

Children and Young People Board

Agenda

Tuesday, 12 March 2019
11.00 am

Beecham Room, 7th Floor, 18 Smith
Square, London, SW1P 3HZ

To: Members of the Children and Young People Board
cc: Named officers for briefing purposes

www.local.gov.uk

This meeting is



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Children & Young People Board
12 March 2019

There will be a meeting of the Children & Young People Board at **11.00 am on Tuesday, 12 March 2019** Beecham Room, 7th Floor, 18 Smith Square, London, SW1P 3HZ.

A sandwich lunch will be available directly after the meeting.

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Labour:	Group Office: 020 7664 3263	email: Lewis.addlington-lee@local.gov.uk
Independent:	Group Office: 020 7664 3224	email: independent.grouplga@local.gov.uk
Liberal Democrat:	Group Office: 020 7664 3235	email: libdem@local.gov.uk

Location:

A map showing the location of 18 Smith Square is printed on the back cover.

LGA Contact:

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Children & Young People Board – Membership 2018/2019

Councillor	Authority
Conservative (8)	
Cllr Roy Perry (Vice Chairman)	Hampshire County Council
Cllr Natasha Airey	Windsor & Maidenhead Royal Borough
Cllr Susie Charles	Lancashire County Council
Cllr Matthew Golby	Northamptonshire County Council
Cllr Dick Madden	Essex County Council
Cllr Laura Mayes	Wiltshire Council
Cllr Roger Gough	Kent County Council
Cllr Teresa Heritage	Hertfordshire County Council
Substitutes	
Cllr Lynne Doherty	West Berkshire Council
Cllr Warren Whyte	Buckinghamshire County Council
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Cllr Megan Swift	Calderdale Metropolitan Borough Council
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Cllr Edward Davie	Lambeth London Borough Council
Cllr Lesley Williams MBE	Gloucestershire County Council
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Cllr Carl Cashman	Knowsley Metropolitan Borough Council
Substitutes	
Cllr Christopher Coleman	Cheltenham Borough Council
Independent (1)	
Cllr Gillian Ford (Deputy Chair)	Havering London Borough Council
Substitutes	
Cllr Julie Fallon	Conwy County Borough Council
Cllr Ruth O'Keeffe	East Sussex County Council

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Beecham Room, 7th Floor, 18 Smith Square, London, SW1P 3HZ

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Date of Next Meeting: Thursday, 13 June 2019, 11.00 am, Smith Square
1&2, Ground Floor, 18 Smith Square, London, SW1P 3HZ

ISOS early help research: presentation of final report ahead of 19 March launch

Purpose of report

For discussion.

Summary

In July 2018 the Local Government Association commissioned Isos Partnership to undertake research to explore the enablers of and barriers to developing and sustaining an effective local early help offer. The following papers include the key findings and executive summary of the research, the final report of which will be formally launched at an event in 18 Smith Square on 19 March. Natalie Parish, Isos Partnership, will attend the Board meeting to lead a discussion of the report's findings.

Recommendation and action

That the Board discuss and comment on the report's key finding and executive summary.

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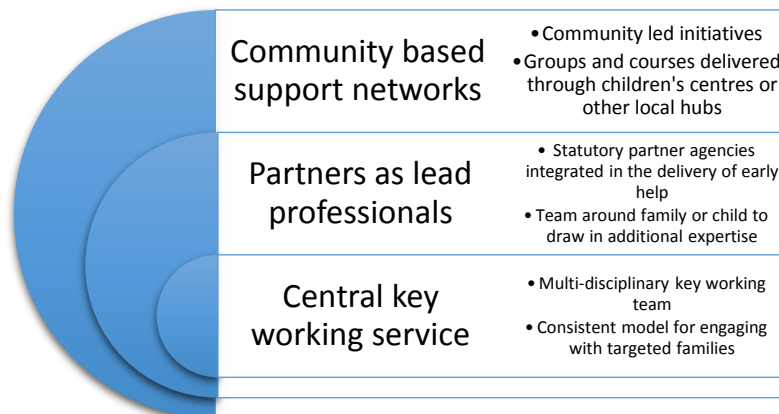
Early Help research final report

Key findings

In July 2018 the Local Government Association commissioned Isos Partnership to undertake research to explore the enablers of and barriers to developing and sustaining an effective local early help offer. The findings of this research are based on in-depth engagement with eight local areas, which were selected because they were known to have continued to invest in the development of local early help offers and were doing interesting and innovative things with that investment. In constructing the sample, we also aimed to achieve a balance in key contextual variables such as size, rurality, deprivation and funding. This report explores in detail how these local areas had constructed their early help offers; how these had evolved over time; the key enablers that had supported the creation of an effective offer; and the future challenges that local areas were addressing.

Each of the local areas had taken their own distinctive approach to developing their early help offer, based on the needs of their populations and the history of how early intervention had previously been delivered in the locality. However, despite these differences there were some clear similarities between the eight areas, both in terms of organisation and principles.

Similarities in the organisational structure of 'early help'



In terms of their organisational structure, all eight of the local areas engaged in the research had a 'key work' support service for families. This was typically delivered by a multi-disciplinary team and tended to be targeted towards families exhibiting relatively higher levels and complexity of need. All the local authorities also supported statutory partners, including schools and early years providers, health and the police, to act as lead professionals for families requiring early help. Finally, all eight local authorities also had an underpinning offer of universal or group-based support offered either by the community or through community-based local authority run hubs such as children's centres.

In describing the principles that underpinned their approach to early help, all eight areas displayed a remarkable degree of similarity. There were four themes that recurred consistently: The earliness of early help; working with families; building resilience; and an integrated joined-up offer.

