

Mental health assessments for children in care - pilot

Background to the project

We know from prevalence studies that children and young people in care are far more likely to have a diagnosed mental disorder and are at elevated risk of mental health difficulties compared to non-looked after children. Poor mental health and emotional wellbeing can have far reaching effects on all aspects of looked-after children's lives with long term impacts on future life chances.

There is a statutory duty¹ for every child or young person taken into the care of a local authority (LA) to have a statutory health assessment, followed by review health assessments. These must include an assessment of their mental health and emotional wellbeing. As a minimum, the guidance requires an emotional wellbeing screen to be carried out using the Strengths and Difficulties Questionnaire (SDQ). A more comprehensive assessment should be considered if the SDQ score is outside the normal range, or if the social worker, carer or young person has concerns.

There are some concerns with the current mental health assessment methods on entry to care, found at times to be 'inconsistent', 'often poor' and 'fail[ing] to identify those in need of specialist care and support'². Furthermore, initial assessments are 'rarely completed by qualified mental health professionals with an appreciation of the varied and complex issues looked-after children may present'.

In July 2016 the government commissioned an expert working group to look at how to improve mental health support for care experienced children and young people. Their final report – [Improving mental health support for our children and young people](#) - makes various recommendations regarding assessment, including supporting the SDQ by a broader set of measures, and a move towards assessments which focus on understanding the individual's mental health and emotional wellbeing in the context of their current situation and experiences, rather than solely focusing on the presenting symptoms.

Following the publication of the expert group recommendations and the [Children and Young People's Mental Health Green Paper](#), the Department for Education (DfE) has funded a pilot scheme to give children in care better mental health assessments as they enter the care system. Up to 10 pilots across the country will trial new mental health

¹ The Care Planning, Placement and Case Review (England) Regulations 2010 (2010 Regulations)

² 2016 [Education Select Committee report](#)

assessments to help ensure that young people are assessed at the right time, with a focus on their individual needs.

A group of organisations, led by the [Anna Freud National Centre for Children and Families](#) (AFNCCF) has been commissioned to deliver the pilots over two years. AFNCCF will work with consortium partners including Research in Practice, Action for Children and the Child Outcomes Research Consortium.

Aim of the pilots

The aim of the pilots is to understand how to improve the mental health and emotional wellbeing assessments that looked-after children receive when they enter care so that they are carried out consistently as part of the health assessment and:

- a) are thorough and of good quality, enabling accurate identification of need;
- b) occur at the right time; and
- c) are needs focused and person centred.

Objectives of the pilots

To pilot assessments that deliver the following four objectives:

1. Effective assessments.

Test assessment approaches and tools that effectively:

- identify a full range of well-being mental health and neurodevelopment needs, including needs associated with attachment disorder and trauma.;
- identify those LAC needing further, more comprehensive assessment and/ or referral to specialist services;
- enable appropriate interventions to be put in place as part of the wider care plan;
- Obtain viewpoints from various sources and triangulate scores.

2. Appropriately skilled professional(s) carrying out the assessment.

Understand who is/are best placed to lead/ participate in the initial health assessment, ensuring that professionals can:

- understand the complex mental health and wellbeing needs of LAC;
- identify those children needing further comprehensive assessment/specialist care;
- assess comprehensively mental health, emotional wellbeing and neurodevelopmental need to the same quality as the physical health assessment;
- produce a health plan that enables the local authority to create a care plan that sufficiently supports mental health and wellbeing needs.

3. Assessments occur at the right time.

Explore approaches to the timings of assessments so that they:

- allow the child or young person to settle into their placement;
- take into account the context of the child or young person's past experience, current situation and changing circumstances;
- meet the LAC's needs and preferences, as far as possible;
- strengthen care planning.

4. Person centred/needs focused assessments.

Explore approaches that ensure the child or young person is:

- informed of the reason for the assessment and how their information will be used;
- included in key decisions made as a result of the assessment;
- as far as possible, given choice over the assessment process (e.g. time, location, nature of assessment, gender of assessor, how their information is used);
- treated sensitively by all of the members of the team around them;
- given an opportunity to provide feedback on the assessment process.

About the project

AFNCCF and partners will work with pilot areas to trial the new assessment framework. The pilot areas will benefit from investment to deliver the scheme, over a period of two years.

Pilot sites will work with us as we develop an implementable, needs-based, child-focused assessment framework. The core element of the new mental health assessment framework we are developing in this project is the actual stance of the lead for the child's mental health. This may be a team of professionals, or key individuals most relevant to the looked after child/young person. The stance is called 'The Professional APP' (Attention, Perspective taking and Providing empathy) which forms the core approach, to be taught in training workshops to a range of professionals in each area. This professional stance is an operationalisation of a mentalizing approach, designed and tested to increase trust in the relationship between professional and child/carer/parent/young person.

Currently, there is wide variability in how mental health assessments are carried out, and a common barrier is the difficulty of engaging a child or young person in a discussion about their emotional well-being. This project aims to develop a shared stance and language across all key people involved in the young person's life. This might include the child's GP, social worker, or another professional/advocate who is able to help coordinate the young person's care, with the young person at the centre of this. We will look at how to use the SDQ in a way that is meaningful alongside one other measure. We have learned via our consultations to date that even one measure is often too burdensome for professionals, and the young person at the centre rarely gets to learn the meaning of the data produced from this measure. Our ambition is to change this dynamic and to put the child and young person at the heart of their emotional well-being, with as few appointments as possible with multiple professionals.

We will work with pilot sites to look at how this framework is implemented locally according to the needs of the individual pilot sites and aspirations for system change. This will include looking at who is best placed to undertake the assessments, when these happen and how the formulation of the child or young person is more effectively held by the system.

The consortia will work with areas to provide a bespoke package of support to include:

- a clear and coherent assessment approach
- training and toolkits co-produced with professionals
- dedicated implementation consultants
- access to a community of practice to share learning

Timelines

Site planning and budget agreed	November/ December 2018
Pilot set-up support	December 2018 – February 2019
Training	March – April 2019
Implementation and supporting change	June 2019 – May 2020
Sharing learning	June – December 2020

Funding

A £650k implementation support grant is available for distribution across pilot areas. AFNCCF will work with DfE to allocate and distribute these funds. We will support areas to develop a schedule of work and agree a budget through the initial pilot site visits in November/ December.

Funding should cover the cost of testing the assessment process only (e.g. additional staff costs or costs associated with activities/tools that test alternative assessment approaches). The funding must not be used to fund services/interventions prescribed as a result of the assessment. Pilot areas must already have the capacity to provide this.

Evaluation

DfE has commissioned an independent evaluation of the pilots. Every pilot area will be expected to support the evaluation, particularly through timely submission of requested data and supporting the evaluation team in arranging interviews with staff involved in the pilots and making contact with children and carers involved in the project for the development of case studies. Each site will have a named lead from the evaluation team to support the site's participation in the evaluation.

Additional information

Pilot sites will be expected to continue to meet existing statutory duties (particularly regarding the timing of assessments and which professional carries them out) over the course of the pilots.

Pilots sites will also be expected to work with AFNCCF and partners to ensure an effective sustainability/exit plan in place.