Corporate Parenting Board
21 January 2021
Emotional Health and Well-Being in schools & briefing on the Emotional Health and Well-Being Steering Group

Portfolio Holder: Cllr A Parry, Children, Education, Skills and Early Help

Local Councillor(s):

Executive Director: T Leavy, Executive Director of People - Children

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Report Status: Public

Recommendation:

That the Corporate Parenting Board note and support the work being done to develop relationship-based approaches in schools with an emphasis on trauma informed practice.

That the Corporate Parenting Board provide challenge and support to improve the emotional wellbeing of children in care and care leavers.

Reason for Recommendation:

1. Executive Summary

Many children coming into care have experienced trauma associated with abuse, neglect, loss and separation from family and friends. This has an impact upon children's healthy development, relationships with others, behaviour and ability to keep safe. Importantly, these experiences affect the way in which looked after children can feel about themselves and increase the risk of mental health problems.

The impact of adverse experiences has been shown to have a lifelong effect, including an impact on educational, employment and income outcomes as well as health across the life course. Their experiences can mean that children in care often do not reach the same stage of development as their peers by the same age. Therefore, they may struggle to achieve the same level of educational attainment or employment outcomes than young people who have not suffered maltreatment. This makes it all the more important to address these issues whilst children are in care.

Emotional Wellbeing and mental Health of children in care is multifaceted. Research shows that care can be the right option and provide the security, stability and love that children need to recover from previous adverse life events. However, we know that good quality care is not consistent, children and young people continue to experience instability and multiple placements, which can re-trigger experiences of separation and loss, and moves in care on their own trigger mental health difficulties. In July 2016 measure of the emotional and behavioural health of looked after children using the Strengths and Difficulties Questionnaire (SDQ) found that 37% had scores considered a cause for concern, compared to 12% of children in the general population. *(ONS (2015) Measuring National Well-being: Insights into children's mental health and well-being http://www.ons.gov.uk/peoplepopulationandcommunity/wellbeing/articles/measuringnationalwellbeing/2015-10-20)*

Many children in care and care leavers will experience the same health issues as their peers, the extent of these is often greater because of their past experiences. For example, almost half of children in care have a diagnosable mental health disorder and two-thirds have special educational needs. Delays in identifying and meeting their emotional well-being and mental health needs can have far reaching effects on all aspects of their lives, including their chances of reaching their potential and leading happy and healthy lives as adults. *(Promoting the health and well-being of looked-after children Statutory guidance for local authorities, clinical commissioning groups and NHS England March 2015 DfE and DoH)* In the new Harbour Service almost a third of those currently open to the service have an EHCP. This only accounts for those at the level requiring a statutory education plan.

As children in care are more likely than their peers to experience mental health problems and related negative outcomes this makes measurement of their wellbeing all the more critical for informing the planning of their care. Measuring wellbeing can also help to assess how well children are being supported to move on from any trauma they have experienced prior to entering care, and to hold corporate parents to account for their contribution to this.

When it comes to promoting looked after children's wellbeing, we know that positive stable and trusting relationships are of paramount importance. Research with looked after children also shows that other important factors include having a sense of control and influence over their lives, feeling emotionally and physically safe, and having a narrative about their life which contributes to a secure sense of self.*(Children and Young People's Views on Being in Care, A Literature Review (2015) Hadley Centre for Adoption and Foster Care Studies and Coram Voice. University of Bristol. London: Coram Voice. http://www.coramvoice.org.uk/sites/default/files/Children's%20views%20lit%20review%20FINAL.pdf)*
Yet we know there are shortcomings in these areas, for example, over 50% of children and young people surveyed by the Children's Commissioner, did not know why

they were in care. *(Children's Commissioner (2015) State of the nation: Report 1 Children in Care and Care Leavers Survey 2015. http://www.childrenscommissioner.gov.uk/publications/state-nation-report-1-children-care-andcare-leavers-survey-2015)*

The DfE and DoH produced statutory guidance in 2015 Promoting the health and well-being of looked-after children Statutory guidance for local authorities, clinical commissioning groups and NHS England. It is issued to Local authorities, CCGs and NHS England under sections 10 and 11 of the Children Act 2004 and they must have regard to it when exercising their functions. This requires all three to cooperate if we are to improve the health and wellbeing of children in care.