The research found that a hallmark of an effective early help offer is that it is continually evolving. The local areas engaged in the research had developed their early help offers in an iterative way, with four quite distinct and mutually supporting phases:

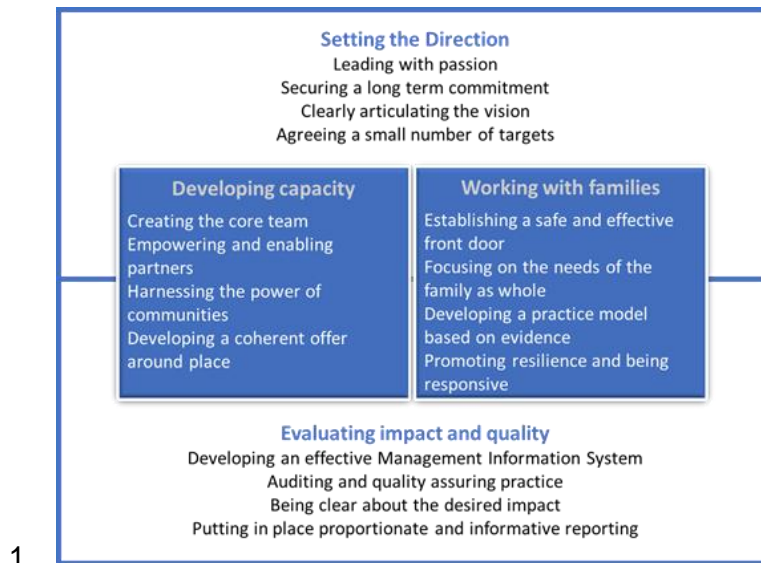
The evolution of a local early help offer



Local authorities spoke about the importance of establishing support for the ***principle of early help*** within their own leadership cadre and with key advocates and catalysts in their partner agencies. This was then reinforced by exerting an ***organisational grip*** - putting in place the building blocks that would ensure early help was delivered consistently. The third phase of development – ***consolidation and integration*** – enabled local areas to improve consistency through better integration across a wider range of partners and experimenting with different ways of supporting partners in their delivery of early help. The fourth phase of development could be described as looking to achieve a ‘***multiplier effect***’. This is the point at which early help genuinely becomes ‘everyone’s business’.

For local authorities and their partners navigating the ongoing development of a strategic early help offer, the research identified sixteen key enablers which fit within four main dimensions. These are represented graphically below:

The key enablers



Going forward, the role of early help in supporting children and families is likely to be front and centre in discussions at local level about where scarce and valuable resources should be allocated. To maximise the potential of early help, local authorities and their partners will need to strike the right balance between investing in long-term goals and achieving shorter-term reductions in demand for statutory services; explore how intensive and more universal forms of early help can complement each other most effectively; become sharper in both responding to demand and predicting need; resolve the tension between widening and deepening the scope of integration; and develop system-level responses to new types of need and risk.

Local areas suggested that in order to navigate the future effectively, and address some of the questions posed above, they would benefit from additional tools to help them to assess the impact and value for money of early help and to have better oversight of the strategies that local areas have deployed in developing their early help offers. We have therefore used the content of this research to develop thinking around these two areas. We have developed a working proposition for a balanced scorecard that includes very simple metrics relating to relative early help expenditure; the impact on demand for statutory services; and the impact on long-term well-being. We have also suggested a framework that sets out for local authorities the evidence base on how to approach the different phases of establishing an early help offer, organised according to the sixteen key enablers.

Executive Summary

What is early help?

- The history of the development of early help in England has been rooted in local discretion. It is therefore not surprising that the early help offers, in the eight local areas engaged in this research, have evolved in quite different ways. Nonetheless, there are some clear similarities between the eight areas, which together help to create a definition of what is meant by a local partnership-based early help offer.
 - In terms of their organisational structure, all eight of the local areas engaged in the research had a **'key work' support service for families**. This was typically delivered by a **multi-disciplinary team** and tended to be targeted towards families exhibiting relatively higher levels and complexity of need. All the local authorities also supported statutory partners, including schools and early years providers, health and the police, **to act as lead professionals for families requiring early help**. These families would often be supported in a similar way to those receiving a targeted key work service, but the focus of the lead professional would be more around integrating the support they could provide within the parameters of their professional role and expertise, drawing in additional support where that was needed. Finally, all eight local authorities also had **an underpinning offer of universal or group-based support** offered either by the community or through community-based local authority run hubs such as children's centres. The flow of individual families into and out of these wider supporting networks tended to be less closely tracked and often corresponded with families whose needs were less complex or were more able to make a sustain progress independently.
 - In describing the principles that underpinned their approach to early help, all eight areas displayed a remarkable degree of similarity. There were four themes that recurred consistently: **The earliness of early help; working with families; building resilience; and an integrated joined-up offer**. This common ground, particularly in terms of the underlying principles and goals, to construct a definition of an effective local early help offer. The working definition that we developed for the purpose of this research is:
2. *An effective early help offer brings together local partners to provide good quality early support for children and families that builds their resilience, prevents difficulties from escalating and leads to better outcomes that are sustained.*

The Lifecycle of developing early help

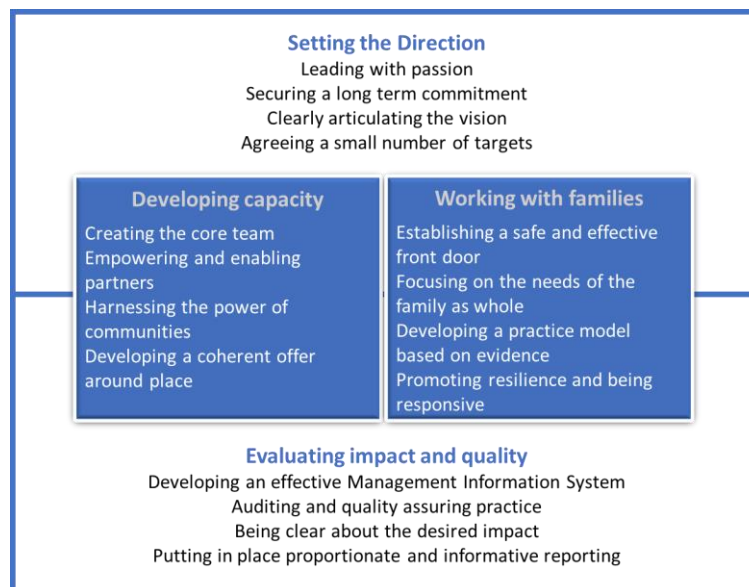
- All eight local areas which took part in this research were in the process of refining, refocusing or even redeveloping their offers of early help. Indeed, a hallmark of an effective early help offer is that it is continually evolving. Despite the differences in context, and in the organisational solutions put in place, there were four critical phases in the development of a local early help offer. These four distinct phases are not linear. Many of the local areas engaged described an iterative process, so it is more accurate, therefore, to think about **the phases of developing an early help offer as a layered process** with each successive development building and refining what has preceded it, rather than replacing it.

