The research summaries this month look at participation and co-production including:

- The co-production of a music-based intervention with excluded young people
- Learning from the Barnardo’s Participation Project about involving disabled children and young people in policy planning
- Parents’ experiences of taking part in one research project: sometimes distressing but helpful.
- Challenges and lessons from a youth participation project in an Australian mental health organisation.

Policy and report highlights this month

- Rethinking Children’s Services: a collection of essays.
- The NSPCC has published a suite of resources to help improve the quality of serious case reviews (SCRs).
- The first report published by the Children’s Mental Health Commission, CentreForum.

Related resources by Research in Practice

- Voice of the child: Evidence Review
- Attachment: Frontline briefing
- Adolescent mental health: Frontline briefing
- That Difficult Age: Developing a more effective response to risks in adolescence: Evidence Scope
- Communicating effectively with children under 5: Frontline briefing
- Communicating Effectively with Children Under 5: Webinar recording
- Communicating effectively with children: In-house workshop
- June 2016: Communicating with children and young people with developmental delay, communication difficulties and disabilities: Frontline Briefing
- System redesign with young people’s voices centre stage: Blog by Louise Bazalgette from NSPCC and Jake Garber from DfE’s Innovation Unit
- Evaluation tools and guides including:
  - Embedding the Voice of Children and Young People in Service Evaluation: Evaluation Tool
  - Ethics for research with children, young people and vulnerable adults
Related resources by others

- SCIE resources on co-production in social care: What is it and how to do it
- Children's participation in decision-making: a children's views report by the Office of the Children’s Commissioner
- Participation work by the Office of the Children’s Commissioner with young children and their families aimed at reducing the impact of low income
- Children and young people giving feedback on services for children in need: ideas from a participation programme by the Office for the Children’s Commissioner
- Achieving emotional wellbeing for looked after children: a whole system approach by the NSPCC
- Learning from the Relationships Matter project, challenging and promoting continued relationships between practitioners and care leavers
- The Department for Education has recently published the user journey mapping research report and website.
- An evaluation of the impact of children’s participation on The Children’s Society and its stakeholders
- Emerging learning from the Council for Disabled Children Learning and innovation programme including promising practice around co-production
Youth affected by street gangs and those at risk of offending often have high levels of unmet mental health needs. Multiagency and multicomponent interventions seem most promising for meeting those needs (Hodgkinson et al, 2009; McMahon, 2013) but provision by local authorities and third sector organisations can be inconsistent and time-limited due to variable funding, and mental health components can be missing.

There is a gap between statutory mental health services offered in the community and their take-up by these ‘hard-to-reach’ young people (Walsh et al, 2011). This may be partly explained by the use of an appointment-led approach to mental health provision, which creates barriers for excluded young people – from geographical barriers such as neighbourhood territories to psychological barriers, such as mistrust of professionals (Flanagan and Hancock, 2010).

The Music and Change Project

The two-year Music and Change (M&C) project aimed to bridge the service gap for this group, focusing on building a trusted relationship between a keyworker and a young person. Attachment and mentalisation-based theory informed practice and understanding of young people’s behaviours and mental health issues. Project development was ‘bottom-up’ rather than ‘top-down’, based on principles of strengths-based co-production with ‘little predetermined content, structure and processes’.

The project took place in an inner-city, high-density housing estate, targeted at young people aged 14–25 not engaged in education, employment, training or youth services (other than the youth/criminal justice system) and at a high risk of offending or reoffending. Young people were identified through informal outreach and participatory methods – spending time where young people gathered (eg the local takeaway), building relationships with the local youth centre and by being identified as gang-affiliated through a relevant multiagency panel and self-reporting by young people. Mental health concerns were not in the inclusion criteria; staff informally assessed young people’s needs throughout the intervention. Young people were able to self-refer by attending activities and often brought their peers along with them, which was actively encouraged. Exact demographic data were not known for all young people because they reported that such data collection was a barrier to coming.

Young people wanted the sessions to focus on music skills (DJ-ing and lyric-writing) as a vehicle for building relationships with staff and receiving support with a range of needs. Other professionals eg, a housing advisor, were invited to come and provide support around music sessions. Over time, as relationships with practitioners grew, young people
became willing to explore their emotional experiences more deeply, especially if they could see a link to achieving their occupational and financial goals. Young people then met practitioners individually outside of music sessions.

The authors opted to use an ethnographic approach to understand young people’s experiences of the project and to work with the fluidity of the population involved. Interviews and conversation with young people, stakeholders and staff were drawn on, with some of the young people acting as research consultants.

Findings

Young people viewed the following features of the project as being key to encouraging them to respond effectively, mirroring other findings (eg Hodgkinson et al, 2009; Pitts, 2008):

- trusted relationships
- responsive, flexible and relevant
- local and safe
- peer- and youth-led
- holistic in approach
- creating contextual change.

One young person attributed the success of the project to receiving support from a trusted adult:

_I’ve known Lisa for over a year now and I’d prefer to speak to her if I’ve got any problems than go to someone I don’t know in some weird building._

The co-production process and the peer-and youth-led nature of the project were of paramount importance. Practitioners quickly learnt that once young people trusted the project, their appetite for bringing their friends along, gaining experience and utilising their skills and knowledge was huge. Practitioners coined the term ‘street therapy’ for the practice of taking any opportunity to explore young people’s internal experience and build reflective and empathic capacity, while drawing on clinical formulations and practice. In addition to these therapeutic benefits, young people valued having leadership roles (as volunteers or employees eg Head of Music) within the project and having control of their own and their peers’ inclusion in the sessions, resisting professional referrals or requirements. This seemed to enable young people to engage with the project in a non-stigmatising way, helping keep them safe in terms of gang affiliations, allowing them to feel more ownership of neighbourhood issues and gain self-efficacy.