The guidance states that 'Local authorities are required to use the Strengths and Difficulties Questionnaire (SDQ) to assess the emotional well-being of individual looked-after children. SDQ scores can be aggregated to help quantify the needs of the local looked-after children population and should be used by local authorities and CCGs as they develop their services.' In Dorset the completion of SDQs is below National and Statistical Neighbour averages and is currently not used to plan for individual children and young people or service delivery.

Evidence tells us that education settings can be a protective factor and yet children in care are overrepresented in the figures of children subject to fixed term exclusions and permanent exclusions. Dorset is data is showing that this is an improving picture.

In February 2016 the Department for Education (DfE) minister announced that an Expert Working Group would be created to ensure that the emotional and mental health needs of children and young people in care, adopted from care, under kinship care, under Special Guardianship Orders, as well as care leavers, would be better met. It was proposed that, by October 2017 the following would be developed:

- **care pathways**: focusing on the young person's journey
- **models of care**: how services ensure appropriate interventions
- **quality principles**: measures that set out markers of high-quality care
- **implementation products**: to support those working in the field.

The charity Social Care Institute for Excellence (SCIE) was contracted by the Department of Health (DH) and the Department for Education to establish the Expert Working Group to support this work.

This report draws on all of the publications and research mentioned above and these have been used to focus the work of the newly formed children in care and care leavers emotional wellbeing and mental health steering group and the direction of travel of the educational psychology service and Virtual School practice.

2. Financial Implications

There are no financial implications from this report.

3. Well-being and Health Implications

Emotional health and wellbeing of children in care is the focus of this report and will be detailed in the report.

4. Climate implications

No climate implications have been identified in this report.

5. Other Implications

No other implications have been identified.

Risk Assessment

Having considered the risks associated with this decision, the level of risk has been identified as:
Current Risk:
Residual Risk:

6. Equalities Impact Assessment

7. Appendices

- Appendix I Clinical Psychology Input to Children's Services, Dorset Council, Report of Clinical Input from July 2019 to July 2020.
- Appendix II Specialist CAMHS for Care, Adoption and Permanence Half year Report on the Provision of Service Pan-Dorset, 1st April 2020 – 30th September 2020

8. Background Papers

9. Report

Emotional Health and Well-Being of Children in Care and Care Leavers including Emotional Health and Well-Being in schools and colleges

1 Introduction and Background

1.1. Evidence suggests that a Child in Care is nearly five times more likely to have emotional health needs than children who are not in care.

1.2. Since April 2008 all local authorities in England have been required to provide information on the emotional and behavioural health of children and young people in their care, and to report back to central government on an annual basis. Data is collected by local authorities through the completion of the Strengths and Difficulties Questionnaire (SDQ) on individual children and a summary figure for each child (the total difficulties score) is the outcome measure used for tracking the emotional and behavioural difficulties of looked after children at a national level.

1.3. The DfE and DoH updated the 2008 guidance and published *Promoting the health and well-being of looked-after children. Statutory guidance for local authorities, clinical commissioning groups and NHS England (March 2015) which* states*:*

1.3.1. The corporate parenting responsibilities of local authorities include having a duty under section 22(3)(a) of the Children Act 1989 to safeguard and promote the welfare of the children they look after, including eligible children and those placed for adoption, regardless of whether they are placed in or out of authority or the type of placement. This includes the promotion of the child's physical, emotional and mental health and acting on any early signs of health issues.

