

**REPORT FOR: Corporate Parenting
Panel**

Date of Meeting: 7 October 2020

Subject: **INFORMATION REPORT** Harrow Virtual School Clinical Psychology Service Summary Report, March 2020

Key Decision: No

Responsible Officer: Paul Hewitt
Corporate Director People Services

Portfolio Holder: Councillor Christine Robson
Schools and Young People

Exempt: No

Decision subject to Call-in: No

Wards affected: All

Enclosures: None

This report sets out:

- An overview of the new Harrow Virtual School Clinical Psychology Service
- An analysis of the children referred to the service and the support offered
- An overview of the strengths and challenges for the service
- Thoughts for the future direction of the service

Recommendations:

The Panel is requested to note that the addition of the clinical psychologist role within the Harrow Virtual School Team has been received positively by Harrow Council staff, educational professionals, carers, and young people, and has resulted in encouraging results regarding the emotional wellbeing of CLA.

Reasons for Recommendations:

So Members are aware of the social and emotional challenges faced by CLA and what is currently in place to support their emotional wellbeing, and what support is hoped to be offered going forwards.

Executive Summary

The HVS Clinical Psychology Service commenced in November 2018, aiming to provide further targeted mental health support for children looked after. Between November 2018 and February 2019, 50 young people were formally brought to the attention of the HVS Clinical Psychology, and received either direct or indirect clinical psychology support. The successes of the service and the challenges faced are discussed in detail, and the planned future direction of the service are discussed.

Please note that the current report was completed prior to the onset of the government lockdown and social distancing strategies put in place to combat COVID-19.

Section 2 – Report**Context**

Following the reported success of the Virtual School CAMHS (Child and Adolescent Mental Health Service) Team in Lewisham, a joint venture between Lewisham CAMHS and Lewisham Virtual School (LVS), the Harrow Virtual School Team for Children Looked after and Previously Looked After (HVS) appointed a Clinical Psychologist within their team to help provide more targeted and flexible mental health support for looked after young people in Harrow. It was apparent that a high percentage of young people supported by the HVS suffered from mental health needs that often did not meet threshold for intervention from Harrow CAMHS and other local services, and so the mental health needs of these young people were too often unaddressed, and having a significant impact on their ability to engage and succeed in education. The following report aims to provide a summary of this role, it's effective thus far, and proposed further directions.

The Role

The writer, the HVS Clinical Psychologist, was appointed by the HVS Headteacher, in November 2018 to work within the team for two days per week. The writer had worked as a Clinical Psychologist across a number of different mental health settings in Australia and London since 2009, including child protection services, clinical research supporting families of children displaying challenging behaviour, children looked after and general CAMHS services, and prior to joining HVS, had been employed in the Conduct, Adoption, and Fostering Team (CAFT) within National and Specialist CAMHS at the Maudsley Hospital.

Initially the role was discussed as a predominantly remote service, consisting of direct mental health assessment with young people and completing the subsequent assessment reports from home. Referrals for assessments could

be completed by members of the HVS team, social workers, or schools. However, once the writer started in the role, it became apparent that direct assessment was not always the most efficient route for ensuring that the mental health needs for young people were supported. Through discussion with the HVS Headteacher and in response to the types of cases and queries raised, the role began to expand to include consultation with staff (both within and external to Harrow Council), providing training to schools and foster carers, running groups with young people, providing brief mental health intervention with young people and carers, supporting Harrow council staff with identifying appropriate mental health services and completing effective referrals, and liaising with CAMHS and other mental health services.

In order to ensure effective clinical practice and ongoing professional development, in addition to managerial supervision provided by the HVS Headteacher, the writer has been receiving clinical supervision from a Clinical Psychologist outside of the service with extensive supervisory and clinical experience with families and children looked after. This supervision occurred every three weeks to provide the writer with a reflective space to discuss her clinical work with families, and to discuss ideas for reviewing and improving the effectiveness and efficiency of the role.

During the first few weeks in HVS, the writer sought to understand the local context, speaking with Harrow CAMHS (the local Tier 3 Mental Health Service) and Harrow Horizons (Harrow's Tier 2 mental health service), and researching additional local sources of mental health support. Meetings were also held with the HVS Headteacher, the Harrow CLA Team and CLA Nursing staff to discuss the role and to encourage requests for consults and referrals.

