

Improving mental health and emotional wellbeing support for children and young people in care

Expert Group Meeting 4
Thursday 26th January 2017 10.30 – 16.00
SCIE, First Floor, Kinnaird House, 1 Pall Mall East, London SW1Y 5BP

Minutes of the meeting

Attendees	
Name	Role and Organisation
Alison O'Sullivan	Co-Chair
Peter Fonagy	Co-Chair
Kevin Williams	Chief Executive - Fostering Network
Steve Miley	Director of Family Services - Hammersmith and Fulham Council
Gillian Ford	Senior Adviser, Children's Social Care - Local Government Association
Cathy James	Multisystemic Therapy Programme Lead - South London and Maudsley NHS Foundation Trust
Polly Ashmore	Project Manager, Children and Young People's Mental Health team – NHS England
David Graham	National Director – Care Leavers Association
Linda Wright	Deputy Manager, Education and Professional Services - Nottinghamshire County Council
Oliver Sindall	Specialist Clinical Psychologist & BPS Committee Member – British Psychological Society
Eamon McCrory	Professor of Developmental Neuroscience and Psychopathy – University College London
Renu Jainer	Consultant Community Paediatrician - Heart of England NHS Trust (representing RCPCH)
Carol McCauley	Commissioning Manager - Birmingham Clinical Commissioning Groups
Sally Donovan	Adoptive parent
Sheila Redfern	Head of Service: Specialist Trauma and Maltreatment. Co-Manager, Specialist Assessment and Treatment Services – Anna Freud
Matt Woolgar	Consultant Clinical Psychologist - South London and Maudsley NHS Foundation Trust
Jonathan Green	Professor of Child and Adolescent Psychiatry - University of Manchester
Billy Smallwood	Head of Clinical Services - Outcomes First Group and representative of The Independent Children's Home Association
Christine Lenehan	Director - Council of Disabled Children
Phillip McGill	Team Manager and Psychotherapist in Fostering, Adoption and Kinship Care Team - Tavistock and Portman NHS Trust

Sharon Goldman	Children's Active Involvement Service Manager - Islington Children's Services
Glynis Marsh	Workforce Development Manager – Isle of Wight Council
Richard Field	Foster carer
Michelle Costa	Lead Researcher and Developer – National Collaborating Centre for Mental Health
Jack Smith	Expert by experience
Matt Langsford	Expert by experience
Shain Wells	Policy Lead Child and Adolescent Mental Health: Vulnerable Children – Department of Health
Ellie Isaacs	Mental Health Policy Manager - Department of Health
Kirsty Jacobs	Team Leader, Children in Care Division - Department for Education
Nicola Doyle	Head of Adoption Support Policy - Department for Education
Helen White	Policy Advisor, Children's Social Care - Department for Education
Lucy Milich	Children's Project Development Manager – SCIE (project manager)
Stephen Goulder	Director of Operations – SCIE
Beth Anderson	Head of Research and Information - SCIE
Ted Barker	Research Analyst – SCIE
Hannah Roscoe	Senior Research Analyst - SCIE
Andrew Parkinson	Project Support Coordinator – SCIE (minutes)
Melissa Leen	Project Support Coordinator - SCIE
Paul Ross	Senior Information Specialist - SCIE

Apologies

Name	Organisation
Sue Sylvester	Adviser, Children and Young People's Mental Health Improvement Team – NHS England
Tony Clifford	Virtual School Head Teacher – Stoke-on-Trent Council
Doug Simkiss	Honorary Associate Clinical Professor in Child Health - Warwick University Medical School
Gwyneth Nightingale	Designated Nurse, Children in Care - Virgin Care Limited
Chloe Juliette	Expert by experience
Hugh Thornberry	CEO – Adoption UK
Saffron Cuts	Expert by experience
Filmon Russom	Expert by experience
Miriam Silver	Consultant Clinical Psychologist - LifePsychol Ltd
Celine Dignan	Department for Education