1.3.2. Looked-after children should never be refused a service, including for mental health, on the grounds of their placement being short-term or unplanned

1.3.3. Looked-after children should be able to participate in decisions about their health care. Arrangements should be in place to promote a culture:

- *where looked-after children are listened to*
- *that takes account of their views according to their age and understanding, in identifying and meeting their physical, emotional and mental health needs4*
- *that helps others, including carers and schools, to understand the importance of listening to and taking account of the child's wishes and feelings about how to be healthy.*

1.4. It goes on to state in the chapter *Planning health services for looked-after children*

1.4.1. 14. Understanding the emotional and behavioural needs of looked-after children is important. Local authorities are required to use the Strengths and Difficulties Questionnaire (SDQ) to assess the emotional well-being of individual looked-after children. SDQ scores can be aggregated to help quantify the needs of the local looked-after children population and should be used by local authorities and CCGs as they develop their JHWSs.

1.5. In February 2016 the Department for Education (DfE) minister announced that an Expert Working Group would be created to ensure that the emotional and mental health needs of children and young people in care, adopted from care, under kinship care, under Special Guardianship Orders, as well as care leavers, would be better met. It was proposed that, by October 2017 the following would be developed:

- **care pathways:** focusing on the young person's journey
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- **quality principles:** measures that set out markers of high-quality care
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The charity Social Care Institute for Excellence (SCIE) was contracted by the Department of Health (DH) and the Department for Education (DfE) to establish the Expert Working Group to support this work.

1.6. In September 2020 the Annual Virtual School Head's report outlined the change in the numbers of children in care who were subject to a fixed term exclusion. The figures for 2019/20 compared to 2017/18 and 2018/19 shows a decrease in the numbers of children and young people subject to fixed term exclusions. There was a marked change in the number of children and young people in the secondary education sector from 2017/18 to 2018/19 although the average number of days lost to education remained similar.

1.7. The impact of being subject to repeated fixed term exclusions is known to have a detrimental effect on children's emotional wellbeing. The Virtual School and the educational psychology service drew on research from the Rees Centre, University of Oxford and agreed to participate in the Alex Timpson Attachment and Trauma Awareness in Schools Programme working in partnership with Kate Cairns Associates now known as Knowledge Change Action. Dorset actively became involved in this in 2018/19.

1.8. The early findings of the five year research programme led by the Rees Centre, Oxford University, on Attachment and trauma awareness training on schools in answering the following research questions:

- How do staff adapt their everyday practices as a result of attachment and trauma awareness training?
- How do schools change their policies and practices with increased understanding of attachment and trauma?
- Do staff and young people report changes to the school climate as a result of attachment and trauma awareness?
- Do young people attend better and make more progress in attachment and trauma aware schools?

Has identified that the training itself is the start of a wider conversation – a necessary, but not sufficient, step towards attachment and trauma awareness. Many of the schools have reviewed their behaviour policies and associated practices and most staff surveyed felt that vulnerable young people had benefited from the changes resulting from the training. The feedback from Dorset schools is consistent with the Rees Centre initial findings.

1.9. The Strengthening Services Board recognised the need to prioritise the emotional health and wellbeing of children in care and care leavers as a discrete priority and set out a number of tasks within the priority area *Ensure children in care and care leavers with emotional health and wellbeing needs get the right help and support at the right time.*

1.10. In response to this a newly formed multi-agency steering group was formed in September 2020 titled CiC&CL Emotional Wellbeing and Mental Health Steering Group which reports to the Pan Dorset Emotional Wellbeing and Mental Health Steering Group as well as now to the Corporate Parenting Board.

1.11. A priority of the steering group was to understand what services currently exist to meet the needs of children in care's wellbeing and how they measure impact. The priority was to start with the DfE guidance *Promoting the health and well-being of looked-after children* both in relation to our statutory duties and to how services and staff should work to meet children's' wellbeing. The guidance states *staff working with looked-after children who are delivering health services should make sure their systems and processes track and focus on meeting each child's physical, emotional and mental health needs without making them feel different. They should in particular:*

• ensure looked-after children are able to access universal services as well as targeted and specialist services where necessary

• receive supervision, training, guidance and support.

