



Education Committee

Oral evidence: [Mental health and well-being of looked after children](#), HC 481

Wednesday 3 February 2016

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Written evidence from witnesses:

- Edward Timpson MP and Rt Hon Alistair Burt MP ([MHW0050](#))

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Members present: Neil Carmichael (Chair); Lucy Allan; Michelle Donelan; Suella Fernandes; Catherine McKinnell; Ian Mearns; Stephen Timms

Questions 121 - 218

Witnesses: **Christine Malone**, foster carer, **Teresa Latham**, foster carer, and **Shankly Monksfield**, looked after young person, gave evidence.

Q121 Chair: I want to give you a warm welcome, Teresa, Shankly and Christine, for coming today. I think this is going to be one of the most important parts of our inquiry. We are here to find out how things are and where things can be improved. That is our mission. Having evidence from you three, and in particular Shankly, is going to be extraordinarily helpful to us.

Ian Mearns: No pressure there then, right?

Chair: It is a great opportunity for you to put on record what you think is important. That is what this is about. Shankly, I am going to ask you the first question. Can you tell the Committee a bit about the placements you have had since you were in care?

Shankly Monksfield: I have been in care for about two and a half years now. Christine is the longest placement I have had and that has been 10 months now. I have had 13 placements.

Chair: That is quite a lot of movement.

Shankly Monksfield: Yes, very unsettling.

Q122 Chair: Yes, 13 places in two and a half years. How has the care system helped you cope with the difficulties you have had with your health and well-being?

Shankly Monksfield: Mental health has not been so good. I have been waiting for CAMHS over two and a half years now, since I got into care, basically. It still has not happened. It is slow progress right now. With well-being, you have an assessment at first for your weight, height, to see if you have any mental health problems, but they do not really look into that much depth because they first meet you; they do not want to unravel everything straight away. That is the main issue. But with your health it is more like assessments you do normally as a check-up. That does not go any further and that happens about every six months, something like that.

Q123 Chair: That is a lot of turmoil, a lot of movement, and not enough discussion about the issues that are of concern?

Shankly Monksfield: Yes.

Q124 Chair: CAMHS is not responsive enough and quick enough?

Shankly Monksfield: Yes.

Chair: You are all nodding. Teresa, is that your experience?

Teresa Latham: Yes, with previous children I have looked after, not so much with Alfie. I have been very fortunate to have a very proactive social worker with Alfie who got him into CAMHS very quickly. In the normal run of things, no, their names are put down but they hardly ever get seen. It is very difficult and the chances of them getting any private counselling are zero.

Q125 Chair: Shankly, can you describe a time when you have received a good standard of mental health care and a time when it has been not so good? Essentially, when did it work and when did it not work?

Shankly Monksfield: When I first got into care, it started to work. They started to say, "We are going to get CAMHS for your mental health. We will do some assessments to see what you are psychologically capable for and what you are not", so basically go through all the negative points in your life and try to help you unravel that to put it into a more positive way, not negative. Then that did not work out as it has. It has not been assigned yet, so I am still waiting on that. Those are my two main points on that subject.

Q126 Chair: Okay, thank you. Christine, can you tell the Committee a bit about your experiences of looking after children with mental health needs?

Christine Malone: Yes. Like with Shankly being moved around, CAMHS will only see to a child when they are in a permanent settled placement. They will not move around with the child, which they should do. They wait until they are settled in a placement. For Shankly, she has been with me 10 months now and she is only just getting to see CAMHS now after 10 months and two and a half years in care.

Q127 Chair: Yes. We are certainly aware of the need for CAMHS to get a move on and that is the point that you have made. You have made that, Teresa, and you above all, Shankly. Teresa, do you have any other comments you would like to make in connection with your experiences?

Teresa Latham: I have been fostering for nearly eight years and I would say that nine out of 10 children that have been placed with me have some form of mental health issues. Nothing is being done. It is really, really hard for them. If you can get them at a young age—as in Alfie’s case, who came to me when he was eight—you have a lot better chance of helping that child. When you get children like Shankly and that age, it is very, very difficult for them. They are entering puberty, they have all that to deal with, high schools, GCSEs, everything, and for them to cope with that and what else is going on in their heads is incredibly difficult, incredibly difficult for the young person, incredibly difficult for the carers.

Chair: Stephen would like to ask a question.

Q128 Stephen Timms: I am not at all familiar with how CAMHS works. Do you get to it through social workers or through the GP? The GP is not involved at all?

Teresa Latham: They can be. It depends whether you are taking your young child to the doctor because of mental health problems that you have detected when they have come into your care. Some children arrive already with a diagnosis, but in my experience all mine have been referred by social workers.

Christine Malone: The same with me.

Chair: Okay. Lucy is going to ask you some questions on the question of entering care.

Q129 Lucy Allan: Hi, Shankly. You have told us very openly about the number of early placements that you had before you came on to your current one. I just wondered when you first came into care, that first placement, was that a time when anybody sat down and talked to you about mental health needs.

Shankly Monksfield: No, Lucy, it was not. I first got into care because they came around my house and I talked to them openly about what has been happening in the household and what things are not right and what should be done and that I did not feel safe there. They took me out and they could not find me a placement at the start, so they expected me to go back to my family after they had taken me away, an hour later. I said, “I can’t do that, I’m sorry. My life is at risk if I do that”. I got to the placement and when we had

bedbugs in my house they told me to go and have a shower. They put me in a room and left me there until the next day, until they could be bothered.

Q130 Lucy Allan: In those early placements, short placements—
Shankly Monksfield: Yes, that was my main one. That was my first.

Lucy Allan: —there was no discussion of mental health needs?

Shankly Monksfield: No.

Q131 Lucy Allan: None. It was not until you got to your current more permanent placement?

Shankly Monksfield: I have had some of them talking about it but it is more respite where you stay there for a short period of time until they get you a longer placement. They cannot really do anything beneficial to help your needs. They can only advise you. It is like supervision, basically.

Q132 Lucy Allan: Because when you go into care what is supposed to happen is that your health and well-being is assessed, and it sounds to me that that did not happen in your case at all.

Shankly Monksfield: No.

Lucy Allan: Certainly no focus on your mental health needs, if any, at that stage. That has been missed out in your progression through care.

Shankly Monksfield: Yes.

Q133 Lucy Allan: Teresa, do you complete strengths and weaknesses questionnaires with young people that come into your care?

Teresa Latham: Once again, it depends on the local authority they come through. It depends on the social worker. It depends how proactive they are. Once again, with Alfie, he is a success story and, yes, every year we do strengths and difficulties. I have actually just recently done his. No, it happens sometimes and sometimes it does not.

Q134 Lucy Allan: Do you think it is just a bit of a formality, a sort of tick-box exercise?

Teresa Latham: Yes.

Q135 Lucy Allan: Because even if you did identify a particular need for a child in your care, that would not necessarily be acted on?

Teresa Latham: No, and if you do that questionnaire thing pretty quick when they come into your care, that is not the real child. As all foster carers know, the child that you have for the first three to six weeks of placement is not the child that you will have after six weeks. They settle in and then you see the real child. By that time you have ticked a box

saying yes, they sleep well, they do not bully, and it is all a load of rubbish because six weeks later you have a potential monster in your house. You have been given a child with no diagnosis, no help; what can you do? It is really, really difficult.

Q136 Lucy Allan: It seems to me odd that they should expect a foster carer to do a strengths and difficulties assessment but no professional is doing that. I do not know, Christine, what you think about that.

Christine Malone: Exactly the same. It depends on the social worker. If you get a really good social worker, then they will work with you, but if you do not, then you are on your own and you are fighting for it all the time.

Q137 Lucy Allan: In an ideal world, would it be more productive to have this assessment of needs of the child coming into care done after a particular period of time and then done in conjunction with a professional?

Christine Malone: Yes.

Teresa Latham: Yes, I agree with that because that child on day one is not the child six weeks later. So many areas develop in that period of time. They may come into you without a diagnosis. If they have come straight from their birth home where perhaps mum has not done anything, then you have a blank page. Then all of a sudden you think as carer, “Oh, dear, I have a child here that may have ADHD. I may have a child here that is self-harming. I may have a child that wants to potentially kill themselves”.

Q138 Lucy Allan: You do not know because there is no ground record that is given to you by—

Teresa Latham: You do not know it, no, because if they have never been taken to a GP and it has never been flagged up and the social workers change so often it is never flagged up, once that child gets the trust with you then they will start to talk about what is wrong.

Q139 Lucy Allan: Much, much harder for you to care for that child if you do not know the challenges that you face.

Christine Malone: Yes.

Teresa Latham: Yes.

Chair: Okay, thank you, Lucy. Now Ian is going to talk about CAMHS because we want to know more about your experiences in CAMHS and how we might improve it on the basis of your experience.

Q140 Ian Mearns: In committee we use shorthand and we call it CAMHS, but it is Child and Adolescent Mental Health Services for anybody watching on the television. The thing is I am really interested to find out particularly from the foster carers, if you do not mind, about your experiences with CAMHS and with young people that you have worked with. We do hear that around the country it can be extremely patchy. Sometimes we can get a quick response and a good engagement, and other times youngsters are waiting aeons for any

response at all. What are your own personal experiences? I will go to Teresa first and then Christine.

Teresa Latham: Personally, I have had very good service from CAMHS. Whether that is where I live—I live just outside of Brighton. The only issue I do have is that the child is given so many sessions and then it looks like the child is progressing and then the sessions come to an end. Then, as we know with children in care, the problem has not gone away. They could potentially have flashbacks and then you need CAMHS again. Then it is really hard to get them back in once they have been, in theory, signed off. Once again, I had it with Alfie. He had quite a few sessions, took him out, then we needed to and his social worker got him back in with two weeks.