Outcomes for November 2018 to February 2020

Cases brought to the attention of HVS Clinical Psychology Service

Since November 2018, 50 young people have been formally brought to the attention of the HVS Clinical Psychology Service through consultation or referral. Initial cases were identified by HVS in relation to their particularly concerning school attendance. These cases were discussed further with HVS team members, the young people's social workers, and the CLA nurse, and through this process several young people were identified as having unmet mental health needs that warranted further investigation and/or support. At this time, the Clinical Psychology Service accepted referrals made via verbal consultation and written referral, although later as demand for the service increased, referrers were increasingly encouraged to submit written referrals (developed by the HVS team) to streamline the process. Questionnaire measures were also often provided to the children's social workers at the time of referral, to be completed by carers, young people, and/or teaching staff, in order to streamline the process further by providing as much information as quickly as possible so that an appropriate plan of action could be developed.

The writer also attended a team meeting for the CLA team to discuss the service and referral process, and provided the same information to Designated Teachers (DTs) at the HVS Safeguarding in Education quarterly meeting, and during training sessions with schools. HVS team members have also been instrumental in highlighting the use of the service to schools, social work staff, and carers to support referrals.

In order to keep track of referrals and consultations, the writer kept an electronic consultation log outlining details of the young people discussed, the dates and details of consultations, and agreed actions. This log was saved on the HVS secure team drive to ensure that this information was stored securely, but enabling the HVS team members to access the log and track progress of cases when the writer was not in the office.

Of the 50 young people brought to the attention of the Clinical Psychology Service between November 2018 and February 2020, 23 requested a specific type of intervention (as opposed to requesting a consultation to consider possible forms of intervention), 14 using the service referral form. The requested support included assessment (8 referrals), therapy (6 referrals), advice (1 referral), or a combination of support (8 referrals). 30 of these referrals were made by social workers, 13 by HVS, 1 by the CLA nurse, 2 by school staff, 1 by the young person's caregiver, and 3 jointly by social workers and other professionals.

Age of Young People Referred

Age	Number (Percentage of Overall Sample)
------------	--

2	2 (4%)
3	1 (2%)
4	2 (4%)
5	3 (6%)
6	2 (4%)
7	3 (6%)
8	1 (2%)
9	2 (4%)
10	2 (4%)
11	5 (10%)
12	4 (8%)
13	5 (10%)
14	5 (10%)
15	6 (12%)
16	2 (4%)
17	3 (6%)

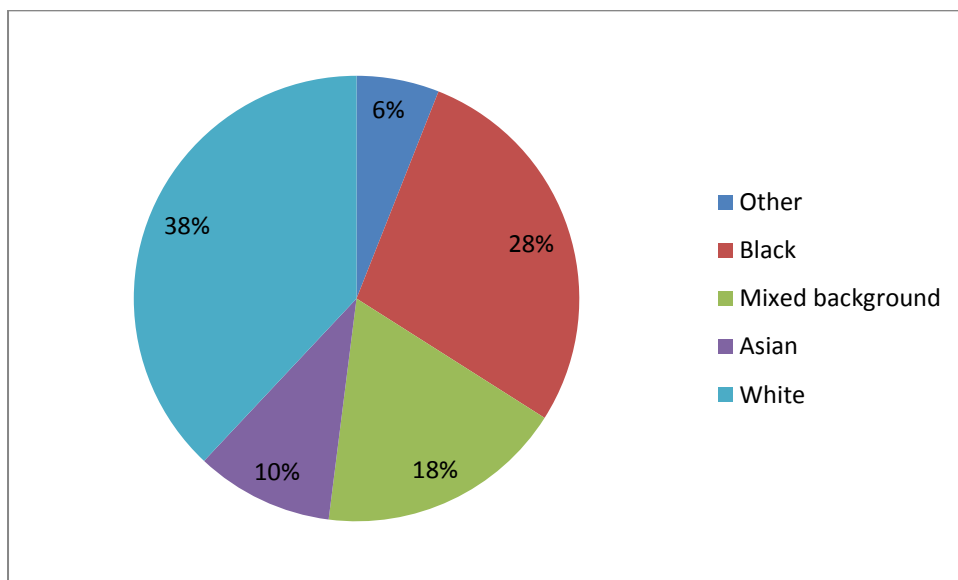
The age of young people referred for support ranged from 2 years to 17 years of age, and were spread relatively evenly across age groups.

