NICE National Institute for Health and Care Excellence

NICE guideline

Looked-after children and young people

Public health guideline

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Your responsibility

The recommendations in this guideline represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, professionals and practitioners are expected to take this guideline fully into account, alongside the individual needs, preferences and values of their patients or the people using their service. It is not mandatory to apply the recommendations, and the guideline does not override the responsibility to make decisions appropriate to the circumstances of the individual, in consultation with them and their families and carers or guardian.

Local commissioners and providers of healthcare have a responsibility to enable the guideline to be applied when individual professionals and people using services wish to use it. They should do so in the context of local and national priorities for funding and developing services, and in light of their duties to have due regard to the need to eliminate unlawful discrimination, to advance equality of opportunity and to reduce health inequalities. Nothing in this guideline should be interpreted in a way that would be inconsistent with complying with those duties.

Commissioners and providers have a responsibility to promote an environmentally sustainable health and care system and should assess and reduce the environmental impact of implementing NICE recommendations wherever possible.

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This guideline is the basis of QS31 and QS165.

Overview

This guideline covers how organisations, professionals and carers can work together to deliver high quality care, stable placements and nurturing relationships for looked-after children and young people. It aims to help these children and young people reach their full potential and enjoy the same opportunities in life as their peers.

This guideline does not provide detailed information on health promotion, or cover treatments for specific illnesses and conditions.

Who is it for?

- Directors of children's services and public health
- Commissioners and providers of health and social care services
- Carers (including foster carers)
- Staff in independent and voluntary agencies, schools, colleges and universities
- Organisations that train professionals and inspect services
- Looked-after children and young people, their families, prospective adopters and other members of the public

Scope and purpose of this guideline

This is a joint guideline produced by the National Institute for Health and Clinical Excellence (NICE) and the Social Care Institute for Excellence (SCIE). It was developed using the NICE public health programme process. It has used a mixture of SCIE and NICE methods – see appendix B for details.

What is this guideline about?

This guideline aims to improve quality of life (that is, the physical health, and social, educational and emotional wellbeing) of looked-after children and young people. The focus is on ensuring that organisations, professionals and carers work together to deliver high quality care, stable placements and nurturing relationships for looked-after children and young people. The recommendations set out how agencies and services in a complex, multi-agency environment can improve the quality of life for looked-after children and young people through more effective collaboration that places them at the heart of all decision making. The recommendations cover local strategy and commissioning, multi-agency working, care planning and placements, and timely access to appropriate health and mental health services.

This guideline does not provide detailed information on health promotion, or cover treatments for specific illnesses and conditions. Section 7 has details of NICE and SCIE guidance that is particularly relevant to looked-after children and young people and their families or carers.

The term 'looked-after children and young people' is used in this guideline to mean those looked after by the State where the Children Act 1989 applies, including those who are subject to a care order or temporarily classed as looked after on a planned basis for short breaks or respite care. This guideline covers children and young people from birth to age 25, wherever they are looked after – in residential care, foster care, young offender or other secure institutions or boarding school, or with birth parents, other family or carers, and including placements out of the area. When the term 'carers' is used in this document, unless explicitly stated otherwise, it means all those involved in the direct day-to-day care of children and young people including foster residential and carers who are family or friends.

For further details of what is included and excluded from this guideline, see the scope.

Who is this guideline for?

The guideline is for all those who have a direct or indirect role in, and responsibility for, promoting the quality of life of looked-after children and young people. This includes directors of children's services, commissioners and providers of health (including mental health) and social care services, directors of public health, social workers and social work managers, carers (including foster carers), local authorities, local safeguarding children boards, health and wellbeing boards, schools, voluntary and independent agencies, organisations responsible for the training and development of professionals, universities and colleges, regulatory bodies and inspectorates. The guideline may also be of interest to looked-after children and young people, their families, prospective adopters and other members of the public.

What is the status of this guideline?

The Department of Health (DH) asked NICE and SCIE to produce this joint guideline.

Although not statutory, this guideline can help children's services in social care and health meet their obligations to improve the health and wellbeing of looked-after children and young people (for further details, see section 4).

The guideline should be implemented alongside other statutory guidance, relevant policy and regulations (for more details about relevant policies and how they were taken into account when developing the guideline see 'Changes to government policy from May 2010' below and sections 2 and 9), including:

- Statutory guidance on promoting the health and well-being of looked after children (Department for Children, Schools and Families and Department of Health)
- The Children Act 1989 guidance and regulations volume 2: care planning, placement and case review (Department for Children Schools and Families) and Annex B: The Care Planning, Placement and Case Review and Fostering Services (England) (Miscellaneous Amendments) Regulations 2013 (Department for Education).

Changes to government policy from May 2010

Since this guideline was originally written (October 2010), there have been a number of changes to government policy. This guideline does not summarise all relevant policy, regulations or any additional guidance. It is the responsibility of any organisations or individuals to ensure they

identify and act on any statutory or legal responsibilities. The guideline should be considered alongside any changes to current policy.

- The Children and Families Act 2014 received Royal Assent in March 2014. The Act introduced reforms for tackling delay in the adoption process and for improving the life chances of looked-after children and young people (see Councils told to stop housing vulnerable children miles away from home Department for Education and Children and Families Bill explanatory notes).

The Department for Education has issued statutory guidance for local authorities on implementing the duties in the Children Act 1989 with respect to children and young people who are brought up by members of their extended family, friends or other people who are connected with themsee Family and friends care: statutory guidance for local authorities Department for Education).

From 31 October 2010 the Department for Education withdrew statutory guidance on children's trusts. But the requirement for local authorities and partners to have a children's trust board and to cooperate to improve children's wellbeing, as set out in section 10 of the Children Act 2004, remains in place. Local authorities have the flexibility to ensure that their children's trust board fits with their local health and wellbeing board. The requirement for children's trust boards to produce a children and young people's plan was removed, but they are afforded the flexibility to continue to produce a plan if it makes sense locally.

The Office for Standards in Education, Children's Services and Skills (Ofsted) and the Care Quality Commission (CQC) remain the inspectorates of services for children's social care and health, and there has been an expansion of the economic regulator (currently Monitor) to develop, with CQC, 'licensing' arrangements for the NHS. Ofsted now has a single inspection framework covering child protection, services for looked after children and care leavers, and local authority fostering and adoption services (Framework and evaluation schedule for the inspection of services for children in need of help and protection, children looked after and care leavers [single inspection framework] and reviews of local safeguarding children boards).

There have also been changes to NHS commissioning, including GP commissioning consortia, and clinical commissioning groups. These have gradually taken over responsibility from primary care trusts, which were abolished in April 2013.

Structures and statutory guidance are likely to change as a result of future government policies but the tasks and actions set out in the recommendations in this guideline remain valid. This guideline takes account of policy changes by using generic terms alongside current arrangements to reflect possible structural changes.

How was this guideline developed?

The recommendations in this guideline are based on the best available evidence. They were developed by a Programme Development Group (PDG), which included people working in social care, health and education as well as young people with experience of being looked after. Members of the PDG are listed in appendix A.

The guideline was developed using the NICE public health programme process. It has used a mixture of SCIE and NICE methods – see appendix B for details. Supporting documents used to prepare this document are listed in appendix E. More details of the evidence on which this guideline is based, and NICE's processes for developing public health guidelines, are on the NICE website.

What evidence was the guideline based on?

The evidence that the PDG considered included research reviews, a practice survey, a consultation with young people who are or have been in care, fieldwork with practitioners and the testimony of expert witnesses. This evidence demonstrated that the health and wellbeing of looked-after children and young people is affected by nearly all aspects of their lives and care. The PDG therefore examined the wider looked-after children's system and adopted a broad definition of health and wellbeing. Further detail on the evidence is given in section 3 (3.36–3.48) and appendices B and C.

The PDG recognised that some groups – for example, disabled children and young people – have specific needs, but it has not made recommendations about all of these. In some cases the evidence was insufficient and the PDG has made some recommendations for future research.

Taking account of the views of children and young people

During the consultation, children (where appropriate) and young people in care were asked what they thought about the recommendations that would directly affect them. For example, some said that they felt adults responsible for their care could be more honest with them, especially about decisions they can have some control over and those that are out of their hands. Their opinions were reported back to the PDG, some of which resulted in changes to the recommendations.

Foreword

The focus of this guideline – promoting the quality of life for looked-after children and young people – depends on how well organisations, professionals and carers work together to ensure looked-after children and young people experience high quality care, stable placements and nurturing relationships that reinforce a sense of belonging.

The relationship between a child or young person, their carer and professionals involved in their lives – and the continuity of that relationship – has been central to the discussions of the Programme Development Group (PDG) throughout the development of this guideline. Much of the evidence that the PDG heard identified the importance of secure attachments and establishing a sense of permanence. The child's need to be loved and nurtured is fundamental to achieving long-term physical, mental and emotional wellbeing. The PDG heard that stable education built on high aspirations is essential to promoting the quality of life for looked-after children and young people. It also heard that their transition to adulthood can often be traumatic. Without access to services to support this transition young people can end up unemployed, homeless or in custody, experiencing a downward spiral of rejection.

A disproportionate number of children and young people in care are from black and minority ethnic backgrounds and have particular needs. There are also other groups of looked-after children and young people, such as unaccompanied asylum seekers or those who are gay or lesbian, who have particular needs. Services should be sufficiently diverse and sensitive to meet the needs of these groups.

Nationally, the quality of services for looked-after children and young people is uneven. Despite guidance and regulation, compliance is variable and questions about leadership have been raised. The PDG heard evidence that strongly suggests that effective leadership is the ability to create an organisational culture with a strong learning capacity. The ability to acquire, assimilate and apply knowledge and take seriously the need to learn from mistakes is critical.

This NICE/SCIE guideline reinforces statutory guidance and national minimum standards without repeating the detail; it highlights key messages and fills some gaps. The guideline is aimed at a broad, cross-agency professional audience and the recommendations should act as levers for good practice and service improvement.

The PDG took the view that when difficult decisions are made about budgets and resources, looked-after children and young people should be a priority, as one of the most vulnerable and disadvantaged groups in our society. Our aspirations should be high and not be compromised.

Dennis Simpson
Programme Development Group Chair

Principles and values

The recommendations in this guideline are supported by the following principles[1]:

- Put the voices of children, young people and their families at the heart of service design and delivery.
- Deliver services that are tailored to the individual and diverse needs of children and young people by ensuring effective joint commissioning and integrated professional working.
- Develop services that address health and wellbeing and promote high-quality care.
- Encourage warm and caring relationships between child and carer that nurture attachment and create a sense of belonging so that the child or young person feels safe, valued and protected.
- Help children and young people to develop a strong sense of personal identity and maintain the cultural and religious beliefs they choose.
- Ensure young people are prepared for and supported in their transition to adulthood.
- Support the child or young person to participate in the wider network of peer, school and community activities to help build resilience and a sense of belonging.
- Ensure children and young people have a stable experience of education that encourages high aspiration and supports them in achieving their potential.

[1] These were developed by the Programme Development Group based on the principles in the Statutory guidance on promoting the health and well-being of looked after children (Department for Children, Schools and Families and Department of Health), the 6 entitlements of the National Children's Bureau 'National Healthy Care Standard, and discussion of a quality of care index developed by David Berridge et al. (Looked after and learning: evaluation of the virtual school head pilot Department of Children, Schools and Families). For details of the index, see Stein M Quality matters in children's services: messages from research.

1 Recommendations

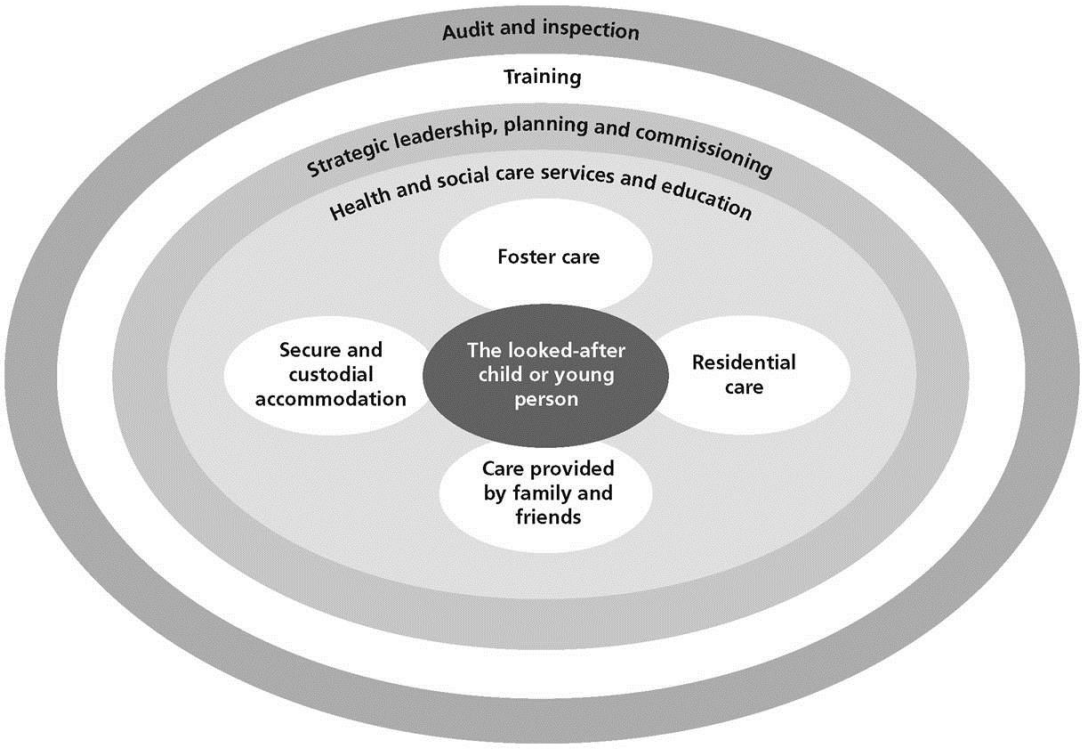
This guideline was refreshed in May 2015. The refresh consisted of changes in recommendations 3, 5, 12, 36 and 38 to reflect changes to government policy since this guideline was published in October 2010. The evidence for the recommendations was not reviewed as part of this refresh, and the recommendations have not been changed.

This is NICE and SCIE's formal guidance on improving the physical and emotional health and wellbeing of looked-after children and young people. When writing the recommendations, the Programme Development Group (PDG) (see appendix A) considered the evidence of effectiveness (including cost effectiveness), commissioned reports, expert testimony, fieldwork data, a consultation with children and young people, and comments from stakeholders. Full details are available from the NICE website.

The evidence statements underpinning the recommendations are listed in appendix C.

The evidence reviews, commissioned reports, supporting evidence statements and economic analysis are available.

Influences on the quality of life of looked-after children and young people



Note that health and social care services include dedicated services to promote the mental health and emotional wellbeing of looked-after children and young people, and to support young people in the transition to independence. Services should be designed to address the needs of children and young people with particular needs, including those from black and minority ethnic backgrounds, unaccompanied asylum seekers and those with disabilities.

Strategic leadership, planning and commissioning

Evidence indicates that high-performing local authorities are those with strong leaders who have an aspirational vision of effective corporate parenting for all looked-after children and young people. These authorities embed partnership and multi-agency working at the heart of the planning process and ensure that children and young people are fully engaged in the design and delivery of services.

Recommendation 1 Prioritise the needs of looked-after children and young people

Who should take action?

- Directors of children's services.
- Directors of public health.
- Senior staff with responsibility for commissioning and providing health services.

What action should they take?

- Create strong leadership and strategic partnerships to develop a vision and a corporate parenting strategy that:
    - focuses on effective partnership and multi-agency working
    - addresses health and educational inequalities for looked-after children and young people.
- Ensure that local strategic plans adhere to national guidance, primarily Statutory guidance on promoting the health and well-being of looked after children (Department for Children, Schools and Families).
- Ensure the joint strategic needs assessment process is a central component in assessing the needs of looked-after children and young people (Statutory guidance on joint strategic needs assessments and joint health and wellbeing strategies Department of Health).
- Ensure local plans and strategies for children and young people's health and wellbeing fully reflect the needs of looked-after children and young people, and care leavers, and set out how these needs will be met. They should describe how to:
    - meet the changing needs of looked-after populations and provide high-quality care
    - provide services that meet the emotional health and wellbeing needs of children and their carers, including child and adolescent mental health services (CAMHS), core health services (for example, immunisation) and enhanced services (for example, paediatrics)
    - promote healthy lifestyles
    - provide access to extra-curricular activities
    - improve the stability of placements and education.

- Ensure senior managers in partner agencies provide strong, visible leadership to raise aspirations and attainment, and promote joint working to meet the needs of looked-after children and young people.
- Ensure effective corporate parenting by complying with guidance on the role of lead members for children's services and directors of children's services in helping looked-after children and young people improve their aspirations and outcomes. (Statutory guidance on the roles and responsibilities of the Director of Children's Services and the Lead Member for Children's Services Department for Education.)
- Ensure services are developed taking account of the views of looked-after children and young people (see recommendation 24). These views should be channelled through the corporate parenting board or children-in-care council.
- Provide an annual report to the children-in-care council, the local authority overview and scrutiny committee, the director of public health, the NHS commissioner and the leader of the council. This report should cover the effectiveness of services for looked-after children and young people when evaluated against local plans for health and wellbeing, the local pledge to children in care, national indicators and local targets.
- Build communication networks with key partner organisations and publish, publicise and update regularly a local map that identifies all agencies that are involved with looked-after children and young people.
- Publish and update regularly a directory of resources for looked-after children and young people to aid social workers, and a resource guide for looked-after children and young people and care leavers.
- Ensure local authorities reflect in their yearly 'pledge' to looked-after children and young people the needs and challenges raised by children-in-care councils about improving services to achieve better outcomes.

Recommendation 2 Commission services for looked-after children and young people

Who should take action?

Commissioners of health services and local authority children's services.

What action should they take?

- Commission services that enhance the quality of life of the child or young person by promoting and supporting their relationships with others (Outcomes and efficiency: commissioning for looked after children Commissioning Support Programme).
- Ensure that service commissioning for looked-after children and young people is informed by:
    - the views of children and young people (see recommendation 24)
    - national evidence, guidance and performance data
    - the local corporate parenting strategy
    - local knowledge and experts (for example, the director of public health)
    - local audits
    - the joint strategic needs assessment
    - local plans and strategies for children and young people's health and wellbeing.
- Commission services dedicated to looked-after children and young people that are integrated, preferably on the same site, and have expert resources to address physical and emotional health needs. These services should have links with universal services, be friendly, accessible and non-stigmatising (see You're welcome: quality criteria for young people friendly health services Department of Health) and should include:
    - health promotion (see recommendations 37 and 46)
    - early identification and prevention of physical and emotional health problems (see recommendations 8–11 and 20–23)
    - access to specialist services, including child and adolescent mental health services (see recommendations 8–11)
    - access to professional advice for the looked-after children and young people's care team (see recommendation 6).
- Encourage authorities to work together in local partnerships when commissioning services to offer greater choice and quality of services.

Audit and inspection

Evidence suggests that a robust audit and inspection framework ensures that looked-after children and young people continue to be strategic priorities for local authorities, the NHS and their key partners.

Recommendation 3 Regulate services

Who should take action?

Regulators and inspectors (including the Care Quality Commission and Ofsted).

What action should they take?

- Use the processes for auditing, monitoring and inspecting local authorities, providers of health services and key partners to ensure that local strategic partnerships (including children's services and their partners) provide services for looked-after children and young people (including those placed out of area) that:
    - take account of their views (see recommendation 24)
    - meet the full range of their needs (including needs relating to physical, social, educational and emotional health and wellbeing)
    - promote and support healthy lifestyles
    - deliver quality care, and placement and educational stability
    - comply with relevant standards and statutory guidance.
- Assess local strategic partnerships (including children's services and their partners) to:
    - ensure the needs of looked-after children and young people are given the priority that statutory guidance dictates
    - ensure mainstream budgets are pooled or aligned to meet those needs
    - ensure effective joint commissioning of services is in place and show how costs are shared between agencies.

Recommendation 4 Inspect services for care leavers

Whose health and wellbeing will benefit?

Looked-after young people preparing to leave or leaving care.

Who should take action?

- Ofsted.
- Care Quality Commission.

What action should they take?

- Adopt the standards developed by the National Leaving Care Advisory Service (National standards in leaving care National Leaving Care Advisory Service).
- Monitor the provision of health services and how well different services communicate with one another.

Care planning, placements and case review

Evidence indicates that effective care planning, led by social workers, promotes permanence and reduces the need for emergency placements and placement changes. Good care planning supports the quality of the relationship between the child or young person and carer by minimising disruption, increasing attachment and providing greater placement stability, which also helps promote a stable education.

Recommendation 5 Implement care planning, placement and case review regulations and guidance

Who should take action?

Directors of children's services.

What action should they take?

- Ensure all social workers and independent reviewing officers (IROs) refer to and implement the 'Care planning, placement and case review (England) regulations and associated amendments (The Children Act 1989 guidance and regulations volume 2: care planning, placement and case review Department for Children Schools and Families; Annex B: The care

planning, placement and case review and fostering services (England) (miscellaneous amendments) regulations 2013 Department for Education). These documents set out the statutory duties of children's services, which include ensuring that social workers carry out their pivotal role of 'local corporate parent' with overall responsibility for the coordination and implementation of the care plan and healthcare plan (also see recommendations 26–34).

