



Looked After Children and Care Leavers Outcome Report

Survey of Mental Health Services for Looked After Children and Care
Leavers 2019-20

June 2020

Supported by and delivering for London's NHS, Public Health England and the Mayor of London

Preface

This report on Mental Health services for Looked After Children and Care Leavers is based on surveys and engagement that took place between August and November 2019.

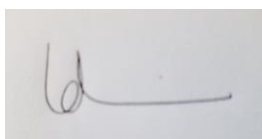
The report was ready and due for circulation and subsequent publication in March 2020.

For reasons associated with the coronavirus pandemic, the publication was delayed. We have decided that it is important to publish and share the findings before the information becomes out of date.

The NHS expects that the pandemic will have had a profound impact on the emotional wellbeing and mental health of all children and young people, including evidently those who had particular vulnerabilities. Specialist mental health services will need to be reviewed to ensure that children and young people have the support that they require in the coming months and years.

One aspect of the pandemic for mental health services has been the substantial acceleration of delivering treatment and support through virtual means. An enormous amount of learning is taking place. This opens up some very interesting possibilities for Looked After Children and Care Leavers, particularly those where it has been difficult to offer them a service because they are placed at some distance, or where they do not have a stable placement. The specific benefits for these groups of children and young people will need further review, including being clear that this is not suitable in all cases.

Although there have been considerable changes for all of us, with more to come, we still believe that the findings of the survey provide a good basis for understanding and planning further improvements to these very important services.



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Introduction

The most recent prevalence data estimates for Children in Care is that 46%¹ will have a diagnosable mental health disorder. The latest children looked after return information provided by local authorities, also known as SSDA 903 data² shows that at the end of March 2019, there were 10,030 Looked After Children in London. This would lead to a conclusion that approximately 4,600 of this population will have a mental health disorder. In addition, all Looked After Children are likely to have experienced Adverse Childhood Experiences (ACEs) that are likely to require emotional support. This is not a static population. The numbers entering and leaving care during the year is 5,770 and 6,000 respectively. The same data set shows a figure of 6,660 Care Leavers in London aged up to 21. No figure is currently available for the numbers of Care Leavers aged 21 to 25. There is no current prevalence data for Care leavers. However, a similar prevalence rate would lead to a figure of 3,030 who may have a diagnosable mental health disorder. These figures illustrate the level of need and the scale of the overall services required to meet this need. Children from Black backgrounds and children with Mixed Ethnicity are proportionately over-represented within the Looked After Children population. The quality and availability of mental health services for Looked After Children and Care leavers are therefore of particular relevance to these groups of children and young people.

*A note on terminology. The term Looked After Children, rather than Children in Care, is used in this report as at time of writing this remains the official Department for Education term. Care Leavers is used to describe all young people provided with services through the Children (Leaving Care) Act 2000, aged 18-25. Some Eligible Care Leavers will

This report gives the findings from a survey of mental health services for Looked After Children* and Care Leavers undertaken across London by the Healthy London Partnership (HLP) Children and Young People's Programme.

Looked After Children and Care Leavers are identified within [Future in Mind](#)³ and the [NHS Long Term Plan](#)⁴ as one of the most vulnerable groups in terms of their emotional wellbeing and mental health. Due to their circumstances, such as the number of placement moves, traditional health services have not always best addressed their needs. The survey was developed to gain a greater understanding of how local authorities and CCGs are developing and transforming services in the context of Future in Mind⁵.

The survey commenced in August 2019, with a letter from the Chair of The Association of London Directors of Children's Services (ALDCS), Martin Pratt and the Managing Director of Lewisham Clinical Commissioning Group (CCG), Martin Wilkinson, in his capacity as Joint Senior Responsible Officer for the HLP Children and Young People's Programme. The letter was circulated to Directors of Children's Services and Managing Directors of CCGs. At the same time,

¹ Meltzer et al. (2003). *The mental health of young people looked after by local authorities in England*. Report produced by the Social Survey Division of the Office for National statistics. Available [here](#)

² Department for Education. (2020) *Children looked after in England including adoption: 2018 to 2019*. Available [here](#)

³ Department of Health and NHS England. (2015). *Future in mind. Promoting, protecting and improving our children and young people's mental health and wellbeing*. Available [here](#)

⁴ NHS England. (2019). *The NHS Long Term Plan*. Available [here](#)

⁵ Ibid 3

it was distributed to commissioners of child mental health services across London. The letter is attached at Appendix 1.

