, Employment or Training.

## Looked After Children - Missing

LAC - Missing	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Trend	Average
Number of LAC missing incidents	29	49	39	30	40									37.4
Number of LAC missing children	20	26	20	17	25									21.6








### Commentary:






The number of missing children and missing incidents has fluctuated over the course of this reporting year. There is a multi-agency network around children missing who work hard together to support this extremely vulnerable group. It is considered that the reduction in figures is a result of a strong multi-agency approach and positive interventions.

### Notes on data and definitions:

- Each episode of a child going missing is recorded as a missing incident
- A Looked After Child who goes missing during the month will be recorded as a missing child only once, but if they go missing multiple times then they generate more than one missing incident during the month.

## All Children - Child Sexual Exploitation and Gang Exploitation

Child Sexual Exploitation (CSE) (All Children)	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Trend	Average
<b>Gender</b>														
Male	29	29	29	44	42									34.6
Female	67	67	63	87	86									74.0
<b>Age of children</b>														
0-8	0	0	0	0	0									0.0
9-12	1	1	1	3	2									1.6
13-16	73	73	69	103	103									84.2
17+	22	22	22	25	23									22.8

Gang Exploitation (All Children)	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb		Trend	Average
<b>Gender</b>														
Male	22	22	23	34	31									26.4
Female	4	4	4	7	7									5.2
<b>Age of children</b>														
0-8	0	0	0	0	0									0.0
9-12	1	1	1	2	1									1.2
13-16	18	18	19	30	30									23.0
17+	7	7	7	9	7									7.4

### Commentary:

July saw a sharp increase in the number of children at risk of Child Sexual Exploitation and local intelligence will be being used to look at what is happening to safeguard children. The number of children with gang involvement also increased in July. Both figures have remained high in August.

### Notes on data and definitions:

- As part of a child's assessment practitioners assess a child or young person's level of risk of child sexual exploitation (CSE). CSE is defined as children under 18 in exploitative situations, contexts or relationships where they receive 'something' (e.g. food, accommodation, drugs, alcohol, cigarettes, affection, gifts, money) as a result of them performing, and/or another or others performing on them, sexual activities.

- As part of a child's assessment practitioners assess a child or young person's level of risk of gang exploitation. The definition of being at risk of gang-related exploitation is - There are tangible indicators/evidence that suggests risks that a young person is being groomed and/or coerced into moving or selling drugs and being involved in other violence related gang activity, e.g. missing episodes with limited information on whereabouts and/or involvement with groups involved in the supply of drugs and carrying of weapons'.

## Fostering Service - Placements

In House Foster Placements	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Trend	Average
Time limited placements	109	110	110	112	115									111
Permanent placements	70	70	70	69	69									70
UASC children	5	5	5	5	5									5
Supported lodgings	9	9	4	5	6									7
Kinship Foster care	16	16	16	19	19									17
Reg 24	16	14	6	6	12									11
<b>Total</b>	225	224	211	220	220									220
Link children	33	32	35	33	38									34
Staying Put	10	9	9	10	10									10
<b>Total plus Link and Staying Put</b>	268	265	255	262	262									262

Private Fostering Placements	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Trend	Average
Number of Children in Private Fostering Placements	28	30	38	38	18									

### Commentary:

63% of children with in-house carers have had their placements permanently ratified, so the plan is that they remain there until adulthood. 18% of children in this group are in kinship placements and this is an excellent way for children to be able to retain their identity and continue to have strong relationships with their family. 10 children are in staying put placements and work is happening to increase this number, and to ensure that new carers being recruited understanding that the fostering task continues past children's 18th birthdays.

### Notes on data and definitions:

Time limited fostering means caring for a child until they can return to their own family, or until it becomes evident that they need a more permanent foster placement/adoption.

Permanent Placements are used when it has been decided that the child's family is not in a position to be able to meet their needs now and in the longer term.

UASC refers to Unaccompanied Asylum Seeking Children.

Kinship foster care is where a child is placed with a relative who has been assessed to become a kinship carer.

Reg 24 is where a 'family and friends' foster carer is temporarily approved as a foster carer under Regulation 24 of the Care Planning, Placement and Case Review (England) Regulations 2010.

Supported Lodgings provides young people aged between 16 and 21 years old with a room in a house, and the support and guidance of an adult or adults living there.

Link children refers to the short break service for families who have disabled children aged between 0-19.

Staying put is where a care leaver remains with their foster carer at the point they may otherwise move into supported, semi-independent or independent accommodation.



## Fostering Service - Recruitment Activity

Foster Carer Recruitment Activity	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Trend	Average
Enquiries	21	15	23	59	36									
Applications by Household	8	2	2	4	0									
Household Assessments - Stage 1	2	2	2	5										
Households Assessments - Stage 2	14	14	14	14	12									
Approvals (Foster Carer Households)	3	2	0	2	4									

Private Fostering	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Trend	Average
Number of Children in Private Fostering Placements	28	30	38	38	18									

Link	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Trend	Average
Number of Carers	15	15	15	15	15									
New Referrals	2	2	3	2	2									
Enquiries	21	15	23	59	36									

### Commentary:

The number of people enquiring to be foster carers increased in July 2018. 8 new carers have been approved to foster by the local authority since April 2018. There has been Increased number of enquiries in July 2018 due to recruitment activity. The fostering service is active in undertaking initial visits to the enquiries made in July 2018. There is a recruitment campaign being launched in September 2018 - Team Cambridgeshire: Join our fostering team.

38 children are in private fostering. Their carers are not foster carers, but there is a requirement that the local authority monitor the well-being of children subject to these arrangements.

### Notes on data and definitions:

Private Fostering is when a child under the age of 16 (under 18 if disabled) is cared for by someone who is not their parent or a 'close relative'.



**MENTAL HEALTH SERVICES FOR LOOKED AFTER CHILDREN**

**To:** Corporate Parenting Sub-Committee

**Meeting Date:** 21 November 2018

**From:** Sarah Jane Smedmor  
Assistant Director Children and Families Services

Pamela Parker  
Professional lead for Psychology Children and Families Services

**Electoral division(s):** All

**Purpose:** The Sub-Committee asked for a report setting out what a good mental health service for Looked After Children should look like.

**Recommendation:** The Sub-Committee is recommended to review the information provided and agree to use this as a benchmark for local services.

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### **Summary:**

This report is to present the key findings of the Expert Working Group created to ensure that the emotional and mental health needs of children and young people in care, adopted from care, under kinship care, under Special Guardianship Orders, as well as care leavers, would be better met. It is hoped that this will support councillors in their task of holding local services to account regarding their offer for children who are looked after.

The findings are considered particularly credible as they were developed in collaboration with a significant number of young people and key stakeholders, like foster carers and residential home workers.

## **BACKGROUND**

- 1.1 This report was requested at the Corporate Parenting Sub-Committee meeting on September 19th 2018 following discussion with commissioners and providers of local mental health services. It was suggested that it would be helpful to review national guidance on what best practice should look like in relation to meeting the mental health needs of children in care to provide clarity regarding what should be available and how services should be delivered.

## **2. MAIN ISSUES**

- 2.1 The key recommendations of the expert working group are presented below. The full report is provided as an attachment to this document.
  1. Building on the success of the virtual school head (VSH), a similar oversight role of a virtual mental health lead (VMHL) is established. This is to ensure that every child and young person in the system is getting the support they need for their mental health and emotional wellbeing.
  2. The Strengths and Difficulties Questionnaire should be supported by a broader set of measures which can trigger a comprehensive mental health assessment. There are a range of tools in use that could support the assessment depending on the need of the young person.
  3. Assessments should focus on understanding the individual's mental health and emotional wellbeing in the context of their current situation and past experiences, rather than solely focusing on the presenting symptoms. The young person, their caregivers, family (where appropriate) and professionals' viewpoints should be included. Young people should be able to share who they would like to accompany them to assessments, and where possible those wishes should be accommodated.

4. Caregivers should receive support for their own mental health and wellbeing.
5. Caregivers need to be informed of which statutory and non-statutory services are available when support is needed for the child or young person. This should be included in each area's local offer. It is crucial that services are funded to support caregivers' training and development.
6. Everyone working directly with looked after children should receive training on children and young people's mental health so they are equipped with the appropriate skills.
7. A needs-based model is the best way to support and respond to young people. This model places the young person at the centre of decision-making and where appropriate lets them exercise choice as to how and what support they access. This allows appropriate support to be generated by need, rather than diagnosis.
8. Formal services should be more flexible in who they will allow to support the young person, acknowledging that support can come from a range of services and places. Health, education and social services need to work collaboratively to achieve this recommendation.
9. Ministers at the Department for Education and Department of Health should work together to ensure children in care and leaving care have access to services provided for their mental health and wellbeing.
10. Ofsted, the Care Quality Commission (CQC) and Her Majesty's Inspectorate of Prisons (HMIP) should review their regulatory frameworks linked to registration to ensure that equal weight and attention is being given to mental and physical health needs.
11. The statutory review of a child's care plan by the independent reviewing officers (IROs) must include at each meeting a review of whether mental health needs have been met.
12. Every school should have a designated teacher with the training and competence in identifying and understanding the mental health needs of all their pupils who are looked-after.
13. Existing mechanisms for capturing direct views of young people should be integral to planning and commissioning arrangements. Local Health Watch services should monitor the effectiveness of mental health care arrangements for children and young people who are looked after, and report their findings to Health and Wellbeing Boards at least annually.
14. Self-help, peer mentoring and community initiatives should be considered if a young person expresses this is their preference) before a referral to more formal child and adolescent mental health services.

15. Clinical Commissioning Groups should ensure commissioning is informed by a Joint Strategic Needs Assessment (JSNA) which addresses the mental health and wellbeing needs of looked after children and care leavers. This should be reflected in Local Transformation Plans.

16. The Local Safeguarding Children Board, Corporate Parent Board and Health and Wellbeing Board should give appropriate priority to ensuring that the mental health needs of children and young people in care and leaving care are met.

### 3. **SIGNIFICANT IMPLICATIONS**

3.1 Resource Implications  
N/A

3.2 Procurement/Contractual/Council Contract Procedure Rules Implications  
N/A

3.3 Statutory, Legal and Risk Implications  
N/A

3.4 Equality and Diversity Implications  
N/A

3.5 **Engagement and Communications Implications**  
N/A

3.6 **Localism and Local Member Involvement**  
N/A

3.7 **Public Health Implications**  
N/A

### **SOURCE DOCUMENTS**

<b>Source Documents</b>	<b>Location</b>
<b>Improving mental health support for our children and young people</b>  <b>Expert Working Group final report</b> <b>Dec 2017</b>	<a href="https://www.scie.org.uk/children/care/mental-health/report">https://www.scie.org.uk/children/care/mental-health/report</a>



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# Improving mental health support for our children and young people



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## Expert Working Group co-chairs foreword

There can be no keener revelation of a society's soul than the way in which it treats its children.

Nelson Mandela's statement from May 1995, spoken at the launch of the Mandela Children's Fund in Pretoria, still resonates with us more than two decades later. How we treat children, the sensitivity we show and the systems we put in place to address the needs of these children whose future is entrusted to us, is emblematic of our vision for society as a whole.

The mental health of children and young people has become a focus in our society as never before, and we welcome the commitment by government to achieve a system-wide transformation of the mental health care and support they receive by 2020. Many people have also come together, through the 'Heads Together' campaign, and talked publicly about their personal struggles in an overt effort to reduce stigma and bring mental health issues into the open.

It is our hope that as a society we will become more confident in expressing our compassion towards those with mental health needs, and that with this change the needs of children in care, who are among the most vulnerable in our society, will resonate in new ways: with government, with policymakers, and with local service commissioners and providers. However, to feel and express compassion is not enough. The feeling must act as a catalyst to galvanise those of us responsible for looked after children into making positive changes.

The Expert Working Group brought together a selection of the most committed experts in this field, who were determined and passionate to make a difference to the mental health and wellbeing of children and young people. We were fortunate to benefit from eloquent experts by experience, as well as a richness of oral testimony and evidence from local and national stakeholders. We concluded that the care system does not support the mental health and wellbeing of these vulnerable

children and young people, and can sometimes cause them unintentional harm. This needs to stop now.

We were all motivated by a strong belief that we urgently need to transform the provision and improve support for children and young people's mental health and emotional wellbeing. We see a growing mental health crisis across all groups. Trends highlight an increase in mental illness among some groups of children and young people, particularly emotional problems such as anxiety and depression.<sup>1, 2</sup> Whatever the cause(s) of this increase, it is likely that the pressures on looked after children will increase with even fewer resources available to protect them.

There is also the societal cost of inaction. Given the prevalence and complexity of mental health problems among children in care, coupled with the knowledge that the best predictor of psychiatric disorders in adulthood is psychological disturbance or a psychiatric disorder in childhood or adolescence,<sup>3</sup> intervening early and sensitively in multiple contexts across the system can generate significant benefits.

Equally, we were concerned about significant external influences that can affect the mental health and wellbeing of all young people. For example, growing up in a digital age, increased societal inequality, austerity, and political conflict and instability in the world. One of the results of this upheaval is minors arriving unaccompanied on our shores.

There can be little doubt that children and young people are experiencing new and multiple pressures in a demanding and fast-moving digitally enabled world. Online child sexual exploitation (CSE), where young people are groomed and abused online, increased by 135 per cent between 2015 and 2016.<sup>4</sup> The wider use of technology can increase young people's vulnerability to abuse, bullying and exploitation. Poverty also plays a critical role in child maltreatment.<sup>5</sup> During the recent period of austerity we have seen the number of children subject to child protection interventions, and who are taken into care, increase.<sup>6</sup> In the last 10 years there has been a 140 per cent increase in children and young people on child protection plans.

The Expert Working Group was also greatly concerned by the considerable delays in accessing vital mental health support in the first instance. Since 2012, mean maximum waiting times for access to child and adolescent mental health services (CAMHS)<sup>7</sup> have fallen.<sup>8</sup> However, these are still far too high, with some children and young people waiting a long time for assessment and then again for treatment. The Care Quality Commission (CQC) identifies access to timely care and support as a key area for improvement, with CQC inspections commonly finding that CAMHS services need to take action to improve waiting times for specialist community services.<sup>9</sup>

In any case, there is a significant human cost associated with long waiting times, and the difficulties in getting help after assessment are now generally appreciated. We also need to tackle the problem of inadequately coordinated services at the local level and the particular difficulties in the transition from children's to adults' services. There are notable gaps in provision between community and inpatient care.

So, while we have trained and passionately caring professionals, they are too often working within a system which acts as if it lacked compassion.

The ethical imperative to intervene early is overwhelming. The needs of looked after children are complex. Diagnoses of severe disorders such as autism and attention deficit hyperactivity disorder (ADHD) can be missed in the care population and the presence of trauma can overshadow other conditions.<sup>10,11,12</sup> All too often we can gain only a partial view of a child's health. By over-emphasising the distinct nature of each problem, the clinician is liable to miss important causal or situational considerations. For example, in relation to past or present attachment issues. While it is important to align symptoms with the correct diagnostic label, it is equally important that problems are viewed in the round, so that treatment can be based on a complete picture of the child's needs. This emphasis on a child-centred, needs-focused approach ran through almost all the considerations of the Expert Working Group.

In response to the need for a more flexible approach, there are useful parallels in how the needs of children and young people with special educational needs (SEN)

are met. Mirroring the Education, Health and Care Plan (EHCP) approach, the co-chairs endorse the idea of a 'graduated response' to mental health and wellbeing. We have not recommended a special emotional wellbeing plan for children in care, but feel passionately that the inclusion of this dimension in existing care plans must be significantly strengthened.

We are also concerned that children are often overlooked in decisions that directly affect them, and that this reduced agency will not only have a negative impact on their sense of self, but their trust in the systems designed to assist them, leaving them with potential long-term problems of adaptation. We see a strong case for creating a small team of professionals, including their carers, who care about and understand the child and, importantly, are perceived as caring and understanding by them. There must be key individuals who, based on in-depth knowledge of the child, will have a trusting relationship and be able to guide others in how they can best help, ensuring that the child's personal views on their care pathway are given full attention and consideration.

With significant and growing pressure on health and care budgets, there has often been no alternative to moving money out of non-statutory services (such as youth services) and into statutory child protection support. Disinvestment in one part of the system has often led to unplanned impact in another, leading to the unintended degradation of the ability of the system overall to respond well, particularly with early help.

Good commissioning and local system oversight is critical for success. Our report seeks to reinforce accountability and to emphasise the need for better professional leadership and high quality commissioning across local systems. Crucially we see this responsibility firmly within the corporate parenting role and call for better scrutiny and challenge on behalf of children in care. In our report we make specific recommendations to achieve improved collaboration and coordination of efforts at a national and local level, to move beyond organisational boundaries in a shared endeavour that is focused on the needs of children and young people. We are guided by a model of care that has the young person at its centre, recognising that if

the system does not consistently enhance the child and young person's decision-making power and sense of agency, then it falls short as a corporate parent.

As a society we are clear that we are not prepared to tolerate abuse and maltreatment of children and we use our laws to intervene to protect and care for them. This places us under an ethical obligation to care well for those children for whom the state has assumed parental responsibility. This is expressed through our duty to act as corporate parents to them.

We want to end by emphasising that we found excellent practice in the field and very many dedicated and impressive individuals. We heard dozens of moving personal stories about how meaningful relationships with key remarkable individuals have turned around the lives of profoundly traumatised young people. And we were inspired by the resilience and personal resources of the young people we met, who reminded us why we must make sure everything is done to enable every person to reach their full potential.

We want this report to be used now as well as to inform policy, practice and commissioning decisions going forward. We sincerely hope that the report will fulfil the declared ambition of the Expert Working Group and that it will make a difference.

Professor Peter Fonagy OBE

Dame Christine Lenehan

Alison O'Sullivan

## Executive summary

In February 2016 the Department for Education (DfE) minister announced that an Expert Working Group would be created to ensure that the emotional and mental health needs of children and young people in care, adopted from care, under kinship care, under Special Guardianship Orders, as well as care leavers, would be better met. It was proposed that, by October 2017 the following would be developed:

- **care pathways:** focusing on the young person's journey
- **models of care:** how services ensure appropriate interventions
- **quality principles:** measures that set out markers of high-quality care
- **implementation products:** to support those working in the field.

