



Children & Young People Board

Agenda

Tuesday, 23 January 2024
11.00 am

Hybrid Meeting - Victoria Room, 8th Floor, 18
Smith Square and Online

There will be a meeting of the Children & Young People Board at **11.00 am on Tuesday, 23 January 2024** Hybrid Meeting - 18 Smith Square and Online.

LGA Hybrid Meetings

All of our meetings are available to join in person at [18 Smith Square](#) or remotely via videoconference as part of our hybrid approach. We will ask you to confirm in advance if you will be joining each meeting in person or remotely so we can plan accordingly, if you wish to attend the meeting in person, please also remember to confirm whether you have any dietary/accessibility requirements. 18 Smith Square is a Covid-19 secure venue and measures are in place to keep you safe when you attend a meeting or visit the building in person.

[Please see guidance for Members and Visitors to 18 Smith Square here](#)

Catering and Refreshments:

If the meeting is scheduled to take place at lunchtime, a sandwich lunch will be available.

Political Group meetings and pre-meetings for Lead Members:

Please contact your political group as outlined below for further details.

Apologies:

Please notify your political group office (see contact telephone numbers below) if you are unable to attend this meeting.

Conservative:	Group Office: 020 7664 3223	email: lgaconservatives@local.gov.uk
Labour:	Group Office: 020 7664 3263	email: labgp@lga.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

Attendance:

Your attendance, whether it be in person or virtual, will be noted by the clerk at the meeting.

LGA Contact:

Abigail Benari
abigail.benari@local.gov.uk

Carers' Allowance

As part of the LGA Members' Allowances Scheme, a Carer's Allowance of National Living Wage and/or London Living Wage is available to cover the cost of dependants (i.e. children, elderly people or people with disabilities) incurred as a result of attending this meeting.

Children & Young People Board – Membership 2023/24

[Click here for accessible information on membership](#)

Councillor	Authority
Conservative (6)	
Cllr Patricia Bradwell OBE (Vice Chairman)	Lincolnshire County Council
Cllr Tony Ball	Essex County Council
Cllr Roger Gough	Kent County Council
Cllr Laura Mayes	Wiltshire Council
Cllr Annabel Wilkinson	North Yorkshire Council
Cllr Phillippa Williamson	Lancashire County Council
Substitutes	
Cllr Mark Sutton	Staffordshire County Council
Cllr Robert Flatley	Derbyshire County Council
Cllr Andrew Leadbetter	Devon County Council
Labour (7)	
Cllr Louise Gittins (Chair)	Cheshire West and Chester Council
Cllr Victoria Cusworth	Rotherham Metropolitan Borough Council
Cllr Adam Ellison	South Tyneside Council
Cllr Fiona Venner	Leeds City Council
Cllr Imran Khan	Bradford Metropolitan District Council
Cllr Mili Patel	Brent Council
Cllr Garry Bridges	Manchester City Council
Substitutes	
Cllr Leigh Redman	Somerset County Council
Cllr Rachel Massey	Rochdale Borough Council
Cllr Joshua Garfield	Newham London Borough
Liberal Democrat (3)	
Cllr Gerald Vernon-Jackson CBE (Deputy Chair)	Portsmouth City Council
Cllr Cordelia Law	Torbay Council
Cllr Mark Cory	Colchester Borough Council
Substitutes	
Cllr Dine Romero	Bath & North East Somerset Council
Independent (2)	
Cllr Jon Hubbard (Deputy Chair)	Wiltshire Council
Cllr Anne Dorrian	Boston Borough Council
Substitutes	
Cllr Helen Wetherall	North East Derbyshire Council
Cllr Edward Maxfield	Norfolk County Council
Cllr Rachel Smith-Lyte	East Sussex County Council
Cllr Alex Reeve	Uttlesford District Council

Agenda

Children & Young People Board

Tuesday, 23 January 2024

11.00 am

Hybrid Meeting - 18 Smith Square and Online

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Date of Next Meeting: Tuesday, 12 March 2024, 11.00 am, Hybrid Meeting - 18 Smith Square and Online

Minutes of last Children & Young People Board meeting

Children & Young People Board

Thursday, 5 October 2023

Hybrid Meeting - 18 Smith Square and Online

Attendance

An attendance list is attached as **Appendix A**

Item	Decisions and actions
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1	Welcome, Apologies and Substitutes, Declarations of Interest
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The Chair welcomed members of the Children and Young People Board to the meeting.

Apologies were received from Cllr Gerald Vernon-Jackson, Cllr Phillippa Williamson, and Cllr Fiona Venner substituted by Cllr Cordelia Law, Cllr Mark Sutton and Cllr Rachel Massey respectively.

There were no declarations of Interest.

2	Note of the Previous Meeting
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Members agreed the minutes of the previous meeting held on 27 June.

3	Terms of Reference, Appointments to Outside Organisations & Membership
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This report outlines the terms of reference and membership for the LGA's Children and Young People Board for the 2023/24 meeting cycle. The report also identifies outside bodies to which the Board is asked to appoint for the 2023/24 meeting cycle.

Decision

The Board:

- i. agreed its Terms of Reference (Appendix A);
- ii. formally noted the membership for 2023/24 (Appendix B);
- iii. noted the dates of the future meetings (Appendix C);
- v. noted the Outside Bodies for 2023/24 and register interest with their Lead Member

Actions

- Officers to follow up with Lead Members regarding Outside Bodies nominations.
- Officers to amend Terms of reference following Member's

comments.

4 Work programme 2023/24

The Chair introduced the report and clarified that all comments made in the induction will be noted and considered by officers when amending the Work Programme. The paper set out proposals for the Children and Young People Board's (CYP) priorities and work programme for 2023/24.

Members comments:

- There was consensus that the work programme should be focused on fewer priorities, to be able to achieve substantial outcomes to greater influence Government policy.
- A member highlighted the need to clarify school accountabilities now the Schools Bill is not being pursued.
- It was raised that there is a need for further discussion and consideration of the Government's flagship Youth Investment Fund, to better understand youth services and receive updates on progress.
- There was a need to emphasise to Government the overspending on Dedicated School Grants (DSGs), paired with the cost of SEND provision and EHCPs.
- The Chair suggested ordering the priorities in the work programmes by time sensitivity.
- A member commented on the loss of youth work outside of schools and councils.
- It was raised that there is an increasing prevalence of eco-anxiety, and climate migration specifically, which may lead to increasing numbers of Unaccompanied Asylum-Seeking Children (UASC).
- It was highlighted that increasingly schools are being used to communicate with young people due to the loss of youth services, however, this does not always reach the young people in need.
- It was raised that young people's mental health needs to be a priority with a focus on prevention and early help. Further research was needed to understand the causation (including the role of trauma), to understand what communities can do to help. The Chair suggested a task and finish group for mental health.
- There was a suggestion for a joint piece of work with the Community Wellbeing Board on mental health which includes 18–24-year-olds.
- The need for preventative services and early help to be a focus across all work programme priorities.
- A member suggested that there should be more information for councils on commissioning the third sector to support the delivery of priorities.

Decision

The Board agreed the priorities and work programme for 2023/24 subject to members suggestions.

Action

- Officers to implement Members' comments into the work programme.

5 Youth Endowment Fund - Jon Yates, Executive Director

The Chair invited John Yates, Executive Director and Gail Gibbons, Head of Change at the [Youth Endowment Fund \(YEF\)](#) to discuss the work of the Fund and to share how councils can make use of their research. Jon Yates explained that the YEF is a charity, independent of Government but established with a £200 million endowment from the Home Office to discover what works to reduce violence and then put this into practice, which is also known as a 'What Works Centre.'

Members comments:

- A member highlighted that in their area, children were sent to diversionary panels rather than court to avoid young people getting a criminal record.
- It was highlighted that schools have the knowledge to identify vulnerable students, and there needs to be a method to easily refer these students to receive preventative support.
- A member requested clarity on the data, for instance, how many therapy sessions had a positive effect on a young person's behaviour.
- It was raised that a collective approach is needed to communicate this data, such as work with the County Council Network (CCN) and the District Council Network (DCN) to ensure this evidence focused approach is taken.
- A member described a scheme they had been running with the police which involved football, food, and discussions with police officers for young people involved in low level crimes, which has seen a positive impact on reducing their involvement in crime thus far.
- There was a request for any data that evidenced the effectiveness of early help/ prevention.
- A member commented that the data presented is a useful corrective for biases that had developed which create misconceptions about which factors help to reduce youth violence, for instance, there is no evidence that police in schools has an effect on reducing youth violence.
- A concern was raised regarding whether the effect of contextual factors that cannot be controlled across different case studies had been considered, for instance, the strength of services around young people.
- It was raised if there is scope to work with the Safer and Stronger Communities Board on some of this work.
- A member requested thoughts on how to make young people feel safe enough to share information on offenders and what is going on in their communities.
- It was raised whether the effect of speech and language difficulties has been considered.

Jon Yates responded to comments:

- The YEF has begun a stream of work on education, to understand what are the small changes in schools which could make a difference.
- There is a need for greater clarity on who should be responsible for vulnerable children, as often vulnerable children are identified, but no one is accountable to make sure they are 'looked after.'
- The positive evaluations of the effectiveness of therapy tends to be six meetings plus, generally of Cognitive Behavioural Therapy. Access to therapy is a problem.
- The data shows only high-quality trials, where there is a control group.
- Jon Yates raised the importance of strengthening families and provision of loving supporting environments is essential, as there is a positive correlation between children being neglected/mistreated in their early years and involvement in violence later.
- Data shows that early intervention should not be the only focus as many young people grow out of being violent.
- Gail Gibbons added that the YEF fund projects focused on children at risk of involvement in violence through family work, parenting intervention and family focused therapy to address family support and early childhood trauma. There are also resources available on the [toolkit](#).
- Jon clarified that context matters and every summary on the toolkit describes what is needed for good implementation, more work on this is being done.
- Mentoring has been found to be successful in allowing young people to feel safe enough to share information, particularly if the mentor is of a similar background to the young person.
- Speech and language has been found to have correlations with involvement in violence, however there had not been a high quality review of the evidence of speech and language interventions, therefore YEF is hesitant to comment until the data demonstrates this.

Decision

The Board considered the presentation by the Youth Endowment Fund and offered perspectives from their own authorities on the Fund's current and future work.

Actions

- Share slides.
- Members to contact the YEF for any more information or speaking requests. hello@youthendowmentfund.org.uk.
- Officers to share the evidence presented around sports programmes with the LGA Culture, Tourism and Sport Board.
- Officers to connect the YEF with the DCN and CCN.

6 Children and Young People's Mental Health - review of think pieces and plan on Board focus

The Chair invited Flora Wilkie, Adviser, to introduce the report which outlined that the LGA is considering its existing lines regarding children and young people's mental health and how to continue to effectively influence in this area following the 10-year mental health plan was replaced by the Major Condition Strategy. As part of this, the LGA has developed a series of [think pieces](#) to bring different voices into this field and to consider how to tackle the rising demand in children's mental health that councils and partners are seeing.

Members comments:

- A focus on early help and prevention is needed, with focus on mental wellbeing initially not just mental health.
- A member described the complex landscape of third sector work in mental health and encouraged mental health support to be accessible to all children and young people which means going further than the work being done in partnership with schools.
- It was highlighted that a holistic approach from Government is needed, with consideration of the data (with reference to YEF), and of wider issues, such as poverty.
- A member commented on the importance of the work with schools, particularly the evaluation of pre and post pandemic provision in schools. Encouragement to review the positive learnings from the [HeadStart programme](#) funded by the National Lottery – with note that this was pre-pandemic.
- It was raised that initiatives that are being rolled out need to be emphasising the importance of mental health, namely, family hubs and development of integrated care strategies.
- A concern was raised regarding the emphasis being on the responsibility of schools, and that teachers and educators are severely fatigued.
- The importance of partners in health and education to delivering provision was emphasised.
- It was mentioned that identity issues and social media are factors contributing to poor mental health.
- Young people that were teenagers during the pandemic have suffered disproportionality than others, particularly the lost work experience opportunities.

Decision

The Board considered existing activity to date on children and young people's mental health and how it would like to refine and prioritise the policy approach on children's mental health going forward.

Actions

- Officers to review if a Children's Mental Health task group can be established and work with Lead Members on next steps.
- Officers to consider Member comments in policy position and work going forward.

7 The LGA and Corporate Parenting

The Chair invited Louise Smith, Senior Adviser, to introduce the paper which highlighted that the Chair of the Local Government Association (LGA), Councillor Shaun Davies, had announced that one of his priorities for 2023-24 is corporate parenting, in particular support for care leavers. The Children and Young People will oversee work on this priority, as the responsible board for this policy area.

Members comments:

- There was discussion around recognising care experience as a protected characteristic, including the ways in which this could support further work and what councils could do already, for example considering care leavers in equality impact assessments.
- It was requested that work should be explored with the District Councils Network (DCN) to understand what councils can do to help care leavers, such as in housing and leisure, and exploring the potential to waive council tax.
- It was highlighted that best practice should be shared across the country with a recommended set of minimum standards to support a coordinated approach to providing care leavers with help.
- It was raised that corporate parenting is everyone's responsibility and encouragement is needed for the broader public sector to partake.
- A member highlighted that the LGA provides a package around corporate parenting peer reviews, with a diagnostic tool, a review and return visit after 6 months.

Decision

The Board commented on the current plans for this programme of work and suggest any additional ideas, including those based on their own councils' work.

Actions

- Officers to continue discussions with relevant contacts in regards to providing guidance to councils who have declared care experience as a protected characteristic.
- Officers to use evidence from Children's Commissioner survey on care experience as a protected characteristic to inform policy.
- Officers to provide updates to each Board.

8 RAAC Update

The Chair invited Mark Norris, Principal Policy Adviser, to introduce the paper on RAAC. The identification, remediation, and management of RAAC has been subject to substantial public and media concern in recent weeks, following the Department for Education's change in approach to managing the risks associated with RAAC. The paper set out a brief background to the LGA's work on RAAC, recent developments, and the

current key areas of interest to the Children and Young People Board.

Members comments:

- A concern was raised regarding all funding going to remediation of RAAC, and the worry that other repairs needed on schools were being overlooked or slowed down as a result. Emphasis needed on supporting all repairs needed on the school estate.
- A member discussed their experience of RAAC in an area which is highly effected, including school closures, transport issues, hiring of other venues and providing blended learning.
- It was highlighted that a risk-based survey system should be used to prioritise certain buildings.
- A member discussed their lived experience of successful local partnerships in helping tackle RAAC.

Decision

The Board:

- (a) Noted recent developments relating to the identification, remediation, and management of RAAC.
- (b) Provided views on the LGA's next steps in its work related to RAAC.

9 Local Government White Paper

The Chair invited Clive Harris, Senior Adviser, to introduce the paper which outlined the work within the LGA to develop a Local Government White Paper that was announced as an LGA priority at its annual conference, and a process for providing the Board's input to it.

Decision

The Board:

- a) Noted the work in the LGA for developing a Local Government White Paper; and
- b) Agreed the process outlined in paragraph 13 for developing the Board's contribution to the White Paper.

Action

- Officers to coordinate a Local Government White Paper Workshop.

Appendix A - Attendance

Position/Role	Councillor	Authority
Chairman	Cllr Louise Gittins	Cheshire West and Chester Council
Vice-Chairman	Cllr Patricia Bradwell OBE	Lincolnshire County Council
Deputy-chairman	Cllr Jon Hubbard	Wiltshire Council
Members	Cllr Victoria Cusworth Cllr Adam Ellison	Rotherham Metropolitan Borough Council South Tyneside Council

Cllr Imran Khan	Bradford Metropolitan District Council
Cllr Garry Bridges	Manchester City Council
Cllr Leigh Redman	Somerset County Council
Cllr Tony Ball	Essex County Council
Cllr Roger Gough	Kent County Council
Cllr Laura Mayes	Wiltshire Council
Cllr Annabel Wilkinson	North Yorkshire Council
Cllr Cordelia Law	Torbay Council
Cllr Mark Cory	Colchester Borough Council
Cllr Anne Dorrian	Boston Borough Council

Apologies

Cllr Fiona Venner	Leeds City Council
Cllr Phillippa Williamson	Lancashire County Council
Cllr Gerald Vernon-Jackson	Portsmouth City Council

In Attendance

Jon Yates	Youth Endowment Fund
Gail Gibbons	Youth Endowment Fund
Cllr Mark Sutton	Staffordshire County Council
Cllr Rachel Massey	Rochdale Borough Council

Children and young people's mental health

Purpose of Report

For information.

Summary

NHS England has been undertaking a range of activity concerning children's mental health. Speakers from NHSE are joining today to discuss wider activity being undertaken by the NHS, alongside specific programmes of work; the Mental Health, Learning Disability and Autism Inpatient Quality Transformation Programme and the Framework for Integrated Care.

Councils and the LGA have long been raising concerns regarding support for children's mental health, particularly for those children who require interventions from multiple services.

LGA Plan Theme: Putting people first

Recommendation(s)

That the Board note the presentations from NHS England colleagues on activities taken related to children's mental health to date, consider areas of discussion listed under paragraph 23 and the next steps.

Contact details

Contact officer: Flora Wilkie

Position: Adviser

Phone no: 07776558312

Email: flora.wilkie@local.gov.uk

Children and young people's mental health

Background

1. Mental health needs of children and young people were rising even before the pandemic but these have been exacerbated by Covid-19. In 2022, NHS data found that 1 in 6 children and young people have a probable mental health disorder, an increase from 1 in 9 in 2017. This has had a significant impact on the system; with a 53 per cent rise in children presenting to councils with mental health needs in 2022 compared with 2018 and a 77 per cent increase in referrals for specialist mental health services in 2021 compared to 2019.
2. NHS has made a series of commitments on children's mental health starting with Future in Mind in 2015 and reflected and built on in the NHS Long Term Plan in 2019. [LGA-commissioned research](#) found that whilst there has been positive progress in expanding access to NHS children and young people's specialist mental health services for children's mental health, with an increase in funding and more children accessing mental health support, however many of the commitments have been criticised for not being ambitious enough in creating the scale of change that is needed.
3. Local government makes a vital contribution to promoting good mental health in individuals and communities. The main ways this happens are through:
 - 3.1. System-wide leadership through health and wellbeing boards (HWBs).
 - 3.2. Promoting equality and anti-racist approaches.
 - 3.3. Public health responsibilities to promote mental wellbeing and prevent poor mental health throughout the life course.
 - 3.4. Statutory duties and powers related to mental health for children and young people and for adults.
 - 3.5. The overview and scrutiny of mental health provision.
 - 3.6. Commissioning of voluntary and community services that support good mental health, including advocacy or youth services.
 - 3.7. Provision of wider services that support wellbeing, such as libraries, leisure services and green spaces.
 - 3.8. Councils, as corporate parents, have a particular role in the support of children in care, or care experienced young people to ensure they have access to mental health support, where required, this includes unaccompanied asylum-seeking children.