Gender of Young People Referred

48% of young people referred for support were male, compared to 52% of referrals concerning female young people.

Ethnicity of Young People Referred

The distribution of different ethnic backgrounds represented by referrals is illustrated below. It is noted that the ethnicity of young people listed within the local authority system (Mosaic) differed with regard to the level of detail provided (for example, some children were simply listed as 'white', while others were listed as 'white British', 'white other background', etc) and so categories were collapsed to create more consistency. This appears to be a true representation of the ethnicity of the Harrow population, and there were no concerns raised about any ethnic group.



The support provided for each of the 50 children brought to the attention of the Clinical Psychology Service

Main Form of Support Provided	Number of YP
Formal mental health assessment	4
Brief assessment with young person	7
Direct intervention with young person	3
Support to foster carers/caregivers	3

Supported referral to another service	9
Attended professional meetings to provide advice	3
Consult with social worker only	14
Consult with VS only	6
Referral on hold (due to change of circumstances)	2

Note: Some cases involved multiple types of input, and so for the above table the main form of response/intervention was selected

Formal mental health assessments resulted in a written report in addition to verbal feedback to professionals and families as appropriate. Each of the four formal assessments completed focussed on a different issue and so the structures varied somewhat, but each contained subheadings outlining the reason for referral, results from standardised assessment measures (including the Strengths and Difficulties Questionnaire [SDQ], Revised Children's Anxiety and Depression Scale [RCADS], Social Communication Questionnaire [SCQ], and the Conner's Questionnaire), summaries of information collected from direct assessment, observation, and/or interview with relevant parties, conclusions, and recommendations. Assessments sought to explore, respectively, Autism Spectrum Disorder (ASD)/social communication concerns, a child's experience and behaviour at home and at school (in the context of neurodevelopmental concerns and early traumatic experiences), exploring a young person's symptoms of ASD and trauma to develop recommendations for supporting future independence, and assessing a young person for Oppositional Defiant Disorder (ODD), described further below.

Brief assessments included meetings with the young person referred, in addition to discussions with their professional network (including social workers, school staff, counsellors, and youth workers) and caregivers, as appropriate. The information collected was summarised in a brief report that was shared directly with professionals, or a summary and clinical opinion was provided verbally. The focus of these assessments again varied but often focussed on young people who had disengaged from education and/or were struggling within their placements, and support was requested to try to understand their needs further.

Providing support to refer young people onto different services has taken different forms, including simply sitting with social workers to complete CAMHS referrals, ensuring that relevant information regarding risk is listed clearly. In addition, the writer supported several young people to gain access to play therapy by liaising with the provider and the children's social workers.

Case Examples

Formal Mental Health Assessment

X was a Year 9 boy living with his grandfather when he was referred for assessment by his social worker. X was removed from the care of his mother following significant concerns regarding her alcohol misuse, violence towards X, and unwillingness to engage with professionals 3 months prior to the referral, initially placed in foster care and then moving in with his grandparent at the time of the referral (who was being assessed as a potential long-term carer for X). X's social worker reported that there had been longstanding difficulties with X's behaviour at school. The writer therefore completed a formal assessment with X, completing interview and questionnaire measures with school staff, interview with X, and interview with his grandparent. The assessment highlighted that at the time of the assessment, X met criteria for Oppositional Defiant Disorder (ODD), but his experiences of abuse and poor care were likely strong contributors to his behaviour difficulties and with appropriate and responsive care it was hoped that his behaviour would improve. He did not present with symptoms of anxiety or mood difficulties, or present as high risk. Specific strategies for both home and school to employ were outlined in the recommendations, in addition to the writer's concerns about X's grandparent's ability to provide such care. X's placement with his grandparent broke down prior to the finalisation of the report and the report and recommendations were used by his care team to identify an appropriate foster placement. X was reported to be thriving in his placement and showing significant improvements in his engagement and behaviour at school following the intervention.