Ian Mearns: Right, but overall from your perspective your personal experience has been quite good?

Teresa Latham: Yes, it has been very good where we are.

Ian Mearns: Christine?

Christine Malone: I lived near Brighton as well, and I found CAMHS for the young girls that I had there fantastic. They were really, really good. Since I have moved to Kent and the four young girls that I have had self-harming, there has been nothing from CAMHS.

Ian Mearns: Right, so that is really good evidence of the patchiness of the service around the country.

Christine Malone: Yes.

Q141 Ian Mearns: Shankly, you are saying you have been waiting two and a half years?

Shankly Monksfield: Yes, two and a half years.

Q142 Ian Mearns: Right, so you have had a formal referral to CAMHS?

Shankly Monksfield: Yes, I had one but I never had an introduction or met them.

Ian Mearns: Right, and you have up to now had nothing?

Shankly Monksfield: Yes.

Q143 Ian Mearns: That is really disturbing. I am not here to give evidence, but we have heard also that, for instance, youngsters in the care system have a whole range of baggage quite often. Having waited months, they might miss an appointment, possibly for another medical reason or whatever, and then all of a sudden we find out that the case is closed because the appointment has been missed. Have you had any experience like that before?

Christine Malone: Not really, no.

Teresa Latham: No.

Q144 Ian Mearns: Okay. How do you think CAMHS services could be improved for young people? That is a big, broad question.

Christine Malone: I think no matter where the child lives or how long they are there for, that same person that is counselling them should follow them around, not wait until now, like 10 months down the line, for Shankly to get some counselling. She should have had it right from day one wherever she lived and whoever she was with. I think that is the problem, it is only just happening now. For the past 10 months that I have been to meetings CAMHS have been there, and they have had their input at the meetings, but then nothing has happened after that.

Teresa Latham: Yes, I think that I have been very fortunate, and even Alfie's counsellor has attended meetings at schools just to give her professional opinion.

Q145 Ian Mearns: Are you aware if there is any normal policy priority for youngsters in the care system from CAMHS?

Teresa Latham: Not as far as I am aware, no. I have never been told that a looked-after child receives preferential treatment on the list. I do not know if you have?

Christine Malone: No.

Teresa Latham: No.

Q146 Ian Mearns: Okay. Just for the record, we have heard you have experienced long waiting times. Absolutely, from your perspective?

Christine Malone: Yes.

Q147 Ian Mearns: Do you think access to mental health services via CAMHS should be extended beyond 16? In other words, in terms of continuity of the service, do you think it should be extended?

Christine Malone: Yes, I think so.

Teresa Latham: Yes, absolutely. I think that a child is not a child at 18. The child needs help, perhaps until they are 21, or even older.

Ian Mearns: Sorry, I have my glasses off. It should be beyond 18, I beg your pardon.

Teresa Latham: Yes. It should be, especially if you have children that come in to you at 15 or 16. We have just been looking at some studies that have been done in America, which my supervisor and social worker have discussed, saying that it takes four years for carers to turn a child around. If you get a child at 16, you are looking at 20 or 21 before you can put that effort in. You cannot turn these kids around in six months. You have to be able to have that time and the professional help that these people can offer.

Q148 Ian Mearns: As has been mentioned, you cannot definitively say that a problem has been remedied after a quarter of treatment. There has to be re-access.

Teresa Latham: Yes. Yes, absolutely.

Chair: The other aspect of Ian's question is basically: after that abrupt end, if CAMHS does end at 18, what else happens? That is the point that we want to draw out. I can see you agree with that, so thank you. Michelle is now going to talk about the role of foster carers.

Q149 Michelle Donelan: Yes. Thank you. I was going to ask Theresa and Christine first of all if you could outline a bit more of the training that you receive specifically on mental health and wellbeing.

Teresa Latham: Pretty much zero.

Christine Malone: Yes, we do not get any training on that.

Q150 Michelle Donelan: Did you request any? Where you actively refused any training?

Teresa Latham: No. We get sent an email at the beginning of the year stating what training sessions will be held over the next 12 months, and that is it. We do our best to get to as many of them as we possibly can.

Q151 Michelle Donelan: How many would be on offer in a year, on average, just to give us a bit of an idea?

Teresa Latham: I would say probably about eight training sessions a year.

Christine Malone: Yes, that is what I would say.

Q152 Michelle Donelan: Would they be local to where you are?

Teresa Latham: They are in Kent.

Christine Malone: Yes. They are in the head office.

Teresa Latham: Yes. But that is on a wide range. The last training I did was for CSE. Training, we do safeguarding—

Christine Malone: I have done parent training.

Q153 Michelle Donelan: So the proportion that is on mental health is one a year, perhaps?

Christine Malone: Yes.

Teresa Latham: I have never done any mental health training.

Christine Malone: No, I have never had any.

Michelle Donelan: Never?

Christine Malone: No.

Q154 Michelle Donelan: Okay. Do you have a feedback facility in order to go back to them every year and say, “This would be of great use if we could have that”?

Teresa Latham: We do have feedback, but that is just from the session that we have carried out, that training that we have done. We give them feedback on how we have felt that training has done. So if we have done training on positive interventions, then we give the feedback for the training on that, not for anything else.

Q155 Michelle Donelan: It would be quite interesting if you could outline what you see the role of a carer or a foster carer is in terms of the mental health and wellbeing of the child, how you see your role in that area.

Teresa Latham: We are the in-the-face punch bags, that is what we are.

Christine Malone: Yes.

Teresa Latham: Because we do not know. We get a piece of paper that pops up on a computer and says, “This is the child you are getting”, and it is never true. You just do not know. As carers we need to have some kind of intense training, because every child that I have looked after has some form of mental health problem. It may be a very small thing; it could be a whole barrel of things. Some of these kids are so damaged, so damaged. It is frightening how damaged they are.

Shankly Monksfield: I wanted to comment on what Theresa said. The social worker normally gives paperwork out to the foster carers, which—I do not blame them, because they have a lack of contact with social workers where they do not get enough information about the child that can help—benefits the social carer and their bond between a child that could help and lead into success, and some negativity, and that would be really positive if they had a decent communication with each other. Because you do not have a lot of information when you first get into care with a child, you do not know a lot about that person. So when you open up to them, you cannot, because you do not know them. You do not know how to approach that child because you do not know what they have been through or how they communicate in different ways, because you will not know that until you are told. Yes, it is quite reasonable.

Christine Malone: I think sometimes the problem as well is the social workers change.

Shankly Monksfield: Yes, I have had three social workers.

Q156 Suella Fernandes: Can I ask: what is your motivation for going into this profession and becoming a foster carer?

Teresa Latham: We just enjoy it.

Christine Malone: I have always wanted to do it. Yes.

Teresa Latham: Give them a life.

Christine Malone: Yes. Because the rewards of it, when you see the child come to you, like with the issues, with the problems, and then they go on and be a success. They always keep in touch, come back, and that is the reward of it, seeing that and helping.

Teresa Latham: Yes. Alfie has been with me for four years. I am going through an SGO with Alfie, special guardian, to take him out of care. That, for me, is the most successful thing I have ever probably done in my whole life, apart from bringing my own children into the world, giving him a life. That is it. That is why you do it. We certainly do not do it for the money.

Christine Malone: No, there isn't any money.

Q157 Michelle Donelan: Other than training, would there be any other support that you would like to see the system give you?

Christine Malone: I think more from CAMHS, and being involved more with the professionals, rather than leaving it to the social workers to deal with. If we could deal with it—

Teresa Latham: Yes, if we get feedback from CAMHS—

Shankly Monksfield: You do not know what you are doing right or wrong.

Teresa Latham: No. They do their therapy with the kids, but because it is all confidential, which obviously we understand, but you do not know that the child may have gone in and divulged something to their counsellor. Then you take the child home and they have a complete and utter breakdown because of something they have divulged to their counsellor. We have no idea that they could have talked about something awful that has happened in their life. We take them home and we do not know what they have talked about. So it is very difficult, isn't it?

Christine Malone: Yes, yes, yes.

Q158 Chair: Presumably training and more inclusiveness would help then, wouldn't it? I can see the situation you are describing, effectively somebody might disclose something that they have put in the back of their mind, which then disturbs them, and you just do not know what is going on within the context of that particular disclosure. Christine, you have said twice about the variability of social workers in terms of professionalism, and competence, and so on. Is that something that you are particularly concerned about?

Christine Malone: It does depend on the social worker. It totally depends on the social worker. If you have a good social worker, they will keep you involved, they will let you know everything and they will do the best for the child. But if you have a social worker who is not, it makes it more difficult for us then, because we are continually trying to fight to get them CAMHS, or something like that.

Q159 Chair: We are thinking of looking into social workers as a profession and as a leadership issue as well. Is there anything you would like us to specifically do in that inquiry? Are there any things that bother you most?

Teresa Latham: It would be nice to see some more males in the social side of things. I think it is very important that you have a good balance sometimes, because it is difficult sometimes for either sex to work with the opposite sex, and things like that. It is very difficult because, as you say, you do not know what you are going to get, do you?

Christine Malone: No, and because they change. How many social workers have you had, Shankly?

Shankly Monksfield: I have had three social workers.

Chair: A lack of continuity, not just in the overall care structure, which you have already outlined, but also the support from social workers?

Shankly Monksfield: Yes. I think you should get into care, have one social worker, and just have one social worker. The problem with social workers, nowadays they have more than one child to look after. My social worker has about 20, so I hardly see her. When I call her she is either in court or busy with another child. So I do not have that communication with her that I should have. It is really productive for me to have her there, but sometimes I have to wait until she gets in contact with me because she has too many people to look after, and she cannot do her job properly because—it is just not beneficial for anybody.