<p>1.</p>	<p>Welcome, apologies and agenda for the day</p>	<p>The co-chairs welcomed everyone to the meeting and the Expert Group members introduced themselves.</p> <p>Alison thanked the Experts by Experiences for the fabulous range of perspectives they have contributed to the Expert Working group so far and highlighted Jack who had attended a recent APPG meeting</p> <p>Alison wished Shain Wells well for the future and thanked her for her support and guidance on the project. Shain will shortly be leaving the Department of Health.</p> <p>A group member reflected on Theresa May’s recent green paper announcement on the mental health of children and young people. Shain Wells of DH said that the green paper would be very broad in terms of the children and young people it encompassed, but that this was why this Expert Group was so important because government was well aware that looked after children faced very particular challenges. Ellie Isaacs, also of DH, added that the specific needs of looked after children would be catered for within the green paper.</p>
<p>2.</p>	<p>Presentation by Christine Lenehan on the disability review`</p>	<p>Christine informed the group that she was a social worker by trade, but also had a longstanding interest in disabled children who live away from home. Christine’s presentation focussed on a report she had been tasked to put together on why such children have faced systematic failure. The following key points were made by Christine:</p> <ul style="list-style-type: none"> • All the children her report focussed on had learning difficulties, autism or similar conditions • A number of people had responsibility for these children, but no one in the system had overall <i>accountability</i> for them. And where the system lacks accountability and coherence, children’s rights end up being denied. • The report looked at mental health clinicians and paediatricians, and found many of them were doing excellent work, but in spite of this it was very common for a paediatrician who focussed on mental health to say they couldn’t help with learning difficulties, and those with expertise in learning difficulties to say they couldn’t help with mental health issues. The report therefore recommended that the relevant Royal Colleges work together to decide who was accountable for what. • On commissioning the report found some excellent local practice through intensive support services, therapeutic services and good small scale early interventions. However, this was

		<ul style="list-style-type: none"> (ii) Based on these, what form(s) should assessments take? What is working well already that this could build on? (iii) Do you think that standardised tools should be recommended to support assessment? What should be the criteria for choosing these? (iv) What else would need to be in place to support people to conduct a good assessment?
4.	Feedback from small group discussions	<p><i>Please note this is a summary of key feedback and does not reflect the full length discussions of individual groups.</i></p> <p>Group 1 – Steve Miley (facilitator – Beth Anderson)</p> <ul style="list-style-type: none"> • A holistic understanding of the young person in question, developed overtime and based on building a relationship with the child over time, should be the aim of an assessment. • The assessment must aim to understand the young person in the context of the situation they are in, what support they need, who the key people are in their life and taking into account the young person’s perspective on their life and situation. • It should build in the child’s resilience for adulthood. • Two key roles are required to run good assessments: <ul style="list-style-type: none"> ○ A person who the child trusts and who they are most likely to open up to. ○ The coordinator (perhaps a social worker, but not necessarily) who has a clear responsibility to bring together the various strands of support the child receives and make sense of them all. • Collaborative work with the young person to name the key people important to them. • Key outcomes to be measured by an assessment are: <ul style="list-style-type: none"> ○ Young person’s aspirations for, and perceptions of involvement ○ Parents/carers perceptions of involvement ○ Young person’s resilience, ability to self-manage, self-awareness ○ Stability in placement • Clarity at a national level on what assessments are for is essential.

Group 2 – David Graham (facilitator – Hannah Roscoe)

- An assessment is crucial to understand young people and their needs and the ultimate goal of it should be to make sure they get the right support to improve their lives.
- The health and wellbeing of young people should be monitored on an ongoing basis – perhaps something like a mental health physio is what is required who promotes wellbeing in young people (for example by referring them to sport, drama, art classes, etc.) and looks for underlying issues that might be causing problems.
- Professionals need to be informed about trauma, separation and loss.
- Training and the ability to communicate effectively and sympathetically are crucial.
- Care system needs to be flexible to meet diverse needs.
- It is difficult to have one standard of assessment as the system needs to be responsive.
- New technologies should be considered, such as apps to engage young people and help them find support.

Group 3 – Eamon McCrory (facilitator – Paul Ross)

- Coordination of support for young people is crucial but the problem remains of who should do that coordinating, as it requires very specialist skills.
- Early intervention is also vital to stop a young person's problems escalating.
- A holistic, young person-centred approach is needed, with ongoing support provided.
- For those young people deemed to not require access to mental health treatment, there should still be some sort of lower-level non-specialist support for them.
- Everyone working with a young person must understand their needs.
- Carers are vital to young people, but they also need support.
- If a care plan for young people is co-produced with their carers and the young person themselves (taking into account their age, context, etc.), then it is much likely to be effective.
- Assessments need to be live and dynamic, but also to be a concise, honest reflection of a young person at any given time – a big challenge, but crucial.
- Care plans need to be in place and understood by all concerned. They should help professionals know what to do when a situation escalates, but also when one de-escalates.
- The sharing of the developmental history of a child is desirable, but can be problematic as it can leave potential carers to reject a child.