The content of the survey was based on the [recommendations from the Social Care Institute for Excellence \(SCIE\)](#) Expert Working Group, which was commissioned by the Department for Education⁶. The SCIE Expert Working Group reported in 2017. The survey made some adjustments to the questions but the recommendations provided the basic foundation. The survey asked for narrative responses, so the findings of the survey are qualitative. The survey was designed with 17 specific questions and 1 final open question asking for additional information, examples of positive practice, and key areas of concern.

The deadline for responses was 11th October. The deadline required some extensions on request. At the time of writing, HLP received responses from 28 out of 33 local authority areas, which represents a statistically strong representation of the overall position.

The Executive Summary gives key findings and sets out a number of recommendations for CCGs and Local Authorities.

The Main Report gives findings against each of the 18 questions and, where appropriate, gives examples of areas of positive practice. Where identified, this has been agreed with the relevant CCG and local authority. These examples are not intended to be exhaustive.

In addition, the London Children in Care Council meeting of 21st February 2020 gave their views on what they would like to see in terms of mental health support. Greater detail is given in Appendix 2. They gave key messages about:

- The need to provide information in a timely and sensitive way about mental and emotional wellbeing to children and young people, including what services might be available.
- That providing access to physical and practical activity can be very helpful in avoiding emotional distress – ‘it makes you happy and helps you with anger’.
- That when help is needed it should be provided quickly – ‘reach out quicker, not 6 months, that’s too long’.
- More access to group support – ‘that will enable people who have similar experiences to feel more comfortable’.
- Different therapeutic options to be available – ‘art therapy and other forms of expressing your feelings’.
- Digital options – exploring apps and online support.
- Confidentiality – ‘more privacy between children and therapists’.
- Ensuring help with change and transition – ‘are 18 year olds entitled to mental health support?’
- Providing positive role models - ‘Publishing success stories about young people who have been through care – real life people who have been through the system’.

⁶ Social Care Institute for Excellence. (2017). *Improving mental health support for our children and young people. Expert Working Group final report*. Available [here](#)

Executive Summary

This summary gives some very high-level findings of the survey that was conducted.

One of the key findings is that there is a high level of variation across London in both the extent of the offer that is made to Looked After Children and Care Leavers and in the nature or model of the offer.

To some extent this makes it difficult to make comprehensive findings that apply in all areas, so all the findings will have exceptions.

With this caveat in mind, the following findings can generally be held:

- Most CCGs/ Local Authorities have included Looked After Children within their strategic needs assessments and planning documents. It is regularly stated that Looked After Children are a priority group within the planning.
- It is important that this priority is clearly reflected within the CCG Children and Young People (CYP) Mental Health Local Transformation Plans. It may be of assistance to have more specific targets and outcome measures to assess whether there is a need for the deployment of additional resources available through the [Five Year Forward View for Mental Health](#)⁷ and NHS Long Term Plan⁸ investment. Where core services are expected to meet the needs of Looked After Children and Care Leavers through such additional investment, this should be clear in the commissioning arrangements and in the outcome measurements.
- Looked After Children are likely to benefit from the investment in core services, but there was little evidence that this is being explicitly considered. It was difficult to see where work was taking place to ensure that mainstream services were more accessible and responsive to this group of CYP, including CYP placed within the authority from elsewhere.
- There are examples of innovative practice in the majority of areas and there are considerable opportunities to share learning if these can be supported.
- Participation and engagement of CYP is strong in many areas, but not always on mental health specifically. There was relatively little evidence of written materials being provided to CYP about mental health issues.
- The majority of areas have some form of specialist service for Looked After Children. The commissioning arrangements and responsibilities for these specialist services are variable, as well as the extent of their remit and the professional composition of the service.
- More work is required on showing the outcomes of the work that is undertaken by specialist services. There are opportunities to agree a level of consistency in the use of outcome measures to allow some comparison in effectiveness between the models currently in place.
- The arrangements for children placed out of area are generally acknowledged as an area for improvement.
- There is a limited awareness of national programmes, for example on initial assessment, on Virtual Mental Health Leads or on social prescribing/ personalised budgets. There are opportunities to share learning on these programmes.
- Work on whole system change is limited. Some CCGs and local authorities referenced their systemic training for social work and other staff. This represents a very helpful potential approach. Overall, training for staff and for other groups such as foster carers is variable. Training for foster carers from Independent Fostering Agencies is regularly acknowledged as an area of improvement.

