

# Inspection – Key Findings



# CLAS summary report



# 1.Children and young people must have a voice



- Listening to children is the paramount activity.
- All healthcare providers should engage children at each stage of their care planning in order to help them be involved in, and take ownership of, their own treatment and care.
- Providers should seek children's views on what needs to be done to improve the services they use.
- Children with complex and severe developmental, physical, emotional and mental health needs also have their views heard and represented

## 2. The focus must be on outcomes



- All services need to work collaboratively with children to determine locally-relevant ways to measure outcomes to regularly evaluate the impact they are having on the children who use their services.
- Track changes in outcomes (including emotional wellbeing) over time and to inform how resources are allocated and services are planned.
- Health assessments and care plans should also be focused on outcomes and be regularly reviewed to ensure that progress is being made towards goals that have been set jointly with children themselves.

# 3. More must be done to identify children at risk of harm



Practitioners must practice continuous professional curiosity about the child and their circumstances

emphasis must be on both identifying and supporting those in need of early help, as well as those at risk of 'hidden' harms

Services should significantly improve how 'Think Family' practice is embedded in all adult services, particularly in adult mental health.

support staff in improving how they identify, protect and support children at risk of child sexual exploitation and female genital mutilation.

More also needs to be done to recognise and protect children at risk of new and emerging harms such as trafficking and radicalisation.

## 4. Children and young people must have access to the emotional and mental health support they need



- Children's experiences of transitions in health are unacceptably poor
- Significant improvements need to be made in how young people experience transitions in health services, especially in adult mental health and substance misuse services
- Looked after children moved out of an area have continuity of health reviews and have priority to access health services that they were previously receiving, particularly emotional and mental health support.

# Special Educational Need and Disability (SEND) inspections – One Year On, Sept 2017



- **Children and young people identified as needing SEND support had not benefited from the implementation of the Code of Practice well enough**
- **Children and young people who have SEND were found to be excluded, absent or missing from school much more frequently than other pupils nationally**
- **School leaders had used unofficial exclusions too readily to cope with children and young people who have SEND**
- **Access to therapy services was a weakness in half of the local areas inspected**

# SEND (continued)

**Access to child and adolescent mental health services (CAMHS) was poor in over a third of local areas**

**There had not been enough progress in implementing a coordinated 0–25 service for children and young people who have SEND**

**Children's and young people's SEND were identified well in the early years, particularly for those with complex needs. Parents generally felt supported and involved in the process**

**In over a third of the local areas inspected, leaders across education, health and care did not involve children and young people or their parents sufficiently in planning and reviewing their provision (a process known as co-production)**



# SEND (continued)

**Many local area leaders were unaware of the depth of frustration among local parents and what their concerns were about**

**A large proportion of parents in the local areas inspected lacked confidence in the ability of mainstream schools to meet their child's needs**

**In the most effective local areas, strong strategic leadership had led to established joint working between education, health and care services. This underpinned their success when implementing the reforms of the Code of Practice**

# SEND (continued)

**The statutory assessment process was not working well enough in just over two thirds of local areas inspected**

**Local offers were not effective in helping parents to access information and services in over half of the local areas inspected**

**Local area leaders have had varied success in securing the use of personal budgets**

**Children and young people who have SEND and their families typically had good access to high-quality short breaks**

# JTAI – Domestic abuse – prevent, protect and repair

**Professionals have made progress in dealing with the immediate challenges presented by the volume of cases of domestic abuse. However, domestic abuse is a widespread public health issue that needs a long-term strategy to reduce its prevalence.**

**Work with families that we saw on inspection was often in reaction to individual crises. Agencies can be overwhelmed by the frequency of serious incidents, particularly higher risk ones. However, keeping children safe over time needs long-term solutions.**

## JTAI – DA (continued)

- Accepted practice in tackling social problems is to prevent, protect and repair. While much good work is being done to protect children and victims, far too little is being done to prevent domestic abuse and repair the damage that it does.
- The focus on the immediate crisis leads agencies to consider only those people and children at immediate, visible risk. As a result, agencies are not always looking at the right things, and in particular, not focusing enough on the perpetrator of the abuse.
- There is still a lack of clarity about how to navigate the complexities of information sharing. There needs to be greater consistency in the definition of harm, and in the understanding of whose rights to prioritise.

# JTAI - DA (continued)

## Strengths

Inspectors were positive about the range of services that address domestic abuse and its impact on victims and children.

Every local partnership visited was providing support for some of the individuals affected by domestic abuse. The main priority for professionals is to ensure the safety and well-being of children and victims of abuse

Midwifery was highlighted as a strength by inspectors in five out of six local authority areas. There was evidence that midwives were knowledgeable about the risks of domestic abuse and the additional risks to unborn children

# Child and Adolescent Mental Health Services (CAMHS) Thematic



Involving children, young people and their parents, families and carers in decisions about their care makes it easier to provide good quality care

Having a single key worker to co-ordinate care from different teams helps ensure care is joined up and enables the child to build up trust and rapport with a single practitioner

When services stay in regular contact with children and young people it improves their experience of care and helps bridge a gap if they are waiting for treatment.

# CAMHS (continued)

Advance planning, good communication and information sharing between services makes it easier for young people to make the transition between services and from child to adult services

Putting the child at the centre makes it easier for teams to collaborate and overcome different professional and organisational cultures

Simple steps can make it easier for teams to work together – joint meetings, co-location of teams

# CAMHS (continued)

Shared understanding of local needs, clear agreements, priorities and action plans make local collaboration easier

Joined up planning and commissioning help minimise the fragmented nature of a complex system and make it easier to understand and respond appropriately to children and young peoples mental health needs as well as their wider social and practical needs.



## JTAI – DA (continued)

A lot of good work has been done by agencies to improve the understanding of domestic abuse

All the JTAs identified strengths where services were co-located. However, the benefits of co-location can be achieved without the need to locate professionals in the same building

Inspectors noted strengths in working with communities and minority groups in some local authorities

# Common Findings

In all three reports, examples of good practice demonstrated through individual 'stories'

Interviews with children, young people and their carers nearly always revealed at least one practitioner who had really 'made a difference' to their care

Examples of innovative solutions to problems can be found in many inspections

In nearly all inspections there is a person, a group or a team that 'goes the extra mile' for the children and young people in their care.

# Future plans

The three JTAIs have been repeated, with slight amendments to the scope. For example, the CSE JTAI has a greater emphasis on gangs and County lines

2018 – ‘Sexual abuse in familial relationships’

**BREAKING NEWS – 2019**

JTAI will focus on child and adolescent mental health services



# Sexual Abuse Referral Centre (SARCS) Inspections



- SARC inspections with focus on the quality of care being provided to child and adult victims of sexual assault and abuse, with a focus on ongoing support.
- Lot of work on standards and performance criteria to support SARCS in benchmarking their service and to encourage consistency in services being offered across the country.,
- Pilots in Apr/May 2018

