

Foreword

As Councillors, we understand the importance of our role as corporate parents. We want to ensure, as any parent would, that children in our care receive the best possible services to meet their individual needs.

The Commission's review of mental health services for Children Looked After (CLA) has shed light on the increasingly complex mental health needs of some children in this already vulnerable group.

We were hugely impressed by the levels of commitment shown by the professionals working in this field to giving CLA in Derby the support, care and attention that they need.

After carefully considering all of the evidence presented to us the review concludes with recommendations which we hope will support, strengthen and protect the vital mental health services for CLA in our City.

I would like to sincerely thank all those who attended our evidence gathering sessions as witnesses for their time and thoughtful contributions. I also wish to extend my thanks to Councillors Bolton, Radford Tuplin and Whitby who listened to, questioned and reviewed the evidence gathered over 2 intensive days in March.

**Councillor Fay Winter, Chair of Children and Young People
Commission 2010-2011**

Introduction

- 1.1 At its meeting on 6th October 2010, the Children and Young People Commission received a detailed presentation about all issues relating to Children Looked After (CLA).
- 1.2 The Commission noted during its discussions with officers in the Children and Young People's Department that CLA had increasingly high levels of emotional difficulties and complex mental health needs.
- 1.3 Some concerns were raised about how quickly the appropriate services could be accessed by these children and whether the level of support received from some service providers was sufficient.
- 1.4 Additionally it was noted that the National Performance Indicator 58 (NI58) which looked at the Emotional and Behavioural Health of Looked After Children was not meeting its target.
- 1.5 This NI58 measure is based on the average scores of the 'Strengths and Difficulties' questionnaire which is completed by carers about the emotional and behavioural well being of the children they care for. The target is to lower the scores through early intervention and targeted support packages. The target set for the average score on the strengths and difficulties questionnaire for 2010/11 was 15. The end of year forecast for the indicator was an average score of 16.2
- 1.6 The Commission decided to focus on the support provided to CLA to meet their mental health needs by Derby City Council and its partners for its topic review for 2010-11.
- 1.7 The Commission's review had 2 central aims
 - to establish what is currently being done in Derby to support CLA with Mental Health needs
 - to determine whether provision is adequate or whether measures can be taken to improve services.

Methodology

- 2.1 Five Members of the Children and Young People Commission agreed to form a 'review team' and to carry out the evidence gathering for the review, namely; Councillors Winter, Bolton, Radford, Tuplin and Whitby.
- 2.2 The team met on 13 December 2010 to discuss the methodology for the review. They agreed that they would require a combination of written evidence and evidence gathered from interviewing witnesses.
- 2.3 The group spent time determining who should be called in as a witness and went on to decide themes for the questions that would be put to the witnesses.
- 2.4 It was decided that prior to the evidence gathering interviews taking place a request would be made for a summary from each witness about the service they provided. Additionally, further generic information regarding the mental health of CLA was requested. The witness summaries can be found at appendix b.
- 2.5 Invitations to interview were delivered to and accepted by the following health care professionals and Council Officers. All of the witnesses had a direct interest in working with Children Looked After in the mental health field.
 - Dr Corina Teh – Consultant Community Paediatrician, Derbyshire Healthcare Foundation Trust
 - Janet Foulds – Social Worker/Service Manager, 42 Leopold Street, Derby City Council
 - Dr Rachel Lehup – Consultant Psychiatrist, Derbyshire Healthcare Foundation Trust
 - Melonie Hambly – Clinical Psychologist, Children Looked After, Derby Hospitals Foundation Trust
 - Alison Reynolds - Service Manager, Specialist Child and Adolescent Mental Health Services - Mental Health Practitioner team, Young Persons Specialist Service, CAMHS, Derbyshire Healthcare Foundation Trust
 - Kim Thompson – Primary Mental Health Worker, CAMHS, Derbyshire Healthcare Foundation Trust
 - Rita Silvester – Service Director Strategy and Commissioning, Derby City Council
 - Pam Hallam – Head of Children and Maternity Services Commissioning NHS Derby. At the time of the interview on secondment as Head of Service Partnerships, Derby City Council

- Rod Jones – Head of Service Residential and Leaving Care Services, Derby City Council
- Elene Constantinou – Head of Service Children in Care, Derby City Council
- Phil Morris – Children in Care Service Manager, Derby City Council

2.6 The Group decided not to pursue attempts to interview a service user due to the confidential and sensitive nature of the review.