- Ensure the social worker's role is supported by:
  - regular high-quality supervision with a particular focus on the management of the care plan and corrective action to ensure that interventions are acted on as agreed – preventing 'drift' in the care system
  - continuing professional development for social workers to better understand and manage the role of a local corporate parent.
- Implement in full the strengthened function of the independent reviewing officer as outlined in: Care planning, placement and case review (The Children Act 1989 guidance and regulations volume 2: care planning, placement and case review Department for Children Schools and Families; Annex B: the care planning, placement and case review and fostering services (England) (miscellaneous amendments) regulations 2013 Department for Education; the Independent Reviewing Officers' handbook Department for Children Schools and Families).
- Ensure the expanded and strengthened role of independent reviewing officers (see recommendation 52 on IRO training) is supported by high-quality supervision.
- Ensure that prompt and decisive action is taken when planning permanence for very young children and babies who come into care (see also recommendations 16–19), to safeguard and promote the wellbeing of the child. For example, where there is any uncertainty concerning reunification with birth parents, 'twin tracking' should be in place to ensure other permanence arrangements are available.
- When deciding whether rehabilitation with birth parents is a possibility especially for young children or babies, give particular attention to the reasons why any siblings have been placed in care or been adopted. This is to gather evidence on the willingness and ability of parents to change and sustain their behaviour after concerns were raised about this particular child.
- Ensure the voice of the child or young person is heard at every stage in the care planning process, with particular concern for the choice, quality and continuity of the placement (also see recommendations about diversity 26–34 and personal quality of life recommendations 24 and 25).

Professional collaboration

Evidence suggests that for the 'team around the child' to provide effective care, professionals need to collaborate closely and share relevant and sensitive information. It is also reported that when multi-agency teams are supported and encouraged to address their way of working, they are better able to collaborate when handling difficult and complex situations, and more readily adopt a non-defensive approach that focuses on the best outcomes.

Recommendation 6 Support professional collaboration on complex casework

Who should take action?

- Directors of children's services.
- Directors of public health.
- Senior staff with responsibility for commissioning and providing health services.

What action should they take?

- Ensure the multi-agency 'team around the child' (including frontline staff and carers) has access to a consultancy service to support collaboration on complex casework. The approach taken by this service should be based on the concept of reflective practice (see also recommendations 33, 34, 36, 38 and 50–52), and how to manage:
    - conflicting views in the team about the best interests and needs of a looked-after child or young person
    - risks to or disruptions of long-term placements
    - patterns of repeated placement breakdown or exclusion from education
    - uncertainty or delays in care planning
    - communication with colleagues, decision making, information sharing and lead responsibilities, ensuring that the needs of the child continue to be prioritised.
- Such a service could be designed and delivered by in-house experts, external advisers or child and adolescent mental health services (CAMHS), and should participate in regional support networks. This can contribute to children's needs being met and placements being more effectively supported.

Recommendation 7 Ensure everyone involved understands their role

Who should take action?

- Directors of children's services.
- Directors of public health.
- Senior staff with responsibility for commissioning and providing health services.

What action should they take

- Ensure that social workers undertake the key worker and coordinating role and fulfil their responsibility for managing the multidisciplinary care plan, including managing the transition between child and adult health services (see recommendation 49).
- Ensure that any professional who considers that the needs of the child or young person are not being addressed, or that interventions are being avoidably delayed, can request through their line manager that a review of the care plan is reconvened before the date of the next statutory review.
- Ensure that a child or young person is able to request a review of their needs and that they are consistently reminded of this right by their social worker and independent reviewing officer.
- Ensure that independent reviewing officers have routine access to managers at all levels to deal with any problems in implementing agreed actions.

Dedicated services to promote the mental health and emotional wellbeing of children and young people in care

Evidence suggests that early intervention to promote mental health and wellbeing can prevent the escalation of challenging behaviours and reduce the risk of placement breakdown. Flexible and accessible mental health services are needed that offer skilled interventions to looked-after children and young people and their carers. These services should have the capacity and expertise to work with black and minority ethnic children and unaccompanied asylum-seeking children and young people who may have particular needs.

Recommendation 8 Commission mental health services

Who should take action?

- Directors of children's services.

- Commissioners of mental health services.

What action should they take?

- Jointly commission services dedicated to promoting the mental health and emotional wellbeing of children and young people who are looked after or are moving to independent living. These services should be structured as integrated teams (virtually or, ideally, co-located), and have a mix of professionals who will vary according to local circumstances (see also recommendations 9–11, 14, 16–19 and 49).

- As a minimum, ensure these services have local authority children's specialists, dedicated health and mental health (including CAMHS) professionals, and education specialists working with looked-after children and young people (see also recommendations 9–11, 14,16–19, 42–43 and 49).

- Ensure that the team includes experienced practitioners who are trained and supported to work with multi-agency networks on complex casework.

- Ensure that looked-after children and young people have access to these services in situations where their emotional wellbeing is at risk.

- Ensure that child and adolescent mental health services (CAMHS) are sensitive to the needs of the groups of children and young people identified in recommendations 26–34. Ensure that the commissioned team has the capacity and expertise to work sensitively with looked-after children and young people on the impact of discrimination, racism, bullying and isolation on self-esteem and personal identity (see recommendations 26–34).

- Ensure that equal priority is given to identifying the needs of those children or young people who may not attract attention because they express emotional distress through passive, withdrawn or compliant behaviour.

- Ensure that the services include:

    - training, support and access to specialist advisers for frontline practitioners, carers and other professionals in the multidisciplinary 'team around the child' (see recommendation 6)

    - specific training to prevent placement breakdown, covering early identification of those at risk of mental health problems (see 16–19, 35–38, 50–52)

    - therapeutic services for children and young people, including those in unstable, short-term and transitional placements

  - continuing with and completing a therapeutic intervention after the young person reaches the age of 18, when this is necessary.

    Provide a responsive outreach service to carers, schools, residential homes, secure accommodation establishments and leaving-care services.

- Include a specialist practitioner role in a dedicated multi-agency mental health service to support young people moving to independent living at age 18, or 21 where applicable, who may not meet the threshold for onward referral to adult mental health services (see recommendation 49 and NICE's guideline on service user experience in adult mental health). The specialist role should:

  - support leaving care teams in local authorities on the mental health and emotional wellbeing needs of the young person leaving care (see recommendations 46–49)

  - provide information and advice to adult mental health services about the particular issues affecting young people's mental health while they are in care and the emotional and mental health needs of young people leaving care (see recommendations 20–23 and 46–49 and NICE's guideline on service user experience in adult mental health)

  - provide specialist support services to young people aged 18 and older when this is the best option to meet their mental health needs in the short to medium term.

Recommendation 9 Ensure access to mental health services for black and minority ethnic children and young people

Whose health and wellbeing will benefit?

- Black and minority ethnic looked-after children and young people.
- Looked-after children and young people of multiple heritage.

Who should take action?

- Commissioners and providers of mental health services.

What action should they take?

- Ensure that child and adolescent mental health services (CAMHS) are sensitive to the needs of black and minority ethnic children and young people (including those with multiple heritage) and can provide appropriate interventions for emotional and mental health problems associated with racism and cultural identify.

- Ensure service providers are alert to the possibility that children and young people may not overtly express the impact of their experience of racism on their self-esteem and cultural identity, and practitioners should ensure there are opportunities for these concerns to be discussed.

Recommendation 10 Ensure access to mental health services for unaccompanied asylum-seeking children who are looked after

Whose health and wellbeing will benefit?

Unaccompanied asylum-seeking children and young people who are looked after.

Who should take action?

- Commissioners and providers of mental health services.

What action should they take?

Ensure that unaccompanied asylum-seeking children and young people have access to specialist psychological services (including CAMHS) with the necessary capacity, skills and expertise to address their particular and exceptional health and wellbeing needs, including:

- post-traumatic stress
- dislocation from country, family, culture, language and religion
- risk of sexual exploitation
- lack of parental support and advocacy in a foreign country
- stress related to the immigration process
- physical and emotional trauma from war and disruption at home such as torture, beatings, rape and death of family members
- increased risk for suicide and mental illness.

Recommendation 11 Ensure access to specialist assessment services for young people entering secure accommodation or custody

Who should take action?

- Commissioners and providers of health services.

- Social work managers.

What action should they take?

Ensure that looked-after children and young people entering secure accommodation or custody have their physical, developmental and mental health needs assessed by a paediatrician, or suitably qualified professional with input from the dedicated multi-agency mental health service (see Children and young people in secure settings Royal College of Paediatrics and Child Health). Ensure that any recommendations from these assessments are included in the care plan or pathway plan. (See recommendations 9, 10 and 14.)

Placements for children and young people – residential care, foster care and care by family and friends

To meet the diverse needs of all looked-after children and young people, it is necessary to have an adequate range of suitable placements, including secure and custodial care and ensure that children are involved in decisions about placement changes. Children and young people report that they value honesty from those responsible for their care about where they can and cannot influence decisions that concern their care.

Recommendation 12 Plan and commission placements

Who should take action?

- Directors of children's services.
- Senior staff with responsibility for commissioning health services.

What action should they take?

Develop a strategy to identify suitable placements and interventions for looked-after children and young people (see also recommendations 26–34). Such a strategy should:

- Clearly set out how to meet the 'sufficiency' duty under the Children and Young Persons Act 2008 (Sufficiency: statutory guidance on securing sufficient accommodation for looked after children Department for Education) to provide suitable placements to meet the needs of looked-after children and young people with a statement of the role of various forms of care, to include:

  - foster care, residential care and care provided by family and friends (see recommendations 24, 25, 26–34, 35–38, 40)
  - use of secure accommodation (see also recommendations 11 and 20)
  - how placements will be made if unavailable within the local authority area (see also recommendation 20)
  - consideration of sibling co-placement and contact (including those placed out of area) (see recommendations 15, 20 and 24).

- Use current statutory guidance on complex care funding (The Children Act 1989 guidance and regulations volume 2: care planning, placement and case review Department for Children Schools and Families; Resources on local partnerships Commissioning Support Programme)to ensure there are pooled and aligned budgets for looked-after children and young people who are likely to require highly specialised care placements for a significant period.
- Ensure there is a multi-agency process for placement decisions that is informed by a comprehensive assessment of the social care, health and educational needs of the child or young person.
- Include a robust protocol for sharing payment for placements that have a healthcare component. This is especially applicable to a 'best placement' decision where an integrated package of care and therapeutic, psychological or psychiatric input is purchased.
- Monitor the services for children and young people who have been placed out of the area, including how to support care leavers (see recommendations 46–49) if they choose to remain out of the area and how these services are sourced from local providers (including CAMHS and adult mental health services, see NICE's guideline on service user experience in adult mental health).

Recommendation 13 Use current information to make decisions about placement changes

Who should take action?

- Social workers and social work managers.
- Placement teams.
- Independent reviewing officers.

What action should they take?

- Ensure decisions on changing placements are taken on a current assessment of the needs of the child or young person, or when their care plan clearly indicates that it is in their best interests to move, and not on the basis of poor planning and resource shortfalls (Data pack: improving permanence for looked after children Department for Education).
- Ensure that the number of emergency placements are monitored with the aims of understanding why they happen and reducing their frequency as they can lead to placement instability.
- Ensure placement plans and contracts state whether the placement is intended to meet the child or young person's long-term needs and further ensure that the provider has a specific and robust policy to minimise exclusions and terminations.
- When making decisions about moving children or young people from existing placements:
    - fully take into account the wishes and feelings of a child or young person
    - record the reasons for decisions taken that are not in accord with the wishes and feelings of the child or young person
    - explain to the child or young person why these decisions were made
    - ensure children and young people are made fully aware of their right to access advocacy services when a review decision is likely to overrule their wishes and feelings
    - ensure sibling co-placement and contact are considered (including those placed out of area) (see also recommendations 15, 20 and 24).
- Ensure the child or young person has enough notice of any planned change to arrange for an advocate to support them in their review meeting.
- Monitor and audit the number of decisions where placement moves are made against the wishes of a child or young person, including the reasons for such moves.
- After any placement move ensure appropriate measures are put in place for continued contact with any adults and younger people, including siblings, identified by the child or young person as important, if this is desirable and safe (see also recommendations 15 and 24).

- Ensure that for transitional arrangements the child or young person gets to know their new carers and placement through prior visits and, wherever possible, overnight stays. Ensure also that 'good endings' are made with previous carers.
- Ensure that placement decisions, including decisions about making and breaking placements, and planning for transition to leaving care:
  - take account of the health needs and developmental stage of the child or young person as well as their age
  - take into account fully all professional views about the progress and needs of the child or young person for any review, assessment and decision about changing placements
  - allow young people in residential care to remain in placement up to age 18 and beyond where it is in their best interests and appropriate to their continuing needs.
- Ensure placement changes among family and friends are recorded, including the reasons for the moves.

Recommendation 14 Ensure looked-after children and young people in secure and custodial settings have their care plan or pathway plan reviewed

Who should take action?

- Independent reviewing officers.
- Placement teams.
- Social workers and social work managers.
- Leaving care teams.

What action should they take?

- Ensure that looked-after children or young people living in secure accommodation have a care plan or a pathway plan that is based on a comprehensive assessment of all their needs (see recommendations 5, 11, 20, 26–34). (National standards in leaving care National Leaving Care Advisory Service.)
- Carry out an immediate review of the care or pathway plan when any looked-after child or young person enters or leaves secure accommodation or a custodial setting. The review should ensure that all the health needs of the child or young person, including their emotional and psychological health and wellbeing, are provided for during their time in secure

accommodation or custody (see Children and young people in secure settings Royal College of Paediatrics and Child Health).

- The pathway plans of young people who are leaving or have left care must also be reviewed when they enter or leave secure accommodation or a custodial setting.
- Ensure that the care or pathway plan is communicated to the receiving team, including health partners, when the young person leaves the secure setting.
- Ensure that a child or young person is not moved from a secure or custodial placement into independence or semi-independence any sooner than if they had not been in secure or custodial accommodation.

Sibling placements and contact

Evidence suggests that membership of a sibling group is a unique part of the identity of a child or young person and can promote a sense of belonging and promote positive self-esteem and emotional wellbeing. Good management of sibling placement and contact is important to encourage and nurture healthy relationships, and can also help children and young people manage relationships they may find difficult. Siblings can include those who are not looked after and 'sibling-like' relationships that develop in a care setting.

Recommendation 15 Support sibling placements

Who should take action?

- Placement teams.
- Social workers and social work managers.

What action should they take?

- Ensure that all decisions taken about sibling care, placement and contact (including recommendations below) includes siblings who may be adopted, those who share 1 birth parent, and stepbrothers and stepsisters.
- Ensure contact orders made by a court are followed, and place siblings together unless assessments and the wishes of the child or young person suggest otherwise.
- Ensure a placement strategy is in place that addresses any shortage of foster carers or suitable residential placements to meet the needs of sibling groups, for example through:

  - recruiting foster families specifically for sibling groups
  - commissioning homes for small family groups
  - meeting the additional financial and housing needs of foster carers to enable siblings to be placed together.

- Where a looked-after child or young person has a brother or sister in care, identify a placement that allows siblings to live together unless there is clear evidence that this would not be in their best interests, or the child or young person is unhappy with the arrangement. Ensure this approach applies equally to siblings of multiple heritage.
- Ensure siblings have the same social worker, wherever possible and practical.
- Establish a clear communication and liaison plan where siblings have different social workers.
- Where decisions are made to separate sibling family groups:
  - record clearly and explain sensitively to the child or young person the reasons for separation (see also recommendations 1, 2, 7 and 24)
  - make robust plans for ongoing sibling contact according to the wishes of the child or young person (Looked-after children: contact with siblings. Update to 'The Children Act 1989 guidance and regulations volume 2: care planning, placement and case review' Department for Education)
  - ensure social workers coordinate any ongoing contact desired by the child or young person, arranging appropriate supervision where necessary and supporting foster or residential carers
  - review a separation decision if the circumstances of a sibling change.
- Provide additional support and resources that help the co-placement of siblings to prevent disruption and possible end of a placement for any child or young person in a sibling family group.
- Where siblings live or are placed in different local authority areas ensure that arrangements are in place for their independent reviewing officers or social workers to liaise on their needs, ensuring ongoing contact and any possibility of future co-placement are regularly considered from the perspective and wishes of each sibling (see recommendation 24).

Supporting babies and young children

Evidence suggests that frequent moves and parents' physical and mental health problems can adversely affect the ability of babies and very young children to form healthy attachments that lead to healthy emotional and physical development. To combat this disadvantage, there is a need to plan decisively for permanent placements, based on high-quality assessments carried out by skilled professionals. Comprehensive, flexible service provision can help meet this aim.

Recommendation 16 Assess the needs of babies and young children and ensure access to services

Who should take action?

- Social work managers.
- Providers of health services (including CAMHS).

What action should they take?

- Ensure that comprehensive and sensitive assessment processes are in place to identify the needs of babies and young children as early as possible.
- Ensure frontline practitioners support the baby or young child and carers and, if necessary, a referral is made to specialist services, following the needs assessment.
- Ensure that equal priority is given to identifying the needs of children who may not attract attention because they express emotional distress through passive, withdrawn or very compliant behaviour.
- Ensure assessments:
    - are conducted by appropriately trained health professionals and frontline practitioners who work with looked-after children, such as health visitors, community and specialist paediatricians, psychologists and nurses for looked-after children and young people
    - include the views of carers, social workers and early years practitioners who have day-to-day contact with the baby or young child.
- Ensure that interventions recommended by assessments are included in the healthcare plan. This is the responsibility of the social worker managing the case (see also recommendation 5).

- Ensure that interventions recommended in the healthcare plan continue to be made through transitional periods if babies or young children move from a placement and when they move to permanence.

Recommendation 17 Ensure there are specialist services for babies and young children

Who should take action?

- Directors of children's services.
- Senior staff with responsibility for commissioning and providing health services (including CAMHS).

What action should they take?

- Ensure that all frontline practitioners have access to specialist services and evidence based interventions (including dedicated CAMHS teams) to help them meet the emotional and physical wellbeing needs of looked-after babies and young children. These services should have practitioners who:
    - have a good understanding of the emotional, physical and developmental needs of babies and young children, including those with complex emotional needs
    - have a high level of understanding of attachment theory, and the impact of trauma and loss on child development and the forming of attachments
    - are skilled in observing and understanding the behaviour of babies and young children, and parent–child interactions.
- Ensure that specialist services can provide support such as consultation and training to carers and frontline practitioners, and can work directly with the child and carer on interventions that focus on supporting secure attachments.

Recommendation 18 Ensure carers and frontline practitioners working with babies and young children receive specialist training

Whose health and wellbeing will benefit?

Looked-after babies and young children.

Who should take action?

- Directors of children's services.
- Senior staff with responsibility for commissioning and providing health services (including CAMHS).
- Senior staff in fostering services and residential care.

What action should they take?

Ensure that all carers and practitioners who care for and work with babies and young children (including foster carers and prospective adopters) receive training from specialist training providers (including CAMHS). This should be additional to core training (see also recommendations 18, 31–38 and 50) and should include information on the:

- development of attachment in infancy and early childhood
- impact of broken attachments
- early identification of attachment difficulties
- particular needs of babies and young children who have experienced prenatal substance exposure or who have inherited or acquired learning or developmental problems.

Recommendation 19 Reduce moves and achieve permanence for babies and young children

Whose health and wellbeing will benefit?

Looked-after babies and young children.

Who should take action?

- Social workers and social work managers.
- Independent reviewing officers.
- Placement teams.

What action should they take?

- Ensure care planning takes account of the need to minimise the experience of separation and loss for babies and young children (see also recommendations 5, 12, 13 and 30) (see The Children and Families Act 2014).
- Ensure assessments of emotional welfare and the impact of loss of attachment are primary considerations in a decision to make a placement change, including a move to permanent carers.
- Consider returning the child to a previous stable placement if an adoption placement breaks down.
- Ensure that the history and extent of previous placement instability is taken into account before a change from the current placement is agreed.
- Give serious consideration to a foster carer's desire to adopt a child and ensure that an adoption assessment fully considers the capacity of foster carers to provide long-term stability and secure attachment.
- Ensure alternative placements are available ('twin tracking') if assessments of birth parents or carers who are family or friends are unsatisfactory. This might include approving carers who wish to adopt as both foster carers and prospective adopters.

Health assessments, records and information

Evidence indicates that accurate and up-to-date personal health information has significant implications for the immediate and future wellbeing of children and young people during their time in care and afterwards. Understanding their own 'health history' is an essential part of growing up securely. Inconsistent record keeping can lead to wrong decisions by professionals and adversely affect the child or young person.

Recommendation 20 Assess the health needs of looked-after children and young people

Who should take action?

- Commissioners and providers of health services.
- Social work managers.

What action should they take?

- Ensure that all looked-after children and young people have their physical, emotional and mental health needs assessed by appropriately trained professionals according to 'Statutory guidance on promoting the health and well-being of looked after children (Statutory guidance on promoting the health and well-being of looked after children Department for Children, Schools and Families).
- Local authorities should make notifications about looked-after children and young people who are placed out of the authority's area or across NHS commissioning boundaries in good time and in accordance with the statutory guidance (The Children Act 1989 guidance and regulations volume 2: care planning, placement and case review Department for Children Schools and Families).

Recommendation 21 Share health information and ensure consent is obtained

Who should take action?

- Social work managers.
- All service providers including independent and voluntary sector providers.
- All primary and secondary healthcare providers (including CAMHS and adult mental health services).

What action should they take?

- Consider introducing a protocol into information-sharing processes that addresses legal and confidentiality issues, to assist information flows between health and social care.
- Ensure that healthcare professionals share health information with social workers and other professionals.
- Ensure that there is a process for social workers to obtain consent for statutory health assessments, routine screenings and immunisations.
- Ensure social workers obtain permission to access the child or young person's neonatal and early health information.
- Ensure social workers obtain permission to access information on parental health, including obstetric health.

- Ensure that parental or delegated consent is given to healthcare professionals when they are scheduled to carry out a medical or surgical procedure on any looked-after child or young person.
- Ensure that a system is in place to monitor, and address failure to obtain, permission or consent for health matters.
- Ensure that any health information is collected and shared in a sensitive and professional manner.
- Ensure health information is incorporated into relevant assessments and shared with healthcare professionals, as appropriate.
- Ensure that physical and emotional health information, and consent for medical procedures, including mental health interventions, follows the child or young person. This may include deciding with partner agencies how hand-held (paper) records can stay with the child or young person.
- Ensure that early health information is available to enhance life-story work with the child or young person when they are ready (see also recommendations 24, 25 and 48) or to help them make informed decisions when they are ready to start their own family.

Recommendation 22 Update the personal health record (red book) and ensure this follows the child or young person

Who should take action?

- Social work managers.
- Commissioners and providers of health services.

What action should they take?