- Local authorities spoke about initially establishing support for the **principle of early help** within their own leadership cadre and with key advocates and catalysts in their partner agencies. In the second phase of development they looked to exert an **organisational grip** - putting in place the building blocks that would ensure early help was delivered consistently. The third phase of development – **consolidation and integration** - often came after the early help offer had been in place for a couple of years, at which point local areas could assess the impact of what they were doing, look at how they could improve consistency through better integration across a wider range of partners and experiment with different ways of supporting partners in their delivery of early help. The fourth phase of development could be described as looking to achieve a ‘**multiplier effect**’. This is the point at which early help genuinely becomes ‘everyone’s business’ and early intervention becomes the dominant way of thinking about public service delivery.

The key enablers of developing an early help offer

- There was a relatively high degree of consensus among leaders and staff in the eight fieldwork areas about the key enablers of developing an effective and partnership-based early help offer. Through this research we identified sixteen key enablers which fit within four main dimensions. These are represented graphically below:

3.



Setting the direction

- In setting the direction for early help, the first key enabler was **leading with passion**. Leaders in those local areas where early help was most embedded, and most effective, all demonstrated a strong conviction in the power of early help. Local areas fostered this **sense of conviction and belief** through, amongst other strategies, the power of story-telling and creating a clear narrative; leveraging dissatisfaction with outcomes achieved

by traditional ways of working; and making judicious use of the evidence base for early intervention. A further hallmark of leaders who were passionately committed to the concept of early help is that they were **prepared to take organisational risks**, or pursue creative and sometimes untried approaches, in order to deliver a more effective approach to early help. The final element was the extent to which the concept of early help had **permeated the culture of the local authority, and its partners**. In those areas where the early help offer appeared to be strongest there was a sense that early help was not simply another service, or indeed a collection of services under a new banner. Rather the principles of early help permeated every interaction between the local authority or their partners and residents.

- Developing an effective early help offer requires not just passion but also a **long-term commitment**. In most of the local areas included in the research the political commitment to having in place an effective early help offer had **not been limited by the time frame of electoral cycles**. The long-term nature of the commitment to developing effective early help had also importantly translated into **continued funding**. Although all the local authorities involved in the research were beset with the same budgetary pressures facing children's social care and other statutory services as have been widely reported nationally, together with their partners they had managed to sustain a significant level of funding in early help. One of the key risks to securing a long-term commitment to early help was the rapid turn-over of staff at all levels in children's services. Local areas counteracted this risk of fragility through **establishing strong governance mechanisms** that supported partnership working and could cement relationships, plans and responsibilities beyond the tenure of key individuals.
- **Clearly articulating the vision** for why early help matters was an important step in setting the overall direction. Those local areas which had developed the most compelling visions were clear that early help was an 'offer' and not a 'service'; were grounded in the principle of providing the right support for families at the right time; and could clearly articulate that early help is everyone's business. A challenge for those setting the direction for early help in a local area is the risk that the offer becomes too diffuse and too complicated. Local areas that had successfully countered this risk had spent time up front in developing a very clear vision that was **easy to understand and easy to communicate**. Importantly, this vision statement was owned by partners and by staff, in many cases as a result of **co-development**. Local areas had worked on different ways to communicate their vision to ensure that it **inspired and empowered professionals**, and also so that it was **accessible to children and families**.
- Sitting alongside the vision for early help, a key element of setting the strategic direction was **agreeing a small number of priorities** which can be reflected in **meaningful outcomes-based targets** and using these as a way to track the impact of early help. Ideally these priorities and targets would link directly to key objectives within the corporate plan, placing early help at the centre of the organisation rather than on a limb. Some local areas could explain how a 'golden thread' linked the outcomes to which they were committed in early help with the broader local ambitions for community and place. Defining the priorities and outcome focused targets to guide the early help offer was in fact an area which many of the fieldwork local authorities recognised as a challenge.

There was an inherent tension in some areas between developing a set of priorities that were **strongly influenced by community and staff** in a genuinely 'bottom-up' driven model and ensuring that this was informed by a **rigorous and forensic analysis** of what the most pressing needs are in a 'top-down' way.

Developing the capacity

- The second dimension of building an effective early help offer was **developing the capacity** within the local authority, with partners and in communities and families to provide effective early help. The four key enablers which support this dimension are creating the core team, empowering and enabling partners, harnessing the power of communities, and developing a coherent offer around place.
- All the local areas that we visited as part of the research had **created a core service**, managed by the local authority, that delivered intensive early help interventions on a key-worker model. One of the striking features was the **range of different teams and professional disciplines** that had been brought together into an **integrated key worker service**. To achieve this successfully local areas invested in training staff to create a **shared culture and way of working** that crossed professional boundaries and disciplines; engaged staff in **co-creating the frameworks**, plans, reports and processes which scaffold the interaction between key workers and families; developed peer support schemes and intelligent supervision to **create opportunities to reflect and learn with other key workers** about what worked well and what was challenging; created a culture of **no inward-referrals** within the service; and developed a **career trajectory** for newly created early-help practitioners.
- In all local areas which took part in the research partner agencies played a critical role in the delivery of early help. There were three key strands to **empowering and enabling partners**. Firstly, partners were strategically engaged in shaping the vision, setting the objectives and describing the offer. An important component of the engagement with partners at this strategic level was developing the **culture of professional trust** that was essential to enable more operational partnership working to flourish. Secondly, local areas were deliberate in supporting partners to be **effective lead professionals**. Local areas had invested in **training for partners** to ensure that they were working to the same assessment, reporting and outcomes framework as other early help practitioners; created **better management information systems** that supported the safe sharing of information; put in place support mechanisms to ensure partners were **confident in managing risk**; and provided information on **the range and scope of services available to families** which they might draw upon. Finally, there was also evidence that partner agencies were beginning to **internalise the principles of early help** and use this as a way of reshaping or refocusing their own services particularly with an emphasis on supporting resilience in families.
- The development of an effective and integrated early help offer starts from the principle that the earliest and most effective help starts in communities. Therefore, the work of local areas in **harnessing the power of communities** is the third key enabler in this section. Key to this is a shift in mindset, away from a paternalistic view of the role of local

government and statutory partners as delivering services to local communities which are more or less reliant, and towards a view of local government which is about **unlocking the potential of local communities to help themselves**. Local areas focused on ensuring that early help professionals **knew what local communities had to offer**; being **receptive to ideas** from local communities about how to do things differently; and **investing in local community projects** in a way that builds sustainability rather than dependence.