Q160 Ian Mearns: On that, sometimes a change of social worker is unavoidable. You might have a social worker who is working in Liverpool and then applies for a job and gets a job in Manchester. That happens. Would you be suggesting a recommendation that any avoidable change in social worker should be avoided?

Shankly Monksfield: Yes, definitely 100%.

Q161 Catherine McKinnell: I want to add my thanks for being here today, because it is really helpful to hear from you. I do think it is incredibly brave of you, particularly Shankly, to come to give evidence, and it is really important that you have. I wanted to ask about your school, because presumably you have had a big period of transition and change, but have you stayed at the same school during that period.

Shankly Monksfield: Catherine, your name is?

Catherine McKinnell: Yes.

Shankly Monksfield: Yes, Catherine. With school, I was moved to Hastings for six months. I was put into care first of all when I was about to start my GCSE, so that kind of put everything off balance. I had to miss school to get all these things done, to get assessments, and that really did trigger it. Also, my old social worker, before my new one, she moved me to Hastings when my school was in Faversham. I could not go to school for six months, so I missed the majority of my GCSE. Now I am trying to get back into college and retry my GCSE, and I am going to go into business.

Q162 Catherine McKinnell: Brilliant. Do you find that the school you are now in has been helpful with your mental health needs, or helpful in supporting you at all?

Shankly Monksfield: Yes. Yes, it will be really good.

Q163 Catherine McKinnell: Has that been one of the best places of support for you, or just as a combination of everything?

Shankly Monksfield: What? School?

Catherine McKinnell: Yes.

Shankly Monksfield: Not really, because it had all the baggage with it, like moving from an area where my mum lives, and my mum going around talking to everybody about the business and what has happened. That has left baggage in the school, so then I was severely bullied, and I was being disrupted, and I could not really focus on what I needed to do. I should have moved to a different school, but I could not move because I was too late in my year, and I missed so much of it I just had to move.

Q164 Catherine McKinnell: Right. But your new school you have found to be quite supportive?

Shankly Monksfield: College.

Christine Malone: She is waiting to get in college. Yes.

Catherine McKinnell: You are in college now. Okay. Do you find you get support at college now?

Shankly Monksfield: Yes, a lot more than you should do. Yes.

Q165 Catherine McKinnell: Brilliant. Do you feel you can speak to staff and teachers?

Shankly Monksfield: Not really, no. You will have a counsellor, but there is only so much stuff you can go into there. You would not really trust people. You are not there to trust them; you are there to learn, basically. It is very difficult. It is like your work, college; you do not tell them everything about your personal life, do you? There is quite a lot of hidden baggage with it. You cannot tell people why you are initially late if you have home problems, or if your mum has just contacted you, because you still do not have that support with them because that trust issue is a big thing. So you need CAMHS to be there as well, or have one person and not loads of different carers to help you through school. I had Christine, lucky enough.

Q166 Catherine McKinnell: You have kind of answered my next question, which is: do you feel that your school, or your education place, or you college, is the appropriate place to be discussing these things, or would you prefer that they were kept entirely separate?

Shankly Monksfield: No. I think the college knows some things about you, if you are a self-harm, or if you are a depression, so if they need to get somebody to help you, or medical attention, they have that support there that can help them. That would be really beneficial. But to talk about your problems with a teacher, they will go off and tell another teacher, so it is not very confidential, because that is the way their work is. You cannot

talk to people like children in college, because it will go round. You have to keep yourself to yourself, and that leads to depression sometimes, and over build-up and over-structure of how you are emotionally feeling inside. That would really help, yes.

Q167 Catherine McKinnell: What do you think would help your situation? Ideally, in an ideal world, how would it be for you in terms of your college, or education, and managing your home situation as well?

Shankly Monksfield: I think you should have something like a social worker, but a mental health officer. You talk to them, they are assigned to you, they know you, you have had them for six months, and you can open up to them. So then it is not like they are there like a parent, they are there to guide you and advise you, and they come to see you, and you can open up and be more free about how you feel inside and not let an emotional side build up so then you have to lash out in college, or lose your placement in college, or just talk to general people about what is going on in your life. You should have that instead.

Q168 Catherine McKinnell: Do you mean have a mental health officer that is at the college, or separate from the college so that you can deal with all of that outside of college and then be able to just be yourself at college?

Shankly Monksfield: Separate, yes. They can come to college, have meetings with you at college and outside, so then you do not have to talk to people about the problems you are having. Because it can be awkward as well, like with depression or self-harm, you are embarrassed and do not want people to know because you feel like they will judge you in some way. So they can talk to the staff instead of you having to do it, so it is more a release on that person, not being pushed to do something they are not psychologically ready to do. That would be very beneficial and helpful to that person or individual, yes.

Catherine McKinnell: That is really helpful to understand it from your perspective, how you would like it to be.

Q169 Chair: Shankly, there has been an idea that we should really have identified and specialised teachers or support people in schools or colleges to help in situations like yours. Do you think that will be a good way forward.

Shankly Monksfield: Yes, I think that would be a good start, Neil. Yes, definitely. I think there should be more support groups in college for people who self-harm, so you get to know the people around you. Then if you have a problem you can talk to somebody with the same problem as you as well. That would be very beneficial.

Q170 Chair: We, as a Committee, went along to Trafford up in Manchester to look at a place that was described to us as good practice. It certainly was, because there was a sense of strong leadership of the council, with a particular focus on children in care, and there was also strong evidence that integration, social work, CAMHS, children in care and everybody else, were really working well together. Theresa and Christine, do you find that in your situation?

Teressa Latham: With Alfie, yes. He has got the whole, complete package. We have been very, very fortunate. He has a very good social worker and CAMHS. School has been very

dodgy here and there, but he has a really good package around him, a really good support group around him.

Chair: Christine, you are not so—

Christine Malone: No, not where I am now. No. When I was in East Sussex, yes, but not where I am now, no.

Chair: Where are you now?

Christine Malone: Kent.

Q171 Chair: Kent. So could you help the Committee to understand the differences between East Sussex and Kent from your experience?

Christine Malone: A lot of it is financial with Kent at the moment, they say, and the cut backs and everything. They are saying they do not have the money to invest in certain things. Whereas in East Sussex, when I was there with the girls that I had there, CAMHS was involved straight away, the social workers were there, everything that you asked for really. But in Kent it seems to be financial, and, “I will put it to my manager. I will put it to their manager’s manager”, and then it comes back, “Not at this time. Maybe the next meeting”, and it will be the same things again.

Chair: That could be, of course, the way in which it is organised. Because the one thing we noticed in Trafford was that there was almost a seamless link between the structures involved and the individuals within those structures. We moved around a large open area occupied by CAMHS, by social workers, and so on, and they were literally talking to each other across the space. That looked to me like a really good example of good practice.

Q172 Lucy Allan: We are about to see the Minister for Children, and I wondered if each one of you could tell me something that you would like to say to him if you had the opportunity, in terms of how the process and how the system could be improved. Theresa, starting with you, what would you say to the Minister for Children?

Teresa Latham: About a child coming into care?

Lucy Allan: Yes.

Teresa Latham: There are loads of things. It is so difficult, because the referrals are the first point. The referrals come through and then they are matched to you. There is a lot of information on there that is out of date; there is a lot of information in there that is second-hand knowledge. That is our first point of call. We have to judge whether we can take that child into our home on that email that comes through.

Q173 Lucy Allan: So you would like to see a more accurate, up-to-date assessment of the child’s needs when they come into care?

Teresa Latham: Yes. We want the truth. We do not mind helping children if we can, as long as we know what we are dealing with.

Christine Malone: Yes.

Q174 Lucy Allan: Shankly, what would you say to the Minister for Children about your experience?

Shankly Monksfield: My experience is that I agree with Theresa a lot about the information. It is not very wise or appropriate, because they do not give you up-to-date information. But when leaving care as well, that is a big step. I was looking into leaving care, and they do not have the team for it any more, because they stopped it. You are allowed to leave care at the age of 16, but you cannot do that now until you are 18 because that service is not provided, which is actually illegal. You could take them to court over that. But because they do not have the finances there they cannot have that at the moment. It is not optional.

Q175 Lucy Allan: Would you like to see supported living of some kind post-18? What would be ideal for you?

Shankly Monksfield: I think it should be 16 as well, because in my circumstance I am ready to move on. I can cope, I can live by myself, I can financially help and I can budget quite well. I am quite good at that. I was looking into leaving care—it was just an open option really, just to look into it a bit more—but the service is not provided any more. You have to go with the other services that are in your area. I have had to look at Surrey, because I am going to college down there anyway, but they are saying, “Your counsellor cannot help you because that provider is not there for you to move on, which is entitled for your benefit to be there”. The services are not there at all for 16-year-olds or 17-year-olds, it is 18. That is the only service they have because they do not have enough finances to support that unit. They did, but now they do not.

Q176 Lucy Allan: Thank you. Christine, what would you like to say to the Children’s Minister?

Christine Malone: The same thing, really, more information, and professionals giving you more information, like the social workers and like being more involved with CAMHS. We have the child 24/7, so we really need to know what is going on.

Q177 Stephen Timms: I would like to ask Christine a little bit more about your experience of CAMHS in Kent. You are obviously waiting for more serious involvement with CAMHS, hopefully before very long. Have you seen people from CAMHS? Is it all over the phone at this stage?

Christine Malone: No, they have come to the meetings. Shankly has been with me for 10 months now, and probably every two or three months we have a meeting. CAMHS are always there, but then nothing has happened. There have not been any appointments made.

Q178 Stephen Timms: At the meeting they say, “We will raise this with our manager” all the time?