⁷ NHS England. (2016). *Implementing the Five Year Forward View for Mental Health*. [Online] 2016. Available [here](#)

⁸ Ibid 4

- Services for Care Leavers are the most commonly acknowledged area of improvement required. The NHS Long Term Plan requirements to develop a comprehensive 0-25 service by the end of 2023/24 represents a considerable opportunity for this group. Engagement with commissioners of Adult Mental Health Services will be essential to realise this opportunity.
- There was no specific question related to services for adopted children or children placed under a Special Guardianship Order (SGO). However, some specialist services are commissioned for one or both of these groups and they reported a significant rise in demand for children placed under SGOs.

Recommendations

1. Relevant commissioners in CCGs, including commissioners of adult mental health services, and local authorities should review their strategic needs assessments to ensure that there is an adequate assessment of need among the Looked After Children and Care Leaver populations. They should use this analysis to assess whether the current investment in core services and specialist services remains appropriate to the expected levels of need. Commissioners should also ensure that all mental health services are taking steps to train their staff in the particular needs of Looked After Children and Care Leavers.
2. Commissioners should ensure that relevant services are measuring the outcomes of their interventions. This should also include indirect interventions such as training and consultation. Given the wide range of models for specialist services for this group of children it is particularly important to develop and share understanding of relative effectiveness.
3. Opportunities for shared learning should be strengthened. There is a London based group of specialist staff. This group requires additional resource to function as effectively as possible and report findings to leaders and commissioners across London. This could include access to information on national programmes.
4. To engage CYP and parents in participation programmes to improve the mental health services to Looked After Children and Care Leavers.
5. Local authorities, CCGs and providers should review the training and support needs of relevant staff. Improving the mental health of Looked After Children and Care Leavers requires a whole system approach and cannot be met by specialist services alone.
6. CCGs and local authorities across London should explore the possibilities of agreements to provide specialist services for children placed out of area.
7. CCGs and local authorities to explore possibilities of digital options of providing mental health support to young people, which may be particularly helpful for children moving placements.
8. STP plans for 0-25 services should ensure that the needs of Care Leavers are explicitly addressed as a high needs group.

Conclusions and next steps

This population of CYP include many of the most vulnerable in our society. It is encouraging to see much of the work that is being done to assist them. The problems that they face are complex and HLP wish to offer our continued support across systems to learning and improvement.

HLP will hold appreciative enquiry visits at STP level to allow greater engagement with the findings of the survey and recommendations of this report, during 2020/21. The visits will be planned in a way that will allow both shared learning and a level of peer challenge.

Looked After Children Mental Health Survey

1. Does the Local Authority or CCG have a Joint Strategic Needs Assessment (JSNA) which addresses the mental health and wellbeing needs of Looked After Children and Care Leavers? If not, is there any other strategic document that addresses their needs? Does this cover children placed within the local area by other authorities?

The majority of local authorities reported that the needs of Looked After Children were addressed in strategic documents, principally through the Joint Strategic Needs Assessment. In several cases this did specifically reference the mental health needs of Looked After Children and, in a smaller number of cases, those of Care Leavers.

There was an acknowledgement that this had not always specifically looked at their mental health and emotional needs. In some cases, these needs had been addressed in other strategic documents. There were examples of specific pieces of work having been undertaken to understand the level of need.

Directors of Public Health were not included in the circulation of this document. An understanding of the level of need within this population is important to inform the appropriate allocation of resources and give adequate prioritisation.

No local authority gave an example of where their analysis had included the needs of children looked after by other authorities within their local area.

A stronger analysis of the needs of Care Leavers would be beneficial in seeking resources from Adult Mental Health resources.

2. Are Looked After Children considered within your Local Transformation Plan to improve their current services? Are there transition plans in place to support Care Leavers access adult mental health services? Has there been any additional investment for Looked After Children services through Future in Mind or is this planned?

Nearly every local authority confirmed that Looked After Children have been considered within their Local Transformation Plan. They have regularly been identified as a particularly vulnerable group.

Although few responses referred to specific plans regarding transition to adult mental health services for Care Leavers, a number of local authorities referenced plans to develop their 18-25 services and aimed to include Care Leavers as a particularly relevant group. Many local authorities have cited services to Care Leavers as an area where improvement is required.

A number of local authorities have recommissioned their existing specialist resources for Looked After Children. However, there was a limited number of local authorities that had identified or planned future additional investment into such services. Of the 28 responses received, 7 had identified specific additional funding. In 4 of those cases, this new service was not yet in place. A smaller number of local authorities are currently reviewing their funding arrangements. There were 2 local authorities stated that they were not considering additional investment as they believed that their current service was sufficient.