Carer Support and Attending Professionals Meetings

Y was a Year 6 girl with physical health needs and a history of parental neglect and suspected sexual and physical abuse. She was residing in foster care but maintained frequent, problematic contact with her birth mother as care

proceedings were ongoing. Her social worker referred her for support after she disclosed suicidal thoughts and past attempts to self-harm, in addition to controlling and aggressive behaviours in her placement. The writer discussed the case with the social worker and CLA nurse and assisted with CAMHS referral, resulting in appointment offered immediately to assess concerns and complete risk assessment. In addition, the writer met with Y's foster carer to provide psychoeducation regarding Y's needs and practical strategies. A subsequently attended the HVS enrichment programme to support emotion regulation (Balance). The foster carer reported that the strategies were helpful and their relationship felt much stronger. Unfortunately, the foster carer then experienced a sudden devastating family loss and needed to terminate the placement. Y was placed with a family out of borough, and Y began showing similar behavioural behaviours at home and school. The writer and another HVS team member travelled to attend meetings with the foster carer, school, and other professionals and the writer was providing telephone support to the foster carer at the time of this report.

Joint Intervention with social work staff

The writer was approached by the social worker for four children (aged between 6 and 10 years) living with their grandparents under a Special Guardianship Order (SGO) following concerns regarding their parents' alcohol misuse and violence, requesting support for the children to understand their life story. The writer met with each child with the social worker and it was determined that all four children would benefit from support in this area, but required this information presented differently. The children's social worker had developed strong, positive relationships with all the children but did not feel confident to undertake this work on her own, so it was agreed that the writer would support her to complete life story work with the eldest child as his needs were most pressing (presenting with low mood and taking a great deal of responsibility for his removal), and then the social worker would complete the work with the remaining children independently, with supervision from the writer as necessary. The work with the eldest child was ongoing at the time of this report, but he was responding positively and the writer felt that his social worker would be able to complete this work competently herself at the conclusion of this intervention.

Additional Impact

Group Programmes

Balance

In addition to providing individual intervention, in April 2019 (Easter break), The writer and the HVS Education Support Officer, developed and ran a half-day pilot programme aiming to support children's emotion regulation using fun and interactive activities involving the five senses. The session included:

- Mindful eating,
- Listening to different types of music and sounds and noticing how this impacts on their mood,
- Experiencing different soothing and invigorating smells,
- Making mindful glitter bottles

The young people left with their own personalised sensory preference list, hand-made glitter bottles, and bellies full of pizza from the provided lunch. Feedback from the young people involved and their foster carers were very positive and so the team plan to host further Balance sessions in April 2020.

Feedback from the foster carers of the young people in attendance:

'The strategies had been helpful... X is using some of the strategies introduced in the programme and her behaviour and ability to express herself were continuing to improve'(Foster Carer)

'X's behaviour had improved, and their relationship with one another felt much stronger'(Foster Carer)

Supporting Teens with Exam Stress

The writer and the HVS Advisory Teacher, are currently planning a session for young people approaching their GCSE exams to introduce practical strategies to manage exam stress and perform at their best. In addition, the team are developing handouts for students and carers to highlight useful strategies.

Professional Training

Designated Teacher Mental Health Training

On the 2nd and 9th of May 2019, the writer provided training to Designated Teachers (DTs) about mental health

difficulties in children looked after across two half-day sessions. The first session provided Information about common mental health difficulties and how they can present at school, and the second session discussed strategies for supporting young people to reach their full potential. In addition, a framework was introduced to support DTs to consider the needs behind the behaviour in young people, and to consider how best to encourage prosocial behaviour, improve self-esteem, and deter inappropriate or challenging behaviour. The DTs in attendance brought a wealth of knowledge, experience and enthusiasm to the sessions that really helped bring the group discussions and activities to life. The feedback received was very positive, with delegates describing the training as informative, interesting, and useful. An additional training session was provided to a new group of DTs in November 2019.

Foster Carer Mental Health Training

In November 2019, the writer also presented two half-day sessions to foster carers about mental health challenges and strategies to provide support in primary school aged children and teenagers, respectively. Foster carers in attendance responded well to the information presented and were active and engaged throughout. A further session examining attachment, trauma and resilience is planned to be presented in 2020.