2.7 The Commission members requested some generic background information.

2.8 Three 'Background Information packs were sent to the review team. The packs contained statistics on CLA, their mental Health, NI58, background information on the mental health service providers working with CLA, service level agreements between the Council and its partners for mental health support for CLA, CAMHS partnership activity and other documents providing background information on mental health needs of the City as a whole.

All of these documents are available at the following link on CMIS (TBC)

Interviews

- 3.1 The interviews were held on 7, 8 and 23 March 2011.
- 3.2 Each of the interviews lasted approximately 1 hour. They formed the main evidence for the conclusions and recommendations at the end of the review. Witnesses were interviewed individually and in groups.
- 3.3 The interviewees were asked initially to give a brief overview of their work with Children Looked After. The review team then questioned them on their work and their professional views of the mental health provision for CLA in Derby.
- 3.4 **Key themes that emerged from the Interviews:**
- 3.5 A number of key themes emerged across the witness interviews which are detailed below. (This list does not reflect all the issues that were raised in the interviews and some recommendations are made on the basis of points made by a single witness) ;
- 3.5 The problems with the 'strengths and difficulties' questionnaire used for NI58 and the many variables that could influence the scores was a problem identified by all witnesses
- 3.6 The effectiveness of communication between Partners was discussed. Concerns were raised about the effectiveness of communication between all partners and the willingness of some partners to be inclusive and share information.
- 3.7 The positive steps three service providers had taken to address problems with the referrals to services through the development of the 'Referral Pathway of Therapeutic Services for Children in Care' was welcomed by all witnesses as a positive step.
- 3.8 The need for early intervention for Children Looked After with emotional difficulties and mental health needs to stop their problems from escalating was regarded as essential by all witnesses both in terms of the most positive outcomes for the child and in preventing a child requiring support for more expensive support services.
- 3.9 Witnesses felt that the best way to increase early intervention and to best target their limited training resources was to train foster carers and carers in residential homes to spot problems quickly and have the skills to deal with them appropriately.
- 3.10 Concerns were raised by a number of witnesses about a gap in service provision for children who sexually abuse other children

- 3.11 The physical separation of the psychiatric and psychological service providers in the City was regarded as an obstacle to care by several witnesses.
- 3.12 The demise of the Primary Care Trusts and the uncertainty about the impact of proposed changes to the provision of mental health services in Derby was an area of concern
- 3.13 The difficulties in finding appropriate residential care for children with severe mental health needs, particularly when the provision at Thorneywood was full, was a key issue to professionals across the field.
- 3.14 The majority of children coming into care have suffered serious abuse or neglect and their difficulties are experienced as a result of earlier trauma rather than a diagnosable mental health condition. The children are simply trying to cope with the effects of abuse and attachment difficulties rather than experiencing mental ill health. This has training implications for all staff across the partnership to help them to identify risk and abuse and to ensure that children are brought into care when they need to be protected.

Conclusions and Recommendations

- 4.1 The review team met immediately following the interviews to summarise their findings and to begin to think about the recommendations they may make.
- 4.2 The review team met two further times to develop their conclusions and recommendations.
- 4.3 The recommendations were approved at the Commission meeting on 14 June 2011 and are therefore those of the Commission and not just the review team.
- 4.4 **Conclusion 1**

All witnesses interviewed by the Commission spoke about the weaknesses of the Strengths and Difficulties Questionnaire which is used to measure the emotional and behavioural health of children in care as part of the National Performance Indicator 58. They concluded that measures needed to be taken to address this issue.