Research in Practice has a number of resources on attachment including a briefing and recorded webinar as well as an additional webinar on the NICE guideline – Children’s attachment: attachment in children and young people who are adopted from care, in care or at high risk of going into care.

We also offer an in-house workshop on Adolescent mental health and the role of mentalisation.
References


Barnardo’s Participation Project was established in 2002. It sought to develop ways of involving disabled children and young people in health, social care and children’s services planning with the ultimate goal of achieving shared decision making between children and adults, the ‘top rung’ of Hart’s (1992) ladder of participation (Figure 1).

Figure 1 Hart’s Ladder of Participation. Source: Adapted from Hart (1992).

This summary pulls out from the paper those factors that have contributed to and challenged successful participation in planning.

**Participation in the Project**

The Project seeks creative ways to facilitate the involvement of young people with complex difficulties. Young people aged 5-25 years with a range of impairments can self-refer or be referred to the Project but they must want to participate. The often lengthy process of enabling engagement results in the development of appropriate tools for meaningful participation.

The Project has found that while individual engagement is person-centred, group advocacy by children and young people with disabilities demands:

- A structured process of regular meetings
- Emphasis on having fun including social outings
- Trusting relationships between facilitators and young people
- Shared capacity-building activities to develop skills in advocacy.
Participation in policy planning

The Project tested different models of participation practice, showing that to ensure plans are based on identified need and to avoid tokenistic participation, young people must be involved at the first stage of planning on issues that impact on their lives.

The Project was asked to contribute to developing strategic policy across Northern Ireland. Effective facilitation enabled the young people to establish a regional group, bringing together young people recruited through different agencies. Devising this process ensured that the young people felt they were listened to – and more importantly - were heard. Views were fed into the Project’s established advocacy groups by the Project manager and an Advocacy Worker. This helped develop relationships of trust between staff and young people.

The regional group consisted of young people with diverse support needs and so it was important to:

- use participation tools in a way that enabled all participants to communicate
- allow young people to express their views freely
- encourage young people to select areas for change, prioritising the greatest needs and rapidly achievable improvements
- help young people identify who to include to enable change.

The group developed a visual ‘Path’ setting out priority areas and forming an action plan. This model of seeking and embedding the views of children and young people with disabilities in strategic planning was effective and has been highlighted as a model of good practice in Europe (Leeson, 2013).

Benefits of participatory practice

Where there is commitment by professionals to meaningful engagement and building relationships over time, benefits to young people include:

- development of participation skills and experience
- making friends and benefiting from peer support
- ownership of their own involvement.

Benefits to the planning process include:

- Action plans based on identified, prioritised need.
- Promoting accountability of professionals to listen and act on what young people tell them.
- Motivating professionals to share power and facilitate change to improve services.
- Developing professionals’ participation skills.
Challenges to Participatory Practice

In addition to the constant challenges of facilitating the involvement of young people with a range of support needs, it was important to collaboratively develop an exit strategy for young people leaving the Project aged 25 who may experience a sudden loss of relationships and support. They have developed skills which they could build on through projects for young adults with disabilities, ensuring ongoing participation and support.

Conclusion

Meaningful participation benefits all stakeholders. However, challenges to the participation of children and young people with disabilities persist and ultimately, outcomes for children and young people with disabilities will reflect whether or not the young people are being listened to and heard. To overcome these, there needs to be:

- a shared vision of the principles of participation, agreed with the young people (Duffy, 2008)
- investment in relationships
- sharing of participatory experience and knowledge
- acceptance by policy-makers of their responsibility to seek the views of service users and become accountable to try and make change happen (Wright et al, 2006).
- an ability to evolve in response to the changing participatory landscape.

References


All research requires ethics and governance consideration of any harm it might cause participants, yet we know relatively little about the experiences of service users who participate. This paper explores the views of parents and carers involved in an English study into outcomes for children known to Children’s Services.

Experience of distress is a feature of participating in research into sensitive topics, but this does not mean participation is necessarily harmful. Since routine follow-up to research is rare, any harm experienced by participants is likely to remain hidden (Rustin, 2010). Equally, lack of evidence on the benefits of participation may encourage ethical committees to take a risk-averse approach. These potential benefits include:

- The role of the researcher as independent and non-judgemental
- The potential therapeutic value in the research encounter
- The relationship between researcher and participant – research offers a rare opportunity to be treated as an expert and share experiences
- An affirming, strengths-based, element for participants who have overcome difficulties.

This research used a follow-up questionnaire that gathered data on participants’ experiences of taking part in research interviews as part of a larger study in one local authority (Forrester et al, in preparation). Interviews focused on engagement and views on the social work service, the reasons for referral, reflections on family life, parent and child well-being and goals. Of 106 families who took part in the interviews, 97 participants completed a questionnaire.

Cost–benefit decisions

Participants were overwhelmingly positive about their involvement and none reported being harmed by the process. Nearly all participants (96 per cent) who took part in the two research interviews reported being glad they took part.

There is evidence that participants weigh up the costs and benefits of taking part. Even though some participants (31 per cent) felt the interviews were difficult or upsetting to some degree, most of these (90 per cent) also felt that talking to the researcher helped them with their problems. Indeed, parents who reported finding interviews upsetting were more likely to say they also found them helpful.

Arguably, the feelings of temporary distress that surface in some research interviews should not be mistaken as risks of lasting harm (Newman and Kaloupek, 2009). Reframing them as costs helps us move beyond narrow ideas of risk and harm prescribed by governance documentation. This also challenges the prevailing tendency for those labelled as ‘vulnerable’ to not have the opportunity to be heard. Our research
found that respondents welcomed the opportunity to comment on the services they were receiving, and enjoyed and reported benefit from participating in the study.