- Ask social workers to ensure that the personal health record (red book) follows the child or young person up to the age of 18.
- Ensure that if the original personal health record is lost or unavailable a new one is provided, and when it is reissued it should include as much information as possible; the issuer will need to look back and incorporate historic information.

- Share all information obtained from parents and other sources to help complete the reissued record, and if birth parents are unwilling to give up the original personal health record, ensure social workers work with them to relinquish it temporarily to enable information to be copied.
- Ensure that early health information is obtained, including obstetric and neonatal health information, on all children or young people entering care.
- Ensure there is a clear process to reissue the personal health record to all new carers for children or young people in their care.
- Ensure that a contact person is identified to manage the administration of the personal health record.

Recommendation 23 Share information from assessments for court processes

Who should take action?

Social work managers.

What action should they take?

Ensure that when assessments are commissioned for court processes, permission from the court is obtained to share this information with health professionals who carry out statutory assessments or advise on health needs.

Personal quality of life

Evidence indicates that developing a positive personal identity and a sense of personal history is associated with high self-esteem and emotional wellbeing. Life-story work, as an ongoing activity, can help children and young people understand their family history and life outside of care. Children and young people also have needs and preferences for contact with valued people and participation in the wider community as ways to build their self-esteem and assertiveness.

Recommendation 24 Meet the individual needs and preferences of looked-after children and young people

Who should take action?

- Social workers and social work managers.
- Independent reviewing officers.

What action should they take?

- Promote continued contact with former carers, siblings or family members personally valued by the child or young person where this is felt to be in their best interests. Where this is not possible, acknowledge the significance of losing former attachment figures and relationships.
- Promote ongoing contact with valued friends, professionals or advocates where this enhances and promotes emotional wellbeing and self-esteem.
- Ensure access to creative arts, physical activities, and other hobbies and interests to support and encourage overall wellbeing and self-esteem.
- Offer assertiveness training (appropriate to age) to all children and young people to promote self-esteem and safety, combat bullying and enhance wellbeing (see also recommendations 26–34).
- Ensure looked-after children and young people participate in policy decisions that affect their life (see also recommendations 1 and 2).
- Allow contact with close family members to diminish when it is clearly not in the best interests of the child or young person and contrary to their wishes (see also recommendation 15).

Recommendation 25 Explore personal identity and support ongoing life-story activities

Who should take action?

- Social workers and social work managers.
- Independent reviewing officers.

What action should they take?

- Ensure that policies and activities are in place to allow each child or young person to explore their personal identity, including their life story.
- For information gathering when a child or young person first becomes looked after, consider using forms such as those provided by the British Association of Fostering and Adoption, which collect data on early infant health and parents' general health.
- Ensure life-story activities are planned and supported using a sensitive approach that focuses on the needs of a child or young person and that information is delivered by a trusted

individual known to them in a respectful, sensitive and supportive manner. To carry out life-story activities:

- give careful consideration to the timing and person who delivers life-story information and the extent of information given at any one time, according to the developmental stage and emotional needs of the child or young person
- approach life-story work as an ongoing process rather than a 'one-off', ensuring it is reviewed and revisited as appropriate for each child or young person
- inform, authorise and support carers to answer questions about the personal history of the child or young person, including helping with sensitive or distressing information
- ensure the inclusion of written information, including:
  - 'later in life' letters (usually written by a social worker who knows the child or young person well, setting out his or her early history and sensitive explanations about becoming looked after)
  - photographs, letters and personal information from birth parents where contact has ceased
  - letters from former carers
  - life-story books
  - visual records of celebrations, achievements and foster or residential family events (such as birthdays, religious and cultural events, and family and residential holidays).

- Ensure that in life-story work looked-after children and young people have access to as much personal information (including family history) as possible by promoting ongoing conversations between children, young people and their carers and social workers that include discussion about their:
  - personal journey before and through care
  - immediate and extended family and friends
  - step-family members, if identified by the child or young person as significant
  - personal health history

  - family health history
  - culture and faith
  - sexual identity and orientation.

- Extend existing good practice and policy on life-story work with children and young people during and after the adoption process to all children and young people who are looked after, including those leaving care.

Diversity

Looked-after children and young people from black and minority ethnic backgrounds have particular needs. Other groups of looked-after children and young people also have particular needs, such as those seeking asylum and those who are gay or lesbian. Ensuring their needs are adequately met requires special attention and expertise to champion their rights. Strategic plans need to identify how appropriate services will be commissioned to ensure these looked-after children and young people are not marginalised.

Whose health and wellbeing will benefit?

The recommendations in this section aim to help looked-after children and young people who:

- are from black and minority ethnic communities
- have physical or learning disabilities
- are lesbian, gay, bisexual or transgender
- are an unaccompanied asylum seeker with looked-after status
- are from travelling communities
- belong to a faith group.

Recommendation 33 is about unaccompanied asylum seekers with looked-after status, and recommendation 34 is about black and minority ethnic children and young people.

Recommendation 26 Ensure everyone understands diversity issues

Who should take action?

- Directors of children's services.
- Senior staff with responsibility for commissioning and providing health services.

What action should they take?

Provide all professionals and managers with specialist training, resources and access to expertise to:

- promote an organisational approach where diversity is considered in all day-to-day decision making, and is freely discussed by professionals with open debate encouraged
- understand the complex issues affecting the looked-after children and young people identified at the beginning of this section, including discrimination and its impact, and, in particular, health, culture, identity, education and placement needs
- identify and contact relevant support groups in the local community to reduce isolation for looked-after children and young people and provide positive avenues of support.

Recommendation 27 Share learning about diversity

Who should take action?

- Directors of children's services.
- Senior staff with responsibility for commissioning and providing health services.

What action should they take?

- Consider setting up a multi-agency panel tailored to local needs to discuss particular requirements and placement choices for the looked-after children and young people identified at the beginning of this section. This could be a priority in areas with low numbers of these looked-after children and young people as there may be a need to increase local knowledge.
- Ensure that children and young people with particular needs are consulted about their experiences of services (see also recommendations 24 and 25).
- Network and share good practice with other local authorities with a similar profile of looked-after children and young people.

- Consider secondments of key staff to local authorities where good practice is recognised, and ensure that there are mentoring and co-working opportunities.
- Ensure children-in-care councils include discussion of looked-after children with particular needs as a standing item on their agenda.

Recommendation 28 Appoint a diversity champion

Who should take action?

Director of children's services.

What action should they take?

- Appoint a local diversity champion with strategic and leadership responsibilities to increase awareness of the needs of looked-after children and young people identified at the beginning of this section and act as an advocate on their behalf.
- Ensure that the diversity champion reports to and is accountable to the director of children's services.
- Ensure the diversity champion also reports to and engages with the children-in-care council to help define the particular needs of these children and young people.

Recommendation 29 Produce and use a diversity profile

Who should take action?

- Senior staff with responsibility for commissioning health and children's services.
- Directors of public health.

What action should they take?

- Produce a local diversity profile covering the looked-after children and young people identified at the beginning of this section.
- Use the diversity profile when commissioning services to ensure services are relevant and meet specific needs (see also recommendation 5).
- Use the diversity profile to develop and train the workforce to meet existing and anticipated needs (see also recommendations 35–38, 40 and 50–52).

Recommendation 30 Ensure there is a diverse range of placements

Who should take action?

Directors of children's services.

What action should they take?

- Ensure the placement strategy in the area includes a sufficiently diverse range of placements (see also recommendations 5, 15, 46 and 47 and 'Sufficiency: statutory guidance on securing sufficient accommodation for looked after children').
- If the diversity profile (see recommendation 26) indicates a more diverse range of placements is required (now or in the future) increase the number of foster carers accordingly.

Recommendation 31 Carry out core assessments

Who should take action?

- Social workers and social work managers.
- Independent reviewing officers and their managers.

What action should they take?

- Ensure that core assessments contain an accurate and comprehensive picture of the child or young person's needs relating to their cultural, religious and ethnic identity, and pay particular attention to race, sexual orientation, language, faith and diet (see also recommendations 8–11, 16, 20, 23, 24–25, 33, 34).
- Ensure that the review of the care plan reflects the developing nature of the child or young person's cultural, religious and ethnic identity and sexual orientation and how these might change as a child or young person grows and matures.

Recommendation 32 Embed diversity in local plans

Who should take action?

Directors of children's services.

What action should they take?

Ensure that the particular needs of looked-after children and young people are clearly identified in local plans for health and wellbeing and that a delivery plan is in place to meet these needs that includes clear targets and outcomes.

Recommendation 33 Provide expertise relating to unaccompanied asylum-seeking children and young people who are looked after

Whose health and wellbeing will benefit?

Unaccompanied asylum-seeking children and young people who are looked after.

Who should take action?

- Social work managers.
- Providers of health services.

What action should they take?

- Provide support and training to foster parents and residential staff to ensure they have a good understanding of the particular issues affecting unaccompanied asylum-seeking children and young people who are looked after.
- Ensure that unaccompanied asylum-seeking children and young people who are looked after have access to:
    - peer group support and religious and community groups to reduce their sense of isolation and disorientation in a foreign country
    - interpreters if their knowledge of English is limited, so they can explain their situation and make their needs known.
- Ensure all professionals in services that work with unaccompanied asylum-seeking children and young people who are looked after have a good understanding of cultural differences in attitudes to and beliefs about physical and mental health or wellbeing (see also recommendations 8–11, 46–49, 50–52).

Recommendation 34 Provide expertise relating to black and minority ethnic children and young people

Whose health and wellbeing will benefit?

- Black and minority ethnic looked-after children and young people.
- Looked-after children and young people of multiple heritage.

Who should take action?

- Directors of children's services.
- Senior staff with responsibility for commissioning and providing health services.

What action should they take?

Provide all practitioners and managers with specialist training, resources, and access to expertise to:

- understand the complexity of racism for looked-after black and minority ethnic children and young people, including those of multiple heritage, and its impact on their ability to enhance their life chances and lead settled lives (see also recommendations 8–11, 46–49, 50–52)
- create links with community support groups to reduce isolation and provide continuity of cultural experience to reinforce a stronger sense of identity
- ensure that black and minority ethnic looked-after children and young people have access to interpreters if their knowledge of English is limited so they can explain their situation and make their needs known.

Supporting foster and residential care

Evidence indicates that foster and residential care are complex activities that require rehabilitative and therapeutic approaches and skills. Carers who feel supported by their social worker and have ready access to support services are better able to use these skills to encourage healthy relationships and provide a more secure base, and so reduce the risk of placement breakdown. These skills should also be reflected in the recruitment of foster carers and residential staff, and in the training and support they receive.

Recommendation 35 Assure the quality of foster and residential care

Who should take action?

Directors of children's services.

What action should they take?

Ensure all fostering services and residential care homes meet and maintain statutory standards (Fostering services: national minimum standards and Children's homes: national minimum standards Department for Education) as set out in Revising the national minimum standards (NMS) for adoption, children's homes and fostering (Department for Children, Families and Schools) and mechanisms are in place to identify and remove those foster or residential carers who repeatedly underperform or are unwilling to undertake additional training to meet these standards.

Recommendation 36 Train foster and residential carers

Who should take action?

- Social workers and social work managers.
- CAMHS professionals.
- Private and independent fostering agencies.

What action should they take?

- Ensure foster and residential carers receive high-quality, core training from trainers with specialist knowledge and expertise that:
    - covers the key components of parenting set out in the 'principles and values' section of this guideline
    - meets the standards set out by the Department for Education (Training, support and development standards for foster care), core training recommendation 50 of the training section in this guideline.
- Adapt training to local needs and ensure it:
    - includes psychological theories of infant, child and adolescent development

- develops understanding of how to develop secure attachment (according to attachment theory) for babies and young children (see also recommendations 16–19 and Statutory guidance on promoting the health and well-being of looked after children Department for Children, Families and Schools.)
- develops understanding of the impact of transitions and stability on a child or young person, and how best to manage change and plan age-appropriate transitions, including preparation to leave care
- develops knowledge and awareness of how to safely meet the child or young person's needs for physical affection and intimacy within the context of the care relationship
- develops knowledge and understanding of the education system, educational stability and encouraging achievement
- develops knowledge and awareness of how to promote, improve or maintain good health and healthy relationships
- promotes joint working practices with people from all agencies involved in the care of looked-after children and young people
- develops understanding and awareness of the role of extra-curricular activities for looked-after children and young people
- provides a good understanding of how the absence of appropriate physical and emotional affection, or different forms of emotional and physical abuse, affect a child or young person's psychological development and behaviour.

Recommendation 37 Support foster carers and their families

Who should take action?

- Social workers and social work managers.
- CAMHS professionals.
- Private and independent fostering agencies.

What action should they take?

Ensure foster carers and their families (including carers who are family or friends) receive high quality ongoing support packages that are based on the approach set out in the core training

recommendation (see recommendation 50 and Family and friends care: statutory guidance for local authorities Department for Education). A support package should include:

- helping social workers to have reflective conversations with foster carers that include emotional support and parenting guidance
- ensuring foster carers are included in the 'team around the child' that is receiving advice to support collaborative, multi-agency working on complex casework (see recommendation 6 on multi-agency working)
- ensuring that childcare arrangements are in place to enable foster carers to attend training
- ensuring that foster carers receive additional supervision, support and monitoring until foster care training is completed
- ensuring children of foster carers are included when support is offered to foster care families
- enabling foster carers to recognise and manage stress within their family (in its broadest sense, for example, everyday pressures on family life) to avoid placement breakdown
- providing out-of-hours emergency advice and help in calming and understanding emotions and handling challenging behaviours to support stability
- giving ongoing health promotion advice and help such as how to provide a healthy diet
- providing information about the role and availability of creative and leisure activities for looked-after children and young people (Delegation of authority: amendments to the Children Act 1989 Guidance and Regulations Department for Education).

Recommendation 38 Train supervisors

Who should take action?

- Social work managers.
- Independent fostering agencies.

What action should they take?

- Ensure all social workers and managers who undertake direct supervision of carers receive training that enables them to provide support to carers and recognise the emotional impact of the role. Such training should include:

  - identifying support needs
  - how to support carers and develop their self-awareness and self-care skills
  - recognising signs of stress or secondary trauma
  - an understanding of when a child or young person needs to be referred for professional assessment or intervention (see recommendation on promoting mental health and wellbeing)
  - awareness of any additional support and information needed for carers of children and young people with particular vulnerabilities such as unaccompanied asylum seekers and those with special needs.

- Ensure that social workers and managers provide support for cross-cultural placements (see recommendations 26–34).
- Ensure that social workers and managers support sibling placements and contact between siblings and family members (see recommendation 15).

Care provided by family and friends

Evidence suggests the high value of care provided by family and friends may lead to good long-term outcomes for many children and young people. However, care by family and friends can be placed under strain without adequate financial support, clear signposting to services and timely access to mental health services for children and young people (Family and friends care: statutory guidance for local authorities Department for Education).

Recommendation 39 Consider developing a national strategy to implement statutory guidance for care provided by family and friends

Who should take action?

Department for Education.

What action should they take?

Since this guideline was originally produced (October 2010) the Department for Education has issued statutory guidance for local authorities on the implementation of the duties in the Children Act 1989 with respect to children and young people who are brought up by members of their

extended family, friends or other people who are connected with them ('Family and friends care: statutory guidance for local authorities').

Recommendation 40 Promote care provided by family and friends

Who should take action?

- Directors of children's services.
- Social work training bodies.
- Senior staff with responsibility for commissioning and providing health services.

What action should they take?

Support placements with family and friends as a choice of equal status to adoption, foster care and residential care for looked-after children and young people, by ensuring that:

- social work education and in-service training provides the knowledge and skills to support care with family and friends as a sustainable placement option (see recommendations on training 50–52)
- extended family and friends who could be carers are identified as part of the care planning process, and arrangements are made to assess their suitability
- local placement strategies provide effective support to approve relatives and friends as foster carers who can offer stability and continuity of care
- agencies provide the necessary financial and emotional resources to support care efforts, given the high levels of emotional and behavioural difficulty children and young people can present (see recommendations 8–11 and 16–19). This support should include:
    - information about what financial support is available
    - access to health services provided for all looked-after children and young people, including child and adolescent mental health services (CAMHS) and opportunities for short breaks.

Improving education for looked-after children and young people

Education that encourages high aspirations, individual achievement and minimum disruption is central to improving immediate and long-term outcomes for looked-after children and young

people. Evidence indicates that looked-after children do not generally do as well at school as their peers, which reduces their opportunity to move to further education, and affects their employment or training opportunities. It is important that education professionals are equipped with the necessary skills, knowledge and understanding to help looked-after children and young people get the most out of their time in education and to successfully negotiate their educational careers.

Recommendation 41 Develop teacher training

Who should take action?

Department for Education

What action should they take?

Ensure all teacher training programmes have a core training module that looks at the needs of looked-after children and young people (see recommendations 50–52) and includes an understanding of:

- the impact of stable care and education on children and young people and how to help them have a stable education
- the impact of loss, separation and trauma on child development, attachment and cognitive functioning
- the value of engaging in activities outside the school curriculum and in the community.

Recommendation 42 Involve designated teachers for looked-after children and young people

Who should take action?

- Local authorities.
- School governors
- Head teachers.

What action should they take?

Ensure designated teachers:

- are involved in preparing and monitoring the personal education plan (PEP), individual education plan (IEP) and pastoral support plan (PSP) or any equivalent plan, for looked-after children and young people, which set out their education and training needs
- engage with the child's or young person's social worker and carer to avoid school disruption and make every attempt to achieve educational stability.

  (See The role and responsibilities of the designated teacher for looked after children: statutory guidance for school governing bodies Department of Children Schools and Families.)

Recommendation 43 Monitor the quality of education for looked-after children and young people

Who should take action?

- Local authorities.

What action should they take?

- Ensure that educational provision for looked-after children and young people (including those placed out of area) is appropriate and of high quality, in line with statutory regulations (Promoting the education of looked after children: statutory guidance for local authorities Department for Children, Schools and Families).
- Appoint a virtual school head ('Promoting the education of looked after children: statutory guidance for local authorities'; Children and Families Act 2014) and ensure that he or she:
  - works with headteachers and governors responsible for educating looked-after children and young people (including those placed out of area) to maximise educational potential
  - shares good practice nationally to shape national and local policy
  - maintains a record of all looked-after children and young people educated out of the area and is aware of their educational needs and the adequacy of their educational provision
  - maintains a register of all pupils on part-time timetables and monitor their appropriateness.
- Ensure that independent schools are included in the above actions.

Recommendation 44 Support access to further and higher education

Whose health and wellbeing will benefit?

Looked-after young people and care leavers who are continuing their education after school-leaving age.

Who should take action?

- Leaving care teams.
- Social workers and social work managers.

What action should they take?

- Identify and provide personal support before and during the application process, and continue to support students throughout their time at university or college.
- Ensure that looked-after young people and care leavers have access to bursaries and other forms of financial and practical support.
- Publicise the bursaries currently available for looked-after young people who continue in full time education (16–19 Bursary) and for those who go to university and ensure all eligible care leavers receive this legal entitlement ('Promoting the education of looked after children: statutory guidance for local authorities'; 16-19 Bursary Fund: examples of good practice Education Funding Agency).
- Ensure that good quality accommodation, including return to carers, is guaranteed for the duration of the course, including holidays, for students who have been in care.
- Continue to support care leavers after they have left higher education. This should include support with housing and other forms of practical and emotional support, such as careers advice and coping with living alone, until they gain employment and are ready to be independent.

Recommendation 45 Support looked-after young people in further and higher education

Whose health and wellbeing will benefit?

Looked-after young people and care leavers.

Who should take action?

Universities and colleges.

What action should they take?

- Ensure admissions procedures are transparent and accessible and that care leavers are given appropriate and easily accessible support and advice on accommodation, services, scholarships and any other support available to care leavers.
- Endeavour to provide good quality accommodation to students who have been looked after for the duration of the course, regardless of where they live.
- Work to attain the Frank Buttle Trust quality mark, which recognises higher education institutions that provide additional and targeted support to students who have been looked after (For additional information, see the website of Action on Access.)

Preparing for independence

The transition to adulthood for young people in care can be difficult. Evidence indicates that services designed with young people in mind and delivered by friendly, approachable professionals can help young people find the right support and advice at the right time, to help them become independent (see Children to stay with foster families until 21 Department for Education).

Recommendation 46 Support preparation for the transition to adulthood and moving to independent living

Whose health and wellbeing will benefit?

Looked-after young people (including care leavers).

Who should take action?

Directors of children's services.

What action should they take?

- Refer to and implement the statutory guidance, Planning transitions to adulthood for care leavers (Department for Education) and the cross departmental strategy for young people leaving care (Care leaver strategy: a cross departmental strategy for young people leaving care Department for Education and others).

- Ensure that preparation for adulthood is part of care planning for children and young people of all ages and abilities who are looked after, in a way that is appropriate to age and supports them to move at their own pace and feel integrated and secure within their local communities (Care leavers' charter Department for Education).
- Establish protocols with housing, health and adult social care partners that help identify young people moving to independent living as a priority group for accessing adult services.
- Ensure that supported housing commissioned for care leavers enables them to remain until they are ready to take the next step towards independence and a secure tenancy, or other suitable arrangement. Supported housing should not be unduly constrained by set periods of time or a predetermined age at which the young person must move on; it should be provided on the best interests and needs of the individual.
- Give young people the option to remain in a stable foster home or residential home up to the age of 21, as outlined in government guidance on arrangements for care leavers to stay on with former foster carers ('Staying put': arrangements for care leavers aged 18 and above to stay on with their former foster carers HM Government) and the Children and Families Act 2014, and allow those who experience difficulty moving to independent living to return to the care of the local authority for support, including to the previous placement if available. (See '"Staying put": arrangements for care leavers aged 18 and above to stay on with their former foster carers' and Children to stay with foster families until 21 Department for Education.)
- Provide the same level of support to young people moving to independent living from the care of family or friends as given to those moving on from any other kind of placement. This should include:
    - health and development
    - education, training and employment
    - supporting wider family relationships
    - financial and practical skills
    - access to a range of housing options
    - advice, assistance and pathway planning from the young person's social worker or personal adviser.
- Ensure young people moving to independent living are encouraged and helped to maintain contact with past foster or residential carers they value.