4. Supporting young people's mental health should not be seen as solely an NHS issue, however, it needs to be recognised that council funding has not kept pace with that of the NHS resulting in councils finding it increasingly difficult to provide vital services that are essential to supporting children and young people's wellbeing. Despite increases to the NHS budget, the NHS is also struggling financially with restructuring programmes, inflationary pressures, increased demand and costs.
5. Children's mental health is a complex issue and it continues to be a pressing concern to children, young people, families and the public services around them. CYP mental health is one of the children and young people board's priority areas and a cross-cutting concern.
6. The LGA children and young people board have recognised the challenging picture for children's mental health and has established a children's mental health working group to build on existing asks and focus on what councils and the LGA can do to support children's mental health.

Proposal

7. NHS England will join today's meeting to discuss work on children's mental health, with particular focus on the Framework for Integrated Care and on the Mental Health, Learning Disability and Autism Inpatient Quality Transformation Programme.
8. Children's mental health progress is driven by Future in Mind 2015 and the NHS Long Term Plan 2019. This has resulted in investment into support for children's mental health including 730,000 children accessing NHS-funded mental health services in the year up to 2023, expansion of Mental Health Support Teams across 35 per cent of the country and the roll-out of 24/7 all age mental health crisis lines. However, there remain significant challenges in children's mental health with long waiting times, high vacancy rates and access rates to mental health services remaining behind the target (See **Annex 1** for slide pack).
9. The Framework for Integrated Care (Community) is the response to the NHS Long Term Plan commitment to invest in additional support for the most vulnerable children who have complex needs. The Framework for Integrated Care supports SECURE STAIRS, which is used in the children and young people secure estate and in community services to support trauma-informed care, and develop evidence-based, whole-systems approaches to create change for vulnerable children with complex needs. It acts as an opportunity to strengthen and pull together existing provision around the child and intervene earlier in their pathways to enable better outcomes (see **Annex 2** for paper and slides).

10. A series of vanguard sites are set up, trialling different ways of working. These are based on integrated care system (ICS) or provider collaborative footprints. These vanguards are intended to demonstrate partnership working and the outcomes of this way of working. Data has been submitted since October 2022 to understand the needs of children and evidence whether the objectives of the Framework are being met.
11. The Mental Health, Learning Disability and Autism Inpatient Quality Transformation Programme was established in 2022. All mental health, learning disability and autism inpatient services for children and young people, adults and older adults are in scope of this programme, including specialised inpatient services. The programme is supported by £36 million over three years (see **Annex 3** for paper and slides).
12. The intentions of the programme are to:
- 12.1. Explore and accelerate different therapeutic offers, including community-based alternatives to admission and ensure a safe and personalised culture within inpatient care.
 - 12.2. Have a proactive support structure that has clear oversight and enables early identification of issues to ensure that services that are experiencing challenges have timely and coordinated recovery support.

Implications for Wales

13. None, policy for children's mental health is devolved in Wales.

Financial Implications

14. There are no financial implications for the LGA.

Equalities implications

15. Children and young people are more likely to have poor mental health if they experience some form of adversity, such as living in poverty, parental separation or financial crisis, where there is a problem with the way their family functions or whose parents already have poor mental health. Covid-19 and associated school closures increased pre-existing mental health inequalities. There are also regional disparities in the prevalence of mental health and the available treatment for young people.
16. Sexual orientation and gender reassignment: Young people who identify as LGBTQ+ are more likely to suffer from a mental health condition.
17. Disability: Nearly three-quarters of children with a mental health condition also have a physical health condition or developmental problem.

18. Ethnicity: Children from a White ethnic background are [more likely to have a probable mental health disorder](#) than those from Black and Minority Ethnic backgrounds. Black children are 10 times more likely to be referred to Children and Young People's Mental Health Services via social services, rather than through their GP, compared to white British children. Black people in England and Wales are 4 times more likely to be detained under the Mental Health Act than white people, and ten times more likely to be given a Community Treatment Order when they are discharged.
19. Sex: Data on reported self-harm shows a large increase over time for females and in 2014 with 20 per cent of young women reporting that they had self-harmed, three times higher than in 2000.
20. Looked after children are four times more likely to experience mental health issues than their peers.
21. A third of people in the youth justice system are estimated to have a mental health problem.

Next steps

22. Officers will take note of the discussion and continue to work with NHS England in supporting children and young people's mental health.
23. Areas for discussion may include:
 - 23.1. Opportunities for joint work between the LGA and NHSE
 - 23.2. Opportunities for joint work on a local level
 - 23.3. How children and young people's mental health affects people in your local area.
 - 23.4. Existing evidence of local good practice for partnership working.
 - 23.5. Reflections on the specific programmes that have been discussed and local experience of these, particularly if there is experience of the Integrated Care vanguards.

Annex 1



England

CYPMH national programme update

Date

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David Lockwood

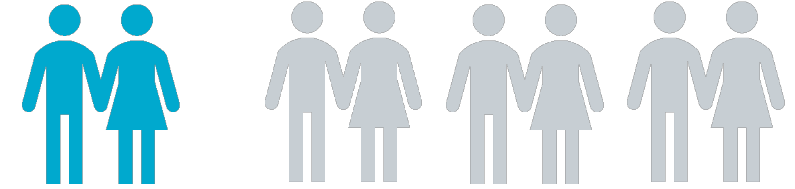
Head of CYP and Perinatal Mental Health, NHS England

Agenda Item 3

The continued case for improving the mental health of children & young people

The problem of mental ill-health in children and young people is real and serious...

Children and young people aged 10-24 years account for a quarter of the world's population

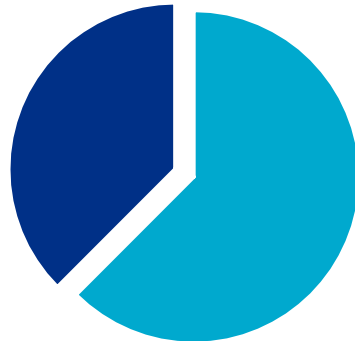


Mental ill-health is a long-term condition, and represents the number one threat to their health

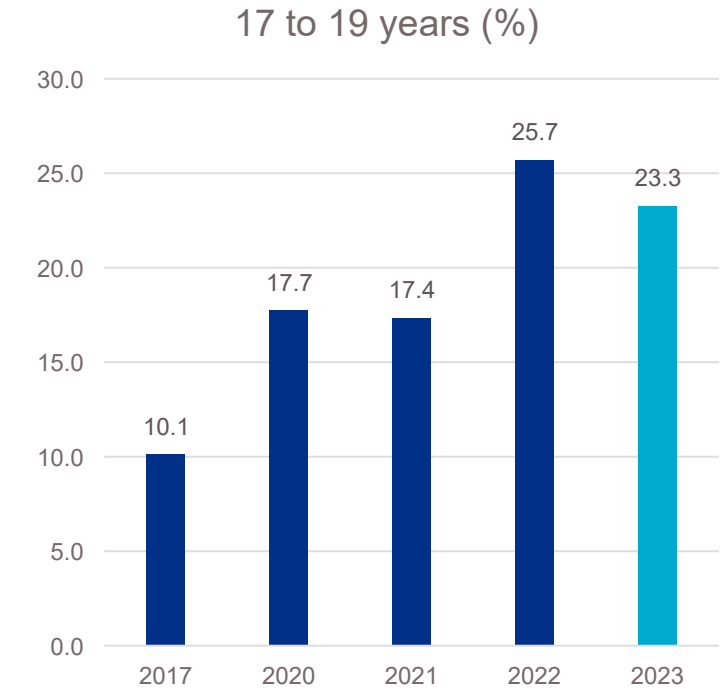
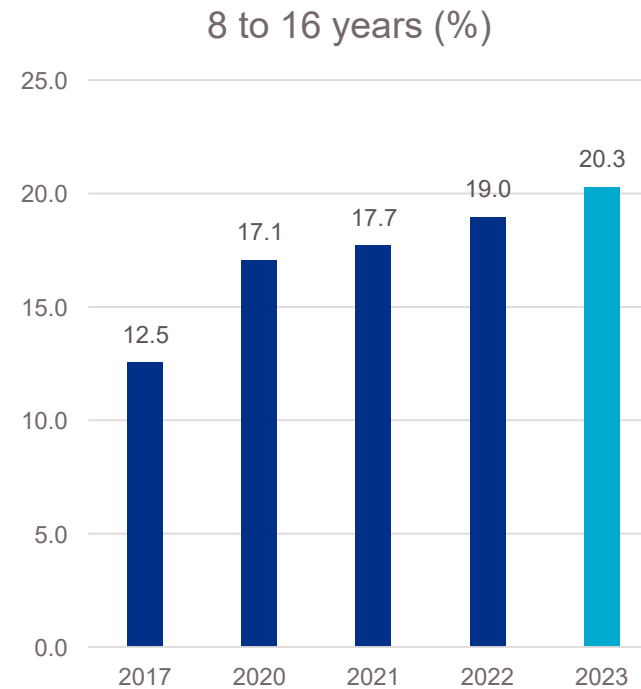
- 10-24 years mental ill-health accounts for 45% of the overall burden of disease
- Suicide 2nd most common cause of death



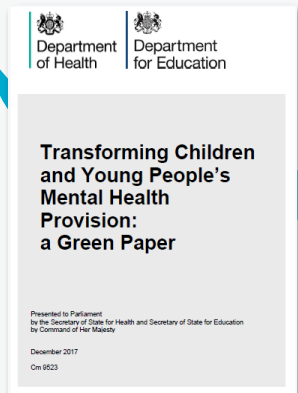
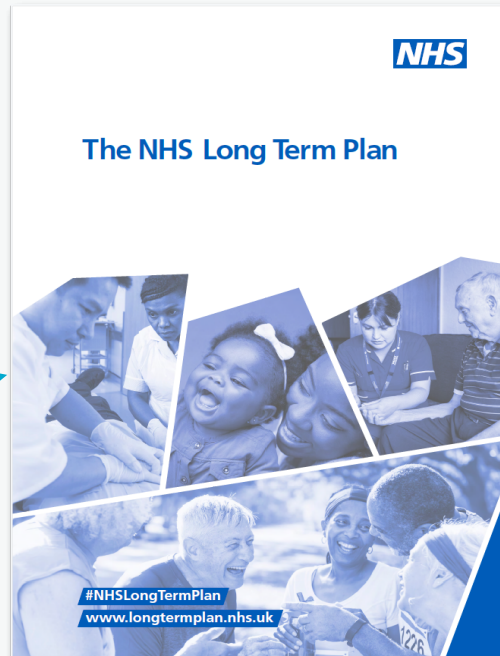
First onset of mental disorders occurs before the age of 14 in 1/3 of individuals, almost half by 18 (48.4%), and 62.5% by 25



And rates of probable mental disorder in children and young people in England **remain high**...



The current transformation programme started with Future in Mind...



Our overall ambition

Enable every child and young person with mental health needs to achieve their goals and life potential

Our principles

- Evidence-based practice
- Outcomes inform treatment and service development
- Supervision
- Authentic co-production

This requires us to

- Build better mental health services
- Improve outcomes and experience
- Increase access
- Reduce health inequalities
- Continue to focus on prevention
- Support early intervention and the reduction of stigma
- Invest in the workforce

Recap on the NHS Long Term Plan commitments:

Access

- An additional 345,000 CYP aged 0-25 accessing support from NHS-funded mental health services by 2023/24
- By 2028/29, access to specialist support for all CYP who need it (subject to resources)

Mental Health Support Teams (MHSTs)

- MHSTs working in schools and colleges – early intervention and whole school approach across 20-25% of country by 2023/24

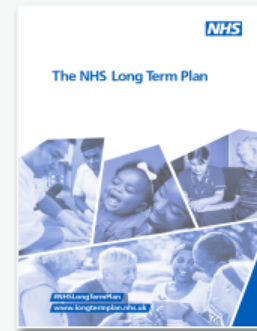
Waiting Time Pilots

- Test the feasibility and sustainability of introducing a waiting time standard for access to NHS-funded mental health support

Digital Therapies

- Develop digitally enabled care pathways for children and young people in ways which increase inclusion

A comprehensive offer for 0-25 year olds integrated across health, social care, education, and the voluntary sector to address health inequalities



Eating Disorders

- Boost investment in children and young people's eating disorder services to continue seeing 95% of urgent cases within 1 week, and within 4 weeks for non-urgent cases

Crisis Services

- All CYP experiencing crisis able to access crisis care 24 hours a day, 7 days a week by 2023/24, including via a single point of access through NHS 111

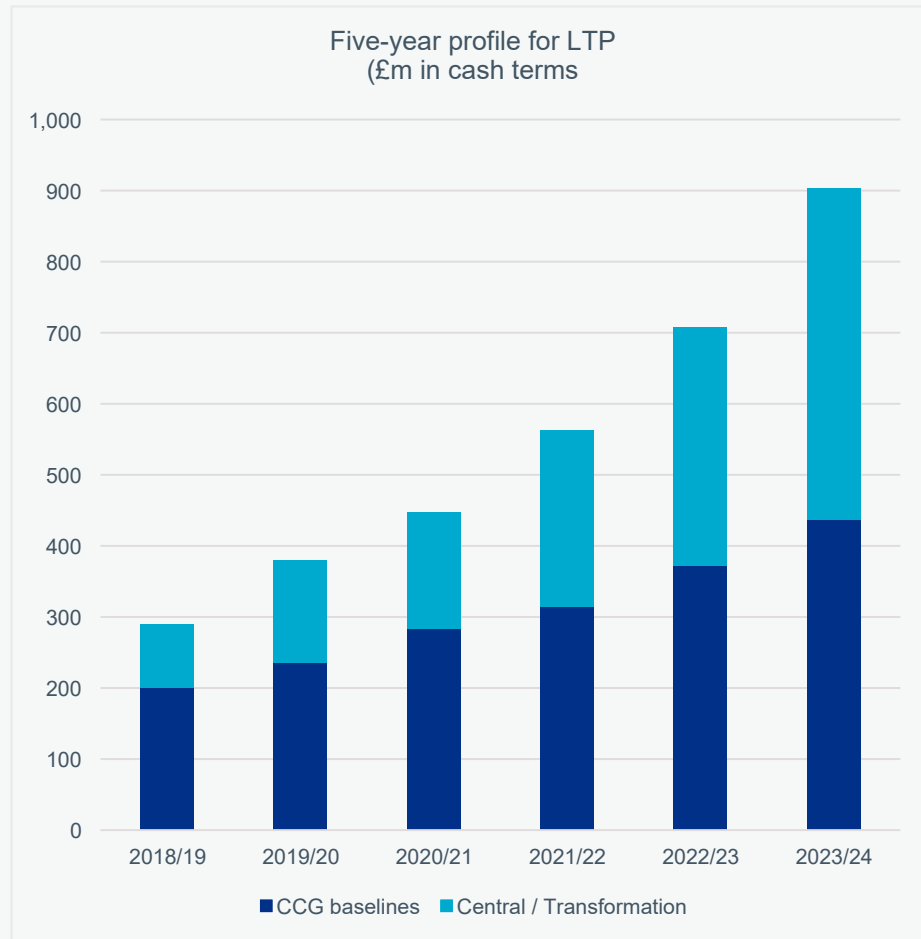
Whole pathways, including inpatient beds

- Extension of Provider Collaboratives continue to drive integrated pathways

Wider Commitments

- Additional investment in Youth Justice services
- Reduced waiting times and increased support for CYP with learning disabilities and/or autism
- 6,000 highly vulnerable children with complex trauma will receive consultation, advice, assessment, treatment and transition into integrated services

Supported by continued investment into CYPMH services...



Long Term Plan additional funding rises to **over £900m by 2023/24.**

This is **on top of existing mental health spend** before 2018/19


£40m additional specialised commissioning funding over 3 years from 2021/22

This investment has allowed us to make significant progress since 2016...


- The CYPMH sector continues to **transform and grow** services across the country.
 - In the year to October 2023, **730k children and young people** accessed NHS-funded mental health services.
 - Since the start of the long term plan, approximately **37% more** Children and Young People (CYP) had accessed support since 2019/20.
- Several LTP commitments are **on track** to be met by 23/24, and some have been **met ahead of schedule**:
- Mental Health Support Teams (35% coverage a year ahead of target)
 - Roll-out of 24/7 all age mental health crisis lines
- **Integrated models of mental health support for children and young people** are being rolled out across primary care and paediatric acute settings.