- The final component to developing the capacity needed to deliver an effective offer of early help is **developing a coherent offer around place**. All of the local authorities engaged in the research were utilising existing **physical assets**, in particular children's centres but also other public and community buildings, to maintain a "public face" of early help which is non-stigmatising. The physical location of the services within the local community, and the idea that these spaces could be catalysts for other types of positive interaction, was an important part of the early help offer and philosophy. Organising teams either physically, or virtually, around a place can bear dividends not just in the **interactions between different professionals**, but also in the **depth of community knowledge** that those individuals begin to develop and create around the needs of the place in which they work, the strengths and the opportunities. Some local authorities were able to point to ways in which this had enabled them to be **more precise in targeting support to the particular needs** of those living in a locality or more responsive to changes in the population.

Working with families

- The third dimension to developing an effective early help offer is **working with families**. The four key enablers identified here are establishing a safe and effective front door; focusing on the needs of the family as a whole; deploying a practice model based on evidence; and promoting resilience and being responsive.
- The routes by which families come to the attention of early help can be multiple and varied. Therefore, all the local authorities had focused on **developing a safe and effective front door** into early help. This took different forms in different areas but essentially acted as a single point of **initial assessment and triage** to make sure that the family was directed to the most appropriate pathway and support. Staff from partner agencies such as health and the police were often formally engaged in supporting these decisions. Local areas emphasised the **importance of speed** in decisions made at the front door so that the window of opportunity to engage positively with a family who had been referred to early help was not lost. A number of local areas had focused on **aligning the front doors into children's social care and early help**. In some areas there was a single integrated point of contact and referral for both services. In other areas the two front-doors were co-located but still operated separately. Other areas had achieved stronger alignment through joint training, joint development of thresholds and much clearer 'step up and step down processes'.
- **Focusing on the needs of the family as a whole**, rather than the individual, was fundamental to the eight early help offers that we studied through this research. This had

a number of practical manifestations in how the early help offer was constructed and delivered. The first was the ambition that instead of being referred between different experts, a family would be able to **tell their story once** and this would trigger a joined-up and multi-dimensional response. The second practical implication of working with the whole family was around how presenting needs were assessed. Early help practitioners talked about how the assessments they used, in partnership with the families themselves, supported them to understand and **address the underlying needs, rather than the presenting symptoms**. Thirdly, local authorities described how the family focus of early help had enabled them to **challenge other services** which have historically focused more on individuals, to think about supporting families more holistically.

- The third key element that supports effective work with families is the consistent **application of a high-quality practice model** by those delivering early help interventions. Some local areas had investigated a range of different ways of working with families and used the **evidence of their efficacy**, combined with a knowledge of their staff and communities, to choose an approach which they felt confident would work in their context. Other areas developed a more bespoke approach, based on elements from different models. There was a lot of consistency in how practitioners and leaders described the hallmarks of a practice model that would be effective in an early help context. Working with families was seen to be most effective when it **focused on strength-based assessments** which evaluated a family's ability to make improvements for themselves. The practice-based models chosen also depended on a **high degree of interaction** between the key worker and the family so that the assessment, the plan and the measures of progress were all **co-produced and agreed** with the families against a common format. This helped to establish strong relationships, meaningful conversations, and **a pathway towards independence for the family**.
- The final key enabler that contributes to delivering effective early help to families is **promoting resilience and being responsive**. The local areas that took part in the research emphasised the importance of having an offer that was sufficiently flexible to **adapt to families' needs as they changed over time**. The key worker or lead professional model of support, combined with a range of less intensive support options such as group interventions and community networks, enables the type and degree of support to change as a family's needs change. Where early help is focused on building a family's resilience and capacity, as well as their ability to recognise their own needs and requirements, this flexibility in support will be **jointly developed and agreed between the key workers and the family**. The best early help offers maintain **strong processes for ending an engagement with a family**, including periodic 'checking in' and in some cases re-engagement. Community-based support networks proved a particularly helpful way of maintaining light touch contact with families who had been supported through a more intensive early help offer.

Evaluating impact and quality

- The final dimension of developing an effective early help offer concerns the work that local areas do to evaluate the impact and quality of the offer and use this information to

continually refine the design and delivery. This dimension incorporates four key enablers: developing an effective management information system; auditing and quality assuring practice; being clear about the desired impact; and putting in place proportionate and informative reporting.