- Ensure that all young people have opportunities to develop the full range of life skills needed to make the transition to independent living and adulthood. In particular, planning for transition should take account of the opportunities for learning skills (such as cooking and shopping) that may not be readily available to young people living in residential care or custodial settings.
- Ensure pathway planning pays full attention to the emotional needs and developmental capacity of young people preparing to move into independent accommodation.
- Ensure transition planning takes account of young people with complex needs (including mental health problems), so they can proceed at a pace they can cope with. It is important not to push young people into independence too fast and too far, as some may have crises and breakdowns.

Recommendation 47 Provide leaving-care services

Whose health and wellbeing will benefit?

Looked-after young people (including care leavers).

Who should take action?

Directors of children's services.

What action should they take?

- Ensure there is an effective and responsive leaving-care service that meets the needs of young people in transition between the ages of 16 and 25.
- Such a service should be readily accessible to the young person and include:
    - safe and settled accommodation
    - opportunities for continuing education including basic skills such as literacy, numeracy and IT, and further or higher education
    - opportunities for employment, including apprenticeships and employability schemes
    - cultural, leisure and other community activities
    - specialist counselling, advocacy, peer mentoring and mental health services to support emotional needs

  - training in life skills to manage everyday living with confidence, including support with personal relationships and money management
  - sexual health and substance misuse advice
  - support to maintain positive contact with parents, wider family and friends
  - general health advice.

- Ensure that services available to care leavers are clearly outlined in local plans for children and young people's health and wellbeing and these are readily available to children and young people in suitable formats.
- Consider a 'one-stop shop' approach to the provision of services to enable care leavers to more easily access a range of services in a familiar environment. Consider making use of current one-stop shops to provide a specialist service for looked-after children and young people.
- Ensure all young people know their entitlements to services and how to access them, including independent advocacy if needed.

Recommendation 48: Conduct a comprehensive health consultation when young people move on to independent living

Whose health and wellbeing will benefit?

Looked-after young people (including care leavers).

Who should take action?

- Social workers and social work managers.
- Leaving care teams.
- Designated health professionals.

What action should they take?

- Ensure that when young people are offered their final statutory health assessment all available details of their medical history can be discussed.
- Ensure young people are supported to understand their health and medical information.

- Ensure young people are supported and encouraged to attend their final statutory health assessment.
- Ensure that if a young person declines to attend their final statutory health assessment they are offered the choice of having a written copy of their basic medical history (such as immunisations and childhood illnesses) and that a health professional, in partnership with the young person's social worker, ensures that the young person knows how to obtain their social care and detailed health history.
- Ensure that leaving-care services that support young people when they move on to independent living have a process to contact health professionals when necessary to help the young person understand the information in their health history.

Recommendation 49 Support transfer to adult mental health services

Whose health and wellbeing will benefit?

Looked-after young people.

Who should take action?

- Managers of mental health services (including CAMHS).
- Social workers and social work managers.

What action should they take?

- Ensure that case management and treatment of young people receiving mental health services (including CAMHS, see Children and young people in mind: the final report of the national CAMHS review Child Adolescent Mental Health Services) continues until a handover with an assessment and completed care plan has been developed with the relevant adult service (see also recommendations 8–11 and 12–14, Transition: getting it right for young people: Improving the transition of young people with long term conditions Department of Health and The Care Act 2014).
- Ensure the pathway plan identifies support that should be in place when care leavers do not meet thresholds for adult mental health services or social care despite having ongoing mental health needs that have been clearly identified (see also recommendation 8–11 and 12–14).

Also see NICE's guideline on service user experience in adult mental health.

Training for professionals

Evidence suggests that the experiences and needs of looked-after children and young people are not well understood by all the professionals who come into contact with them. Developing national training curriculums, with levels appropriate for a wide range of professionals, will increase understanding of this diverse group of children and young people and can do much to support high-quality care, promote educational stability and achievement, and encourage timely access to services to help maintain or improve emotional health and wellbeing.

Recommendation 50 Develop a national core training module

Who should take action?

Department for Education.

What action should they take?

- Agree a core training module at national level to inform professionals and carers about the needs of looked-after children and young people. This module should include developing understanding and awareness of:
    - the reasons why children and young people enter care, including babies and young children (with reference to attachment theory)
    - safeguarding issues
    - the impact of entering care on children and young people, including babies and young children
    - relationships with siblings (see also recommendations 15, 20 and 24)
    - care provided by family and friends (see also recommendations 39 and 40)
    - the impact of trauma and distress on the behaviour and development of looked-after children and young people and their ability to form meaningful relationships during childhood and as they move into adulthood
    - bereavement and loss
    - the impact of the carer's own experiences on their parenting style and ability to care for and relate to children and young people

  - the roles of professionals who work with looked-after children and young people
  - how to work effectively in multi-agency settings (see also recommendation 6)
  - differing accountability within and among agencies
  - good practice in recording information on looked-after children and young people to support better care planning (see also recommendations 20–23)
  - how to support educational attainment, including higher education (see also 41–45)
  - how to encourage engagement in activities outside the school curriculum and in the community, including creative and leisure activities.

- Pay particular attention to developing reflective practice as an integral part of professional training for those working with looked-after children and young people.
- Monitor the quality and impact of training.

Recommendation 51 Train social workers to support looked-after children and young people in education

Who should take action?

Department for Education.

What action should they take?

Work with education providers to include a module on looked-after children and young people in the educational setting in initial social worker training. This should include:

- the importance of a stable and settled educational experience
- a basic understanding of the educational system including the structure and processes of the special needs system (see 'Promoting the education of looked after children: statutory guidance for local authorities')
- how to encourage educational attainment, including further and higher education and knowledge of entitlements to access and funding
- how to support carers to get the best from the education system for the children and young people in their care

- awareness of the importance and impact of extra-curricular and enriching activities for looked-after children and young people.

Recommendation 52 Train independent reviewing officers to support looked-after children and young people in education

Who should take action?

Social work managers.

What action should they take?

- Ensure all independent reviewing officers undertake a core training module which includes all issues identified in recommendation 50 (core training) and which also covers:
    - the educational system (including the special needs process) and its structure, and the impact of moving schools and part-time timetables on confidence and attainment
    - the importance of a stable education and how to provide it
    - monitoring and evaluating the quality of health assessments, personal education plans (PEPs), personal education allowances (PEAs), individual education plans (IEPs) and pastoral support plans (PSPs)
    - holding professionals accountable for decisions taken at a case review and ensuring all relevant recording is of sufficient quality to describe the interventions required
    - understanding the implications of policy and legislation about looked-after children and young people
    - motivating and influencing others within care agencies and schools to develop effective support for looked-after children and young people
    - understanding the importance and impact of extra-curricular creative and leisure activities for looked-after children and young people.
- Monitor the quality of training content and its delivery, and evaluate its impact on the quality of education and care of looked-after children and young people. Feed the outcomes into future planning and delivery of courses.
- Ensure the independent reviewing officers service is monitored for quality.

2 Context

Experiences of looked-after children and young people in England

There were 68,110 children and young people looked after by local authorities in England in the financial year 2012-2013 (year end 31 March 2013) (Children looked after in England (including adoption and care leavers Department for Education). This was 12% more than in 2009.

- The number of boys and girls who were looked after both increased between 2009 and 2013.
- The number of white and mixed-ethnicity children and young people who became looked after increased between 2009 and 20013, while the number of Asian children decreased.
- At the end of the financial year 2012/13, 43% of looked-after children were younger than 10.
- Most looked-after children (75% at the end of the financial year 2012-2013) were in foster care, 9% were in residential settings (secure units, children's homes and hostels) 5% were placed with their parents but made subject to a care order, and 5% were adopted. The remainder were in other placements or residential settings (See 'Children looked after in England, including adoption').

Early experiences may have long-term consequences for the health and social development of children and young people. A number have positive experiences in the care system and achieve good emotional and physical health, do well in their education and have good jobs and careers. However, entering care is strongly associated with poverty and deprivation (for example, low income, parental unemployment, relationship breakdown).

Around half of looked-after children in England are reported to have emotional and behavioural difficulties. Boys are more likely than girls to have higher scores on the strengths and difficulties questionnaire (SDQ), which indicates emotional difficulties (40.9% compared with 33.2%). Looked-after children also have poorer educational outcomes than children who are not looked after. The attainment gap between looked-after and non-looked-after children is decreasing, but is still large (Outcomes for children looked after by local authorities in England, as at 31 March 2013 Department for Education). Providing stability and permanence is important to help looked-after children and young people succeed and promote their emotional wellbeing (Raising the aspirations and educational outcomes of looked after children: a data tool for local authorities Department for Education).

One-third of all children and young people in contact with the criminal justice system have been looked after (Statutory guidance on promoting the health and well-being of looked after children

Department for Children, Schools and Families). However, a substantial majority of young people in care who commit offences had already started to offend before becoming looked after (Darker et al. 2008). More recent data show that 6.2% of looked after children aged 10 to 17 had been convicted or subject to a final warning or reprimand during 2012/13, compared with 1.5% for allchildren ('Outcomes for children looked after by local authorities in England, as at 31 March 2013').

Looked-after children and young people should have clear expectations for their care and wellbeing (Children on care standards: children's views on national minimum standards for children's social care Ofsted). The report stated that they should expect to take part in decisions that affect their lives, be kept healthy and safe, be treated with respect, and be treated equally to other children and young people. However, local variations in service access and support can mean that these expectations are not always met.

National policy and guidance

There is a wide range of policies and guidance relevant to looked-after children and young people (see the list in section 9).

Of particular note is The Children and Families Act 2014, which received Royal Assent in March 2014. The Act introduced reforms to tackle delay in the adoption process and for improve the life chances of looked after children and young people. It introduced 'fostering for adoption' placements; gave children in care the option to stay with their foster families until they turn 21; required every local authority to have a virtual school head to champion the education of children in care; improved the quality of children's residential care; changed the arrangements for contact between looked-after children and their birth families; removed the explicit wording around ethnicity when considering the compatibility of children with foster carers and adoptive parents; and introduced a single education, health and care plan for children with special education needs and disabilities up to the age of 25 (See The Children and Families Act explanatory notes).

Statutory guidance on promoting the health and well-being of looked after children

In November 2009 the then Department for Children, Schools and Families (DCSF) published 'Statutory guidance on promoting the health and well-being of looked after children'. This replaced the guidance, 'Promoting the health of looked after children', published by the Department of Health in 2002. The new guidance aimed to remove inconsistencies and promote better-coordinated care. Local authorities, primary care trusts and strategic health authorities in England should implement it in accordance with sections 10 and 11 of the Children Act 2004. Local

authorities must also comply under section 7 of the Local Authority Social Services Act 1970 with duties to promote the health of looked-after children and young people[2].

The revised document also includes practice guidance on access to services, care planning and placement quality, physical health and health promotion.

Care planning, placement and case review regulations and statutory guidance for local authorities

In March 2010, the Department for Children Schools and Families published The Children Act 1989 Guidance and Regulations volume 2: care planning, placement and case review. This document was issued as part of a set of statutory guidance which, together with the 2010 regulations, defined the core duties primarily of local authorities for ensuring more purposeful care planning, placement and review for looked-after children and young people There have been several amendments to this guidance (See Children Act 1989: care planning, placement and case review Department for Education), as well as the introduction of other statutory guidance including:

- Amendment of the Care Planning, Placement and Case Review (England) Regulations 2010: temporary approval of prospective adopters as foster carers
- Amendment of the Care Planning, Placement and Case Review (England) Regulations 2010: delegation of decision-making about looked-after children to their carers
- Looked-after children: contact with siblings. Update to The Children Act 1989 guidance and regulations volume 2.
- The Children Act 1989 guidance and regulations volume 3: planning transitions to adulthood for care leavers.
- Care leaver strategy: A cross departmental strategy for young people leaving care
- 'Staying put': arrangements for care leavers aged 18 and above to stay on with their former foster carers
- Children Act 1989 guidance and regulations – volume 5: children's homes: statutory guidance for local authorities
- Family and friends care: statutory guidance for local authorities

- IRO handbook: statutory guidance for independent reviewing officers and local authorities on their functions in relation to case management and review for looked after children
- Sufficiency: statutory guidance on securing sufficient accommodation for looked after children
- Promoting the education of looked after children: statutory guidance for local authorities.

Inspection guidance and standards for looked-after children outcomes and services

Ofsted introduced a single inspection framework in 2013 (Framework and evaluation schedule for the inspection of services for children in need of help and protection, children looked after and care leavers). It also covers reviews of local safeguarding children boards. The framework focuses on the effectiveness of local authority services and arrangements to help and protect children, the arrangements for permanence for children who are looked after, and the experiences and progress of care.

The Department for Education's national minimum standards for adoption, children's homes and fostering have been revised since this guideline was first published in September 2010 (See the Department for Education's National minimum standards for the welfare of children and Children's homes: national minimum standards). The standards are for children's social care providers and may be used by providers for self-assessment of their services. They aim to achieve positive welfare, health and education outcomes for children and young people, and reduce risks to their welfare and safety.

The Care Quality Commission (CQC) is reviewing how health services keep children safe and contribute to promoting the health and wellbeing of looked after children and care leavers. This review will run until April 2015. The CQC is also working with other agencies (including Ofsted) to plan multi-agency inspections, which have been deferred until April 2015 (See Child safeguarding and looked after children inspection programme Care Quality Commission).

[2] It includes statutory guidance on: joint working and responsibilities; performance management and inspection; commissioning responsibilities; out of authority placements; notifications of placements; frameworks for healthy care; service management and delivery; health plans; care planning; assessment; child and adolescent mental health services (CAMHS); leaving care; involving children and young people; the roles of the social worker, health and other professionals (including the independent reviewing officer, lead health professional, designated doctor and nurse); and access to positive activities.

3 Considerations

This section describes the factors and issues that the Programme Development Group (PDG) took into account when developing the recommendations. The recommendations are set out in section 1.

Needs of looked-after children and young people

3.1 A great majority of children who become looked after do so because of abuse, neglect or family dysfunction that causes acute stress among family members. Entry into care is usually a traumatic experience and brings with it a significant sense of loss that can be insufficiently recognised in care planning. Older children in care may also experience significant problems at school. For those children and young people who remain in long-term care creating a sense of belonging and emotional security is vital to their health and wellbeing.

Quality of care and placement stability

3.2 Ensuring that children and young people feel attached to carers and experience a sense of 'permanence' has been a key issue for the PDG. Much of the evidence that the PDG received identified quality of care and stability of both the placement and education as critical to achieving permanence. Frequent placement changes can severely lessen the sense of identity and self-esteem of a child or young person, and can also adversely affect their experience of, and access to, education and health services. A system that allows multiple moves may be seen as harmful. Repeated separations or moves may therefore be regarded as indicators of emotional harm.

3.3 The PDG agreed, however, that the length of time in a placement should not be the sole indicator of its success, and noted that the current national indicators for placement stability indicate little about the quality of the placement. As such, they can divert attention from the actual experiences of children and young people. A placement may be long lasting but an unhappy experience and it is then more important to move than to stay.

3.4 Although placement moves disrupt all areas of a child's or young person's life, the impact of changing a placement may be less harmful if continuity is maintained in other areas of their life. This may include staying at the same

school, maintaining contact with their siblings, family or past residential or foster carers, and keeping social and community networks including friends and the same social worker or support team. In addition, positive transitions to new placements can be achieved and children and young people can feel less unsettled if information about their needs and preferences is passed on and used to inform future placements.

Audit and inspection

3.5 Local authorities have responsibility for the care and welfare of looked-after children and young people. The responsibility for commissioning an individual's healthcare is clearly identified in the guidance Who pays? Establishing the responsible commissioner (Department of Health) and the Statutory guidance on promoting the health and well-being of looked after children (Department for Children, Schools and Families and Department of Health).

3.6 The data on emotional health and wellbeing collected by the Department for Education using the 'Strengths and difficulties questionnaire' (SDQ), if used appropriately, could help to identify children and young people who may need additional specialist support at home or at school ('Statutory guidance on promoting the health and well-being of looked after children'). But it is only 1 measure and needs to be supported by other assessments and knowledge of the child or young person.

Residential and foster care, and care provided by family and friends

3.7 The PDG recognised that stability of placement, quality of care, stability of education experience and planning for permanence are as applicable to children and young people in residential care as they are to those in foster care. Failure to address these issues risks compounding existing health and social inequalities and increases their vulnerability to social exclusion as young adults.

3.8 The PDG noted that children and young people placed in residential care are some of the most vulnerable and traumatised individuals in the looked-after population. They also recognised that fostering is a complex task that requires a rehabilitative and therapeutic approach and an understanding of the challenges and rewards of caring for children and young people, some of whom may have experienced abuse and neglect.

3.9 The PDG heard evidence that foster carers who deliver high-quality care have a consistent parenting style that combines clear guidance and boundary setting with emotional warmth, nurturing and good physical care, and so develop a strong sense of belonging. Evidence also suggests that social workers and other practitioners in frontline roles are good at identifying successful, high-quality foster homes.

3.10 Although there is less robust evidence on defining good residential care than foster care, the characteristics of good residential care are similar and include descriptions of the same type of parenting style. The PDG believed this type of approach to parenting in both settings is most likely to contribute to the ability of children and young people to develop healthy attachments and become more resilient.

3.11 Foster and residential carers also have an important role in helping looked-after young people make the transition to adulthood, in the same way that many do for their own children. High-quality foster and residential care will prepare young people properly for leaving care. However, the PDG noted that young people with complex needs face particular problems in the transition from care to independence and considered that all residential homes should have a culture, organisation and regulations that help staff to equip young people with the skills to support their move into adulthood.

3.12 The PDG heard evidence that placements with family and friends last longer and score higher on a measure of wellbeing than some other types of placements despite the children and young people having the same level of difficulties as those in other care settings. The same evidence reported a number of benefits to being placed with family or friends, including high levels of commitment shown to children and young people despite increasingly challenging behaviour, and good placement stability when care is provided by grandparents. However, the PDG heard that despite the benefits of care by family and friends there is evidence that these carers face greater strain as they receive less support from children's services than foster carers.

Siblings

3.13 The PDG heard that a large number (up to 80%) of looked-after children and young people who have a brother or sister also in care are living separately from

them. Thorough assessment is required if siblings are to be separated. The PDG took the view that placements that enable siblings to live together or close by or which allow them to attend the same school are likely to be beneficial. However, it was noted that this is not always the case and there may be situations where it is preferable to separate siblings.

Diversity

3.14 The PDG recognised that achieving and maintaining a sense of security may be more difficult for children and young people from black, minority ethnic and multiple heritage backgrounds, and for unaccompanied asylum seekers. These groups may face racism and isolation which can additionally challenge their ability to develop resilience and high self-esteem. The PDG noted that all looked-after children and young people need to develop resilience and high self esteem, and that the care plan needs to reflect the individual needs for each child or young person.

3.15 Data from Department for Children, Schools and Families (The role and responsibilities of the designated teacher for looked after children: Statutory guidance for school governing bodies) show that 27% of the care population are children and young people from black and minority ethnic backgrounds. The proportion of different ethnic groups has remained similar since 2005, and at 31 March 2009 there were 3700 unaccompanied children seeking asylum in care – an increase of 200 from 2008. There is wide diversity of ethnicity and cultural experience within and among these groups of children and young people, and the PDG considered that it is poor practice and unhelpful to use broad categories such as white, black, mixed race, Asian and African.

3.16 Looked-after children and young people who are also unaccompanied asylum seekers have additional and different complex needs following their dislocation from family, community and home. They may also have experienced or witnessed extreme violence, abuse and rape. Their physical and emotional health needs will require specialist interventions. Professionals need to be alert to these circumstances and ensure support is provided that is sensitive to their needs.

Health assessments, records and information

3.17 The PDG recognised the importance of collecting and recording comprehensive, factual and non-judgemental information about looked-after children and young people. Professionals who rely on incomplete records can make decisions that adversely affect the child or young person.

3.18 Equally important is ensuring that health information held on looked-after babies, children and young people is accurate, kept up-to-date and transferred at the right time. The PDG recognised that health history may not be incorporated into the initial healthcare assessment, plans may not be updated and recommendations may not be followed through. In addition, records may be misplaced when the child or young person is placed outside their local area, or when children are admitted to care, discharged and re-admitted again some time later.

3.19 The loss of personal health information has significant implications for the immediate and future health and wellbeing of looked-after children and young people. The birth family's health history may take on an additional importance when young adults begin to plan their own families. Recommendations in this guideline reflect these concerns.

Dedicated services to promote mental health and wellbeing

3.20 The PDG considered the role of mental health services, including child and adolescent mental health services (CAMHS) (CAMHS 2008). It was agreed that more flexible and accessible services are needed to improve mental health and emotional wellbeing, prevent the escalation of challenging behaviours and reduce the risk of placement breakdown. The recommendations in this guideline set out how a more flexible service should be configured.

3.21 Children and young people placed out of the local authority area are less likely to receive services from CAMHS in their new location. Looked-after children and young people should be regarded as a priority group for specialist mental health services, especially when moving from one area to another.

3.22 The PDG looked at the links between CAMHS and adult mental health services – in particular, whether the remit for CAMHS could be extended to young

people over 18 who were in care. The committee noted that many young people who receive psychological support from CAMHS would not meet the criteria for accessing an adult mental health service, despite having significant complex needs requiring specialist intervention.

Supporting babies and young children

3.23 Decisive action is of key importance to the wellbeing of very young children who come into the care of local authorities. The majority are from families where parents are struggling with issues such as domestic violence, substance abuse, alcohol abuse and mental health problems, often in combinations. While some parents succeed in overcoming their difficulties during the child's formative years, not all are able to do so.

3.24 The absence of a permanent carer at such a young age can jeopardise children's chances of developing meaningful attachments and have adverse consequences for their long-term wellbeing. It may be difficult for children to settle in nurseries and other early years settings if they have not experienced secure relationships with care givers.

3.25 Very young children can become closely attached to foster care families and can experience great distress if moved to a new placement. However, for some children the need to establish stability and permanence may override this consideration.