This is endorsed by the Expert Working group report *Improving mental health support for our children and young people (November 2017).*

1.12. Members of the Pan Dorset Emotional Wellbeing and Mental Health Steering Group, currently led by CCG Principal Programme lead for Mental Health, have been instrumental in writing the new *Children and Young peoples, "Your Mind, Your Say" Mental Health Strategy, 2020 to 2024* based on the THRIVE framework. The THRIVE Framework provides a set of principles for creating coherent and resource efficient communities of mental health and wellbeing support for children and young people and families. The Framework is needs-led. Needs are not based on severity, diagnosis or health care pathways.

1.13. The CCG commissioned a Joint Area needs analysis of children's and young people's mental health needs and services; the report is to be published in January 2021. The draft findings indicate gaps in services for children in care and care leavers this is a priority of the *Children and Young peoples, "Your Mind, Your Say" Mental Health Strategy, 2020 to 2024* implementation plan.

2 Emotional Wellbeing and Mental Health Services for Children in Care and Care leavers

2.1 There are a number of services providing for children in care in relation to mental health and wellbeing funded and sourced from different agencies.
The current 'as is' context has identified that all these services are providing a range of different activities and have different approaches and in some cases overlap.

2.2 Reporting methods vary from service to service as to what is reported, the key priorities of the service and activities and to whom they report. Health services are led by NHS England targets and reporting. Dorset Council services are led by reporting to the DfE and Ofsted with a focus on key lines of enquiry(KLOEs).

2.3 Dorset Council funded posts

2.3.1 Clinical Psychologist 0.6fte, seconded from CAMHS to the 0-12 permanence team 3 year SLA (July 2019 – June 2022), currently reporting to Service Manager Corporate Parenting and Permanency and receives clinical supervision from the CiC CAMHS Service manager. Most of the work carried out is consultative work to foster carers and social workers, and the children referred were primarily placed with IFA carers or in residential units. The psychologist also completes psychological assessment of children to support matching or placement stability. Reporting currently focuses on activity and numbers seen and qualitative feedback. There is work being done by the service to develop outcome measures. For the full annual report of the service provided see Appendix I

2.3.2 Educational Psychology (EP) Service. 0.2fte provides specific support to the Virtual School and practice development providing

- consultation support and group supervision to the virtual school leads
- group supervision to The Harbour Service
- expertise on child centred approaches and practice to the QAROs and IROs to improve child in care reviews
- guidance to schools and EPs on current research and practice and developing evidence-based practice in schools including leading the work on relationship-based approaches in schools in collaboration with the virtual school.

Every school in each locality has a link educational psychologist and they sit within the SEND services. Children in care are a priority group for educational psychology involvement. The service uses a consultation framework using a graduated response cycle of assess – plan – do – review to all children and young people (CYP) 0-25 starting from where the child and setting are and this can be used to measure direction of travel. Requests for involvement are usually made from the school as a result of a consultative conversation and planning meeting, other requests can be made by social workers and team managers, virtual school leads, SEND provision leads. For CYP with very complex care and SEND the EP co-facilitates monthly multi-agency planning and problem solving to provide a one team approach around the young person.

EPs provide system support to the wider workforce by providing training and supervision to specific practitioners working with children and young people in care. The graduated response framework is to work with the system around the CYP and to work ensure the voice of the CYP is at the heart of any interventions. For examples of EP involvement with children in care see Appendix II and III

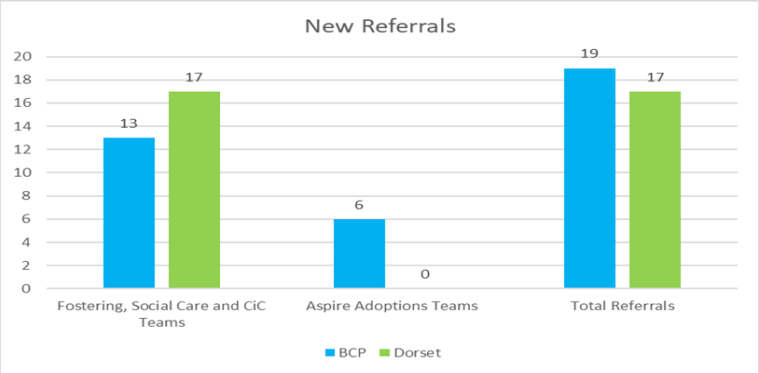
Reporting focuses on qualitative data from parents and carers with regard to the involvement of the EP and goal based direction of travel. The current system used by the EP service does not provide reports specifically on the work of EPs in relation to children in care.