**Research as a form of intervention**

The finding that 90 per cent of participants felt that being involved helped them with their problems raises the question of whether research interviews may have therapeutic value. There are of course issues here around the fact that social work researchers are not usually qualified practitioners but when the content and process of a research interview are compared to a counselling intervention, there are similarities. Both should include:

- An interested, non-judgemental listener focusing on a problem and attempting to elicit service users’ views on the issue
- Warmth, genuineness and empathy, all core attributes of effective helping relationships.

If research interviews have similarities to social work and counselling interviews, the impact on both parties may also be similar, which raises the issue of how researchers deal with their own emotional response to the interviews. Additionally, researchers have a duty to make clear the boundaries of research and practice so as not to foster expectations of being able to offer continuing help or support; though arguably they should be able to signpost participants to services.

**Conclusions**

In taking an overly risk-averse approach, ethics committees actively discriminate against people whose voices are rarely heard, denying them a voice but also the potential benefits of participating in research. This has profound implications for the way in which we consider ethics in social work research:

- Research needs to be considered as a form of intervention. As such it is necessary to balance both potential advantages and possible risks for both parties.
- Ethics committees need to focus on study design and the quality of the interaction, requiring a focus on supporting researchers to do research in a way that helps people where possible rather than simply avoiding harm.
- Evaluation of the impact of research to be built into ethical study design.

**References**

“Integrating a youth participation model in a youth mental health service: Challenges and lessons learned” (2016) Dominiek Coates and Deborah Howe, Child & Youth Services, Vol 0, No 0, p1-14.

It is now widely understood that young people have a right to participate in decisions affecting them. This should mean more than consultation and include integration in the decision-making process; to achieve this, organisations need to invest fully in the implementation of youth participation schemes (Burns and Birrell, 2014).

This article discusses the evaluation of a tiered participation model developed by Headspace, the national youth mental health foundation in Australia. In 2013, Headspace re-established their model for youth participation, the Youth Alliance (YA), drawing on the previous model and a literature review. Two key issues informing the model are:

- Appropriate remuneration – meaning more than simply costs
- Flexibility – adapting to the strengths and abilities of individual young people.

The result is a three-tiered approach in which participants chose their level of engagement, which can range from ad hoc consultation (tier three), volunteering (tier two), to flexible employment (tier one). This evaluation drew on young people’s perspectives to inform continued development. Three focus groups for young people were held, and one for management, with findings supplemented by a review of YA records.

Recruitment

A major challenge is engaging a diverse group, not just the most easily engaged young people. Here a tiered approach has some limitations, with one manager recognising those who are more difficult to engage may simply be ‘pushed’ to a lower participation level for ease. However, recruitment did result in a diverse group of twelve tier two consultants. The two main reasons they joined were to:

- Overcome barriers for young people
- Build confidence and friendships.

Integration of young people into the workplace

Existing staff were supportive of youth participation, viewing it as beneficial to the service and participants. However, a major worry was the risk of young people breaching client confidentiality, which was managed via training and careful supervision. Clinicians were also concerned about participation increasing the distress experienced by young people and exposing them to secondary trauma though the limited research evidence on
this issue suggests that participation may contribute to protection from further mental health issues (Edwards et al, 2012). A 'wellness plan' was put in place for all consultants prior to their involvement. Another concern was whether youth consultants should be current clients or if not, how much time should have passed since involvement before becoming a consultant. In this instance, only one person was a current client and it appears participation aided the transition from current to former.

The model’s tiered approach

The tiered approach to participation presented significant challenges, including difficulties in recruiting due to issues of potential age discrimination when recruiting for tier one. Some attrition from such programmes is inevitable but in this case there was speculation the model’s lack of clarity contributed. In the focus groups all YA consultants expressed the wish to be employees, believing this would support full integration, and enable them to be ‘taken more seriously’. Many consultants also wanted to be employees because they found voucher remuneration tokenistic. Importantly, this was seen as reducing their ability to truly volunteer, with one consultant commenting:

\[
\text{It’s better to either be an employee or truly volunteer your time. Either is fine.}
\]

These challenges resulted in tier two discontinuing, and eight young people being employed at tier one, forming phase two of the YA.

Consultants recommended three additional areas for development of the YA. These were:

- Balancing independent and group work
- Greater role clarity, feedback and direction particularly to manage expectations about what the project could achieve
- The importance of coaching and training opportunities.

Conclusions

Youth participation can benefit young people, organisations and the community but barriers to implementation persist including integration of a youth participation model into existing structures and staff’s attitudes towards and perceptions of youth participation (Monson and Thurley, 2011; NSW Commission for Children and Young People, 2012). To overcome these barriers the authors recommend:

- Addressing staff concerns, ensuring they understand the potential benefits of youth participation and that they are consulted and kept informed throughout.
- Engaging a core group of five or six young people as employees, or a larger group as volunteers.
- Accepting that youth participation models will evolve over time.
- Building the evidence for implementing youth participation models.
References

Biedrzycki, K., & Lawless, A. (2009). The Headroom model of youth participation: A conceptual and practical description. Bedford Park, South Australia: Center for Health Promotion, Children’s, Youth and Women’s Health Service


Parliamentary Business

Parliamentary Update

For a full list of Bills currently before Parliament click here.

MPs propose changes to Private Members’ Bills procedures

The House of Commons Procedure Committee is calling for changes to the rules governing Private Members’ Bills in order to ensure priority is given to genuine and well-prepared legislative proposals. The committee is also proposing that in future, Bills introduced by MPs should be called Backbench Bills.