Improving educational outcomes

3.26 Evidence shows that educational attainment influences the health, social and employment prospects of a child or young person. Schools have a duty to provide full-time education for looked-after children and young people. This includes students with complex needs who may exhibit the most challenging behaviours and who are also the most vulnerable. An awareness and understanding of the complex issues these children face in an educational setting is essential.

3.27 Although schools should give priority to admitting looked-after children and young people under government regulation (The Education [Admission of Looked After Children] [England] Regulations 2006), the PDG was concerned

that some schools may still be reluctant to admit them or, when they do, may be quick to exclude them when there is a problem. The PDG also acknowledged that the education system does not pay sufficient attention to facilities for looked-after children and young people who are particularly gifted.

3.28 The PDG recognised the important role of the designated teacher and designated governor in each school. They need to be more assertive in helping schools to manage tensions that might arise concerning the attainment and behaviour of looked-after children and young people.

Reaching adulthood and preparing for independence

3.29 Moving to independent living and starting the journey into adulthood are landmark steps for most young people. Young people who have been looked after are more disadvantaged and face more difficulties than their peers in achieving independence. They become independent at a younger age and have to cope with major changes in their lives in a much shorter time and with less support than their peers. Physical and mental health problems can increase after they leave care. Outcomes can be more serious and enduring for some looked-after young people who have very damaging pre-care experiences or multiple placements, or who leave care early.

3.30 The PDG noted that health and wellbeing are closely connected to other aspects of young people's lives such as access to housing, employment and education, as well as personal and social support.

3.31 The PDG considered that access to accommodation and employment opportunities are crucial for the successful transition into adulthood of young people leaving care. The PDG also noted that good mental health, in particular, is strongly associated with employment (see Long-term sickness absence and incapacity for work, NICE guideline PH19).

3.32 The PDG recognised that without adequate support many young care leavers feel marginalised within the wider community and still experience the stigma of having been in care. Without an adequate knowledge of their rights and entitlements they are ill-equipped to cope with their move into the outside world.

3.33 In the current economic climate it is essential that agencies are mindful of the additional pressures that young people leaving care are likely to experience. Agencies will need to sustain support to reduce the impact of these extra pressures, which are likely to be felt by many young people leaving care for some time to come.

Safeguarding

3.34 Looked-after children and young people are not inevitably more vulnerable to harm than other children, as vulnerability depends on the quality of care given. However, the PDG heard evidence that there are still concerns for the safety and welfare of looked-after children and young people in some placement settings. It is estimated that 8–10% of social care provision for children in care is inadequate in helping them stay safe (Children on care standards: children's views on national minimum standards for children's social care Ofsted). Concerns exist about some fostering services and residential care homes, and most young offenders institutions. However, since the mid-1990s agencies have strengthened their safeguarding arrangements considerably.

3.35 Safeguarding is a broad concept and can incorporate harm from other children and young people, harm from carers and staff, self-damaging behaviour, ineffective care planning and lack of participation by children and young people in their statutory reviews. All staff associated with children and young people in care have safeguarding responsibilities and should comply with the statutory guidance and national minimum standards on safeguarding. There are a number of recommendations in this guideline that also relate directly to safeguarding concerns, such as listening to the child or young person and putting the child or young person at the centre of care planning.

Evidence

3.36 Sources of evidence presented to the committee included a number of systematic reviews, an extensive qualitative review of the views of children and young people who were or had been in care, and their families, a detailed sample analysis of Joint Area Reviews, 2 practice surveys, and fieldwork with commissioners, independent service providers and frontline practitioners. In addition, 23 evidence papers were presented to the PDG by expert witnesses that detailed the most recent evidence and information. Presenters included

academics, experts and voluntary agencies with specialist knowledge and experience. Individuals with particular practice experience were co-opted to the committee to inform debate at particular points in the guideline development (see appendix A in this document).

3.37 In addition, children (where appropriate) and young people were asked for their views on the guideline. These views were reported to the PDG, some of which resulted in changes to the recommendations, such as the inclusion of assertiveness training to help tackle bullying without using physical or verbal aggression. Some children and young people also asked that professionals be honest about what is possible when children and young people are asked about their wishes or views on services.

3.38 The PDG acknowledged that robust evaluation of the impact of strategies, policies or specific interventions to promote health and wellbeing for looked-after children and young people is impeded by the heterogeneity of the group and the settings, and the multidisciplinary nature of the teams and services caring and working for them. As such, the current effectiveness evidence is limited or not applicable to the UK.

3.39 Variables not systematically addressed by study designs are the multi-faceted nature of health and wellbeing and the complex interaction between these concepts. Confounding factors include the short duration of programmes, lack of access to participants and the difficulty of sharing of information. Further barriers are the lack of appropriately designed measures for this vulnerable, complex population (including quality of life for both effectiveness and cost-effectiveness evaluations) and poor implementation and understanding of the type of multi-agency, evaluation frameworks needed to provide robust data.

3.40 The systematic reviews for evidence of effectiveness therefore identified only a small number of relevant studies. Most were of poor quality, with small samples or focussed on a relatively narrow range of interventions that were easier to identify and evaluate. Few pieces of work included any information that would address subsidiary questions about the effective components of an intervention and the particular barriers and facilitators to service access or implementation. Where reviewers identified studies that provided evidence of the effectiveness of an intervention, methodology and limitations were inadequately reported or absent. In the majority of cases it was evident that other factors might have

influenced the results (for example, existing health conditions or experience before entry into care).

3.41 There was a lack of effectiveness evidence on policies, strategies and interventions that could improve the physical and emotional health and wellbeing of looked-after children and young people in general and those who are most vulnerable and disadvantaged in particular. Groups under-represented in the evidence include babies and very young children, children and young people with restricted physical abilities or learning disabilities, black and minority ethnic groups, unaccompanied asylum seekers, and young people who are lesbian, gay, bisexual or transgender.

3.42 The recommendations in this guideline represent the PDG's careful consideration and debate on the best available evidence that was presented, including limitations. The PDG concluded that these recommendations set out the best available approach for multi-agency working to sustain or improve the quality of life of looked-after children and young people.

3.43 The numbering of the recommendations is not a hierarchy of importance. However, it is particularly important to implement the recommendations that include asking children and young people about their opinions and experiences of the care they receive, and being clear about what can be achieved. This should be at the heart of high-quality decision making and service commissioning.

3.44 If an intervention is not mentioned or recommended in this guideline it may be that there is currently a lack of evidence that it is effective or cost effective. In future, such evidence may be demonstrated.

3.45 The PDG has made recommendations to develop methodology and quality-assure research in this area. A number of key questions have been identified that need to be answered to improve services and interventions for looked-after children and young people. These are listed in section 5.

3.46 The PDG was aware of 2 initiatives currently being piloted by the DH in a number of areas in England. Although the outcomes from this work were not available at the time of completing this guideline, the PDG noted that they may

inform future policy development for looked-after children and young people. The initiatives are:

- research on introducing the values of social pedagogy into residential care homes; social pedagogy focuses on holistic care and building relationships as foundations of healthy emotional development, and the PDG heard evidence from the UK and Denmark on this approach
- the 'Staying put' pilots, which aim to improve support for care leavers by helping young people remain in care after the age of 18.

The PDG recognised that some of the components described in these initiatives are likely to be already present in high-quality residential homes and foster care where good practice is standard. The committee further noted that much of the evidence and discussion about the values that underpin quality of care in the UK are similar to those of social pedagogy.

Cost-effectiveness evidence

3.47 A cost-effectiveness modelling exercise was conducted for the effectiveness review of support services for looked-after young people who were making the transition to independent living at the age of 18 (review 1 – see appendix B). For the other effectiveness reviews undertaken ('Training and support' and 'Access to health and mental health services', see appendix B), a lack of data meant that no meaningful modelling could be undertaken.

3.48 The PDG considered the appropriateness of a cost-consequences framework, which is recognised in the scope for this guideline as an appropriate method of analysis where there is a lack of meaningful data for cost-effectiveness analysis. This required the PDG to consider the best available evidence on the costs and effectiveness of services of relevance to the recommendations under consideration and to draw on their expertise to make an appropriate recommendation, where gaps in the evidence existed. This approach benefits from greater flexibility to draw on the multiple sources of evidence available to the PDG (including expert testimony, evidence from qualitative and quantitative reviews and the findings of a practice survey). For further details, see appendices B and C.

Despite limitations in the cost-effectiveness evidence presented, the PDG

judged that each of the recommendations, if implemented properly, would do more good than harm compared with current practice. In addition, the PDG judged that many of the recommendations were likely to have low or no additional cost, and so were very likely to be cost effective.

However, the PDG expected that some of the recommendations would be costly. For these recommendations, the PDG did not have enough evidence on the magnitude of either the costs and/or the effects to reach an informed conclusion about their cost effectiveness. This does not mean that these recommendations are not cost effective, just that their cost effectiveness is not known.

4 Implementation

SCIE and NICE guidance can help:

- NHS organisations, social care and children's services meet the requirements of the DH's revised 'Operating framework for 2010/11'.
- National and local organisations improve quality and health outcomes and reduce health inequalities.
- Local authorities fulfil their remit to promote the wellbeing of communities.
- Local NHS organisations, local authorities and other local partners benefit from any identified cost savings, disinvestment opportunities or opportunities for re-directing resources.
- Provide a focus for multi-sector partnerships for health, such as the integration of health and social care and health improvement.
- NICE and SCIE have developed tools to help organisations put this guideline into practice.

There are also Social Care TV films about the guideline.

5 Recommendations for research

There is some high-quality observational and qualitative UK research that describes, monitors and reports the experiences and views of looked-after children and young people, their families, and professional carers (for example, foster or residential carers). However, it is evident from the effectiveness reviews undertaken for this guideline that there is a lack of robust, adequately controlled, studies completed to a high standard. Consequently, the UK evidence base does not serve the needs of looked-after children and young people as well as it might.

The evidence reviews commissioned early in the development of this guideline aimed to identify research about the effectiveness and cost effectiveness of interventions and services. Few UK controlled trials were identified that were sufficiently robust or transparent to answer basic questions such as what interventions work best, how, for whom, and over what period, and what is good value for money.

Budgetary constraints are always a key factor in decisions about service provision; it is therefore of considerable concern that cost effectiveness is rarely a planned consideration in the design of studies about looked-after children and young people. The drawback of this lack of cost-effectiveness data is that decisions about services may be based on cost alone. For example, lowest cost option even if there is no evidence of efficacy.

All looked-after children and young people and their families need to feel confident that the interventions and services they receive (or are encouraged to use) are based on a robust understanding of the multiple factors that affect healthy development. A sound evidence base of well-conducted studies is a pre-requisite for this understanding.

To begin to address the lack of effectiveness evidence, a re-assessment of how research is quality assured and controlled is urgently required. The aim of these recommendations is to encourage the development of the evidence base. This would be done most effectively through the research councils and funding bodies. A national framework of quality control and assurance (including a national register of research being undertaken with looked-after children and young people), informed by the highest standards of methodological expertise should be considered to ensure services and interventions sustain or improve quality of life (physical health, and social, educational and emotional wellbeing) for looked-after children and young people.

National, multidisciplinary collaboration is required to achieve full and robust appraisal of the effectiveness and cost effectiveness of interventions to promote, maintain or prevent deterioration of quality of life across the life course. If there is good understanding among all professionals and

frontline practitioners of the value of research to this group of children and young people, and studies adhere to approved research protocols (including for access to confidential information), participation in research will become familiar, routine practice, instead of a rare activity.

The Programme Development Group (PDG) has made the following 3 recommendations on how research should be designed and conducted to generate the data needed to improve services for looked-after children and young people. The list of research questions after the recommendations indicates the themes that the PDG has identified as priorities for research.

Recommendations

Recommendation 1 Research methods

Who should take action?

Research councils, national and local research commissioners and funders, and researchers.

What action should they take?

Develop robust methods for evaluating services for looked-after children and young people by working with multidisciplinary research specialists in health, social care, and economic evaluation.

Such work should:

- Explore barriers to conducting controlled studies (for example, concerns about random allocation of looked-after children and young people) and making recommendations to reduce these obstacles. It should produce clear guidance about when it would be considered unethical, unnecessary, inappropriate, impossible or inadequate to randomly allocate participants (Black 1996).
- Develop standardised, validated and reliable measures and robust tools to evaluate quality of life outcomes for use with all looked-after children and young-people from birth to 25 years, regardless of where they live (also see research question 4). Consider compatibility with health-related quality of life measures and the quality-adjusted life year.
- Ensure measures and methods include test–retest capability over the short, medium and long term (the appropriate time frame for retesting will depend on the variable under study) and across the life course. Also offer robust parallel versions for completion by others including peers (that is, versions for proxy respondents), which can be translated into other languages

with little or no loss of fidelity, and are designed to capture the impact of services and interventions on the quality of life of looked-after children and young people.

- Indicate appropriate process and outcome measures to assess intended and unintended, short-, medium- and long-term impacts (positive and negative), enhance understanding of what outcomes are acceptable and valued by participants, and take into account the impact on particular groups (outlined in research question 4 below).
- Give guidance on how to routinely capture robust outcome measures and aspects of wellbeing, taking account of developmental changes across the life course, and the abilities and needs of different participants
- Explore how quantitative and qualitative methods can be combined in research to reflect the differential impact of the context, process, content and experience of those involved, as well as the impact (including the costs and health effects) of the intervention under investigation (including identification of barriers and facilitators).
- Explore whether non-randomised (observational and quasi-experimental) study designs can provide adequate evidence to evaluate services, and how to reduce sampling bias and improve the usefulness of these designs.

Recommendation 2 Reporting evaluations

Who should take action?

Research councils, national and local research commissioners and funders, researchers and journal editors.

What action should they take?

Ensure all research reports (including qualitative research or service evaluation reports) are transparent and replicable (where appropriate) by including as standard:

- the research question or set of questions the study or service evaluation is designed to answer
- a description and rationale of the research methods used
- a methods sections that clearly and adequately describes procedures used such as:
    - methods of data analysis (for example, statistical models and predictive value, or interpretative frameworks used to interpret interview text)

- characteristics of samples including biases, analysis of drop outs and numbers of participants followed up, and appropriate statistical adjustment
- measures used and their reliability (including test–retest), and internal and external validity
- a description of what was delivered, over what period, to whom and in what setting
- a report of any differences in access to participants, recruitment and (where relevant data are available) uptake, according to socioeconomic and cultural variables including age, abilities, gender, ethnicity or any other relevant differences, and a thorough analysis of the limitations of the study design or evaluation methods used and their impact on the conclusions.

Recommendation 3 Economic evaluations

Who should take action?

Research councils, specialists in health and social care economic research, national and local research commissioners and funders and research workers.

What action should they take?

Develop guidelines for economic evaluation, to encourage consistency across studies and support the implementation of methods for evaluating services for looked-after children and young people. This may include endorsing a single preference-based measure of outcome, which should inform the development of a measure for children and young people's social care similar to and compatible with the quality-adjusted life year (QALY). Cost data should be collected routinely.

Research questions

These questions cover themes that the PDG has identified as priorities for research.

1. What is the relative effectiveness and cost effectiveness of the different types of placement (that is, local authority carers, private fostering agency carers, residential homes and care provided by family and friends) on the quality of life (short- or long-term outcomes) for children and young people? Outcomes should include effects on attachment, self-esteem and resilience and access to services and support.

2. How effective and cost effective are interventions for looked-after children and young people that aim to enhance quality of life, for example by:

- improving access to specialist or universal health and mental health services (for example, by enabling early access, or providing more flexible mental health services)
- improving social and educational opportunities
- providing support for those who are leaving care and moving into adulthood?

3. How effective and cost effective are entry-level and any additional training and support for approved carers, professionals (including teachers), frontline practitioners or approved volunteers in sustaining and improving quality of life for looked-after children and young people?

4. What interventions are effective and cost effective for particular groups of looked-after children and young people including those:

- from black and minority ethnic communities
- who are lesbian, gay, bisexual or transgender
- who are unaccompanied asylum seekers with looked-after status
- from travelling communities
- who are babies and very young children under the age of 5
- who are part of sibling groups, or
- who have complex needs such as physical or learning disabilities, or behavioural problems.

5. Do experiences before entering care and during care (for example, stability in care) affect the success of any intervention and what is the relative impact over time?

6 Updating the recommendations

This guideline will be reviewed 3 years after publication to determine whether all or part of it should be updated. Information on the progress of any update will be posted on our website.

7 Related SCIE and NICE publications and guidance

SCIE publications

- Experiences of children and young people caring for a parent with a mental health problem. Research briefing 24 (2008).
- Working with challenging and disruptive situations in residential child care: sharing effective practice Knowledge review 22 (2008).
- Fostering. Guide 7 (2004).
- Preventing teenage pregnancy in looked after children. Research briefing 9 (2004).
- Promoting resilience in fostered children and young people. Resource guide 6 (2004).
- Working with families with alcohol, drug and mental health problems (2003).Report 2.

Centre for Excellence and Outcomes in Children's Services (C4EO). SCIE is a consortium partner in C4EO

- Vulnerable children: knowledge review 1. Improving educational outcomes for looked after children (2010).
- Vulnerable children: knowledge review 2. Improving the emotional and behavioural health of looked after children and young people (2010).
- Vulnerable children: knowledge review 3. Increasing the numbers of care leavers in 'safe settled accommodation' (2010).

NICE published guidance

- Schizophrenia NICE guideline CG178 (2014).
- Health and wellbeing of looked after children and young people NICE quality standard 31 (2013).
- Anti-social behaviour and conduct disorders in children and young people: recognition, intervention and management NICE guideline CG158 (2013).
- Service user experience in adult mental health NICE guideline CG136 (2011).
- Autism diagnosis in children and young people NICE guideline CG128 (2011).

- Contraceptive services for socially disadvantaged young people NICE guideline PH29 (2010).
- Alcohol-use disorders – preventing harmful drinking NICE guideline PH24 (2010).
- Borderline personality disorder NICE guideline CG78 (2009).
- Antisocial personality disorder NICE guideline CG77 (2009). (Includes recommendations about multisystemic therapy, multidimensional treatment foster care and family therapy and may be of relevance to some looked-after children and young people.)
- Reducing differences in the uptake of immunisations NICE guideline PH21 (2009).
- Social and emotional wellbeing in secondary education NICE guideline PH20 (2009).
- When to suspect child maltreatment NICE guideline CG89 (2009).
- Social and emotional wellbeing in primary education NICE guideline PH12 (2008).
- Attention deficit hyperactivity disorder NICE guideline CG72 (2008).
- Behaviour change: the principles for effective interventions NICE guideline PH6 (2007).
- Interventions to reduce substance misuse among vulnerable young people NICE guideline PH4 (2007).
- Prevention of sexually transmitted infections and under 18 conceptions NICE guideline PH3 (2007).
- Drug misuse: psychosocial interventions NICE guideline CG51 (2007).
- Drug misuse: opioid detoxification NICE guideline CG52 (2007).
- Obesity NICE guideline CG43 (2006).
- Depression in children and young people NICE guideline CG28 (2005).
- Obsessive–compulsive disorder and body dysmorphic disorder NICE guideline CG31 (2005).
- Violence NICE guideline CG25 (2005).
- Self-harm NICE guideline CG16 (2004).
- Eating disorders NICE guideline CG9 (2004).

NICE guidance in development

- Attachment in children and young people who are adopted from care, in care or at high risk of going into care. NICE guideline. Publication expected October 2015.

8 Glossary

These are simple definitions for non-specialists. For more information, visit the SCIE website or the NCB website.

Advocacy

A process in which an independent person (an advocate) helps another person express their views and wishes. Advocacy for children and young people has been defined as 'speaking up' for them. It aims to empower them and make sure that their views are heard and their rights are respected for example, when planning care.

Attachment

A secure relationship with a main caregiver, usually a parent, allowing a baby or child to grow and develop physically, emotionally and intellectually. Babies and children need to feel safe, protected and nurtured by caregivers who identify and respond appropriately to their needs. Unmet attachment needs may lead to social, behavioural or emotional difficulties, which can affect the child's physical and emotional development and learning.

Birth parents

Biological parents, sometimes referred to as 'natural parents'.

Care by family and friends

Care provided by friends and relatives for a looked-after child or young person. Previously referred to as 'kinship care'. Recent government guidance also uses the term 'connected care'.

Care plan

A document that sets out the actions to be taken to meet the child's needs and records the person responsible for taking each identified action. The local authority is responsible for ensuring that it is regularly reviewed and that the identified actions happen.

Child and adolescent mental health services (CAMHS)

Specialist NHS mental health services for children and young people up to the age of 18.

Commissioning

The process by which agencies such as local authorities and commissioners of health services, jointly or separately, identify needs and then plan and deliver services within their own resources or from a range of service providers. It includes monitoring the delivery and quality of services and their responsiveness to defined need. Service providers may include GPs, hospitals, mental health trusts and voluntary and independent organisations.

Complex needs

Children may have complex needs as a result of physical disability or impairment, learning disability or a long-term health condition. Complex needs can encompass physical, emotional, behavioural and health needs and may require help from a number of different sources.

Corporate parents

A term used to describe the responsibility of any local authority as 'corporate parents' to all the children and young people who are in the care of that local authority (children and young people who are 'looked after' or 'in care'). A 'corporate parent' has a legal responsibility to ensure that the needs of children and young people in their care are prioritised in the same way as any concerned parent would want for their own children. The term covers all the members of the local council and any services provided by the local council.

Designated health professional

A doctor or nurse who has responsibility for looked-after children and young people and an understanding of their particular healthcare needs. They have the authority to make things happen both for an individual child and for looked-after children generally in their locality. They also have a strategic role to assist commissioners of health services to fulfil their responsibilities to meet the needs of looked-after children and young people. The post holders may monitor commissioned services or provide direct services to individual children.

Designated teacher for looked-after children

Similar to a designated health professional – a teacher who has particular responsibility for looked-after children and young people and an understanding of their care needs and their impact on education. They also have sufficient authority to make things happen both for an individual child and for looked-after children across the school in general. They act as an advocate for looked-after

children; ensure speedy transfer of information; ensure that each looked after child has their Personal Education Plan and a home–school agreement drawn up with the primary carer. Every school should have a designated teacher.