Christine Malone: Yes, and it just—

Shankly Monksfield: It’s that kind of connection, basically.

Christine Malone: Yes.

Q179 Stephen Timms: Are the CAMHS people in a separate place?

Christine Malone: Yes, I think they are.

Stephen Timms: Have you been there?

Christine Malone: No.

Q180 Michelle Donelan: Have you ever complained about it or tried to—

Christine Malone: Yes, but you can say Shankly needs CAMHS—we have been saying that right from day one since she first came, she needs CAMHS to be involved—and it just has not happened. I do not know if that is because of where I live now. I can only go by when I was in East Sussex and we needed CAMHS, and we got CAMHS twice a week.

Q181 Michelle Donelan: Do you write letters afterwards?

Christine Malone: We have to leave it to the social worker. We get on to the social worker, and then the social worker gets on to CAMHS to deal with it.

Q182 Michelle Donelan: So it could be a fault with the social worker as well?

Christine Malone: If we could do it, if we could have more input in it, then—but now we go to the social worker, and the social worker goes to their manager and their manager, and it goes like that.

Q183 Suella Fernandes: I want to see what your views are about preventing mental health issues and unhappiness generally. I think it is probably more than about funding and processes. From all of you I would be really interested to hear what you think are the root causes of unhappiness among young people. Is it trauma? Is it inability to deal with feelings? Is it relationships? What would you say is at the root of this very serious and growing problem?

Shankly Monksfield: All of the above.

Teresa Latham: I find with children, and Alfie spoke about it when he was a lot younger, probably at the age of nine, that when they come into your home—I remember him saying to me, because he has always called my husband and I mum and dad from day one, “Why doesn’t dad shout at you? Why doesn’t dad hit you?” They find it really difficult when they see people who are nice to each other, because they have not experienced that. Everything in their life, whether they have been beaten, whether they have been abused, whether they have been exploited, everything you can name—you could be dealing with any number of children at any time, and it is so hard for them to come into a home where that does not happen. In reality, they feel safer with the abuser than they do with the carer. That is the most awful thing, but it is what they know. They know that the abuse will stop, but they cannot cope with this unconditional love, because when is that going to stop? In Shankly’s case, when she has been moved so many times, you start giving yourself to those people and then you are off.

Shankly Monksfield: You give up.

Teresa Latham: It is so, so hard. I think there would be 100 things that could make a child unhappy. Some children have not especially experienced abuse or trauma, it may have just been that they have been neglected, or not spoken to as a child, or isolated. The damage from just not being spoken to and being isolated can be just as intense as someone being abused three times a week, I think.

Shankly Monksfield: It can also be mentally and psychologically disturbing for the child as well where I have had to learn to let Christine come into my life. I have locked everybody away. I went to so many placings I gave up giving myself to people. I gave up believing in myself. I let people use me as I was used, because I felt it was natural to let people do that. I have had bad relationships where things have gone wrong. I thought it was normal until I moved to Christine's and she has told me. I see the way Christine and Grant are and I do not understand that. I am still learning to cope with that. My mum is still horrible, and my family is still not right. I think that is normal. I would rather be back with my family being in the situation I was, than be in care, because I find it really hard. I really do.

I have a lot of problems going on. I am not seeing family members as I should be, like my brothers and sisters, and it is really disturbing. It is really mortifying being like that. You do not feel yourself. You cannot give yourself to somebody else as you would normally do, as if you were not in this situation you are. It is really traumatic for people. Being isolated from people really does not help. It does not help at all. But with depression as well, it is a lot worse. You feel isolated from everybody, even though people are there for you. It is more traumatic than going through that, because it is an extra package on your back, and it leaves all different side effects as well. It leaves scars. The scars you cannot see, they are still there. They are not just here, they are here too. People need to realise that as well. That is all I have to say.

Q184 Catherine McKinnell: It is incredibly powerful, what you are saying. To bring it back to a very practical level, you are still waiting for CAMHS. Just to clarify, you are waiting for counselling, ultimately? Is that what you would like to have? How old are you Shankly?

Shankly Monksfield: I am nearly 17.

Catherine McKinnell: You are nearly 17. Obviously what you are describing, it is clear that you need a professional to talk all this through with. It is very obvious that that is needed. I find it very difficult to understand why you have not yet had that service from CAMHS. I think ultimately that is the big message that we will take away from this evidence session today, to try to understand why that has not been offered in your case, and to ensure that ultimately you get that going forward and that no child has to go without it.

Suella Fernandes: A very short question. Sorry, did that want a response?

Catherine McKinnell: To be honest, I was going to ask about what it was you were waiting for, but it was quite obvious from what you were saying why you need that CAMHS service.

Q185 Suella Fernandes: To follow on from the point that you very eloquently set out, in looking at this issue of low self-esteem, low mood, and in terms of building character and resilience, what things do you think would work that are outside the systems of CAMHS and the schools, like groups, and activities, and friendships? Do you have ideas that are more organic that could help?

Teresa Latham: It is a hard thing for them to do, to join in. Most children are moved from an area that they have grown up in to a completely different area, a new school and everything. It is a huge confidence thing for them to even—Alfie has just started a drama group, and that has taken me four years to say, “Come on, let’s go”. The day before, he said, “I have butterflies in my tum, Mum”. It is huge. It is a huge thing for them. I think most would love anything to do with animals. I know that sounds really bizarre.

Christine Malone: Yes, they do.

Teresa Latham: If you can get them into horse riding, or anything to do with animals, that is brilliant therapy for kids.

Shankly Monksfield: Yes, animal therapy.

Teresa Latham: Animal therapy is brilliant. That would be good.

Shankly Monksfield: Yes, that is what I did.

Teresa Latham: Yes, it is really good.

Q186 Suella Fernandes: Have you had anything that has worked or been helpful?

Shankly Monksfield: Yes. I got two GCSEs out of doing animal care. It is about one-to-one with animals, where they have come from different homes as well, you kind of relate to that. In a way, they do not talk to you, they give off signs that you understand. It is very weird. It is very strange, but it is the same. You stroke an animal, you will pet it, and you will give love to that animal. You will not necessarily talk to other people like I did to my cat for ages—she is the reason I went to Christine’s in the first place, because I felt safe in a way. It is really weird, but it really does work. I sadly lost her, it really hurt me, but I am happy now, and she is happy as well.

Q187 Chair: I would like to thank all three of you, Theresa, Shankly and Christine, for what I think has been an extraordinarily helpful 45 minutes. You have given us some very important pointers as to how things can be improved. You have also made us understand exactly what is going on, and where it happens, and why it happens. I want to thank you all very much indeed.

Christine Malone: You are welcome.

Shankly Monksfield: I have one more thing to say. It is to Lucy about family structure with care and social services. You need that structure. Social services are like your parental parent, but they do not let foster carers treat us like their children. They have to apply certain rules, like if you go to the dentist they will have to ask your social worker. It

is very difficult for that bonding with that child and that adult if they are not being that parent role; they are just being your supervisor. It is hard to live with somebody. That needs to change. It is more about health and safety than letting them bond. It is very difficult. You need to do that.

Teresa Latham: Some of it does seem a bit antiquated, doesn't it?

Shankly Monksfield: Yes.

Christine Malone: Yes.

Q188 Chair: Okay. Great. Best wishes. Thank you.

Witnesses: **Rt Hon Alistair Burt MP**, Minister for Community and Social Care, Department of Health, and **Edward Timpson MP**, Minister for Children and Families, Department for Education, gave evidence.

Q189 Chair: Good morning and welcome to you both, Edward and Alistair, to our Committee. This is an inquiry about children in care, and specifically children in care with mental health issues. That is what we are focusing on, and that is really what we are going to be asking you about throughout the next hour or so. We have just heard from one young person that she went through 13 different situations in two and a half years. That is certainly not anything near continuity. Is it acceptable, Edward?

Edward Timpson: It is never acceptable to have that level of instability. I would like to say that is a unique situation, but clearly we know it is not. I meet regularly with children who are in care or have had experience with the care system. Although we have to remember and acknowledge—I think you have heard evidence about this from The Fostering Network, for example—that where care is provided well and in a stable way it is ultimately a positive factor in many young people's lives. Where they do not have that there is poor planning, there is placement disruption, and then of course they will not be able to form those all-important roots, that resilience, and all the elements of the building blocks of life that we want for our own children. That is why a lot of the work that we are doing, not just in my Department, but across Government to improve the care system through the people who work within it, the systems that are built around them, and the frameworks of accountability and governance, will be so important in making sure that the sorts of situations that you have heard about this morning are as small a part of that system as possible.

Q190 Chair: We also heard about the differences between councils in delivery. Basically, East Sussex and Kent were compared. That might be anecdotal to some extent, but what can we do to get best practice all over the country?

Edward Timpson: There are several things we can do. First, to acknowledge that there is some excellent practice. It is not a sea of failure out there. There are some extremely competent, professional, hardworking social workers and others who are in the care

workforce who know what they are doing, use their professional judgment well making good decisions, and as a consequence those children are getting good care.

But also we know there is huge variability right across the country. That is borne out, not just in the Ofsted reports that we see going through the current single inspection framework, but also from the interaction that we have through the Department for Education. I think there are two principal ways we are seeking to try to improve that level of consistency across the country. One is clearly bearing down on failure. You will have seen, Chair, that we have set that out very clearly through both the Prime Minister's speech and the Secretary of State on 14 January that where we see persistent and systemic failure in children's services we are not prepared to just sit back and monitor that. We need to take severe and radical action, as we are doing. Doncaster and Slough are looking elsewhere where we see that happening.