In its report, the Committee says it sees the right of backbenchers to have ‘meaningful and substantive opportunities’ to initiate legislation as ‘crucial’, although such proposals ‘should be subject to high standards of scrutiny’.

However, the committee identifies two ‘fundamental problems’ with the current process: (i) a lack of transparency over procedures and their use for ‘political campaigning, as opposed to genuine legislative change’, and (ii) the use of delaying tactics on the floor of the House to frustrate ‘genuine debate and decisions’. On several occasions in the current session ‘delaying tactics have been used to starve bills of parliamentary time’.

The Committee is proposing that the total number of bills selected for priority consideration be reduced from 20 to 14, up to four of which should be chosen by the Backbench Business Committee ‘on the basis of substantial evidence both of preparation and prior scrutiny and of broad support for such measures inside and outside the House’.
These would be given priority, with the remaining slots filled by Bills chosen through the ballot system as at present.

The Committee is also proposing that Standing Orders be changed to ensure that debate on the second reading of a Bill which has lasted the whole sitting should conclude with a vote. This would provide ‘the certainty necessary for the Chair to introduce speech limits in such debates’ and so prevent delaying tactics.

**Consultations, Reports and Reviews**

**MPs launch inquiry into sexual harassment in schools**

The Women and Equalities Committee has launched an inquiry into sexual harassment and sexual violence in schools.

Before launching its inquiry, the committee commissioned Fixers, an organisation that empowers young people to use their past to ‘fix the future’, to run a series of workshops with young people. In its report, Fixers found that schools are often failing to recognise the pressures young people face in having to deal with sexual harassment, teachers sometimes ‘brush off’ incidents, and many incidents are going unreported because students worry that victims will also be punished.

Last autumn, a BBC freedom of information request sent to all UK police forces revealed there had been more than 5,000 sexual offences recorded in UK schools over a three-year period.

Committee chair Maria Miller MP said: ‘It's clear from the young people we’ve heard from that sexual harassment and sexual violence in schools is having a profound impact on their day-to-day lives. We’re asking teachers, students, parents, youth organisations and anyone else with an interest in this subject to share their knowledge and experience with us. We’ll use this evidence to find the most effective measures to reduce levels of sexual harassment and sexual violence in schools.’

MPs are calling for submissions of written evidence that will help the committee:

- establish the scale of the problem
- understand the impact of sexual harassment in schools
- identify what can be done to reduce levels of sexual harassment and violence
- identify how schools can deal better with online elements of the problem, such as ‘sexting’.

**Deadline for submissions 22 May**

**further info**
Preventing suicide in the community: Draft scope for NICE guideline

NICE is consulting stakeholders on a draft scope for development of a guideline on suicide prevention in the community.

The guideline will cover adults, young people and children. NICE is proposing that it will focus in particular on organisational approaches to preventing suicide at local authority level, such as the use of multiagency teams and the use of local audits to develop local suicide prevention plans. It will also cover interventions to recognise and respond to signs of distress and crisis, including by raising awareness among health and social care professionals and other practitioners working on the front line.

The guideline will not cover clinical or therapeutic interventions to treat or manage risk factors for suicide (eg, depression, self-harm), which are covered by existing NICE guidance.

Consultation ends 25 May

further info

MPs announce inquiry into the rise of anti-Semitism

The House of Commons Home Affairs Committee is to carry out a short inquiry into anti-Semitism.

MPs will focus in particular on whether prejudice against the Jewish community has increased and the particular dangers that Jewish people face arising from terrorism.

Launching the inquiry, committee chair Keith Vaz MP said: ‘There has been a clear and recognised upsurge in attacks against mosques and Muslim communities, but we are also seeing a disturbing rise in far-right extremist groups across Europe. We have heard concerns about an increase in prejudice and violence against Jewish communities. We will hold a short inquiry to examine this issue and invite interested parties to give evidence.’

The inquiry was announced on 12 April; full details ‘will be published shortly’.

further info

CentreForum’s Commission on children and young people’s mental health

CAMHS are turning away almost one in four (23%) children referred to them by GPs, teachers and other professionals, while young people whose referrals are accepted are often having to wait months for treatment, research by the independent think tank CentreForum has found

In the first report published by its Children’s Mental Health Commission, CentreForum says that although children’s mental health has risen up the political agenda over the last couple of years, ‘there is still a long way to go to raise standards to the levels that people with physical health problems are used to’.
The Commission’s research found that the median waiting time for all providers was one month for a first appointment, and two months until start of treatment. However, there was wide variation in average waiting times for different providers, from two weeks in Cheshire to 19 weeks in North Staffordshire. These average waiting times also conceal longer ‘hidden waits’, with the median maximum waiting times for all providers being 26 weeks for a first appointment and 42 weeks for the start of treatment.

CentreForum says its analysis of existing NHS data sources also reveals that the average of maximum waiting times for all providers has more than doubled since 2011-12, and that there is ‘wide variation in expenditure on children’s mental health by region’.

Over the coming months, the Commission says it will seek to identify ways to support successful implementation of the vision outlined in Future in Mind (see RPU 169) and the report of the Mental Health Taskforce (RPU 180). In particular, the Commission aims to develop ‘a series of measurable goals’ for child and adolescent mental health in order to move towards ‘a more equal and accessible system’. These will cover the following key areas:

- **Waiting times**: The Commission will identify what ‘a maximum access and waiting time standard’ across all child and adolescent mental health pathways should look like.
- **Service quality**: The Commission will explore whether a goal should be set on the proportion of providers receiving a ‘good’ inspection.
- **Outcomes**: The Commission will investigate the most appropriate ways of measuring outcomes in CAMHS and propose a specific outcomes goal.
- **Schools**: The Commission will explore ‘the most effective levers or mechanisms’ to get all schools engaged in ‘building resilience and providing better preventive support’.