Developmental capacity

This term is used to cover a person's learning, emotional, or comprehension abilities, which may change with time and may not be related to chronological age. For children and young people who are looked after, their developmental capacity may affect their overall ability to stay safe and become independent.

Diversity

In this guideline, 'diversity' is used as a general term to draw attention to groups of children and young people in the care system who may have a range of particular needs as a consequence of their cultural background, sexual orientation, physical or learning disabilities or faith. It is a way of identifying groups of children and young people and ensuring they are treated the same as their peers but also have opportunities to use services that meet their particular needs.

Drift

The situation of children or young people who spend years passing (or 'drifting') through a series of placements in residential or foster care.

Educational stability

A phrase used to indicate that a looked-after child or young person is able to stay in the same place of education for an extended period, which should encourage them to engage with learning and achieve. Often placement and educational stability are linked: when a child has to change their care placement they may have to leave their school.

Independent fostering agencies

Independent (private) and third-sector agencies (either for profit or not for profit) that recruit and provide foster carers.

Independent reviewing officer

The person who makes sure that the health and welfare of looked-after children and young people are prioritised, that they have completed and accurate care plans in place (which are regularly reviewed and updated), that any physical, emotional health or wellbeing needs or assessments identified by their care plans are met or completed, and that their views and wishes, and those of their families, are heard.

Individual education plan

A plan that sets out the strategies being used by a school to ensure that a child or young person who has particular learning or physical disabilities gets the support they need to learn and achieve to the best of their ability.

Kinship care

A term formerly used to describe care provided by family and friends. Recent government guidance uses the term 'connected care'. See 'Care by family and friends'.

Leaving-care services

Services to prepare and support looked-after young people when they are planning to leave care and live independently. They are sometimes called 'transitional support services'.

Life-story work

This is about helping a child or young person create a personal or family history by gathering and talking about information (such as photos and letters) about their life now or before they came into care, to help them develop a sense of identity. Life-story work can be an organised activity with a person trained to support this type of work, or an informal process reflected in the everyday conversations between carers and looked-after children or young people.

Multi-agency

A description for services that involve more than 1 agency (for example NHS and social work). Children's services carry responsibility for the care plan of a looked-after child or young person, but different agencies and professionals contribute to it, for example, the school, the GP, the looked-after children's nurse, and adult services for the parent or for the young person as they approach

adulthood. A range of professionals also have a role in assessing a child's general wellbeing and development.

Multiple heritage

A term used to describe the background of an individual whose family members may be descended from 2 or more cultural groups, but not necessarily different racial groups. For example, the term could apply equally to someone with a white British father and a white French mother; and to a person with white Irish, British Asian and African-American grandparents. Sometimes used inter changeably with the terms 'mixed race' or 'bi-racial'.

Out-of-authority placements

Sometimes referred to as out-of-area placements. A term used to describe when a child or young person moves to a new home outside the geographical boundaries of the local authority legally responsible for them and they use the services – for example, for education, health, leisure or housing – of the local authority responsible for area they have moved into.

Pastoral support plan (PSP)

A pastoral support plan (PSP) is a school-based programme which is intended to help a child or young person to improve their social, emotional and behavioural skills. The PSP will identify precise and specific targets for the child or young person to work towards and should include the child or young person, their carers, parents or social workers (as appropriate) in the drafting process.

Pathway plan

The plan that sets out the activities and support for any looked-after young person planning to move to independent living. The pathway plan builds on and replaces the care plan, and young people are eligible for one from the age of 16.

Permanence

Achieving a legally permanent, nurturing family for a looked-after child or young person.

Personal education allowances

A fund held by the local authority that can be used, at their discretion, to support looked-after young people pursue their education (including further and higher education).

Personal education plan

A document describing the assessment and plan to meet the educational needs of a looked-after child or young person, and help them reach their full potential in education and afterwards. It forms part of the care plan.

Placement

The foster or residential home where the child or young person is living. A child or young person may also be 'placed' with their family at home if they are in care under a court order.

Placement stability

A phrase used to indicate that a child or young person is living somewhere that those responsible for their care are unlikely to move them out of and that the young person is unlikely to change or move away from. It is sometimes used generically to include relationships with others as well as a place of residence.

Residential care

Care for children and young people living away from home in children's homes and residential special schools.

Resilience

Resilience is a term used to describe a person's responses to difficult or potentially damaging experiences. As a quality in a person, it implies that the experience does not appear to have had a lasting, detrimental impact on mental or physical health. Understanding resilience is important to help develop useful interventions in the hope of lessening the long-term consequences of a damaging event. It is important for looked-after children or young people in particular as some manage to lead happy, fulfilled lives despite serious adverse experiences in life while others struggle to do so.

Review meeting

A meeting or meetings where the care plan is considered, reconfirmed or changed and such decisions agreed and recorded in consultation with all those who have an interest in the child's life, including the child.

Team around the child

A collaborative team of key professionals and frontline practitioners to support a child or young person. The team may include foster or residential carers.

Transitions

A phase or period of time when a person experiences significant change, some of which may be challenging. Some changes are experienced only by looked-after children or young people, for example, becoming looked after, changing placement, changing social worker or leaving care. Some looked-after children and young people experience loss, separation and varying degrees of trauma at these changes.

Unaccompanied asylum seekers

An unaccompanied asylum seeker is a child or young person who is under 18 years of age, and who travels to a new country alone without a parent, carer or other adult who, by law or custom, is responsible for them (Department of Health, Social Services Inspectorate 1995). See also Care of unaccompanied and trafficked children Department for Education.

Virtual school head

A senior member of staff in a local authority, who has responsibility for overseeing a coordinated system of support for looked-after children and improving their educational achievements.

9 References, policy and further reading

References

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Department for Education (2011) Raising the aspirations and educational outcomes of looked after children: a data tool for local authorities. London: Department for Education.

Appendix A Membership of the Programme Development Group (PDG), co-optees, expert witnesses, the NICE and SCIE project teams, and external contractors

Programme Development Group

PDG membership is multidisciplinary, comprising policy makers, commissioners, managers, public health and social care practitioners, clinicians and therapists, education professionals, young people who have been looked-after, and academics as follows.

Jade Blake
Community Member

Sophie Boswell
Child Psychotherapist, Child and Adolescent Intervention Team, Looked After Children's Team, Young People and Family Services, City of Westminster

Kim Bown
Associate Head of Social Work Education, University of Portsmouth

Sarah Byford
Reader, Centre for the Economics of Mental Health, King's College London

Helen Chambers
Principal Officer, Wellbeing, National Children's Bureau

Paula Conway
Consultant Clinical Psychologist, Tavistock–Haringey Service Manager

Caroline Cuckston
Community Member

Mandy De Waal
Independent Consultant and Community Member

Gina Gardiner
Independent Consultant Trainer and Coach in the Development of Leadership

Kim Golding
Consultant Clinical Psychologist, Integrated Service for Looked After Children, Worcestershire PCT

Carol Green
Lead Nurse for Looked-After Children (designated post), Liverpool Community Health

Delma Hughes
Programme Director, Siblings Together; Independent Consultant and Community Member

Efun Johnson
Designated Doctor for Looked-After Children, Lambeth Community Health

Valerie King
Designated Nurse for Looked-After Children, Northamptonshire NHS Provider Services

Susan Lane
Associate Lecturer in Social Care, Open University

Jayne Ludlam
Director of Children's Specialist Services, Sheffield City Council

Helen Mason
Independent Consultant and Community Member

Sue Revell
General Manager, Cardiff and Vale NHS Trust

Janet Rich
Children's Services Development Officer, National Care Association, Independent Consultant

Douglas Simkiss
Associate Professor of Child Health, Health Sciences Research Institute, Warwick Medical School, University of Warwick

Dennis Simpson
PDG Chair and Independent Consultant

Geoffrey Skinner
Acting Director of Children, Young People and Family Services, City of Westminster

Rhian Stone
Corporate Director Solas and Independent Consultant

Colin Thompson
Community Member, Ex-Care Leaver, VOICE Trustee

Harriet Ward
Director, Centre for Child and Family Research, Loughborough University

Sue Wressell
Consultant Child and Adolescent Psychiatrist for Looked-after children, Newcastle CAMHS, Northumberland Tyne and Wear NHS Trust

Expert co-optees to the PDG:

Claudia Phillips
Foster Carer

Jane Thomson
Foster Carer

Expert testimony to PDG:

The authors of the expert papers listed at the end of this appendix provided expert testimony to the PDG.

NICE project team

Mike Kelly
CPHE Director

Simon Ellis
Associate Director

Linda Sheppard
Lead Analyst

Peter Shearn
Analyst

Amanda Killoran
Analyst

Catherine Swann
Analyst

Alastair Fischer
Technical Adviser, Health Economics

SCIE project team

Amanda Edwards
Deputy Chief Executive, SCIE

Mary Sainsbury
Practice Development Manager (SCIE lead)

Rebecca Goldman
Senior Research Analyst

Sheila Fish
Senior Research Analyst

Carol Riddington
Research Analyst

External contractors

Evidence reviews

Review 1: 'The effect of support services for transition to adulthood/leaving care on the adult outcomes of looked-after young people' was carried out by The University of Sheffield School of Health and Related Research (ScHARR). The principal authors were: Emma Everson, Roy Jones, Louise Guillaume, Diana Papaicannou and Alejandra Duenas.

Review 2: 'The effectiveness of training and support for carers, professionals and volunteers working with looked-after children and young people on the physical and emotional health and wellbeing of looked-after children and young people' was carried out by ScHARR. The principal authors were Emma Everson, Roy Jones, Louise Guillaume, Diana Papaicannou and Alejandra Duenas.

Review 3: 'The effectiveness of interventions aimed at improving access to health and mental health services for looked-after children and young people' was carried out by ScHARR. The principal authors were Emma Everson, Roy Jones, Louise Guillaume, Diana Papaicannou and Alejandra Duenas.

Review 4: 'A correlates review: factors associated with outcomes for looked-after children and young people: a review of the literature' was carried out by ScHARR. The principal authors were: Emma Everson, Roy Jones, Louise Guillaume and Diana Papaicannou.

Review 5: 'A qualitative review of the experiences, views and preferences of looked-after children and young people and their families and carers about the care system' was carried out by the Evidence for Policy, Practice, Coordination and Information Centre, Social Science Research Unit, Institute of Education, University of London. The principal authors were Kelly Dickson, Katy Sutcliffe and David Gough.

Economic analysis

Cost-effectiveness review 1: 'The cost-effectiveness of support services for transition to adulthood/leaving care on the adult outcomes of looked-after young people' was carried out by ScHARR. The principal authors were Alejandra Duenas, Emma Everson, Roy Jones, Louise Guillaume and Diana Papaicannou.

Primary research and commissioned reports

Report 1: 'Qualitative research to explore the priorities and experiences of practitioners working with looked-after children and young people' was carried out by Cragg Ross Dawson Associates. The principal author was Ben Toombs.

Report 2: 'The health and wellbeing of looked-after children and young people: a brief review of strengths and weaknesses in service provision from inspection and review data' was carried out by David Leah Associates. The principal author was Mary Ryan.

Report 3: 'Practice survey: the physical, emotional health and wellbeing of looked-after children and young people' was carried out by Action for Children. The principal authors were Juliet Ramage and Lisa Hewett-Craft.

Report 4: 'Consultation on draft recommendations: the physical, emotional health and wellbeing of looked-after children and young people' was carried out by Action for Children. The principal author was Juliet Ramage.

Fieldwork

'Fieldwork on the promotion of physical, emotional health and wellbeing of looked after children and young people' was carried out by Greenstreet Berman. The principal authors were Alex Rogers, Joscelyne Shaw, Rachel Evans, Rebecca Williams and Abu Shahriyer.

Expert testimony

Expert paper 1: 'Patterns of instability in the care system' by Professor Harriet Ward, Centre for Child and Family Research, Loughborough University.

Expert paper 2: 'Stability and wellbeing in the care system' by Professor Ian Sinclair, University of York.

Expert paper 3: 'Learning from Sheffield: services to meet the needs of the most challenging children' by Jayne Ludlam and Jon Banwell, Children and Young People's Directorate, Sheffield City Council.

Expert paper 4: 'The role of the Healthcare Commission in improving outcomes for looked-after children' by Sue Eardley, The Healthcare Commission.

Expert paper 5: 'Social pedagogy – an example of a European approach to working with looked-after children' by Karen Prins, University of Copenhagen, Denmark.

Expert paper 6: 'Improving outcomes for looked-after children and young people' by Kathy Turner, The Audit Commission.

Expert paper 7: 'Revised government guidance and policy developments on the health of looked-after children' by Sarah Lewis, Department for Children, Schools and Families.

Expert paper 8: 'The contribution of inspection to the health and wellbeing of looked-after children' by Anna Lis, Ofsted.

Expert paper 9: 'The physical and emotional health and wellbeing of children and young people growing up in foster care: support and training for carers' byDr Gillian Schofield, Professor of Child and Family Social Work, University of East Anglia.

Expert paper 10: 'Making sense of performance problems in public organisations' by Professor Chris Skelcher, University of Birmingham.

Expert paper 11: 'Working with complex systems and networks around looked-after children and young people' by Jenny Sprince, Child and Adolescent Psychotherapist, Independent Child Care Consultant.

Expert paper 12: 'Care planning – the social work task for looked-after children' by Sue Lane, Independent Childcare Consultant.

Expert paper 13: 'Multi-agency partnerships' by Dr Sue Wressell, Consultant Child and Adolescent Psychiatrist for Looked-after children, Newcastle upon Tyne.

Expert paper 14: 'Labels that disable – meeting the complex needs of children in residential care' by Janet Rich, Independent Childcare Consultant.

Expert paper 15: 'Siblings in care' by Delma Hughes, Independent Consultant on Siblings in Care, 'Siblings Together'.

Expert paper 16: 'Participatory approaches to involving looked-after children and young people in the design and delivery of services' by John Kemmis and Wendy Banks, VOICE.

Expert paper 17: 'Social pedagogy in children's residential care: DCSF pilot programme' by Professor Pat Petrie, Thomas Coram Research Unit, Institute of Education, University of London.

Expert paper 18: 'Pathways to permanence for black, Asian and mixed ethnicity children; dilemmas, decision-making and outcomes' by Dr Julie Selwyn, University of Bristol.

Expert paper 19: 'Kinship care' by Dr Julie Selwyn, University of Bristol.

Expert paper 20: 'Promoting the resilience and wellbeing of young people leaving care: messages from research' by Professor Mike Stein, University of York

Expert paper 21: 'Improving health and wellbeing outcomes of children under five years of age looked after in the care of local authorities' by Helen Chambers, Principal Officer, National Children's Bureau.

Expert paper 22: 'Mental health of looked-after children in the UK: summary' by Joe Sempik, Centre for Child and Family Research, Loughborough University.

Expert paper 23: 'The health needs of unaccompanied asylum seeking children and young people' by John Simmonds and Florence Merredew, British Association for Adoption and Fostering.

Appendix B: Summary of the methods used to develop this guideline

Introduction

The reviews, primary research and commissioned reports include full details of the methods used to select the evidence (including search strategies), assess its quality and summarise it.

The minutes of the PDG meetings provide further detail about the Group's interpretation of the evidence and development of the recommendations.

All supporting documents are listed in appendix D.

Guideline development

The stages involved in developing public health guidelines are outlined in the box below.

1. Draft scope released for consultation
2. Stakeholder meeting about the draft scope
3. Stakeholder comments used to revise the scope
4. Final scope and responses to comments published on website
5. Evidence reviews, economic analysis and practice survey undertaken and submitted to PDG
6. PDG produces draft recommendations
7. Draft guideline (and evidence) released for consultation and for field testing
9. PDG amends recommendations
10. Final guideline published on website
11. Responses to comments published on website

Key questions

The key questions were established as part of the scope. They formed the starting point for the reviews of evidence and were used by the PDG to help develop the recommendations. The overarching question was:

What strategies, policies, systems, structures, interventions or services are effective and cost-effective in promoting the physical and emotional health and wellbeing of looked-after children and young people?

The subsidiary questions were:

- Can current systems, frameworks and processes used to identify and monitor health, emotional and social outcomes for looked-after children, young people and their families be improved?
- How does placement stability and breakdown affect key outcomes, and subsequent care placements?
- How do the structure, type, continuity and length of care that children and young people receive affect key outcomes for children, young people and their families?
- How effective, and cost effective, are interventions and activities (including participatory approaches) that are used to maintain, improve or promote key outcomes, in different settings and at different levels of intervention?
- Are there key points or transitions in the life-course or care pathways of looked-after children and young people at which intervention may be particularly beneficial (or harmful)?
- What physical, emotional and social outcomes are important to looked-after children and young people and their families?

These questions were made more specific for each review (see reviews for further details).

Effectiveness reviews

Reviews of effectiveness were conducted using NICE methods, on:

- support services for transition to adulthood/leaving care (review 1)
- training and support for carers/professionals/volunteers (review 2)
- improving access to health and mental health services (review 3).

Identifying the evidence

The strategy adopted for these reviews combined systematic review searching undertaken by SCIE with more targeted searches undertaken by ScHARR. The following databases were searched for published literature (January 1990 to September 2008):

- Applied Social Sciences Index and Abstracts (ASSIA)

- Australian Family and Society Abstracts
- British Education Index (BEI)
- Campbell Collaboration C2 Library
- CERUK Plus
- ChildData
- Cochrane Library
- Cumulative Index to Nursing and Allied Health Literature (Cinahl Plus)
- EMBASE
- Health Management Information Consortium (HMIC)
- International Bibliography of the Social Sciences (IBSS)
- JSTOR
- MEDLINE
- PsycINFO
- Social Care Online
- Social Services Abstracts
- Zetoc (electronic tables of contents).

In addition, searches of reference lists and citation searches were conducted on all relevant papers included in the 'Correlates review' (review 4; page 98). The reference lists of included papers were searched by hand, and citation searching was undertaken on all included papers. The PDG was also consulted for relevant literature.

Further details of the databases, search terms and strategies are included in the review reports.

Selection criteria

Inclusion and exclusion criteria for each review varied and details can be found online. However, in general:

- Population:
  - Review 1: looked-after children and young people and/or adults who were previously looked after as children and/or young people.
  - Review 2: carers (including foster and residential carers), professionals (such as teachers and social workers) and approved volunteers (such as independent visitors, mentors) involved in the care of or working with looked-after children and young people.
  - Review 3: looked-after children and young people, or adults who were looked after if relevant information on their childhood was collected.
- Intervention:
  - Review 1: support services to prepare looked-after young people for the transition from foster or residential care to independent living or community care.
  - Review 2: training and support to enhance the skills of carers, professionals or volunteers involved in the care of looked-after children and young people. This included training and support for birth families, but not treatment foster care (also described as therapeutic foster care).
  - Review 3: any intervention designed to improve access to any specialist or universal service for children and young people during their time they were being looked after. Treatment foster care was not included.
- Comparison: usual or practice or no 'intervention'.
- Outcomes:
  - Review 1: all reported outcomes, including housing, alcohol or drug misuse, employment, educational attainment, employment, offending behaviour and physical, mental and sexual health.
  - Review 2: all outcomes relating to physical and emotional health and wellbeing of looked-after children and young people, including placement stability and long-term outcomes.
  - Review 3: access to the service in question.
- Study types: Decisions on the type of evidence to be included were informed by the searching process. Papers that did not present quantitative data were excluded.

- Other: English language papers.

Quality appraisal

Included papers were assessed for methodological rigour and quality using the NICE methodology checklist, as set out in 'Methods for the development of NICE public health guidance' (2009). Each study was graded (++, +, –) to reflect the risk of potential bias arising from its design and execution.

Study quality

++ All or most of the checklist criteria have been fulfilled. Where they have not been fulfilled, the conclusions are very unlikely to alter.

+ Some of the checklist criteria have been fulfilled. Those criteria that have not been fulfilled or not adequately described are unlikely to alter the conclusions.

– Few or no checklist criteria have been fulfilled. The conclusions of the study are likely or very likely to alter.

Summarising the evidence and making evidence statements

The review data were summarised in evidence tables (see full reviews).

Within each review, the findings were synthesised and used as the basis for a number of evidence statements relating to each research question. The evidence statements were prepared by the public health collaborating centres (see appendix A). The statements reflect their judgement of the strength (quantity, type and quality) of evidence and its applicability to the populations and settings in the scope.

Other reviews

Two other reviews were conducted: a correlates review (review 4) and a qualitative review (review 5):

Correlates review

This review aimed to identify factors that are associated with outcomes for looked-after children and young people, and to present these as conceptual maps showing the strength of associations between factors, supported by evidence tables. It is not a full systematic review with exhaustive or

comprehensive searches but it is a review of quantitative data, with inclusion and exclusion criteria, quality appraisal and a systematic and transparent methodology.

Identifying the evidence

Searches were done using free text and keywords/index terms, and several iterations were undertaken. Once an outcome or variable had been identified, further searches and sifting sought to identify new variables rather than to identify all the evidence for each relationship between variables. A thorough audit trail was maintained, to ensure that searches were transparent, systematic and replicable.

Selection criteria

Studies were included if the population was looked-after children and young people aged up to 25 years, or adults who had been looked-after children and young people. Explanatory factors were included if they could be defined as risk factors, protective factors or interventions (any intervention or activity that could affect these outcomes). Outcomes were as defined by individual studies.

Quality appraisal

Study quality was assessed using the checklists and guidance in 'Methods for development of NICE public health guidance (second edition, 2009)'.

Summarising the evidence

Relevant information was extracted and studies were classified according to both study type and the main variables analysed. The findings were then mapped using software that allows associations to be presented graphically.

Qualitative review

This review used SCIE methods and aimed to identify qualitative research on and synthesise the views, experiences and preferences of children and young people, their families and carers, about the care system.

Identifying the evidence

The following electronic health and social care databases were searched:

- ASSIA
- CINAHL
- EMBASE
- IBSS
- MEDLINE
- PsycINFO
- Social Care Online
- Social Science Citation Index
- Social Services Abstracts
- Sociological Abstracts
- Google (and Google Scholar)

Further details of the databases, search terms and strategies are included in the review.

Selection

Studies were included if they were performed in the UK and their methods for data collection and analysis enabled them to reflect what is important to looked-after children and young people and their families and carers.