At the same time, going back to the people point, any system is only as good as the people who work within it, and we need to have high quality social work wherever it is needed. That is why, through the Chief Social Worker, Children & Families Isabelle Trowler we have the new knowledge and skills that set the core elements that every social worker will now be judged against through an assessment and accreditation process, while we put a lot of money into Step Up to Social Work and also into frontline to get the best graduates into social work.

There is another element to this, which is: how can we do things differently so that those who are able to provide the best possible service are not being stymied by either the processes that they work within or by the barriers and protocols that often we are responsible for putting in their way? That is why the Innovation Programme has been key in trying to spark a very different approach, different thinking about how we deliver children services. I think that is going to be key as we go forward as to how we establish a really strong system that has the right levers of accountability, but has the right people doing the right things at the right time.

Q191 Chair: We will be doing an inquiry along those lines ourselves, so that should be helpful to you, I hope. Also, it ought to put the spotlight on this issue that has certainly characterised this inquiry so far. Alistair, the other thing that we heard just before was the difficulty in getting access to CAMHS. How do we improve that?

Alistair Burt: I think you will have picked up your inquiry at a part of a narrative on changing, developing, and improving children and young person's mental health services, which recognises failure in the past, but has us doing something quite measurable and determined about it. I think there is widespread recognition that there was underinvestment and poor recognition of children and young people's mental health services for some time under successive Governments. Sparked by this degree of concern, motivated by children and young person's task force and "Future in Mind", a major commitment was made during the last Government, realising that something more had to be done, followed by physical investment in terms of the £1.4 billion put in over the next five years, £1.25 billion for the development of CAMHS services and £150 million for eating disorder services.

That was followed by what we do about it on the ground, in terms of the development of local transformation plans to look at the performance of services, look at what is happening to young people up and down the country, and develop from that clear pathways. Those local transformation plans, which you may want to talk about, are underway now. I think there is recognition that what you have inquired into, we know it is wrong. There is not an acceptable sense that people should be waiting as long as they have been for access to CAMHS. That can only be improved with sustained investment, development of workforce, and the encouragement of that good practice.

You spoke about variability to Edward, and it is right, variability dogs the system in a way. You do want diversity, you do want different ideas and the opportunity to test out different things, but you want the quality always to be good. That has not been the case. We are not surprised that you have seen what you have. It is not acceptable, but there are processes in chain that will, over a period of time, make a significant difference to this.

Q192 Chair: Turning specifically to CAMHS, the issue that has also cropped up is what happens when a young person turns 18 and it drops off as an issue about transitioning out of care. How can we make that transition process more acceptable?

Alistair Burt: First, there is what appears to be a new flexibility in the system. There is a recognition that the cliff edge of 18 has to go, because in a way it is an arbitrary figure. Children mature at different stages, and there will be children ready for adult services maybe shortly before 18, and certainly a number after 18. What the system now seems to do is encourage flexibility. As one of your other witnesses, Professor Fonagy, said, it should not be mandated. The system has to be flexible enough to cope with the particular needs and requirements of the young person involved. That requires a flexible approach, ensuring there is access to service. We want to make sure that that cliff edge is not there. Again, there is variability in practice already around the country, but that is the aim, a flexible process, which means an end to the cliff edge.

Edward Timpson: If I could add to that, encouragingly we are already starting to see some examples of this happening. You look at what is happening in Birmingham, in Norfolk, and in Wiltshire where they are moving much more towards a nought-to-25 approach, albeit with that flexibility post-18 to make sure it is personalised for each individual young person who requires that level of support and service. I am struck by how much I have been able to draw a parallel with the reforms we have been making to special educational needs, where we have moved to a birth to 25 approach, where we have ensured that it is very much looking at the outcomes that we are seeking to achieve for each child and young person, that it is very family centred, and that it is integrating each of the education, health and social care services. So I think there is something we can learn from that approach that we have taken in special education needs, and we are already starting to see it filter into the mental health space as well.

Q193 Chair: Is that a kind of care-plan-like structure for this situation?

Edward Timpson: Precisely. But it is not a plan that is set in stone. It is a live document. What it does is help drive everyone towards the same outcomes, where they are joint commissioning services, where they have duties to co-operate about how they deliver

those. I see that very much as the sort of model that we need to see happening across health and wellbeing services at local level as well, including mental health.

Alistair Burt: NHS guidance from January last year specifically gave advice not to have a specific fixed age and to be flexible. That is one way in which we are trying to encourage it from the centre.

Q194 Lucy Allan: Just a quick question around what you were both saying, should children in care have priority access to mental health services?

Alistair Burt: It is essential that all children are assessed according to their need, and I think it is important that looked-after children come into a CAMH Service that is able to look after all children's mental health needs without specification and without discrimination. It is important to me that a looked-after child gets access to the service that they need through the system, but not necessarily simply because they are designated a looked-after child. A looked-after child has characteristics, some of which have resonance with other youngsters, some of which are particular. But it is important that the clinical mental health needs are assessed in the same way as they would be for any other child, and that a looked-after child has the opportunity to come into CAMH Services that are available to all. I want to make sure that they get the access to the appropriate treatment they need.

Chair: Thank you.

Q195 Stephen Timms: Just before I do that I have a question on this point about flexibility around the age of 18 with access to CAMHS. At the moment there are quite a lot of places where when someone gets to 18 they are dropped. You have favoured flexibility. In practice, what should a person do if they are told, "Sorry, you are 18, you have to go now"? What recourse is available to them?

Alistair Burt: In time that should not happen, because that should not be practice. If a clinical decision is taken that, because of who you are and how you are progressing, the time is right for you to move from children into adult services, and adult services are there, that is fine. To be simply told, "The date is such and such and, therefore, you are moving", is now not considered to be good practice. We are hoping that the development of services, the care pathways—I will talk about that a little later in answer to anticipated questions—will ensure that each looked-after child has a clear pathway that will not include an arbitrary date at which they move from one service to another. Hopefully that should be a thing of the past.

Q196 Catherine McKinnell: Further to Lucy's previous question, I would question the view that all children be assessed on clinical need. Obviously that should be the case, but I do feel that there is a special situation for looked-after children who are under the care of the state, and at least that assessment should take place as a matter of priority for looked-after children. I would be interested to hear what the Minister has to say about that.

Edward Timpson: I may be overplaying my status here, Chair, but I do have a reputation for pushing the boundaries of possibility for children in the care system as much as possible. On this I am not prepared to break my own rule, irrespective of the fact that there

is the clear clinical, constitutional position of the National Health Service that everyone has to access any health service based on clinical need. I think there are things we can do to ensure that children in care, and also children who move on to special guardianship order or on to adoption, have a much better arrangement in place to ensure that they do not lose out by there being insufficient resource for them. That is why we set up the Adoption Support Fund, for example, to provide therapeutic services. It is also why I am keen to look at the idea of centres of excellence across regions for those children who are the responsibility of us, the state, as their corporate parent, to see whether at the point they come into care, and also at the regular reviews that they have—not just their mental health, but also we have to remember there is a wide spectrum here of need around emotional wellbeing and resilience—that they are getting the right level of interventional support from a team who are working with them.

We know that there are some councils, in fact a large number, who now jointly commission CAMH Services with clinical commissioning groups, who help children in the care system because they are much more on the health service's radar. I think there are quite a few practical things we can do. One of the other things I should mention from a best practice perspective, Chair, is that we are and have announced the setting up of a work centre for all those working with children in the care system. With that £20 million, we will make available best practice, which people have been crying out for for a long time, from a clear, evidence-based resource, of which this would be part.

Q197 Catherine McKinnell: To what extent is the Department for Education practically working with the Department for Health on ensuring that looked-after children do get the mental health support that they require?

Edward Timpson: I hope I can speak for my colleague in as much as it did not require this inquiry, as important as it is, from the Education Select Committee for the two of us to have already met on several occasions to work on the back of the “Future in Mind” paper and the task force to really get to the nitty gritty of what it is we can do collectively to drive this. Not just from the process points, but also from an awareness, a hearts and minds point too, that this really is important. If we cannot get it right for children in care then it is difficult to see how we can get it right for those who may be on the edge of care, or may need a much lower level of support, but if it is not given then the likelihood of them spiralling in the wrong direction is greatly enhanced. We are very, very committed to this. I remember at the very first meeting I had with Alistair when he was appointed he said, “Mental health is my number one priority”. I was left under no illusions as to which direction the relationship would be going.

Alistair Burt: I will embellish, because I hope you will not mind, Chair, if we jointly use this occasion of being in front of you to announce something new that our two Departments have just set up. We are pleased to announce that our two Departments will be setting up an expert group working with NHS England, Health Education England, and sector partners to develop care pathways that will support an integrated approach to meeting the needs of looked-after children with mental health difficulties. By this summer we will have set up the expert group to lead the development and models of care for looked-after children's mental health. The experts will be drawn from across the health, social care and education sectors, with input from children, young people, carers and families with experience of the care system. That is a demonstration that there is no

dilemma in terms of what you are looking for, for the needs of children who have been in the care system and looked-after children.

The local transformation plans cover children with all vulnerabilities, including looked-after children, and the development of the pathways is to make sure that they have access to the mental health services that they need. There is no distinction between us in relation to that. Our determination is to make sure they get the care that they need, and the two Departments are working very closely with our joint responsibility in relation to this. I hope that piece of news is of interest and help to the Committee.

Q198 Chair: That is certainly of interest to us, and I am sure we would be pleased if you could give us a little bit more background detail on that so that we can take it into account when we write our report.

Alistair Burt: We will. We will write something and send that through to the Committee, if that would be of help.

Chair: Thank you very much indeed. It is welcome. Stephen is still keen though.