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730,000 children and young people aged 0-17 accessed NHS funded mental health support in year to Oct 23




Since the start of the Long Term Plan, c. 37% more CYP have received NHS funded MH support




On track to deliver comprehensive CYP crisis services across the country, with 76% coverage of the four functions at the end of 22/23




24/7 all age crisis lines rolled out, now receiving 200,000 calls every month




35% of pupils and learners (3.4m CYP) now covered by Mental Health Support Teams, on course for c.50% (5m) by 2025



Increasing transparency and accountability, by publishing (in November 23), data on median and longest waits for CYPMH services




47% more CYP started treatment for eating disorders in 22/23 (11,807) compared to 19/20 (8,034)




Worked across mental and physical health to launch the Framework for integrated support for CYP with mental health needs in paediatric acute settings




Launched CYPMH metric to track impact of support through measurable change in MH outcomes




Established, with DfE, a cross-government task and finish group to improve support for young people in most complex situations



The total CYPMH workforce has increased by 46% since the start of the LTP and by 70% since 2016



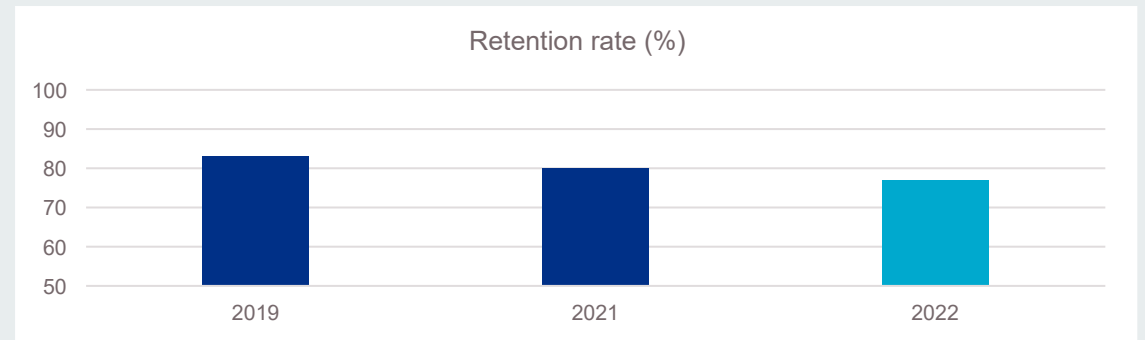
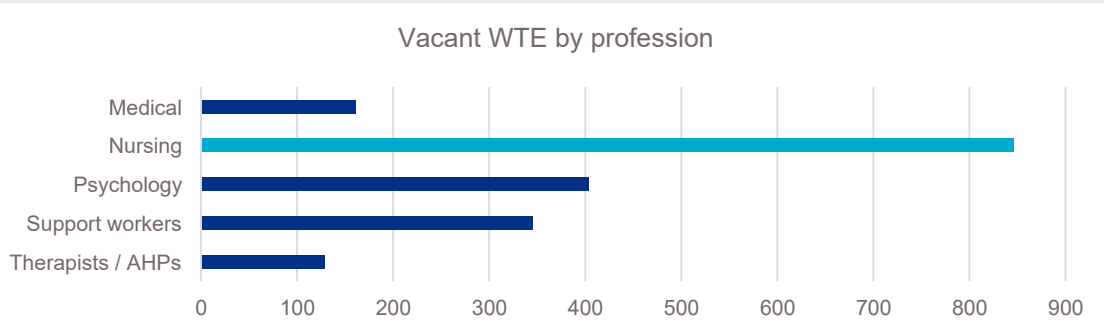
12 Vanguards delivering the Framework for Integrated Care, providing formulation driven trauma informed care to over 3,000 CYP since April 2022



Agenda Item 3

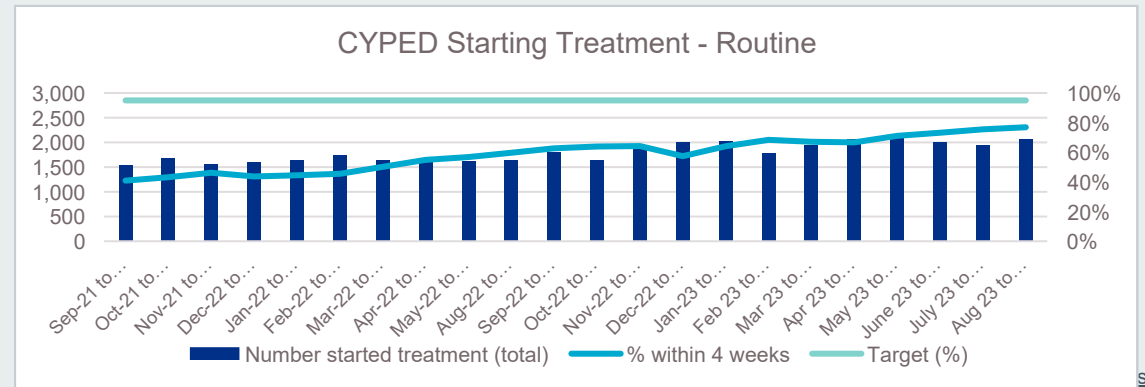
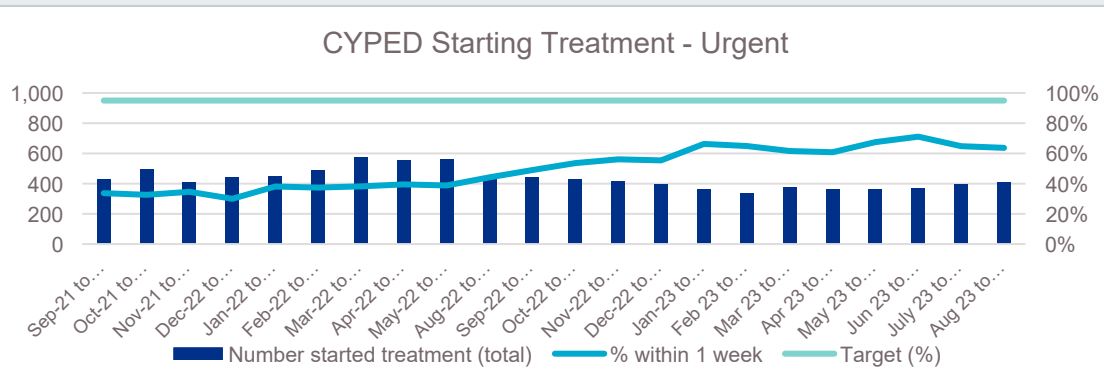
But significant challenges remain, so it's job begun, not job done...

Vacancy rates remain high and retention rates have fallen...



[CYPMH Workforce Census 2022](#)

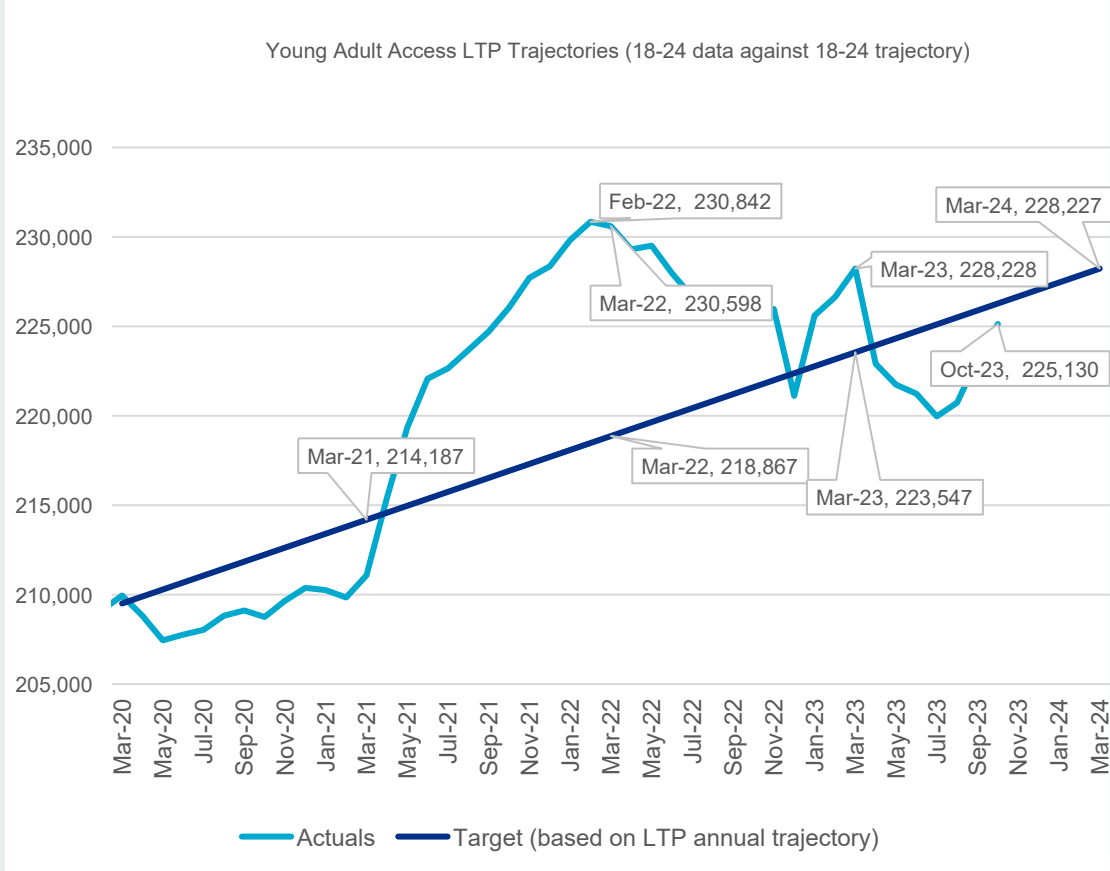
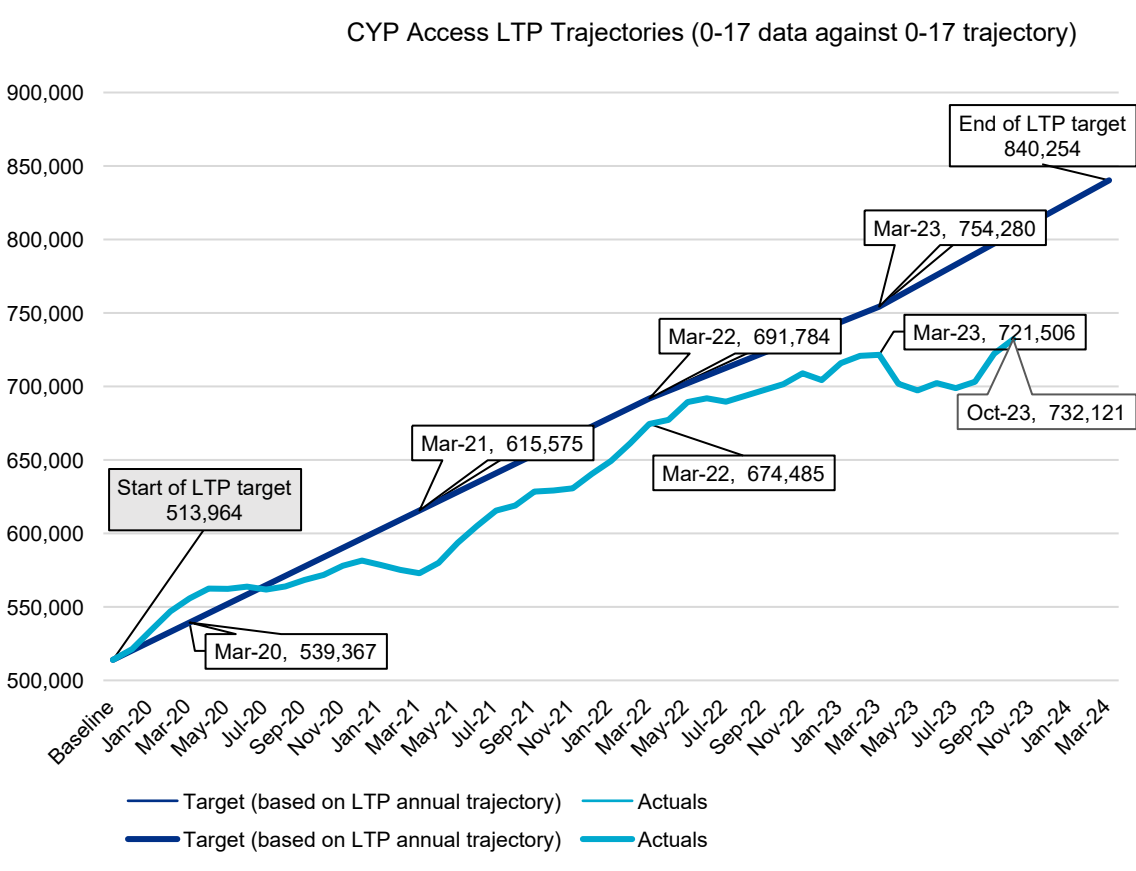
The rise in demand for CEDs continues to impact on waiting times...



But significant challenges remain, so it's job begun, not job done...

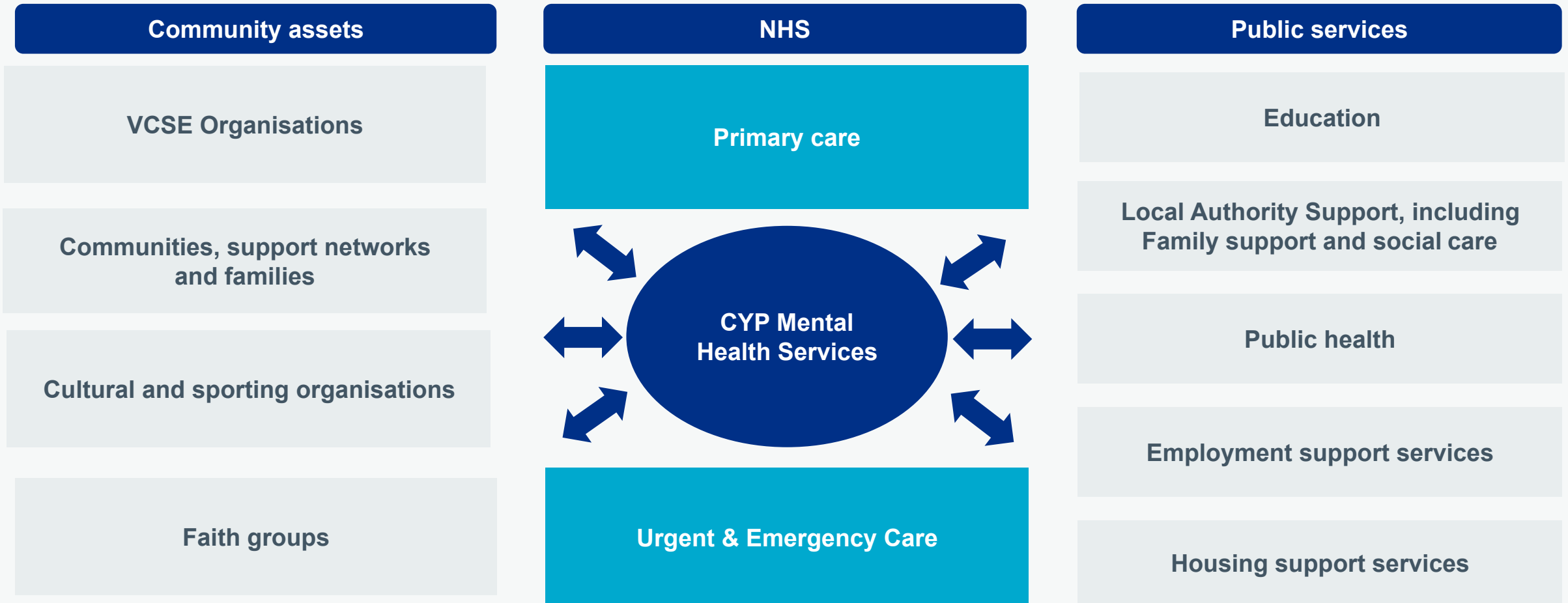
And although access is increasing, we are behind where we planned to be...

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Agenda Item 3

Supporting children and young people with mental health problems requires collective effort and the NHS cannot do it alone...

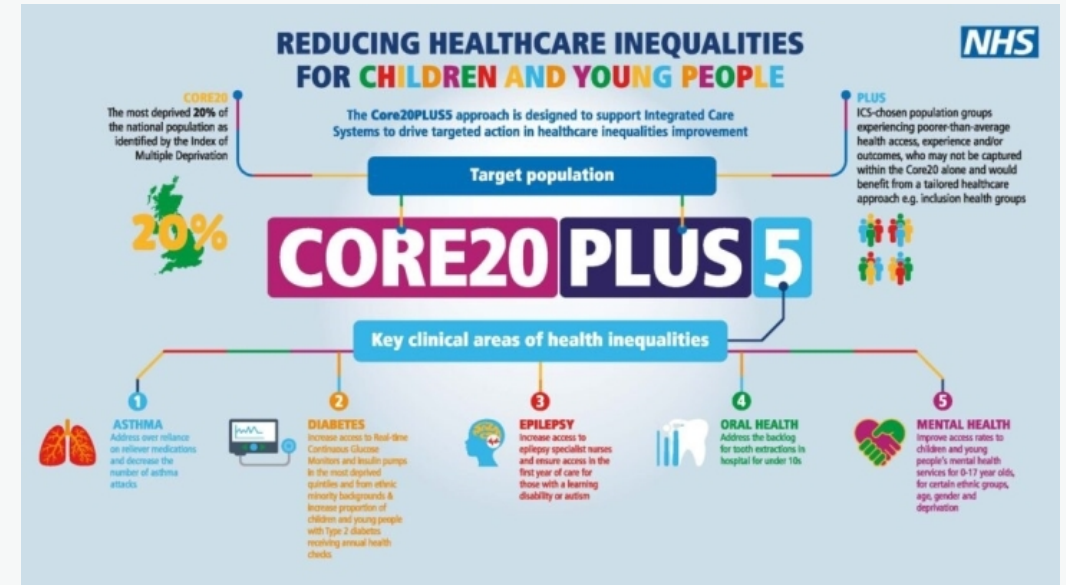


All of this is only possible if we continue to tackle health inequalities

Reducing inequality in **access, outcomes and experience**

Focus on **communities marginalised** in current service model

Greater **transparency and accountability**



Advancing Mental Health Equalities Strategy

Patient & Carers Race Equality Framework (PCREF)

Thank You



@nhsengland



company/nhsengland



england.nhs.uk



england.cyp-mentalhealth@nhs.net

Annex 2

Framework for Integrated Care (Community)

1. Children and Young People with Complex Needs

Children and young people with complex needs often have multiple needs in multiple domains, which may span many services including mental health, neurodisability, substance misuse and physical health. Complex needs can be hard to meet through conventional services, especially where these services are not joined up.

Children and young people with complex needs experience some of the highest levels of health inequality. Their needs are defined as 'complex', as they often are:

- **Multiple** (not just in one domain, such as mental and physical health)
- **Persistent** (long term rather than transient)
- **Severe** (not responding to standard interventions) and
- **Framed by family and social contexts** (early family disruption, loss, inequality, prevalence of Adverse Childhood Experiences (ACEs)).

As well as multiple health needs in multiple domains, these children often have considerable wider social care and educational needs, so may be known to many wider services.

It is crucial that services and systems work together in an integrated way to better meet such complex needs.

2. Framework for Integrated Care (Community)

The Framework builds on evidence from the Health & Justice Children and Young People Mental Health Transformation workstream, which was part of the £1.4bn investment into mental health, social care and education delivered through Future in Mind. The Framework for Integrated Care (Community) is the response to the NHS Long Term Plan commitment to invest in additional support for the most vulnerable children who have complex needs. The

Framework for Integrated Care supports a version currently mobilised in the children and young people secure estate known as SECURE STAIRS, and exists as the community version, to support trauma-informed care, and formulation-driven, evidence-based, whole-systems approaches to create change for vulnerable children with complex needs. It acts as an opportunity to strengthen and pull together existing provision around the child and intervene earlier in their pathways to enable better outcomes.

The emphasis of the Framework is on complex and often fractured systems, across multiple agencies, working together for the individual child and family/carers. This requires large-scale system change driven by strong leadership that recognises and understands trauma and its effects on the child and family/carers and on the system supporting them. There is 14 million available to fund this work which is estimated will cover a quarter of England (6000 children of c35 000) divided by c1.5 million per integrated care system or provider collaborative.

This programme is now well established, and following expressions of interest twelve vanguards have been selected across the seven NHS England regions. The funding model will be tested including establishing whether existing funding streams can be more effectively used, to produce a clearer funding model to further evidence and deliver this framework's desired improved outcomes, and to inform future Spending Review bids.

3. Framework for Integrated Care (Community) Vanguards

Vanguards are based on integrated care system or provider collaborative footprints.

The vanguards are required to demonstrate partnership working across multiple agencies including health, local authority, education, and youth justice agencies demonstrating how they will deliver the Framework for Integrated Care (Community) and the outcomes within it. Vanguards started to submit quarterly data to the national dataset from October 2022. This dataset aims to collect information on the needs of and outcomes for children in the community, evidence that key objectives of the Framework are being met and enable national and regional commissioners to identify and target improvements in health inequalities.