Group 4 – Ted Barker (facilitator)

- Assessments should be holistic, but often used as a triage service that effectively prevents people from getting care.
- Assessments should have clear purpose, have achievable goals and include family and networks and a young person's educational context.
- The quality of contact between professionals and young people is crucial - assessments are about personal relationships between the assessor and the assessed. They are also the start of a process and should not be divorced from what happens afterwards.
- All assessments should have an outcome, even if it is just lower-level support for a young person. Some young people might not want 'therapy', just resources and support.
- Screening is a relatively quick, easy way for social workers (who know a young person well) to flag up need and whether an assessment might be required.
- Attachment and trauma needs to be understood by professionals across the system.
- Assessments should look at a young person's strengths, as well as difficulties, and build on those.
- The setting of an assessment may be important for some young people. For example, children with autism may become more agitated in a clinic than they would in an environment in which they felt comfortable.
- Brief reflection on SDQ's pro's and con's

Peter thanked everyone for their contributions and stated that it was very humbling to hear his thoughts echoed, but also elaborated and improved upon.

Bringing together the feedback from the four groups, Peter commented that there seemed to be a collective agreement that assessments needed to shift from 'what's wrong with you?' to 'what's happened to you'?

Secondly, Peter identified from the group feedback that members appeared to want to go beyond the content of an assessment and focus on *how* it is done. For this assessors need more freedom he stated. Peter also commented on how he had heard groups use the word collaborative a lot and how assessments should be shaped by context, the young person, carer, etc., but that there also needed to be an acknowledgement of the power differential between assessor and assessed. He added that

		when carrying out assessments he always tried to present himself as being below the young person he was assessing and to put across that he was learning <i>from them</i> .
5.	Department for Education Pilots	<p>Helen White of the Department for Education gave a presentation to the group about the forthcoming pilots on mental health assessments for entry to care for young people.</p> <p>Helen emphasised that the government was keen that the pilots should not take place in isolation from the work of the Looked after Children Expert Group. The pilots will be starting in April or May this year and young people will be involved in putting the pilots together. The government is keen to build on good practice as well as identifying practices that aren't working so well.</p> <p>Following the presentation, the group were then asked by Helen to split into two groups and examine the following two questions in relation to the pilots:</p> <ul style="list-style-type: none"> (i) Approaches we could test (ii) Outcomes <p>The groups reconvened. Helen stated that the Department for Education's five desired outcomes were as follows:</p> <ul style="list-style-type: none"> (i) Improved experiences of children and young people – more positive experience of assessment processes, including more choice and control; (ii) Short and long-term impact on children and young people's wellbeing; (iii) Improved identification of needs, including areas currently thought to be under-identified; (iv) Improved integration of health needs into children's care plan; (v) Improved access to services following assessment. <p>The group feedback and Helen thanked everyone for their comments and contributions.</p>
6.	Stakeholder events and call for evidence	<p>Lucy updated the group on the progress that had been made to date on putting together the stakeholder events.</p> <p>Professional stakeholder event</p>

		<ul style="list-style-type: none"> • There has been a great deal of interest from nurses, carers, foster carers, residential workers, independent reviewing officers, as well as a good number of virtual heads • All the English regions are well covered. • The NSPCC and several other voluntary and community sector organisations will be attending as well. <p>Children and young people’s event</p> <ul style="list-style-type: none"> • To date there had been 45 young people who had expressed a desire to attend. • The team were beginning to talk to these young people to assess their emotional literacy, physical health and capacity in order to ensure a safe and contained environment on the day. • Adopted children will be attending the event and some of the young people involved will be bringing carers or social workers with them. <p>Alison proposed that only she and Peter from the Expert Group attend the events, because they didn’t want the ongoing debates within the group to unduly influence the conversations that would take place at the events. Group members gave their assent to this approach.</p> <p>On the call for evidence, Lucy reported that there had been an excellent response with some really good examples of good practice. The closing date for submission is 31st January.</p>
7.	Feedback on the day	<p>Feedback and comments were as follows:</p> <ul style="list-style-type: none"> • A group member recommended the work of Lynn Parsons, which is due to be completed by mid-March. • Lucy highlighted the upcoming work of the Children’s Commissioner on the voice of the child in care and leaving care (due to be published March). • Agreed that an update would follow in next meeting of Call for Evidence and Stakeholder’s Event.