Q199 Stephen Timms: Data. My data question. There is quite a strong theme in the evidence to the Committee that there is a paucity of data about the mental health of children and young people, which we picked up on in the 2014 Health Select Committee report. Why is it that the long-term outcomes of care leavers with mental health concerns are so poorly monitored? What is being done about it? Specifically, the NAO's report, "Care leavers' transition to adulthood", did recommend the Government should, and I quote, "Develop indicators to measure progress against its objectives for care leavers and collect data to get a better understanding of the social problems care leavers face", including mental illness ". Is that recommendation going to be implemented?

Alistair Burt: I do not think a scarcity of data in this particular area is unique. We are looking very hard at all the data requests and submissions that come in, because we know there have been gaps and we want to improve them. We are investing in new data sources on both prevalence and service use. As the Committee will probably know, for the first time since 2004 we have commissioned a new survey on the prevalence of mental health issues among children. It is a long-term piece of research that will report by 2018. It is a detailed piece of work that needs that length of time, but it will be the first one since 2004. In addition, in January the new mental health service data set began collecting data for both adults and children on outcomes, length of treatment, source of referral, location of appointment and demographic information, and this data should help us identify looked-after children receiving mental health treatment. So we are on to it. There has been a data shortage over a lengthy period of time, we are identifying it, and we have new data sets in train.

Q200 Stephen Timms: You said the data has now been collected since January. Do you know when that is going to appear?

Alistair Burt: I think, from memory, the first signs of these are coming within a few months. It will take a little while for this information to come through. Again, I will let you have a note on that. But we are starting on it.

Edward Timpson: Can I add something specifically around care leavers and understanding what happens to them after they leave care and their destinations, and acknowledging that there has been a paucity of solid data that we can refer back to and challenge? On the back of the NAO report—but we also had this in train before then—we increased the age range of data that we collect on care leavers. It used to only be up to 18. We have put it up to 19, and now 20, and now 21, and obviously that will roll through. That is looking at those care leavers who end up NEET, those who are no longer known to their local authority. We have huge variety across councils as to how many of them know where their care leavers have ended up, and that is something that they need to take more interest in, particularly now that the responsibilities are moving more towards up to the range of 25.

As part of the care leaver's strategy—the first one we have had across the Government, which we are in the process of refreshing through to 2020—rather than it being a rolling 12-month programme of work, it is looking at other data sets across other Departments, including HMRC, to see how we can marry up some of that data around care leavers to get a better understanding and read-out of where they end up.

Q201 Stephen Timms: Would that include mental health data and indicators?

Edward Timpson: That is wrapped up in the data that Alistair has mentioned, but of course there will be an attempt to try to cross-fertilise that so that we have a comprehensive set of data that we can use as a way of trying to establish exactly what it is that is having a positive impact on care leavers' lives, but also where we are still falling short.

Chair: Thank you. Over to Suella, who will be talking about workforce development.

Q202 Suella Fernandes: Good morning. Our foster and residential carers are dealing with some of the most vulnerable children in the country who have really complex needs, mental and behavioural, and just general unhappiness. How do you think the initial training for them can be improved?

Alistair Burt: I speak as someone who has spent most of their life in a foster family. I think the first thing to acknowledge is that although we talk about lots of professionals who are involved in a child's life who is in the care system, the people who are perhaps best placed to try to deal with all of the fallout from the pre-care experience are their foster carers, potentially their residential carers. It is important that they understand that when, as happened in our case, they go into the garden and smash every pane of glass in the cold frame, it is because they do not know how else to express the anger about what happened to them before they came into care. If you did not have that understanding then you may make poor decisions as to how you deal with it.

I was anxious to make sure that we look very carefully, going back three and a half years ago when I took on this role, at how we support foster carers so that they have the skills, the knowledge and the understanding as to what are the types of behaviours they will have to deal with potentially, and what is the best way of them handling them, and who can they go to for support? I think there was around £36 million that we spent on providing multi-systemic therapy and multi-dimensional treatment foster care. There was also the KEEP programme, which was around enhancing parenting skills so that there was a greater

prospect of foster carers feeling confident that the role they were taking on was one that they were able to cope with. Because if we go back to the very first question around stability of placement, one of the reasons why placements break down is because foster carers are unable to cope. Therefore, there is only one way of resolving that, and that is to move that child or those children on.

There are, Chair, the training support and development standards from 2011, I think, that all foster agencies have to set against the training of their foster carers to make sure that they are well prepared for the role, which includes them understanding the emotional and mental health of the foster children they look after. But of course we want to continue to see what more we can do so that the often greater level of specialism that is now needed in foster care is being addressed. Some of the Innovation Programme projects, for instance the Mockingbird project, which may have been in our written evidence, is looking at how we can have a different model of foster care where you bring together the array of specialisms that different foster carers have round a single hub or unit so that any child coming into care is being put into the right place with a foster carer who knows how to deal with their specific needs. So there is more that we can do and we want to continue to look at that. In terms of residential care we have looked carefully, as have this Committee, at the quality of the workforce in residential care. We have changed a lot of the standards now. Rather than having national minimum standards we have quality standards, which they are all judged against. We now have a new diploma, which is setting a higher bar. Also we have supported them with things like the RESuLT programme, which is to give them a better insight into the mental aspects of the children who come into their care. Lots of work has happened and will continue to happen but of course we are not confident that we have all the answers.

Q203 Suella Fernandes: We have evidence from Trafford, where they have used the KEEP programme, and from other foster carers. One suggestion has been a two-year post-approval training and a nationally recognised qualification and a registration of foster carers. What is your view on that to boost the provision of training for foster carers?

Edward Timpson: It is important that foster carers do not just get their three days of training during their initial transition into foster care. There need to be opportunities to develop themselves and CPD is part of those standards I spoke about earlier. There has been a long-running debate about the status of foster care as a profession and how much you professionalise carers and turn them into another arm of public service. My worry, partly based on personal experience but also from speaking to many of the people who foster, is that if you regulate them to that level then first you will lose a lot of that distance that there is between them and the role of the state, which for children can be quite important but also you may lose the breadth and depth of people who come forward to foster at a time when we are trying to get a greater range of people. It may have the adverse effect that we end up narrowing the number of people able to do what is a profession if we want to call it that—an altruistic role, you may want to call it—but nevertheless a role that we are going to need people to keep coming forward to offer children who are coming into care. It is not something we should have a closed mind to but I think we need to be careful we do not end up creating another arm of Government when what it is often is a deep desire just to help vulnerable children and we should not try to stymie that by turning it into something that may prevent that from happening.

Q204 Catherine McKinnell: In an ideal world there would always be continuous professional development and all the training that a foster carer needs to deal with the different scenarios they are presented with. However, I am acutely conscious that local authorities have faced a significant period of funding reduction and are facing a significant period again ahead. In my view this will inevitably have an impact on their ability to focus resources, where they might like to but where it is not absolutely necessarily required. What would the Minister say to that? What would he do about it if it does seem to have an impact on the ability to support foster carers in their very important work

Edward Timpson: When we look at the responsibilities of local authorities for delivering child protection but also high quality care for those who need to be in the care of the state I always make it clear that there is no greater responsibility that local councils have now. When we come round to elections you would be forgiven for thinking that they did not have any responsibility for it because you never see it on any leaflet. I find that quite depressing because they do need, where they are doing well, to be judged against the high-performing children's service that they offer but also where they are not doing well that needs to be highlighted; it needs to be transparent, and the public needs to have that level of awareness. To be fair to most councils, despite the reductions in their overall spending power in the last five years they have, rightly in my view, prioritised child protection and children in care as services that need prioritising. Inevitably they are going to have to make some more difficult decisions going forward. That is why through things like the Innovation Programme, through the What Works Centres, we are giving them an opportunity to do this differently, to provide them with sometimes the resource that would not otherwise have been there as to what actually does work. Things like the Mockingbird project that I mentioned can help utilise the sometimes underused strength of foster carers themselves to perform that really important role of caring for children who need that level of specialised support. The message will always be strong from me as to the importance of this. The whole purpose of trying through the Child Protection Task Force but also through the Social Justice Cabinet Committee to have a much greater interest across Government—whether it is through the Department for Communities and Local Government, the Department of Health, the Cabinet Office, whoever it may be—is that they see that the work that is being done for children in care at local level is everybody's responsibility. That is why I think it is really important for the role of corporate parenting to be understood for what it is. That is another area I want and hope that the Committee will explore so that it is not always seen as just the repository of the director of children's services to take on all these responsibilities. There is a much greater range of professionals who are involved in that child's life who also have responsibility who can help make sure that good decisions are made around spending and commissioning but also about the quality of care that is on offer.

Chair: Make sure they all know what each other is doing as well, which is critical.

Q205 Lucy Allan: I would like to take the Children's Minister back to the very important point he made about professionalising the service and perhaps being careful not to. We heard powerful evidence from a young person in care this morning, Shankly, who is still with us. One of the finer points she made was about the way in which she felt foster care is so often focused on health and safety and on checklists and all the things that they have to get

right that sometimes what is missed is the sense of being part of the family and the bonding and being owned and claimed by that family. I am very glad to hear the Minister make that point.

One question I would like to ask: do you both accept that despite all the good things you have been talking about this morning provision of service can be extremely patchy in terms of what is delivered to foster carers in terms of support and to children in care? We have had examples of excellent care that we saw in Trafford when we went on that trip but we have heard this morning another scenario of lack of provision. I would like to hear some acceptance that there is patchiness across the board.