Quality appraisal

Included studies were critically appraised and rated for:

- soundness (internal methodological coherence), using an adapted version of the NICE checklist for qualitative studies
- appropriateness of the research design and analysis used for answering the review
- relevance of the topic (from the sample, measures, scenario, or other indicator of the focus of the study) to the review question.

Summarising the evidence

The pool of findings from all the studies was assessed for each of the 3 groups: looked-after children and young people; carers; and parents. Themes and subthemes were developed via a framework analysis approach. The detail of the findings was interrogated to answer, where possible, the research questions and evidence statements were developed.

Practice survey

This used SCIE's practice survey methodology to identify innovative and emerging practice in assessing, maintaining and improving the physical and emotional health and wellbeing of looked-after children and young people. The survey sought views about the acceptability, accessibility and effectiveness of targeted and specialist, as opposed to universal, interventions.

Sampling

The PDG identified sites that were of particular interest because of their specific areas of practice – for example, multidisciplinary work, and specialist services for looked-after children. In addition, the Action for Children team who wrote the report identified a local authority that had 'Beacon' status for its engagement of young people and its targeted youth support initiatives.

Methods

Following initial approaches, all sites agreed to participate in the survey, and approval was gained from the Assistant Director of Children's Services Research Team and ethical approval in each site. The first phase of the survey was to conduct a series of group and individual semi-structured interviews with managers, commissioners and practitioners from a range of social care, education and health organisations. These interviews took place between April and June 2009.

The second phase involved interviews with carers and looked-after children and young people.

The data collected from the survey was analysed, by reading and aggregation of data, measuring, identifying differences and similarities, identifying and acknowledging variables, contextualising, noting correlation, identifying themes and cross-cutting issues, comparing views within and across sample sectors and ordering and grouping findings to address topics and questions.

Summarising the evidence

The findings were structured around 4 topic areas: structure of care; delivery of care; interventions and activities; and the views of children, young people and their families. These were used as the basis for evidence statements.

Economic analysis

The economic analysis consisted of a review of economic evaluations and cost-effectiveness modelling.

Review of economic evaluations

A database supplied by SCIE was used to find papers containing evidence of cost effectiveness. This was supplemented by targeted searches of:

- Web of Science
- MEDLINE
- NHS EED
- EconLit.

Inclusion criteria followed the same criteria used for the effectiveness reviews, for which the economic reviews were an accompaniment. Quality was assessed using the 'Methods for development of NICE public health guidance' (2006).

Cost-effectiveness modelling

An economic model was constructed to accompany the 3 effectiveness and cost-effectiveness reviews (see appendix E). A satisfactory model was constructed for review 1. A model was attempted for review 2 but was rejected by the PDG because of data limitations. For review 3, a model was not attempted because of lack of relevant data.

The results of the model to accompany effectiveness review 1 are reported in: 'Review 1: The cost-effectiveness of support services for transition to adulthood/leaving care on the adult outcomes of looked after young people'. Following the inability to produce a meaningful modelling analysis for reviews 2 and 3, the PDG was asked to use a cost-consequences framework to consider the cost effectiveness of the recommendations. This required members to consider the best available

evidence on the costs and effectiveness of services of relevance to the recommendations under consideration and to draw on their expertise to make an appropriate recommendation where evidence gaps existed.

The PDG examined the recommendations to see whether any were:

- on the balance of probabilities, likely to do more good than harm
- likely to be cost saving or have a very low additional cost.

This was successful for recommendations where the available evidence and the opinions of experts and PDG members strongly suggested that their implementation would do more good than harm, would be of relatively low cost to implement and would probably produce cost savings in the long run.

What prevented this method being used more widely to determine whether a recommendation was likely to be cost effective was that many of the recommendations focus on system-level changes, multi-agency working, information sharing and training. For these recommendations, the lack of data and the resulting level of uncertainty were too great to support even a cost-consequences approach.

Fieldwork

Fieldwork was carried out to evaluate how relevant and useful NICE's recommendations were for practitioners and how feasible it would be to put them into practice. It was conducted with commissioners and practitioners who are involved in social care, health and education services for looked-after children and young people. This included those working in the NHS, local authorities and the wider public, private, voluntary and community sectors.

The fieldwork comprised:

- 8 half-day workshops carried out in Manchester and London with 95 representatives from the public, private, voluntary and community sectors
- 44 telephone interviews with practitioners.

The fieldwork was commissioned to ensure there was ample geographical coverage. The main issues arising are set out in appendix C under fieldwork findings. The fieldwork report is Fieldwork on promotion of the physical and emotional health and wellbeing of looked-after children and young people.

Consultation with looked-after young people and care leavers

A consultation was carried out with 30 looked-after young people and care leavers aged 11–24. The aim was to gather their views about the relevance, usefulness and acceptability of appropriate sections of the guideline.

The consultation was undertaken by Action for Children and comprised focus groups at 4 sites (2 county councils, a district council and an inner city unitary authority).

The consultation report is The physical, emotional health and wellbeing of looked-after children and young people.

How the PDG formulated the recommendations

At its meetings in 2008 and 2009, the PDG considered the evidence reviews, commissioned reports, expert testimony and cost effectiveness to determine:

- whether there was sufficient evidence (in terms of strength and applicability) to form a judgement
- where relevant, whether (on balance) the evidence demonstrates that the intervention or programme can be effective or is inconclusive
- where relevant, the typical size of effect (where there is one)
- whether the evidence is applicable to the target groups and context covered by the guideline.

The PDG developed draft recommendations through informal consensus, based on the following criteria:

- Strength (type, quality, quantity and consistency) of evidence of effectiveness.
- The applicability of the evidence to the populations/settings referred to in the scope.
- Where available and relevant, the effect size and potential impact on the target population's health.
- Impact on inequalities in health between different groups of the population.
- Ethical issues and social value judgements.

- Cost effectiveness (for the NHS and other public sector organisations).
- Balance of risks and benefits.
- Ease of implementation and any anticipated changes in practice.

Where possible, recommendations were linked to an evidence statement(s), report or expert testimony (see appendix C for details).

The draft guideline, including the recommendations, was released for consultation in February 2010. At its meetings in May 2010, the PDG amended the guideline in light of comments from stakeholders and experts and the fieldwork. The guideline was signed off by the NICE Guidance Executive in September 2010.

Appendix C The evidence

This appendix lists the evidence statements from 5 evidence reviews and 4 commissioned reports provided by external contractors and the public health collaborating centre (see appendix A). It links them to the relevant recommendations. (See appendix B for the key to quality assessments.) The evidence statements are presented here without references – these can be found in the full reviews (see appendix D for details). It also lists 22 expert papers and their links to the recommendations (see additional evidence). This appendix also sets out a brief summary of the cost-effectiveness evidence.

The 5 evidence reviews are:

- Review E1: 'The effectiveness of support services for transition to adulthood/leaving care on the adult outcomes of looked after young people'
- Review E2: 'The effectiveness of training and support for carers/professionals/volunteers working with looked-after children and young people on the physical and emotional health and wellbeing of looked-after children and young people'
- Review E3: 'The effectiveness of interventions aimed at improving access to health and mental health services for looked-after children and young people'
- Review E4: 'A correlates review: factors associated with outcomes for looked-after children and young people: a review of the literature'
- Review E5: 'A qualitative review of the experiences, views and preferences of looked-after children and young people and their families and carers about the care system'.

The 4 commissioned reports are:

- Report C1: 'Qualitative research to explore the priorities and experiences of practitioners working with looked-after children and young people'
- Report C2: 'The health and wellbeing of looked-after children and young people: a brief review of strengths and weaknesses in service provision from inspection and review data'
- Report C3: 'Practice survey: the physical, emotional health and wellbeing of looked-after children and young people'
- Report C4: 'Consultation on draft recommendations: the physical, emotional health and wellbeing of looked-after children and young people'.

Evidence statement E1.5 indicates that the linked statement is numbered 5 in review 1. Evidence statement **E2.7** indicates that the linked statement is numbered 7 in review 2. **Evidence statement C3.6** indicates that the linked statement is numbered 6 in commissioned report 3. **C1** indicates that the whole of commissioned report 1 is linked to the recommendation. **EP1** indicates that the whole of expert paper 1 is linked to the recommendation.

See the reviews, commissioned reports, expert papers and economic analysis for details.

Where the PDG has considered other evidence, it is linked to the appropriate recommendation below. It is also listed in the additional evidence section of this appendix.

Recommendation 1: evidence statements E4.3, C3.1, C3.2, C3.18; C1, C2, C4, EP6, EP10, EP11, EP13, EP16

Recommendation 2: evidence statements E4.3, C3.1, C3.7, C3.12, C3.18; C2, EP4, EP6, EP11, EP13

Recommendation 3: evidence statements E4.3, C3.1, C3.2, C3.12, C3.18; C2, EP1, EP2, EP6, EP8

Recommendation 4: evidence statements C3.7, C3.12, C3.18; C4,EP6

Recommendation 5: evidence statements E4.2.7, E4.2.11, E4.3, C3.4, C3.7, C3.12, C3.18; C1, C2, C4, EP12

Recommendation 6: evidence statement C3.18; C1, C2, C3, EP11

Recommendation 7: evidence statement C3.1; C1, C2, EP6, EP12, EP13, EP15

Recommendation 8: evidence statements E5.3, E5.4, E5.16, C3.3, C3.7, C3.10, C3.11; C1, C2, EP6, EP9, EP11, EP22

Recommendation 9: evidence statements E4.2.1, E5.16, C3.7, C3.18

Recommendation 10: evidence statements E5.16, C3.7, C3.16, C3.18

Recommendation 11: evidence statement C3.7; EP3

Recommendation 12: evidence statements E4.2.6, C3.5, C3.12, C3.19; C4, EP2, EP6, EP14, EP16, EP19

Recommendation 13: evidence statements E4.2.6, E5.2, E5.9, C3.5, C3.7, C3.19; EP2, EP6, EP14, EP16, EP19

Recommendation 14: EP3, EP14

Recommendation 15: evidence statements E3.12, E4.2.5, E5.14, E5.15, C3.18; C4, EP2, EP11, EP16, EP18, EP19

Recommendation 16: evidence statement C3.12;C1, EP11, EP21, EP22

Recommendation 17: C1, EP11, EP21, EP22

Recommendation 18: C1, EP11, EP21, EP22

Recommendation 19: evidence statements C3.12; C1, EP11, EP21, EP22

Recommendation 20: evidence statements E3.1, E3.2, E3.3, E4.2.13, C3.2, C3.7, C3.8, C3.12, C3.14, C3.15; C1, C2, EP8, EP12, EP18, EP21

Recommendation 21: evidence statements C3.2, C3.12; C1, EP6, EP19

Recommendation 22: evidence statements E3.3, E5.12, C3.2; C1, C2, EP8, EP18

Recommendation 23: evidence statement C3.2; C1, EP6, EP19

Recommendation 24: evidence statements E5.5, E5.18, C3.7, C3.12, C3.18; C4, EP15, EP16

Recommendation 25: evidence statements E5.2, C3.7, C3.13, C3.18; C4, EP11

Recommendation 26: evidence statements E5.2, C3.7, C3.16; C1, C4, EP11, EP18

Recommendation 27: evidence statements E5.2, C3.4, C3.7; C4, EP10, EP18

Recommendation 28: EP14, EP18, EP23

Recommendation 29: evidence statements C3.7, C3.12, C3.16; EP18

Recommendation 30: evidence statements E5.2, C3.5, C3.7, C3.12; C4, EP18

Recommendation 31: evidence statements E5.2, C3.7, C3.12; C4, EP18

Recommendation 32: EP14, EP18, EP23

Recommendation 33: evidence statements E5.12, C3.16, C3.17; C1, C4, EP8, EP23

Recommendation 34: evidence statements C3.17, C3.20; C4, EP18, EP23

Recommendation 35: evidence statement E5.12, C3.12, C3.17, C3.20; C1; EP2, EP9, EP13

Recommendation 36: evidence statements E2.1, E4.2.8, E4.2.12, E4.3, E5.1, E5.2, E5.3, E5.14, E5.15, C3.7, C3.12, C3.17, C3.20; C2, EP6, EP9, EP11, EP13, EP18, EP23

Recommendation 37: evidence statements E2.1, E4.2.12, E4.3, E5.8, E5.11, E5.14, E5.15, C3.8, C3.12, C3.20; C1, C2, EP6, EP9, EP11, EP18, EP21, EP23

Recommendation 38: evidence statements E5.10, E5.13; EP1, EP3, EP6, EP9, EP11, E5.14, E5.15, EP21

Recommendation 39: evidence statements E4.2.6, E4.3, E5.17; EP18, EP19

Recommendation 40: evidence statement E4.2.6; C4, EP18, EP19

Recommendation 41: evidence statements E5.1, E5.3, E5.6, C3.7, C3.12; C1, C4

Recommendation 42: evidence statements E5.7, E5.8; C1

Recommendation 43: evidence statement E5.7; C1

Recommendation 44: evidence statements E1.1, E5.9, C3.6; C1, C4, EP20

Recommendation 45: evidence statements E1.1, E5.9, C3.6; C1, EP20

Recommendation 46: evidence statements E1.1, E1.2, E1.3, E1.4, E1.5, E1.6, E1.7, E1.8, E1.9, E4.2.10, C3.7; C1, C4, EP6, EP14, EP20

Recommendation 47: evidence statements E1.1, E1.2, E1.3, E1.4, E1.5, E1.6, E1.7, E1.8, E1.9, E5.9, C3.7; C1, C2, C4, EP6, EP14, EP20

Recommendation 48: evidence statement C3.6; C1, C4, EP20

Recommendation 49: evidence statements C3.7, C3.11

Recommendation 50: evidence statements E2.1, E4.2.4, E4.2.12, E5.7, E5.8, E5.14, E5.15, C3.1, C3.2, C3.7,C3.8, C3.12, C3.18, C3.20; EP1, EP3, EP6, EP9, EP11, EP21

Recommendation 51: evidence statements E5.3, E5.7, C3.18; EP1, EP3, EP6, EP9, EP11, EP21

Recommendation 52: evidence statements E5.3, E5.7, C3.7, C3.9, C3.12, C3.18; EP1, EP3, EP6, EP9, EP11, EP21

Evidence statements

Please note that the wording of some evidence statements has been altered slightly from those in the review team's report to make them more consistent with each other and NICE's standard house style. This does not alter the meaning.

Evidence statement E1.1

There is moderate evidence of mixed quality from 4 retrospective US cohort studies (1 [++], 1 [+], 2 [-]) to suggest that looked-after children and young people who received transition support services (TSSs) were more likely to complete compulsory education with formal qualifications than those who had not received these TSSs; whereas 1 prospective US cohort study (+) reported a non-significant finding in favour of the comparison group.

Evidence statement E1.2

There is moderate evidence of a positive effect of TSSs on current employment from 1 prospective (+) and 2 retrospective US cohort studies (1 [+], 1 [-]) although 1 retrospective US cohort study reported no difference between those who had and had not received TSSs on current employment (++).

Evidence statement E1.3

There is moderate evidence of a mixed effect with regard to the effect of TSSs on employment history. Two retrospective US cohort studies (1 [++],1 [-]) reported that those who had received TSSs were more likely to have a better employment history than those who had not received TSSs,

whereas 1 prospective UK cohort study (-) reported that those who had received TSSs were less likely to have taken an employment/academic career path than those who had not.

Evidence statement E1.4

There is moderate evidence of a mixed effect with regard to the effect of TSSs on employment at case closing. Two US cohort studies, 1 prospective (+) and one retrospective (-) reported that those who had received TSSs were more likely to be employed at case closing than those who had not received TSSs, whereas 1 retrospective US cohort study (-) reported that those who had received TSSs were less likely to be employed at case closing than those who had not.

Evidence statement E1.5

There is moderate evidence of a mixed effect with regard to the effect of TSSs on crime/offending behaviour. One retrospective US cohort study (-) reported that those who had received TSSs were less likely to have a problem with the law and 1 retrospective cohort study (++) reported that those who had received TSSs were more likely to have a problem with the law than those who had not received TSSs. One retrospective US cohort study (+) found no difference between those who had and had not received TSSs on never being arrested. Those who had received TSSs were less likely to have been arrested for serious crimes but more likely to be arrested for moderate crimes than those who had not received TSSs. However those who had received TSSs were less likely to receive short jail sentences and more likely to receive long jail sentences than those who had not received TSSs.

Evidence statement E1.6

There is moderate evidence for a positive effect of TSSs on parenthood from 1 prospective (+) and 2 retrospective US cohort studies (1 [++] and 1 [+]), in that those who had received TSSs were less likely to be parents than those who had not.

Evidence statement E1.7

There is moderate evidence for a positive effect of TSSs on housing and independent living from 6 studies: 1 prospective UK cohort study and 5 retrospective US cohort studies. Those who had received TSSs were more likely to have a place to live (1 [-] and 1 [++]) and were more likely to be living independently (2 [+] and 2[-]) than those who had not received TSSs.

Evidence statement E1.8

There is moderate evidence of a mixed effect with regard to the effect of TSSs on homelessness. Two retrospective US cohort studies reported that those who had received TSSs were less likely to have had a homeless episode at discharge (1 [++]) or to have ever been without a place to sleep (1 [-]) than those who had not received TSSs. However 2 retrospective US cohort studies (1 [+] and 1 [-]) reported no difference between those who had and had not received TSSs on homelessness.

Evidence statement E1.9

There is evidence of mixed quality to suggest no evidence of effect of TSSs on mental health outcomes. Three retrospective US cohort studies (1 [++], 1 [-] and 1 [+]) reported no difference on general satisfaction, life satisfaction and depression. However 1 retrospective US cohort study (-) reported that those who had received TSSs were more likely to be hopeful about the future than those who had not.

Review 1: applicability of non-UK studies to UK care system and populations

The majority of studies included in this review were conducted in the US, with only 1 UK study and this will have implications for the applicability of the review findings to the UK context. The UK study reported very little quantitative data with no statistical comparisons. The findings from this review are based on studies that are small and furthermore some of the studies have been outdated by current legislation (for example, the studies from the 1990s will not have considered the recommendations of the Children's [Leaving Care] Act 2001) so the study conclusions may not reflect current policy and practice. The small number of studies reviewed and their poor methodological quality and rigour are also of concern when considering the applicability of the findings of this review.

Evidence statement E2.1

There is evidence of mixed quality to suggest a mixed effect of training and support for foster carers on child problem behaviours. Three US RCTs reported that children looked after by carers who had received a training and support intervention had lower rates of problem behaviour at follow-up than children of carers who had not received an intervention, among the whole sample (1 [+] and 1 [-]) and in older infants (1 +). However, 1 UK RCT (-) and 1 UK prospective cohort study (-) reported no differences on child problem behaviours between children of carers who had and had not received a training and support intervention. One US RCT (+) reported that the younger infants looked after by carers who had received a training and support intervention had higher rates of problem behaviours than children of carers who had not received an intervention. The findings of

this review are moderately applicable to the UK care system, given that half of the studies reviewed were conducted in the UK and all were conducted in recent years.

Review 2: applicability to the UK

Half of studies included in this review were conducted in the UK with the other half conducted in the US, which may have implications for the applicability of the review findings to the UK context. Many of the studies had small sample sizes, which is a concern; as is the poor methodological quality of some of the studies, despite the use of RCT methodology. However, all studies included were conducted in recent years, with many conducted in the last 4 years, which increases the applicability of the findings of this review.

Evidence statement E3.1

There is mixed evidence of reasonable quality from 1 US prospective cohort study (+) on the effectiveness of a comprehensive multidisciplinary assessment compared with usual assessment on access to services in general. This study also reported that looked-after children and young people who received a comprehensive multidisciplinary assessment and were referred to a service were more likely to have received a service at 6-month follow-up than those who received usual assessments and were referred to a service; however this difference was not apparent at 12-month follow-up. These findings may have limited applicability to the UK care system as this was a US study and was conducted 9 years ago.

Evidence statement E3.2

There is mixed evidence of reasonable quality from 1 US prospective cohort study (+) on the effectiveness of a comprehensive multidisciplinary assessment compared with usual assessment on access to services in general. This study reported that looked-after children and young people who received a comprehensive multidisciplinary assessment were more likely to be referred to a service than those who received usual assessments. Regarding referral to specific services, there is evidence from the same study to suggest no significant difference in referral rates to mental health services between looked-after children and young people who received a comprehensive multidisciplinary assessment with an identified need for the specific service and those who received usual assessments with an identified need for the specific service. These findings may have little applicability to the UK care system as this was a US study and was conducted 9 years ago.

There is evidence of reasonable quality from 1 US study (+) to suggest a mixed effect of a comprehensive medical case management programme. One US study reported that looked-after children and young people who received a comprehensive medical case management programme

were more likely to receive psychiatric clinic services than those looked-after children and young people receiving usual service but slightly less likely to receive mental health services. This finding may be of medium relevance to the UK care system as this was a US study published 5 years ago.

Evidence statement E3.3

There is mixed evidence of reasonable quality from 1 US prospective cohort study (+) on the effectiveness of a comprehensive multidisciplinary assessment compared with usual assessment on access to services in general. This study reported that looked-after children and young people who received a comprehensive multidisciplinary assessment were more likely to be referred to a service than those who received usual assessments. Regarding referral to specific services, there is evidence from the same study to suggest no significant difference in referral rates to medical services between looked-after children and young people who received a comprehensive multidisciplinary assessment with an identified need for the specific service and those who received usual assessments with an identified need for the specific service. These findings may have little applicability to the UK care system as this was a US study and was conducted 9 years ago.

There is evidence of reasonable quality from 1 US study (+) to suggest that looked-after children and young people who received a comprehensive medical case management programme were more likely to receive physician services, hearing examinations and eye examinations services than those looked-after children and young people receiving usual service. This finding may be of medium relevance to the UK care system as this was a US study published 5 years ago.

There is evidence of reasonable quality from 1 US study (+) to suggest that providing all reasonably available medical records to the professional undertaking initial health assessment at entry into care increases uptake within 14-day, 30-day and 1-year periods. This finding may be of medium relevance to the UK care system as this was a US study published 2 years ago.