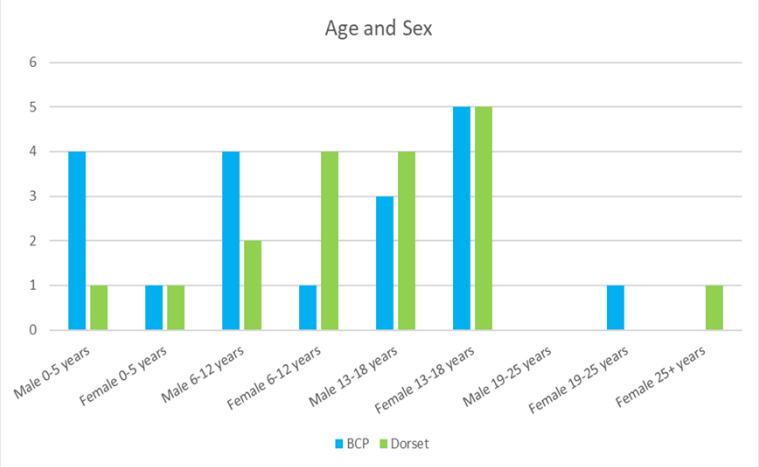
2.3.3 CAMHS Social Workers. There are currently 2.5fte CAMHS social workers in post. They are Dorset social workers who have expertise and have specialised in mental health and sit within CAMHS teams. The case work allocation is managed by CAMHS. They only work with CYP in care and provide direct work and consultation services to CYP, social workers and carers.

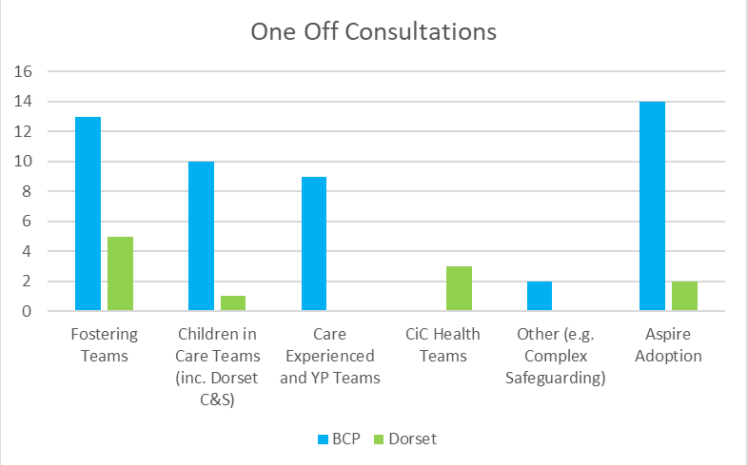
2.4 Dorset CCG services - Child and Adolescent Mental Health Service

