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Guidance for joint targeted area inspections on the theme: children's mental health

A 'deep dive' theme for joint targeted area inspections

This should be read alongside the framework and inspection guidance for joint targeted area inspections (JTAI).

It outlines guidance for the 'deep dive' theme: children living with mental ill health, with a focus on children aged 10–15.

Published: July 2019

Reference no: 190035



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361



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Contents

Introduction	3
Definition	4
Scope of the inspection	5
Meeting with relevant staff	7
Evaluation criteria	7
Annex A: local information to support the inspection	11
Lists of children	11
Other child-level lists and planned multi-agency meetings	13
Important case-file documents	14
Other information to support the inspection	15
Information required from individual agencies to support the inspection	15
Engagement with children, young people, parents and carers	18
Overview of Annex A: process and milestones	19
Annex B: tool for tracking children's experiences	20



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Introduction

1. This guidance is for inspectors from Ofsted, the Care Quality Commission (CQC), Her Majesty's Inspectorate of Constabulary, Fire and Rescue Services (HMICFRS) and Her Majesty's Inspectorate of Probation (HMI Probation) to use when carrying out a joint targeted area inspection of a local area. It focuses on a deep dive investigation into how local services respond to children and their families when children are living with mental ill health¹ and children are subject to a child in need or child protection plan or are a looked after child.² It should be read alongside the framework and guidance for these inspections.³
2. Inspectors will track and sample the experiences of children and young people.
3. Tracking is an in-depth, 'end-to-end' look at the experiences of between five and seven children who are living with mental ill health and in receipt of multi-agency services.
4. Sampling is a more targeted look at the experiences of a greater number of children, focusing on points in their journeys. Sampling will focus on the children with early signs of, or who are living with, mental ill health when there is multi-agency and single-agency involvement. Guidance on tracking and sampling is in the inspection framework and guidance.
5. In 2018, NHS Digital published statistics about the mental health of children and young people. It found that:
 - in the last survey carried out in 2014, one in 10 children aged five–15 had a mental health disorder (either emotional, behavioural, hyperactive or other). In 2017, this had risen to one in nine
 - for children and young people aged five–19, one in eight (12.8%) have at least one mental disorder
 - this change was largely driven by an increase in emotional disorders (including anxiety and depression), which for five–15-year-olds rose from 3.9% in 2004 to 5.8% in 2017

¹ Within this guidance, when we refer to children living with, or who have, mental ill health, we are including those who have the early signs of mental ill health and those who professionals have identified as having mental ill health, as well those children with a formal diagnosis of mental ill health.

² For this inspection, the focus is on children who are subject to child in need or child protection plans, or children looked after.

³ 'Joint inspections of arrangements and services for children – inspection framework and guidance', Ofsted, the Care Quality Commission, Her Majesty's Inspectorate of Constabulary, Fire and Rescue Services and Her Majesty's Inspectorate of Probation, 2016; www.gov.uk/government/publications/joint-inspections-of-arrangements-and-services-for-children-in-need-of-help-and-protection.

- across the group of five–19-year-olds, around one in 12 (8.1%) reported an emotional disorder.⁴
- 6. The report found that one in four children with mental ill health accessed specialist mental health services in the previous year. Children were much more likely to have accessed other support available. For example, they were more likely to seek online support, help from family or friends, and/or professional support from teachers or primary care professionals.⁵
- 7. Around half of all people who have a mental health problem at some point in their life will experience their first symptoms before they are 14 years old.⁶
- 8. The deep dive aspect of the inspection will evaluate the experience of children on child in need and child protection plans, and children in care who have mental ill health. It will focus on children aged 10–15 years.
- 9. We will use the unique joint-agency methodology to focus on how agencies work collaboratively with partners to identify children experiencing mental ill health and how they intervene early to support these children when problems arise. Partners may be working with children who are awaiting a service or having difficulty accessing the right support. We are interested in how they provide ongoing support to these children and their families, and the impact on children of delays in accessing services.
- 10. We will look for examples of good practice in how partners work collectively to provide support to prevent deterioration in mental health and promote good mental well-being and resilience.
- 11. This JTAI is an opportunity to examine how leaders in the partnership work together to understand the needs of children in their local area who have mental ill health. We will look at how they commission and evaluate services, so that children and their families have access to the right support at the right time.

