



## REPORT FOR THE CHILDREN AND YOUNG PEOPLE'S TRUST EXECUTIVE GROUP

<b>Date of meeting:</b>	12 <sup>th</sup> September 2019
<b>Report Title:</b>	Joint Targeted Area Inspections (JTAI) on how agencies are identifying and responding to children with mental ill health – September 2019.
<b>Author:</b>	Name: Mel John-Ross Job Title: Service Director, Children's Social Care & Safeguarding E-mail: <a href="mailto:melaniejohn-ross@barnsley.gov.uk">melaniejohn-ross@barnsley.gov.uk</a> Telephone: 01226 773665
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<b>Approved by:</b>	Mel John-Ross

<b>1.</b>	<p><b>Introduction</b></p> <p>On the 17<sup>th</sup> July 2019 Ofsted published guidance for Inspectors for a new series of joint inspections focusing on children's mental health.</p> <p>New inspections will examine how local services respond to children living with mental ill health, including:</p> <ul style="list-style-type: none"> <li>•Local authorities</li> <li>•Schools</li> <li>•The police</li> <li>•Youth offending teams</li> <li>•Health professionals</li> </ul> <p>The series of 6 joint targeted area inspections (JTAI) involving Ofsted, Care Quality Commission (CQC), HMI Constabulary and Fire &amp; Rescue Services, and HMI Probation will begin in September 2019. The inspections will include an evaluation of 'front door' services and how agencies are identifying and responding to children with mental ill health.</p> <p>Inspectors will also undertake a deep dive inspection of how agencies assess and support the mental health of children aged 10 to 15 years old who are subject to child in need or child protection plans, or are a looked-after child.</p> <p>JTAIs look at how effectively agencies are working together in their local area to help and protect children. Each set of joint inspections evaluates the multi-agency response to a particular issue or theme.</p> <p>The findings from each inspection are published in a letter to local partnerships, clearly setting out what they are doing well and what they need to do to improve.</p> <p>When all 6 inspections are complete, an overview report will be published to highlight learning and good practice on the theme of children living with mental ill health.</p> <p>The guidance sets out how the inspections will work in practice.</p>
<b>2.</b>	<p><b>Mental Health of Children and Young People in England</b></p>

In 2018, NHS Digital published statistics about the mental health of children and young people. It found that:

- In the last survey carried out in 2014, one in 10 children aged five–15 had a mental health disorder (emotional, behavioural, hyperactive or other). In 2017, this had risen to one in nine
- for children and young people aged five–19, one in eight (12.8%) have at least one mental disorder
- this change was largely driven by an increase in emotional disorders (including anxiety and depression), which for five–15-year-olds rose from 3.9% in 2004 to 5.8% in 2017
- Across the group of five–19-year-olds, around one in 12 (8.1%) reported an emotional disorder.

The report found that one in four children with mental ill health accessed specialist mental health services in the previous year. Children were much more likely to have accessed other support available. For example, they were more likely to seek online support, help from family or friends, and/or professional support from teachers or primary care professionals.

Around half of all people who have a mental health problem at some point in their life will experience their first symptoms before they are 14 years old.

The deep dive aspect of the JTAI will evaluate the experience of children on child in need and child protection plans, and children in care who have mental ill health. It will focus on children aged 10–15 years.

Inspectors will use the unique joint-agency methodology to focus on how agencies work collaboratively with partners to identify children experiencing mental ill health and how they intervene early to support these children when problems arise.

Partners may be working with children who are awaiting a service or having difficulty accessing the right support. Inspectors will be interested in how they provide ongoing support to these children and their families, and the impact on children of delays in accessing services.

Inspectors will look for examples of good practice in how partners work collectively to provide support to prevent deterioration in mental health and promote good mental well-being and resilience.

This JTAI is an opportunity to examine how leaders in the partnership work together to understand the needs of children in their local area who have mental ill health.

Inspectors will look at how we commission and evaluate services, so that children and their families have access to the right support at the right time.

### **3. JTAI – Methodology**

The JTAI will provide a deep dive investigation into how local services respond to children and their families when children are living with mental ill health. Inspectors will track and sample the experiences of children and young people. Tracking is an in-depth, ‘end-to-end’ look at the experiences of between five and seven children who are living with mental ill health and in receipt of multi-agency services.

Sampling is a more targeted look at the experiences of a greater number of children, focusing on points in their journeys. Sampling will focus on the children with early signs of, or who are living with, mental ill health when there is multi-agency and single-agency involvement.

Guidance on tracking and sampling is in the inspection framework and guidance

### **JTAI - Scope**

The scope of these inspections includes children who professionals have identified concerns about and possibly have early signs of mental ill health, as well as those children who are living with mental ill health and those who have a formal mental health diagnosis.

