

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

Expert Group Meeting
Monday 12th June 2017 10.30 – 15.00
SCIE, First Floor, Kinnaird House, 1 Pall Mall East, London SW1Y 5BP

Minutes of the meeting

Attendees	
Name	Role and Organisation
Peter Fonagy	Co-Chair
Christine Lenehan	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
Linda Briheim-Crookall	Senior Policy and Practice Development Manager – Coram Voice
Miriam Silver	Consultant Clinical Psychologist – LifePsychol Ltd
Tony Clifford	Virtual School Head Teacher – Stoke-on-Trent Council
Renu Jainer	Consultant Community Paediatrician - Heart of England NHS Trust (representing RCPCH)
Sally Donovan	Adoptive parent
Jonathan Green	Professor of Child and Adolescent Psychiatry - University of Manchester
Matt Woolgar	Consultant Clinical Psychologist - South London and Maudsley NHS Foundation Trust
Richard Field	Foster carer
Gwyneth Nightingale	Designated Nurse, Children in Care – New Devon Clinical Commissioning Group
Jack Smith	Expert by experience
Saffron Cuts	Expert by experience
Matt Langsford	Expert by experience
Lucy Milich	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
Florence Lindsay-Walters	Research Analyst - SCIE
Susanne Gibson	Research Analyst - SCIE
Michaela Gray	Project Support Coordinator – SCIE (minutes)
Melissa Leen	Project Support Coordinator - SCIE
Ellie Isaacs	Department of Health
Andrew Baxter	Department for Education
Akosua Wireko	Department for Education
Nicola Doyle	Department for Education

Apologies	
Name	Organisation
Jan Slater	Director of Service Delivery, PAC-UK
Sue Sylvester	Adviser, Children and Young People's Mental Health Improvement Team – NHS England
David Graham	National Director – Care Leavers Association
Linda Wright	Deputy Manager, Education and Professional Services - Nottinghamshire County Council
Carol McCauley	Commissioning Manager - Birmingham Clinical Commissioning Groups
Sheila Redfern	Head of Service – Anna Freud
Billy Smallwood	Head of Clinical Services - Outcomes First Group and representative of The Independent Children's Home Association
Doug Simkiss	Honorary Associate Clinical Professor in Child Health - Warwick University Medical School
Chloe Juliette	Expert by experience
Michelle Costa	Lead Researcher and Developer – National Collaborating Centre for Mental Health
Oliver Sindall	Specialist Clinical Psychologist & BPS Committee Member – British Psychological Society
Eamon McCrory	Professor of Developmental Neuroscience and Psychopathy – University College London
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
Jan Slater	Director of Service Delivery – PAC-UK
Filmon Russom	Expert by experience
Hannah Roscoe	Senior Research Analyst
Sharmila Karduskar	Department of Health
Angela Hawley	Department of Health
Helen White	Department for Education

1)	Welcome and Expert Working Group update	<p>CL opened the meeting and welcomed the group.</p> <p>It was noted that this is a period of uncertainty with key government staff no longer in position.</p> <p>CL thanked everyone for their contributions and asked the group if they felt that had been heard throughout the process, and to reflect on what would be helpful to do next.</p> <p>PF underscored the value of the contributions made by the group, and asked them to keep that momentum going.</p>
2)	Feedback from fosters carers event and update on unaccompanied asylum seeking children consultation	<p>LM gave a short overview of the event. We consulted with approximately 20 foster carers on 24 May to ensure they were also given a voice. There were some key common messages from everyone which was both encouraging and concerning. Some different views are due to different localities and levels and types of support from different local authorities. Messages included:</p> <ul style="list-style-type: none"> • Structure of CAMHS and the inability to access services until the young person was already at crisis point • Different training offered by different local authorities – foster carers were clear that they wanted practical support, e.g. Mockingbird, first aid training, trauma training • The biggest message was that foster carers want to be seen as professionals and kept in the decision making process • Education system not being equipped to support children in care, generally lacking in empathy and understanding, tendency to demonise behaviour • Social workers and the social care system being subject to a lot of changes which impacts the young person and the foster carer, e.g. different social workers using different approaches. Foster carers wanted to understand the system and have continuity of relationships. <p>The group discussed the following:</p> <ul style="list-style-type: none"> • Who has the power to make decisions, the difference between long and short term provision for children, and the need for clear, consistent communication • Systemic issues i.e. lack of time and training for social workers • 40% of foster carers are independent of local authorities. The group agreed it should focus on permanence and noted that the support foster carers need and the support given are two different issues. The Innovation Fund could be helpful in providing support. • The role of Virtual Heads and guidance from NICE • System change – for instance looking to the Scandinavian model. System change is hard but could be done by promoting best practice

		LM stated that there is one more consultation to be completed with unaccompanied asylum seeking children in Ipswich.
3)	Proposed Model and Quality Statements	<p>SGI and FL-W gave a presentation on the proposed model and quality statements.</p> <p>“I” statements form the core of the model.</p> <p>The quality statements cover the following overarching themes:</p> <ul style="list-style-type: none"> • Commissioning and accountability (QS1) • Leadership (QS2) • Workforce (QS3 and 4) • Voice (QS5) • Pathway (QS6 and 7)
3b)	EWG decision on Quality Statement 7	<p>The quality statements were informed by before the May EWG meeting:</p> <ul style="list-style-type: none"> • Reviewing all meeting notes (EWGs, adults’ and young people’s workshops) to identify cross-cutting themes • Articulating cross-cutting themes as aspirational Quality Statements • Organising recommendations under Quality Statement headings • Mapping Call for Evidence and stakeholder workshop themes against recommendations (LETR table) • Rewording detailed recommendations in LETR table <ul style="list-style-type: none"> ○ Turning each into an ‘I statement’ (now incorporated into ‘Model’) ○ Making languages changes suggested by the EWG • Discussion notes added into LETR table to explain rationale for each recommendation • First redraft of Qs using the guiding principles agreed and aiming to: <ul style="list-style-type: none"> ○ Evolve to actionable and more specific ○ Address different levels (strategic, operational, individual) ○ Address Commissioning & Accountability, Leadership, Workforce, Voice, and Pathway • Further drafts based on feedback from and discussion with co-chairs • Initial consultation with stakeholders
4.	Levers of change-plenary discussion	The co-Chairs asked for an overview of the group discussions on levers of change. The groups responded with their thoughts:

Background information:

- Instead of being called pathways it should be called ecosystem maps as it only shows who is involved
- In this section it says expert group is here to quality assure but it should say “advise”
- The term emotional wellbeing and mental health need consideration.

General feedback – need to make QS inclusive (e.g. younger children), and sort the ‘what’ from the ‘how’.

QS1

- Opening statements to the quality statements should be different, focus more on how the young person’s needs will be met in a timely way and that there will be services and support systems in place. Accountability only recognises the “how”
- It reads as if it’s just a single organisation involved but it’s a joint process with multiple agencies that should be addressed.
- There must be accountability.
- We must be clear what is expected.
- Ask “would it be good enough for my child?”
- Be more specific e.g. around locality, joint HWBB.
- Be rigorous.
- Look at how it will be impactful.
- Suggest it is made broader and more ambitious and addresses barriers between services

QS2

- Where does this person sit, and who are they accountable to?
- Virtual head should sit in the local authority so remove the word “locality.”
- Include “sharing” information between others
- Sufficient power of budget

QS3

- What skills are we asking for, and from which professionals? This also needs to consider the mental health and emotional wellbeing of the workforce, and how to support it
- Should extend to those who left care, but avoid the term care “leavers” instead talk about transition into adulthood.
- Everyone should have a level of knowledge but specialists should be able to respond to them.

QS4

- Suggest separating statutory responsibilities from day-to-day function of role; also suggest that there is a separate QS on the wellbeing of carers

		<ul style="list-style-type: none"> • It should include residential care • This QS should be in two parts. Talk about how the carer's needs expertise and also support. Equipping someone in that permanency role so needs to have more decision making power. • Make sure it's a high quality candidate who gets selected to be a carer. • Need to consider barriers such as geographical location and the rights that's the carer has e.g. foster carers do not get legal authority to make such decisions <p>QS5</p> <ul style="list-style-type: none"> • There are other ways of communicating needs than through voice, and the importance of being able to understand what is being communicated; also importance of communication in both directions, with CYP being kept informed by being clear about what will happen and the why behind decisions which are taken. • Listen to young people and continuously build a relationship to build that trust. Don't always take things face value as needs may be expressed direct or indirectly and can be contradictory messages. • Some young people may needs more time or don't understand the decision so need to be told about the reasoning. • Wording needs to cover all relevant groups <p>QS6</p> <ul style="list-style-type: none"> • "Single identifiable professional" could be same person as QS2 but need to make it clear who it could be for example social worker, mental health professional. It could be a team around the child, not just an individual. • What is the function of the single professional; what is the problem we're trying to address? • Identify who this single person is and their function, will they be a plan coordinator or an advocate. <p>QS7</p> <ul style="list-style-type: none"> • "Screening should be phrased differently e.g. continuous assessment/ monitoring, this process needs to be ongoing. • A link was made back to the 'eco-map'. The pathways seem to have changed into eco-maps and may not be that helpful if what we are looking for is a simple pathway. It may be helpful to highlight key people and look at some of the wording • Provide an example of the tools. • Ensure age appropriate for all children • Terminology must be accessible. <p>Accountability and responsibility</p> <ul style="list-style-type: none"> • Person who is representing the young person's needs to have appropriate knowledge • Young person needs to be involved in the commissioning process
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		<ul style="list-style-type: none"> • If there's a corporate parenting meeting the young person should be invited and they should be able to make any comments on any reports • There needs to be a named mental health worker • There needs to be a personal budget, and the professional can show how much was spent and the risk that was avoided but also recognise the outcomes measured. • Services may do more than what is required and do not have the money to do it so look to local authorities to share costs and split the difference, but where are health services in this process? • Need a pot of money that is available to all relevant professionals and a pooled budget using metrics that can be used over different sectors. <p>Additional comments:</p> <ul style="list-style-type: none"> • How are quality standards going to be actioned? Quality standards at different levels so on a micro level support of child and caregiver (face-to-face), mid second layer those that support the micro level and macro, the third layer of those who are supporting and designing the system • Use a language of action • Demonstrate the significant relationships in the child's life I.e. Who has accountability in decision making and responsibility, and identify this in the products • Make the Q.S SMART and actionable • Keep Mental Health but emphasise the importance of recognising stigma which has been collated from CYP and professional stakeholder events, and preference is to use emotional wellbeing needs • Transparency - if we can come up with a set of clear indicators of effectiveness of localities in relation to each other that would improve the system. • Have a common curriculum people need to learn. <p>PF raised three separate issues:</p> <ul style="list-style-type: none"> • Overarching re outcomes – do we want to have indicators to show what and how we have done well? • Hard outcomes – should they be tangible/measurable? • Outcomes based on structure? <p>The group was then split into three to discuss the following:</p> <ul style="list-style-type: none"> • Set of outcomes to influence • Actions or levers that need to be undertaken to be delivered • Accountability and responsibility <p>Group to email feedback.</p>
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5.	Feedback from the day and actions for our final meeting	Pathways to be updated with feedback from group. Quality statements to be updated and circulated to group.
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