Definition

- 12. The scope of this inspection includes children who professionals have identified concerns about and possibly have early signs of mental ill health, as well as

⁴ 'Mental Health of Children and Young People in England, 2017', NHS Digital, 2018; <https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-of-children-and-young-people-in-england/2017/2017>.

⁵ 'Mental Health of Children and Young People in England, 2017', NHS Digital, 2018; <https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-of-children-and-young-people-in-england/2017/2017>.

⁶ 'The mental health of children and young people in England', Public Health England, 2016; www.gov.uk/government/publications/improving-the-mental-health-of-children-and-young-people.

those children who are living with mental ill health and those who have a formal mental health diagnosis.

13. We recognise that there is much debate and controversy about definitions and formal diagnoses of mental ill health. A formal diagnosis requires that the symptoms have a significantly negative impact on the day-to-day functioning of the individual.
14. The basis for most mental ill health diagnoses are on whether symptoms fit into a carefully defined series of descriptions documented in large classifications. The most commonly used of these are the International Classification of Diseases (ICD) and the Diagnostical and Statistical Manual of Mental Disorders (DSM). Psychologists and psychiatrists use both. The fact that there are two classifications and that they differ somewhat demonstrates the complexity involved in a mental ill health diagnosis.
15. The following are the most commonly recognised forms of mental ill health in children.
 - Emotional disorders: these are the most common problems, with anxiety and depression being most frequent. Other problems include obsessive compulsive disorder (OCD), post-traumatic stress disorder (PTSD) and eating disorders.
 - Behavioural disorders: these include oppositional defiant disorder and conduct disorder.
 - Psychotic disorders: these include schizophrenia and bipolar disorder. These are rare but have long-term implications for children.
16. Many children will have more than one disorder. Self-harm is not a disorder but can be associated with any of the above problems. Children who self-harm fall within the scope of this deep dive.
17. There are also pre-existing childhood disorders, such as attention deficit hyperactivity disorder (ADHD), attention deficit disorder (ADD) and autism spectrum conditions/disorders (ASC/ASD). They are not mental ill health conditions but children with these conditions are more likely to experience mental ill health problems.

Scope of the inspection

18. JTAIs are inspections of multi-agency arrangements for:
 - the response to all forms of child abuse, neglect and exploitation at the point of identification

- the quality and impact of assessment, planning and decision-making in response to notifications and referrals
 - protecting and supporting children and young people at risk of a specific type (or types) of harm, or the support and care of children looked after and/or care leavers (this is evaluated through a deep dive investigation into the experiences of these children)
 - the leadership and management of this work
 - the effectiveness of the multi-agency safeguarding partner arrangements in relation to this work.
19. In our inspection of the 'front door' of services,⁷ we will evaluate agencies' responses to all forms of abuse, neglect and exploitation as well as evaluating responses to children living with mental ill health. This means that our sample will include:
- children who professionals have identified as having early signs of, or who are living with, mental ill health who will also have been identified as at risk of abuse, neglect and exploitation
 - children who professionals have identified as having early signs of, or who are living with, mental ill health who have not been identified as at risk of abuse, neglect and exploitation.
20. We do not expect staff at the front line of all services to be able to diagnose mental ill health or to be mental health specialists. However, we will consider their ability to identify when children need help and support with their emotional well-being and when they may need a mental health assessment and further specialist support.
21. The deep dive aspect of this inspection will focus on those children subject to child in need and child protection plans and those children who are in care who are living with mental ill health.
22. HMI Probation will focus on the work of YOTs. The National Probation Service (NPS) and Community Rehabilitation Companies (CRCs) will not be in the scope of this inspection and so will not receive notification of individual inspections relating to this deep dive theme.