Feedback from a foster carer in attendance:

'Just wanted to say what a really good and useful course this was this morning. We both really enjoyed it and thought it was worthwhile attending. All carers with teenagers should do it. Sara was lovely and presented it all really well, with lots of examples (anonymously of course).'

Creating Links

Further, the writer has been attending quarterly meetings with representatives from CAMHS, Harrow Horizons, the CLA Nurse, FCAMHS, and the Harrow CLA team to improve communication and efficiency. As a result of these meetings, the referral pathways and clinical thresholds for each service is much clearer and the writer has been better able to support Harrow social workers to make referrals for young people. CAMHS have also acknowledged the difficulties engaging children looked after and have since agreed to inform the young person's social worker prior to closing cases due to lack of response, in order to activate the network more effectively to help a child be seen by mental health professionals. In addition, CAMHS have now changed the way they respond to referrals to ensure that more young people are seen quickly through a triage service, before being accepted to their waiting list or referred on to a more appropriate service, which appears to be a very positive move and appears to better fit the support needed by all young people, particularly those seen by HVS. Further, through these meetings the group have begun to share information more effectively regarding which child has been seen by which service, so that social workers and HVS can be sure that young people are engaging with support when needed (and can identify gaps in treatment that need to be resolved). Future projects planned by this working group include completing an audit of how effectively the mental health needs of children looked after are being met in Harrow, and thinking about how better to support out of borough children looked after.

The writer has also attended open days for different mental health services to better understand the support available to young people in Harrow, and to develop links with these services. At 2019's Virtual School Conference, the writer also met with clinical and educational psychologists from other Virtual School teams and there are plans to meet further with this group to share ideas about supporting our services and to provide peer supervision. The writer also plans to meet with the Harrow Educational Psychology service in 2020.

Building an Alliance with HVS colleagues

In addition to attending professional meetings and more formal consults outlined above, the writer is often involved in day to day discussions regarding mental health with her HVS colleagues, and learning from them with regard to education procedures, working effectively with school staff, and supporting the network to keep the child at the centre of thinking and planning.

Conclusions

Over the past 15 months, the writer has worked to support the mental health of children involved with the HVS team in a variety of ways, including direct assessment, individual therapeutic support, group programmes, training, liaison, consultations, and building links with other services. As this is a new role within Harrow, there have been challenges and successes that the writer has sought to learn from in order to consider the best way forwards for this innovative role in Harrow Council.

Successes

Providing Consultation

Being available to professionals for psychological consultations regarding young people's mental health proved to be a very effective part of the role. It was noted that a brief conversation was often all that was required in order to support referrers to refer young people on to relevant services, help to develop plans to provide support, or simply to provide reassurance that the current plans in place were appropriate. Being available to provide such support to referrers, either in person or by phone, has become a crucial aspect of the role and has resulted in very positive gains for young people and improved working relationships between professionals.

Co-working Brief Interventions

Providing brief assessments or therapeutic interventions alongside social workers and/or HVS colleagues has also been very effective. For example, while completing the joint intervention detailed above, the pre-existing relationships developed by the social worker with the family helped the writer to quickly develop rapport with the family, and the social worker's support in holding onto therapeutic materials between sessions and managing any contact with the family outside of sessions really helped to streamline the intervention. In addition, the writer has been providing phone support to foster carers in cases where the HVS team already have an established relationship with the young person's network, resulting in the writer liaising with her colleagues in the HVS team and they in turn communicate with and support the young person's school. This has allowed the writer to focus on providing therapeutic support, and limiting time spent chasing other individuals in the network.

Attending Professional Meetings

Throughout the past 15 months, the writer has been invited to attend a number of professional meetings for young people, both for those well known to the service through assessments or other interventions, and to those known only through consultation. This has allowed the writer to better understand the systems around young people and meet professionals involved (which has been very helpful when professionals have sought consultation at a later time), and also allowed the writer to provide a psychological perspective to discussions and to ensure that young people's mental health needs are taken into account when developing support plans. The feedback from professionals has been very positive regarding this support. It is also noted that at times the writer has taken the role of summarising the different perspectives of members of a young person's network (including professionals and the young person themselves), and essentially provided some mediation between different parties. This was not an expected part of the role, but again has appeared effective and helpful during consultations and meetings.