It was recognised that Looked After Children would benefit from the overall additional investment into CYP Mental Health Services. It is important that measures are developed to ensure that they are proportionately benefitting.

3. Are there clear arrangements for the oversight and governance of mental health services for looked after children and care leavers, for example through the LSCB, Corporate Parenting Board, Health and Wellbeing Board or Scrutiny Committee? What impact has this had?

All local authorities reported a reporting and governance structure for the oversight of mental health services for Looked After Children and Care Leavers. The most common forum for this was at the Corporate Parenting Panel/ Board. Some local authorities had reported to Health and Wellbeing Boards.

In the main, the governance was through Council-led bodies, albeit with a multi-agency membership. It was less common that governance regarding this group was considered through Health-led bodies.

Positive Practice Example: Southwark have fully reviewed their CYP Mental Health offer and specifically included services to Looked After Children.

4. Do you have evidence that the mental health needs of Looked After Children are addressed at their statutory reviews?

There was some confusion about this question, with a number of local authorities referencing Health Assessment reviews, rather than the statutory Child Care Review process.

In general, local authorities were confident that Independent Reviewing Officers (IROs) were addressing mental health needs at Reviews. The position could be strengthened by giving examples of where IROs have exercised their duties in ensuring that CYP have access to appropriate assessment and treatment.

Positive Practice Example: Croydon have undertaken a dip sample of Looked After Children Review records to assess whether the meetings sufficiently address issues of emotional wellbeing and the identification of appropriate services.

5. Do you currently have a virtual mental health lead (VMHL) established in your organisation? If so, can you please provide their name and contact details?

This is a recommendation of the SCIE Review that is currently the subject of a pilot programme and is therefore not a requirement. It is one of the features of the Assessment pilot, which has been commissioned by the Department for Education. The London Borough of Merton is the London contributor to this pilot. The pilot will consider the best arrangements for a VMHL and whether the role should be recommended.

Many authorities gave examples of the lead person responsible for overseeing CYP Mental Health Services. In some cases, the Designated Looked After Children Doctor or Designated Looked After Children nurse were stated as being VMHLs.

6. Have service users, including CYP, parents, or foster carers been given opportunity to provide feedback and shape the services available to Looked After Children and Care Leavers to support their mental health? Have you made any changes as a result of their views?

The majority of local authorities cited feedback from Looked After Children and Care leavers regarding the services that they are receiving, which will include mental health services. Also, many Child and Adolescent Mental Health Services (CAMHS) have arrangements to receive feedback from service users and this may include Looked After Children.

There was less evidence of specific consultation with CYP or their parents on mental health issues or on what they are seeking, or what their concerns are. Responses regarding foster carers tended to be made in other areas of the survey.

A number of local authorities referenced that feedback from Care Leavers about the services available to them was being considered as part of an ongoing review.

In most areas there is greater potential for hearing from CYP about what support they may find helpful to support their mental health. There is also potential to consider the role that could be played in family work and listening to the views of parents and carers.

Positive Practice Example: Action for Children have trained members of their Children in Care Council as mentors for emotional wellbeing and provide continued training and support. The Children in Care Council are also supporting them in the development of a conference on a theme of staying healthy in body and mind.

7. In your area do caregivers such as foster carers and residential staff receive information or services to support their own mental health and wellbeing from your organisation? If so, can you give some information regarding what is provided?

There were a wide range of responses, ranging from some local authorities where foster carers needs were being given a priority, to local authorities where carers were being offered support as part of the treatment for a child in their care.

Many authorities who provided support or training to their own carers expressed a concern that Independent Fostering Agency (IFA) carers for their children were not eligible for this support. Other local authorities saw this clearly as the responsibility of the Fostering Agency.

Positive Practice Example: Hackney offer Mindfulness Training through their specialist service. This is currently available to special guardians.

8. In your area does everyone working directly with Looked After Children and Care Leavers receive training on children and young people's mental health? If yes, what training do they receive?

Most local authorities did make training available to staff. In some local authorities this was part of a structured and comprehensive offer. In many cases, where a specialist mental health service for Looked After Children is operating, they do provide training to social workers and foster carers. They will also provide consultation on individual children.

In some local authorities, the referenced training offer was more available to the health staff working with Looked After Children, rather than social work staff.

There was again some concern about the training available to IFA carers and to interim social work staff. Training for IFA carers was generally seen as the responsibility of the fostering agency.