⁷ The 'front door' in a social care context is the arrangement that local authorities have in place to respond to an initial contact from a professional or member of the public who is concerned about a child. At the front door, local authorities provide advice and make decisions about how they will act on information about the health, well-being and safety of children. For the purpose of this JTAI, we will include the police custody suite as a front door for the police service.

23. We will notify local areas 10 working days before fieldwork begins (usually on Monday of week one).

Meeting with relevant staff

24. The JTAI framework has a section that sets out the practitioners, managers, leaders and stakeholders who inspectors will usually speak to. When a JTAI includes the deep dive theme on children's mental health, inspectors may also speak to:
- voluntary and community sector representatives who are commissioned to provide services to children experiencing mental ill health
 - the health and well-being board
 - local safeguarding partners
 - commissioners of mental health services for children from public health, the local authority, the clinical commissioning group (CCG) and schools
 - designated child protection leads and/or headteachers
 - the local authority safeguarding leads with responsibility for supporting schools.
25. An education inspector will contact the schools of the children who have been selected for case tracking. The inspector will discuss with staff what the school does to support the child and the school's involvement in multi-agency planning and support.

Evaluation criteria

26. For the deep dive investigation, inspectors will evaluate the extent to which:
- professionals⁸ and support staff are well trained, confident and knowledgeable. They have the required skills and are able to talk to children about their emotional health and well-being. This enables them to identify children who may need support with their mental health. Professionals provide support if appropriate. They know where they can get advice and where to refer children for support if this is required (ESN 23)⁹
 - agencies share information effectively and work together to identify children who display signs of mental ill health, intervene to ensure that children get

⁸ This means, but is not limited to, early help workers, social workers, family/social work support workers, police officers and support staff, health professionals and support staff, teachers and school staff, and YOT staff.

⁹ The evaluation schedule numbers (ESN) are a referencing system to support inspectors when they record their findings in evidence records.



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Commission



the right help at the right time and monitor the impact of interventions so that their needs are met (ESN 24)

- children living with mental ill health, who are at risk of harm as a result of their mental ill health or at risk of abuse neglect and/or exploitation, receive the right help and, when appropriate, protection through applying appropriate thresholds for support, protection and intervention¹⁰ (ESN 25)
- the impact of mental ill health on children is reduced because they and their families can access a sufficient range of local services, including specialist therapeutic help that improves children's emotional well-being and safety (ESN 26)
- children with mental ill health experience a child-centred approach from all professionals. Any risks to them and their needs are assessed holistically and effectively and are responded to appropriately. Assessments consider the child's mental ill health in the context of the child's narrative, the family history and an understanding of wider systems. This takes account of resilience and positive factors in addition to risks, concerns and/or needs of the child and the family.¹¹ The views of the child are clearly recorded and central to the work with the family (ESN 27)
- planning for children is comprehensive and integrated and covers all aspects of the child's needs, including their mental health needs, and plans are regularly reviewed (ESN 28)
- professionals supporting children with mental ill health contribute to multi-agency plans to support children's care and treatment. This includes health and care staff, and the voluntary and community sector commissioned to provide mental health services for children (ESN 29)
- all professionals have a clear understanding of how the behaviour of parents and carers affects children. They assess strengths and risks in parenting and the extended family as well as in the child's wider environment. They understand when parents need support to be able to meet the needs of a child with mental ill health but also when changes in parents' and/or carers' behaviour, or risks in the wider environment, mean a different approach is required. Timescales for change are based on the child's needs and progress is closely monitored (ESN 30)
- families and carers are given timely support to enable them to safely help the children who are experiencing mental ill health. This includes foster families and staff who support children in residential placements (ESN 31)

¹⁰ This includes thresholds for early help, children in need, child protection processes, children becoming looked after as well as intervention and support to address the mental health needs of the child.

¹¹ Wider concerns or needs of the child and family could relate to issues within the family as well as issues/risk and need relating to extra-familial risk, such as in their peer group, school or neighbourhood.