The models being delivered across vanguards are not new services but are providing psychologically informed capacity to other services to wrap round the child ensuring they get the right support needed. This also allows the identification of where there are gaps in provision within the systems.

Vanguard	Description of provision
Affinity Programme - HCRG Care group (Essex)	Focussing on a target cohort of children 5-16 at risk of exclusion due to emotional dysregulation. The vanguard builds on schools' wellbeing teams and the POWER programme to support engagement with children and families at an earlier level as well as supporting schools in their approach.
Coventry and Warwickshire Integrated Care Board	Cohort includes children on the edge of care, exploitation or youth justice teams that are disengaged from education or those that have transitioned back to the community from the secure estate. Provision involved embedding trauma informed youth work practitioners to work with young people that have experienced trauma and adversity. The vanguard also aims to pilot psychology support, speech and language therapy and occupational therapy into partner organisations.
Children & young People's Complex Needs Service - Lincolnshire ICS	The vanguard focusses on all children with complex needs, building upon their Future4Me programme the vanguard aims to embed trauma informed culture across organisations and develop a trauma informed valuing care toolkit for children in care.
North London Partners in health and care - NCL ICB	The target cohort for the vanguard is 0-25 year olds at risk of or involved in serious youth violence. Working closely with partner organisations such as Las the vanguard aims to build a holistic and multi-level model of care, working with voluntary sector providers to co-deliver psychologically informed interventions to marginalised and vulnerable young people.
North East London Health & Care Partnership - NEL ICB	The target cohort for this vanguard is 0-25 year olds with complex needs and at risk of youth violence and/or exploitation. The vanguard focuses on providing effective and appropriate psychological support to children who are impacted or at risk of violence. The vanguard will create a multi-disciplinary community approach through engaging VCFS organisations to deliver case-management.
Our Healthier South East London - SEL ICS	This vanguard focusses on a cohort of 0-25 years with complex needs. The vanguard has set up provision based on prevention, intervention and case management services piloting the model of care by providing effective and appropriate psychological support in the community for children who are impacted by or at risk of violence.
Bristol North Somerset South Gloucestershire Vanguard (BNSSG) - BNSSG ICB	The vanguard covers a cohort of children in care or at risk of going into care, at risk of exclusion or have been excluded or are not in school and children with SEND needs. The vanguard is delivered by seven providers who embed the principles of the framework into their practices and collaborate. This includes embedding trauma informed practice, piloting a dedicated specialist substance misuse youth worker to support young people at risk of exclusion, and delivering enhanced case management in the youth offending team.
North Mersey - Liverpool and Sefton ICB	Target cohort includes children aged 13-19 years old who present as a risk of criminal or sexual exploitation or are missing from home or education. The vanguard aims to build on existing infrastructure to strengthen pathways and deliver a multiagency response to reduce presentations and admission to hospitals and care. This will be achieved through comprehensive trauma informed training and establishing a

	complex needs team to implement trauma informed recovery models to the most vulnerable children and their families.
Thames Valley Children & Young People with Complexity - Oxford NHS FT	Target cohort includes children ages 0-18 years with complex needs across multiple domains. The service will deliver a Community Liaison Framework and Provision, through a 'hub and spoke' model. It will build on and complement existing experience with Community FCAMHS and related services to ensure ongoing liaison and support to professionals, the young person and family.
Humber and North Yorkshire Children and Young People's Trauma Informed Care Programme - Humber and North Yorkshire Health and Care Partnership	The vanguard covers a cohort of 10-19 years who are at risk of becoming first time entrants of reoffending in the Youth justice System. The model aims to build on existing infrastructure to strengthen pathways and collaborative working while testing new models of delivery to improve outcomes. Pilots include delivering a range of trauma informed interventions including 1:1 therapeutic interventions and group diversions to children to prevent them becoming first-time entrants to the youth justice system.
Trusting Hands Gateshead and Future Focus Newcastle - Newcastle and Gateshead	The vanguard covers vulnerable children with complex needs ages 0-18 years. The service aims to meet the needs of young people with multiple, pervasive, and complex needs, which are not easily or coherently met by traditional services. 'Getting advice' will be delivered through a training and consultation model.
Surrey Building Belonging Programme - Surrey	The vanguard covers vulnerable children with complex needs ages 0-18. The 'Building Belonging Programme' aims to empower all families to develop healthy relationships and contribute positively to their communities, reducing exposure to risks and promoting inclusion. To deliver this version they have developed a service model informed by the findings of the Surrey Health and Justice Scoping Project. This service model builds upon and emerging trauma-informed approach to address existing gaps in service provision and ensure that the most vulnerable families with complex needs are supported.

4. Progress to date

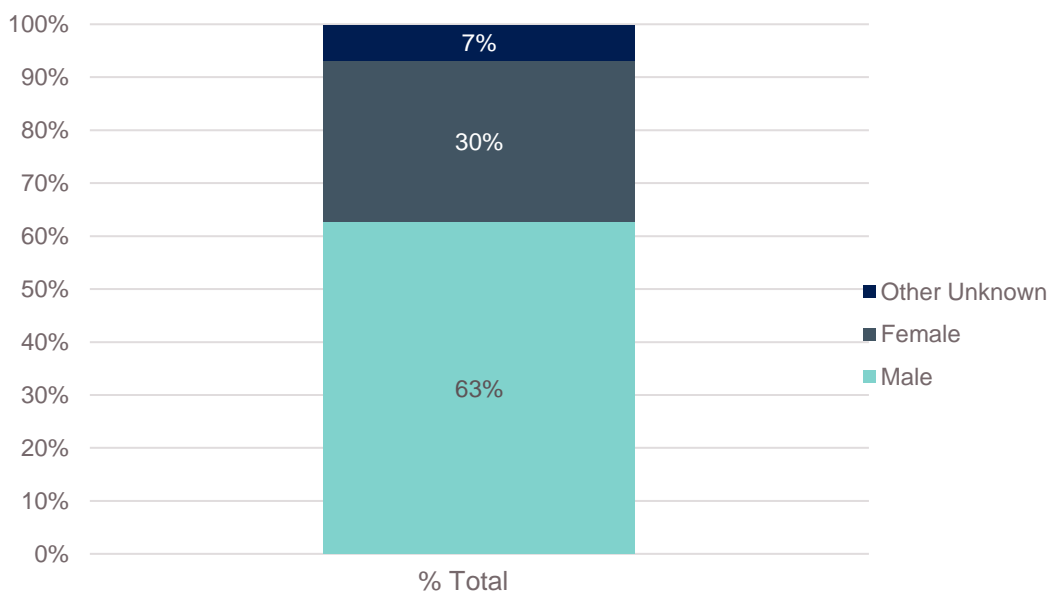
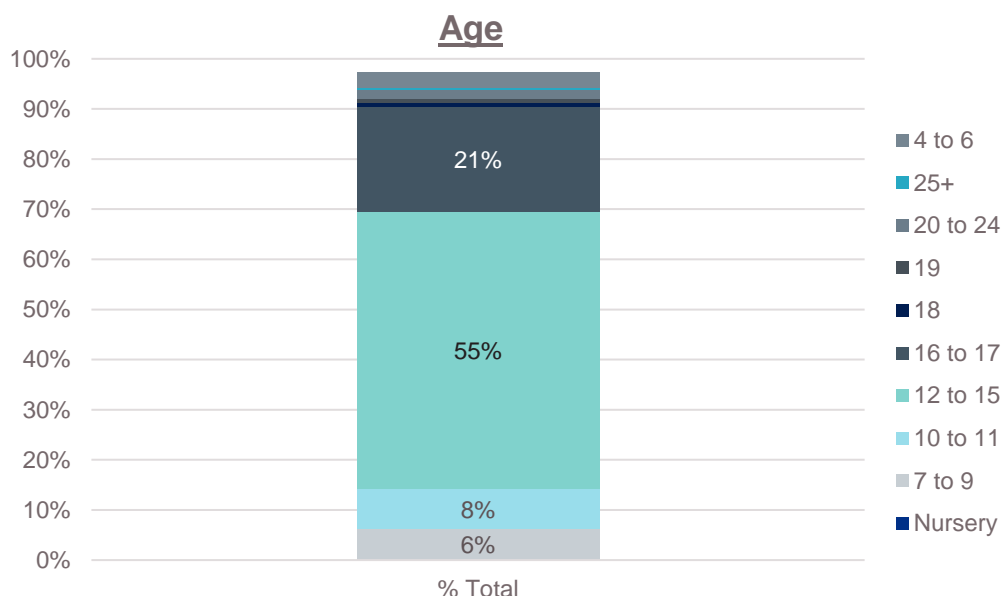
(Data reporting period April 2022 to September 2023)

12 vanguards delivering the Framework for Integrated Care (Community), providing formulation driven trauma informed care to 4111 children.

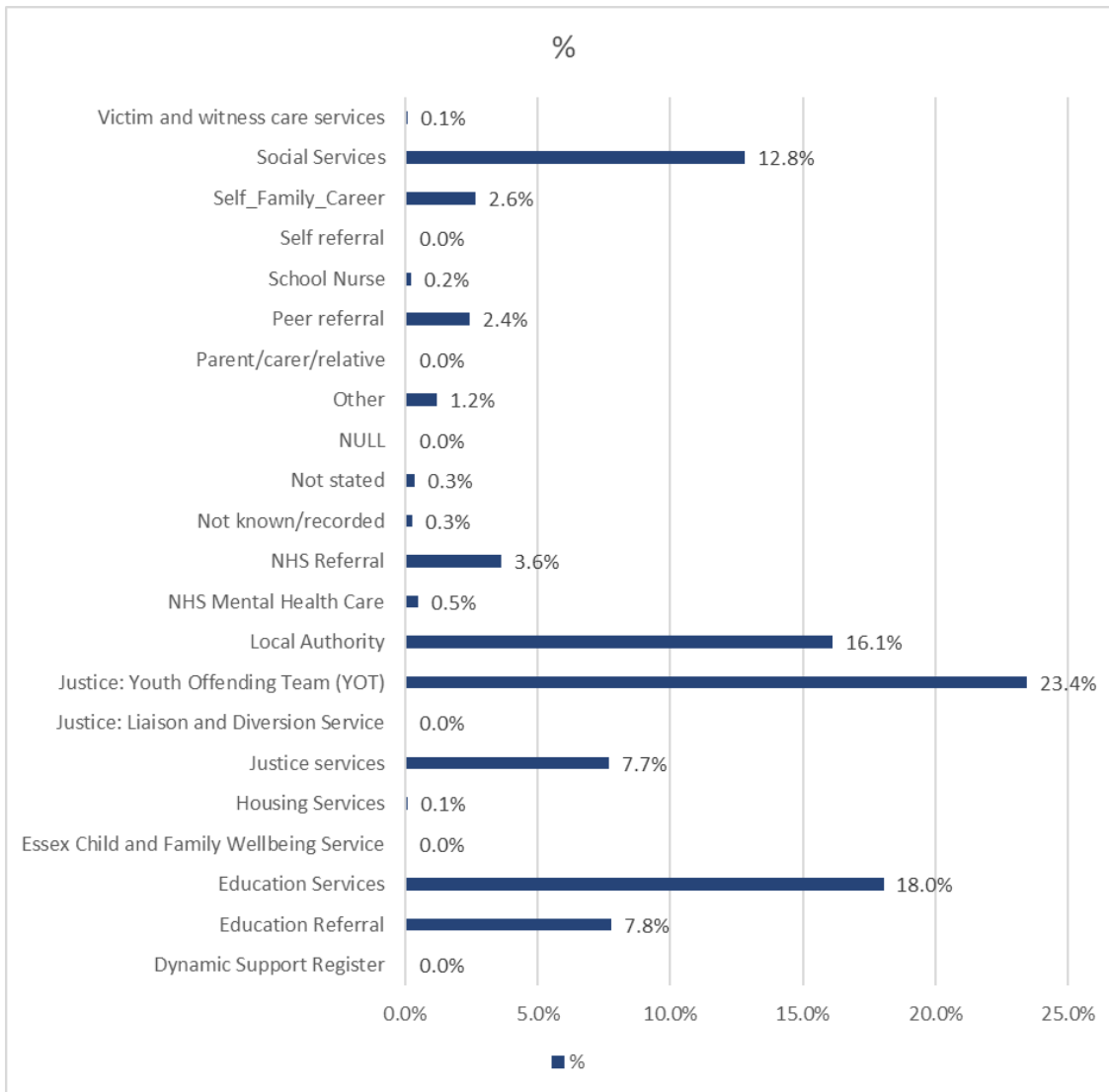
4.1 Referral Ethnicity

Ethnicity	2022/23				2023/24	Total
	Q1 Apr-Jun	Q2 Jul-Sept	Q3 Oct-Dec	Q4 Jan-Mar	Q1 Apr-Jun	
Asian or Asian British	7	4	5	12	14	42
Black, Black British, Caribbean or African	56	14	18	44	14	146
Mixed or Multiple ethnic groups	38	31	29	44	46	188
Not known or recorded	60	67	64	77	54	322
Not stated	12	5	6	15	12	50
NULL-Invalid - Provided response did not ma	20	19	43	45	28	155
Other	4	1	5	7	9	26
White British	376	340	331	522	482	2051
White Minorities	19	38	27	43	41	168
Grand Total	592	519	528	809	700	3148

4.2 Referral Age & Gender



4.3 Referral Source





England

NHS England Health & Justice Children Programme Framework for Integrated Care (Community)

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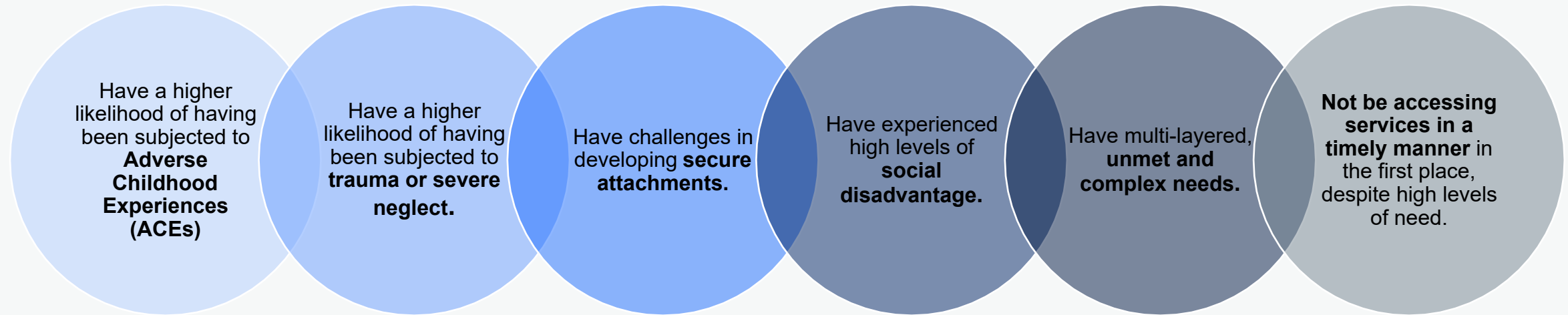
Andrew Nichols-Clarke
Senior Development Lead
Health & Justice Children Programme
NHS England

andrew.nichols-clarke@nhs.net

Agenda Item 3

Our cohort: children with complex needs

This cohort of children often have complex needs in multiple domains and are sometimes described as “high risk, high harm, high vulnerability”. They may:



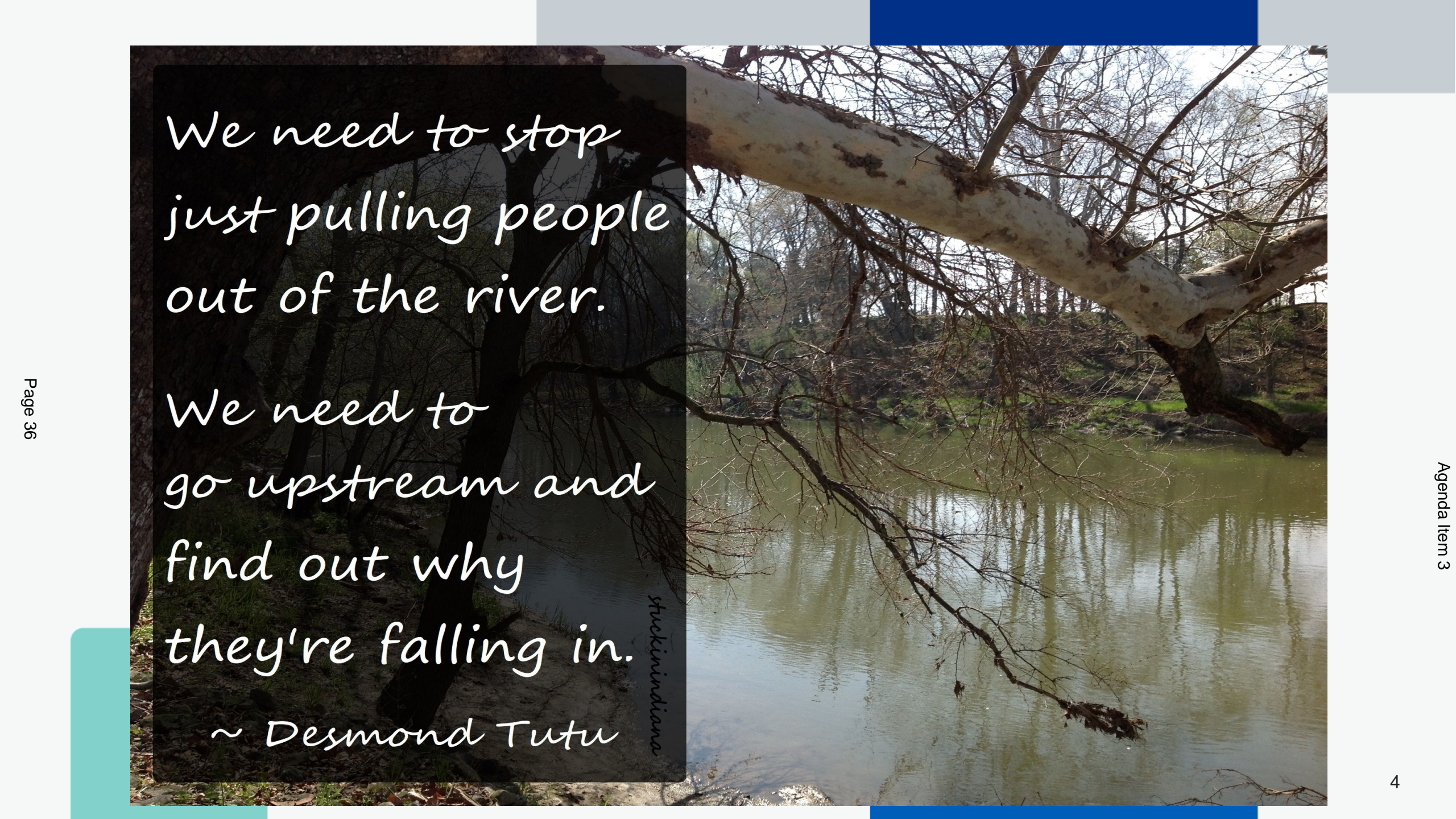
Children with complex needs

Because of their vulnerability and high level of health inequalities this cohort of young people are often placed in a secure setting (deprivation of liberty) as a result of their behaviours and what has happened to them.