In some local authorities where they were investing in an organisational change approach to their service delivery, for example systemic approaches, this was cited as giving staff additional skills and tools that could be appropriate in both understanding the emotional and mental health needs of children and families, but also to enable staff to offer support. This represents a very positive set of possibilities in thinking about whole system approaches to working with children that would benefit from further development.

Positive Practice example: Ealing – Within looked after children's social care team all social workers and supervising social workers are trained in Dyadic Developmental Practice and other trauma-informed approaches to the mental health of looked after children. This training is part of a wide offer delivered by both external providers and the internal Clinical Psychology offer and is sustained and supported through ongoing workshops, group supervision and consultation with Clinical Psychologists.

9. Do you have clear commissioning processes in place to support children placed outside your local authority/ CCG area? Have you had difficulties in accessing mental health services for children placed out of area?

In most local authorities, commissioners rely upon the Responsible Commissioner Guidance for children who reach the threshold for a referral to CAMHS when placed out of area.

Most areas reported at least some level of concern about being able to access timely support through this process. In some cases, support was being sought through private health care providers in the locality. Children placed out of area, especially those placed beyond 20 miles, are usually unable to access the specialist mental health services, which often operate a more accessible threshold. Some specialist services will travel a short distance to work with children placed beyond their boundary.

A minority of local authorities reported no difficulties in accessing appropriate support for children placed out of area.

Positive Practice Example: Greenwich CAMHS are commissioned to work with children up to 60 miles beyond their boundary and they also allow referrals to their specialist service for children placed into Greenwich by other authorities.

10. Do you assess outcomes of interventions offered to Looked After Children and Care Leavers? Does this include their views?

The answers to this question were complicated by the nature of the service that is being provided to Looked After Children.

The outcomes framework and methodology is often the same as the one used by the local CAMHS service. In many cases, the outcomes for services to Looked After Children are aggregated within

the overall outcomes for CAMHS, which makes it more difficult to be clear about the specific outcomes of any specialist services, or what is happening specifically for Looked After Children and Care Leavers.

Many outcomes frameworks do include measuring use experience and feedback as part of the methodology. For example, Goal Based Outcomes are used in many areas.

Strengths and Difficulties Questionnaires (SDQ) have been the standard measurement tool for Looked After Children but they are widely seen as being best used within a more comprehensive framework.

A greater level of consistency in measuring individual outcomes would be of great assistance in assessing the effectiveness of current services.

11. Does the Local Health Watch or any other independent body such as your advocacy service monitor the effectiveness of mental health care arrangements for children and young people who are looked after? If so, what were their findings and were they reported to the Health and Wellbeing Board?

Independent Advocacy Services were engaged both with children generally and on specific cases.

There are further opportunities for CCGs and local authorities to commission independent assessments of their services to Looked After Children and Care Leavers.

Positive Practice Example: Greenwich commissioned their local Health Watch to produce a report looking at the impact of services for Looked After Children. This is accessible online: <https://healthwatchgreenwich.co.uk/wp-content/uploads/2018/04/HWG-Preliminary-review-of-Greenwich-CAMHS-2.pdf>

12. Do you have alternative or additional services to CAMHS that are available for Children and Young Persons in your area e.g. Self-help, peer mentoring, social prescribing and community initiatives etc? Can you provide some details please?

Most local authorities have a wide range of services available to young people, some of which are specifically aimed at open access mental health services, for example Kooth, and others that are more activity based.

NHS England recently commissioned a pilot on Personal Health Budgets, which Islington participated in. This has not been published, but the final document has been agreed and is circulated along with this report. There are likely to be further opportunities to share research and development. This is an example of an area where there has been national work undertaken but there is limited knowledge of the outcomes and learning.

Positive Practice Example: Islington have continued to offer Personal Health Budgets to Looked After Children and Care Leavers following their involvement in the pilot project.

13. Are Looked After Children and Care Leavers provided with accessible materials, either written or online, providing information about emotional wellbeing and mental health and how they might access local services?

Few local authorities have developed specific written materials to date on emotional wellbeing and mental health for children when they become looked after. This is an area where there seems to be room for improvement and some opportunities exist to work together across London to produce CYP friendly materials.

Many local authorities provide information through their Local Offer for Care Leavers.

Positive Practice Example: Hounslow have co-produced an information sheet on emotional wellbeing with their Children in Care Council.

14. Do you undertake any initial assessment of emotional wellbeing/ mental health when children first become looked after in addition or as part of the Initial Health Assessment? If so, can you provide details?

In most local authorities, the initial assessment for emotional wellbeing was seen to be part of the function of the Initial Health Assessment for Looked After Children. This would then be followed up through Child Care Reviews.