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Commission



- professionals challenge each other appropriately to ensure good practice. This includes access to reflective supervision and, when appropriate, clinical supervision (ESN 32)
- children and their families feel that their views have been heard and this leads to improvements in the help and support that they receive (ESN 33)
- the police work in partnership with other agencies to appropriately identify children living with mental ill health and refer children to appropriate services and professionals. They have access to specialist advice and support that results in children receiving timely and effective assessments of their mental health (ESN 34)
- decisions made by the police are appropriate and based on a full understanding of risk and needs. This includes when a child is suspected of committing a criminal offence (ESN 35)
- youth offending services work in partnership to appropriately assess and respond to the needs of children who have mental ill health. They have access to specialist advice and support and a clear referral pathway to relevant services, including if the child is vulnerable and/or if they present a high-risk of serious harm to others (ESN 36)
- schools have systems in place to help identify children whose mental health may be deteriorating or who are suffering mental ill health. They make timely referrals to early help or specialist mental health services and to children's social care when appropriate. Children receive support within the school and/or from external agencies to meet their needs (ESN 37)
- schools contribute to inter-agency working to improve outcomes for children who are on child in need or child protection plans, or are children in care, and who have mental health needs. This includes contributing to a coordinated offer of inter-agency planning to meet the range of risks and needs of these children (ESN 38)
- leaders and managers:
 - know and understand the mental health needs of the children in their area.¹² This leads to effective commissioning and evaluation of provision, including early help to meet children's needs and to improve the help and support provided to children and their families (ESN 39)
 - recognise the challenges involved in responding to children's mental health needs and provide effective support, training and challenge to practitioners and promote continuous improvement in services (ESN 40)

¹² This includes leaders and managers from health, police and the local authority.



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Commission



- the roles and responsibilities of support staff are identified, and the training and support they receive meets their needs and impacts positively on the quality of service delivery (ESN 41).

Annex A: local information to support the inspection

27. This annex sets out the information that inspectors request from local agencies when the deep dive theme for the JTAI is children living with mental health. There is a flow chart at the end of this annex that provides an overview of the process and milestones for local agencies to share the information we request. Inspectors will provide details for accessing an online system that local agencies can use to share information.¹³
28. Inspectors use the lists of child-level data in this annex to select the children whose experiences they will track and sample and those that they will ask the local area to jointly evaluate.
29. Inspectors will request the information in Annex A when they notify the local agencies of the inspection on Monday at 9am (10 working days before fieldwork).
30. The local authority, a representative from the CCG and child and adolescent mental health services (CAMHS) and YOT should work together on the case selection process to identify children whose experiences match the scope of this inspection.
31. Local agencies may need to use the knowledge of professionals as well as information on recording systems to create the lists of child-level data we request.

Lists of children

32. **By 9am on Thursday in week one**, the local authority, working with the nominated representatives from the CCG and CAMHS and the YOT, should provide lists of child-level data for:
 - all those in receipt of services as a child in need at the point of inspection or in the six months before the inspection
 - all those who are the subject of a child protection plan at the point of inspection, including those who ceased to be the subject of a child protection plan in the six months before the inspection
 - all children in care at the point of inspection, including all those children who ceased to be looked after in the six months before the inspection.

¹³ Ofsted has risk assessed this site against the Government's Cloud Security Principles to handle sensitive personal data: 'Summary of cloud security principles', CESG, 2013; www.gov.uk/government/publications/cloud-service-security-principles.