CentreForum says it would welcome views on this approach as it looks to ‘define specific goals’ in each of these four areas. Experts and interested organisations should contact Emily Frith, CentreForum’s Director of Mental Health and Rehabilitation at emily.frith@centreforum.org

**Reports and reviews**

**APPG on Hunger publishes progress report**

Following the conclusion of its inquiry into hunger and food poverty in Britain (see RPU 178), the All Party Parliamentary Group on Hunger has published a progress report on its early attempts to begin measuring the numbers of people at risk of going hungry and the reasons why.

While it has no uniform data on childhood hunger, the APPG says that since publishing its findings last December, it has received fresh evidence of ‘the hunger that awaits some children when they go home from school’. A survey circulated by the APPG to more than 30 schools in Birkenhead and South Shields suggests significant levels on ongoing hunger. One school in Birkenhead, for example, reported that more than one in four children (27%) are arriving hungry each day, while another in South Shields said some
children are complaining of ‘persistent hunger’.

The APPG describes this ‘limited additional evidence’, along with reported recent increases of under-nutrition and anaemia (after ‘a long period of decline’) among some sections of the population, as ‘deeply troubling’. Its report also reiterates the APPG’s call for a national programme of free school breakfasts, to be paid for by the additional Pupil Premium funding that would be secured by automatically registering all eligible pupils for free school meals.

The APPG says it has written to the UK Statistics Authority asking it to take part in the process of deciding ‘what data needs to be collected, and by whom’ if we are to have ‘a much more accurate picture of the extent of hunger in today’s Britain’. Among other questions, the APPG has asked:

- What official data (eg, on levels of savings among poor households) might be used to suggest how many households are consistently on the verge of hunger?
- Is there sufficiently robust data to suggest shorter, obese children are disproportionately likely to be poor – and could this inform a set of indicators on hard-pressed children and their vulnerability to hunger?
- Should all food banks be asked to complete a common questionnaire (approved by the UK Statistics Authority), giving the basis for more rigorous data than we have at present?
- How helpful a contribution might be made by data on the extent of anaemia and malnutrition?

**further info**

**Domestic abuse, child contact and the family courts: APPG briefing**

The All Party Parliamentary Group on Domestic Violence has published a parliamentary briefing on domestic abuse, child contact and the family courts.

The briefing follows a parliamentary hearing held in January about the treatment of cases involving domestic abuse in the family courts. Among other recommendations, the APPG is calling for an urgent end to the cross-examination of survivors of domestic abuse by their abuser in the family court. The briefing also recommends:

- **Contact:** The Ministry of Justice and the President of the Family Division should clarify that there ‘must not be an assumption of shared parenting in child contact cases where domestic abuse is a feature’; contact must reflect an informed judgement of what is in the best interests of child.
- **Training:** Judges, family court officials, Cafcass officers and other frontline staff should receive specialist face-to-face training on all aspects of domestic violence – in particular, coercive and controlling behaviour, the nature of post-separation abuse, and the impact of domestic abuse on children, on parenting and on the mother-child relationship.
- **Risk assessments:** Where an abusive parent is involved, expert safety and risk assessments in child contact cases must be carried out by ‘a dedicated domestic abuse practitioner’ who works for an ‘agency accredited to nationally recognised standards for responding to domestic abuse’.
- **Special measures:** The Ministry of Justice and President of Family Division must ensure that special measures, such as dedicated safe waiting rooms for
vulnerable witnesses and separate entrance and exit times, are available throughout family court proceedings and any subsequent child contact.

**further info**

**Homelessness charity calls on commissioners to improve range of service provision**

The youth homelessness charity Depaul UK is calling on commissioners and policymakers to increase the provision of family mediation and other preventative services, including short-respite accommodation, to help families work through tension and conflict and so reduce youth homelessness.

The charity’s new report, which is based on a rapid evidence review and interviews with 18 young people (aged 16 to 23), also calls on commissioners to ensure ‘an adequate mix of accommodation’, including sufficient young person-specific accommodation and emergency accommodation that can support young people out of homelessness.

The report also outlines a new model for assessing young people’s circumstances. The model aims to support improved decision-making and prevent judgements based on inappropriate assumptions of what ‘staying with friends’ or ‘sofa surfing’ may mean. Under the model, young people’s circumstances are assessed according to the level of risk that they may experience harm and the capacity of the people accommodating them to support them out of homelessness.

Young people interviewed for the report described ‘a huge spectrum’ of temporary living experiences. These ranged from ‘relatively safe arrangements with close family friends or the parents of school friends, to those that are potentially very dangerous such all-night parties or staying with near-strangers’.

**further info**

**The impact of austerity measures on foster families**

More than two-thirds (69%) of foster carers surveyed by the Fostering Network believe government cuts to local authority budgets have reduced access to their child’s social worker, and three out of five (60%) say support from their supervising social worker has been adversely affected.

The survey of more than 700 foster carers across the UK took place in February (82% fostered for a local authority/trust, and 18% for an independent fostering provider). Two-thirds (67%) of respondents said cuts had also had a negative impact on their (and their fostered child’s) access to other services beyond their fostering service. Comments focused ‘overwhelmingly’ on a lack of respite provision and problems in accessing mental health services for the children.

Seven out of ten respondent also said their allowances had been negatively affected by local authority cuts, with many reporting that their allowances ‘had been frozen for a number of years’. However, survey responses also showed ‘great empathy’ for the high
caseloads and stress facing social workers.