The charity Social Care Institute for Excellence (SCIE) was contracted by the Department of Health (DH) and the Department for Education to establish the Expert Working Group to support this work.

We believed that it was absolutely essential that our work was co-produced with children and young people, and over 80 contributed their experience and evidence to the project. We also heard from those looking after young people and approximately 100 professionals including looked after children nurses, doctors, birth parents, social workers, residential key workers, foster carers and adoptee parents. All of these groups attended our stakeholder event in April 2017.

The Expert Working Group gathered evidence from a review of literature about what the mental health needs of looked after children were, and held a Call for Evidence of good practice. The group also considered what a good system to support the health and wellbeing of looked after children would look like, and described its key features.

One of the key issues that we recognised was that good quality ongoing assessment must be the foundation of a comprehensive strategy of support and services. The feedback from young people, stakeholders and the Expert Working Group itself was



that the Strengths and Difficulties Questionnaire (SDQ) by itself is not an effective way of measuring the mental health and emotional wellbeing of young people.

One of the strongest views of the Expert Working Group was that local areas need to be able to provide consistent care and support for a child, with an understanding that their diagnosis and therefore the type of support services they need can change. Therefore, assessment and services must be responsive and flexible. Mental health is a continuum and cannot be seen as a one-off diagnosis.

For one of our consultations we met 35 children and young people who had accessed provision from across health services including specialist in patient care ('Tier 4' provision). We asked them to create recommendations to include in our report, so that their voice was clear and strong. We present their 11 recommendations here, before our own, because their voice is the context in which our work should best be understood.

From the evidence base that we have assembled, the work of the Expert Working Group, the views of children and young people who are experts by experience, professionals and those looking after young people, we have:

- established 11 key findings, which are the drivers for change
- made recommendations that address those findings and will improve the mental health and wellbeing of looked after children
- developed seven quality statements that define the outcomes that our recommendations are intended to achieve.

Change needs to happen now, and it is our hope that this report provides a platform for that change and the necessary call for action.

We recommend that:

1. Building on the success of the virtual school head (VSH), a similar oversight role of a virtual mental health lead (VMHL) is established. This is to ensure that every child and young person in the system is getting the support they need for their mental health and emotional wellbeing.
2. The Strengths and Difficulties Questionnaire should be supported by a broader set of measures which can trigger a comprehensive mental health assessment. There are a range of tools in use that could support the assessment depending on the need of the young person.
3. Assessments should focus on understanding the individual's mental health and emotional wellbeing in the context of their current situation and past experiences, rather than solely focusing on the presenting symptoms. The young person, their caregivers, family (where appropriate) and professionals' viewpoints should be included. Young people should be able to share who they would like to accompany them to assessments, and where possible those wishes should be accommodated.
4. Caregivers should receive support for their own mental health and wellbeing.
5. Caregivers need to be informed of which statutory and non-statutory services are available when support is needed for the child or young person. This should be included in each area's local offer. It is crucial that services are funded to support caregivers' training and development.<sup>13</sup>
6. Everyone working directly with looked after children should receive training on children and young people's mental health so they are equipped with the appropriate skills.
7. A needs-based model is the best way to support and respond to young people. This model places the young person at the centre of decision-making and where appropriate lets them exercise choice as to how and what support they access. This allows appropriate support to be generated by need, rather than diagnosis.
8. Formal services should be more flexible in who they will allow to support the young person, acknowledging that support can come from a range of services and places. Health, education and social services need to work collaboratively to achieve this recommendation.

9. Ministers at the Department for Education and Department of Health should work together to ensure children in care and leaving care have access to services provided for their mental health and wellbeing.
10. Ofsted, the Care Quality Commission (CQC) and Her Majesty's Inspectorate of Prisons (HMIP) should review their regulatory frameworks linked to registration to ensure that equal weight and attention is being given to mental and physical health needs.
11. The statutory review of a child's care plan by the independent reviewing officers (IROs) must include at each meeting a review of whether mental health needs have been met.
12. Every school should have a designated teacher with the training and competence in identifying and understanding the mental health needs of all their pupils who are looked-after.<sup>14</sup>
13. Existing mechanisms for capturing direct views of young people should be integral to planning and commissioning arrangements. Local Health Watch services should monitor the effectiveness of mental health care arrangements for children and young people who are looked after, and report their findings to Health and Wellbeing Boards at least annually.
14. Self-help, peer mentoring and community initiatives should be considered (if a young person expresses this is their preference) before a referral to more formal child and adolescent mental health services.
15. Clinical Commissioning Groups should ensure commissioning is informed by a Joint Strategic Needs Assessment (JSNA) which addresses the mental health and wellbeing needs of looked after children and care leavers. This should be reflected in Local Transformation Plans.
16. The Local Safeguarding Children Board, Corporate Parent Board and Health and Wellbeing Board should give appropriate priority to ensuring that the mental health needs of children and young people in care and leaving care are met.

The Expert Working Group developed a new model which places the young person at the centre. The model is based on 'I statements' supported by enablers. The model highlights what good, holistic support for mental health and wellbeing looks like from the perspective of the young person, and what needs to be in place to make it happen.<sup>15</sup>

Alongside this model, one of the major findings from our evidence is that the journeys taken to access support are often not linear. For example, a child in care may have a social worker who has the statutory responsibility of referring to child and adolescent mental health services, but their trusted relationship may be with another professional or their main caregiver. In this instance, there would be benefit to the young person being able to utilise their trusted relationship to access support together.<sup>16</sup>

To support our findings, we then developed an 'eco-map', to be used in conjunction with the accompanying decision trees. The eco-map is a representation of the choices that should be available to the young person and/or primary caregiver to access the right support and resources.

The decision trees represent our recommendations for a responsive pathway that places the child or young person at the centre, and include those that know them in the decision-making, as appropriate.

At the core of both our model and pathway is the need for:

- timely intervention and support
- a system that can be activated by anyone within the child or young person's network
- a recognition that mental health is a continuum
- support that is responsive to the young person's needs.

Our decision trees together with the eco-map create the pathways for prevention and accessing support, the core components of which are:

- the people raising a concern
- who they raise the concern to
- how that person decides what the level of concern is
- what they do in response to this concern
- ongoing monitoring and responding to need.

The roles and responsibilities presented in Appendix 3 are those that the child or young person can expect to support them as they journey through the pathways.

## Introduction

As a society, we trust the state to provide the best possible care to all children who cannot be looked after by their birth families. In their journey through care, the meaning we can give to the life of the young person whose wellbeing rests in our collective hands, the speed with which we respond to the distress of children in care, and the resources we make available to support them in their time of need, all speak to our capacity as a society to safeguard the most marginalised.

The mental health of young people is a focus in our society as never before, and we welcome the government commitment that by 2020 there will be system-wide transformation of the local offer to children and young people. Work has begun with principles of service integration across health, education, justice and social care now feeding into sustainability and transformation partnerships (STPs) and Local Transformation Plans (LTPS) across the country

However, through our Expert Working Group meetings, stakeholder events and Call for Evidence we have learned that too often we are failing these children and young people. Multiple testimonies highlighted that some looked after children and young people are not accessing services when needed, or are being told that their mental health need does not meet service thresholds.

Other evidence in this report highlights that we must change our approach to children and young people's mental health and ensure that services are accessible, flexible and child-centred. The report also highlights the urgent need to transform how we commission, collaborate and work together in local areas to give children in care the same level of support, care and opportunity that we would wish for our own children. We need to build a community both around the child and those caring for them, to ensure that this group of young people are supported to reach their potential.

## Background to the project

In March 2015, the Department for Education and Department of Health published new statutory guidance on promoting the health and wellbeing of looked after children. The guidance acknowledged that almost half of children in care have a diagnosable mental health disorder and two-thirds have special educational needs.<sup>17</sup>

Alongside the guidance, NHS England and the Department of Health published 'Future in mind',<sup>18</sup> which set out the need for appropriate care pathways and new models of evidence-based care to identify and meet the mental health needs of vulnerable children and young people. It was an expectation that the needs of children in care would be specifically addressed in the delivery of local services.

In September 2015, the House of Commons Education Committee announced its inquiry into the mental health and wellbeing of looked after children. In April 2016, the Committee published its report, including evidence and testimony highlighting the urgent need for action:

Looked after children who need access to mental health services often have numerous and complex issues that require specialist input across multiple agencies. We have heard evidence that CAMHS is often unable to provide this care due to high thresholds and a refusal to see children or young people without a stable placement.<sup>19</sup>

## The Expert Working Group

In February 2016, Ed Timpson, Minister of State for Vulnerable Children and Families, announced in evidence to the Education Committee that an Expert Working Group would be created.<sup>19</sup>

The aim was to ensure that the emotional and mental health needs of children and young people in care, adopted from care, under kinship care, or whose placement is

formed by a Special Guardianship Orders or other formal legal orders, and those of care leavers, were better met by developing, by October 2017:

- **care pathways:** focusing on the young person's journey
- **models of care:** how services ensure appropriate interventions
- **quality principles:** measures that set out markers of high-quality care
- **implementation products:** to support those working in the field.

The Expert Working Group has taken a definition of looked after children to include those living in foster homes, children's homes and residential special schools, along with those who have been adopted, are subject to Special Guardianship Orders, living within the secure care and criminal justice systems, asylum-seeking children and care leavers. Wherever we refer to 'looked after children' in this report, we mean all of these groups. We acknowledge that within this cohort, children and young people have a diverse range of needs.

Following consultation, Professor Peter Fonagy, Professor of Contemporary Psychoanalysis and Developmental Science, University College London, and Alison O'Sullivan, past President of the Association of Directors of Children's Services, were appointed by ministers as co-chairs of the Expert Working Group. In April 2017, Alison O'Sullivan handed over her role to Dame Christine Lenehan, Director of the Council for Disabled Children.

The co-chairs were appointed to bring together the perspectives of health and social care, mirroring the close relationships that are needed to improve the mental health support that looked after children need.

The Social Care Institute for Excellence has supported the work of the Expert Working Group, including leading the co-production of this report and developing resources and training to support the project.

Appendix 1 sets out further detail on the membership and work of the group.



## Co-production

A fundamental principle of the project was that recommendations be based on proposals that were supported by the available research evidence, by those directly involved in looking after our most vulnerable young people, and by young people themselves. At the heart of our project were the young people who we talked to through the course of our work, to understand how they felt about mental health support and provision.

I was told that I needed to talk to a therapist because I had ‘anger problems’. Wouldn’t you be angry if someone dumped you in a family you didn’t know? All I wanted was time to think about my feelings and space to breathe – to get my head around not living with mum anymore – but I was shoved in a room and told to talk to some random person. I wasn’t ready for that and it made things worse.<sup>20</sup>

As well as having young people as members of the Expert Working Group we held sessions with 80 children and young people. Young people contributed through attending the children’s reference group which met three times during the course of the project, or through a targeted group consultation.<sup>21</sup> In the course of this project, we asked young people: What would help when you are having a ‘bad’ day? What type of support do you need? What needs to change? Young people were always asked the same questions, but were given a choice of response methods to ensure that they could contribute in a manner which suited their emotional literacy.

Throughout the course of the project young people expressed their anger and despair at professionals assuming they did not have the capacity to contribute to decision-making. As a result they were often not kept informed about key decisions and presented with child and adolescent mental health services as the only solution. Over 75 per cent of the young people involved in the project cited time alone and having space to breathe, or access to community resources (youth centres, drama, art, sports etc.) as helping most on a ‘bad day’.<sup>22</sup> In order to promote young people’s

messages, we have created a new digital platform which will host all of the art, video and creative content that they created during the course of the project.

We also heard from those looking after young people, with almost 100 professionals including foster carers, looked after children nurses, doctors, birth parents, social workers, residential key workers, independent reviewing officers and adoptee parents attending our stakeholder event in April 2017. A further consultation with 20 foster carers took place in May 2017 and with Adoption Together in October 2017.<sup>23</sup>

## What do we know about the mental health needs of children in care?

There are many drivers of poor mental health, including the early and ongoing experiences of many looked after children. This is true both of their experiences leading to them being taken into care and their experiences while in care.

I used to think it was ironic, that the care system was called the 'care' system, because to me it looked like they should drop the care. The system failed to look after me well enough, which allowed my mental health and emotional wellbeing to not only be neglected, but actually directly making me unwell. Leaving me with my parents for far too long, witnessing extreme domestic violence and being diagnosed with PTSD symptoms aged 3 yet handing me straight back to my parents. To then being placed with a foster carer who never wanted me, both foster carers abusing alcohol and class A drugs, and spending 10 years bullied, controlled and hating my very existence ...<sup>24</sup>

As at 31 March 2017 there were 72,670 looked after children, an increase of 3 per cent on 2016.<sup>25</sup> We know that almost half of all looked after children have a diagnosable mental health disorder.<sup>26</sup> Data collected by the Children's Commissioner in 2015 suggests that while fewer than 0.1% of children in England are in care, 4% of children referred to specialist CAMHS services are in care.<sup>27</sup> We also know that 52 per cent of children in care have low subjective wellbeing compared to around 10 per cent of children in the general population. Additionally

there is an increased risk of developmental disorders such as attention deficit hyperactivity disorder and autistic spectrum condition (ASC).<sup>10</sup> Given that the best predictor of psychiatric disorders in adulthood is a psychiatric disorder or disturbance in childhood or adolescence,<sup>3</sup> there is very strong obligation for early intervention with this high-risk group for their present needs and future wellbeing.

In addition to young people currently in care, every year 10,000 young people leave care. The government has acknowledged that:

Those leaving care may struggle to cope with the transition to adulthood. They may experience social exclusion, unemployment, health problems or end up in custody. Care leavers have had these problems for a long time.<sup>28</sup>

Care leavers also face difficulties accessing child and adolescent mental health services, and they can face even more problems accessing support when they move from children's to adults' services.<sup>28</sup>

Sometimes there is a disconnect between the social care and the health care system. Young people in care are treated as children up to 25 but for health services they are treated as adults from 18. Young people may not be able to navigate the complex pathways of the health system. They can find it difficult to access services and often have to go to the back of the queue as they don't meet adult services thresholds. Yet their health problems still remain.<sup>29</sup>

NHS England has introduced a nation-wide financial incentive in place from 2017-19 to improve the experiences of young people transitioning out of Children and Young People's Mental Health Services on the basis of their age.<sup>30</sup>

## Call for Evidence

The Expert Working Group also held a call for evidence across the country. A total of 68 practice examples were submitted with a further 14 submissions as proposals or policy responses. Respondents included NHS trusts, third sector organisations, local authorities, private providers, national bodies, university departments, and parents and carers.<sup>31</sup> The richness of oral testimony and evidence from local and national stakeholders enabled the Expert Working Group to consider what good mental health and emotional wellbeing should look like for children and young people. Each meeting looked at different functions and challenges of the system and discussions were supported with presentations by the Social Care Institute for Excellence research team.<sup>32</sup> Our model, pathways, recommendations and quality statements are based on the evidence we collected through the Call for Evidence, from children and young people, via stakeholder events and from in-depth discussions with the Expert Working Group.

Examples from the Call for Evidence that illustrate the principles of good practice as articulated in this report include the following.

### 1. Enhanced screening for younger children

**1a. Social-emotional Under 4's Screening and Intervention (SUSI) (Submission 9)**, was a clinical feasibility study based in Southwark, providing immediate access to assessment and, where indicated, intervention, for children under the age of 4 who become newly looked-after; children of parents referred to the parental mental health team; or children who are new to Child Protection Plans.

### 2. Multi-agency review and planning in relation to looked after children wellbeing

**2a. In North East Lincolnshire specialist child and adolescent mental health service, a monthly multi-agency clinic (Submission 72)** has been formed to review looked after children Strengths and Difficulties Questionnaire results. Where there are scores of concern, a multi-agency clinic decides how best to meet the

needs of the person from a health, mental health, care and educational perspective. This differs from normal practice where a Strengths and Difficulties Questionnaire would be completed but there would be no opportunity to discuss or share the results with the agencies. The clinic has also been used to identify and escalate concerns about gaps in mental health provision. All looked after children living in the area, or placed out of area, or placed in the area by other local authorities, are included in the reviews.

**2b. 'ATTACH' (Submission 4)** is an assessment and intervention service for all looked after children, adopted and special guardianship order children in Oxfordshire, funded by the local authority and positioned within the department of Children, Education and Families. It offers interventions for carers and young people, working with families with a high level of need who may not meet CAMHS criteria; services also include monitoring high Strengths and Difficulties Questionnaire scores for looked after children in collaboration with the looked after children health team.

### **3. Different models of child and adolescent mental health services to facilitate early identification of need**

**3a. Fast track North East London specialist child and adolescent mental health services drop-in (Submission 30)** is a fortnightly drop-in service for social workers to discuss concerns they have about looked after children, receive advice on actions and make referrals to the fast track looked after children child and adolescent mental health services team as appropriate.

### **4. Alternatives to (child and adolescent mental health services) therapeutic services**

**4a. 'No Wrong Door' (Submission 7) is a multi-agency service model** based in North Yorkshire. Specialist roles are brought together under one roof, and each child or young person is given a key worker and can continue to access the service up to age 25 if needed. A 'life coach' (a clinical psychologist) carries out assessments and provides interventions. The model provides for more flexibility than traditional clinical psychology services offered by child and adolescent mental health services. Life

coaches are also able to provide consultation, training and supervision to those caring for young people.

## 5. Child and adolescent mental health services delivered in an educational setting

**5a. Lewisham virtual school child and adolescent mental health services team (Submission 25)** is a joint venture between child and adolescent mental health services and the local authority's virtual school. The team is described as being embedded within the virtual school and its aim is to incorporate a child and adolescent mental health services perspective into the work of the virtual school. This is seen as way of providing a flexible and responsive service to looked after children and young people placed both in and outside the borough.