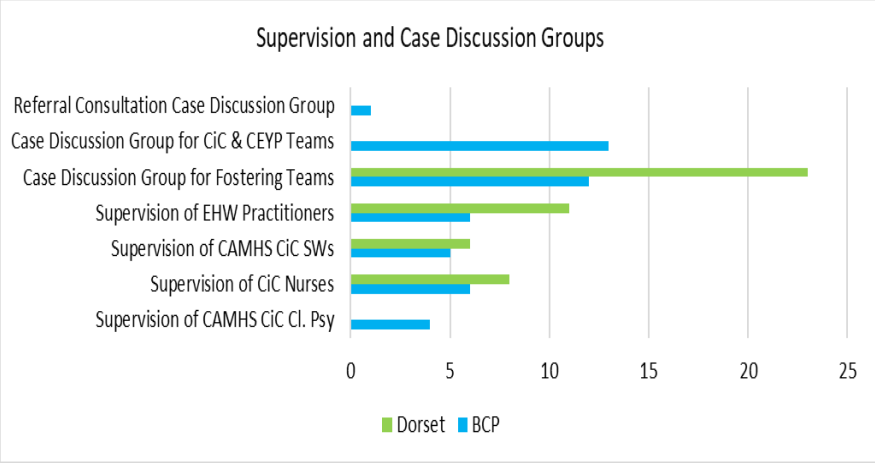
2.4.1 Specialist CAMHS for Care, Adoption & Permanence. This is a pan Dorset service Dorset shared between Fostering and Aspire Adoption Services. The service remit is to primarily offer consultations and training to the respective councils' Fostering Teams and Aspire Adoption Services enclosed in the appendices, appendix IV, is the half-yearly report from the service manager. The service provides professional clinical supervision to other health colleagues working directly with children in care.

2.4.2 Below the data has been captured in graphs to give an overview of the activity of the service provided between April 2020 and September 2020.









2.4.3 Core – CAMHS (C-CAMHS)
Children in Care are prioritised for intervention for a Core- CAMHS service and will be seen within eight weeks from the date of the referral. If the young person is presenting with significant risk C-CAMHS offers an assessment within 24 hours of referral. C-CAMHS will assess & formulate a treatment plan and share it with the Social Worker & CiC Health Team to disseminate to the wider system. The child's or young person's social worker or team manager are the only professionals or can refer into C-CAMHS for children in care.

2.4.4 Specialist CAMHS services. These services are accessed as result of the C-CAMHS assessment, they include Forensic, Eating disorders, Psychosis, Crisis support and Inpatient service

2.4.5 ID-CAMHS/SWIFTS – this is a specialist CAMHS service for CYP with learning disabilities. They are a multi-disciplinary team and provide support to the CYP, the carers, the education setting and other professionals within the CYP's system.

2.5 Dorset Healthcare – Children in Care Health Team
This service which is pan Dorset consists of the health care nurses, 2.0fte for Dorset and 1.0fte wellbeing practitioner. All children in care have a designated nurse and the nurses provide support for both physical and mental health. The wellbeing practitioner provides direct early intervention for cyp presenting with the need for support within the getting help grouping of the THRIVE framework. The referrals are made directly by the social worker following a consultative conversation. The wellbeing practitioner receives clinical case supervision by the Clinical Psychology Team

2.6 Education support services.
There are specific services that provide support to Children in Care with regard to emotional wellbeing and mental health these include the virtual school leads and teachers as part of the personal education plan. Schools provide support within their resources and may have support staff who are trauma informed

practitioners or emotional literacy support assistants with expertise in attachment and trauma.

3 Strength and Difficulties Questionnaire (SDQ) and measures of emotional health and wellbeing

3.1 The guidance *Promoting the health and well-being of looked-after children. Statutory guidance for local authorities, clinical commissioning groups and NHS England (March 2015)* states that 'Local authorities are required to use the Strengths and Difficulties Questionnaire (SDQ) to assess the emotional well-being of individual looked-after children. SDQ scores can be aggregated to help quantify the needs of the local looked-after children population and should be used by local authorities and CCGs as they develop their services.'

3.2 The Strengths and Difficulties Questionnaire (SDQ) is a brief emotional and behavioural screening questionnaire for children and young people. The tool can capture the perspective of children and young people, their parents and teachers. In the case of out statutory responsibility for CiC the minimum is to capture the view of the carer annually.