Initial SDQ findings were sometimes used as a trigger for discussion with, or referral to, specialist Looked After Children mental health services. However, it was also recognised that completion of the SDQ could be patchy.

A smaller number of local authorities were looking into the design of something more specific and tailored to emotional wellbeing. There were also examples where therapists from the in house service took more of an active role in Initial Health Assessment processes.

The Department for Education have commissioned the Anna Freud Centre to pilot assessment processes for Looked After Children and the learning from this pilot can be shared to assist in further development of assessment processes. Merton are the London local authority engaged in this pilot.

Positive Practice Example: Ealing have developed an information pack for primary care professionals, giving them a range of information about looked after children to assist in understanding their needs. They have agreed that the pack can be shared, but that any reproduction should acknowledge their authorship. Please contact ian.lewis3@nhs.net for further information.

15. What is your current rate of SDQ completion for Looked After Children? SCIE recommend that the Strengths and Difficulties Questionnaire should be supported by a broader set of measures which can trigger a comprehensive mental health assessment. Does your use other measures within your area e.g. DAWBA?

The rate of SDQ completion is variable, with some areas not currently recording their cumulative scores. In some areas, a high SDQ score, often at an Initial Health Assessment, is used to

generate a referral to the specialist Looked After Children Mental Health Service. Many services are using a range of assessment measures to enhance the use of SDQs.

16. Does your area have a specialist service commissioned to provide mental health services for Looked After Children and Care Leavers? If so, can you provide details of the size of the team, the professional composition, whether they are co-located with Social Care, and the commissioning arrangements?

Nearly all local authorities reported that they had a specialist service for Looked After Children, which is very positive.

How this service is deployed is different in nearly every local authority.

The provision is different in:

- Size of team and relationship to population of Looked After Children
- Professional Composition
- Criteria for referral
- Whether it is only for Looked After Children or also for Children in Need/ Children on a Child Protection Plan
- Whether it offers a service to Care Leavers. Some services also offered a service to adopted children or those placed under Special Guardianship
- Whether it offers a service to children placed out of area, or if it offers a service to children from other authorities placed in the authority area
- Their co-location with Children's Social Care. In some areas the service sits within the social work teams. In others, they are co-located within the local authority but as a discrete service. In a smaller number of cases they sit within CAMHS but have a dedicated function.

The majority of the services are commissioned by the local authority. Some are jointly commissioned with the CCG and in a smaller number, the service is commissioned solely by the CCG. Not all local authorities gave details of the commissioning arrangements.

The commissioning of these services has mainly been long standing and reflects the need to have a service that can respond more quickly to the changing circumstances of the population. In most cases, the specialist service offers consultation to social workers on cases in addition to direct therapeutic interventions on individual cases. Again, most services offer a training element, including training for foster carers. As referenced above, this will most often be offered to in-house foster carers.

The different compositions, combined with the differences referred to above in approaches to outcome measurements, mean that it is difficult to draw conclusions about what is the most effective configuration to achieve the best results and value for investment.

There is a group of therapists across London who meet regularly through the British Psychological Society. This is a welcome initiative to share experience and positive practice. There are opportunities to build upon this group.

It is greatly encouraging to see the commitment to maintaining these specialist services, who are providing much needed support for children and professional networks.

There is evidence across most local authorities of innovative interventions being implemented. However, few specialist services are sufficiently resourced to meet the full range of interventions offered by a comprehensive CAMHS service. It is important that specialist services are recognised as being there to augment core services and provide additionality.

17. Do you have any specialist services for particular Looked After Children populations, for example Unaccompanied Asylum Seeking Children (UASC)? Can you provide any information regarding these?

There were some examples of specific services being designed for UASC, given their different profile of needs. In the majority of cases, this was being provided through the commissioned services referred to above, but with some innovative approaches being developed.

In one area, a group had been developed for adolescent girls, but this was not a separate service.

Positive Practice Example: In Croydon, a voluntary agency, Off the Record have been commissioned to offer open access counselling to UASC, which they have found is more likely to engage this community.

Positive Practice Example: Camden have developed a specific response for UASC. The specialist CAMHS team join the Initial Health Assessment for UASC. The Trauma specialist and the fixed term posts have been devised in order to develop an expertise and ensure the needs of this group are met. The team is increasing its training needs in order to support the UASCs and includes staff who have and will have EMDR training, Trauma focussed CBT and the whole team will be trained in Narrative Exposure Therapy. The team also offers specific groups for the UASC ie a wellbeing group as an initial intervention in the stabilisation phase when they are initially referred. They will also be offering Teaching Recovery Techniques an evidence based narrative group programme specifically for refugees.