Professional training

As highlighted, the writer has provided training covering different topics to foster carers and school staff, and there are plans to roll out further training sessions in 2020. The feedback from the delegates has been positive and the sessions have appeared to not only help to increase attendees' understanding of mental health issues in young people looked after, but also raised the profile of the HVS Clinical Psychology Service with school staff and foster carers, resulting in further consultations. Such training sessions therefore appear to be an effective and efficient way to build upon the already well-developed knowledge and skills of these groups (hopefully resulting in better outcomes for the young people they care for/teach) and to develop links with professionals.

Group Interventions

Again considering efficient ways to disseminate information and enact positive change, group programmes are also proving to be an effective way to reach and support multiple young people at once. This has been particularly effective when support has been provided by other members of the HVS team, or other involved professionals, to help with developing materials, inviting delegates, booking venues, and other important tasks. In addition, developing original group sessions, although enjoyable and worthwhile, is time-consuming. The writer believes that this could potentially be one of the most effective ways to engage young people directly within this role once more group programs have been trialled and refined so that they can be rolled out at regular intervals across the year with little preparation.

Mediation

As highlighted above, mediation between different parties within a young person's network has been an unexpectedly important part of the writer's role. Not only during professional meetings and consultations, but during all types of interventions the writer has focussed on supporting individuals to consider the views of others and to move away from who is 'right and wrong' in a given situation, and instead hold in mind that everyone's view is both valid and useful when developing formulations and action plans to support young people. This has seemed to improve communication in several cases and resulted in positive outcomes for young people.

Improving Links with External Services

Making connections with external mental health services through attending open days, telephoning services to clarify their referral criteria and approach to working, and attending formal meetings has been very useful to supporting HVS and social worker colleagues to determine the best source of support for young people and make appropriate referrals. Through regular meetings, the writer has gained a better understanding of how external services such as Harrow CAMHS, FCAMHS, and Harrow Horizons work and how to connect young people with the best available support, and has been able to begin enacting positive change both within these services and within Harrow Council to ensure that looked after young people's mental health needs are met.

The Clinical Psychology Service Log

Keeping an electronic log containing a brief summary of each young person's background history, dates and details of consultations with professionals, and agreed actions has been an effective way to keep track of cases. As highlighted, this log is kept on the HVS team drive to allow HVS colleagues to access this when needed, while keeping this sensitive information secure. As a result, when the writer has spoken to a referrer about a young person but no action is taken, the writer can easily access their information in the log and be reminded of the relevant information and past discussions.

Challenges within the Role

Formal (Large Scale) Mental Health Assessments

Although the feedback from social workers and carers regarding the benefits of larger scale, formal mental health assessments has been positive, such assessments have proven to be very time-consuming and difficult to complete by a single, part-time clinician. The four formal mental health assessments each took between five and seven months from initial referral to report completion. This was partly due to delays in receiving the necessary information from referrers in order to plan and begin an intervention, difficulties arranging appointments with young people and professionals, and finding the time required to formulate, score questionnaires, and write detailed reports while still attending to the additional duties of the role within two days per week. Such long delays in producing reports is not in the best interests of the young people at the centre of these assessments, and indeed it was noted that the situations of one young person had changed drastically by the conclusion of the assessment (see case example of X, outlined earlier in this report).

Intensive Interventions with Young People

Similarly, although the role was never intended to involve long-term therapeutic support, the writer initially hoped to take on a small case load of therapeutic clients for short to medium-term work but this proved to be very difficult given the preparation and travel time required. Instead the writer found it more effective to identify appropriate external services when young people required more intensive input, rather than providing this input herself.

Traveling to Appointments

The writer notes that being able to meet with young people in their homes and/or schools can be very useful in minimising disruption to their education and routine, showing the young person that we as professionals are willing to make efforts to connect with them and to understand their world, and also allows professionals to better appreciate the strengths and difficulties within their environment and understand contextual issues (for example, observing interactions between young people and their teachers, or observing how a young person has decorated their bedroom or interacts with their foster siblings or pets). In addition, being able to attend professional meetings off-site, including PEPS and meeting with CAMHS and other local services, has also been very useful to help support young people and create links with other professionals and services. However, attending off-site appointments can be quite time-consuming, with a single 1-hour appointment sometimes taking up several hours of the day. It is recognised that traveling to appointments is an important and necessary part of the role but, again, with one

clinician working two days per week, this has had an impact on overall productivity and ways to minimise this impact are currently being considered.