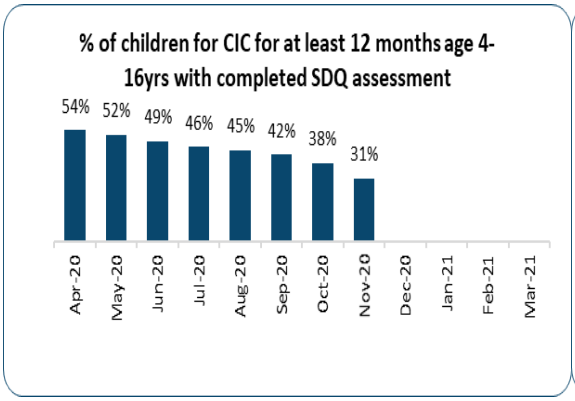
3.3 The 25 items in the SDQ comprise 5 scales of 5 items each. The scales include:

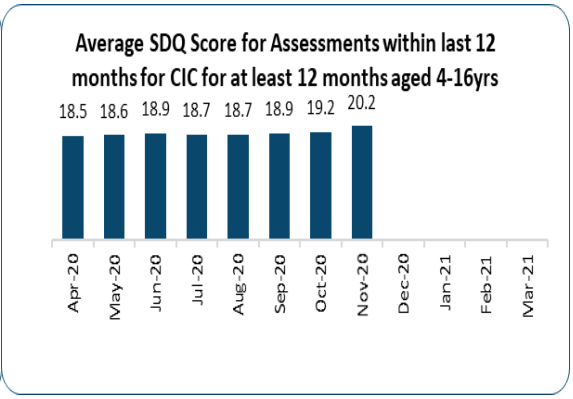
- Emotional symptoms subscale
- Conduct problems subscale
- Hyperactivity/inattention subscale
- Peer relationships problem subscale
- Prosocial behaviour subscale

3.4 The SDQ can be used for various purposes, including clinical assessment, evaluation of outcomes, research and screening.

3.5 In Dorset the completion of SDQs is below National and Statistical Neighbour averages and is currently not used to plan for individual children and young people or service delivery.

3.6 We know that in Dorset our completion of the SDQ on individual children and young people is below the National average and our statistical neighbours and that the average score is very high indicating that the young people who have had an SDQ completed on them are at high risk of having mental health issues and needing intervention. See below





3.7 Improving the completion and use of SDQs has focused on developing good practice to inform care planning and to be used alongside other measures of emotional wellbeing and mental health not least the voice of the young person themselves.

3.8 Policy and practice guidance has been developed and this has been a large part of the work of the steering group to ensure all agencies engage in the process.

3.9 The process starts with the carers and parents being asked to complete an SDQ when a child is taken in to care as part of the first care review. The carers and possibly the young person and school will be asked to complete another SDQ prior to the three-month review. This should improve care planning and interventions. The results of the SDQ will be discussed at the PEP meetings and form part of the consultation process.

3.10 To improve the completion rate and understanding of the SDQ a rolling programme of workshops will be provided by the educational psychologists in each locality. The workforce will include all agencies and will form part of the work of the educational psychologists to work alongside social care, education and health care colleagues.

3.11 It is important to recognise that the SDQ alone is not effective in measuring the mental health and wellbeing of children in care and will need to sit alongside other measures. The SDQ is a measure of behaviours associated with specific mental health issues and does not identify conditions such as Post Traumatic Stress Disorder, insecure attachment patterns and neurodevelopmental issues such as autistic spectrum condition. This is cited in the Expert Working Group Report (2017) and *Measuring the wellbeing of children in care, Views from the frontline and opportunities for change (National Children's Bureau, December 2017)*

3.12 Wellbeing or mental health? For provision of the best possible care, both need to be considered. Wellbeing and mental health of looked after children must be understood in relation to

3.13 how care can help children to:

- **Flourish** and move on from traumatic experiences through **promoting their emotional wellbeing**, as well as;
- **Recover** and repair any damage from adverse experiences such as abuse and neglect, through building resilience and **addressing mental health difficulties.**

3.14 To support both these aims, wellbeing (including emotional wellbeing) and mental health, need to be understood as separate, but overlapping concepts. Wellbeing is a multifaceted concept that incorporates not only how children feel but also how they are functioning and flourishing.20

3.14.1 **Subjective wellbeing** is about people's own assessments of how their lives are going. This includes overall evaluations of the quality of life, and different aspects of life or 'domains', e.g. happiness with family relationships; psychological dimensions which refer to their internal world having meaning, and 'affect', feeling positive at a particular point in time.