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Commission



33. These lists are the same as lists six, seven and eight in Ofsted's framework for the inspection of local authority children's services.¹⁴ For this JTAI, the local agencies should include the additional fields of data listed below. These additional fields only need to be provided for children aged between 10 and 15 years old:
- Is there a concern about the child's mental health? (Y/N)
 - Have they been identified as needing support as a result of their mental health? (Y/N)
34. If the answer for one or both fields is yes, the local agencies should also provide the following information for these children:
- Has the child been referred to CAMHS? (Y/N)
 - Is the child receiving a service from CAMHS? (Y/N)
 - Is the child on a waiting list for CAMHS? (Y/N)
 - Has the child been referred and the referral not accepted by CAMHS? (Y/N)
 - Is the child currently receiving intervention and support or has been in the last six months in relation to their mental health? (Y/N)
 - Is there multi-agency involvement? (Y/N)
 - Is the child or young person known to the YOT? (Y/N)
 - Is there a current police investigation or any criminal proceedings? (Y/N)
35. An Excel template setting out the fields and detailed guidance for these lists is published on the same webpage as this guidance.
36. If there are any particular contextual issues in the local area in relation to children's mental health, for example a specific programme of work or service, the director of children's services can advise the lead inspector of this when they provide these lists. The lead inspector will take this into account when selecting the children whose experiences inspectors will track and sample.
37. **By 10am on Friday in week one**, the lead inspector will select between five and seven children whose experiences the local partnership should evaluate jointly and that inspectors will track. The lead inspector may request a phone call with the local authority and the nominated representatives from the CCG, CAMHS and the YOT, before 12 noon, to confirm that the selection of cases includes multi-agency involvement and current or recent work to address

¹⁴ Framework, evaluation criteria and inspector guidance for the inspections of local authority children's services, Ofsted, 2019; www.gov.uk/government/publications/inspecting-local-authority-childrens-services-from-2018.

concerns about the child's mental health. The lead inspector may ask the agencies to review the cases on the electronic recording system to ensure this.

38. Inspectors will focus their evaluation on the experiences of the specific children identified. Although inspectors will consider family context, they will not evaluate the experiences of any brothers or sisters in detail. Inspectors will focus on practice in the six months before the inspection but will take into account the child's experiences before this point.
39. In week two, the local agencies should provide important documents associated with these children (by Tuesday) and their joint evaluations (by the end of Thursday). See the section 'Important case-file documents' below for further information.

Other child-level lists and planned multi-agency meetings

40. **By the end of Thursday in week one**, the local agencies should provide the lead inspector with details of multi-agency meetings taking place during the fieldwork week, including: initial child protection conferences; review child protection conferences; looked after children reviews; strategy discussions; and any other planning or review meeting relating to children who are either in receipt of or have been referred for support with their mental ill health.
41. The local authority should provide further lists of child-level data. These lists are of **all** children in each category known to the local authority:
 - All contacts received in the six months before the date of inspection.
 - All referrals received in the six months before the inspection.
 - All statutory assessment in accordance with section 17 or section 47 of the Children Act 1989 in the six months before the inspection.
 - All section 47 enquiries in the six months before the inspection.
42. These lists are the same as lists one, three, four and five in Ofsted's framework for the inspection of local authority children's services.¹⁵ For the JTAI, the local authority should provide one additional fields for list four (assessments):
 - if assessment has been completed, has mental ill health been identified?
43. An Excel template setting out the fields and detailed guidance for these lists is published on the same webpage as this guidance.

¹⁵ Framework, evaluation criteria and inspector guidance for the inspections of local authority children's services, Ofsted, 2019; www.gov.uk/government/publications/inspecting-local-authority-childrens-services-from-2018.