- All areas recognised the importance of **developing a management information system** that is reliable, minimises the barriers to data sharing across services, and allows multiple partners to engage with the data. However, in many cases it has proved quite challenging to get information systems used by different teams within the council, and different partners, to 'talk' to each other. While none of the local authorities had completely overcome these issues, many had made considerable progress in developing management information systems for early help which were contributing significantly to their understanding of the impact of their offer and enabling partners to engage with the information held about families safely and constructively. The most effective systems were **based on a workflow that was proportionate**, simple to understand and simple to complete; were able to **track the progress and outcomes for individual families** and show that journey over time; provided **an interface which allowed partners from outside the local authority to view and contribute to the data** held about a family; capable of generating **meaningful and insightful performance reports**.
- **Auditing and quality assuring practice** provide the essential counterpart to having in place a good Management Information System. All the local areas which took part in the research had put in place the systems needed to audit the practice of key workers and lead professionals on a regular basis. Often these were seen to be most effective when based on a **collaborative approach to auditing** which engaged those working with families in the audit process. This helped to develop **a shared understanding of what good practice looks like** in family-facing early help. Another key ingredient of success was the extent to which the **outcomes of auditing were shared across partners** and related services, to ensure consistency of quality across the diverse range of professionals engaged in delivering early help.
- All the local areas we engaged had developed a range of methods for capturing positive outcomes and **being clear about the desired impact at the level of the individual family**. They did this by agreeing with each family receiving early help a small number (two or three) key outcomes to be achieved which would be collated and tracked through internal management information systems; tracking measures such as the duration of support from initial contact to case closure and re-referrals into early help; and undertaking in-depth analysis of to pinpoint evidence of what could happen when risk factors were not early enough spotted. While defining and measuring impact at the individual family was well established, local areas recognised that **being clear about the impacts desired at the level of the local system was not, as yet, as well developed**. Local areas were typically using **evidence of demand for statutory services** to show either the positive impact of early help or the risks and consequences of not having the appropriate early help offer. Alongside indicators of preventing risks from escalating, local areas were also exploring using a suite of measures that, taken together, **were indicative of positive outcomes** from the type of holistic family support they were providing, for example indicators related to school-readiness.

- The final key enabler which contributed to the ability of local areas to develop an effective early help offer was **putting in place proportionate and informative reporting** to drive a culture of continuous improvement. Many of the areas had developed **regular quarterly reporting tools** which allowed senior leaders to scrutinise the performance, quality and impact of the early help offer and had embedded these in their governance cycles. Some areas had also developed clear and concise ways of **sharing this information to shine a spotlight on areas of practice that were working well, and issues that required more focus and attention**. In general, performance reporting systems worked best when the **metrics being used were clear and intuitive**, when the focus was on a **small number of key indicators**, and when the presentation of the data made it **relatively easy to interpret** what it might mean in terms of the performance of the system, and what might need doing differently as a result.

The future of early help

- Going forward, the role of early help in supporting children and families is likely to be front and centre in discussions at local level about where scarce and valuable resources should be allocated. There is a very strong logical and principled case for continuing to invest in early help so that it does become 'everyone's business'. But to achieve this in the current climate local areas will need to navigate some fundamental tensions in the development of their early help offers. They will need to strike the right balance between investing in long-term goals and achieving shorter-term reductions in demand for statutory services; explore how intensive and more universal forms of early help can complement each other most effectively and how to build up the capacity of universal services to take on more of the responsibility for providing additional and lower-level intensive support; consider how to get sharper in both responding to demand and predicting need; resolve the tension between widening the scope of integration to encompass more services and partners or deepen integration with a smaller core; and develop system-level responses to new types of need and risk.

Children and young people's mental health future work programme

Purpose of report

For direction.

Summary

This report sets out proposals for the children and young people's mental health work programme for the LGA.

Recommendation

That the Board consider the proposals in the paper and direct officers accordingly.

Actions

- Officers will modify the proposals to reflect direction from the Board.
- Officers will confirm the commissioning of the research based on comments from the Board.
- Officers will contact the nominated or volunteered members of the Board to set up the children and young people's mental health steering group.

Contact officer:	Abigail Gallop
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Children and young people's mental health future work programme

Background

1. The LGA has been active on children and young people's mental health (or CAMHS), through engagement in consultations, influencing work on the NHS England Long Term Plan (LTP) and 5 year forward view, its Bright Futures campaign and the publication of guidance on leadership in CAMHS. The LGA has also just published its report on the CAMHS peer learning programme it delivered last year with eight councils, facilitated by the Children's Society, which consisted of two learning days and support from a peer organisation.
2. Going forwards, a number of changes are taking place. The current funding agreed under Future in Mind will be replaced by the NHS LTP funding, and we are embarking on a new spending review period.
3. We are also seeing increased reports of mental health disorders in children and young people, with increasing criticism of their ability to access support. We have seen a doubling of demand for CAMHS in the past 2 years, more children and young people with anxiety and depression, and alarming rates of self-harm and attempts to take their own life in girls aged 17-19. Just under 40 per cent of children and young people who are referred to CAMHS are turned away, either due to not meeting clinical thresholds or due to capacity issues. A further third have to wait so long their mental health deteriorates.
4. The current level of ambition is for 35 per cent of children and young people with a diagnosable mental health condition to receive treatment from an NHS-funded community mental health service by 20/21. In 15/16, 25 per cent received treatment. The NHS Long Term Plan makes a commitment that at the end of the 10 years, 100 per cent of children and young people who need *specialist* help will receive it.
5. Government has announced the development of a new model of referral between schools and new 'mental health units'. Whilst the important role of schools should be a focus, we have argued that councils should be part of the new model, particularly to ensure children not in mainstream education, or where issues are picked up in other settings, can also benefit.
6. We have welcomed the 'transforming children and young people's mental health' green paper's focus on crisis care for children and young people, reducing waiting times and closer links with schools. However, the role of local government was notably absent. It is proposed to explore and raise the profile of the role of local government in children and young people's mental health, with the ambition of changing the direction of travel our young people's mental health is heading in and transforming the support that is available.

Issues

7. The proposed aim of the project is to raise the profile of, and set out the case for, local government's role within children and young people's mental health, in advance of the next spending review, with a launch date at NCASC 2019. This includes equipping councils financially, through sharing good practice and in national policy terms, to play their part in addressing the mental health needs of children and young people.
8. We propose the following objectives:
 - 8.1. To articulate and make the case for the key role of local government in children and young people's mental health, and why councils should be part of the national picture, policies and associated funding on children's mental health.
 - 8.2. To identify in more detail the issues facing councils with respect to children and young people's mental health, and articulate what the local government community thinks the solutions are.
 - 8.3. To identify and share examples of good practice led by councils on children and young people's mental health.
 - 8.4. To more comprehensively map out funding on children's mental health, identifying local government spend and what local government is spending on.
 - 8.5. To articulate the case for a better approach to funding and accountability in children and young people's mental health.
9. **The Board is asked whether there should be anything added or removed from the proposed aims and objectives, and to agree them.**

Proposal for joint steering group

10. To take this forward and help unpick the issues, it is proposed that a joint time-limited steering group is established, made up of members representing the Children and Young People Board (CYP), the Community Wellbeing Board (CWB) and the Safer and Stronger Communities Board (SSCB).
11. It is proposed that a member of the SSCB is invited so they can represent the SSCB's views on mental health issues related to gangs, county lines, the criminal justice system, the probation services, etc.
12. It is proposed that there are two members from CYP, two members from CWB and one member from SSCB.
13. It is proposed that the steering group has 3 meetings; in May, the beginning of July and beginning the September. It is proposed that the terms of reference are agreed at the first meeting in May.