4.5 Recommendation 1 – to Derby City Council Mental Health Services and Derbyshire Healthcare NHS Foundation Trust

The Commission acknowledges the weaknesses of the Strength and Difficulties Questionnaire as a tool to measure children in care's mental health. The Commission recommends that all relevant partners should work together to determine whether complementary processes can be put in place locally to ensure that CLA receive a thorough assessment in order that those with mental health and/or emotional difficulty have their needs met appropriately and at an early stage.

4.6 Conclusion 2

The Commission heard evidence from several witnesses that the best approach to preventing emotional difficulties escalating into more serious mental health needs was to train foster carers and social care workers who work with CLA to identify and address emotional problems and to recognise key indicators of more serious mental health problems. Early intervention by carers in dealing with emotional difficulties and mental health issues experienced by CLA is regarded by the Commission as a priority.

4.7 Recommendation 2 – to the Council Cabinet Member for Children and Young People and Derbyshire Healthcare NHS Foundation Trust

The Commission supports work being done to train foster carers and social care staff to deal with CLA's emotional and mental health needs. The Commission asks that this training is consistent and is delivered regularly to all carers of CLA to ensure that there is early intervention designed to stop emotional and mental health problems from escalating.

4.8 Conclusion 3

The Commission heard evidence that schools played an important role in identifying children with emotional difficulties and mental health needs.

4.9 Recommendation 3 – to the Council Cabinet Member for Children and Young People

- a) The Commission asks that all Head Teachers are given a presentation at their Head Teacher's Briefing in September 2011 about recognising children with emotional difficulties/mental health needs and are given information about how to support children in the first instance and to determine whether a referral to specialist services is appropriate. This will assist in ensuring that children receive early intervention with any problems and will help to prevent their problems from escalating. Specific

information should be supplied about the need to support CLA in this regard. A presentation on this issue should be given annually at their September meeting.

- b) Similarly a presentation on this issue should be given to all Chairs of Governors on an annual basis.

4.10 **Conclusion 4**

The Commission received conflicting information from witnesses about the effectiveness of communication between partners

4.11 **Recommendation 4 – to the Derbyshire Healthcare NHS Foundation Trust and the Council Cabinet Member for Children and Young People**

- a) The Commission requests a meeting with all relevant partners to explain the recommendations in this report. By doing this we hope to improve the effectiveness of communication between Partners and to encourage discussions about how services can best work together to improve mental health support for CLA.
- b) The Commission asks that the Self Harm Protocol is shared between mental health service providers for CLA including to the CLA Paediatrician.

4.12 **Conclusion 5**

The Commission noted concerns regarding the lack of succession planning across services where detailed and specialist knowledge had been developed, particularly at 42 Leopold Street. The current financial situation means that there are insufficient funds to employ junior staff to pass down the knowledge and skills the team have developed. If senior staff leave the service these skills and knowledge would be lost to the City.

4.13 **Recommendation 5 – to the Council Cabinet Member for Children and Young People**

The Commission asks that the Cabinet Member for Children and Young People give consideration to how the benefits of the specialist services provided at 42 Leopold Street can be maintained into the future to ensure that knowledge and skills are retained in the City.

4.14 **Conclusion 6**

The Commission heard evidence from a number of witnesses regarding a gap in service provision for therapeutic services for children who sexually abuse other children. Previously there was a service in the City run by the NSPCC however this has now ceased. The Commission heard that it was inappropriate for the staff at 42 Leopold Street to

undertake this work, particularly with older young people because this work requires a different, more structured programme of work to be effective. It is also important not to mix the victims and perpetrators of abuse of sexual abuse by using the same premises. That would be risky and result in a lack of safety for children using the service. The Commission concluded that it was important that all children have access to the correct therapeutic support.

4.15 Recommendation 6 – to the Council Cabinet Member for Children and Young People

To assess the level of need for provision of a specific service for children who sexually abuse other children, particularly for boys aged over 14 and to identify ways in which this gap can be filled.