### What should a good system look like?

As children and young people come into the system, and at key stages of their life, their caregivers and professionals need to demonstrate that they have a strong understanding of the child's feelings, thoughts and wishes. This community of individuals around the child needs to share its understanding of the child on a regular basis.

Understanding the lens through which the young person sees life, and having a system that communicates and works together, provides a solid platform for the young person to have the resources and support they need to flourish.

Plans drawn up to meet the needs of each individual child should always include their emotional health and mental health needs, with details on how these will be best supported. This should be reflected for every child from the very first care plan submitted to court, through every review and into plans to support leaving care or transition to adult support. An understanding of mental health needs should be through a timely assessment that takes into consideration the key principles of good assessment that we raise in our report.

There was strong evidence throughout the project that caregivers<sup>33</sup> often felt they could not get the support they needed for their child or young person due to high thresholds or due to being excluded from key meetings. This is reflected in the recent report from the CQC which found that local variations in eligibility criteria for CAMHS and in the availability of other services meant that in some areas of England children and young people are unable to access the care and support that they need.<sup>9</sup>

Both the young person and the caregiver should be confident that they can access services from health, education and social care when they are needed. They should also be confident that these agencies will respond collaboratively and flexibly to meet their needs. This includes the caregiver being able to access support and advice for their own mental wellbeing.

There are existing services and support that should promote mental health and emotional wellbeing, but these can be highly dependent on the relationship between the professionals and young people. However, we know through talking to professionals and young people that relationships (e.g. between social worker and child), can be fragile, and that young people can find it difficult to sustain a relationship with social workers because of staff changes and workloads.

This view is supported by the Ofsted 'Annual social care report 2016' and the All Party Parliamentary Group for Children Inquiry into Social Care 2017:

Stability is consistently undermined by staff shortages, high turnover of social workers and multiple care placements, with consequences for the quality of care. In some areas agency staff account for more than 40 per cent of social workers.<sup>34</sup>

## Commissioning and multi-agency collaboration

Good services need good commissioning. Every local authority has a Health and Wellbeing Board which is responsible for the Joint Strategic Needs Assessment;

clinical commissioning groups with responsibility for the sustainability and transformation partnerships; corporate parent committees who lead local arrangements and quality assure service delivery to looked-after young people and care leavers. However, we know that these systems are variable, and there is not consistent learning from the best practice of those who are delivering good care. There needs to be more transparency and accountability in each local area about how services are commissioned and quality assured for looked after children and young people.

The Expert Working Group were very concerned about the number of individuals and organisations that can be involved in a child's care, poor multi-agency collaboration and the capacity of the system to support young people with the most complex needs. There were several testimonies provided by Expert Working Group members of young people who needed inpatient care who could not access a bed and as an alternative were placed in a secure unit or children's home, or who had several placements before they accessed the right support.

The Expert Working Group's concern about insufficient capacity in the system was reflected in the comment made by Judge Munby, the president of the High Court's family division, in August this year. In his judgement on the case of a 17-year-old-girl who could not be provided with an appropriate mental health bed he stated

If ... we, the system, society, the State, are unable to provide X with the supportive and safe placement she so desperately needs, and if, in consequence, she is enabled to make another attempt on her life, then I can only say, with bleak emphasis: we will have blood on our hands.<sup>35</sup>

This supports evidence on the ground and information shared by Expert Working Group members that at the moment the system is not meeting the needs of all our young people with high-level needs who require specialist inpatient care ('Tier 4' provision). The CQC has also identified the availability of suitable inpatient services for children and young people in their local area as a key area for improvement.<sup>9</sup> There is a NHS England program across the country to improve crisis care and community services with an intended £1.4bn further investment.<sup>36</sup> We hope to see



this translated into practice and suitably resourced to meet the needs of looked after children and young people

We know that there are some groups of looked after children who are particularly vulnerable to mental health problems. Critically, this includes children and young people with disabilities, who are over-represented in the care system and who can struggle to get mental health support which is tailored to their needs. When commissioning services, local areas must ensure that the needs of all looked after children and young people are met, including those who need more bespoke services.

## Virtual mental health lead

The Expert Working Group's concern that children and young people with complex mental health needs are not getting the mental health support they need led to one of our primary recommendations: the creation of a virtual mental health lead. This reflects the success of the creation of a virtual school head for looked after children, with the same principles of championing the needs of young people, monitoring progress in local areas (including young people out of borough), intervening where needed and promoting best practice, all with a focus on mental health and wellbeing. We see the two roles working closely together.

The virtual mental health lead would have responsibility for:

- system leadership; monitoring mental health and wellbeing plans that local areas have in place for looked after children
- collecting local data to help embed best practice nationally
- providing support and challenge where needed for individual young people
- developing strong multi-agency relationships in particular health, education and social care services

The Expert Working Group discussed at length where this post should be located and the overall consensus was that it should be a health role with the virtual mental

health lead having sufficient mental health expertise and professional credibility to communicate with (and, where needed, challenge) other health professionals. However, to effectively deliver improvements, the post-holder must have the skills, credibility and authority to work across all local organisations.

## The corporate parent

The Expert Working Group discussed in detail the role of corporate parenting, which operates at many levels: through those carers who care for children on a day-to-day basis, through local authorities who carry the statutory responsibility to ensure children are well cared for on behalf of the state, and also through national and local agencies. The Expert Working Group were clear that the quality of support and placement stability that a child receives as they enter the system should not depend on where they have been placed.

Equally Expert Working Group members agreed that effective multi-agency collaboration is crucial in meeting the responsibility and duty of the corporate parent. The corporate parent has a dual responsibility, both as the 'parent' and as the provider of services for looked after children. The Expert Working Group is concerned that the latter role is too often given priority and wants to see the corporate parent putting their duty as parent first:

The corporate parent should enhance a child's quality of life as well as simply keeping them safe. In order to raise ambition for looked after children, elected members and senior leaders must act like 'pushy parents', working hard to ensure the best for looked after children through asking the question, 'is this good enough for my child?'<sup>37</sup>

One of the key principles in the Children and Social Work Act 2017 is that corporate parents must act 'in the best interests of and promote the health and wellbeing of children and young people in care'.<sup>38</sup> It is our hope that when the Act comes into effect in 2018 this increases local areas' commitment to children and young people's mental health and the consistency with which services are delivered.

## Child and adolescent mental health services provision

Improvements to mental health provision for our children and young people must be actioned on both a local and national level, building on existing guidance and reports, and on good practice already in place across the country, to deliver more responsive services.

While the government announcement of additional funding for child and adolescent mental health services is welcome, it is too soon to say whether this investment will deliver the significant improvements to services that we all want to see, with shorter waiting times and better, more tailored services. The imminent Green Paper on children and young people's mental health gives an opportunity for the government to set out how it plans to make further improvements for the mental health of all children and young people, including through prevention and access to services.

Increasing funding for child and adolescent mental health services will not deliver improvements to services if the new funding merely replaces funding which has been withdrawn. All parts of the system need to prioritise looked after children and support their mental health and wellbeing through a more coherent and properly funded response to their needs. It is also important to highlight that there is significant pressure on local authority budgets, and a huge knock-on effect on the quality of services available for children outside formal child and adolescent mental health services support – with councils facing a £2 billion funding gap by 2020.

## Stable placements and relationships

Young people themselves say that stability is the most important aspect of their experience of care. In the children's commissioner's latest report on vulnerable children and the stability index she says:

When children in care have to change their placement, it can lead to relationships with trusted adults being broken. When children in care have to move schools, they can lose ties with friendship groups. Staff turnover in

residential units and changes of allocated social worker can further unsettle children and young people. We estimate that around 50,000 children in care on the 31st March 2016 (71% of all children in care in England) experienced a change in their placement, school, or their social worker over a 12-month period ... across England as a whole around 220 children experienced high instability ... That means they experienced multiple placement moves, a mid-year school move and multiple social worker changes, all within in the same 12-month period.<sup>39</sup>

Placement instability should be seen as both a cause of mental health conditions and an effect of the placement itself. A number of the children and young people we spoke to had experienced multiple placements. One young person said that this can make children in care feel unloved or too damaged to be cared for.

Another factor in placement instability is when carers are not properly supported to help the child or young person in their home. Examples were provided both by the Expert Working Group and through stakeholder consultations where caregivers received no support when living with young people with complex needs.

Caregivers need a supportive environment where their wellbeing is promoted and looked after, so in turn they are better equipped to support the complex needs of the young people they are caring for. Examples submitted through the Call for Evidence that promoted the caregivers' wellbeing included the following.

- **AdOpt Parenting programme (Submission 44)**<sup>41</sup> is a group-based parenting programme, developed from the KEEP fostering programme, and specifically designed for adoptive parents to help facilitate parenting techniques. It address specific difficulties which adopted children may experience. AdOpt includes an adoptive parent as facilitator, and the programme targets parents and children post-legal order, a time when parents have historically received limited support and which is critical for future family cohesion, child development and wellbeing. The overall programme has been designed for adoptive parents to help facilitate parenting techniques and

support that address specific difficulties which adopted children may experience.

- **Fostering Changes Programme National Adoption and Fostering Clinic (Submission 82)**<sup>40</sup> was developed at the Maudsley Hospital, South London, in conjunction with King's College London, in order to provide the practical support and training for foster carers. The approach seeks to train foster carers to maintain children and placements, address behavioural challenges and also to skill them up to thinking about how to collaborate and engage with young people about their mental health wellbeing and concerns.

## Assessment

Children and young people's needs and the support services they require evolve and change over time. The Expert Working Group was adamant that local areas need to be able to provide consistent care and support for the child, with the understanding that any diagnosis, if made, as well as specific needs, will change and adapt over time. Assessment and supporting services must therefore be responsive and flexible. Mental health need is a continuum and cannot be described by a one-off diagnosis. This echoes the findings of 'Future in mind':

The provision of mental health support should not be based solely on clinical diagnosis, but on the presenting needs of the child or young person and the level of professional or family concern.<sup>18</sup>

## Strengths and Difficulties Questionnaire

Done correctly, assessment can be the foundation for providing a comprehensive strategy of support and services, developed in partnership with children and young people and their caregivers.

It was the view of the Expert Working Group, supported by feedback from young people and stakeholders, that the Strengths and Difficulties Questionnaire (SDQ)

alone is not an effective way to measure the mental health and emotional wellbeing of young people. Additionally, members advised that it is unable to detect post-traumatic stress disorder (PTSD), attachment disorganisation<sup>42</sup> and developmental issues such as autistic spectrum condition. The Expert Working Group therefore recommend that the SDQ is used in conjunction with other assessment methods.

NSPCC research found that in four local areas surveyed, there was no routine assessment of mental health.<sup>43</sup> Similarly, although the completion of the SDQ for all looked after children has been a statutory requirement since 2009, there is a huge variation in completion rates across local authorities. Between 2014 and 2016 there was only a 75 per cent completion rate in England as a whole, with 15 local authorities completing SDQ for less than 50 per cent of their looked after children and young people, and three authorities failing to report a single use of the tool.<sup>26</sup>

The Expert Working Group spent considerable time discussing the way that need should be formally assessed. Our discussions recognised that looked after children have a range of needs beyond any diagnosis, and assessment should recognise their strengths as well as their challenges.<sup>44</sup>

Assessments should not be done once and then forgotten: they are inevitably a snapshot and as such need to be updated at regular intervals. Assessments should focus on the overall mental health and emotional wellbeing of a looked-after young person and lead to action. Their own, their caregivers', families' (where appropriate) and professionals' viewpoints should all be included.

Young people should be asked who they would like to accompany them to assessments and where possible those wishes should be met. At the end of an assessment, the young person should have an understanding of why the assessment took place, know that they were listened to and understood, and understand what will happen next. Effective assessments must see the young person in the context of the situation they are in, the support they need, the key people in their life and their own perspective on their life and situation. Assessments must also be kept under continuous review.

One of our sessions saw 35 young people from across the country who had accessed provision from early help to specialist inpatient care. In the session, the children and young people were unanimous in their belief that it did not matter who was completing the assessment, but rather how the assessment was done. One young person proposed (and others agreed) that anyone who asked you about your mental health should meet you first 'just to talk and get to know you'. One young person (unsurprisingly) added 'we need to know they care before we share our deepest and darkest feelings'.<sup>45</sup>

## Contemporary challenges

The number of people asking for help with mental health issues is increasing. The voluntary sector and health services report increasing demand for children and young people's mental health care and support.<sup>9</sup> Although increased awareness, improved screening and greater clinical recognition are factors, secular trend studies highlight a general increase in mental illness among children and young people, particularly emotional problems such as anxiety and depression.<sup>2, 46</sup> Whatever the cause(s) of this increase, it suggests that mental health challenges have become more complex and prevalent for all children and young people in recent years. The Expert Working Group was concerned about a number of external influences which can affect the mental health and wellbeing of all young people, including:

- growing up in a digital age
- increased societal inequality
- failure to develop coherent support for children's mental health.

## Children and young people's recommendations

We asked the 35 children and young people who had accessed provision from early help to specialist inpatient care to create recommendations to include in our report so that their voice is clear and strong. It is right that these are presented before the key findings of the Expert Working Group's work.

- **Young people need love and kindness**, and interventions should be tailored to this.
- **Not everything is an issue or problem** – sometimes a young person just needs help to take stock and to speak about things.
- **Don't judge us.**
- **Don't leave us waiting** for help or without information on decisions that affect us. We want to be involved in what's happening in our lives.
- If someone gets told they have mental health problems, give them time and space to think about this alone, or process it with a friend/carer. **We need time.**
- Remember **we are still young people.**
- **Don't treat us differently** because we are in care.
- **Remove barriers** to accessing mental health services. This includes access, location, waiting times and information about how the service can help.
- Let young people be **involved** in deciding what they want or how they receive help.
- **Social workers should be trained** in life story work, talking therapies and anger management.
- If a young person has more complex needs, they should have **access to more advanced therapy**, but if social workers were trained in (above) a lot of issues would be resolved.



## Summary of key findings

1. There was strong testimony from front-line professionals that a needs-based model is the best way to support and respond to young people. A needs-based model allows the child to be placed at the centre of decision-making and where appropriate to exercise choice as to what support they need.
2. Both young people and front-line professionals expressed a frustration at the conventional linear approach to describing care pathways, which over-emphasises reliance on a statutory relationship that may not be the most trusted relationship. A linear pathway also frequently fails to utilise the relationships that may be central to the child or young person. Young people's journeys are not linear and neither are their needs, so effective solutions cannot be solely linear either.
3. Initial and continuing assessment of mental health status is essential for monitoring and meeting needs. There are a range of tools in use that could support the assessment depending on the need of the child or young person. Strengths and Difficulties Questionnaires by themselves are not sufficient. Examples of different methods of assessment can be found in our Call for Evidence.
4. When we asked our young person's reference group who should complete the assessment, they consistently reported that **how** it was completed was more important than by whom. The group were eager to recommend that there is an initial meeting between the chosen professional and the young person before any assessment is done as 'trust and getting to know each other first before you share deep stuff' is crucial for young people. The Expert Working Group supports this recommendation.
5. Statutory services must ensure they allow those who have key relationships with the young person to **contribute** to decision-making. There was evidence offered during the course of the project that people with central current relationships with the child or young person, most commonly the main caregiver,<sup>47</sup> were excluded from decision-making.
6. Caregivers need to be fully aware and informed of what statutory and non-statutory services are available. Additionally, in order to properly support the

young people they care for, caregivers need support for their own mental health and wellbeing.<sup>48</sup>

7. Children and young people want choices outside of child and adolescent mental health services. The most commonly cited examples by children and young people when asked what helps on a bad day were having time out and space to breathe, followed by recreational activity. Self-help (including peer mentoring) and resources within the community should be seen as viable choices for supporting the young person.
8. The Expert Working Group strongly advocates the reframing of accountability for looked after children and young people's mental health and emotional wellbeing. We believe that there need to be stronger mechanisms of accountability within existing systems which we highlight in our recommendations.
9. Building on the success of the virtual school head, the Expert Working Group believes that a similar oversight role of a virtual mental health lead is needed.
10. Statutory services are becoming much better at consulting children and young people. While this is a welcome step forward, it is only by **collaborating** with young people that we can move beyond services 'done to' to services 'done with'. If young people are not involved effectively from the start, they will disengage with professionals and services and the commissioning of services will not be informed by those using the service.
11. In relation to mental health assessment, the Expert Working Group made key process recommendations that shift control back to the child and young person, including, where possible, a strengths-based approach focusing on enhancing resilience. This is detailed in our pathways and decision trees.