14. The Board is asked to discuss and come to an agreement over the proposal of a joint steering group.

15. It is proposed that at each meeting the steering group receives an update on the gathering of evidence and is asked to address specific questions. These could include:

15.1. Why is children's mental health an issue for councils?

15.2. What role do/can councils have in addressing current children's mental health provision and support issues?

15.3. What role do/can councils have in giving children who are experiencing mental health issues, and their families, the treatment and support they need, particularly before things escalate and deteriorate?

15.4. How can we demonstrate the importance of addressing poor mental health early on, rather than focusing on growing acute provision to meet 100 per cent of demand?

15.5. How can we best demonstrate the role of local government?

15.6. What emerging key messages from the research should the LGA focus on?

Proposals for gathering of evidence – mapping the funding

16. According to NHS England figures, just over a quarter of all local CAMHS funding in 2014/15 was from local authorities. According to a recent report by Young Minds, local government has overall been reducing its funding on CAMHS since 2013/14.

17. To provide more evidence on the financial situation surrounding children and young people's mental health, it is proposed that the LGA commissions work to map out the national profile for spending and identify both the contribution from councils, and what councils are spending their money on.

18. As far as practical, this could include the data on the allocation and spend of the additional £1.7bn from Government promised for CAMHS since the 2015 Future in Mind strategy.

19. The Board is asked for any comments on the funding picture within councils on children and young people's mental health to inform the development of this piece of research.

Proposals for gathering of evidence – identification of issues and good practice

20. It is proposed that the LGA commissions a piece of work to:

20.1. Identify the issues local government is experiencing in relation to children and young people's mental health. This could include how council services are being affected by decisions made in CAMHS, for example in the provision of additional

support for children in care; how councils are proactively supporting children and young people's mental health through, for example, their public health work; and how councils are affected as system leaders, leaders of place, representing the interests of their residents and through their interaction with other agencies such as the probation services, etc.

20.2. Identify examples of local government good practice in children and young people's mental health.

21. The following are possible areas of enquiry:

21.1. Health and wellbeing boards with influence / oversight

21.2. Transition

21.3. Partnership working, multi-agency approaches and joined-up working

21.4. Suicide prevention focus on children and young people

21.5. Early intervention

21.6. Prevention and promotion of mental wellbeing

21.7. Whole-life and person-centred approach

22. The Board is asked for any comments on the identification of issues and good practice, and is asked if there are any other key lines of enquiry or questions that we should be asking.

Implications for Wales

23. It is proposed that because NHS functions are devolved in Wales, that the funding work focuses on England.

24. It is proposed that Wales is included in examples of good practice.

Financial Implications

25. All proposed areas of work have been identified as areas of spend for 2019/20 and will be met within existing budgets.

Next steps

26. Officers will modify the proposals to reflect direction from the Board.
27. Officers will confirm the commissioning of the research based on comments from the Board.
28. Officers will contact the nominated or volunteered members of the Board to set up the children and young people's mental health steering group. Members of the steering group are asked to keep the full Board updated of its progress at future Board meetings.

LGA Asylum, Refugee and Migration Task Group update

Purpose of report

For information.

Summary

Members to note the update from the LGA Asylum, Refugee and Migration Task Group update.

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An update on the work of the LGA Asylum, Refugee and Migration Task Group was sent to the Board on behalf of Cllr Gillian Ford in early February 2019. As notified, Cllr Ford will be attending a Task Group meeting with the Minister for Immigration on Wednesday 6 March, with funding for support for unaccompanied children and care leavers on the agenda. An verbal update on the outcome of this meeting will be provided to the CYP Board on 12 March. A LGA press release on 21 February on the issue in advance of the meeting received extensive coverage, and is available at: www.local.gov.uk/about/news/lga-spend-asylum-seeking-children-doubles-four-years.

A copy of the February update is provided below for information:

The LGA Asylum, Refugee and Migration Task Group, chaired by Cllr David Simmonds, reports to both the Children and Young People Board and the Community Wellbeing Board. The meeting is made up of regional member representatives from across the UK, and officer representatives from Regional Strategic Migration Partnerships, with each Group making nominations for four LGA representatives on the Group.

A Task Group meeting was held with the Immigration Minister in November 2018 with a focus on [concerns](#) delivering better [engagement](#) with and funding for councils as part of the new contracts for accommodation and advice for asylum seeking adults and families. It also flagged ongoing concerns around the lack of funding for unaccompanied children (UASC) and those leaving care, including a [session](#) at the 2018 NCASC conference. The Task Group will meet with the Minister again in March and we will continue to press for an uplift in funding as part of an ongoing Home Office led review, as well as the need to work with national partners on identifying and resolving some of the challenges as part of the National Transfer Scheme.

Cllr David Simmonds, Chairman of the LGA Asylum, Refugee and Migration Task Group [flagged](#) to the Home Affairs Committee on 20 November that the total number of UASC is now 4,480 (down from 4,690 last year) in 97% of English councils. The number of UASC care leavers (aged 17-21) has gone from 4,660 in 2016 to 7,130 in 2018. The increase in the younger age group reflects the large number of 16/17 year olds who came over in the past couple of years. The figure for UASC care leavers under 18 has almost doubled from 1310 in 2016 to 2570 in 2018, with some councils and regions supporting more care leavers than UASC.



We have long urged government to put in place long-term funding arrangements to support growing pressures on councils, communities and the children themselves. An ADCS survey shows that funding rates only cover on average 50% of the cost of support, and LGA analysis has found that councils in England spent £152 million on unaccompanied asylum-seeking children in care in 2017/18 – an increase of 95 per cent on the £77 million spent in 2014/15.