18. Are there any other aspects of the service for Looked After Children that have not been covered? Do you have any examples of good practice that you could share? Are there particular gaps in provision that you are concerned about?

As referred to in Section 16, many local authorities gave examples of practice that they were proud of and many of these examples are contained within the report.

The most commonly accepted areas of improvement were:

- Services to Care Leavers
- Ensuring that children placed out of area, especially those placed at distance, receive an equivalent service and have timely access to the support that they needed. This is likely to include those children with complex needs who are at particular risk of being moved.

Appendices

Appendix 1: Letter circulated to Directors of Children's Services and Managing Directors of CCGs

Dear Colleague,

Survey of Mental Health Services for Looked After Children and Care Leavers

We are writing to all Directors of Children's Services and Managing Directors of Clinical Commissioning Groups across London to ask and encourage you to complete the attached survey. This is to make an assessment of current mental health services to support Looked After Children in London.

Why are we undertaking this survey?

Looked After Children are one of the most vulnerable groups in terms of their mental health. It is generally estimated that nearly 50% of Looked After Children will meet the criteria for a psychiatric disorder.⁹ This was acknowledged by the Department of Education and Department of Health in their statutory guidance on promoting the health and wellbeing of Looked After Children.¹⁰

This data requires updating and the Department of Health and Social Care and Department of Education will be undertaking a survey this year to update the information regarding prevalence in the Looked After Children population.

Future in Mind¹¹ identified Looked After Children and Care Leavers as amongst the most vulnerable groups in terms of their mental health. It set out the need for new models of evidence based care that could meet the needs of the most vulnerable groups of children and young people. It was an expectation that Looked After Children's needs would be specifically addressed in the delivery of local services. [The Long Term Plan emphasises that Looked After Children will be one of the key groups requiring support by the new Mental Health Support Teams. Improving services for Care Leavers is a specific commitment in the Long Term Plan.](#)

In 2016, the Department of Education commissioned the Social Care Institute for Excellence (SCIE) to convene an Expert Working Group to develop proposals and recommendations to ensure that the emotional and mental health needs of 'children and young people in care, adopted from care, in kinship care, under Special Guardianship Orders, and care leavers, would be better met.' The Report was published in November 2017¹². It made seventeen recommendations.

The attached survey is intended to use the recommendations as a framework for understanding current progress on developing high quality services for all of these groups. The recommendations have been adapted slightly. Where the recommendations were for Central Govt. these have not been included as the survey is intended for completion at a local level through Children's Social Care and CCGs.

⁹ <http://reescentre.education.ox.ac.uk/wordpress/wp-content/uploads/2014/09/onlinePoorMentalHealthfullreport.pdf>

¹⁰ https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/413368/Promoting_the_health_and_well-being_of_looked-after_children.pdf

¹¹ https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/414024/Childrens_Mental_Health.pdf

¹² <https://www.scie.org.uk/files/children/care/mental-health/recommendations/improving-mental-health-support-for-our-children-and-young-people-full-report.pdf>

Who should complete the survey?

This is ultimately for local decision making, but it is our suggestion that the best process would be through a collaboration between managers for Looked After Children Services and the relevant commissioners within the Clinical Commissioning Group.

How will the information be used?

Healthy London Partnership will use the completed surveys to compile a summary report that can be shared with senior leaders and commissioners across Health services and Local Authorities in London. The report will draw together themes and make recommendations on how local areas might further improve their offer. The report will be published on the Healthy London Partnership website. In general, no Local Authority or CCG will be identified within the report. An exception to this may be where there is an identified example of good practice that could be shared more widely. This would only take place with the written agreement of the relevant organisation.

A similar process is being proposed in North West England and the two processes may be used within NHS England to further improve national programmes for Looked After Children and the other related groups including care leavers.

Where Should Completed surveys be submitted?

Completed surveys should be sent, either in Word or PDF format to:

Ian Lewis, Local Authority Adviser Child Mental Health, Healthy London Partnership

ian.lewis3@nhs.net

If you have any questions, please email Ian.

The closing date for this survey is 11th October 2019.

With Many thanks for your cooperation.

Yours Sincerely,



Martin Pratt
DCS LB Camden
Chair, ALDCS



Martin Wilkinson
Managing Director, Lewisham CCG
Joint Chair, CYP Transformation Board

Question 1

Does the Local Authority or CCG have a Joint Strategic Needs Assessment (JSNA) which addresses the mental health and wellbeing needs of looked after children and care leavers? If not, is there any other strategic document that addresses their needs? Does this cover children placed within the local area by other authorities?