Children can be deprived of their liberty in England under one of three legal frameworks:

- Section 25 of the Children Act (1989) placing them in a secure children's home;
- Under the Youth Justice System on remand or serving a sentence in a secure children's home (SCH), secure training centre (STC) or young offender institution (YOI);
- The Mental Health Act (1983, as amended 2007) placing them in hospital.

Placement in the children and young people secure estate is temporary, and part of a broader pathway of care. [The Framework for Integrated Care \(Community\)*](#) considers the needs of those who are at risk of entering the welfare, youth justice or mental health inpatient estate. It focuses on services working together in a more integrated way, and intervening early to best meet and deliver the needs of children with the most complex needs.



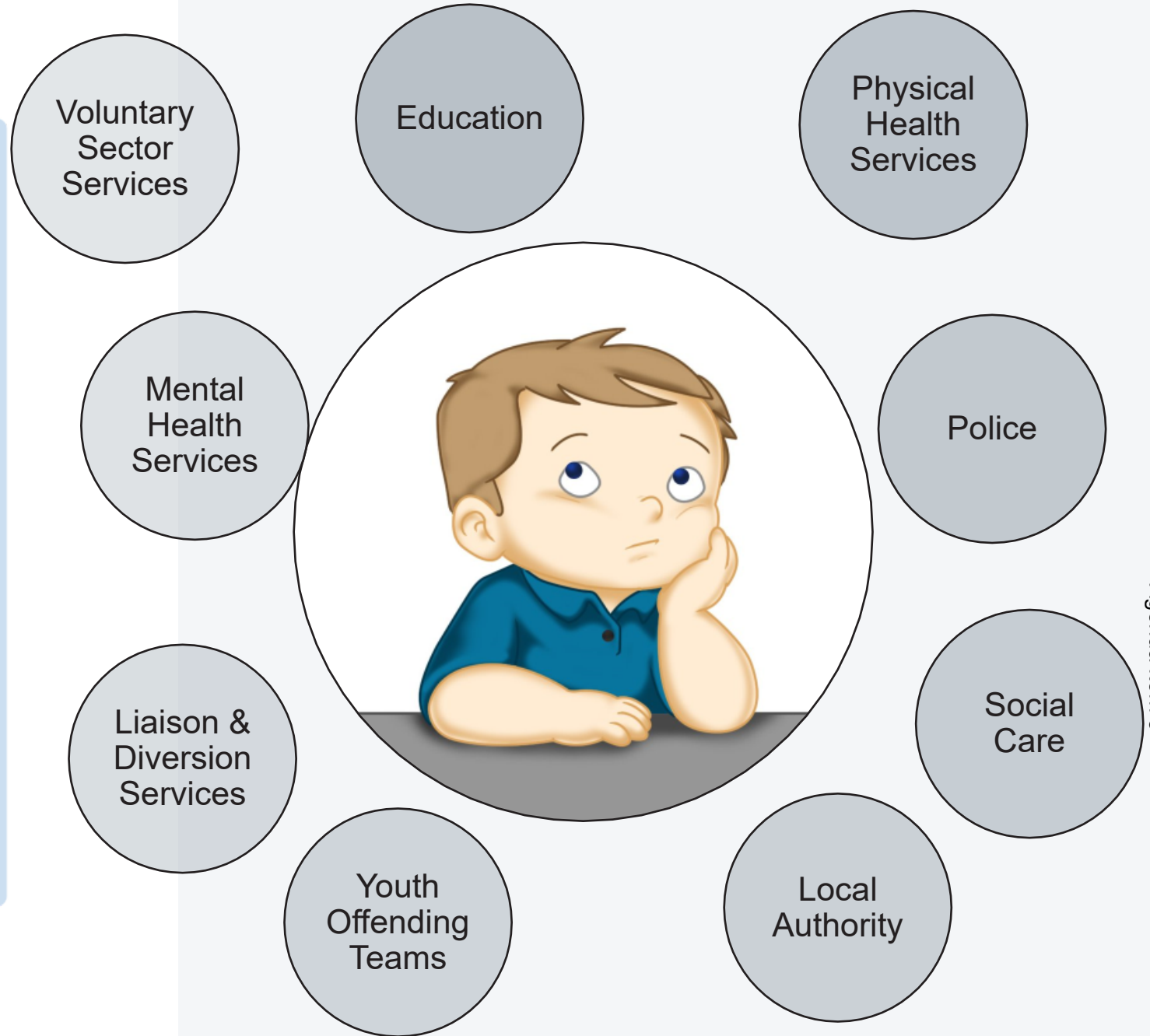
We need to stop
just pulling people
out of the river.

We need to
go upstream and
find out why
they're falling in.

~ Desmond Tutu

stuckinindiana

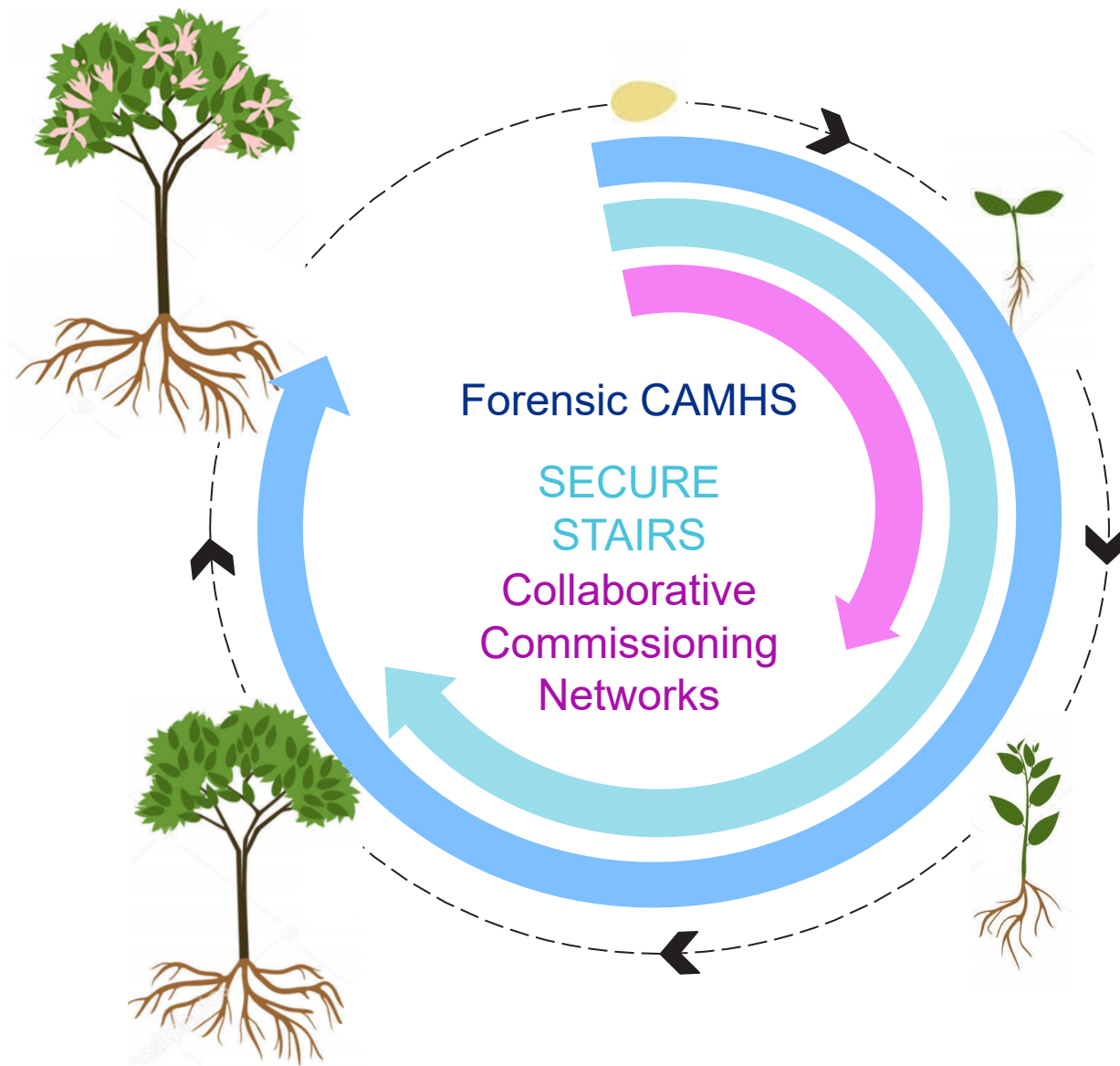
Services often working with this cohort of children, often work in silo and are unable to meet their needs.



How do we work better with these children to support their needs and help them to thrive.



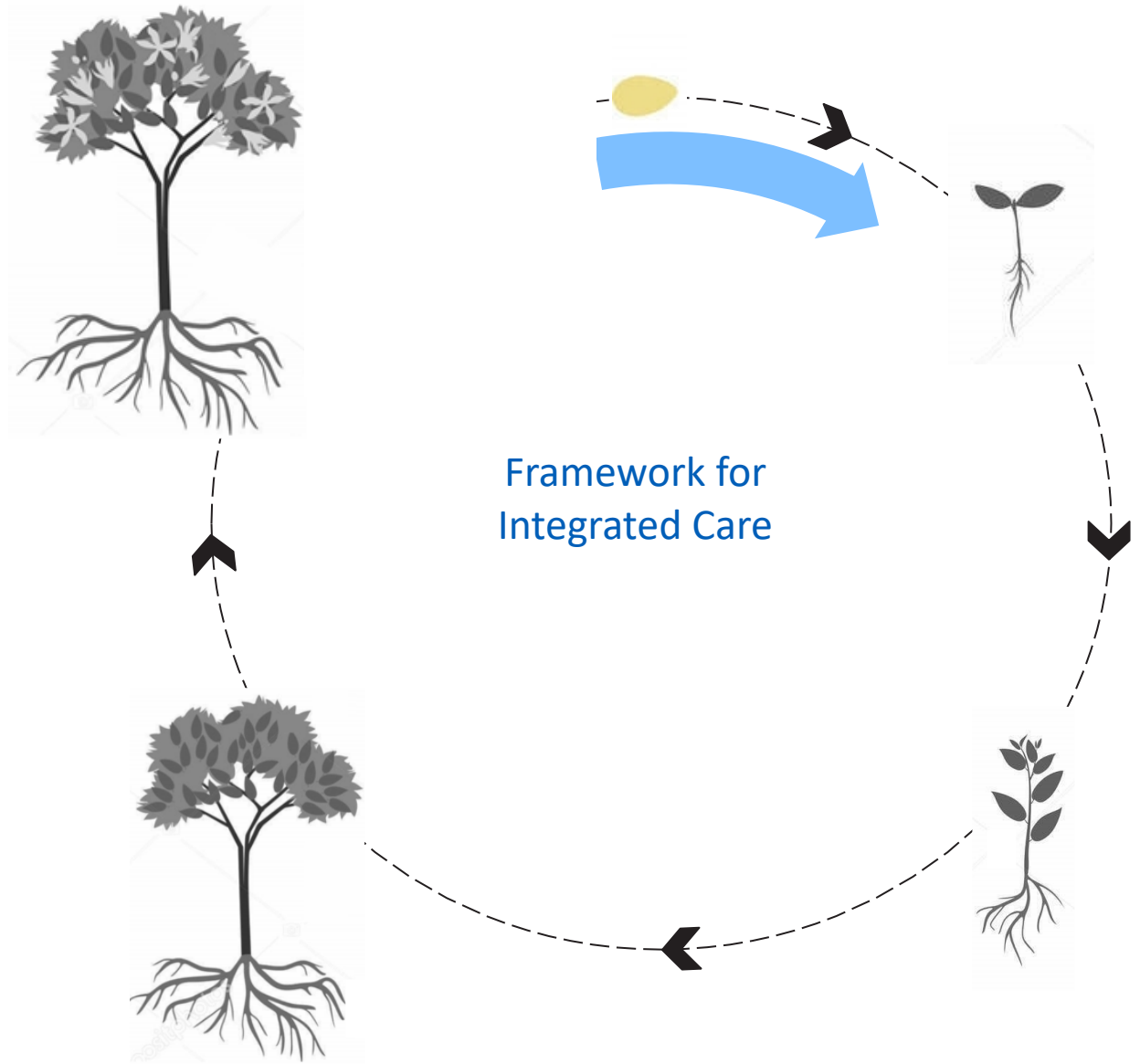
Building on H&J CYP Mental Health Transformation Workstream- 2015-2019



Cultivating Change

Shared Understanding

Changing the Fundamental Question





Framework for Integrated Care: a system approach

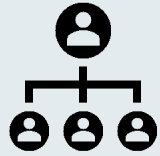
- The Framework for Integrated Care provides a **set of guiding principles and practices**, that act as a template for **genuine co-production** and development of integrated services for children and young people with complex needs;
- It represents a **shift in ideology**, moving away from approaches that seek to fix ‘what is wrong with you’ to approaches that seek to understand and address ‘**what has happened to you**’;
- The Frameworks, both SECURE STAIRS and Community, aim to provide a ‘**scaffold**’ for **innovative working practices and collaborations** across systems and partners to enhance services that seek to prevent re-traumatisation and enable children and young people, with complex needs, to thrive;



Framework for Integrated Care (Community) - Cohort

- **Multiple** (ie not just in one domain, such as mental and physical health)
- **Persistent** (ie long term rather than transient, including for example learning disability, autism or both)
- **Severe** (ie not responding to standard interventions)
- **Framed by family and social contexts** (ie early family disruption, loss, inequality, prevalence of Adverse Childhood Experiences).

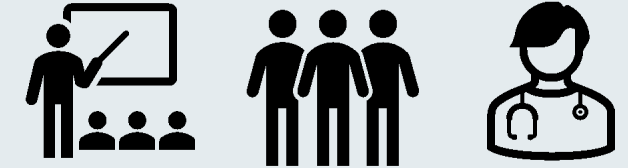
The Framework for Integrated Care (Community) - Principles



1. Every Interaction Matters: There is a focus first on building and supporting positive collaborative relationships.



2. Children & young people and the relationships they experience are at the centre of all care they receive through genuine co-production.



3. Those spending most time with young people are the primary facilitators of change.



4. Positively influencing the day to day care is the basis of any intervention and the primary focus of support.



5. All behaviour is understandable in context; there is a focus on developing an understanding of each children & young people's behaviours and needs based on their story (Formulation).



6. There is a commitment by all to build and sustain trauma informed organisations.

Vision:

TO FACILITATE INTEGRATED TRAUMA-INFORMED SYSTEMS THAT ENABLE CHILDREN AND YOUNG PEOPLE WITH COMPLEX NEEDS TO THRIVE

Mission 2030:

To effect cultural change through developing local, sustainable & trauma-informed children's emotional wellbeing services by:

- 1) Working collaboratively across services to co-ordinate, integrate and deliver trauma informed care;
- 2) Genuine co-production with children and young people with complex needs and their families to develop services and systems that are accessible and acceptable to them;
- 3) Working with the child directly, through relationships with staff in the role of 'young people's advocates' (e.g. detached youth workers), who are psychologically informed and well supported, who advocate for and support the children & young people effectively along their journeys.

Objectives:

	IMPROVED CYP WELL BEING	REDUCTION IN HIGH RISK BEHAVIOURS	REDUCED MENTAL HEALTH CONCERN	ORGANISATIONS THAT ARE MORE TRAUMA INFORMED	IMPROVED PURPOSE / OCCUPATION	IMPROVED STABILITY OF HOME
Measurement	Children & young people displaying direct improvement in their MH, emotional regulation and well-being.	Reduced frequency and severity of identified behaviours that indicate the potential for harm (to self, other or from others).	Improved resilience and reduced anxiety of children & young people staff, family members and carers.	Increased awareness of the impact of trauma at an individual, organisational and community level.	Children & young people are supported by staff to re enter/remain in mainstream education where appropriate, and enjoy and achieve through positive learning experiences.	Reduced number of children & young people being moved on a regular basis.
	Previously unmet emotional and behavioural need in this group of children & young people is now met.	Reduced number of children & young people offending.	Children & young people, staff, family members and carers feel empowered (involved in the care planning process), supported (formally & informally) and informed (understand what they are doing and why).	Increased awareness and support for staff to recognise and manage their own responses when working with complex trauma.	Improved education attendance and engagement as well as prevented school exclusions.	
	Reduced number of children & young people being excluded from mainstream provision of core services.			Enhanced feelings of psychological safety for children & young people, staff, family members and carers.		