The challenges faced by councils in ensuring that the needs of children can be met are not just financial but also relate to access to wider services which ensure that needs of new arrivals can be met effectively. These include access to support for mental health and wellbeing, effective legal advice, school places, places to learn English, and translation services. Looked after children are four times more likely to experience mental health issues than their peers and we are hearing increasing concerns from councils around lack of access to therapeutic services for this cohort. We need a conversation across government and with other partners to enable more effective access to these.

We have also heard of growing concerns around challenges around quick and accurate decision making on asylum claims. The LGA welcomed recent announcements around 'Dubs and Calais' leave as the recognition of the importance of children knowing their future. The use of asylum leave for 18% of spontaneous arrivals is widely acknowledged to have a detrimental impact on children. A further 30% of UASC applicants are refused. There is a need to do more work on supporting social workers and others working with children whose future may not be in the UK. We are also aware of ongoing concerns around the need for a more effective age assessment and have indicated the wish to work with government to get this right for both those in the children's and adults system. We are also working with government to clarify the roles and responsibilities of councils in supporting children in their care through the EU Settlement [Scheme](#), building on the learning from pilot areas.

Cllr Simmonds met with Lord Dubs on 15 January to discuss a letter to local leaders to pledge support for the resettlement of 10,000 refugee children, as part of a campaign from Safe Passage. It was agreed that joint work would be undertaken to further clarify a call for future schemes to build on the support local authorities already have shown for both unaccompanied children and children in families. It was confirmed that the campaign will to



continue to call for full funding for councils and better access to key services such as mental health.

Councils have a strong track record in welcoming and integrating asylum seeking children. In addition, councils also directly support children in families through the resettlement schemes, and care leavers and children in destitute families without recourse to public funds. Councils and their partners also continue to work hard to support the many programmes for refugees and asylum seekers of all ages currently in operation. The Task Group will continue to press for greater alignment of these programmes so any new arrivals' needs can be met and funded, without creating unsustainable pressure on local services, alongside better, real-time information.

Resources and information to support councils on the range of programmes councils may be involved in continue to be provided on the LGA [website](#). A further update will be provided at the next Children and Young People Board meeting.

Note of last Children & Young People Board meeting

Title:	Children & Young People Board
Date:	Wednesday 16 January 2019
Venue:	Westminster Room, 8th Floor, 18 Smith Square, London, SW1P 3HZ

Attendance

An attendance list is attached as **Appendix A** to this note

Item	Decisions and actions	Action
1	Declarations of Interest	
	<p>The Chair welcomed all members to the Children and Young People Board meeting. Apologies were noted and are listed in Appendix A.</p> <p>No declarations of interest were made.</p>	
2	Outcomes for Children's Social Care - Presentation by Ivana La Valle and Diane Hart	
	<p>The Chair introduced Diane Hart and Ivana La Valle who are leading the research on Outcomes for Children's Social Care. They outlined the work they have undertaken to develop a new outcomes framework for children's social care services. The intention of the project is to offer local authorities a more meaningful way of measuring the quality and impact of their service than is currently available, potentially supporting the LGA CYP Board's <i>Bright Futures</i> call for local and national government to develop a better understanding of 'what works' and 'what good looks like' for children's services.</p> <p>Diane stated that key findings show that Assessments of Children's Social Care Services (CSCS) performance is based mainly on what is easy to measure (e.g. processes), rather than changes in the lives of children in need and their families, and there is a scarcity of quantitative indicators that have been used to systematically and 'objectively' measure quality and link it to positive outcomes for users.</p> <p>Ivana explained that the ways we can understand how CSCS can make a difference to children and their families is through three overarching questions:</p> <ol style="list-style-type: none"> 1. Are CSCS keeping children safe? 2. Are CSCS supporting children to achieve their educational potential? 3. Are CSCS supporting the health and wellbeing of children in need? <p>Without the use of different data, a robust assessment of CSCS</p>	

performance cannot accurately collect 'meaningful data' to answer these three overarching questions.

The approach undertaken in this research would use: cross-section data, longitudinal data, proxy data and data directly taken from feedback from users.

Ivana La Valle explained that the next steps include the outcomes framework being 'populated' with some existing outcome indicators and they plan to test the outcomes framework and indicators with service users in local authorities, ADCS, Performance and Improvement Leads, DfE and Ofsted.

The new outcomes framework will be published in July 2019.

The following points took place in a discussion with members:

- The importance of data to make it more meaningful was welcomed by all members as a step in the right direction in order to capture a more robust assessment of CSCS performance. Diane Hart explained that the biggest challenge is DfE still have data that they require and that they will have to take a more gradual approach in collecting this more meaningful data.
- It was raised that many organisations discuss the complexity of these measurements, but these measurements already sit in the troubled families' framework and therefore may provide a good starting point for issues regarding data sharing.
- Regarding keeping record and tracking longitudinal data, it can pose an issue because of the length of time required for this type of study. Diane Hart said that they hoped this would be part of the next step of this project.

The Chair expressed her gratitude to Diane Hart and Ivana La Valle for speaking to the Board and urged members to feedback further comments or suggestions through officers to take back to the advisory group.

Decision:

The members noted the research presented to the Board.

3 Isos High Needs Funding Research- Presentation by Natalie Parish

The Chair welcomed Isos Director, Natalie Parish, to the meeting. Natalie provided the Board with a summary on the findings of the high needs funding research which was commissioned by the Local Government Association in July 2018.

Natalie outlined the aims of the research: Quantifying the current gap between high needs resources and actual spend (including how the high needs block has been supplemented by other funding sources); Understanding what is driving these trends and how local areas are responding; and developing an evidence base to inform discussions

between central and local government on meeting the needs of young people with SEND.

The research was approached in three phases: phase one included a baseline review of published data, phase two included an online survey for councils on trends and phase three included detailed work with nine councils to understand pressures and responses in greater detail.

The research found that in the last five years, the number of children and young people with Education, Health and Care Plans (EHCPs)/SEND statements has risen by 35 percent, the number of children and young people educated in special schools and specialist colleges has grown by 24 percent and the number of permanent exclusions has increased by two thirds.