## Recommendations and quality statements

Quality statement	Key risk	Recommendation
<p><b>Quality statement 1: Commissioning and accountability</b></p> <p>Young people's needs are met because there are systems and procedures in place to hold commissioners and providers to account. All those jointly responsible for commissioning have the knowledge and information to work together to make informed decisions that are responsive to children and young people's needs.</p>	<p>There is insufficient accountability in the current system.</p>	<ol style="list-style-type: none"> <li>1. Clinical Commissioning Groups should ensure commissioning is informed by a Joint Strategic Needs Assessment (JSNA) which addresses the mental health and wellbeing needs of looked after children and care leavers. This should be reflected in Local Transformation Plans.</li> <li>2. The Local Safeguarding Children Board, Corporate Parent Board and Health and Wellbeing Board should give appropriate priority to ensuring that the mental health needs of children and young people in care and leaving care are met.</li> <li>3. Ofsted, the Care Quality Commission and Her Majesty's Inspectorate of Prisons should review their regulatory frameworks linked to registration to ensure that equal weight and attention is being given to mental and physical health needs.</li> <li>4. The statutory review of the child's care plan by the independent reviewing officers must include at each meeting a review of whether mental health needs have been met.</li> </ol>

Quality statement	Key risk	Recommendation
<p><b>Quality statement 2: Leadership</b> Each locality has an accountable, independent virtual mental health lead whose primary responsibility is the mental health and emotional wellbeing of looked after children and young people.</p> <p>This person provides leadership and oversight of the local system and ensures a holistic approach to care is in place, including ensuring that appropriate information is shared with everyone who is involved in the child or young person's care.</p>	<p>There is no consistent leadership for supporting, monitoring and championing young people's mental health.</p>	<p>5. Building on the success of the virtual school head (VSH), a similar oversight role of a virtual mental health lead (VMHL) is established. This is to ensure that every child and young person in the system is getting the support they needed for their emotional wellbeing and health.</p> <p>6. Every school should have a designated teacher with the training and competence in identifying and understanding the mental health needs of all their pupils who are looked-after.<sup>49</sup></p> <p>7. Ministers at the Department for Education and Department of Health should work together to ensure children in care and leaving care have access to services provided for their mental health and wellbeing.</p>
<p><b>Quality statement 3: Workforce</b> Everyone working directly with the children and young people, including those who are transitioning into adulthood, will have the knowledge, skills and competencies to recognise and respond to their mental health needs. This includes knowing when and how to access support from more specialist services if needed.</p>	<p>Caregivers are not sufficiently supported by the current system, either to access services for the young person they care for or to support their own mental health and wellbeing.</p>	<p>8. Caregivers need to be informed of which statutory and non-statutory services are available when support is needed for the child or young person. This should be included in each area's local offer. It is crucial that services are funded to support caregivers' training and development.<sup>50</sup></p>

Quality statement	Key risk	Recommendation
<p><b>Quality statement 4: Workforce</b> Foster carers, special guardians, kinship carers, adoptive parents and those providing first-line support in children's homes are recognised and valued as members of the workforce. They are provided with opportunities for training and development and are included in decision-making. They have access to support and advice from specialist mental health services for their own mental health and that of the child for whom they are caring.</p>	<p>Those working directly with young people do not always receive sufficient training to support complex mental health needs.</p>	<p>9. Caregivers should receive support for their own mental health and wellbeing.</p> <p>10. Everyone working directly with looked after children should receive training on children and young people's mental health so they are equipped with the appropriate skills.</p>
<p><b>Quality statement 5: Voice</b> Children and young people's right to be involved in decision-making that affects their lives is recognised and supported. They are listened to as experts in their own experience by being given opportunities to work with professionals in planning and reviewing their support, including involvement in their care plan and pathway plan. This should be consistent with their individual development, preferences and needs.</p>	<p>The current model of delivering care relies too much on diagnosis and not enough on need.</p> <p>Children and young people are not consistently being offered the platform to contribute to decision-making that affects their lives.</p>	<p>11. A needs-based model is the best way to support and respond to young people. This model places the young person at the centre of decision-making and where appropriate lets them exercise choice as to how and what support they access. This allows appropriate support to be generated by need, rather than diagnosis.</p> <p>12. Existing mechanisms for capturing direct views of young people should be integral to planning and commissioning arrangements. Local Health Watch services should monitor the effectiveness of mental health care arrangements for children and young people who are looked after, and report their findings to Health and Wellbeing Boards at least annually.</p>

Quality statement	Key risk	Recommendation
<p><b>Quality statement 5: Voice (cont)</b></p>	<p>Children and young people want choices outside of child and adolescent mental health services. Their views must be listened to and responded to appropriately. Our consultations with children and young people highlighted that children often feel they are <b>not</b> given choices as to how to manage their own mental health and wellbeing.</p>	<p>13. Self-help, peer mentoring and community initiatives should be considered (if a young person expresses this is their preference) before a referral to more formal child and adolescent mental health services.</p>
<p><b>Quality statement 6: Pathway</b> Children and young people know what services and support they are entitled to, and what those services provide. An informed and accountable workforce ensures that children and young people can access support that meets their individual needs and preferences, whatever their first point of contact.</p>	<p>A linear pathway can prevent a child or young person from sharing information essential for decision-making, as it places accountability on a statutory relationship that may not be their trusted relationship.</p>	<p>14. Formal services should be more flexible in who they will allow to support the young person, acknowledging that support can come from a range of services and places. Health, education and social services need to work collaboratively to achieve this recommendation.</p>

Quality statement	Key risk	Recommendation
<p><b>Quality statement 7: Assessment</b></p> <p>Universal health and wellbeing screening of all looked after children and young people are of a quality to act as an early warning system to identify support needs and prevent problems escalating. Young people and those supporting them meet to assess what the young person wants to achieve, and the help they need to achieve it. Assessments are not a 'one-off' exercise, but are ongoing, with flexibility in format and delivery, according to the individual needs and preferences of the young person.</p>	<p>Strengths and Difficulties Questionnaires (SDQ) by themselves do not capture the full range of emotional and wellbeing needs of a child or young person. Initial and continuing assessment of mental health status is essential for monitoring and meeting needs.</p>	<p>15. The Strengths and Difficulties Questionnaire should be supported by a broader set of measures which can trigger a comprehensive mental health assessment. There are a range of tools in use that could support the assessment depending on the need of the young person.</p> <p>16. Assessments should focus on understanding the individual's mental health and emotional wellbeing in the context of their current situation and past experiences, rather than solely focusing on the presenting symptoms. The young person, their caregivers, family (where appropriate) and professionals' viewpoints should be included. Young people should be able to share who they would like to accompany them to assessments, and where possible those wishes should be accommodated.</p>

## Model

The development of a model that champions the mental health needs of the young person was a key task of the project. The Expert Working Group spent a considerable proportion of its meetings debating and evaluating what relationships and support were critical for a young person.

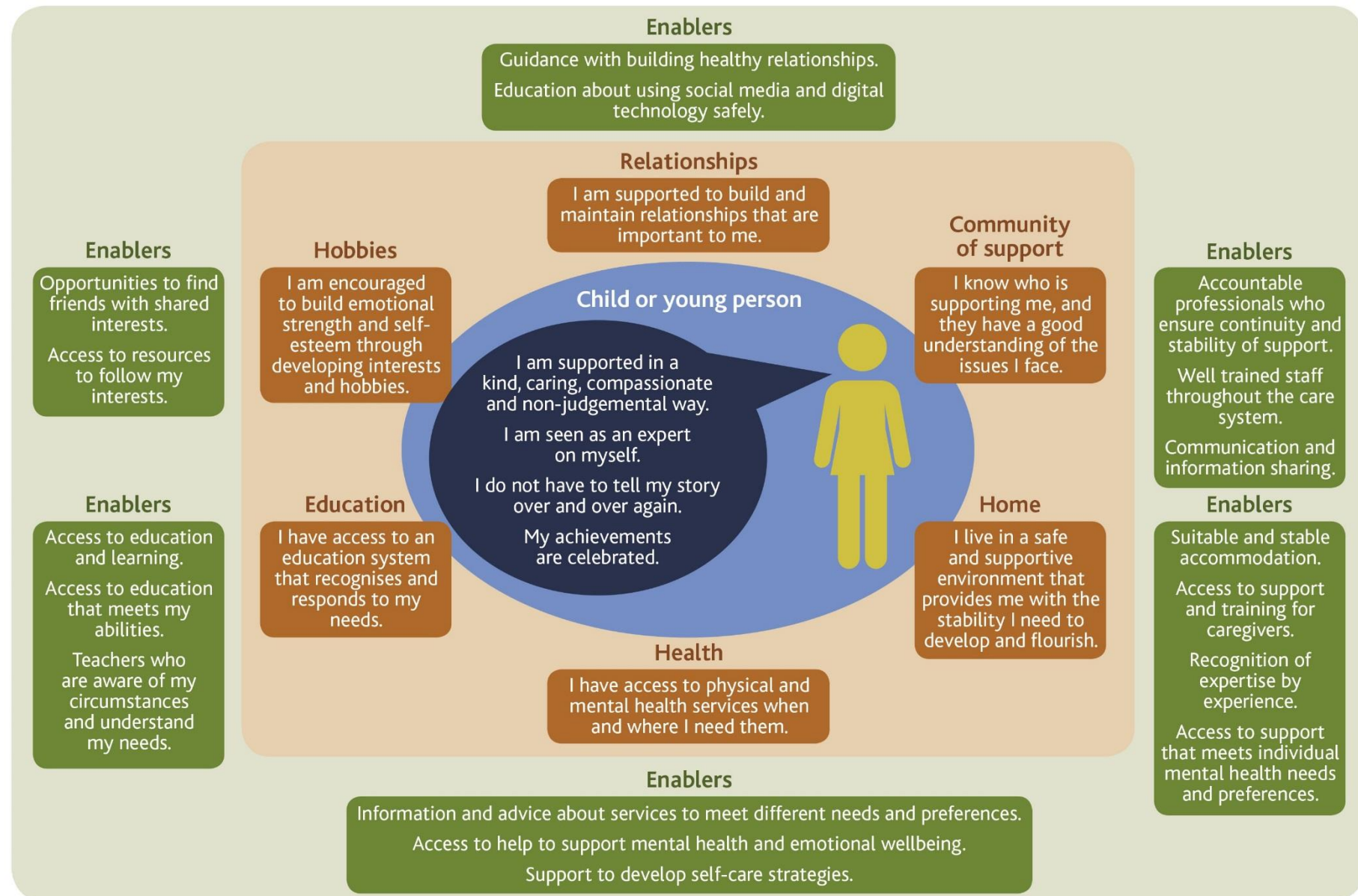
A lot of my clinical work is with young people who are sick of being told what they are like, that they are traumatised or [have] attachment disorder or whatever the fashion is in local services, when their own priorities and self-understanding is very different from that of the professional system or carers who claim to know better than them. What is needed is open mindedness, truly collaborative practice and shared formulations.<sup>51</sup>

The group developed a model which places the young person at the centre. The model is based on 'I statements' supported by enablers: that is, what good, holistic support for mental health and wellbeing looks like from the perspective of the young person. The principles of the model were supported by evidence presented at the Expert Working Group, the Expert Working Group's group work, the professionals' stakeholder event and consultations with children and young people.

In conjunction with the model, a whole system framework of training that prepares and supports carers and professionals, respecting their roles in supporting young people, is crucial. This collaborative approach would both provide those at the front-line of supporting our young people with the resources to respond to and contain a range of behaviours and mental health needs, and ensure that everyone involved in their care is coming from the same understanding and knowledge base. There was a consistent request from stakeholders to have training that focused on how to manage behaviours and individual wellbeing.



## Expert Working Group model



## Pathways

One of the major findings from our evidence is that the journeys taken to access support are often not linear. For example, a child in care may have a social worker who has the statutory responsibility of referring to child and adolescent mental health services, but their trusted relationship may be with another professional or their main caregiver. In this instance, there would be benefit to the young person being able to utilise their trusted relationship to access support together.<sup>52</sup>

To support our finding, the Expert Working Group developed an eco-map, to be used in conjunction with the accompanying decision trees. The eco-map is a representation of the choices that should be available to the young person and/or primary caregiver to access the right support and resources. The decision trees represent our recommendations for a responsive pathway that places the young person at the centre, and includes those that know them in the decision-making, as appropriate.

At the core of both our model and pathway is the need for:

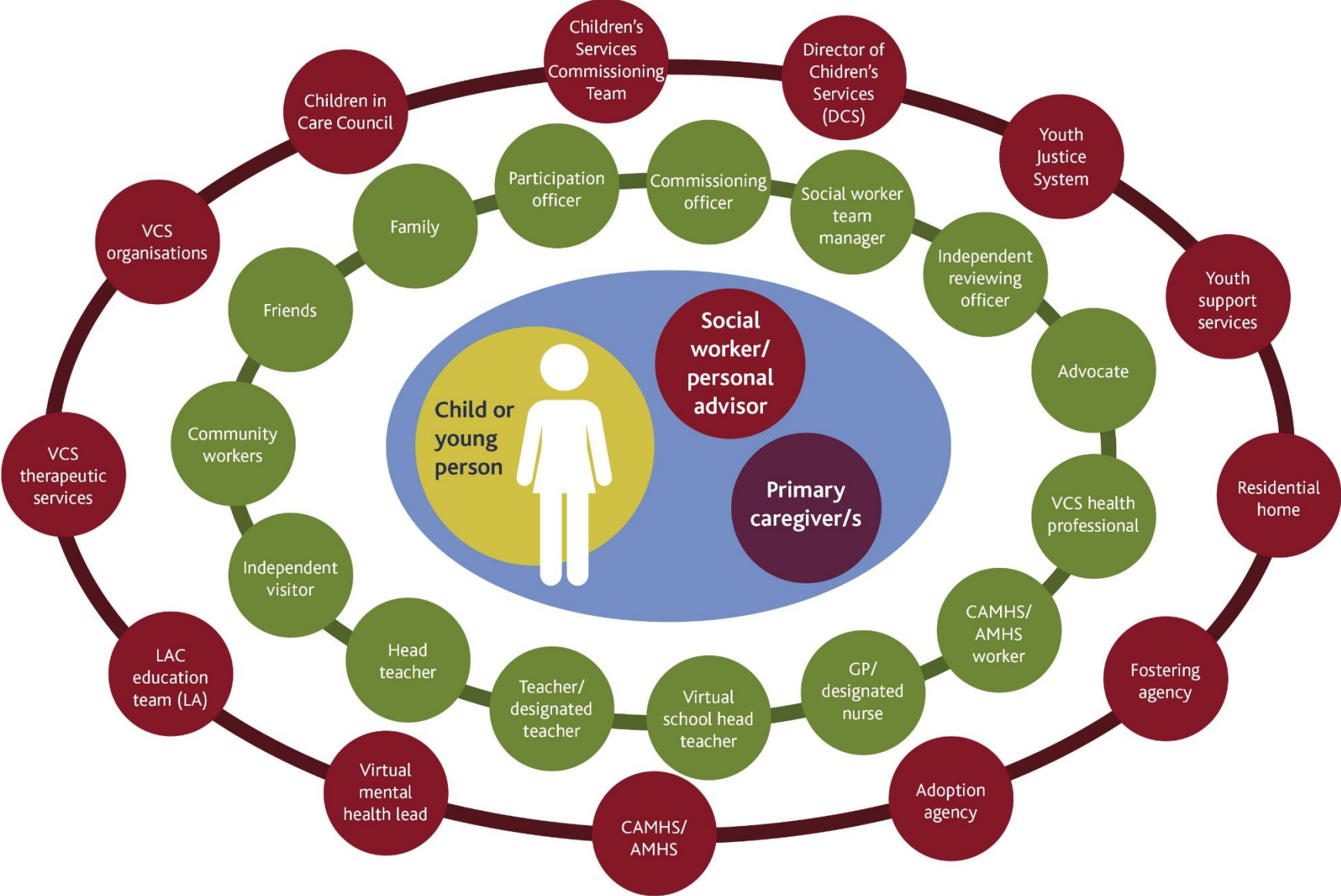
- timely intervention and support
- a system that can be activated by anyone within the child or young person's network
- a recognition that mental health is a continuum
- support that is responsive to the young person's needs.

Our decision trees together with the eco-map create the pathways for prevention and accessing support, the core components of which are:

- the people raising a concern
- who they raise the concern to
- how that person decides what the level of concern is
- what they do in response to this concern
- ongoing monitoring and responding to need.

The roles and responsibilities presented in Appendix 3 are those that the child or young person can expect to support them as they journey through the pathways.

General eco map



## PREVENTION DECISION TREE

At each stage consider:

Relationships

Community of support

Home

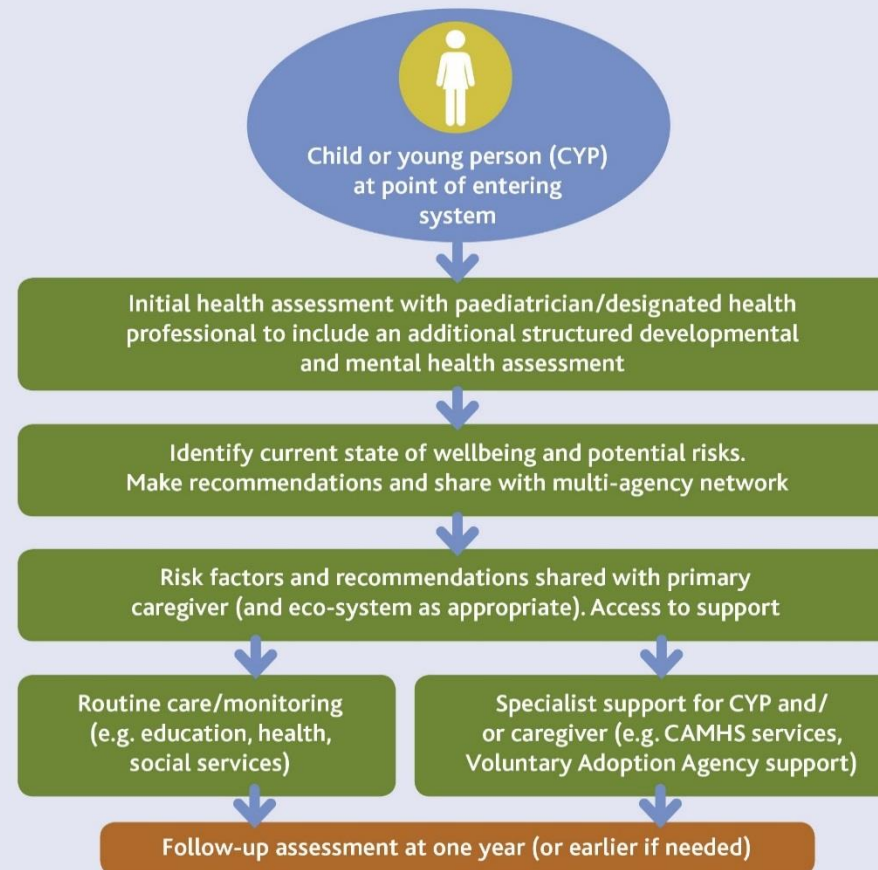
Health

Education

Hobbies

### Enablers

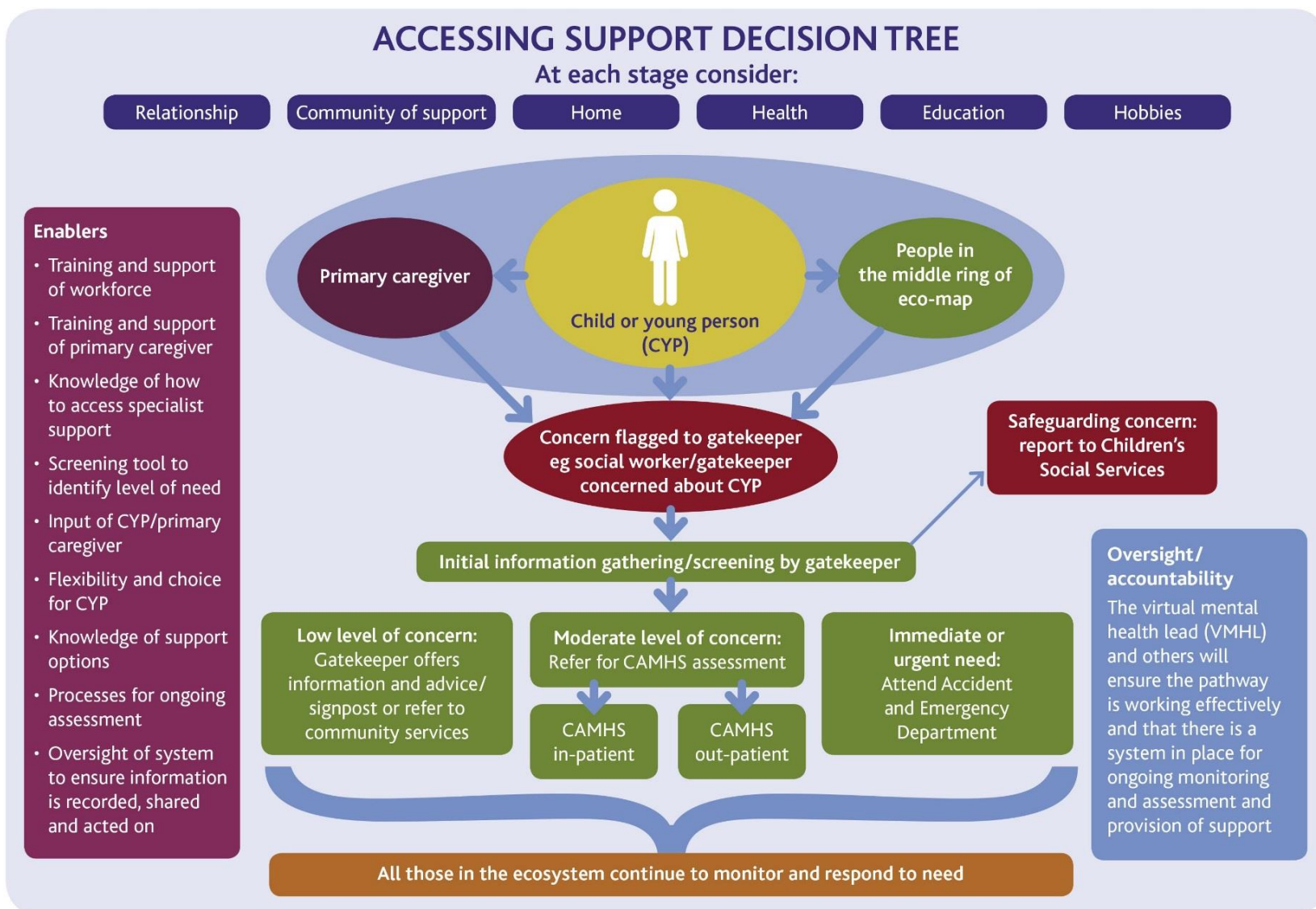
- Training for designated health professionals to carry out a mental health assessment
- Recording and sharing of risks and recommendations with multi-agency networks
- Consistent, timely and appropriate information sharing with professionals in child or young person's ecosystem
- Communication with foster carer/adoptive parent/primary caregiver/ecosystem
- Access to support for child or young person
- Access to support for primary caregivers



### Oversight/ accountability

The virtual mental health lead (VMHL) and others will ensure the pathway is working effectively and that there is a system in place for ongoing monitoring and assessment and provision of support





## Conclusion

The Expert Working Group's strength was the wide range of skills and experiences of its individual members. Drawn from across the health, education and social care sectors, its members were committed to transforming the care that looked after children receive. All Group members unanimously agreed that the current system is failing these young people – and at its worst is causing unintentional harm.

Our Call for Evidence found pockets of excellence across the country, however there is not a consistently good offer for the mental health support and provision of looked after children in all local areas. Too many young people are not receiving the support they need, which in turn is having a detrimental effect on their wellbeing. Equally, we are not sufficiently supporting those that are caring for young people, some of whom can have very complex mental health needs.

There has been a consistent message from front-line staff, caregivers, local and national stakeholders and young people themselves that there is an urgent need to transform current service provision and provide a systematic approach across local areas that meets the needs of all children and young people.

Both provision and policy need to be developed alongside the young people that need the service, in a genuinely collaborative way. Local areas cannot develop services for young people without ensuring they are at the heart of informing how those services are commissioned and developed. Likewise, care plans should robustly demonstrate how they are supporting the mental health and wellbeing of individuals while ensuring the young people themselves have been given an appropriate platform to contribute to the decision-making that affects their lives and wellbeing. There are still too many young people who feel they are watching from the side lines rather than being active participants in their own care.

We strongly believe services that view mental health and physical health equally, a coordinated mental health offer from local areas, and a virtual mental health lead to champion quality services, could transform the current system. Our

recommendations not only provide a route to change in local areas and commissioning services, but provide a model and pathways to help individuals and service providers navigate through the system.

We have the choice of whether we want our young people to become active citizens that contribute to society or ones that continue to need the support of the state. The system at present creates the latter, with a significant financial burden at a local and national level and the wasted potential of some remarkable young people. Change needs to happen now, and it is our hope that this report provides a platform for the change needed and the necessary call for action.



## Appendix 1: Members of the Expert Working Group

### Expert Working Group co-chairs

Professor Peter Fonagy OBE

Dame Christine Lenehan (April 2017 – November 2017)

Alison O’Sullivan (April 2016 – April 2017)

### Expert Working Group members

Polly Ashmore

Eamon McCrory

Linda Briheim-Crookall

Phillip McGill

Tony Clifford

Steve Miley

Saffron Cuts

Gwyneth Nightingale

Sally Donovan OBE

Dr Sheila Redfern

Richard Field

Filmon Russom

Councillor Gillian Ford

Dr Miriam Silver

Sharon Goldman

Doug Simkiss

David Graham

Dr Oliver Sindall

Professor Jonathan Green

Jan Slater

Dr Renu Jainer

Billy Smallwood

Cathy James

Jack Smith

Chloe Juliette

Sue Sylvester

Matt Langsford

Kevin Williams

Glynis Marsh

Dr Matt Woolgar

Carol McCauley

Linda Wright

### Representatives from the Department for Education

Andrew Baxter

Akosua Wireko

Helen White

## **Representatives from the Department of Health**

Ellie Isaacs

Shain Wells

## **Members of SCIE staff**

Beth Anderson

Ted Barker

Dr Susanne Gibson

Stephen Goulder

Michaela Gray

Florence Lindsay-Walters

Lucy Milich

Hannah Roscoe

## Appendix 2: The Expert Working Group process

### Establishing the Expert Working Group

The overall aims agreed with the Social Care Institute for Excellence as the contracted social care charity supporting the Expert Working Group, was to ensure that the emotional and mental health needs of children and young people in care, adopted from care, in kinship care, those with Special Guardianship Orders and care leavers were better met. That in the future, children and young people who are looked after would have access to high quality services, from a range of informed professionals and based on a clear assessment of need. To do this the project would develop, by October 2017:

- care pathways – focusing on the journey that a child or young person in need of support might make
- models of care – the organisation and configuration of services to ensure the provision of appropriate evidence-based interventions
- quality principles – clear statements and measures that set out an achievable marker of high-quality and effective care
- implementation plans and products to support the use of the care pathways, models of care and quality principles.

### Membership of the Expert Working Group

The Social Care Institute for Excellence led a nationwide recruitment process for the membership of the Group, who met eight times over the course of the project and provided feedback between meetings. Members of the Group included directors of children's services, foster carers, social workers, designated doctors and nurses, children's home managers, consultant clinical psychologists and psychiatrists, local councillors, adoptee parents and care leavers.<sup>53</sup>

I joined because we all hold a responsibility to continue improving our looked after children's services and I wanted to learn, think and contribute to the development of joined up services. Change can only happen when we all work together.<sup>54</sup>

As a care leaver I joined the Expert Working Group, because I know it's not just me that has been let down by the care system. I am fed up of hearing speech after speech, announcement after announcement about how things need to change and they don't, by getting involved, I can feel like we're making a difference, hold the top dogs to account and to contribute to improving the care system so that it focuses on what matters most – care.<sup>55</sup>

Our members played a crucial part in our hearing professionals' and young people's voices and considering the best available evidence to assist us in developing a new model of care, pathways and quality statements.

## Project scope

The Expert Working Group's aim was to include the mental health and emotional wellbeing support for looked after children and young people, those adopted, living in kinship arrangements and under Special Guardianship Orders, and for care leavers.

The Group acknowledge that there are both parallels and key differences for each cohort within the population of children and young people described above. For example, there are the children and young people who are living in kinship arrangements with relatives or family friends who are not (or are no longer) looked-after, and whose placement is not formed by a special guardianship or other formal legal order. These children are placed with their relatives and friends often as a result of hardship or trauma, and social services may have been involved with the family.

Within this cohort of young people are asylum-seeking children who have a unique set of challenges that come about from the nature of how they entered the country, what they may have witnessed in their life before this point, and because their support networks of family and friends have been left behind.

Another example is care leavers who can leave care as young as 16, with the expectation of being prepared to live independently, while statistics show that within the general

population there are now 3.3 million 20–34-year-olds still living with parents and this number is expected to increase.<sup>56</sup>

There are now 26,340 care leavers aged 19–21. Unfortunately, on average, these young people are far less likely than others to achieve positive outcomes as they reach adulthood. They are far more likely not to be in education, employment or training (NEET), to have poor physical and mental health, to experience abuse and neglect, and to be involved in the criminal justice system.<sup>40</sup>

We fully acknowledge the diverse nature of this cohort of young people. For the purpose of the report, we have referred to the population within scope as looked after children or young people, unless referencing a specific group within that population.

## Stakeholder events and consultations

<b>Title</b>	<b>Date</b>	<b>Location</b>
Expert Working Group	11 July 2016	Kinnaird House, London
Expert Working Group	12 October 2016	Kinnaird House, London
Expert Working Group	15 November 2016	Kinnaird House, London
Call for Evidence	1 January-1 April 2017	Online
Expert Working Group	26 January 2017	Kinnaird House, London
Children & Young People's Steering Group	15 February 2017	Kinnaird House, London
Expert Working Group	7 March 2017	Kinnaird House, London
Professionals' stakeholder event	13 March 2017	Friends House, London
Children & Young People stakeholder event	11 April 2017	St Luke's Community Centre, London
Expert Working Group	26 April 2017	Kinnaird House, London
SCIE Mental Health Support Focus Group – Foster Carers	24 May 2017	St Luke's Community Centre, London
Expert Working Group	12 June 2017	Kinnaird House, London
Children & Young People stakeholder event	14 June 2017	Location withheld
Expert Working Group	13 July 2017	Kinnaird House, London
Children & Young People's Steering Group	7 August 2017	Kinnaird House, London
SCIE Focus Group – Adoption Together	4 October 2017	Kinnaird House, London

## Appendix 3: Roles and responsibilities

### Children's Services

Children's Services are ultimately accountable to the Director of Children Services who will be accountable to the Chief Executive and the Lead Member for Children and Young People. These are the only statutory accountable roles aimed at improving outcomes for our children and young people.

**Care Leaver Personal Advisor:** They take over care planning from social worker when the young person is over 16 or a care leaver. They should help with education, training and employment opportunities, as well as advice on housing, money, and health and wellbeing. Accountable to the Team Manager, who is in turn accountable to Director of Children's Services.

**Child Participation Development Officer:** This role can vary but they predominantly sit in the Quality Assurance team and try to encourage children and young people to have a voice and/or hold children's services to account. They will also work with the Children in Care Council and children and young people to ascertain views on services are represented. They are accountable to Quality Assurance Unit.

**Commissioning Officer:** Commissioners in local authorities are responsible for making decisions about which services to buy in, and assure the quality of the service. For children's social care, this would involve decisions about which independent fostering agencies, children's homes, and specialist services to support looked after children, Children's Services should use. Commissioners would also be responsible for negotiating favourable deals and rates with particular providers, in return for using their service a particular amount of time. They are accountable to the Children's Service Commissioning Team. Commissioning of some services may be undertaken jointly with the NHS Clinical Commissioning Group.

**Independent Advocate:** This is a statutory role to ensure that the child or young person is able to express their views, including making a complaint. Local Authorities should provide information about children's rights and arrangements for advocacy services to every child or young person in their care. The Independent Advocate is also responsible for providing information about advocacy services. They are accountable to their Advocacy service.

**Independent Reviewing Officer:** Chairs the Looked After Children Review meetings. This role ensures children and young people's views, wishes and feelings are heard at the meeting. They have oversight of the care plan and can act on behalf of the child in challenging the local authority. They are employed by and accountable to the Local Authority. However the nature of their responsibilities means that they also hold the local authority to account and they must be independent from the immediate line-management of the professionals working with the child or young person.

**Independent Visitor:** This is a voluntary role, independent of the local authority, who visits the child or young person regularly in a befriending and listening role, and will provide a consistency of support. Accountable to the relevant Independent Visitor service that abides by Department for Education guidance.

**Social Worker:** Each looked after child and young person must have a named social worker who is responsible for their care. The social worker will manage the care plan, make decisions about placements, and may make or approve referrals to other agencies. They are accountable to the Social Worker Team Manager, Service Directors and Director of Children's Services.

**Social Worker Team Manager:** They manage a team of social workers and allocate cases to the social worker/personal advisor, and monitor outcome of decisions, whilst giving advice, support and supervision to the team. Accountable to the Director of Children's Services.

## Health Services

**Designated Professionals** (Doctors and Nurses) are employed by CCGs as clinical experts and strategic leaders and provide specialist advice and guidance to the board and executives of commissioning organisations on looked after children services to promote and improve health outcomes. They are critical to clinical decision making and influence local practice.

**Named Doctor and Nurse for looked after children:** The Named Doctor/Nurse ensures the delivery and completion of timely and appropriate holistic assessment and a health care plan that identifies the needs of looked after children and young people. The Initial Health Assessment is carried out by a registered medical practitioner. A Review Health Assessment (RHA) should be undertaken by a registered nurse or midwife, including Health Visitors (under 5s) and School Nurses (5-18 years).

**Health Visitor:** Children under five years will receive a six monthly RHA from a Health Visitor. They are accountable to the Nursing and Midwifery Council and their NHS Trust.

**General Practitioners (GP):** GPs have responsibility for registering a looked after child or young person as a permanent patient. They have a vital role in identifying the individual health care needs of looked after children and young people and care leavers. GPs often have continuing responsibility alongside members of universal health services and may have prior knowledge of the child, birth parents and carers.

**School Nurse:** Play an important role bridging the gap between health and education, and have a safeguarding responsibility. They are alert to signs of neglect and abuse, and report any concerns they may have. They are accountable to the Nursing and Midwifery Council and their NHS Trust.

### **Mental Health Worker (children and young people's and adults'):**

Children and young people's mental health services (CYPMHS) cover a range of different support offers and professionals. Examples of services could be drop-in centres or self-help support, or more targeted support provided by multi-disciplinary teams that work with children and young people and those who care for them, to support their emotional or behavioural wellbeing (commonly known as 'CAMHS'). Similarly, Adult Mental Health Services (AMHS) will provide support for care leavers with a mental health need. Some areas offer services for young people between the ages of 16 and 25, or from 0-25, as part of an alternative service model that bridges a number of life transitions such as starting work or going into higher education. There may be a wide range of professionals involved, but service workers often include psychiatrists, clinical psychologists, psychotherapists, social workers, family therapists and mental health nurses and support workers. Children and young people and adult service workers are accountable to their service manager and to their professional bodies; service providers are accountable to commissioners (be it the Clinical Commissioning Group (CCG), NHS England or other commissioners like local authorities) and to NHS Improvement; CCGs are responsible for commissioning services in their area and are accountable to the Health Secretary through NHS England; finally NHS England is responsible for commissioning some specialist services such as inpatient beds and is also accountable to the Health Secretary.



## Voluntary and Community Sector

**Community Workers:** This is intended to refer to all those who are in a position to support a child or young person's mental health through voluntary activities such as clubs (sport, drama, music). These activities are in themselves supportive of mental health and emotional wellbeing; at the same time, community workers may be in a position to identify and respond to the individual needs of children and young people. People working in the voluntary sector are accountable to their organisations, which should provide guidance and training on safeguarding.

**Voluntary and Community Health Professional:** Some therapeutic services which are supporting children and young people, and caregiver's mental health and wellbeing are provided by voluntary and community sector. Health professionals employed in the voluntary and community sector are accountable to their organisations, and to their commissioning bodies.

## Education

**Teacher/Designated Teacher:** All maintained schools and academies must have a designated teacher for looked after children. The designated teacher should have lead responsibility for helping school staff understand the barriers and trauma which might affect how children and young people learn and achieve. The designated teacher should have lead responsibility for helping school staff understand how being in care might affect how children and young people learn and achieve. The designated teacher should: promote a culture of high expectations and aspirations; be a source of advice for staff about differentiated teaching strategies appropriate for individual children; make sure looked after children are prioritised in one-to-one tuition arrangements; make sure that carers understand the importance of supporting learning at home, and a voice in setting learning targets; and have lead responsibility for the development and implementation of the child's personal education plan (PEP) within the school; and monitoring the child's progress to ensure the child/young person gets the support needed to achieve their full potential. They are accountable to the school's Head Teacher.