The Fostering Network says the picture painted by the survey’s responses is of ‘a system in crisis’. ‘The overwhelming numbers of children entering care and the complexity of their needs means many more children require specialist services and support. However, due to the cuts, these services are being reduced, especially early intervention services, and the remaining support is under increasing pressure.’ It calls on the government to recognise its role as ‘corporate parent’ and ‘to fund local authorities to ensure that foster carers are financially and practically supported to take on the task they devote their lives to doing’.

As well as the full 16-page report Cuts – The View from Foster Carers: The impact of austerity measures on fostered children and the families that care for them, a four-page summary is also available.

further info

**Implementing the new Quality Standards in children’s homes**

This report from the National Children’s Bureau sets out recommendations arising from a small-scale qualitative study of early experiences of implementing the Children’s Homes (England) Regulations 2015 and accompanying guidance (see RPU 163), which replaced the National Minimum Standards.

The study, which was commissioned by the Department for Education, involved interviews with managers in 15 homes (private, voluntary sector and local authority) offering different types of provision (eg, for emotional and behavioural difficulties, children with disabilities and secure accommodation). While it is too early to assess fully the impact of the new Quality Standards, initial reactions were positive. Impacts identified included an increased focus on how outcomes are evidenced, greater staff engagement and increased practice innovation.

Managers also felt the standards had helped boost the status of the sector, but said the Department and the government as a whole should be more positive about the achievements of residential child care – for example, by producing publications on those achievements for the press.

The report urges the Department to share emerging practice, possibly by funding the development of standard progress and outcome measurement tools, action learning sets and the provision of targeted support to small and more isolated providers. Children’s homes managers also want to see ‘a concerted, cross-departmental effort’ from government to encourage other children’s services and the ‘wider system’ to ‘play their part’ in supporting the Quality Standards.

In the context of serious concerns about difficulties surrounding placements, there were also calls for ‘a national strategy for residential childcare, with a more strategic approach to commissioning at local and regional levels’.
Editorial note: (1) A ComRes poll of 150 MPs has found that half (47%) were in favour of raising the residential care leaving age to 21 years (15% agreed strongly, 32% tended to agree) to bring it into line with the leaving age for foster care. Only 15 per cent of MPs were opposed to the idea (including 4% who ‘disagreed strongly’), while just over a third (36%) of MPs said they didn’t know. (2) Ofsted has amended its framework guidance for the inspection of children’s homes by adding a new myth-busting document (see RPU 182).

further info

'Making Life Impossible': The needs of destitute migrant children

This report from The Children’s Society warns that unless the government acts to guarantee levels of emergency support for migrant families, thousands of vulnerable children could be left facing homelessness and at risk of exploitation and abuse as a result of changes in the Immigration Bill (see RPU 176).

Families who are destitute and unable to claim benefits or other types of support (known as having 'no recourse to public funds' – NRPF) can currently claim support under Section 17 of the Children Act 1989, as it places a general duty on local authorities to safeguard and promote the welfare of all ‘children in need’. This includes children in families whose immigration status is unresolved and children in families with the legal right to remain but with a NRPF condition attached. (In the past two years, over 50,000 people with dependents have been given a NRPF condition on their limited leave to remain.)

The Immigration Bill would actively prevent support being provided under Section 17 to families in these circumstances. Instead, a new type of support (Section 10A) will enable local authorities to provide for accommodation and subsistence needs of destitute families without immigration status in certain circumstances.

Among other recommendations, the report urges the government to ensure that subsistence support for families with NRPF (under Section 17 or Section 10A) should never be lower than that provided for destitute families seeking asylum. Both should be aligned to mainstream benefit rates paid for living expenses, where accommodation is provided, and statutory guidance on the provision of accommodation should be in line with the Decent Homes Standard.

The report also calls on the Home Office not to apply NRPF conditions to parents with leave to remain in the UK if they have children under age 18, and for families with children under 18 who have had their NRPF condition lifted not to have the condition reapplied without an assessment of the child’s needs. Assessments should always be undertaken by a qualified social worker and this should be made explicit in regulations.

A ‘child in need’ assessment for children and their families facing destitution should also always recognise ‘the risks and potentially exploitative situations families face if they are
reliant on informal networks and short-term ad hoc support from voluntary organisations’. This should be made clear and explicit in statutory guidance and any new regulations resulting from the Immigration Bill on Section 10A support for families.

**Further info**

**MPs report on the mental health of looked after children**

Children in care should be given priority access to assessment by CAMHS, the Education Committee has concluded, and should never experience having access delayed until a placement becomes permanent. Following assessment, subsequent treatment of looked after children should be based on clinical need.

The recommendation comes as MPs published the findings of their inquiry into the mental health and wellbeing of looked after children and young people (see [RPU 175](#)). In its 40-page report, the committee finds that looked after children face ‘significant challenges’ in getting access to mental health support, with CAMHS turning away young people because they have not met high thresholds or because the child does not have a stable placement.

Committee chair Neil Carmichael MP said not assessing or treating children because they do not have a stable placement is contrary to statutory guidance, which requires that looked after children are never refused a service because of their placement. He said: ‘Given children in care may have unstable family lives and are frequently moving foster or residential placement, this inflexibility puts vulnerable children in care at a serious disadvantage in getting the support they deserve. This must change.’