3.14.2 **Objective wellbeing** measures are based on 'facts', such as educational achievements and attendance and completion of surveys by significant others. Surveys completed by the individual can also be used and so have an element of 'self-reporting'.

3.14.3 **Mental health difficulties** are assessed according to the presence of a defined set of symptoms.This is a professional judgement that may differ from a child's own subjective assessment of their situation.

3.15 For Children in care one of the most important aspects of any assessment of wellbeing is the persons' view of their own wellbeing. Developing an assessment of the young person's wellbeing based on their own view of what they need will be one of the foci of the clinical psychologist and educational psychologist to report to the steering group.

3.16 Our aim in improving the use of mental health and wellbeing measures will include:

- Improving assessment for individual children and identifying what intervention is needed
- Understanding a child's perspective of their wellbeing
- Identifying whether those who are deemed to be in need of an intervention receive one
- Tracking changes in individuals' mental health and wellbeing over time
- Improving the planning of support for looked after children as a cohort
- Other measures of wellbeing

4 Emotional health and wellbeing pathway for children in care

4.1 Reviewing and understanding the range of services described above has identified that each service has their own pathway and that at times the pathways overlap or are limited by only accepting referrals from specific professionals.

4.2 A review of the various pathways is needed and is underway which will contribute to the review of all the EWB and MH services for CiC. It will be based around the

THRIVE framework and take a graduated response approach like that used in the SEND Code of Practice 2015. A multi-agency workshop is due to take place in January 2021 and will based on the Expert Working group's report *Improving mental health support for our children and young people (November 2017).*

4.3 Our aim is to develop clear consistent and flexible pathways of support and intervention that are understood by the system around the child and young person.

4.4 Limiting who can make a request for a service involvement can mean that a child's or young person's needs are overlooked and go unnoticed until the concern becomes a problem. Pathways need to be flexible in their approach and refer to the eco-map for that specific child both in relation to who knows the CYP best and in relation to who is best to intervene. Wellbeing and mental health is a continuum and therefore a graduated response is needed and needs to be defined clearly.

5 Conclusion

5.1 The CiC emotional wellbeing and mental health steering group has focused on developing an agreed multiagency approach to measuring wellbeing and mental health of children in care. The starting point for this has been to improve our statutory responsibility to improve the take up of the SDQ and in doing so make better use of this information both at the individual child and aggregated level to improves services.

5.2 Alongside the SDQ there needs to be range of other approaches that can be used to assess the wellbeing of CYP when they come into care. Health professionals and other key practitioners need to be trained in having conversations with CYP about their wellbeing and mental health and to be able to carry out meaningful wellbeing and mental health assessments which can be tracked and reported.

5.3 Shared outcomes measures both at the organisational level and child level are needed to be developed and owned by all agencies. These need to include training on offer, evaluations of training and impact measures of training ie what is different as result to the training. Child level data will need to be developed making use of the details of the subscales of the SDQ and other standardised measures and subjective measures.

5.4 Pathways for services need to be flexible and take account of the eco-system around children and young people in relation to who knows the CYP best and who needs to know the information about wellbeing and mental health so they can contribute to making a difference. The specialist services need to adapt to be able to be *pulled-in* rather than a *referral-on* culture. Pathways will need to consider how to develop a graduated response framework to the pathways and practice.

5.5 There are many services all offering intervention and support for children in care and providing services that are well regarded by the professionals and make a

difference at the individual level. At times there is duplication of services which can be confusing to the system around the CYP and the CYP themselves. We know we need to have shared understanding of the whole resource and have a One Team approach of all the specific services for emotional wellbeing and mental health of CiC.

5.6 There is a commitment from the CCG and Dorset LA to review the emotional wellbeing and mental health services provided for CiC using the statutory guidance and Expert Working Group Report alongside other research documents such as the National Children's Bureau report *Measuring the wellbeing of children in care, Views from the frontline and opportunities for change December 2017* to set the review. This review will be started following the pathways workshop in January with a shared project brief.