Important case-file documents

44. **By the end of Tuesday in week two**, the local agencies should provide electronic copies of the following documents for each of the children whose experiences they have been asked to evaluate (if recent examples exist):
- initial referral/contact/notification (if applicable)
 - most recent assessment, including a common or early help assessment
 - strategy or other multi-agency discussion or equivalent
 - section 47 investigation documentation/initial child protection conference minutes
 - most recent plan for the child and/or review of the plan, including any health care plans
 - latest return home interview and any subsequent risk assessments (if appropriate)
 - minutes of any multi-agency meetings in respect of the child¹⁶
 - if applicable, the most recent pre-sentence report relating to the child or any relevant adult
 - a chronology of significant events in the six months before the inspection. Significant events may include:
 - episodes of the child missing from home, care or education
 - any contact that the child or relevant adults has had with the police – as either a victim or suspect – such as reported incidents, crimes and investigations, and reports of the child being missing or absent
 - information on events earlier than the six months before the inspection when this is necessary to understand the context of the child's experience.
45. The CQC will request documents about the children whose experiences inspectors will track. However, because the specific health agencies involved will vary, the CQC will determine which agencies to request information from following inspectors' review of the evaluations carried out by the local partnership. The CQC will make this request on the Friday of week two.
46. The local agencies should provide their joint evaluations and, if possible, individual agency evaluations of children's experiences electronically **by the end of Thursday in week two**. Printed copies of the documents related to

¹⁶ This includes any multi-agency meeting in respect of early help, child protection, children in care and any additional multi-agency meetings in respect of the child's mental ill health.

the children whose experiences the partnership has evaluated should be made available for when inspectors arrive on site.

Other information to support the inspection

47. **By the end of Tuesday in week two**, the local agencies should provide the information outlined below to help inspectors understand the work of agencies within the area. The local agencies should not provide everything that they hold on each subject. They should provide electronically the area's best and most recent examples that relate to the scope of this inspection.

Information required from individual agencies to support the inspection

48. This annex lists the information inspectors request from local agencies when the deep dive theme for the JTAI is children's mental health. The information is listed in the order that the local agencies are asked to provide it.

1. The local authority

1.1 – Organisational structures showing lines of reporting and accountability.

1.2 – Management information reports for those children within the scope of the inspection, at both a local and agency level.

1.3 – Assessment and threshold criteria for helping families and protecting the identified children.

1.4 – Practice audits, including multi-agency, over the six months before the inspection relating to the focus of the inspection, and associated improvement/action plans.

1.5 – Details of any services in the area that have been commissioned from the community or voluntary sector for children, to support children with their emotional well-being and mental health.

1.6 – Minutes of multi-agency meetings relating to children's mental health and emotional well-being.

1.7 – Terms of reference for the multi-agency safeguarding hub or local equivalent.

1.8 – Needs analysis, strategies and action plans relating to children's mental health and emotional well-being, any success criteria and any analysis impact.

1.9 – Assessment and intervention processes.



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2. Multi-agency arrangements – children’s mental health

2.1 – Organisational structures for the lines of accountability for the commissioning and monitoring of emotional health and children and young people’s mental health services across the local area.

2.2 – Minutes of the health and well-being board from the 12 months before the inspection.

2.3 – Sub-group minutes as relevant to the scope of the inspection (requested by the lead inspector).

2.4 – Local areas plans for commissioning and responding to national directives and local need in developing and implementing emotional health and children and young people’s mental health pathways.¹⁷

3. Multi-agency safeguarding arrangements

3.1 Organisational structures showing lines of reporting and accountability.

3.2 Minutes of meetings of the local safeguarding partners from the 12 months before the inspection (including executive board meetings, if applicable),

3.3 Sub-group minutes as relevant to the scope of the inspection (as requested by the lead inspector).

4. The police force

4.1 – Organisational structures showing lines of reporting and accountability.

4.2 – The assessment process for children who are or may be at risk of mental ill health or other risk or vulnerability. This should include children who are suspected of a crime.

4.3 – Learning and development regarding vulnerability, children who are or may be at risk of mental ill health and child protection. This should include training provided to frontline or custody staff about the risk of children suspected of a crime being vulnerable to mental ill health.

¹⁷ This may include details of work being carried out across a wider geographical area than the local authority, such as sustainability and transformation partnerships (STPs) or integrated care systems.

4.4 – Child protection referral document. This should include the number of referrals completed for children suspected of a crime who are either detained in custody or voluntarily attend a police station and who are or may also be at risk of mental ill health.

4.5 – Strategy, policies and guidance relating to children who are or may be at risk of mental ill health. This should include force and partnership arrangements) for supporting children who are dealt with Section 136 of the Mental Health Act 1983.