Framework for Integrated Care (Community): Vanguards by region & Integrated Care Board (ICB)

Framework for Integrated Care (Community):
vanguards by region and Integrated Care Board (ICB)

North East & Yorkshire
NHS Humber & North Yorkshire (1)
NHS North East & North Cumbria (2)
(Newcastle & Gateshead)

North West
NHS Cheshire & Merseyside (5)
(North Mersey)

East of England
NHS Mid & South Essex (11)
(Affinity)

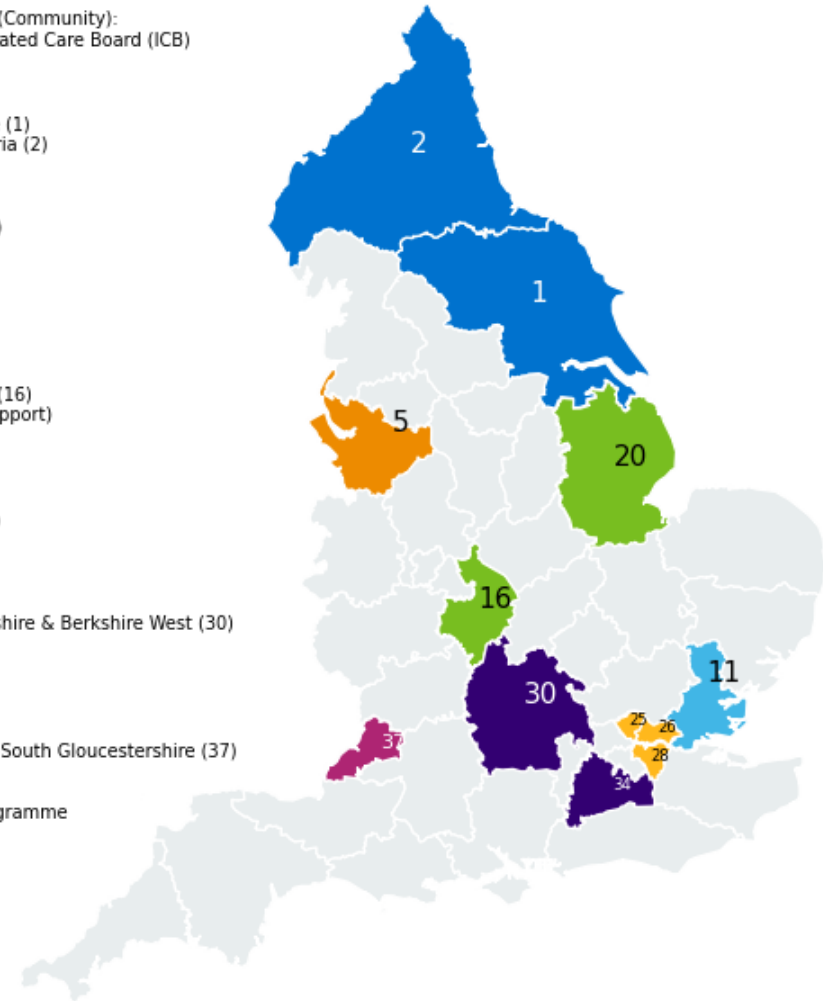
Midlands
NHS Coventry & Warwickshire (16)
(Trauma Informed Recovery Support)
NHS Lincolnshire (20)
(CYP Complex Needs Service)

London
NHS North Central London (25)
NHS North East London (26)
NHS South East London (28)

South East
NHS Buckinghamshire, Oxfordshire & Berkshire West (30)
(Thames Valley)
NHS Surrey Heartlands (34)

South West
NHS Bristol, North Somerset & South Gloucestershire (37)

Health and Justice Children Programme
NHS England





Key points

- Across the country there are 12 FfIC vanguards which have been set up, of which 11 are directly commissioned and funded by NHS England.
- The vanguards have all been designed and set up to meet the needs of their local populations whilst working to meet the activities, outputs and outcomes outlined in the Framework for Integrated Care(Community).
- As a result all 12 of the vanguards operate in slightly different ways; catering for different cohorts and working directly with a variety of services to provide an offer to support the local cohort.
- The vanguards are not a service in themselves but are instead a provision to support and join up services that are providing care for children with complex needs.
- As a result of the variation in the vanguards analysing the data collected from them is challenging.

Vanguard	Description of provision
Affinity Programme – HCRG Care Group (Essex)	Focussing on a target cohort of children aged 5 -16 at risk of exclusion due to emotional dysregulation. The vanguard builds on schools’ wellbeing teams and the POWER programme to support engagement with children and families at an earlier level as well as supporting schools in their approach.
Coventry and Warwickshire Integrated Care Board	Cohort includes children on the edge of care, exploitation or youth justice teams that are disengaged from education or those that have transitioned back to the community from the secure estate. Provision involves embedding trauma informed youth work practitioners to work with young people that have experienced trauma and adversity. The vanguard also aims to pilot psychology support, speech and language therapy and occupational therapy into partner organisations.
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North London Partners in health and care – NCL CCG	The target cohort for the vanguard is 0-25 year olds at risk of or involved in serious youth violence. Working closely with partner organisations such as LAs the vanguard aims to build a holistic and multi-level model of care, working with voluntary sector providers to co-deliver psychologically informed interventions to marginalised and vulnerable young people.
North East London Health & Care Partnership – NEL ICB	The target cohort for this vanguard is 0-25 year olds with complex needs and at risk of youth violence and/or exploitation. The vanguard focuses on providing effective and appropriate psychological support to children who are impacted or at risk of violence. The vanguard will create a multi-disciplinary community approach through engaging VCFS organisations to deliver case-management.



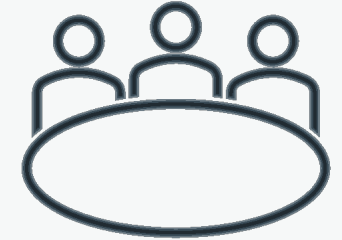
Vanguard	Description of provision
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North Mersey - Liverpool and Sefton	Target cohort includes children aged 13-19 years old who present as a risk of criminal or sexual exploitation or are missing from home or education. The vanguard aims to build on existing infrastructure to strengthen pathways and deliver a multiagency response to reduce presentations and admission to hospitals and care. This will be achieved through comprehensive trauma informed training and establishing a complex needs team to implement trauma informed recovery models to the most vulnerable children and their families.
Thames Valley Children & Young People with Complexity – Oxford NHS FT	Target cohort includes children ages 0-18 years with complex needs across multiple domains. The service will deliver a Community Liaison Framework and Provision, through a ‘hub and spoke’ model. It will build on and complement existing experience within FCAMHS and related services to ensure ongoing liaison and support to professionals, the young person and family.
Humber and North Yorkshire Children and Young People’s Trauma Informed Care Programme - Humber and North Yorkshire Health and Care Partnership	The vanguard covers a cohort of 10-19 years who are at risk of becoming first time entrants or of reoffending in the Youth Justice System. The model aims to build on existing infrastructure to strengthen pathways and collaborative working while testing new models of delivery to improve outcomes. Pilots include delivering a range of trauma informed interventions including 1 to 1 therapeutic interventions and group diversion interventions to children to prevent them becoming first-time entrants to the youth justice system.
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Surrey Building Belonging Programme - Surrey	The vanguard covers vulnerable children with complex needs ages 0-18. The ‘Building Belonging Programme’ aims to empower all families to develop healthy relationships and contribute positively to their communities, reducing exposure to risks and promoting inclusion. To deliver this vision they have developed a service model informed by the findings of the Surrey Health and Justice Scoping Project. This service model builds upon an emerging trauma-informed approach to address existing gaps in service provision and ensure that the most vulnerable families with complex needs are supported.

Progress so far!

Data reporting period April 2022 to September 2023

Framework for Integrated Care (Community) Data

39+ VCSE organisations are working in partnership to deliver the framework across all 12 vanguards.



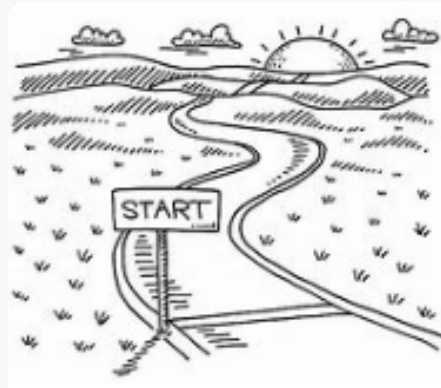
There have been **4411** referrals received, with **4111** referrals meeting vanguards criteria for acceptance.

Various training programmes have been delivered across systems to multiple agencies including **Schools, Police, Sports Organisations** and **Youth Workers**.

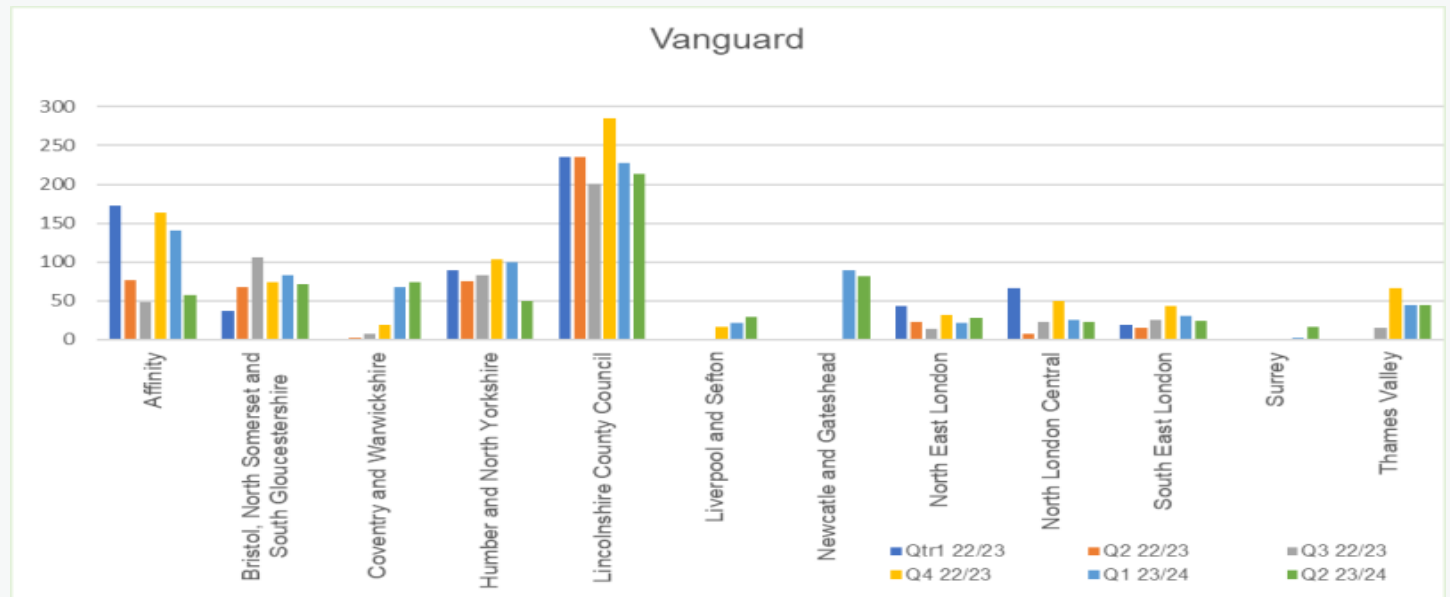


The Total Number of Referrals accepted:

4111

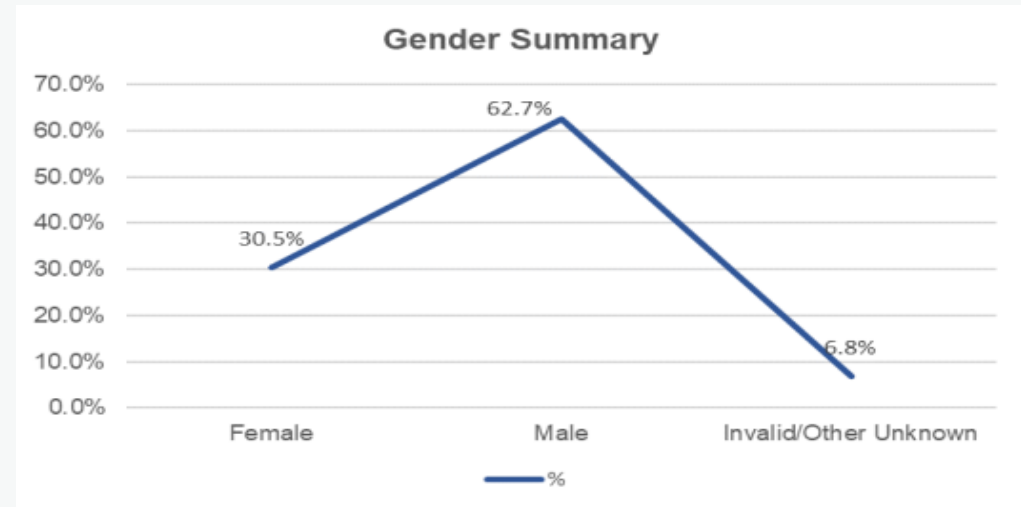
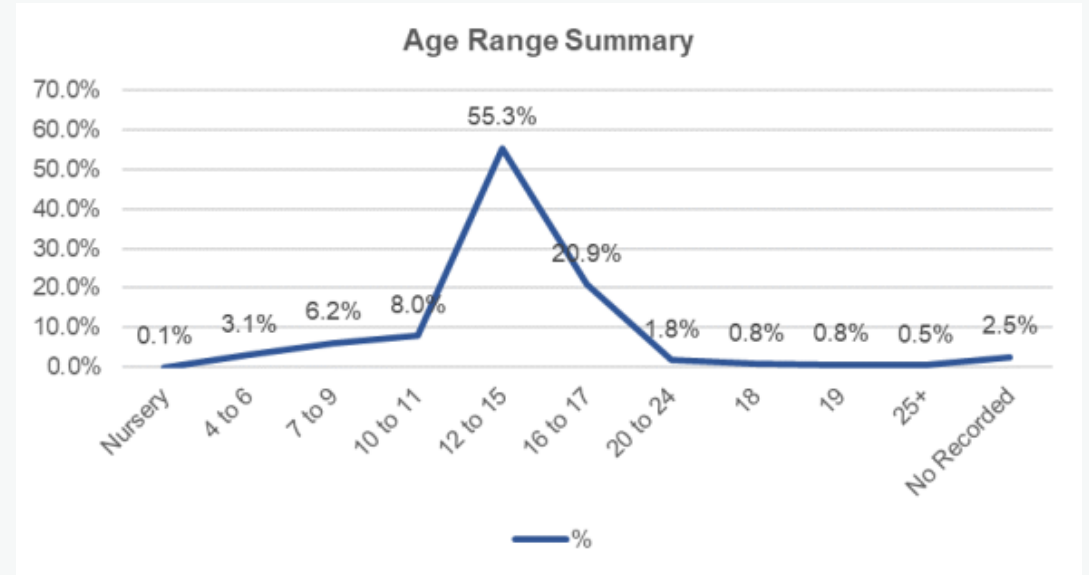


Vanguard	2022/23				2023/24		Grand Total
	Qtr1	Q2	Q3	Q4	Q1	Q2	
Affinity	173	77	49	164	141	58	662
Bristol, North Somerset and South Gloucestershire	37	68	106	74	83	72	440
Coventry and Warwickshire		3	7	19	67	74	170
Humber and North Yorkshire	90	75	83	103	99	50	500
Lincolnshire County Council	235	235	201	285	227	213	1396
Liverpool and Sefton				16	22	29	67
Newcastle and Gateshead					90	82	172
North East London	43	23	14	32	21	28	161
North London Central	66	8	23	50	26	23	196
South East London	19	15	26	43	30	24	157
Surrey				1	2	17	20
Thames Valley			15	66	45	44	170
Grand Total	663	504	524	853	853	714	4111



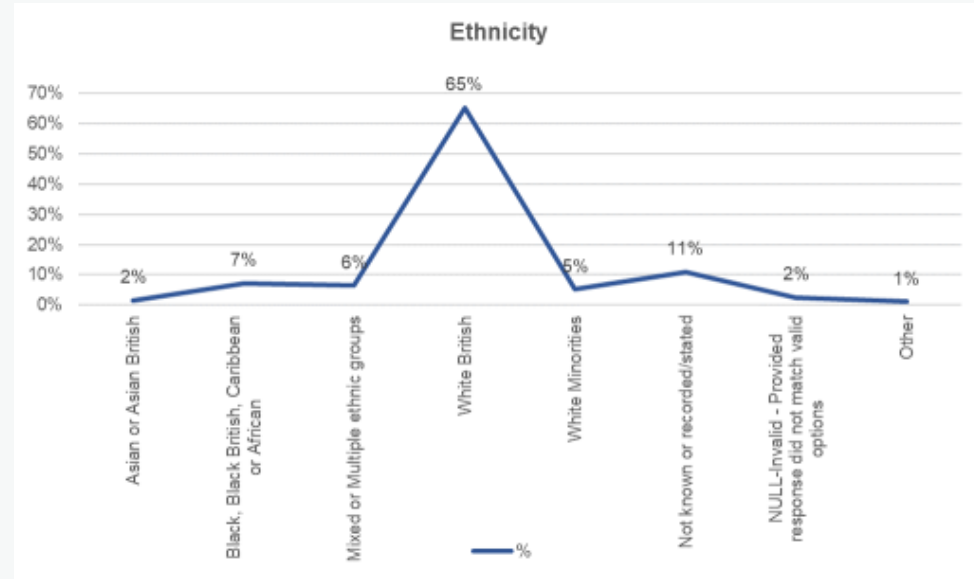
Referral Demographics

Age Group/Gender	Female	Male
Nursery	1	
4 to 6	32	96
7 to 9	52	199
10 to 11	99	210
12 to 15	795	1350
16 to 17	246	556
20 to 24	6	68
18	9	22
19	7	20
25+	3	17
NULL	3	40
Sub Totals	1253	2578
Invalid Age/Age Unknown	280	
Grand Total	4111	

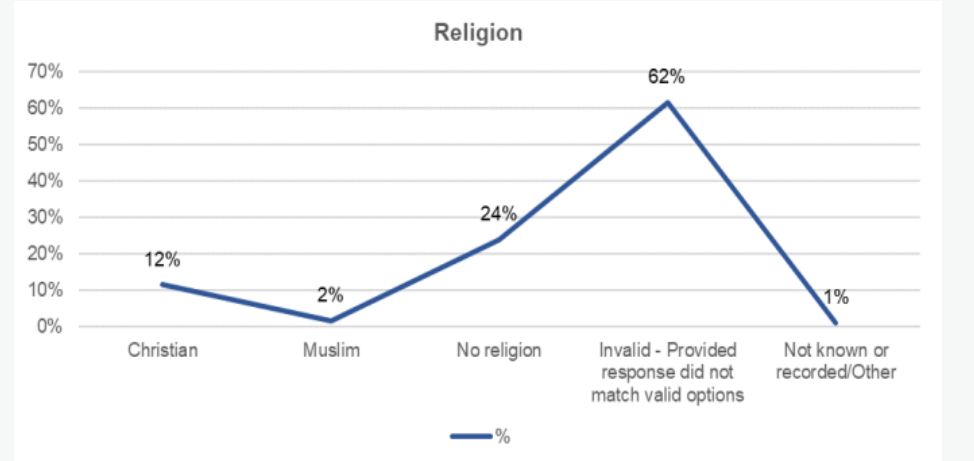


Ethnicity/Religion

Ethnicity	2022/23				2023/24		Total
	Q1	Q2	Q3	Q4	Q1	Q2	
	Apr-Jun	Jul-Sept	Oct-Dec	Jan-Mar	Apr-Jun	Jul-Sept	
Asian or Asian British	10	3	5	18	15	14	65
African	75	16	37	69	56	42	295
Mixed or Multiple ethnic groups	49	33	32	50	55	44	263
White British	402	328	327	536	584	506	2683
White Minorities	26	33	31	41	50	31	212
Not known or recorded/stated	74	76	69	107	68	56	450
Invalid - Provided response did not match valid options	21	14	20	19	13	14	101
Other	6	1	3	13	12	7	42
Grand Total	663	504	524	853	853	714	4111