Alistair Burt: Absolutely. As I said right at the beginning I am not surprised that your inquiry is finding what it does because that mirrors what we know, which is precisely why the Department of Health has invested so much in seeking to improve children's and young person's mental health services, which will apply right across the board and recognises the experiences you are talking about. I don't think either of us could, or would wish to, claim that we are in a position where what we want to have delivered is being delivered, otherwise there is no point in us doing what we are doing. Your ability to highlight some of the issues we are dealing with though does enable us to say, "Look, this is where we believe we are seeking to meet the challenge," but it will take time. We are very committed. We have workforce issues too as well as training up more people to handle the expansion of children's IAPTs for example, to meet the new psychosis waiting targets. We are doing an audit of our workforce as to how they handle children's and young persons' mental health services in the light of the new investment going in. But that patchiness is there. But before Edward answers, just to say that to have a Minister who understands foster caring from a personal point of view is I think a unique privilege for the United Kingdom and we are very lucky that Edward can speak about it in such terms from both a professional and personal point of view.

Edward Timpson: It is patchy. We know that. We can't hide behind it and any reading of an Ofsted report will show you the huge differences that there are right across the country. You saw Trafford. It is the only outstanding care-leavers service in the country albeit there are still a large number of authorities that have not been inspected under the current framework. We also know that there are some authorities who have solid child protection services but are lacking once the child comes into their care. There is huge variability around the recruitment and retention of foster carers. It is not necessarily the overall numbers. It is getting the right foster carers in the right parts of the country with the right specialisms. So these are all going to be issues that we can't ignore as we try to refocus the whole of the children's care system on those three pillars that I started with around getting great people in a system that does not end up with foster carers filling in health and safety forms rather than spending time creating a normal family environment. It is one of the reasons why we brought in the efforts to ensure that foster carers themselves can make decisions rather than them always having to refer back to social workers for things like holidays, sleepovers; even haircuts in some instances. If we can do more of that and create for those children who are in care a sense that they have a home, they have a family and they have a future that other people are investing in then the chances are that their outcomes are going to be so much better too.

Q206 Ian Mearns: In response of Catherine's question about the profile of local authority funding, my local authority has done the mapping and since education spending has been devolved to school the two biggest blocks in local authority funding for my authority are still adult social care and children's services.

The map looks like this. With the withdrawal of revenue support grant in total by the end of this Parliament even if the local authority cuts 100% of their services, which include a number of statutory requirements like refuse collection for instance, if 100% of all that goes the local authority will still have to make cuts in adult social care and in children's services. On top of that is the added frisson of the impact of the localisation of business rates, which will withdraw £223 million from the north-east region's 12 local authorities. So in that context how can we secure the improvements you are looking for in children's services in particular, which will be prioritised—we have a very good attitude towards corporate parenting and our corporate responsibility—but that is the reality on the ground that the local authority is trying to deal with.

Edward Timpson: The first thing to say is that of course there is recognition—I tried to articulate it earlier—that every council is having to find different ways of delivering all their statutory responsibilities with a reduced budget. That is a fact of life. Many of them have done everything they can to make the right decisions in protecting the areas they feel they need to prioritise as part of their overall responsibilities.

In relation to children's social care I think it is important to remember that albeit it is encouraging that that is one of the areas where local authorities have tried to maintain their level of spending, when you look at the quality of the service that is being provided the correlation between spend and quality is not there. Some of the lowest-spending authorities in that area are some of the highest performers and similarly some of the councils that unfortunately we have had to intervene in and in some cases find other ways for those services to be delivered outside of the authority have been some of the highest spenders. What we can do to help is through the reinvigoration of the social workforce, through the Innovation Programme, through looking at things that we are asking local authorities to do that perhaps they do not need to, so that they can concentrate on the things that we know make a difference; take some of the unnecessary burdens away, but also look at how they can work much more closely with each other and also with other agencies. With their added responsibilities around health and wellbeing for example I think there is a real opportunity for them through joint commissioning, through some of the care pathways that we want to talk about, to have a much more integrated approach, which we know in those successful authorities that are doing it not only means that the overall budget needed to achieve that is reduced but they have a high-performing service that is delivering for their population.

Without taking anything away from the very valid points that you make about the trajectory of spending, Mr Mearns, we are alive to that and, believe me, in the same way that I am trying to improve prospects for care leavers across Government I am also doing all I can to encourage every other Government Department to see them through the eyes that I see them with, including on what the settlement is for the spending that they may then receive. There are things that can be done that can help ameliorate that situation.

Alistair Burt: On our side the local transformation plan process will enable us for the first time to get a clear picture across the country of some of the areas where the patchiness has

been. We know that local authorities have responded differently to economic pressures in the past and the Transformation Plans allow us to get a clear picture of where some of the underinvestment is perhaps most acute.

With the extra investment that is going in—£1.4 billion in 2015-16—£105 million is going to local areas including £75 million for service transformation; £30 million on eating disorders; £68 million is being spent centrally on workforce and system development. So there is recognition that what we are trying to do comes after a long period of disinvestment by successive Governments. The Transformation Plans will help in trying to get a clear picture of what needs to be done most urgently and as Edward mentioned we both make strong representations in the Spending Round to make sure that the needs of those we are representing are well covered. Of course adult social care as we all know did receive some extra support in the Spending Review; £3.9 billion will be available by the end of 2019-20 for that but we all know that settlements remain very tight.

Q207 Suella Fernandes: One last question on support for the professionals. What role should staff in schools play in supporting young people with mental health problems and what training is there for them?

Edward Timpson: When we think about where children spend their time we expect, more than hope, that a lot of that is spent in the school environment. Particularly for children in care that can sometimes be the most stable environment they find themselves in. So the relationships they can develop within school can be really crucial. That is why in 2014 we made the role of the virtual school head a statutory role in every local authority. Going back to spending decisions, it is why we fought hard for the introduction of the Pupil Premium Plus. That is an additional £1,900 per year per pupil who is in a council's care. There are others who also qualify. That is controlled by the virtual school head. I think you heard evidence from Tony Clifford, the virtual school head from Stoke. It is part of another expert group that we set up to make sure to ensure that other staff, including the designated teacher that every school has to have for children in care has that level of insight into the types of extra support in and around the school that those children may need and also to be the link outside the school. That has been an important development.

One of the things that we have also announced and which is now up and running are the 27 link models going into schools rather like a SENCO but in terms of mental health. There is a link within the school to the mental health services that are available so that it gets picked up more quickly; that referrals are more direct. Also there is an ongoing dialogue between local health services and the schools so that children are getting the support in a timely manner. That also includes one, I think in Birmingham, which is working with foster carers. The one thing that always struck me growing up was how little foster carers were involved in school life. They should be at parent teacher meetings; they should be working with the school and that includes around the issue of mental health.

There is another of the link model, which is working specifically with looked-after children to make sure that they are getting the right level of support.

In terms of the wider teacher workforce, initial teacher training is something that crops up in everyone's wish list as what teachers should be trained for before they enter the classroom but one of the reasons the Secretary of State has made character resilience such

a key priority is that although we want to see academic excellence in every school, we want to see children achieving everything that they possibly can, even the brightest child is going to fall short of what they are capable of if their head is not in the right space; if they don't feel emotionally and socially confident and they don't have that grit and resilience sitting behind them. That is why we have put much more emphasis on that. That is why it is part of the initial teacher training review that Andrew Carter has undertaken. He has talked about the importance of emotional and mental wellbeing being understood by teachers as part of their initial teacher training so it is at the heart I think of a lot more of the thinking going on in the Department but also now in some of the delivery of how we ensure that every child in school, including those in care, gets the backdrop of other support that puts them in right place to be able to learn to the best of their ability.

Alistair Burt: Another example of joint working: I have another partner in the Department, of course, Minister Sam Gyimah. We have already appeared on platforms together. We have given evidence together at the Young People's Select Committee. The first Minister in the Department of Education appointed with a specific mental health remit. I offer that as another example of where Government is looking ever more closely at where the different Departments with different responsibilities for children, including looked-after children, can work together and project a joint effort in so many areas where the joined up nature is an essential part of what we are trying to do.

Chair: Thank you very much for those answers. We are going to have to move up a gear to get through all of our questions. Michelle is going to demonstrate just how quickly she can move into top gear on the subject of PHSE.

Q208 Michelle Donelan: Yes, just moving on to that topic. It was a year ago that this Committee recommended that it should be made statutory. We have heard from a variety of sources including the Chief Medical Officer and the Department's own medical health champion that they strongly advocate making it statutory to help not just children in care but all children. What is the hold up? Why has this not been done?

Edward Timpson: First, I am grateful for the patience and the forbearance of the Committee on this particular issue. I know there has been rightly a great deal of interest in the future direction of PSHE.

Just going back to my previous answer around some of the wider aspects of school life that help create the rounded and grounded children that we want to be leaving school to face all the challenges that we know will be coming their way as they move into adult life that is why we have looked very closely with the PSHE Association, with a head teachers' group that we have set up in the Department, not just at the status of PSHE but also the quality of it within schools. We know from Ofsted that there is huge variability in the quality of PSHE teaching in schools. We want to see what we can do to improve that.

What I can say, Chair, is that I am aware that the Secretary of State is probably sitting at the computer as I speak tapping away at a letter that is coming in your direction very soon to set out the position. I am afraid I am not able to be the messenger on this occasion but I can let you know that your parcel is in the post.

Chair: I always have stuff on its way. If it is a parcel, that is all the more exciting but I take that to mean we are going to get an answer soon, so thank you.

Q209 Michelle Donelan: Is your own view that it would assist children in care? Do you think that it is vital that we do make it statutory?

Edward Timpson: I am beholden by the collective responsibility of the Department and whatever the letter that comes your way says, I would have been involved in those discussions and I will be supportive of the position. What I can say is that in relation to children in care the virtual school head is there to make sure that they do push on behalf of children in care; the extracurricular side of life; the additional emotional support they are going to need. So that is the avenue that I think for looked-after children is most likely to get the wider aspects of their life looked at individually as they make their way through school.