**Head Teacher:** As leader of the school, has greatest responsibility for educational provision and is responsible for ensuring appropriate safeguarding measures are in place in maintained schools and academies, and arrangements for liaising with other agencies where necessary.

**Virtual School Head Teacher:** The lead officer in the local authority responsible for discharging the local authority's duty to promote the educational achievement of its looked-after children, wherever they live or are educated. Virtual school heads are likely to work closely with local authorities' education services, schools and colleges to support the educational achievement of all their authority's looked after children as if they all attended a single school. Accountable to the Local Authority.

## Youth Justice and Youth Support Services

**Youth Justice Board:** The Youth Justice Board seeks to prevent children and young people under 18 from offending or re-offending, and addresses the causes of children's offending behaviour. They ensure custody is safe and secure which adhere to applicable regulations, and oversee youth justice services.

**Youth Support Services (YSS):** These are locally dependent but many of the teams are based in local youth centres to offer accessible local responses and services, and provide Youth Information Advice and Counselling Services. Youth Support Services staff work with partners including health professionals, schools and colleges, the police and voluntary organisations so that support can be tailored to each individual.

## Appendix 4: Case studies

Please note that these case studies are meant as illustrative examples and do not represent any person/s.

### Case Study 1: Nathan coming into care

#### Prevention

**Background:** Nathan, aged 11, was placed in the care of the local authority because of ongoing sexual abuse from his father and uncle. He is currently in foster care. Nathan is close to his maternal grandmother and he has told his social worker on several occasions that he would like to live with her. Presently, the social worker is assessing the suitability of Nathan being placed with his grandmother on a Special Guardianship Order (SGO).

#### Stage 1: Initial health assessment

Nathan attends the initial health assessment for all children entering care of the local authority, conducted by a pediatrician or designated health professional. This includes a structured developmental and mental health assessment, with input from Nathan's school, social worker, Grandmother and foster carers.

#### Stage 2: Identify current state of wellbeing and potential risks

The initial health assessment identifies that Nathan has complex trauma and the recommendation is a referral to CAMHS for further assessment and support. Additionally, the assessment identifies the importance of Nathan's grandmother as part of his support network and recommends that Nathan and his grandmother are supported to continue contact.

#### Stage 3: Risk factors and recommendations shared

The assessment and risk factors are shared with professionals working with Nathan including social worker, foster carers and grandmother.

#### Stage 4: (4a) Routine care and monitoring (4b) Access to specialist support

Nathan's social worker is responsible for ensuring he has access to specialist support (4b)

- Nathan has a CAMHS assessment and is offered weekly counselling with a psychologist
- Nathan's foster carers are able to contact the CAMHS team for advice and support.
- Nathan's social worker arranges for Nathan to visit his grandmother and informs the grandmother of developments in the assessment and decision-making process regarding the SGO. The grandmother is given information, advice and support to help understand the impact of Nathan's experiences.

#### Stage 5: All those in eco-system monitor and respond to need. There will be a follow up assessment at year 1 (earlier if need changes)

Nathan's **social worker** has case responsibility of recording his care plan, and ensuring information is shared appropriately with the **foster carers, grandmother and CAMHS workers**. The **social worker** organises the looked after children's review meetings which is chaired by the **Independent Reviewing Officer (IRO)** who ensures Nathan's voice is heard, and that the care plan is put into action. The **Children's Services team manager** has oversight of ensuring that Nathan's social worker is working effectively. Nathan's **CAMHS Psychologist** should share information appropriately about Nathan's progress.

**Background:** Three months ago, Charlotte, aged 12, was initially removed from her family under Section 20 due to neglect. The local authority successfully applied for a care order but Charlotte is struggling to come to terms with her removal from her family. Her two siblings were also placed in care but she has not seen them since she was separated. Charlotte's social worker referred her to CAMHS but Charlotte has not been seen yet. She has recently started a new school. At school, Charlotte is quiet and engaged in art classes. During one of the classes Charlotte rolls back her sleeve to avoid getting it dirty, and her friend James notices that she has self-harm marks on her arm. Charlotte quickly rolls back her sleeve when she sees James looking, but he is very concerned about his friend and speaks to the art teacher after class.

### Stage 1 and 2: Who is involved and appropriate concern flagged

Professionals in the middle of the eco-map who are accountable – The art teacher reports what James has said to the Designated Teacher, and the advice is to have a conversation with Charlotte and talk to her about what will happen next. Her art teacher talks with Charlotte and explains that the information will be shared with her social worker, foster carers and Looked After Children Nurse. Concern flagged to gatekeeper, Charlotte's Social Worker because Charlotte is under 18.

### Stage 3: Initial information gathering/screening

Charlotte's social worker conducts an assessment to identify Charlotte's level of need. This includes inviting Charlotte and her foster carers to a meeting to discuss the options to address her mental health and wellbeing needs. Charlotte is encouraged to talk about the kind of support she would like. Her foster carers do not have any previous experience of self-harm and feel that they need to be supported in order to sustain the placement.

### Stage 4: Referral and concern level

Charlotte's social worker records a moderate level of concern (**4b**) and contacts CAMHS to make an appointment:

- Charlotte is able to access Tier 3 CAMHS. She meets with a CAMHS mental health worker and is offered counselling, which she refuses.
- CAMHS offers her a community run art based therapeutic intervention, which she agrees to attend if her aunt can take her to the first session.
- Foster carers are able to consult with the CAMHS team for ongoing support.
- Foster carers undertake training in mental health first aid course with their Fostering Agencies. The Agency also arranges the foster carers to join a peer support group.
- The teacher is able to work with the designated teacher to develop Charlotte's Personal Education Plan to ensure that Charlotte has access to the right support.

### Stage 5: All those in eco-system monitor and respond to need

Charlotte's **social worker** has case responsibility of recording her care plan, and shares information appropriately. The **social worker** organises the Looked After Children review meetings. This is chaired by the **Independent Reviewing Officer (IRO)** who ensures Charlotte's voice is heard. The Children's Services **team manager** has oversight of ensuring that Charlotte's social worker is working effectively. Charlotte's **teacher and designated teacher** shares the Personal Education Plan in Looked After Children review meetings, and they are aware of the escalation process if Charlotte's self-harm increases. The **teacher** updates everyone on the extra tuition sessions. Charlotte's **community mental health worker** has agreed that she will keep in touch with social worker and foster carer to ensure that Charlotte keeps attending the art based intervention. It is understood that if the art therapy is not successful another alternative will need to be identified. **CAMHS mental health Worker** records and updates all on Charlotte's progress.

## Notes

<sup>1</sup> Hussey, J.M., Chang, J.J. and Kotch, J.B. (2006) 'Child maltreatment in the United States: prevalence, risk factors, and adolescent health consequences', *Pediatrics*, vol 118, no 3, pp 933–942.

<sup>2</sup> Fink, E., Patalay, P., Sharpe, H. et al. (2015) 'Mental health difficulties in early adolescence: a comparison of two cross-sectional studies in England from 2009 to 2014', *Journal of Adolescent Health*, vol 56, no 5, pp 502–507.

<sup>3</sup> Fryers, T. and Brugha, T. (2013) 'Childhood determinants of adult psychiatric disorder', *Clinical Practice & Epidemiology in Mental Health*, vol 9, pp 1–50.

<sup>4</sup> Metropolitan Police (2017) Figures released ahead of National Child Sexual Exploitation Awareness Day. Available at <http://news.met.police.uk/news/figures-released-ahead-of-national-child-sexual-exploitation-awareness-day-227196>

<sup>5</sup> Hussey, J.M., Chang, J.J. and Kotch, J.B. (2006) 'Child maltreatment in the United States: prevalence, risk factors, and adolescent health consequences', *Pediatrics*, vol 118, no 3, pp 933–942.

<sup>6</sup> Department for Education (2017) *Children looked after in England including adoption: 2015 to 2016*, London: DfE.

<sup>7</sup> Throughout the report we refer to CAMHS as this was the term most commonly used by frontline staff and members of the EWG. However, we recognise that during the consultation for Future in Mind, the decision was made based on evidence from children and young people to replace the term with Children and Young People's Mental Health Service (CYPMHS). This term is intended to be more inclusive of the full spectrum of mental health services for children and young people.

8 Frith, E. (2017) Access and waiting times in children and young people's mental health services, London: Education Policy Institute. Average maximum waiting times to assessment decreased from 508 days (2012-2013) to 266 days (2016-2017); average maximum waiting times to treatment decreased from 761 days (2012-2013) to 490 days (2016-2017).

9 Care Quality Commission (2017) Review of children and young people's mental health services, Newcastle-upon-Tyne: CQC

10 Green J, Leadbitter K, Kay C, Sharma K. (2016) Autism Spectrum Disorder in Children Adopted After Early Care Breakdown. *Journal of Autism and Developmental Disorders*, vol 46, no 4, pp 1392 – 1402

11 Kay C, Green J. (2013) Reactive attachment disorder following early maltreatment: Systematic evidence beyond the institution. *Journal of Abnormal Child Psychology*, vol 41, no 4, pp 571-581.

12 Woolgar, M. and Baldock, E. (2015), Attachment disorders versus more common problems in looked after and adopted children: comparing community and expert assessments, *Child and Adolescent Mental Health*, vol 20, no 1, pp 34–40.

13 Both at our stakeholder event and foster carer event, main caregivers highlighted not knowing what services were available and/or not being able to access support from those services.

14 We welcome the current consultation on DfE guidance on increased responsibility for mental health and wellbeing for the virtual school head and designated teacher. This is a direct outcome of Children and Social Work Act legislation.

15 This is in line with current person-centred policy initiatives, for example the Integrated Personal Commissioning programme, which includes children and young

people with complex needs in its cohorts. <https://www.england.nhs.uk/ipc/what-is-integrated-personal-commissioning-ipc/>

16 The scope of the EWG covers children and young people with a range of legal statuses. The above example is used to illustrate how the pathway could work for a child in care, however we have produced a range of eco pathways and a decision tree to suit the wide cohort of children and young people the project was asked to consider.

17 Department for Education and Department of Health (2015) Promoting the health and Wellbeing of looked after children, London: DfE/DH.

18 Department of Health, NHS England (2015) 'Future in mind: promoting, protecting and improving our children and young people's mental health and wellbeing', London: DH, NHSE.

19 House of Commons Education Committee **(2016) Mental health and well-being of looked after children, HC 481**, Paragraph 11, London: HCEC.

**20** Fifteen-year-old girl in foster care, SCIE Children and Young People's group February 2017.

21 An individual consultation was held for unaccompanied asylum-seeking children.

22 Young Person's Stakeholder event, 11 April 2017. All media created by young people is available at <https://www.scie.org.uk/children/care/mental-health/young-peoples-views/young-peoples-artwork>

23 All information from consultations is available at <https://www.scie.org.uk/children/care/mental-health/findings>

24 'Expert by experience' written testimony to SCIE, 28 July 2017.

25 Department of Education, (2017) Children looked after in England, year ending 31 March, London: DfE Available at [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/647852/SFR50\\_2017-Children\\_looked\\_after\\_in\\_England.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/647852/SFR50_2017-Children_looked_after_in_England.pdf)

26 Channa, K. (2017) A healthy state of mind, London: LOCALIS. Forty-two per cent of 5–10-year-olds compared to 7.7 per cent of that age group overall, and 49 per cent of 11–16-year-olds compared to 11.5 per cent of the comparable overall population.

27 Children's Commissioner (2016) Lightning review: access to child and mental health services, London: Children's Commissioner for England

28 National Audit Office (2015) Care leavers' transition to adulthood Available at <https://www.nao.org.uk/wp-content/uploads/2015/07/Care-leavers-transition-to-adulthood.pdf>.

29 David Graham, national director of the Care leavers Association.

30 Age-based Transitions out of CCG-commissioned CYPMHS has been included as one of 13 mandatory national indications in the Commissioning for Quality and Innovation (CQUIN) payments framework in 2017-19. This sets out a framework for joint-agency transition planning with young people at its heart, to enable better transition experiences for young people. It will apply to all transitions out of CCG-commissioned CYPMH services, whether to adult mental health services, to other relevant CCG-commissioned local services (such as a service for young people with a learning disability), or discharge. A national data collection is taking place in 2018/19 to review the scheme.

31 The full findings of our Call for Evidence can be found at: <http://www.scie.org.uk/children/care/mental-health/findings/call-evidence-findings>.

32 All minutes of the EWG can be found at:

**<http://www.scie.org.uk/children/care/mental-health/about-the-project/expert-working-group>.**

33 For the purpose of the report, caregiver refers to those directly caring for the child or young person. This includes foster carers, kinship carers, special guardianship orders, adopted parents and residential key workers.

34 All Party Parliamentary Group for Children (2017) No good options: report of the inquiry into children's social care in England, London: National Children's Bureau

35 Munby, J. (2017) In the matter of X (A Child) (no.3) EWHC 2036 (Fam)  
**<https://www.judiciary.gov.uk/wp-content/uploads/2017/08/x-a-child-no-3-2017-ewhc-2036-fam-20170803.pdf>**

36 NHS England is part way through a programme to improve access to mental health services for children and young people. This includes the opening 150-180 new in-patient beds, rebalancing bed distribution across the country, and improving crisis and community care. NHS England has committed to eliminating inappropriate admissions for children and young people by 2020/21. The programme is explained by a short animation available at **<https://www.england.nhs.uk/mental-health/cyp/children-and-adolescent-mental-health-service-inpatient-services/>**

37 Ofsted (2016) 'Annual social care report', Manchester: Ofsted

38 Children and Social Work Act 2017  
**[http://www.legislation.gov.uk/ukpga/2017/16/pdfs/ukpga\\_20170016\\_en.pdf](http://www.legislation.gov.uk/ukpga/2017/16/pdfs/ukpga_20170016_en.pdf)**

39 Children's Commissioner (2017) 'A rapid review of sources of evidence on the views, experiences and perceptions of children in care and care leavers',  
London: Children's Commissioner for England



40 For further information, see Call for Evidence, p 18

41 For further information, see Call for Evidence, p. 35

42 Tarren-Sweeney, M. (2007) 'The Assessment Checklist for Children – ACC: a behavioural rating scale for children in foster, kinship and residential care', *Child and Youth Services Review*, vol 29, no 5, pp 672–691.

43 Bazalgette, L., Rahilly, T. and Trevelyan, G. (2015) 'Achieving emotional wellbeing for looked after children: a whole system approach', London: NSPCC

44 McCrory, E.J., Gerin, M.I. and Viding, E. (2017) 'Annual research review: childhood maltreatment, latent vulnerability and the shift to preventative psychiatry – the contribution of functional brain imaging', *Journal of Child Psychology and Psychiatry*, vol 58, no 4, pp 338-357

45 Children and Young People's Event, 11 April 2017.

46 Collishaw, S. (2015) 'Annual research review: secular trends in child and adolescent mental health', *Journal of Child Psychology & Psychiatry*, vol 56, no 3, pp 370–393.

47 The project acknowledges that the legal status and contact allowed with birth families can vary significantly from child to child. Our evidence was primarily focused on main care-givers including residential staff in children's homes, however we recognise that there are birth families that can and should contribute to the process, where legally appropriate.

48 Both at our stakeholder event and foster carer event, main caregivers highlighted not knowing what services were available and/or not being able to access support from those services.

49 We welcome the current consultation on DfE guidance on increased responsibility for mental health and wellbeing for the virtual school head and designated teacher. This is a direct outcome of Children and Social Work Act legislation.

50 Both at our stakeholder event and foster carer event, main care-givers highlighted not knowing what services were available and/or not being able to access support from those services.

51 Member of EWG, written submission to SCIE July 2017

52 The scope of the EWG covers children and young people with a range of legal statuses. The above example is used to illustrate how the pathway could work for a child in care, however we have produced a range of eco pathways and a decision tree to suit the wide cohort of children and young people the project was asked to consider.

53 The membership of the EWG can be found here:

**<http://www.scie.org.uk/children/care/mental-health/expert-group/>**.

54 Steve Miley, director of children's services, EWG member.

55 'Expert by experience' written Testimony to SCIE, 28 July 2017.

56 Office for National Statistics (2016) 'Why are more young people living with their parents?' **<https://visual.ons.gov.uk/living-with-parents/>**

# Improving mental health support for our children and young people

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**FOSTERING SERVICE ANNUAL REPORT 2017/18**

*To:* **Corporate Parenting Sub-Committee**

*Meeting Date:* **21<sup>st</sup> November 2018**

*From:* **John Heron  
Consultant Lead Manager - Fostering**

*Electoral division(s):* **All**

*Purpose:* **To provide the Sub-Committee with an overview of the work of the Fostering Service during the year 2017 and 2018.**

*Recommendation:* **The Committee is asked to note and comment on the Fostering Service Annual Report 2018-18.**

<b><i>Officer contact:</i></b>		<b><i>Member contact:</i></b>	
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**Summary:**

The Fostering Service Annual Report 2017 – 18 provides the Corporate Parenting Committee with information regarding the activity of Cambridgeshire County Council's in-house Fostering Service.

This report gives details of;

- The capacity of the in-house fostering service, including numbers of foster carers (including Short-term, permanent, Kinship Link and Supported Lodgings), fostering beds available and number of children placed within the service.
- Foster Carer Recruitment and Marketing activity in the period April 2017 to March 2018
- Fostering support and retention activity
- Training for Foster Carers

The Fostering Service is committed to continual improvement. The report also highlights a number of initiatives being undertaken to ensure meet demand for high quality, in-house and in-county fostering accommodation for looked after children. These include;

- Increased investment in Foster Carer Recruitment
- The establishment of a Fostering Development and Delivery Board
- Full service audit against the Fostering National Minimum Standards and Regulations.
- The establishment of a Foster Carers Association.

**1. BACKGROUND**

- 1.1 The Fostering Services Regulations 2011 require that the Fostering Service provides written reports on the management, outcomes and financial State of the fostering service. This Annual Report covers the period 2017 -2018.