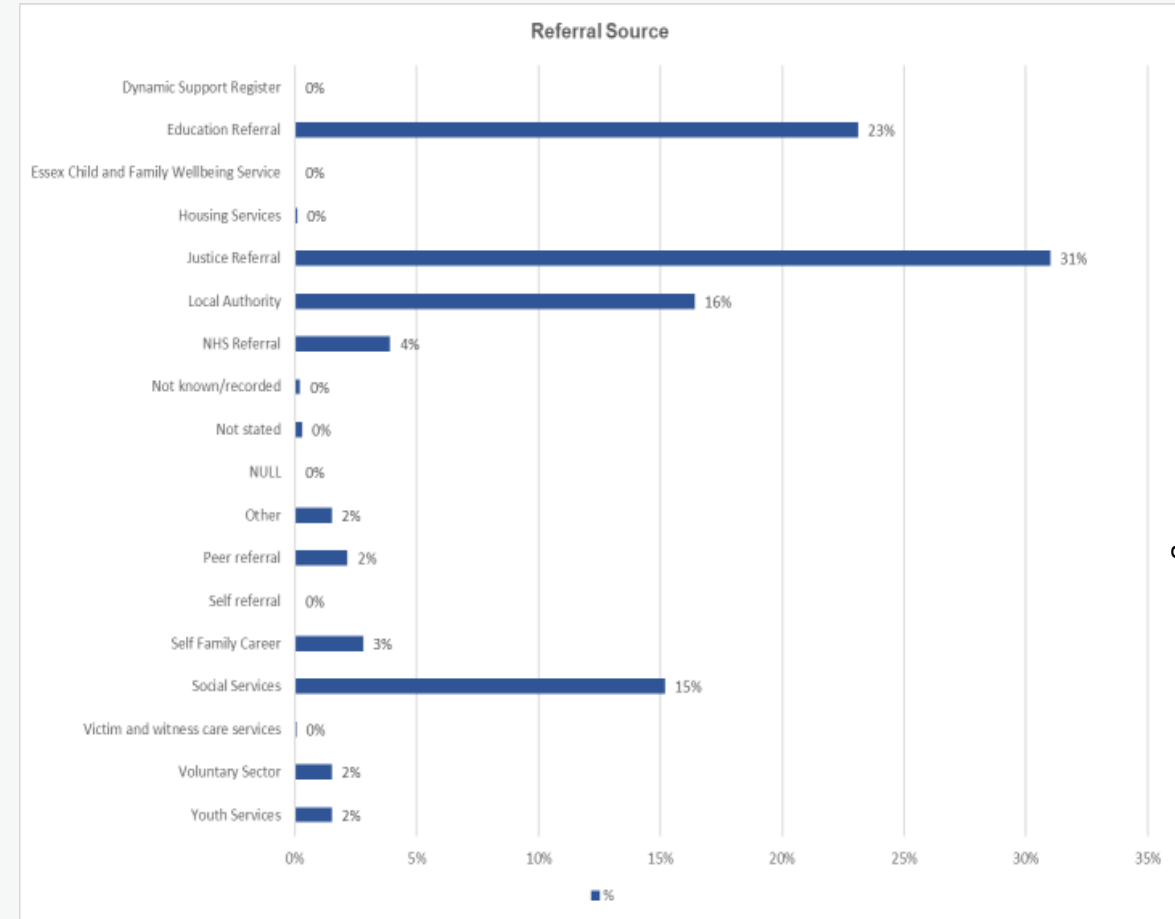


Religion	2022/23				2023/24		Total
	Q1	Q2	Q3	Q4	Q1	Q2	
	Apr-Jun	Jul-Sept	Oct-Dec	Jan-Mar	Apr-Jun	Jul-Sept	
Christian	78	63	65	100	92	77	475
Muslim	14	7	5	17	16	9	68
No religion	128	116	114	189	229	211	987
Invalid - Provided response did not match valid options	438	316	340	533	509	401	2537
Not known or recorded/Other	5	2		1	3	13	44
Other	5	2		13	4	3	
Grand Total	663	504	524	853	853	714	4111



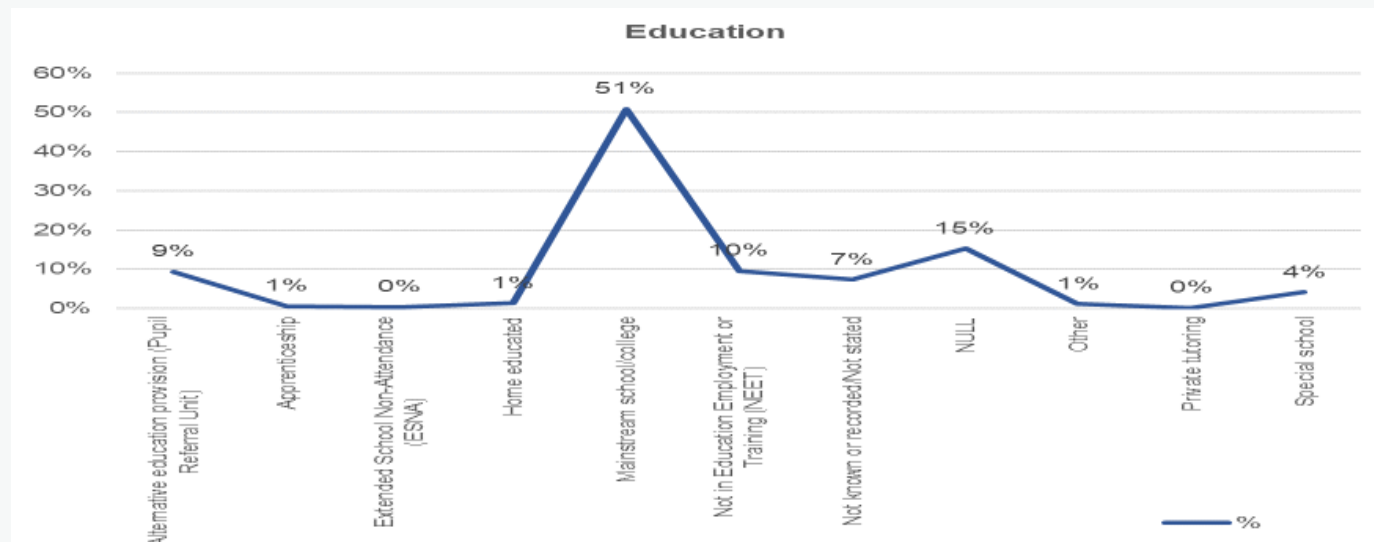
Referral Source

Referral Source	2022/23				2023/24		Total
	Q1 Apr-Jun	Q2 Jul-Sept	Q3 Oct-Dec	Q4 Jan-Mar	Q1 Apr-Jun	Q2 Jul-Sept	
Dynamic Support Register				1			1
Education Referral	190	119	118	231	202	90	950
Essex Child and Family Wellbeing Service	1						1
Housing Services	3					1	4
Justice Referral	183	208	200	228	231	225	1275
Local Authority	97	66	60	131	185	136	675
NHS Referral	12	13	20	42	39	35	161
Not known/recorded	1	1	4	2		1	9
Not stated	7	1		2	2		12
NULL			1				1
Other	5	15	5	14	10	14	63
Peer referral	25	9	12	30	12	1	89
Self referral	1						1
Self Family Career	42	9	15	21	19	10	116
Social Services	78	52	71	123	136	165	625
Victim and witness care services		1		1	1		3
Voluntary Sector	8	4	7	6	12	25	62
Youth Services	10	6	11	21	4	11	63
Grand Total	663	504	524	853	853	714	4111



Education

Education Status	2022/23				2023/24		Total
	Q1 Apr-Jun	Q2 Jul-Sept	Q3 Oct-Dec	Q4 Jan-Mar	Q1 Apr-Jun	Q2 Jul-Sept	
Alternative education provision (Pupil Referral Un	44	49	57	74	87	72	383
Apprenticeship	3	5	4	10	1	2	25
Extended School Non-Attendance (ESNA)	1		1	4	3	5	14
Home educated	5	8	6	11	7	18	55
Mainstream school/college	359	272	249	477	407	329	2093
(NEET)	59	39	43	65	97	91	394
Not known or recorded/Not stated	62	34	73	69	29	32	299
NULL	107	72	66	92	169	121	627
Other	4	1	5	8	13	13	44
Private tutoring	1	1	1	1	3	1	8
Special school	18	23	19	42	37	30	169
Grand Total	663	504	524	853	853	714	4111



Accommodation

Accommodation	2022/23				2023/24		Total
	Q1 Apr-Jun	Q2 Jul-Sept	Q3 Oct-Dec	Q4 Jan-Mar	Q1 Apr-Jun	Q2 Jul-Sept	
Acute/long stay healthcare residential facility			1	1	1	2	5
Bail/Probation hostel					1	3	4
Childrens home (Local Authority)	2		4	12	37	31	86
Childrens home (Private Sector)	1	1	1	3	7	15	28
Emergency Local Authority accommodation			1	1	1	3	6
Homeless	7	1	3	3	2	1	17
Homeless at home due to safety risk	4	1	1		1		7
Hostel			1	1	2		4
Immigration Removal Centre				1			1
Living independently	4	1	1	6	9	7	28
Living with foster carers		1	4	10	54	58	127
Living with other family members	3	2	8	23	37	48	121
Living with parents	107	91	133	193	340	342	1206
Missing from home			1	1	2	1	5
Not known or recorded	11	17	21	89	68	37	243
Not stated					6	3	9
NULL	495	386	336	481	247	126	2071
Other	8	1	1	3	1	6	20
Prison	5	1	4	7	6	1	24
Refuge	1				1		2
Secure Childrens Home				2	1	1	4
Sofa surfing	2			3	4	1	10
Squatting				1			1
Supported accommodation (by staff or caretaker)	5		2	5	14	23	49
Temporary Local Authority accommodation	7	1	1	7	9	5	30
Young Offender Institution	1				2		3
Grand Total	663	504	524	853	853	714	4111

Known Experience of Trauma

Trauma Category	2022/23				2023/24		Total
	Q1 Apr-Jun	Q2 Jul-Sept	Q3 Oct-Dec	Q4 Jan-Mar	Q1 Apr-Jun	Q2 Jul-Sept	
Assault or Violence	53	12	18	52	128	88	351
Bullying	15	11	2	15	28	15	86
Discrimination of protected characteristic	2	1	2	6	2	2	15
Emotional neglect	5	5	6	46	81	81	224
Household alcohol abuse			4	9	19	14	46
Household domestic violence	43	47	61	65	96	79	391
Household drug abuse	1	1	6	2	14	14	38
Household mental illness	7	4	5	18	21	26	81
Incarceration of a household member	1		1	4	3	1	10
NULL	505	396	379	573	374	323	2550
Other	14	10	10	13	25	19	91
Parental separation	9	16	20	27	34	29	135
Physical abuse	3		4	8	7	8	30
Physical neglect			1	2	3	3	9
Sexual abuse	3		3	11	11	4	32
Traumatic accident		1		1	4	6	12
Verbal abuse	2		2	1	2	1	8
War					1	1	2
Grand Total	663	504	524	853	853	714	4111

Intervention Key Findings



2218 (52%) of referrals have been **assigned a young persons' advocate** (Null 36%)



1441 (35%) have a **Formulation Based Care Plan** (Null 33%)



2321 (56)% have **received Advice and Consultation** with a professional (Null 38%)



43% (1753) of referral interventions are now **concluded.**

Thank You



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england.nhs.uk

Annex 3



Mental Health, Learning Disability and Autism Inpatient Quality Transformation Programme

The [NHS Long Term Plan](#) has a strong focus on expanding and improving the quality of community care for people with mental health problems, including people with a learning disability and autistic people.

As a result, more people are accessing community mental health services than ever before and there remains a real commitment to build on that progress, so that people can access timely, high-quality community support, closer to their families and loved ones.

Some people also need hospital support but the quality of the support provided to people with mental health problems, including people with a learning disability and autistic people in inpatient settings, can vary.

While many services across England provide safe, therapeutic inpatient care, our aim has to be to drive forward improvements in quality and safety across the board so that all patients experience excellent and meaningful care where staff and people they support can flourish.

In addition to positive work taking place locally, we know from learning from the safe and wellbeing reviews for people with a learning disability and autistic people and from listening to patients, families, clinicians, system leaders and other stakeholders that we need to go further to tackle some of the root causes and contributing factors and improve standards.

A new Mental Health, Learning Disability and Autism Inpatient Quality Transformation Programme was established in 2022 to support cultural change and a new bold, reimagined model of care for the future across all NHS-funded mental health, learning disability and autism inpatient settings. Central to this will be the acceleration of new models of care that enable systems to harness the potential of people and communities, within a citizenship model that promotes inclusion and respects their human rights. This programme will complement and further support our existing commitments to improve the quality of community care, and the Mental Health Act reform agenda.

This, and any related workstreams, will be co-produced with key stakeholders from across systems and especially people, families and staff. There will be specific consideration of the cultural change required to create and sustain an inpatient environment in which patients and staff can flourish, such as reducing restrictive practice. Ensuring that staff feel supported and proud of the work that takes place within inpatient settings will be key.

All mental health, learning disability and autism inpatient services for children and young people, adults and older adults are in scope of this programme, including specialised inpatient services.

In partnership with people and families, clinicians, systems, providers, partners and building on existing positive practice across the country, we will:



1. Explore and accelerate different therapeutic offers, including community-based alternatives to admission and a culture within inpatient care that is safe, personalised and enables patients and staff to flourish.
2. Have a clear oversight and support structure that is sustainable and transparent, where issues are identified early. Services that are challenged will have timely, effective, and coordinated recovery support.

The programme is underpinned by a £36 million investment over three years, and it focuses on the following themes:

Theme 1. Localising and realigning inpatient services, harnessing the potential of people and communities

- Support integrated care boards (ICBs) to have oversight of and report on use of inpatient settings for their population and understand inequalities within this.
- Co-create the long-term vision to localise and realign mental health, learning disabilities and autism inpatient services, including alternatives – and the service models underpinning them.
- Support ICBs and provider collaboratives to develop their local strategies to realign commissioned services in line with the co-created vision.
- Deploy implementation support.

Theme 2. Improving culture and supporting staff

- Co-produce the model and standards for safe therapeutic inpatient care which is trauma-informed, autism-informed and equality-focused.
- Deliver a programme of support which includes a focus on leadership and considers 'ward to board' requirements to generate cultural change alongside broader workforce development and learning networks.
- Co-produce inpatient roles that enable and sustain therapeutic inpatient care, building on good practice where it exists, and reducing administrative burden.
- Identify the longer-term workforce requirements to deliver the vision in full.

Theme 3. Supporting systems and providers facing immediate challenges

- Establish a mental health, learning disability and autism quality recovery oversight group across national and regional directorates which brings together existing support offers and identifies gaps where they exist.
- Through the oversight group, ensure the most challenged mental health, learning disability and autism inpatient units (NHS and independent sector) have an appropriate support package in place.
- Align support offers available to systems and providers facing immediate challenges in the context of the [NHS operating framework](#).
- Strengthen the metrics in the [NHS oversight framework](#) to account for mental health, learning disability and autism inpatient quality.
- Support provider collaboratives to provide quality recovery support to their local providers.

Theme 4. Making oversight and support arrangements fit for the sector

- Reset the roles and responsibilities for commissioning and assuring the quality of mental health, learning disabilities and autism inpatient care across the NHS and independent sector.
- Establish a new oversight and early warning signs framework for all NHS-commissioned mental health, learning disability and autism inpatient settings which increases patient, family and staff voice; this will focus on the causal factors of poor-quality care and align with the [Patient and carers race equality framework](#).
- Review existing data burden on inpatient services, and reduce metrics which do not clearly improve quality, ensuring measures relating to patient care and patient and staff experience are prioritised.

How success will be measured

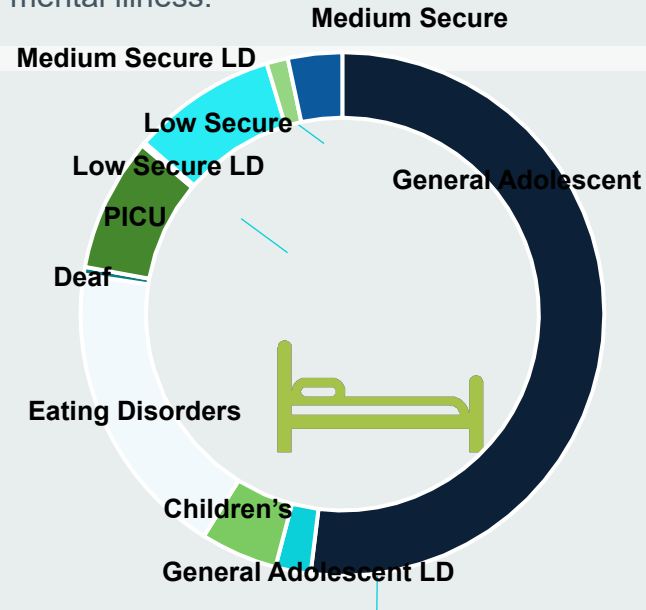
- A greater proportion of people with mental health needs, including those with learning disability or autism, will be supported in their community, in ways that promote their citizenship and human rights.
- A greater proportion of those who do need hospital support will access it closer to those who know and love them.
- Improved patient experience.
- Improved staff experience in mental health, learning disability and autism inpatient services.
- More timely, expert and co-ordinated support for services when they need it, with feedback from people, their families and staff enabling earlier identification of challenged services.

Children & Young People (Mental Health, Learning Disability and Autism) Inpatient Services

Presented by: Yvonne Carey Senior Programme
Manager NHSE QTT & Kate Brooker Independent
Social Worker NHSE QTT

Current Inpatient CYPMH Services

Tier 4 services **include both inpatient and day placement services** to provide care and treatment for CYP with a mental illness.



There are **eight non-forensic service lines** within CYP mental health services, with GAU making up half of the bed base.

Even in a non-forensic service line, someone may be admitted under the Mental Health Act 1983.

The **average length of stay** is almost 4 months.



Young people in **Learning Disability and Autism services** have an **average length of stay of almost 8 and a half months**.

Local areas are **working hard to develop and maintain admission avoidance schemes**, including crisis houses, day placement provision and strengthening community teams.



The **average daily cost** of a CYP mental health inpatient bed.



There is an **under-representation of Asian and Asian British CYP** in inpatient mental health services.



Community teams provide intensive and crisis care to young people in the community, and can support discharge from inpatient services



There is a **universal referrals form** used to access CYP inpatient services.



The national ambition is to **reduce lengths of stay** and ensure that children and young people are **cared for as close to home** as possible.



Activity levels are high, with 2,700 admissions in 2022/23, 2,600 CYP admissions in 2021/22 and 3,750 in 2020/21.



Girls are overrepresented in inpatient mental health services.

Proposed new model of care



Key Messages

To support local system with the mobilisation of service change that will enable the provision of high-quality services

Specialist expertise which follows the CYP throughout their journey offering continued and consistent support for CYP and their network

Specialist home treatment function to provide a more responsive and targeted support to enhance community provision

Meet the needs of children and young people who have a mental health need AND who have a learning disability and / or are autistic, through ensuring that the therapeutic interventions are adapted to support the mental health needs of the young person in the context of being autistic or having a learning disability.

The inpatient and specialist home treatment elements of the service should function as one team

There needs to be strong focus on maintaining therapeutic relationships with someone the children and young people have already formed a trusted relationship with.