Q210 Michelle Donelan: You are increasing counselling services in schools. We have heard conflicting messages as to whether school is the right place to assist in mental health support. What do you believe? Do you believe that it is part of a big picture and it all needs to go together? Or do you think that it is not necessarily the right place?

Edward Timpson: I don't think we can say it is not the right place inasmuch as there are some excellent services offered and there will be some updated guidance coming out shortly, Chair. It may be in the same parcel. I don't know. It will provide a much clearer view as to the role that counselling can play in the school environment.

There are some parts of the country where we know for instance every secondary school has a counsellor and that works well. I think it goes back to the point of the link model and looking at how the pastoral school life is being connected into the services outside school. The SENCO is one route for the many children who need that special educational need support but there are other children as we know who face different challenges to the ones that we faced, particularly through things like cyberbullying where we need to think more smartly about the sorts of ways that we provide for them, whether it is counselling services, whether it is advice and guidance to them through peer mentoring so that they feel safe and secure while they are at school.

Alistair Burt: Can I add from our point of view that because of the correlation between the early prevention of mental illness and mental health problems and the recognition that 75% of those who develop mental illness and mental problems have some sort of evidence before the age of 18, recognition now that schools are important particularly as an environment in which young people can talk is really very important. There are anti-stigma campaigns of course and another development is tomorrow with the Time to Talk initiative, which will be going on all round the country. We have recognised that the more young people are encouraged to talk, to look after each other, because there are a number of youngsters in schools who do work very well with their schoolmates, it is all part of a process of allowing people to recognise early that they may have issues that are coming up and they need a safe environment in which to express that. So we have recognised the importance of developing all sorts of services with younger people. The importance of what we are doing with Sam Gyimah in schools is to give people the ability to speak and is part of the work that can then be done to identify and treat; get earlier access to

psychological therapies and all that sort of thing. That is why the involvement with schools is so important and why we have all recognised its importance.

Edward Timpson: Can I very briefly mention the MindEd learning tool as well? It is really excellent. I've seen it in practice and it is for all professionals working with children to really understand how they can spot the signs and make good decisions on the back of what they find.

Alistair Burt: Great apps for mental health and things like that; we work on all those sorts of things. Really important.

Q211 Michelle Donelan: I touch quickly on the Character Education project. Why have you linked the two? Is there any particular reason why you feel the two should be linked? It is the mental health and character education combined.

Edward Timpson: The point I was making was that when we talk about mental health—and I think this is a point that was made in evidence that you have already heard—we just need to be careful about what we mean by that and that there are lots of children who rather than just being symbolised by that label may require a different sort of intervention. They may lack the emotional resilience that we spoke about. They may lack confidence but, unless those things are dealt with at an earlier stage, there is the prospect that it can deteriorate to the extent where they withdraw from school. They can get depressed. They can get anxious, and that can then develop into something that we would more readily call mental health. So it is accepting that there is a sliding scale and we need to make sure that we see, as early as possible, where there is a child that may be struggling, and that character and resilience can help support them at that point and prevent them from going on a downward spiral and losing all the prospects that they had in front of them.

Chair: Can we focus on mental health. That is the key issue here. Have you finished Michelle?

Michelle Donelan: Yes.

Chair: Just one thing about the parcel. I was supported by the Chairs of Business Innovation Skills, Home Affairs and Health, and they will be interested in its contents.

Edward Timpson: Yes, understood.

Chair: So just, when you are wrapping it up, do bear that in mind.

Edward Timpson: Yes, I will.

Q212 Ian Mearns: Yes. In a previous evidence session, Claire Bethel from the Department of Health said that the £1.4 billion of additional funding had been allocated for local transformation plans, and she added that she hoped some of that will be used to improve outcomes for looked after children. Can we turn that hope into a reality, please?

Alistair Burt: Let me take that. The assurance process, which we have gone through with the local transformation plans, has indicated that although it was—and it remains very important to us that the local transformation plans should cover all children, including

those most vulnerable, including looked after children. Clearly what we have seen is that some plans are better and stronger in those areas than others, so the process that we are going through now to evaluate these—and by March we will have done a study that will be qualitative as well as quantitative—will enable us to identify precisely, as a theme, what has been done right through the country with these local transformation plans in terms of looked after children. This will give us the necessary information we need to make sure that we are able to focus on those and work with those local authorities to ensure that looked after children get the support they need.

Q213 Ian Mearns: We see you have to beef up the statutory gains, particularly in mind of that aspiration but also bearing in mind the “Future in Mind” report as well.

Alistair Burt: Yes.

Q214 Ian Mearns: Thank you very much. The Committee has been told that CAMHS refused to provide care for looked after children from unstable placements with a wide range of mental health concerns. What will you do to ensure this does not happen in the future?

Alistair Burt: Well, it shouldn't. I would have to look at that specific example, but the point I made earlier on is that it is essential that children from a looked after background have the support and the expertise that they need, no matter what the background is. I am alarmed that the children that need support will say that that is not there, so I would look at that very carefully because we must make sure that they have all the support that is available.

Q215 Ian Mearns: We have heard, even this morning, of significant waiting times for youngsters being referred and actually getting access.

Alistair Burt: You are right on the waiting times. Again, we know this. We want to improve waiting times all through. We have set waiting times for psychosis. We have not been able to set waiting times yet for children and young persons' IAPTs, but we are going to. That is all part of the transition process that we engaged in with the investment we now have.

Ian Mearns: Thank you.

Q216 Lucy Allan: Yes. We heard evidence this morning from two foster carers and from a young person in care who said that, when going into care, children were not necessarily being given assessments in terms of their mental health needs. Also, at a previous evidence session, we heard from the NSPCC suggesting that it should be a natural part of the process that you should have a full assessment, so that carers can have the information they need. It was like you were saying, Minister, about understanding that child's behavioural circumstances and reacting appropriately. What can you assure us that can be done about giving this level of assessment that carers need so that they can properly deal with the difficulties they face?

Alistair Burt: My understanding of the evidence you have had is that it has been mixed, in terms of: when is the right time to do an assessment of the mental health needs of looked

after children? There are voices, yes, who say it should be done right at the beginning. I think there are slightly more voices that say, “The important thing is to get that physical and mental health assessment done right at the beginning”. The strength and difficulties questionnaire is then used to identify mental health needs. The important thing is to make sure that that mental health support is available at the right time.

There are voices that say the traumatic experience of coming into care means that it is not always possible to spot some of the latent mental health difficulties that emerge weeks or some short number of months afterwards. Therefore, an initial assessment could miss that. What I think is important to us is to make sure that that initial mental and physical health assessment is done well, and there is then continuous assessment to make sure that if problems emerge it is spotted. We look to Haringey as an example of where that is being done very successfully with the first steps service, which provides an opportunity for regular monitoring to make sure the assistance is there. So, on balance, I think the view of the Department is it is important to get the right assessment at the right time, and that is rather more important than making sure everyone, including those who may not need it, has an assessment early on because we would rather make sure that we caught everything as time went on, assessed it accurately and had the right backup services in place.

Q217 Lucy Allan: Absolutely, and we heard a foster carer say almost exactly that this morning.

Alistair Burt: Right, okay.

Lucy Allan: However, would you accept that it is not actually happening all the time somewhere?

Alistair Burt: Yes. I again make reference to the answers I made before and that you have acknowledged, and we all acknowledge the system is patchy. That is why we are all doing the work we are doing. You are doing the inquiry. We are doing the local transformation plans. We are putting the investment in. We are looking at examples of best practice because, quite straightforwardly, my determination is the best practice somewhere should be the standard practice for all. That is what we are about.

Lucy Allan: Thank you.

Q218 Catherine McKinnell: Some of the evidence we have heard is that recent research by NSPCC has also shown that over the last five years it has become more difficult for vulnerable people to access mental health support. I have heard a very valiantly optimistic outlook for the next five years ahead from both Ministers. I have set out—and my colleague as well—our concerns about the funding landscape ahead, and I think there is a danger that that is going to get worse not better. So, in very brief terms and cutting through some of the plans and the bureaucracy involved, it would be really useful to hear on the ground how you see this is going to improve in the next five years, in real terms, for young people.

Alistair Burt: If you are asking me first, it will be better. Will it be universally brilliant everywhere? No. But it will be better than it is now, and I think that is the most honest determination we can make. The information that has been gathered, the work that has been done right the way through the system to uncover what is not yet known, and again

so much of what we have found in mental health in recent years, because there has been a shift in emphasis, it has uncovered a need. It is probably still not possible to say what will come out of the system, all told. It is also a recognition, as far as looked after children are concerned—and Edward has put this very clearly and very straightforwardly from his own experience and that of others—that it has not been good enough.

I would be foolish and wrong to sit in front of you and say, “On a parliamentary timescale of five years, great, it will all be sorted”. We are making a very determined effort. I pointed to the narrative of finding out what was going on, putting things in place and then putting the resource in that we can and working through, so my sense is it will be better. I want it to be qualitatively better in as many places as possible. Will it still be the case that we can find holes in it? Sadly, that may be the case but I hope they are fewer than they are today, and I hope we have shown a determination to get it right.

Edward Timpson: Can I just say one last thing?

Chair: It has to be quick.

Edward Timpson: Very quick. Leadership. this is going to require people at the top telling others, “This is something that we have to all play our part” and where we see that happening, places like Croydon, places like Essex, places like Haringey where they have collocated or they have integrated services, it is because there is leadership saying, “This matters”. That is what we are saying. That is what the Prime Minister has said and that is what we need to see happening at local level too.

Chair: It is what we will be talking about as well when we discuss this further. Both of you, thank you very much indeed for your sometimes very full answers but nearly always very helpful answers. So thank you very much indeed, and I will put my office on alert for the parcel.