Completing Interventions without Sufficient Referrer/Network Support

Over the past 15 months, the writer has noted that the amount of practical support provided by referrers and other professionals has differed (such as offering support in contacting families or encouraging them to engage and providing relevant background information), and this has had a significant impact on the efficiency of interventions. It may be beneficial to make explicit at the time of referral that some support/involvement may be required from the referrer in order to ensure that interventions can be completed in a timely manner. In addition, as the HVS team expands, additional administration support has become available to support interventions which may also help to streamline processes in the future.

Requests for Immediate/Crisis Support

Being able to contribute to support plans for young people in times of crisis has been a positive part of the role. However, at times referrals have been submitted by referrers requesting immediate support for young people on the verge of exclusion or placement breakdown (or indeed when these crises have already occurred), or experiencing high risk mental health symptoms (such as suicidal thoughts, sexualised behaviour, or aggression). This is concerning as the HVS Clinical Psychology Service is not an emergency service and due to the part-time nature of the role and other commitments, there is often a wait to receive support. On these occasions, referrers have been signposted to CAMHS, Accident and Emergency Departments, or other services as needed. In addition, there have been several referrals that appear to have been made at times of crises and, several days later when the writer has been able to consider the referral and speak with the referrer, the crisis has been managed or another service has become involved and support is no longer required. Further support to referrers may be useful to clarify that they can seek a consultation at difficult times, but it is unlikely that the service can provide immediate, direct intervention with families and they should therefore consider other avenues of support. In addition, to try to avoid planning interventions that are no longer required, the writer now routinely checks in with referrers and other relevant involved professionals before beginning work.

Future Directions

In conclusion, it appears that the most effective way for the HVS Clinical Psychology Service to support the HVS team, and in turn help the young people they support, is to limit direct work with work people to brief assessments and interventions, and instead focus on:

- providing relevant training to professionals regarding mental health in children looked after;
- liaising with external services;
- providing psychological input to specific cases through consultations with social workers and school staff and by attending professional meetings;
- running group interventions with young people to support emotion regulation and wellbeing;
- and improving links with other services to ensure that our young people are seen promptly by the right services.

*Sara Dawson
Clinical Psychologist
HVS Clinical Psychology Service
6th March 2020*

Legal Implications

There are no legal implications as this report is for information purposes.

Financial Implications

The Virtual School is funded from a combination of general fund and Children Looked After Pupil Premium Grant. In 2019-20 the funding was as follows:

- General Fund budget £128k
- CLA Pupil Premium £274k
- Total funding £402k

Equalities implications / Public Sector Equality Duty

The weak performance of particular underachieving groups is a concern and the Local Authority through the Harrow School Standards and Effectiveness a 'Closing the Gap' strategy to ensure that all groups achieve in line with the high standards of achievement in Harrow. The strategy is focussed on supporting and challenging individual schools to improve the quality of their provision, so that all groups achieve well against their peers.

Council Priorities

This report provides information on the performance of underachieving groups, and as such is focused on making a difference for the vulnerable. Educational performance and standards are critical in making a difference to the life chances and aspirations of families and communities. A well-educated and skilled workforce secured through quality educational provision in Harrow, contributes significantly to local businesses and industry, within and beyond Harrow.

Section 3 - Statutory Officer Clearance

Name: Amarita Kalsi on behalf of Jo Frost Chief Financial Officer

Date: 24th September 2020.

Ward Councillors notified:

NO, this is an information report only

EqIA carried out:	NO
EqIA cleared by:	N/A information report only

Section 4 - Contact Details and Background Papers

Contact:

Sara Dawson	Clinical Psychologist, Harrow Virtual School for CLA, PLAC and Care Leavers. sara.dawson@harrow.gov.uk 07892 782 916
-------------	---

Background Papers: None

<p>Call-In Waived by the Chairman of Overview and Scrutiny Committee</p> <p><i>(for completion by Democratic Services staff only)</i></p>	<p>YES/NO/ NOT APPLICABLE*</p> <p><i>* Delete as appropriate If No, set out why the decision is urgent with reference to 4b - Rule 47 of the Constitution.</i></p>
--	--