Other recommendations include:

- **Assessments**: Statutory guidance should be amended to make clear an SDQ assessment should be completed for every child entering care (‘as a starting point’). Every looked after child should have a full assessment by a mental health professional followed by regular assessments of wellbeing as part of the looked after children review process.
- **Multiagency working**: CAMHS is not the only source of mental health support for children in care – ‘wherever possible’ CAMHS should form part of a multiagency team ‘in which education, health and social care work in partnership’.
- **Accessibility beyond age 18**: CAMHS should be available for all looked after young people up to age 25 ‘in recognition of the distinct issues which this vulnerable group face as they leave the care system’, where that is in the young person’s best interests.
- **Prevalence surveys**: The government should return to funding five-year ONS prevalence surveys on children and young people’s mental health and should invest in outcomes monitoring ‘to better understand the challenges that young people face’ when in and leaving the care system.
- **Teacher training**: Mental health training should be included in the core content of initial teacher training and in CPD for current teachers.
- **School mental health co-ordinators**: If successful, the government Mental Health Services and Schools Link Pilots Scheme (which provides training within schools for a single point of contact with local CAMHS), should be ‘extended across all commissioning groups with funding for all schools to train a mental health co-ordinator’.

- **Promoting wellbeing**: The government should revise and strengthen the statutory guidance on promoting the health and wellbeing of looked after children to incorporate recommendations made in Future in Mind (see RPU 169).

- **Out-of-area placements**: The government should amend its joint statutory guidance ‘to clarify the balance of responsibility between local authorities’ when looked-after children and young people are placed out of area, so that no looked after child or young person faces a delay in accessing services.

- **Local leadership and commissioning**: Integration of education, social care and health services ‘should be driven by strong local leadership’. Health and Well-being Boards should have strategic oversight of the commissioning of services for children in their care, and each local area should employ ‘a senior, designated mental health professional with expertise in the diagnosis and treatment of mental illness and awareness of the broader risk factors common in looked after children’.

**Editorial note**: (1) The NSPCC is urging people to write to the Children’s Minister in support of the committee’s recommendations.

(2) The Education Committee has published transcripts of the evidence sessions held as part of its inquiry into government plans for children’s social work reform (see RPU 179). These include hearings with Dame Moira Gibb, former Chair of the Social Work Reform Board; Josh MacAlister, Chief Executive of Frontline; Professor Brigid Featherstone; Annie Hudson, former Chief Executive of The College of Social Work; Ruth Allen, Chief Executive of the BASW; Professor Ray Jones; and Roy Perry, Chair of the LGA’s Children and Young People Board. (Some sessions are also available to watch on parliamentlive.tv)

**further info**

**Rethinking Children’s Services**

Catch 22 and the National Children’s Bureau have published a collection of essays by prominent figures, including local authority leaders, government advisers, academics and voluntary sector chief executives, each setting out fresh thinking and innovative ideas on how to support vulnerable children and their families.

The National Children's Bureau's Chief Executive Anna Feuchtwang said the essays present 'brave and bold thinking' on how services could be improved in the long term and embrace the urgent need to challenge the status quo.

Catch22’s CEO Chris Wright said that five years after Eileen Munro’s call for a more child-centred system, it is worrying how little has changed. ‘Services remain too transactional, children are too often passed from professional to professional, with boxes being ticked and paperwork filed. We must embrace this opportunity to develop different, less bureaucratic and more efficient and more relational ways to deliver services and provide
support. That means challenging prevailing orthodoxies around how things must be done.

There are nine essays in all:

- In ‘Demand management as the driver for reforming child protection responses’, Lisa Harker argues that unleashing ‘the hidden resources of the community’ will have a more powerful impact on the lives of children than could ever be achieved through the deployment of statutory services.
- Professor Donald Forrester says that despite many attempts to restructure and reform children’s social care services, little has been achieved; before a solution is found, we must reconsider the reasons that children’s services exist.
- Martin Pratt, Director of Children, Schools and Families in Camden, says that simply reducing or reconfiguring services will not bring about sufficient improvements in the quality of children’s social care. He calls instead for ‘an act of collective imagination’ in each local area.
- Donna Hall, Chief Executive of Wigan Council, which is committed to ‘a whole life approach’, discusses the benefits of Wigan’s Start Well integrated delivery model – a three-year programme underpinned by innovation and creativity.
- Chris Wright calls for ‘less bureaucratic, more efficient and more human’ ways to deliver social care services for children and families; by refocusing priorities on relationships rather than bureaucracy, he predicts improved outcomes and lowered costs.
- Government adviser Sir Martin Narey says high-calibre, well-trained social workers are the key to success. The challenges facing children’s services in the next few years mean social workers will need to be increasingly effective if vulnerable and abused children are to be adequately protected.
- Louise Casey draws on her experience reporting on Rotherham Metropolitan Borough Council and its failings over child sexual exploitation. She argues that ‘child sexual exploitation and our response to it, holds up a mirror to the inadequacy of our ‘corporate parenting’.
- In ‘Putting human relationships at the heart of services’ Michael Little, Co-Director of the Dartington Social Research Unit, argues for ‘a shift towards relational social policy’, citing three compelling catalysts for change: faux austerity; the exhaustion of the outcome paradigm; and the gap between service and need.
- In ‘The insanity of competitive markets’ Kathy Evans, Chief Executive of Children England, says the idea of a ‘mixed economy’ of public, voluntary and private organisations in children’s services is nothing new, but ‘outsourcing and competition are part of the problematic past that we must move away from’.

**further info**

**What works to enhance inter-parental relationships?**

Exposure to conflict between parents (whether they’re together or separated) can threaten children’s long-term life chances and put their mental health at risk, a new report from the Early Intervention Foundation warns.
In its review carried out for the Department for Work and Pensions, the EIF says promoting positive parental relationships is a neglected area for early intervention services and receives little attention from maternity, children’s and family services.

The review found that the quality of a parental relationship – specifically, how parents communicate and relate to each other – is increasingly recognised as a primary influence on effective parenting practices and children’s long-term mental health and future life chances. ‘Children of all ages can be affected by destructive inter-parental conflict, with effects evidenced across infancy, childhood, adolescence and adulthood.’