**2. MAIN ISSUES**

- 2.1 The Fostering Service for 2017/18 is attached at Appendix A.

**3. SIGNIFICANT IMPLICATIONS**

The seven sub-headings below indicate those areas which should be considered in relation to all recommendations. They may not all be relevant to the report being submitted. Please include details where appropriate and mark 'n/a' where no information is being included. A working definition of "significant" is where the broader implications of a proposal are so evident /substantial that they need to be taken into consideration when Members are making a decision on the proposal.

- 3.1 Resource Implications**  
Not applicable
- 3.2 Procurement/Contractual/Council Contract Procedure Rules Implications**  
Not applicable
- 3.3 Statutory, Legal and Risk Implications**  
Not applicable
- 3.4 Equality and Diversity Implications**  
Not applicable
- 3.5 Engagement and Communications Implications**  
Not applicable
- 3.6 Localism and Local Member Involvement**  
Not applicable
- 3.7 Public Health Implications**  
Not applicable

Source Documents	Location
None	





**FOSTERING SERVICE ANNUAL REPORT 2017 – 2018**  
**CAMBRIDGESHIRE COUNTY COUNCIL**

**1. Introduction**

This report provides the detail of activity over the financial year April 2017 to March 2018 and service development plans for the forthcoming year.

**2. Highlights**

On 31 March 2018 there were 225 children and young people looked after in mainstream fostering households compared to 222 children on the 31<sup>st</sup> of March 2017. This represents an increase of just 3 children in the last year.

In the year 2017 to 2018, twenty four new households were approved to be carers. This included: nineteen mainstream fostering households, four Kinship fostering approvals and one new Link Care household. Included in these numbers were four transfers of agency carers to Cambridgeshire County Council which provided accommodation for ten children. Fourteen foster families resigned from the Council's fostering services in the year 2017 to 2018, leaving a net gain of ten households, four of which were Kinship households. As of 31<sup>st</sup> March 2018 there were a further twenty assessments in progress, which carried over into following year.

There was a total of sixty seven Special Guardianship Orders awarded, which is an increase of eighteen children from the previous year and an overall increase of 26% children being placed.

Carers approved under Regulation 24 (temporary approval) remained highly consistent with the previous year and twenty six households (forty two children) were made subject to this approval with four household's becoming fully approved.

At the end of the reporting year, there were fifteen active Link carers, seven of which were retained carers and eight were traditional Link Care. There were thirty two established placements and five children in introductions The Link service offered 1092 day and night accommodation, reflecting the capacity that services can offer.

Gill Blose, resigned from her post as Fostering Group Manager during this period and Fiona McKirdy, resigned from the post of Head of Service for Countywide and Looked after Children in mid-April 2018.

### 3. Fostering Panel

The Fostering Panel is chaired by an Independent Chair and is scheduled to meet fortnightly. The panel met on thirty occasions during 2017-2018, which is the highest number of panels in the last five years.

Panel membership meets the requirements of the Fostering Services Regulations 2011 and there are currently ten panel members on the central list.

The Policy and Practice Standards Manager whose role it is to provide independent advice to the panel as Agency Advisor, has remained a vacant post. More latterly the role has been shared by two managers from the Performance and Quality Assurance Service. The lack of a permanent Panel Advisor has impacted on the panel process and the quality of work being presented, as well as robust feedback which would influence and improve practice. This has now been resolved.

#### Summary of Panel Recommendations (April 2015 to March 2018)

	2013/14	2014/15	2015/16	2016/17	2017/18
Number of panels	22	23	27	25	30
New Approvals	11	32	29	28	24
Resignations/Deregistration	26	14	15	22	14
Matches (numbers of children)	16	27	37	28	31
Change of approval outside Reviews.	19	22	4	6	4
Reviews	35	46	40	39	58
Progression	13	16	16	14	3
Best interest	0	0	25	13	-
Total number of actual cases presented	89	127	155	182	167

The Panel continued to take on additional duties including the matching of children and reviews, none of which are statutory requirements. A review of Fostering Panel arrangements is underway.

#### **4. Marketing and Communication**

In 2017 to 2018 the Fostering Recruitment Team received 365 enquiries from the public seeking information about becoming a foster carer. In the same period twenty four new households were approved. As of the 31<sup>st</sup> March 2018, twenty households were in stage 1 and 2 of the assessment process and these carried over to the next reporting year.

A wide range of marketing and communications activity has taken place throughout 2017 and 2018. This included the following;

##### **Foster Care Fortnight**

In May 2017 recruitment activity was run in conjunction with the national Foster Care Fortnight campaign. A range of awareness raising activities took place including the use of social media advertising, local press coverage and commissioned advertising.

##### **New Carers Celebration Event**

Also in May 2017, the Council's third annual New Foster Carers Event took place. All carers approved over 2016 to 2017 were invited to a welcome event held in May 2017. This was well attended and very positive feedback was received from carers and professionals. The follow-up press release achieved good coverage in local press and on social media.

##### **Volunteers Week**

In June 2017 the Family Link Service was promoted as part of Volunteers Week with carers featuring in a video about their work. This information was shared through social media and received press coverage.

##### **Summer Roadshow**

Throughout July 2017 and March 2018 the Fostering Recruitment Team attended community events across Cambridgeshire utilising promotional stands. These events included the Rose Fair at Wisbech, Aqua Fest at Ely, Huntingdon Carnival and Whittlesey Carnival. The team also used a promotional stand at a recruitment event at Tesco's in Huntingdon.

##### **Information Sessions**

Due to a change in approach to responding to enquiries, Information Sessions became less frequent (with the Recruitment Team prioritising quicker responses to enquiries with initial visits). Four information sessions took place which were held in Ely, Cambridge and twice in Huntingdon.

### **September recruitment campaign**

A new recruitment campaign was launched in September 2017. Specific magazine advertising was used to reach experienced parents. Editorial items and adverts were placed in the following local publications; Retirement Life, WI Cambridge and Simply Huntingdon. Articles were also placed on social media and in local newspapers.

### **Sons and Daughters Month**

In October 2017 the service celebrated Sons and Daughters Month focusing on the role of foster carer's birth children within the fostering task. Anglia television reported on this activity interviewing a foster family from Ely. Certificates and thank you letters were sent to all birth children of foster carers.

### **Supported Lodgings Campaign**

A new campaign was launched specifically targeting the recruitment of Supported Lodgings Carers. BBC Look East and Radio Cambridgeshire covered this campaign featuring interviews with both carers and young adults leaving care. The campaign was also publicised through social media and local press.

### **Long Service Awards**

In October 2017 over a hundred foster carers, children and young people attended the foster carer's Long Service Awards Event with foster carers receiving awards in recognition of fostering for Cambridgeshire County Council for five to forty years. This event generated good local press coverage and social media content.

### **New Year recruitment campaign**

The New Year fostering campaign in January 2018 included radio advertising along with press and social media coverage.

## **5. Cambridgeshire Approved Households (as of 31 March 2018)**

	2014/15	2015/16	2016/17	2017/18
Total Number Approved Households	101	112	125	133
Total Number of Beds	197	219	252	271
Short breaks households	30	27	13	16
Short break beds	61	62	55	26
Kinship Foster Carers	23	34	25	28
Kinship beds	30	56	38	38
Supported Lodgings	-	-	-	9
Supported Lodging Beds	-	-	-	9

The combined number of all types of approved fostering households including Short Breaks, Kinship Care and Supported Lodgings, was 186. The optimum number of potential placements that could be provided through this service was for 344 children and young people.

Fostering households are approved for one, two or three children. Often the approval can be for one or two children, if they are siblings. This is usually due to available bedroom space and in Cambridgeshire we allow siblings (if appropriate) to share bedrooms. For the purposes of reporting the number of beds approved, the maximum number is reported i.e. one or two if siblings are reported as two.

There are other reasons why it is not possible to utilise all foster carers to their full approval. This includes foster carers being temporarily 'on hold' for a period of time which can either be at their own request for personal or family circumstances or at the request of the service due to complaints or investigations into allegations. Often carers are not used to their full approval due to the needs of other looked after children already living in the household.

## 6. Mainstream fostering occupancy rates

As of the 31<sup>st</sup> March 2018 there were 187 children living with 'in house mainstream' foster carers, which included foster carers providing short-term and long-term care and accommodation. This number is identical to the number of children and young people living with foster carers on the 31<sup>st</sup> March 2017. The number of children and young people living with long term and permanently matched foster carers increased by five over the reporting period.

In addition a further thirty eight children were living in kinship foster care arrangements (an increase of three children when compared to the last reporting year) and 113 children were placed with emergency or short term foster carers (a decrease of five children). Seven young people were living with Supported Lodgings carers and thirty two children linked to Link Carers.

	Long term	Short term	Kinship care	Total
31/03/2017	69	118	35	222
31/03/2018	74	113	38	225

## **7. Complaints and Allegations**

There were four allegations concerning foster carers during this reporting period. The Local Authority Designated Officer (LADO) process was instigated in relation to all of these allegations, three were resolved with no further action being taken.

There was one complaint concerning a standards of care issue. The complaint was upheld and resolved through additional training.

## **8. Child's Voice**

The Fostering Services actively seeks to support children and young people to share their views about their experience of being looked after by the Council.

Practitioners within the service use a range of tools to support children and young people to feedback their views including the use of Mind of My Own (MOMO) during visits, annual reviews and to inform their foster carer's professional development plan. Fostering Social Workers ensure children are seen regularly and spoken to as part of foster carer supervision and children and young people are encouraged to communicate their views in a range of verbal and visual ways.

## **7. Placement endings**

The in-house fostering service provided accommodation to 388 children throughout the 2017 to 2018 reporting year. This is an increase of 6% when compared to 2016 to 2017 where 366 children were reported to be living with in house foster carers.

Throughout the reporting period, a number of children who became looked after did return home and other young people move into independent living arrangements. In addition there was significant movement of children from in house foster carers to agency foster carers and arrangements through positive care planning.

These included:

- Children moving into adoptive placements
- Children moving to a concurrent placement (placed with a foster carer who could adopt)
- Children returning to live with their parents
- Children moving into kinship (family) arrangements
- Children being made subject to a Special Guardianship Order
- Children moving to specialist mother and baby provision
- Young people staying with their foster carers under Staying Put arrangements
- Young people moving to semi-independent living
- Young people moving to independent living arrangements

There were also twenty nine children and young people who moved from in house foster care accommodation due to foster carers not being able to meet their needs. This cohort of children are currently being reviewed to ensure learning is captured to inform how the service could further support foster carers.

These included:

- Young people moving to residential care
- Children moving from in house carers to agency carers

The reasons for children moving to agency carers included:

- Carers resigning
- Children being accommodated with emergency carers moving to better matched carers
- Children with behavioural complexities moving to more specialist carers
- Children moving due to incompatibility with other children living with the foster carers
- Children moving to be nearer schools

- Children moving as per their safety plan
- Children where in house carers gave notice

Over the year, eleven children experienced unplanned placement endings.

These included:

- Young people aged seventeen and above exercising choice about returning to live with either family or friends
- Children moving either as a result of concerns about quality of care or as a result of allegation investigations.

## **8. Short Breaks Care**

At the end of the reporting period there were fifteen active carers providing accommodation and care for thirty two children. Unlike mainstream foster care, the service provides children with a variety of care arrangements, therefore a more accurate way of identifying the capacity of this part of the service is by the overall number of nights and days provided under the Short Breaks Scheme. The service currently provides 1350 nights and days for children and young people with complex physical needs and challenging behaviours.

The complexity of the children and young people receiving this support has increased over this reporting period, with more complex children being offered a service due to their diagnosed disability and impact of family and environmental factors.

There is scope to develop and expand this service which has the proven potential to reduce the need for children becoming looked after by the Council.



## 9. Kinship/Connected Person assessments

Number Referrals	2014/15	2015/16	2016/17	2017/18
Number referrals	65	99	141	173
SGO's Made	34	38	49	67
CAO's made	-	-	7	-
New fully regulated carers- households	-	-	9	4

In 2017 to 2018 there were 173 referrals for Kinship assessments compared to the previous year where there had been 141 new referrals. This is an increase of 18%.

Of these:

- 127 referrals were made in respect of children in care and 46 referrals of children not in Care
- A total of 43 Special Guardianship Orders were awarded in relation to Looked after Children, which was 34% of the total referrals made
- A total of 24 Special Guardianship Orders were awarded in relation to children who were not looked after
- There was a total of 67 Special Guardianship Orders awarded which was a 26% increase from the previous year (18 children)

## 12. Step Parent Adoption

A function of the Kinship Assessment Team is to undertake Step Parent Adoption assessments. The Step Parent Adoption Service now has a dedicated Social Worker undertaking assessments and developing the service which has resulted in more timely responses.

	2016-2017	2017-2018
Enquiries made.	46	55
Assessments	20	26
Orders made	15	16

## 12. Private Fostering

The Local Authority has a statutory duty to monitor the safety and wellbeing of children and young people living in Private Fostering arrangements (PFa). Private Fostering arrangements are made between parents or carers with parental responsibility and another individual in order that they can take on care of their child for a period of longer than twenty eight days. This arrangement should be reported to the Local Authority for assessment and monitoring.

In this reporting period there was a total of eighty three notifications of private fostering arrangements, however the majority of these were from language schools relating to children and young people attending short courses running over twenty eight days.

Notifications	New PFa arrangement	Children at start of year in PFa	PFa arrangements that ended	Number of children in PFa at year end.
83	62	27	64	25

Overall in this reporting period, sixty two new Private Fostering arrangements were made. As of 31<sup>st</sup> March 2018 there were twenty five children being privately fostered in Cambridgeshire in the following arrangements:

Reason for Private Fostering arrangement in 2017-18	Number of children
Overseas child attending language schools	18
Overseas child attending mainstream schools	2
Child separated from parents	2
Child living with extended family members from abroad	2
Parent deceased	1
Total Children	25

## 13. Fostering Reviews

The foster carer's annual review of approval addresses all relevant aspects of the National Minimum Fostering Standards and Regulations 2011. The reviews are written by the Supervising Fostering Social Worker and either presented to panel and endorsed by the Agency Decision Maker or submitted to the Agency Decision Maker for consideration. All the completed reviews are scrutinised by a Team Manager who monitors compliance with the regulations before final ratification.

The current format of fostering reviews includes Personal Development Plans, feedback from children and young people, their social workers and other professionals working with the fostering household. The Service is giving consideration to using a new format which has been developed by CORAAM BAAF but there are some difficulties integrating this into the ONE database which Cambridgeshire's Childrens Services currently use.

In this reporting period, fifty eight annual reviews were presented to Fostering Panel, which included twenty six first reviews and there was 98% attendance by the foster carers at Fostering Panel.

#### **14. Fostering Support Groups**

There were six support groups provided across the county, three of which were general support groups for foster carers held across the county in different geographical bases (including Wimblington (Fenland), Huntingdon (Hunts) and Cambridge (South Cambs)). The Fostering Support Groups meet on a six weekly basis for peer support, information sharing and training. Speakers are invited to the groups to talk about specific topics, including resources available in the local community.

There is also a group run specifically for male foster carers which is under review due to variable attendance.

Another group is held specifically for level 6 carers who look after children and young people with complex needs and additional vulnerabilities. This group receives clinician support and is well attended.

The LINK service runs support groups once a term and is open to all carers.

In addition, an active Peer Mentoring Scheme is in place for all new County Council foster carers. Mentors are recruited from amongst more experienced foster carers and are carefully matched to optimise support opportunities.

Mentors are recruited, interviewed and trained and meet three times a year with the foster carers they are supporting. The Peer Mentors help new carers to understand the requirements of their role. New carers often need help when children are transitioning for example to adoptive placements and typically this arrangement is in place for six to nine months but can be available for longer.

The service is looking to recruit new Peer Mentors and as the service grows with more carers being approved via the proposed fostering recruitment campaign, there is likely to be an increased demand for mentors. It is an expectation that all foster carers wishing to increase their skill level will either participate in the Skills to Foster training courses or become a Peer Mentor in line with their Professional Development Plan.

At present there is no formal process for meeting with and consulting with a representative group of foster carers. In 2018, a Cambridgeshire Foster Carers Association (CFCA) will be established and it is envisioned that the CFCA will select representatives from each support group to join a committee of foster carers.

The CFCA will meet regularly with Senior Leaders from Cambridgeshire County Council to ensure the following:

- Robust channels of communication and feedback
- Partnership working with Corporate Parenting and Fostering Services
- Development and improvement in all aspects of fostering
- Promotion of good practice
- Establishing the identity and representation of foster carers as a professional group

## 15. Training

In 2017 to 2018, three hundred and sixty e-learning courses and sixty five 'lecture room' training courses were delivered to foster carers. The Skills to Foster course and the newly introduced supported lodgings training scheme were delivered to:

	Jun 2017	Sep 17	Jan 18	Feb 2018
Number of households	8	7	11	
Part attended as transfer in households.	1		2	
New training for Supported Lodgings.				4

The service will develop to meet the anticipated increase in demand from the additional investment in fostering marketing over the next three years which will lead to a significant increase in the number of Skills to Foster courses that run each year. Four courses are currently planned to run in 2018 to 2019.

## 16. Budget

There were no issues identified in regards to spend to budget.

## **17. Conclusion**

The Fostering Service experienced a busy year across all its functions. In addition to the recruitment and support of foster carers, the service undertook Kinship Assessments, provided a Short Break fostering service, undertook Private Fostering Assessments and Step-parent Adoptions. The service worked closely with commissioning colleagues to provide urgent accommodation for looked after children across Children's Services and also provided out of hours support and advice to foster carers. In addition to the dedicated fostering trainer, social workers in the service also provided regular training for foster carers both pre and post approval, participated in marketing activity often during evenings and weekends and ran a successful Peer Mentoring Scheme and facilitated Foster Carer Support Groups.

It is noted however that although twenty four new fostering households were recruited during this reporting year, fourteen households also resigned. This provided a net gain of only ten households, four of which were kinship carers. In response to this, the service remains committed to further development and the continual improvement that is necessary to meet the increasing demands for in-house and in county accommodation for our looked after children.