The JTAI will evaluate agencies' responses to all forms of abuse, neglect and exploitation as well as evaluating responses to children living with mental ill health. This means that the sample will include:

- children who professionals have identified as having early signs of, or who are living with, mental ill health who will also have been identified as at risk of abuse, neglect and exploitation
- children who professionals have identified as having early signs of, or who are living with, mental ill health who have not been identified as at risk of abuse, neglect and exploitation.

### **JTAI – Evaluation**

inspectors will evaluate the extent to which:

- Professionals and support staff are well trained, confident and knowledgeable. They have the required skills and are able to talk to children about their emotional health and well-being
- Agencies share information effectively and work together to identify children who display signs of mental ill health, intervene to ensure that children get the right help at the right time and monitor the impact of interventions so that their needs are met
- Children living with mental ill health, who are at risk of harm as a result of their mental ill health or at risk of abuse neglect and/or exploitation, receive the right help and, when appropriate, protection through applying appropriate thresholds for support, protection and intervention
- The impact of mental ill health on children is reduced because they and their families can access a sufficient range of local services, including specialist therapeutic help that improves children's emotional well-being and safety
- Children with mental ill health experience a child-centred approach from all professionals. Any risks to them and their needs are assessed holistically and effectively and are responded to appropriately. Assessments consider the child's mental ill health in the context of the child's narrative, the family history and an understanding of wider systems. This takes account of resilience and positive factors in addition to risks, concerns and/or needs of the child and the family.
- Planning for children is comprehensive and integrated and covers all aspects of the child's needs, including their mental health needs, and plans are regularly reviewed
- Professionals supporting children with mental ill health contribute to multi-agency plans to support children's care and treatment. This includes health and care staff, and the voluntary and community sector commissioned to provide mental health services for children
- All professionals have a clear understanding of how the behaviour of parents and carers affects children. They assess strengths and risks in parenting and the extended family as well as in the child's wider environment. They understand when parents need support to be able to meet the needs of a child with mental ill health but also when changes in parents' and/or carers' behaviour, or risks in the wider environment, mean a different approach is required. Timescales for change are based on the child's needs and progress is closely monitored
- Families and carers are given timely support to enable them to safely help the children who are experiencing mental ill health. This includes foster families and staff who support children in residential placements
- Professionals challenge each other appropriately to ensure good practice. This includes access to reflective supervision and, when appropriate, clinical supervision
- Children and their families feel that their views have been heard and this leads to

	<p>improvements in the help and support that they receive</p> <ul style="list-style-type: none"> <li>• The police work in partnership with other agencies to appropriately identify children living with mental ill health and refer children to appropriate services and professionals. They have access to specialist advice and support that results in children receiving timely and effective assessments of their mental health</li> <li>• Decisions made by the police are appropriate and based on a full understanding of risk and needs. This includes when a child is suspected of committing a criminal offence</li> <li>• Youth offending services work in partnership to appropriately assess and respond to the needs of children who have mental ill health. They have access to specialist advice and support and a clear referral pathway to relevant services, including if the child is vulnerable and/or if they present a high-risk of serious harm to others</li> <li>• Schools have systems in place to help identify children whose mental health may be deteriorating or who are suffering mental ill health. They make timely referrals to early help or specialist mental health services and to children’s social care when appropriate. Children receive support within the school and/or from external agencies to meet their needs</li> <li>• Schools contribute to inter-agency working to improve outcomes for children who are on child in need or child protection plans, or are children in care, and who have mental health needs. This includes contributing to a coordinated offer of inter-agency planning to meet the range of risks and needs of these children</li> <li>• Leaders and managers: <ul style="list-style-type: none"> <li>– know and understand the mental health needs of the children in their area.<sup>12</sup> This leads to effective commissioning and evaluation of provision, including early help to meet children’s needs and to improve the help and support provided to children and their families</li> <li>– recognise the challenges involved in responding to children’s mental health needs and provide effective support, training and challenge to practitioners and promote continuous improvement in services</li> </ul> </li> <li>• The roles and responsibilities of support staff are identified, and the training and support they receive meets their needs and impacts positively on the quality of service delivery</li> </ul>
<p><b>4.</b></p>	<p><b>Recommendations</b></p> <p>That TEG considers the imminent JTAs on children’s mental health and provides assurance that member agencies are ready for a possible joint inspection.</p>
<p><b>5.</b></p>	<p><b>Appendices</b></p> <p>‘Guidance for joint targeted area inspections on the theme: children’s mental health A ‘deep dive’ theme for joint targeted area inspections’; Ofsted (July 2019)</p>