4.6 – Any problem profile or other data detailing the force's understanding of the children who they engage with who are or may have been at risk of mental ill health. This should include data relating to children who are suspected of a crime and who are or may also be at risk of mental ill health.

4.7 – Three most recent sets of minutes for any force strategic governance meetings related to children who are or may be at risk of mental ill health.

4.8 – Any audits and action plan(s) relating to children who are or may be at risk of mental ill health.

4.9 – Performance management information/data for children who are or may be at risk of mental ill health.

5. Youth offending team

5.1 – Organisational structures showing lines of reporting and accountability.

5.2 – Policy/procedures regarding child protection and safeguarding.

5.3 – Policy/procedures for the management of risk of harm to others.

5.4 – Any policy/procedures/protocols in relation to identifying and responding to the mental health needs of children who have offended.

5.5 – In addition, the HMI Probation lead inspector will ask the youth offending service to identify cases for sampling during the inspection fieldwork.

6. Health partners

6.1 – Organisational structures showing lines of reporting and accountability, including details of local health commissioning and/or provider services.

6.2 – CCG and provider services with details of who is providing commissioned services, including Emergency Department (ED) urgent care units, CAMHS, young people's substance misuse service, GPs and, looked after children specialist service.

6.3 – CCG to coordinate and provide details of children and young people's mental health services provided in the local area, including details of commissioning arrangements.

6.4 – CCG and provider services annual reports on safeguarding and child protection, including for children in care.

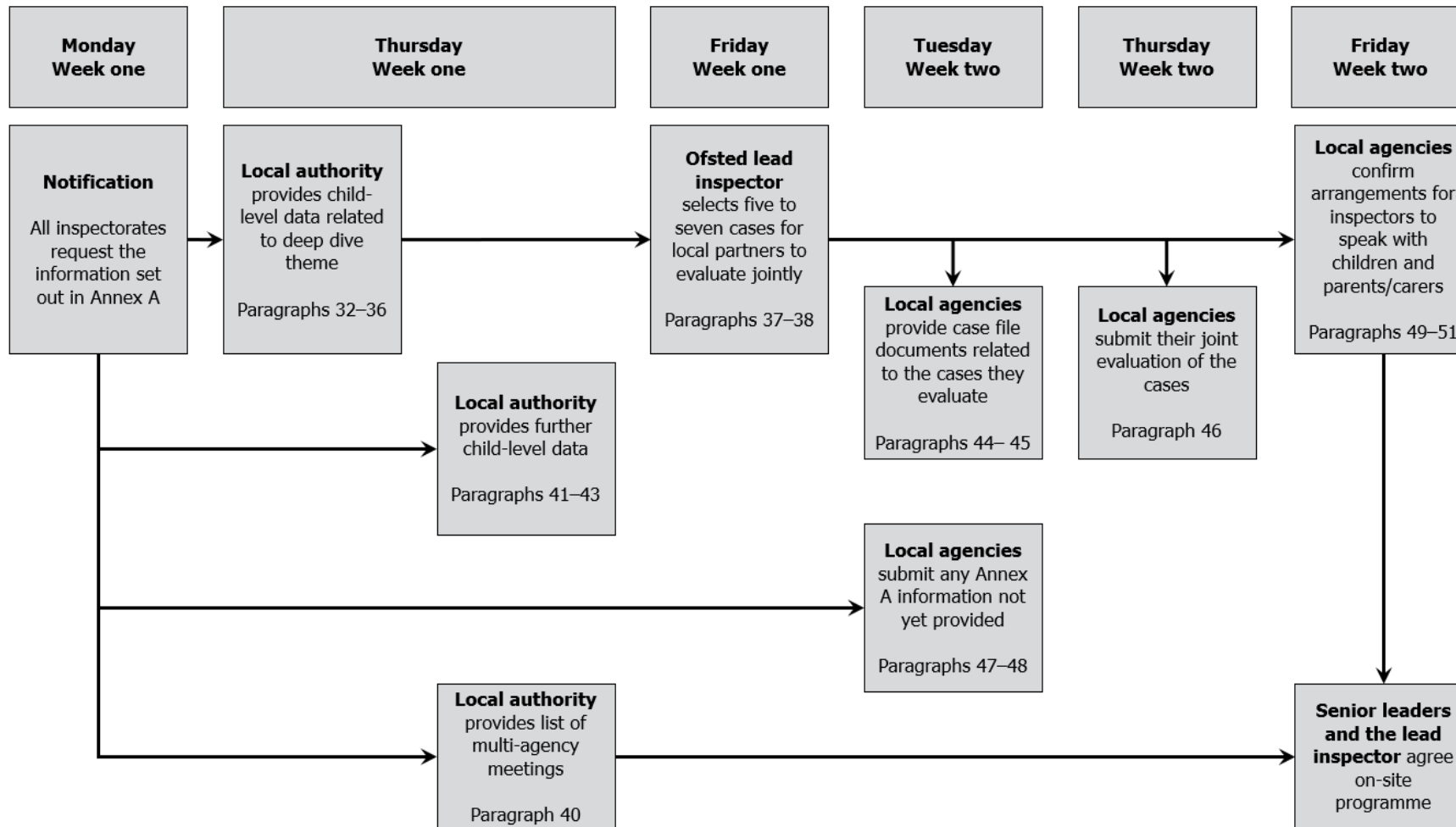
6.5 – Provider protocols and pathways relating to children with mental ill health, including local primary care settings.