The service will also ensure compliance with all of the National Minimum Standards for Foster Care 2011 and the Fostering Services Regulations 2011 and to support this requirement an audit of the service against these standards and regulations will be undertaken in 2018 and early 2019. The service will also establish a Fostering Development and Delivery Board to support this task which will be administered by a range of stakeholders including Elected Members, Senior Leaders from Children Services, Commissioners, Foster Carers and Young People. In recognition that the retention of foster carers is also key to success, the service will facilitate the establishment of a Cambridgeshire Foster Carer Association to raise the voice of foster carers within the organisation, ensuring foster carers are supported and adequately developed and to establish a forum for communication and feedback that will influence service delivery.

In addition to the above, significant investment has been made available to the Fostering Service to support growth through a focussed marketing campaign. A three year recruitment campaign is being developed which will include a multi-platform approach to reach out to potential carers with the support of campaign partners from local organisations and businesses all coming together under the Fostering Services new branding of 'Team Cambridgeshire'.

Manager: John Heron - Consultant Lead Fostering Manager, Corporate Parenting Services

Date: 5.11.18

**LOCAL OFFER FOR CARE LEAVERS**

**To:** Corporate Parenting Sub-Committee

**Meeting Date:** 21 November 2018

**From:** Kate Knight  
Lead Corporate Parenting Manager

**Electoral division(s):** All

**Purpose:** To brief the Corporate Parenting Sub-Committee on the implementation of changes to Leaving Care Services arising from the Children and Social Work Act 2017, including the newly articulated 'Corporate Parenting Principles', the extension of Personal Adviser support to all under-25 year olds with Care Leaving status and specifically the requirement to develop a 'local offer' for care leavers.

**Recommendation:** The Sub-Committee is recommended to:

- a) note the development of Cambridgeshire's Local Offer to Care Leavers and support awareness of the offer within the Council.
- b) consider how Elected Members might wish to be involved and/or champion the offer for Cambridgeshire's care leavers.
- b) encourage partners to engage with the development of Cambridgeshire's Local Offer to Care Leavers.

<b><i>Officer contact:</i></b>		<b><i>Member contact:</i></b>	
Name:	Fiona Van Den Hout	Names:	Councillor Lis Every
Post:	Head of Service – Corporate Parenting	Role:	Chairman, Corporate Parenting Sub-Committee
Email:	Fiona.vandenhout@cambridgeshire.gov.uk	Email:	Lis.Every@cambridgeshire.gov.uk
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### **Summary:**

Following the Children and Social Work Act 2017 we are required to deliver a service to all qualifying young people with Care Leaving status up until the age of 25 years old. This Act also requires Local Authorities to develop a 'Local Offer' for this cohort of young adults.

The Local Offer is designed to provide all the information a young adult with Care Leaver status might need in one easily accessible place. As we are currently in the early stages of development, the offer is purely a source of information. However, Cambridgeshire would like to utilise this as a vehicle to provide an added service to our care leavers, working across the Council and our partner agencies as well as business in order to provide additional opportunities, such as securing apprenticeship places, work experience placements or free gym membership.

We have chosen to take an aspirational approach to Cambridgeshire's Local offer and recognise that many of these services will not be in place for some time and the offer will continue to develop and evolve as times change and available services shift. However it is a statutory requirement to have an initial offer in place in 2018 and to support this, a representative from the Department of Education will review our preliminary offer in January 2019 and we aim to launch Cambridgeshire's Local Offer in February 2019.

## **1. BACKGROUND**

Legislation including the Children Act 1989 and Children Act 2004 has successively strengthened the responsibility of public bodies to children in care and young adults with Care Leaver status. The Children and Social Work Act 2017 further improves support for looked after children and strengthens the duty and responsibility of all Local Authorities, including District Councils and organisations providing support and services for children and young people.

The Children and Social Work Act 2017 states that Councils and partner organisations must have regard to a set of Corporate Parenting Principles when exercising their functions. This applies to the whole council and not just to children's services and to all Care Leavers up to the age of 25 years. This legislation also applies to officers and Members alike.

Cambridgeshire currently has 330 young adults in the cohort aged eighteen to twenty one and we now have a duty to extend this support to an additional 350 young adults with Care Leaver status aged twenty two to twenty five who may request a service.



## 2. MAIN ISSUES

### 2.1 Corporate Parenting Principles

The Act introduces Corporate Parenting Principles which are intended to influence local authority culture so that all staff and departments within it consider the impact of their work for children and young people for whom the local authority is a Corporate Parent, as well as on those under twenty five years of age who were previously in the care of a local authority.

The Principles state that local authorities (including county, district, borough and combined authorities) must 'have regard to the need' to take certain actions in their work for children in care and care leavers.

These are:

- To act in their best interests and promote their physical and mental health and well-being
- To encourage them to express their views, wishes and feelings
- To take into account their views, wishes and feelings
- To help them gain access to, and make the best use of, services provided by the local authority and its relevant partner
- To promote high aspirations and seek to secure the best outcomes for them
- For them to be safe and have stability in their home lives, relationships and education or work
- To prepare them for adulthood and independent living

This reinforces the established understanding that Corporate Parenting responsibilities extend beyond the County Council to its statutory partners and the Act seeks to further consolidate this through the formulation of the Council's local offer.

### 2.2 The Local Offer for Care Leavers

Under the Act, all Local Authorities are required to publish a 'Local Offer' for young adults with Leaving Care status, informing them about the services they provide including what they or partner agencies offer that may assist care leavers in preparing for adulthood and independent living including services related to:

health and well-being  
relationships  
employment, education and training  
accommodation  
participation in society

### 2.3 Personal Advisor up to the age of 25

A new provision is added to the Children Act 1989, extending the entitlement to a Personal Advisor (PA) beyond the age of 21 to this cohort of young adults up to the age of 25 years old, whether or not they are in education or training.

All Local Authorities now have a responsibility to make the offer of a PA at least once a year to Care Leavers, and for them to carry out a needs assessment and to prepare a Pathway Plan with them.

#### 2.4 Developing Cambridgeshire's Local Offer

In considering the requirement to develop a Local Offer for Care Leavers, it is important to distinguish this from the well-established 'local offer' for children with educational needs (SEN) and Disability. Cambridgeshire's Local Offer is being developed with the full participation of young people and these discussions will include whether a more distinctive name would be helpful.

It is currently anticipated that the visual offer will primarily be web-based and hosted on the Council's 'Youthoria' website which is dedicated to providing young people with a wide range of information. The Local Offer would be located in a differentiated space and will have links to many existing aspects of Youthoria information and a link to the website will also be available on the County Council website. The offer will also link to other local and national information because, importantly, the offer is not simply that which the County Council provides but includes the services provided by statutory, voluntary and private sector partners as well. Using the Youthoria website does not incur any additional cost

There will also be an information leaflet outlining the scope and coverage of the Local Offer and how to access it.

Information will include:

- Who is eligible/ Being a care leaver
- Role of the Personal Adviser
- Health & Wellbeing
- Relationships
- Employment, Education & Training
- Participation and Engagement
- Participation in Society
- Accommodation
- Finances
- Key contacts

Work is underway to develop the County Council content and also to start engaging with partners on what information they would wish to see included to ensure maximum support to this cohort of young adults. Subsequent work will encourage recognition of the particular needs of Care Leavers and consider whether they might offer them a 'premium' service, differentiated from their universal offer. The participation of young people is key to ensuring that the content, presentation and accessibility of the Local Offer is relevant and user-friendly. They will continue to act as a 'reference group' as the Offer is refined.

It is anticipated that the website will be operational in its early form during November such that it can be shared more widely with young people and partners ('soft launch') to encourage further feedback. Following this Mark Riddell will critically review the Council's response to the new duties and it is

anticipated this will include advice on Cambridgeshire's Local Offer. It is therefore planned to refine the Offer in the light of any advice and a full launch will be scheduled for no later than February 2019.

## 2.5 Governance

There are two work streams currently in place working on the Care Leaver offer and the operational response to new statutory duties. Progress with these is scrutinised by the Leaving Care Steering Group chaired by the Head of Service for Corporate Parenting and Head of Service for Virtual School. Membership of the group is being reviewed and the service would welcome wider representation.

## SIGNIFICANT IMPLICATIONS

### 3.1 Resource Implications

Six additional PA posts have been created and are currently going through pre-employment checks.

### 3.2 Procurement/Contractual/Council Contract Procedure Rules Implications

None

### 3.3 Statutory, Legal and Risk Implications

None

### 3.4 Equality and Diversity Implications

None

### 3.5 Engagement and Communications Implications

None

### 3.6 Localism and Local Member Involvement

None

### 3.7 Public Health Implications

None

Source Documents	Location
None	



**Corporate Parenting Sub-Committee Workshop and Training Plan 2017/18**

**Summary**

Each committee at the County Council has its own training plan to help its members learn more about the business that the Committee covers. Each training session is listed and a record is kept of which members of the committee attend.

**April 2018**

	<b>Subject</b>	<b>Desired Learning Outcome/ Success Measures</b>	<b>Priority</b>	<b>Date</b>	<b>Responsibility</b>	<b>Nature of Training</b>	<b>Audience</b>	<b>Attendance by:</b>	<b>% of Committee Members Attending</b>
1.	We are all Corporate Parents	To discuss councillors' role and responsibilities as Corporate Parents.	High	12.01.18	<i>Fiona MacKirdy, Head of County Wide and Looked After Children</i>	Seminar	All county councillors	Cllr Bradnam Cllr Costello Cllr Cuffley Cllr Every Cllr Hay Cllr Joseph Cllr Whitehead  (only members and subs of CPSC shown)	80%
2.	Looked After Children and Care Leavers	To brief Members on all areas of the Council's work in relation to looked after children and care leavers	High	11.04.18	<i>Jacqui Barry, Service Development Manager, District Safeguarding Manager</i>	Presentation and discussion	Corporate Parenting Sub-Committee members	Cllr Every Cllr Hay Cllr Bradnam Cllr Richards Cllr Cuffley	80%

3.	Safeguarding training and visit to the Multi-Agency Safeguarding Hub (MASH)	To refresh and update Members' safeguarding training and offer them the chance to see first-hand the work being done at the MASH.	High	11.04.18	<i>Lou Williams, Service Director, Jenny Goodes, Head of Service – Integrated Front Door</i>	Presentation, tour of facilities and discussions with staff	Children and Young People Committee and Corporate Parenting Sub-Committee members and substitute members	Cllr Every Cllr Hay Cllr Bradnam Cllr Cuffley	60%
4.	Corporate Parenting Strategy refresh	To discuss corporate parenting strategies going forward.	High	12.06.18	Jacqui Barry	Workshop	Corporate Parenting Sub-Committee members	Cllr Every Cllr Hay	40%
5.	Introduction to the Mind of my Own (MOMO) app		Medium	21.11.18	Jacqui Barry	Workshop	Corporate Parenting Sub-Committee members		
6.	Fostering		Medium	<del>24.07.18</del> (To be rearranged)	John Heron, Residential and Placements Provision Manager		Corporate Parenting Sub-Committee members		
7.	Mental Health			To be arranged	Pam Parker, Clinical Psychology Lead				

To be arranged:

- Meeting with Voices Matter (Young People's Council) (Jacqui Barry / Sarah-Jane Smedmor) – open to all members and substitute members of the Children and Young People (CYP) Committee







# CORPORATE PARENTING SUB-COMMITTEE FORWARD AGENDA PLAN

Updated 29.10.18

**Agenda Item No: 11**

## Summary

The Forward Agenda Plan shows the dates and times of future meetings, where they will be held and what reports will be considered.

Committee date	Agenda item	Lead officer	Reference if key decision	Deadline for draft reports to Sarah-Jane Smedmor	Approved reports to Democratic Services by
<b>Wednesday 21 November 2018 – 4.15pm - Meeting Room 2, Huntingdon Library, Princes Street, Huntingdon PE29 3PA</b>					
<b>21 November 2018</b>	Minutes and Action Log	Democratic Services	Not applicable		<b>8 November 2018</b>
	Virtual School ( <i>Standing item</i> )  <i>To include a focus on:</i> <ol style="list-style-type: none"> <li>1. Admissions, refusals and alternative provision;</li> <li>2. Early Years (deferred from September)</li> <li>3. Update on the external review (deferred from September)</li> <li>4. Support provided in relation to developing life skills, for example managing personal finances/ a budget.</li> </ol>	J Pallett	Not applicable		

Committee date	Agenda item	Lead officer	Reference if key decision	Deadline for draft reports to Sarah-Jane Smedmor	Approved reports to Democratic Services by
	Performance Report (standing item)	F van den Hout	Not applicable		
	Sub-Committee Workshop/ Training Plan (standing item)	F van den Hout/ J Barry	Not applicable		
	Young People's Participation (standing item)	J Barry & C Betteridge	Not applicable		
	Fostering Service Annual Report (to include placement breakdowns)	F van den Hout	Not applicable		
	The Local Offer	F van den Hout	Not applicable		
	What a good mental health service should look like for Looked After Children (presentation)	S-J Smedmor/ P Parker	Not applicable		
	Forward Agenda Plan	R Greenhill	Not applicable		
<b>Wednesday 30 January 2019 – 4.00pm – Room 128, Shire Hall, Cambridge CB3 0AP</b>					
	Minutes and Action Log	Democratic Services	Not applicable		<b>14 January 2019</b>
	Virtual School Standing item)	J Pallett	Not applicable		
	Performance Report (standing item)	F van den Hout	Not applicable		
	Sub-Committee Workshop/ Training Plan (standing item)	F van den Hout/ J Barry	Not applicable		

Committee date	Agenda item	Lead officer	Reference if key decision	Deadline for draft reports to Sarah-Jane Smedmor	Approved reports to Democratic Services by
	Young People's Participation (standing item)	J Barry & C Betteridge	Not applicable		
	Workforce Development (quarterly standing item)	S-J Smedmor	Not applicable		
	Child and Adolescent Mental Health (CAMH) issues for Cambridgeshire's Looked After Children (standing item – alternate meetings)	P Parker	Not applicable		
	Staying Put	F van den Hout/ K Knight	Not applicable		
	Corporate Parenting Strategy Refresh – Update	S-J Smedmor/ F van den Hout	Not applicable		
	Corporate Parenting Sub-Committee Annual Report	S-J Smedmor	Not applicable		
	Refreshed NEET Strategy: Reducing the number of Looked After Children who are Not in Education, Employment or Training	M Cowdell	Not applicable		
	Support available to care leavers, including the support provided to teach budget management and life skills.	F van den Hout (tbc)	Not applicable		
	Concurrent Care	Sarah-Jane Smedmor	Not applicable		
	Forward Agenda Plan	R Greenhill	Not applicable		

Committee date	Agenda item	Lead officer	Reference if key decision	Deadline for draft reports to Sarah-Jane Smedmor	Approved reports to Democratic Services by
<b>Wednesday 20 March 2019 – 4.15pm - Meeting Room 2, Huntingdon Library, Princes Street, Huntingdon PE29 3PA</b>					
	Minutes and Action Log	Democratic Services	Not applicable		<b>7 March 2019</b>
	<p>Virtual School <i>Standing item</i>)</p> <p><i>To include:</i></p> <ul style="list-style-type: none"> <li><i>i. A six month update on the issues explored in relation to the VS at the meeting on 19 September 2018;</i></li> <li><i>ii. Confirmation of whether full use was being made of Area Opportunity Funding in Huntingdonshire and Fenland in relation to Looked After Children;</i></li> <li><i>iii. Whether there was any correlation between number of school moves and attainment;</i></li> <li><i>iv. What has been done to reinstate the expectation that Looked After Children should be a priority area for School Governors.</i></li> </ul>	J Lewis/ J Pallett	Not applicable		
	Performance Report <i>(standing item)</i>	F van den Hout	Not applicable		
	Sub-Committee Workshop/ Training Plan <i>(standing item)</i>	F van den Hout/ J Barry	Not applicable		
	Young People's Participation <i>(standing item)</i>	J Barry & C Betteridge	Not applicable		

Committee date	Agenda item	Lead officer	Reference if key decision	Deadline for draft reports to Sarah-Jane Smedmor	Approved reports to Democratic Services by
	Workforce Development (standing item)	S-J Smedmor	Not applicable		
	Forward Agenda Plan	R Greenhill	Not applicable		

**Items to be included:**

- Bright Spots report (produced bi-annually): developed by Coram Voice with the aim of improving the wellbeing of children and young people in care by identifying and promoting practices that have a positive influence on them

**Notice made under the Local Authorities (Executive Arrangements) (Meetings and Access to Information) (England) Regulations 2012 in compliance with Regulation 5(7)**

1. At least 28 clear days before a private meeting of a decision-making body, public notice should be given which must include a statement of reasons for the meeting to be held in private.
2. At least 5 clear days before a private meeting of a decision-making body, further public notice must be given which must include a statement of reasons for the meeting to be held in private, details of any representations received by the decision-making body about why the meeting should be open to the public and a statement of the Council's response to such representations.

Forward plan reference	Intended date of decision	Matter in respect of which the decision is to be made	Decision maker	List of documents to be submitted to the decision maker	Reason for the meeting to be held in private

**Decisions to be made in private as a matter of urgency in compliance with Regulation 5(6)**

3. Where the date by which a meeting must be held makes compliance with the above requirements impracticable, the meeting may only be held in private where the decision-making body has obtained agreement from the Chairman of the Council.
4. Compliance with the requirements for the giving of public notice has been impracticable in relation to the business detailed below.
5. The Chairman of the Council has agreed that the Committee may hold a private meeting to consider the business referred to in paragraph 4 above because the meeting is urgent and cannot reasonably be deferred for the reasons stated below.

Date of Chairman's agreement	Matter in respect of which the decision is to be made	Reasons why meeting urgent and cannot reasonably be deferred

For further information, please contact Fiona McMillan, Deputy Monitoring Officer on 01733 452361 or at [Fiona.McMillan@peterborough.gov.uk](mailto:Fiona.McMillan@peterborough.gov.uk)