4.16 Conclusion 7

The Commission heard from all witnesses that there were concerns about the demise of the Primary Care Trusts and what would happen to the commissioning of services for CLA under GP Consortia arrangements. They felt that it was important to ensure that mental health support for CLA was kept as a high priority on the new GP Consortia's Agendas.

4.17 Recommendation 7 – to the Council Cabinet Member for Children and Young People

The Commission resolved to ask the Council Cabinet Member for Children and Young People to write to the new Chief Executive of the Derbyshire Cluster and to the Chair of the Health and Wellbeing Board to seek assurances that the vitally important specialist mental health services for children, particularly in relation to CLA, are given priority in any future commissioning strategy.

4.18 Conclusion 8

The Commission were surprised to learn that there were a number of privately run care homes for CLA across the City where Derby Children are placed. They were concerned that in their role as corporate parents that they should be visiting the homes and ensuring that services were satisfactory. They concluded that all Members should be aware of the homes and that visits to them should be made by Members as soon as possible.

4.19 Recommendation 8 – to All Councillors

The Commission recommends that all Councillors are made aware of the externally run care homes for CLA in the City and asks that they consider visiting them to fulfil their role as corporate parents.

4.20 Conclusion 9

The Commission noted the difficulties faced in placing children with extremely severe mental health needs into specialist residential provision. If the current service provider at Thorneywood in Nottingham did not have space for children with severe needs placements had to be found elsewhere. These were at a significant cost to the Council for CLA.

4.21 Recommendation 9 – to the Chair of the Children and Young People Commission

The Commission decided to write to the East Midlands Regional Commissioning Group seeking assurances that Derby City's access to provision at Thorneywood in Nottingham is appropriate and fair.

4.22 Conclusion 10

The Commission concluded that the already limited funds for specialist mental health support across the city for all children, including CLA needed to be protected.

4.23 Recommendation 10 – to the Chair of the Children and Young People Commission

The Commission decided to write to all local MPs and the Council Cabinet Member for Children and Young People to highlight

- a) The need to protect the budgets for mental health services for CLA both locally and nationally;
- b) The problems faced with providing beds for children who need to be hospitalised as a result of their Mental Health needs, particularly if services at Thorneywood in Nottingham were full.

4.24 Conclusion 11

The Commission were concerned about the rise in the number of CLA who had increasingly significant mental health needs. Several witnesses felt that this was due to some children not being taken into care at an earlier stage.

The Commission recognised the efforts that are being made to support vulnerable families to prevent children being taken into care unnecessarily and the importance of maintaining a child in a family home wherever possible.

However, the Commission wished to express support for the view that better research is required so that social workers can more clearly and rapidly identify which families change is possible for. The Commission accepted that some families are not able to change even with considerable support and it was vital that these families were identified wherever possible to ensure that children were not repeatedly exposed to very damaging situations.

4.25 Recommendation 11 – to the Council Cabinet Member Children and Young People

The Commission asks that the Cabinet Member for Children and Young People explores what can be done to ensure social workers receive the most up to date training on identifying families that will respond to support and those who will not.

4.26 Conclusion 12

The Commission recognises that currently there is considerable change taking place across the Council and throughout the NHS. They would like to ensure that their recommendations are not overlooked during this period of transition.

4.27 Recommendation 12 – to the Cabinet Member for Children and Young People, Derbyshire Healthcare NHS Foundation Trust

That the Commission receives feedback on all the recommendations in this report at its first meeting of 2012 (currently scheduled for 24 January 2012)

4.28 Conclusion 13

The Commission accepted the view of Melonie Hambly regarding the influence that increasing use of drugs and alcohol by some young women was having on vulnerable families. Whilst this falls outside the remit of this review the Commission felt that it was important to emphasise the additional pressures external influences such as drugs and alcohol were having on the numbers of CLA.

4.29 Recommendation 13

This report is shared widely with adult commissioners and providers of services across the City, with the Children, Families and Learners Board, Health and Wellbeing Board as well as Neighbourhood and Locality groups.