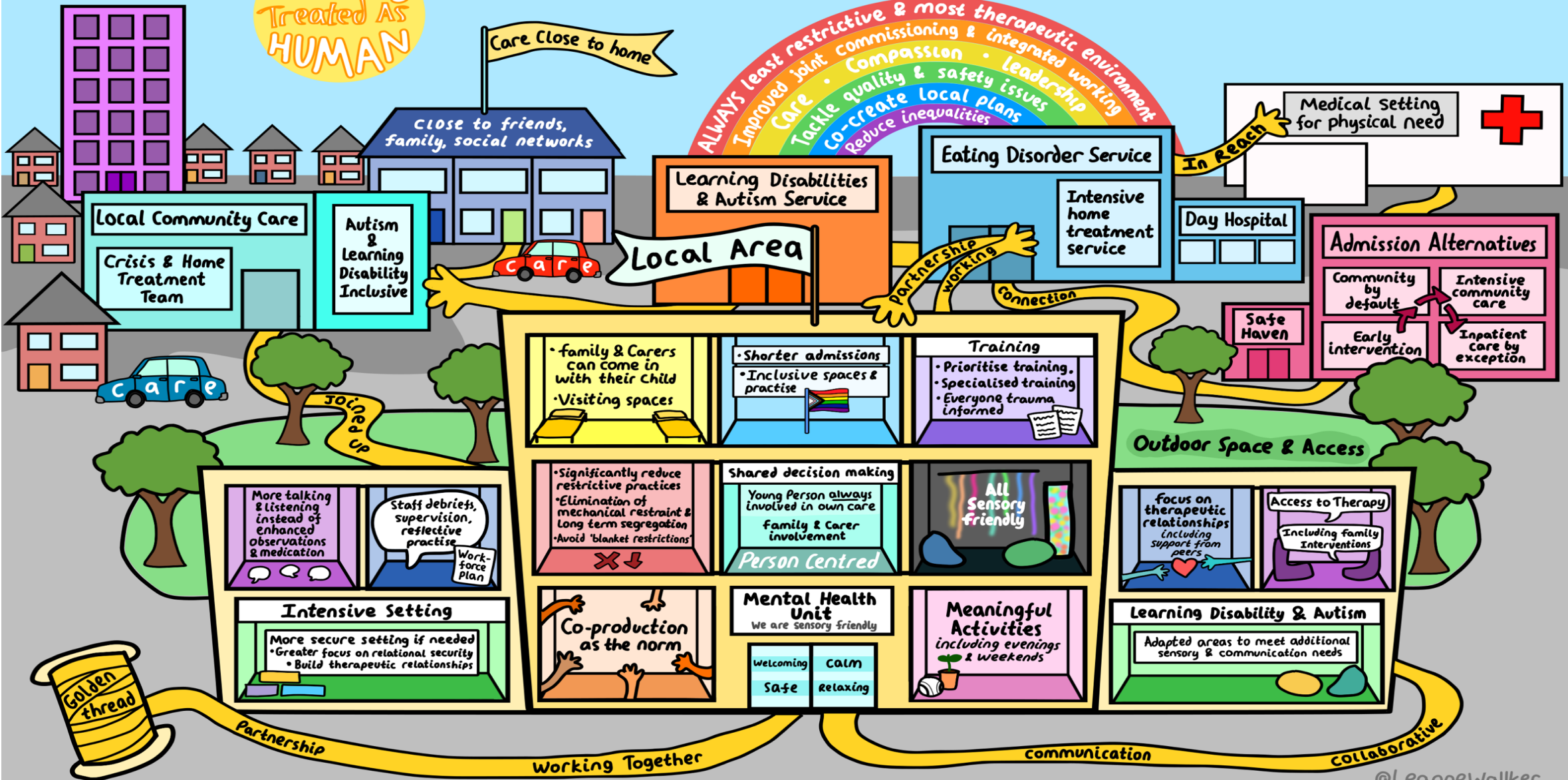
Move away from specialist expertise being located in separate inpatient services which requires frequent Out of Area care, to the specialist expertise following the child. This will enable Local inpatient centres to be aligned to the local care pathway and keep Children and Young People connected to their home and community

Need to ensure that transformed services meet the needs of every CYP who needs to use specialist services including CYP from racialized communities and those CYP with a learning disability or / and are autistic



Children & Young People Mental Health, Learning Disability & Autism Inpatient Review

ALWAYS Treated As HUMAN



Ongoing Stakeholder Engagement

When developing changes to specialised services, ensuring all stakeholders have the opportunity to be involved and contribute their views is vital.

The Clinical Reference Group stakeholder lists enable this to happen.

Registration is open for all, including patients, carers, voluntary sector partners, clinical staff and provider organisations working in specialised services.

Registered stakeholders are kept informed of relevant updates and are also invited to comment on draft documents and take part in consultations.

If you would like to continue to receive updates and contribute to the CYP service specification development, please register as a stakeholder by following this link:

<https://www.engage.england.nhs.uk/application/crg-stakeholder-reg-april-2019/>

(You can register as an individual or and organisation)

Any Questions?

Effective SEND system research

Purpose of Report

For information.

Summary

To receive an update on the LGA/CCN-commissioned research on the shape of an effective SEND system.

LGA Plan Theme: Putting people first

Recommendations

That the Board

- a) **Note the work undertaken by the Isos Partnership on this project to date; and**
- b) **Provide feedback on the findings to date and proposed next steps.**

Contact details:

Contact officer: Clive Harris

Position: Senior Policy Adviser

Phone no: 0207 664 3207

Email: clive.harris@local.gov.uk

Effective SEND system research

Background

1. In March 2023 the Department for Education published the [SEND and Alternative Provision improvement plan](#), which proposes significant reforms to the systems that support children and young people with special educational needs and disabilities.
2. While the LGA welcomed many of the proposals set out in the improvement plan, we raised concerns that they did not address the fundamental cost and demand pressures in the existing system or give councils the powers to lead local SEND systems effectively to ensure that the needs of all children and young people with special needs can be met.
3. Local Government Association (LGA) and County Councils Network (CCN) members have expressed similar concerns regarding the efficacy of the improvement plan proposals and we have therefore commissioned the Isos Partnership, an independent consultancy, to test this hypothesis in discussions with councils and partners and then develop a series of alternative policy proposals, that, if implemented, would ensure the needs of all children with SEND can be met within existing budgets.
4. Work on this project commenced in October 2023 and Isos colleagues will be attending the Board to provide an update on the work undertaken to date, developing policy recommendations and next steps. A short slide deck, summarising this work, is attached at **Annex 4**.

Implications for Wales

5. Special Educational Needs and Disability policy is a devolved issue and the findings of the research, and the LGA's on-going SEND policy work applies to councils in England only.

Financial Implications

6. There are no financial implications for the LGA arising from this report.

Equalities implications

7. The Board will want to consider the impact of this research on equality, diversity and inclusion.

Next steps

8. Officers will take account of the views and feedback from Board members as the final report and recommendations are developed.

Annex 4

What does a financially sustainable system that meets the needs of children and young people with SEND look like?

Summary of initial headline findings and potential proposals
Presentation to the LGA CYP Board
23 January 2024



How we have approached the project

Three phases

Phase 1: Developing our analysis and evidence-gathering tools
(September 2023)

- Developing initial analysis of current SEND system and Government's improvement plan.
- Scoping SEND arrangements in other jurisdictions.
- Developing research tools.

Phase 2: Evidence gathering
(October-December 2023)

- Fieldwork interviews in 12 local areas.
- Interviews with national stakeholders – policy-makers, education, health, care, and SEND sector.
- Online survey of all local areas.

Phase 3: Developing and testing proposals
(January-March 2024)

- Testing key messages and proposals via roundtables with project participants.
- Collate key findings and proposals in final report.
- Present key findings at relevant fora.

Our three research themes

We have used these themes to structure our findings

Theme 1: Root causes of challenges in the SEND system

What are the root causes of the challenges seen in the SEND system that need to be addressed in order to have an effective, sustainable SEND system?

Theme 2: Views of the “Improvement Plan”

Does the Government’s improvement plan for SEND adequately address the fundamental challenges in the system?

Theme 3: What else is needed to achieve an effective and sustainable SEND system?

(If the Government’s improvement plan does not do enough to address these fundamental issues) **What are the key policy proposals that would address the fundamental issues and deliver an effective, sustainable SEND system?**

Three overarching messages from our evidence gathering so far

1

Reform of SEND policy / arrangements (and other policies / arrangements that relate to young people with SEND) is essential ...

SEND arrangements are not working – the 2013 reforms have not delivered better outcomes, a less adversarial system, financial sustainability. Strong view that the system is incentivising the wrong outcomes – should focus on inclusion, preparing for adulthood.

2

... and urgent.

The issues within the SEND system are unavoidable (choice of when, not if, reform is needed) and existential (costs and cumulative deficit continues to rise; risk of increasing numbers of councils becoming insolvent if issues not addressed.)

3

The root causes are systemic in nature – national reform is required.

Must acknowledge poor practice (of which there are many examples). Equally, avoid blaming individual actors – local government, schools, health service, parents. All reacting to a system that incentivises the wrong things. Addressing these requires fundamental national reforms that foster partnership between professionals and families.

Theme 1: What are the root causes of challenges within the SEND system?

The root causes of challenges in the SEND system are systemic in nature and inter-linked, creating a vicious circle.

#1. The volume challenge

- ❑ Evidence of growing need, especially complexity – (a) autism, (b) SEMH, (c) SLCN. Plus other needs – deprivation, pandemic.
- ❑ Volume challenge being driven by increase in demand pressures – (a) within the SEND system (EHCPs, age-range, lack of EHC join-up); (b) “perfect storm” (national rhetoric re: inclusion; policy for mainstream schools and EY; austerity + reduction in other services.)
- ❑ Consequence = loss of confidence in SEN support, mainstream ed.

#2. The decision-making challenge

- ❑ Misalignment of responsibilities, powers and drivers of demand.
- ❑ Flaws in statutory framework – definition of SEN; EHCNA test.
- ❑ Misnomer of “EHCP” – majority are education plans; suck resource out of system, but do not alter environment and practice.
- ❑ Dispute resolution – distorting effect of Tribunal; law is a blunt instrument for making decisions on a child’s development.
- ❑ Lack of joint responsibility across education, health and care.

#3. The market challenge

- ❑ LA as commissioner for SEND provision, but lacks powers to shape a continuum of support to meet local need – lack of levers to shape new and existing provision, reactive use of independent sector.
- ❑ The role of the independent sector can exacerbate challenges within the system – poor regulation, “seller’s market”, inequitable.

NB Distinct sets of challenges in early years (sector structure, workforce) and post-16 (place-planning, transitions).

Theme 2: Does the improvement plan adequately address these fundamental challenges?

The consensus was that the proposals set out in the improvement plan will not address the fundamental issues in the system and deliver the transformational change required.

We heard some very strongly critical views about the improvement plan ...

'A joke.' (Council DCS) | *'[Will it address the fundamental challenges?] Absolutely not.'* (Council DCS) | *'Will it help us in the next 5 years? Absolutely not.'* (Council AD) | *'Not going to deliver transformational change.'* (Council AD) | *'The plan is rhetoric, the substance to deliver it is vulnerable. ... It is no good developing a direction of travel ... if it does not have an infrastructure behind it.'* (Nat org) | *'No point doing this now without legislative changes.'* (Nat org) | *'In a word, "no" – changing existing system, making administrative change; not changing the culture. Cultural change only come from DfE – cannot change system by making LAs do things differently.'* (Council AD)

... along with some more sanguine assessments of elements of the plan

Some elements of the plan are positive and worth keeping – (i) standardization of EHCPs, digital; (ii) national standards, workforce; (iii) inclusion partnerships and plans.
... **but**, (a) timescales (waiting until 2024-25; no “stepping stones”); (b) lack of clarity in plan.
... **plus, many proposals are things most local areas doing already – partnership, plan, panels.** *'Partial ... just tinkering at the edges.'* (National organisation) | *'Nothing major to disagree with, but it is not addressing the fundamental question.'* (HT)

Overall, the view was that it is not going to deliver the transformational change needed

It is not going to deliver the transformational change needed –

- does not do enough to strengthen mainstream inclusion;
- does not alter the underlying misalignments and incentives in the system; and
- teeth – *'unless there are teeth behind the good intentions, it will make little difference'*.

Similar view of Delivering Better Value in SEND, Safety Valve – the focus and rigour may be useful to some local areas, but not addressing the fundamental challenges in the national system. *'Will it help us determine a set of things we can do, and give us some pump-priming? Yes. Will it makes us an affordable LA? No it bloody won't.'*

Theme 3: What is needed to address the fundamental issues and deliver an effective, sustainable system?

Nothing short of fundamental reform at national level, relating not only to SEND policy but also wider education, health and care policy, is needed to address the challenges in facing the SEND system.

#1. Reframe the overall principle, vision and purpose of the education system, and SEND within that. Focus on principle of inclusion of all children in local communities, presumption that needs are met within local mainstream education, and preparing young people for adult life (healthy, independent, in employment, included in community).

#2. Fundamental reform of mainstream education (early years and schools) – national expectations of inclusion; breadth of development pathways, curriculum, qualifications; strengthen SEN support and make it tangible; wraparound support (health, care, inclusion); workforce development. (NB Distinct challenges in early years and post-16.)

#3. System-wide programme of workforce development and continuing professional development – build understanding of SEND, specific needs and inclusive practice into initial training, CPD, professional qualifications for key education, health and care staff. Develop professional standards, qualifications, supervision for LA SEN professionals.

#4. Fundamentally reappraise the purpose of statutory plans – create stronger universal offer in mainstream education, and refocus resources on universal / targeted cohort interventions. Reconsider the additionality offered by statutory plans, their role in a future system, and when they should be offered.

#5. Rethink the age-range extension – avoid moving the cliff-edge back to 19-25. Instead, need a clearer view of when EHCPs should cease, and routes beyond this – (a) stronger pathways to foster effective transition from education to further education / employment / preparing for independence at 18/19, (b) transition to adult social care.

#6. Reform the system for dealing with disputes in the SEND system – maintain independent body for reviewing process for reaching decisions (and ensure this covers all aspects of the SEND system – not just LAs, but schools, settings). Create practitioner / sector body to consider content of decisions – emphasis on expertise, not law.

#7. Reform the role of LAs and ICBs, aligning decision-making responsibilities with powers to influence practice and shape provision – LA as true commissioner of HNB, with powers to convene partnerships and develop local continuum of support, strategic commissioning. Alignment with NHSE and ICBs – roles and responsibilities. Mandate DSCO role.

#8. Reform the independent market – stronger regulation, and no profit-making from independent provision. Parameters around use of independent provision, to ensure strategic (as opposed to reactive / directed) use. National framework on rates to avoid fee inflation.

Children's social care and early help practice guides

Purpose of Report

For discussion

Summary

As part of its children's social care reform programme the Department for Education has commissioned Foundations – the What Works Centre for Children and Families to produce Practice Guides to set out what the evidence says about how to achieve the outcomes in the Children's Social Care National Framework. Practice Guides will summarise the available evidence as to what works to improve children's outcomes, to support senior leaders and commissioners in councils to develop appropriate services for their communities. Today's session is an opportunity to hear more about the guides and offer feedback as to what councillors and councils would find most helpful to support improvement in children's social care.

LGA Plan Theme: Putting people first

Recommendation(s)

That the Board provides feedback to the Foundations What Works Centre on what would be most helpful in the new practice guides to support children's social care and early help services.

Contact details

Contact officer: Louise Smith

Position: Senior Adviser – Children and Young People

Phone no: 07464 652769

Email: louise.smith@local.gov.uk

Children's social care and early help practice guides

Background

1. The Independent Review of Children's Social Care 2022 recommended the introduction of 'Practice Guides' to highlight the best available evidence to achieve key objectives.
2. The Department for Education accepted this recommendation in its response to the review, outlining in its children's social care implementation strategy [Stable Homes, Built on Love](#) that:

Practice Guides will support leaders and practitioners to embed the Children's Social Care National Framework. They should provide a useful tool for all those working with children and families, distilling the best available evidence on important practice issues into key ideas and recommendations. Practice Guides will both help leaders to commission and design services and support practitioners to plan and deliver help for children and families.

Practice Guides will draw on a range of available sources of evidence, from robust, well-conducted experimental evaluations to systemic reviews, qualitative research, and practitioner and service user insights. They will be based on a clear set of evidence standards and a set of criteria for assessing the strength of evidence behind different approaches or interventions. Recommendations will be transparent about the evidence that sits behind them.

Practice guides

3. In December 2023, the Government published the [Children's Social Care National Framework](#), statutory guidance on the purpose, principles for practice and expected outcomes of children's social care. The Framework specifies the following outcomes that children's social care should achieve for the children, young people and families they support:
 - 3.1. Outcome 1: children, young people and families stay together and get the help they need
 - 3.2. Outcome 2: children and young people are supported by their family network
 - 3.3. Outcome 3: children and young people are safe in and outside of their homes
 - 3.4. Outcome 4: children in care and care leavers have stable, loving homes.
4. Foundations - the What Works Centre for Children and Families (formerly the What Works Centres for Children's Social Care and Early Intervention) has been commissioned to develop Practice Guides setting out how to achieve these outcomes.

5. The practice guides will include information on:
 - 5.1. What works
 - 5.2. Why and how it works
 - 5.3. Who it works for
 - 5.4. Barriers to and enablers of implementation
 - 5.5. Perspectives of beneficiaries
6. The guides will include both national and international evidence alongside recommendations for senior leaders. They will be aimed at commissioners and senior leaders rather than practitioners, though evidence for practitioners will be highlighted where it exists. Cost-benefit analysis for programmes will be included where this has been sufficiently well-evidenced.
7. The first practice guides will focus on those areas where evidence is strongest, with the first three guides looking at:
 - 7.1. Support for kinship carers and children
 - 7.2. Parenting interventions where the child is up to the age of 12
 - 7.3. Mentoring and befriending for children who are care experienced and/or at risk.
8. Foundations will attend today's Board meeting to update councillors on the development of the practice guides and to receive feedback on what councillors would find most useful in these guides to support improvement in children's services.
9. Members may wish to consider the following questions ahead of the session:
 - 9.1. Do you use any similar guidance at the moment? If so, how do you use it?
 - 9.2. How do you currently approach thinking about the effectiveness of support offered to children and families in your local area?
 - 9.3. Is there anything that would be helpful for councillors to have alongside the Practice Guides to support them in their role?
 - 9.4. How can Foundations work with councillors to encourage the use of Practice Guides in their local areas?

Implications for Wales

10. The evidence compiled in the Practice Guides will be applicable to Welsh as well as English authorities.

Financial Implications

11. None.

Equalities implications

12. The Practice Guides will consider issues around equality including evidence where available as to differences in effectiveness of different interventions for different groups.

Next steps

13. Feedback provided by the Board will be considered by Foundations as it develops the Practice Guides, to ensure that these are as helpful as possible for local authorities.