6.6 – Any commissioner or provider audits and action plans relating to children and mental ill health.

Engagement with children, young people, parents and carers

49. The lead inspector may ask the local agencies to arrange opportunities for inspectors to talk directly with the children whose experiences they have chosen to track and with their parents and carers. Inspectors will provide information leaflets to help children, parents and carers understand what their involvement in the inspection means. There is no obligation for children, young people, parents and carers to engage in the inspection. If a child, parent or carer does not want to speak with an inspector, the local agencies should inform the lead inspector of this. **If there are reasons why the local agencies do not think it is appropriate for inspectors to speak with a particular child or their family, they should inform the lead inspector of the reasons.**
50. Local agencies should confirm arrangements to talk to these children, parents or carers in writing as soon as possible and by the end of week two.
51. In all activities involving children and their families, inspectors will ask the appropriate practitioner/s in the local area to speak with the child/family and explain the inspection to them before the inspector speaks to the child/family or observes any work directly with them. Before proceeding with any discussions or observations, inspectors will always check with the child and family that they have understood what their involvement means. Inspectors should note this in their record of the discussion/observation.

Overview of Annex A: process and milestones



Annex B: tool for tracking children’s experiences

The inspection team uses the tracking tool to ensure that they consistently record evaluations of evidence from tracking individual children and young people’s experiences. The questions reflect the experiences of children and young people at each key stage of intervention.

Inspector	
Inspectorate	
Case number	
Age of child/young person	
Does the child have any individual needs relating to their circumstances? (for example, their ethnicity or a disability)	

Evaluation by the local area

Does the joint evaluation by the local partnership accurately evaluate the experiences of the child? (where an evaluation has taken place)	
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Inspector’s evaluation

	Evaluative summary of child/young person’s experience
Was referral for action timely for the child?	
Is risk identified, understood and prioritised? Does the child appear to be safe?	
Have the child’s mental health needs been identified, prioritised and understood?	
Has decision-making matched the priority risks and needs?	
If an assessment has been completed, are risks, needs (including mental health needs) and strengths clear?	
Is there a plan? Is it sufficient to address risk and need? Is it making a difference?	
Has the child been involved/engaged at all stages? Have family/carers been involved at all stages?	



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	Evaluative summary of child/young person's experience
Have individual needs and circumstances been taken into account?	
Do agencies work together effectively to protect the child?	
Do agencies work together effectively to support the child with their mental health needs?	



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