Question 2

Are looked after children considered within your Local Transformation Plan to improve their current services? Are there transition plans in place to support care leavers access adult mental health services? Has there been any additional investment for LAC services through Future in Mind or is this planned?

Question 3

Are there clear arrangements for the oversight and governance of mental health services for looked after children and care leavers, for example through the LSCB, Corporate Parenting Board, Health and Wellbeing Board or Scrutiny Committee? What impact has this had?

Question 4

Do you have evidence that the mental health needs of looked after children are addressed at their statutory reviews?

Question 5

Do you currently have a virtual mental health lead (VMHL) established in your organisation? If so, can you please provide their name and contact details?

Question 6

Have service users, including children and young people, parents, or foster carers been given opportunity to provide feedback and shape the services available to looked after children and care leavers to support their mental health? Have you made any changes as a result of their views?

Question 7

In your area do caregivers such as foster carers and residential staff receive information or services to support their own mental health and wellbeing from your organisation? If so, can you give some information regarding what is provided?

Question 8

In your area does everyone working directly with looked after children and care leavers receive training on children and young people's mental health? If yes, what training do they receive?

Question 9

Do you have clear commissioning processes in place to support children placed outside your local authority/ CCG area? Have you had difficulties in accessing mental health services for children placed out of area?

Question 10

Do you assess outcomes of interventions offered to looked after children and care leavers? Does this include their views?

Question 11

Does the Local Health Watch or any other independent body such as your advocacy service monitor the effectiveness of mental health care arrangements for children and young people who are looked after? If so, what were their findings and were they reported to the HWBB?

Question 12

Do you have alternative or additional services to CAMHS that are available for Children and Young Persons in your area e.g. Self-help, peer mentoring, social prescribing and community initiatives etc? Can you provide some details please?

Question 13

Are looked after children and care leavers provided with accessible materials, either written or online, providing information about emotional wellbeing and mental health and how they might access local services?

Question 14

Do you undertake any initial assessment of emotional wellbeing/ mental health when children first become looked after in addition or as part of the Initial Health Assessment? If so, can you provide details?

Question 15

What is your current rate of SDQ completion for Looked After Children? SCIE recommend that the Strengths and Difficulties Questionnaire should be supported by a broader set of measures which can trigger a comprehensive mental health assessment. Does your use other measures within your area e.g. DAWBA?

Question 17

Does your area have a specialist service commissioned to provide mental health services for looked after children and care leavers? If so, can you provide details of the size of the team, the professional composition, whether they are co-located with Social Care, and the commissioning arrangements?

Question 18

Do you have any specialist services for particular Looked After Children populations, for example UASC? Can you provide any information regarding these?

Question 19

Are there any other aspects of the service for Looked After Children that have not been covered?

Do you have any examples of good practice that you could share? Are there particular gaps in provision that you are concerned about?

Appendix 2: Mentimeter feedback responses from Looked After Children, Care Leavers and foster carers.

Mentimeter feedback responses are included below from the London Children in Care Council meeting of 21st February 2020. Views were sought from Looked After Children, Care Leavers and foster carers present from a number of local authorities across London.

What information should be available to care experienced young people about mental health?



When should it be given?



What is the best way to get information?



social workers

carers

donald trump

social worker

everyone

youth workers

professionals

care experienced adults

ppl who care bout you

school

loved ones

the whole wide world

independent people

peers

foster carers

gps

people who have suffered

counsellors

parents

other lac

teachers

frinds

key workers

me myself and i

nhs services

care

adults

services

gp and carers

A word cloud visualization of responses from young people about their needs for support. The words are arranged in a circular pattern, with larger words indicating higher frequency or importance. Key terms include:

- talking therapies**
- anonymous**
- physical**
- counsellors**
- support for over 18**
- support for over 25**
- rights and entitlement**
- information and advice**
- face to face**
- youth provision**
- advice**
- companion therapy**
- distractions**
- how to move on**
- school support**
- a place to go**
- health and wellbeing**
- social workers trained**
- free therapy**
- group support**
- gimme a hiyah**
- raise awareness**
- support for longer**
- sport workers**
- time away in nature**
- every type of help**
- counsellors and gps**
- some one to talk to**
- team**
- money**
- urgent**
- food from mcdonalds**
- mental**
- no waiting lists**
- physical sports**
- one to one**
- financial**
- individual**
- all types**
- everything**
- counselors**