The EIF says it is important that policy-makers and commissioners consider interventions that support both the couple and the parenting relationship (both the mother-child and the father-child relationship). ‘Just targeting the parental-child relationship in the context of ongoing inter-parental conflict does not lead to sustained positive outcomes for children.’

The review identifies 15 interventions available in the UK that are designed to enhance inter-parental relationships and improve outcomes for children, but finds that overall the available evidence is limited. The EIF is calling for national investment to develop the evidence base and so establish which services work best to support relationships between parents in different circumstances.

Editorial note: A snapshot survey of local authority officials and practitioners working with children and families, including social workers, family therapists and teachers, found that only one respondent in five thought parental relationships were being supported in their area. However, the overwhelming majority (92%) saw parental relationships as very important to outcomes for children.

further info

Structures, initiatives and guidance

Guidance on Section 20

Cafcass, ADCS and ADCS Cymru have published guidance for local authority child and family social workers on the use of Section 20 of the Children Act 1989.

Sector leaders decided to issue the guidance following concern expressed by the judiciary that some children being cared for under s20 had been left to ‘drift’ without decent care plans in place, and had suffered harm or detriment as a result. There is currently no statutory guidance relating to the general use of s20.

Cafcass, ADCS and ADCS Cymru confirm that being looked after under s20 remains a viable option for many children. Their guidance also states that local authorities should review all open section 20 cases to ensure that status remains the appropriate current legal option and framework for the child. The guidance sets out best practice relating to the use of s20 for newborn babies and examples of where s20 is used appropriately. It
also clarifies a local authority’s duties and responsibilities to a child looked after under s20.

Anthony Douglas, Chief Executive of Cafcass, said that up to 30 per cent of children looked after by a local authority are looked after under s20. In the absence of clear guidance for the use of s20, he said there was a real risk that recent court judgements ‘could lead local authorities to misinterpret the law and to always issue care proceedings when a child becomes looked after’.

He said: ‘Section 20 remains an option that will be the right approach for many children. We have agreed this guidance around Section 20 to clarify expectations and ensure that local authorities interpret the law correctly and in a strengths-based way, without disregarding risk.’

**further info**

**Identifying child sexual exploitation: Guide for health-care staff**

Health Education England has developed a video to help health-care and other community practitioners identify the warning signs of child sexual exploitation in young people.

The video portrays different scenarios involving a range of health practitioners and in a variety of settings, each interacting with a vulnerable young person who presents with warning signs of someone at risk of child sexual exploitation. The 15-minute video has been developed in association with the Department of Health.

**further info**

**Improving the quality and use of SCRs**

The NSPCC has published a suite of resources to help improve the quality of serious case reviews (SCRs).

The tools are the result of the Learning into Practice project (run jointly with SCIE), which piloted ways to improve the quality and use of SCRs based on an analysis of 38 SCRs published between May 2014 and April 2015.

The tools include:

- A [mapping document](#) to support managers, senior managers and practitioners. This gives an overview of the practice issues by following the child’s journey from universal services through early help assessments, referrals, strategy meetings, assessments, Child in Need meetings, child protection conferences and ongoing case work. It shows common difficulties in inter-professional communication identified in SCR reports and can be used for self-assessment.
- 14 briefings looking at practice issues relating to how professionals in different agencies communicate and make decisions. They include:
  - Confusions about ‘referrals’ and ‘contacts’ in children’s social care
  - Unresolved disagreement about the need for children’s social care involvement
o Incomplete information sharing by schools in child protection conferences
o Unequal weight given to views of different agencies in child protection conferences
o Euphemistic language in reports and written records
o Reluctance to share information in presence of families at child protection conferences.

• A set of 18 quality markers to support Local Safeguarding Children Boards and reviewers in commissioning and conducting high quality case reviews.

further info

Inspecting children’s homes: Ofsted publishes myth-busting document

Ofsted has updated its guidance framework on the inspection of children’s homes by adding a new six-page document that aims to ‘confirm facts about Ofsted inspections of children’s homes and dispel any myths that can result in unnecessary workloads in children’s homes’.

Among other clarifications, the document makes clear that: ‘Ofsted does not prefer any particular size of home’; ‘Ofsted does not prefer any models of practice’; ‘Admitting a child or young person with “difficult” behaviour does not affect inspection judgements’; ‘There are no quotas of inspection judgements’; and ‘You can be judged outstanding at your first inspection’.

further info

Specialist Health Visitors in Perinatal and Infant Mental Health: Guidance

This guide from Health Education England explains the role of Specialist Health Visitors in Perinatal and Infant Mental Health (PIMHs) and recommends that every health visiting team should include at least one PIMH.

The guidance, which is intended primarily as a resource for commissioners of health visiting services, explains what PIMHs do, how they support the work of the wider health visitor workforce and why such posts are needed within all health visiting services. More than one in ten women will be affected by mental health problems during pregnancy or after the birth of their baby.

further info

BASW launches inquiry into social worker’s role in adoption

The British Association of Social Workers has issued a call for evidence to inform a new inquiry into the role of the social worker in adoption.

The 12-month inquiry will be led by Professor Brid Featherstone of the University of Huddersfield and Anna Gupta of the Royal Holloway University of London, and guided by a steering group of adoptive parents, birth parents, adult adoptees and senior law professionals, as well as social workers and academics. It will include one-day events, focus groups, individual interviews and written submissions.
The inquiry will focus in particular on how ethical issues and human rights legislation are understood and inform practice, and how these relate to pursuing good outcomes for children and families in the long term.

BASW is calling for evidence from social workers, managers, family justice professionals and academics, as well as young people who have been adopted.

[link to further info]