This means that the average spend is increasing at a faster rate than funding, and if the current trend continues, the average spend against high needs block budget is predicted to go up from £38 million in 2015 to £45 million total by 2019. This has meant that councils have topped-up the high needs block from other sources, but this is having an impact on authorities' reserves and the net deficit continues to rise. The total deficit by the end of 2019 is predicted to be £450-500 million, excluding school transport.

Two reasons for the increased spend on high needs are: the extension of SEND support to 16-25 year olds and; the increased use of Independent Non-Maintained Special Schools (INMSS) and pressure on maintained special school capacity. Other factors included legislative changes, demographic trends and core funding pressures.

Policy decisions have also had an impact, with mainstream schools no longer being incentivised to be inclusive of children with high needs, while staffing cuts are also impacting on their ability to cater for children with SEND.

Natalie explained that the report makes recommendations on key areas for local attention to help alleviate pressures on councils, but it was also explained that all councils (including those in the best positions) are in danger of running out of resources for high needs spend. This is because councils are being prevented from being able to manage down expenditure, due to 85 percent of funding being spent on places and top-ups which are attached to individual children and young people with EHCPs.

The report sets out recommendations to national government, focussing on how to incentivise mainstream schools to take children with high needs, how to alleviate pressure on local maintained special schools and how the financial impact can be reduced.

Following the presentation, the following points were raised by members:

- Members welcomed the report and the research that has been taken forward.
- The board wish to focus on how to incentivise main steam schools

to enrol children with high needs. It was noted that this affects school budgets most and there needs to be change in this system.

- Members agreed to focus on addressing the financial impact of increasing numbers of high-cost placements in INMSS and out of area provision.
- Regarding local authorities working with partners, authorities need to work not just with schools but other partners, such as the NHS, in order to pursue a whole system approach.
- It was stated that DfE are conscious of the need for additional funding and the LGA is continuing to work with the Department build the case for adequate resources in the Spending Review this year.

The Chair expressed her gratitude to Natalie Parish from the Isos Partnership for presenting their findings to the Board.

Decision

Members noted the work presented to the Board.

4 Spending Review Update

Ian Keating, Principal Policy Advisor, updated members on recent announcements on children services and education funding:

- The Secretary of State for Education announced on the 16 December that an additional £350 million is to be made available to support children with Special Educational Needs and Disabilities (SEND).
- The LGA also responded to a DfE consultation on the implementation of new arrangements for reporting deficits of the dedicated schools grant. The key proposed change is that councils with a 1 percent deficit on their DSG will be required to notify DfE and provide a recovery plan to bring the budget back to balance. Previously a 2 percent deficit was the trigger, so council flexibility is being further reduced.
- Little detail is known about the scope and timing of the forthcoming Spending Review, save that it will be 'this year'.

Decision

Members noted the paper.

5 Children and Young People's Mental Health

Abigail Gallop, Senior Advisor, updated members on the Children and Young People's Mental Health work programme and reminded members

that the LGA is co-hosting an event with the Children and Young People's Mental Health Coalition on 29 January.

Abigail provided clarification over point 4 of the paper which refers to case studies going forward this year, and explained that colleagues are finding it challenging to identify areas of good practice regarding health and wellbeing boards and children's mental health. As a result, the LGA will commission a bigger piece of work on the role of Health and Wellbeing Boards in children's mental health.

The LGA will refresh the Bright Futures campaign on children's mental health. Recommendations for the Board's next steps were to focus on what the council's role is, particularly looking at the 30-40 percent of children who do not have access to CAMHS either because they do not meet the clinical threshold to have treatment or due to capacity issues, and what is needed to support children when they first start experiencing mental health issues rather than waiting until they need NHS treatment.

A paper at a future board will be presented to focus on what areas more specifically can be driven forward, and welcomed members' suggestions.

Members provided the following feedback:

- There is a need to urge for further transparency of money allocated to CCGs, so we can all see where that money has gone, how it can be spent more efficiently and how health and wellbeing boards can be anchored into this funding and devolved to a local level.
- Regarding prevention and escalation, members want an outline of the work undertaken so far to map out prevention plans.
- Data on the prevalence of mental health disorders in children and young people has just been published, but had not been examined previously since 2004 and members are keen to look at trying to identify gaps.

Decision

Officers to incorporate members' feedback and provide a progress update at the next board.

6 Note of the Previous Meeting

The Chair thanked the members who attended the National Children and Adult Social Care Conference in Manchester, and thanked Cllr Dick Madden for presenting the LGA's Bright Futures campaign to the Children's Minister.

It was noted that the attendance would be amended to correctly show all members that attended.

Decision

The minutes of the last Board meeting 15 November 2018 were **agreed**.

7 Confidential Appendix X

Officers updated the board on the LGA's submission to the Housing, Communities and Local Government Committee on funding and provision of children's services.

The Chair thanked officers for their work and for providing members with an update.

Decision

Members noted the report.

Appendix A -Attendance

Position/Role	Councillor	Authority
Chairman	Cllr Anntoinette Bramble	Hackney London Borough Council
Vice-Chairman	Cllr Roy Perry	Hampshire County Council
Deputy-chairman	Cllr Lucy Nethsingha	Cambridgeshire County Council
	Cllr Gillian Ford	Havering London Borough Council
Members	Cllr Natasha Airey	Windsor & Maidenhead Royal Borough
	Cllr Susie Charles	Lancashire County Council
	Cllr Matthew Golby	Northamptonshire County Council
	Cllr Dick Madden	Essex County Council
	Cllr Laura Mayes	Wiltshire Council
	Cllr Roger Gough	Kent County Council
	Cllr Teresa Heritage	Hertfordshire County Council
	Cllr John Kent	Thurrock Council
	Cllr Bob Cook	Stockton-on-Tees Borough Council
	Cllr David Mellen	Nottingham City Council
	Cllr Clare Coghill	Waltham Forest London Borough Council
	Cllr Barry Kushner	Liverpool City Council
	Cllr Carl Cashman	Knowsley Metropolitan Borough Council
Apologies	Cllr Megan Swift	Calderdale Metropolitan Borough Council
In Attendance	Stuart Gallimore	ADCS Director

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