There is evidence of poor quality from 1 UK non-comparative study (-) to suggest no significant difference in immunisation uptake rates among looked-after children and young people before and 12 months after providing social services with information on immunisation status. This finding may be moderately applicable to the UK care system as this was a UK study and was published 6 years ago.

Review 3: applicability to the UK

One non-comparative study included in this review was conducted in the UK with 4 prospective cohort studies conducted in the US, which may have implications for the applicability of the review findings to the UK context, although there is likely to be much similarity in medical assessments for

looked-after children and young people in the UK and US. Many of the studies had small sample sizes, which is a concern, as is the poor methodological quality of some of the studies. However, all studies included were conducted within the last 9 years.

Evidence statement E4.2.1

There is evidence of mixed quality (5 cohort studies and 2 reviews [all -], 4 cohort studies [all +]) for an association between older age at first placement and [increases in] placement breakdown or behavioural problems. [General direction is positive.]

Evidence statement E4.2.4

There is evidence of mixed quality (1 review [-] and 2 cohort studies [both +]) for an association between professional foster care and [increased] placement stability. [General direction is positive.]

Evidence statement E4.2.5

There is evidence of mixed quality (2 reviews and 1 cohort study [all -] and 1 cohort study [+]) for an association between sibling co-placement and placement stability and emotional and behavioural problems (small effect size). There is evidence of good quality (2 cohort studies [both +] and 1 [++]) for an association between sibling co-placement and emotional and behavioural problems. [General direction of association is positive.]

Evidence statement E4.2.6

There is evidence of mixed quality (2 cohort studies and 1 review [all -] and 4 cohort studies [all +]) for an association between kinship care [now termed 'family and friends care'] and placement stability.(There is evidence of mostly good quality [1 cross-sectional study {-} and 3 cohort studies {all +}] for an association between kinship care and emotional and behaviouralproblems). [General direction is positive.]

Evidence statement E4.2.7

There is evidence of weak quality (2 cohort studies [both -]) for a [positive] association between concurrent planning and placement stability).

Evidence statement E4.2.8

There is very good quality evidence (1 RCT [++]) for a positive association between a shared parenting programme and externalising problems. [Externalising problems decrease.]

Evidence statement E4.2.10

Mixed results of associations between outcomes and transitional planning were reported. One review did not identify any evidence for an association between transitional planning (for example, independent living programmes) and placement stability or emotional and behavioural problems. There is evidence of good quality (1 cohort study [+]) for an association between transitional planning and drug and alcohol misuse as an adult. There is evidence of mixed quality (2 cohort studies [both -] and 1 review [+]) for an association between transitional planning and education and employment as an adult (general direction of associations where reported is positive).

Evidence statement E4.2.11

This review identified mixed results for associations with adult mentorship. No evidence was identified of an association between adult mentorship and placement stability or emotional and behavioural problems, but there is evidence of good quality (1 cohort study [+]) for a [positive] association between adult mentorship and self-esteem, level of good health and participation in higher education, and a negative association between adult mentorship and suicide ideation.

Evidence statement E4.2.12

There is evidence of mixed quality (2 cohort studies and 1 RCT [all -], 2 RCTs [both +] and 1 systematic review [++]) for an association between training for foster carers and emotional and behavioural problems. There is evidence of good quality (2 RCTs [both +]) for an association between training for foster carers and permanent placement). [General direction of associations is positive.]

Evidence statement E4.2.13

This review reported mixed results for associations with physical and mental health assessments. No evidence was identified for an association between a full physical and mental health assessment and emotional and behavioural problems. There is evidence of weak quality (1 cohort study [-]) for an association between a full physical and mental health assessment and mental health service use.

Evidence statement E4.3

There is evidence of varying quality from 17 studies (8 cohort studies and 1 RCT [all +], 6 cohort studies and 2 cross-sectional studies [all -]) to suggest that the number of placements is a risk factor associated with a reduced likelihood of a positive outcome, and that placement stability is a protective factor that is associated with fewer placement moves and fewer emotional and

behavioural problems. However, it should be noted that this is not an exhaustive review and not all evidence on these factors and outcomes has been identified and assessed.

Evidence statement E5.1

There was evidence in 7 studies (1 [++] and 6 [+]) that looked-after children and young people had the view that:

- love and affection is desired but is often lacking in their lives
- love, or the lack of it, has a significant impact on their emotional wellbeing, in particular their self-esteem
- for some, training and payment for foster carers undermines the sense that they are wanted or loved
- an unmet need for love and affection is perceived by some to have a profound and lasting impact on their future outcomes.

Evidence statement E5.2

Statements from looked-after children and young people in 13 studies (1 [++] and 12 [+]) provide strong evidence that looked-after children and young people feel that:

- a sense of belonging is desirable, yet often lacking in their lives
- their sense of identity is compromised by the lack of sense of belonging
- frequent moves and lack of permanence are a characteristic of being looked after that undermines any sense of belonging and therefore has a negative emotional impact for them
- a potential barrier to achieving the desired state of belonging is the conflict that arises of being part of 2 families simultaneously, their birth family and their carer's family
- achieving a sense of belonging and identity is compromised further when they are placed with carers from different ethnic and cultural backgrounds.

Evidence statement E5.3

Evidence that being supported is important to looked-after children and young people was reported in 10 studies (all +):

- they expressed a need to feel that there is someone to support them
- emotional support is an important type of support they felt they needed
- encouragement to achieve in education and other aspects of their life is also needed
- practical support, such as help with homework and provision of materials, was also seen as essential for achieving success in their lives.

Evidence statement E5.4

Evidence on the importance for looked-after children and young people of having someone to talk to in confidence was found in 8 studies (all +). Looked-after children and young people reported that:

- opportunities to talk to someone about their concerns were often not available, but they appreciated when they were
- they were often mistrustful of talking to professionals as they could not be sure what they said would be kept confidential.

Evidence statement E5.5

The significance for looked-after children and young people of contact with their birth families was revealed in 11 studies (1 [++]; 10 [+]). Studies reported that:

- many have a strong desire to maintain contact with their birth families
- maintaining contact with birth families is important for supporting their self-identity
- they felt that social workers and care providers can obstruct their efforts to maintain contact with their families, and were resentful of this
- a lack of contact causes significant emotional upset
- contact with birth families is a complex issue. Although an overwhelming majority [of participants] saw it as positive, not all felt the same.

Evidence statement E5.6

Looked-after children and young people identified stigma and prejudice as a significant problem in their lives in 7 studies (1 [++] and 6 [+]). They reported that:

- negative attitudes towards them are common
- curiosity and pity are also attitudes commonly experienced and disliked
- a common and unwelcome experience was being singled out and made to feel different because of their status when what they particularly wanted was to feel 'normal'.

Evidence statement E5.7

Evidence about important issues for looked-after children and young people in relation to education was reported in 11 studies (1 [++] and 10 [+]). This evidence revealed that:

- encouragement to attend and do well at school is lacking for many, yet those who have achieved success in education feel it is a key factor in their success
- the provision of practical support and resources is felt to be another key facilitator of success, yet is frequently lacking, particularly in residential care
- another source of support often felt to be pivotal was education-specific support, in the form of educational advice
- emotional support during education, particularly higher education was noted as a need
- stereotyping and stigma on the part of others, including teachers, was seen as a common barrier to educational success
- a lack of continuity in placements and schooling is a further barrier to educational success
- being placed in residential care was seen as particularly disadvantaging in terms of education
- looked-after children and young people who had achieved success in education cited their self-reliance as the key factor which helped them overcome the barriers mentioned above.

Evidence statement E5.8

There was evidence from 7 studies (all [+]) about looked-after children and young people's relationship with professionals. They raised similar concerns to carers. These include:

- the issues of continuity in their relationships with professionals
- the negative impact of a lack of continuity
- a desire to form a personal relationship with professionals

- to have professionals who listen, who are accessible
- to have professionals who can be relied upon to be there and have the ability to get things done.

Evidence statement E5.9

Seven studies (1 [++] and 6 [+]) provide evidence that preparation and support for leaving care is an important issue for looked-after children and young people. In order to improve the process of leaving care, looked-after children and young people said they needed:

- improved and more timely preparation for independent living prior to leaving care to improve this transition
- a network of support to provide ongoing practical help and emotional support after leaving care
- greater and more appropriate information and advice about entitlements to help to make better use of services available to them on leaving care
- a higher level of financial support and more advice for managing finances to prevent serious financial problems for care leavers
- access to better quality and more appropriate housing.

Evidence statement E5.10

There was evidence in 5 studies (1 [++] and 4 [+]) about carers' relationship with social workers. Carers said they wanted:

- reliable, supportive and communicative relationships with social workers based on mutual trust and respect
- continuity in their relationships with social workers
- social services to be honest about the background of looked-after children and young people before a placement commences.

Evidence statement E5.11

There was evidence from 4 studies (1 [+] and 3 [-]) on carers' views about whether they are 'being a parent' or 'doing a job'. Carers' views across the 4 studies indicate that they:

- view their role as both professionally demanding and personally rewarding. This impacts on whether they consider payment to be financial compensation or an incentive or both
- are more satisfied with their role when they are paid appropriately and on time
- did not agree with payment banding according to the age or behavioural assessment of individual children.

Evidence statement E5.12

There was evidence from 4 studies (2 [+] and 2 [-]) on carers' relationships with looked-after children and young people. Carers stated that they were:

- concerned with being able to support looked-after children and young people to make a difference in their lives and assist them in achieving better short and long-term outcomes
- dissatisfied with trying to build supportive relationships with them when there are high levels of placement instability.

Evidence statement E5.13

There was evidence from 5 studies (1 [++], 1 [+] and 3 [-]) about carers' use of a wider support network. The views of carers indicated that:

- they benefit from the support of others who share similar experiences which can impact on the quality of care they provide looked-after children and young people
- support can include their own professional networks, often bypassing the assigned link to services
- although looked-after children and young people may be fostered by individuals or couples in many cases the wider family are providing support to them to ensure they feel 'love', and provide them with a sense of belonging which can act as an additional resource for carers.

Evidence statement E5.14

There was evidence from 4 studies (2 [+] and 2 [-]) about carers' views on training. Carers say they want:

- access to training on topics that are important to them
- to be trained to the same standard as social workers

- to be trained in particular areas as this provides them with greater confidence in their abilities as carers.

Evidence statement E5.15

There was evidence from 3 studies (1 [+] and 2 [-]) on carers' views about birth parents. Carers held strong views and felt that:

- birth parents had a disruptive impact on the lives of looked-after children and young people
- often they were left with the responsibility of dealing with any negative effects of birth parent contact.

Evidence statement E5.16

There was evidence from 4 studies (3 [+] and 1 [-]) about the accessibility and acceptability of services. Studies asked carers about services they wanted or would like to have access to. Three of the 4 studies included carers' views on the acceptability of services they had received or had been in contact with. By comparing the participants' direct quotes and author analysis across the 4 studies it was possible to identify 3 barriers to accessing services:

- lack of information about services available to looked-after children and young people and carers
- difficulty navigating the mental health referral system
- stigma about mental health.

In terms of acceptabilityof services, all 3 studies included both positive and negative experiences of the services they received with no strong implications for the improvement of services being made by carers.

Evidence statement E5.17

There was evidence from 2 (++) studies on being a kinship carer. Participants described what it was like being a kinship carer which provided insight into the uniqueness of their experiences. The following emerged from their views:

- they often have to manage both their relationship with the child in their care and biological parent of child(ren) in their care and may need additional support do this

- they may have additional support needs because they are often older (grandparents) and looking after a child may be an added burden.

Evidence statement E5.18

There was evidence in 2 (+) studies on parents' views about maintaining contact with their children. Parents specifically stated that:

- they wanted to maintain continuity in contact with their children
- they wanted to be a source of support to their children
- they needed support from professionals while their children are in care in order to have useful contact with them.

Evidence statement C3.1

Communication between professionals and services is undoubtedly aided by co-location, integrated front-line working and effective communication structures including regular consultation meetings, joint strategic planning and pooled resources.

Evidence statement C3.2

Effective practice in improving the health and wellbeing of looked-after children and young people relies on effective information sharing, communication across organisational boundaries and a shared commitment to improving their health and wellbeing. In describing effective information sharing and communication activity, the sites talked about the importance of having a range of structured and forward planned, information sharing meetings that had clear agendas and purpose, some of which were topic led and related to specific or emerging issues. Other examples were given as regular email correspondence between professionals and regular telephone conversations to discuss individuals or issues.

Evidence statement C3.3

In sites where Children and Mental Health Services (CAMHS) workers are co-located for part of the week, or where they are fully integrated into looked-after children and young people teams, the result is better and speedier access to CAMHS for looked-after children and young people.

Evidence statement C3.4

Effective strategy and planning is crucial in promoting productive partnership working at all levels. Joined-up, corporate and strategic planning impacts upon all other planning activity within the services, and ultimately improves the direct services to looked-after children and young people and their families.

Evidence statement C3.5

The evidence gathered in all sites and across the professional groups strongly suggests that the most important factors in influencing looked-after children and young people's health and wellbeing outcomes are stability and consistency. The child or young person's placement is of paramount importance and the characteristics of a quality placement are good matching of carer and child at the point of placement. Good matching is characterised by the matcher having robust and detailed information about the child, their characteristics and preferences so that they can match these against the lifestyle and characteristics of the foster carers at the point of matching. The matching process is also aided by timely planning, with the child and carers experiencing introductory meetings and agreeing to the time frame for the planned move. Additional characteristics of a quality placement are thought to be the consistent approach that the carer brings to the relationship, having commitment, staying power and demonstrating unconditional positive regard for the child. In summary, the quality of the relationship between the carer and child is crucial. Alongside this, stability of school placement and consistency in key workers are also thought to be highly influential in promoting health and wellbeing in looked-after children and young people.

Evidence statement C3.6

Good transition management is characterised by timely planning to ensure that young people are fully supported through the transition process. Young people voiced concern at the stark contrast between the lifestyle and support they had experienced in foster or residential care and the situation they face when leaving care. The significant reduction in their financial means, coupled with the added responsibilities of independent living affect their diet, opportunities for exercise and adds to their stress.

Evidence statement C3.7

Looked-after children and young people do not want to be identified as different from other children and young people and therefore it is important to offer them the same interventions and support services as their counterparts in universal settings, wherever possible. Evidence suggests

that this is even more important for disabled looked-after children and young people who generally have a strong wish to access services alongside their able-bodied peers.

Evidence statement C3.8

Early interventions that focus on preventing adverse behaviours such as offending behaviour, substance misuse, smoking, obesity, and bullying are key to improving children and young people's health and wellbeing in the future. Evidence suggests that activities and interventions that positively promote health and wellbeing – such as diet, exercise, emotional health and forming friendships, are the most engaging and successful. Such interventions are delivered to varying degrees in schools and universal settings with all children, but often, looked-after children and young people miss out on sessions or do not benefit from the consistent approach to these issues from a school, due to their frequent moves during care or the periods of school absence they experienced prior to coming into the care system.

Evidence statement C3.9

Specialist services do play an important role in improving health and wellbeing outcomes for some young people. Respondents felt strongly that the needs of every looked-after child or young person are different and that a range of universal and specialist services are needed to meet their bespoke needs.

Evidence statement C3.10

CAMHS support to the carers of looked-after children and young people with complex needs is highly valued by the recipients. In sites where carers are accessing this type of support, respondents spoke positively about the benefits. However, the evidence suggests that support to carers should be an additional service to the therapeutic intervention that should also be on offer to looked-after children and young people and not an alternative to this.

Evidence statement C3.11

Respondents in 3 sites named [reported] that there should be consistency in the ages that all [agencies] work to [for example, there are different cut-off points for points of access services] in responding to the needs of looked-after children and young people. In particular they felt CAMHS interventions should continue [after] when young people reach 18 years and should mirror the longer-term responsibilities of education and social care staff.

Evidence statement C3.12

Looked-after children and young people's access to dental care is a concern to respondents. Sometimes they need to travel considerable distances to access a dentist that has the capacity to take them. A looked-after child or young person may not attend a planned dental check for reasons relating to unplanned placement moves, fear, phobias or confidence issues. Missed appointments result in some dental practices de-registering them. Some dentists are reluctant to embark on a treatment programme if a child is in a short-term placement. There are particular needs around meeting the specialist dental needs of disabled children and young people.

Evidence statement C3.13

Life-story work takes place inconsistently with looked-after children and young people. Evidence suggests that they would benefit from having access to consistent information about their history and the reasons for their being looked after. This needs to be an ongoing process with information updated as the child or young person moves through developmental stages. There appears to be little consistency in approach to life-story work and there is a tendency for it to be resource-driven rather than needs-led.

Evidence statement C3.14

Respondents at some sites reported 'models of good practice' in helping children and young people placed out-of-area access services. However, this was not the case across all sites which means that some children and young people are not receiving the same level services. Evidence suggests that this inconsistency in service delivery impacts on their future health and wellbeing.

Evidence statement C3.15

Sites would welcome national guidance to support the delivery of care to children placed out-of-area, and to children placed in area when they are looked after by another local authority.

Evidence statement C3.16

Evidence suggests that there has been a significant change in the demographics of the looked-after children and young people population in the last 5 years. Sites have accommodated increasing numbers of asylum seeking children and young people, a good proportion of which are unaccompanied (UASCYP). There appears to be a lack of appropriate mental health services for UASCYP and furthermore, services are unable to meet the complex needs of this vulnerable group. Young people express concern at the poor quality of accommodation in which some UASCYP are

placed and considered that their eligibility and access to support did not match that provided to other care leavers.

Evidence statement C3.17

The high levels of support and in-depth training provided to foster carers on specialist schemes was seen as a benchmark that mainstream foster carers would welcome. In particular, out-of-hours support from a mental health (CAMHS) worker was seen as an effective way to manage a crisis and help prevent breakdown.

Evidence statement C3.18

In the main, looked-after children and young people interviewed did not speak positively about their relationships with social workers. Social workers are considered to have control and to make decisions, however they are not trusted by young people to carry through agreed actions. Evidence suggests a high degree of turnover in social workers working with looked-after children and young people. Children and young people say that they do not feel listened to by their social workers and that they are hard to reach. More typically, children and young people named foster carers, staff at school, independent reviewing officers and independent visitors as a source of trusted support.

Evidence statement C3.19

Evidence suggests that in circumstances where respectful relationships are built between carers and birth parents, this will assist in enabling a looked-after child or young person to thrive in their placement. Ongoing work with birth parents appears to be a neglected area although the likelihood is that looked-after children and young people are likely to return back to their care at some stage in their lives.

Evidence statement C3.20

Although most looked-after children and young people express high levels of satisfaction with their current placement, some were critical of the motivation of their previous foster carers and of the care that they had received. Young people advocate that there should be more regulation, inspection and spot checks of foster care placements.

Expert testimony

- Expert paper 1: 'Patterns of instability in the care system'

- Expert paper 2: 'Stability and wellbeing in the care system'
- Expert paper 3: 'Learning from Sheffield: services to meet the needs of the most challenging children'
- Expert paper 4: 'The role of the Healthcare Commission in improving outcomes for looked-after children'
- Expert paper 5: 'Social pedagogy – an example of a European approach to working with looked-after children'
- Expert paper 6: 'Improving outcomes for looked-after children and young people'
- Expert paper 7: 'Revised government guidance and policy developments on the health of looked-after children'
- Expert paper 8: 'The contribution of inspection to the health and wellbeing of looked-after children'
- Expert paper 9: 'The physical and emotional health and wellbeing of children and young people growing up in foster care: support and training for carers'
- Expert paper 10: 'Making sense of performance problems in public organisations'
- Expert paper 11: 'Working with complex systems and networks around looked-after children and young people'
- Expert paper 12: 'Care planning – the social work task for looked-after children'
- Expert paper 13: 'Multi-agency partnerships'
- Expert paper 14: 'Labels that disable – meeting the complex needs of children in residential care'
- Expert paper 15: 'Siblings in care'
- Expert paper 16: 'Participatory approaches to involving looked-after children and young people in the design and delivery of services'
- Expert paper 17: 'Social pedagogy in children's residential care: DCSF pilot programme'
- Expert paper 18: 'Pathways to permanence for black, Asian and mixed ethnicity children; dilemmas, decision-making and outcomes'

- Expert paper 19: 'Kinship care'
- Expert paper 20: 'Promoting the resilience and wellbeing of young people leaving care: messages from research'
- Expert paper 21: 'Improving health and wellbeing outcomes of children under five years of age looked after in the care of local authorities'
- Expert paper 22: 'Mental health of looked-after children in the UK: summary'
- Expert paper 23: 'The Health Needs of Unaccompanied Asylum Seeking Children and Young People'

Cost-effectiveness evidence

The cost-effectiveness modelling for review 1 (see appendix B) estimated that interventions that support the transition of looked-after children and young people to adulthood are likely to be cost effective. Helping young people to find employment or continue with higher education improves health and social outcomes and is estimated to make long-term cost savings.

In line with the approach outlined in appendix B, the recommendations that were agreed by the PDG to result in more good than harm compared with current practice, which were of relatively small additional cost and which would probably yield cost savings in the long run, were considered to be cost effective. Indeed, the recommendations would in many cases be less expensive and more effective than current practice.

The PDG examined 1 draft recommendation – ensuring that all looked-after children and young people had a complete assessment of their physical, mental and emotional health at the time of entry to the care system – in some detail. The PDG concluded that the recommendation was likely to do more good than harm compared with current practice and, since resources should already be in place, the level of resources need not change, or need not change by very much.

As a result of data limitations, there is uncertainty regarding the cost effectiveness of the remaining recommendations, in particular those that relate to system-level changes, training, auditing/monitoring, multi-agency working and information sharing. For these, the PDG judged that they would do more good than harm compared with current practice, based on evidence it was presented with. In addition, the PDG judged that many of the recommendations were likely to have low or no additional cost, and so were very likely to be cost effective.

However, the PDG expected that some of the recommendations were likely to be costly. For these recommendations, the PDG did not have enough evidence on the magnitude of the costs and/or the effects to reach an informed conclusion about their cost effectiveness. This does not mean that these recommendations are not cost effective, just that the extent, if any, of their cost effectiveness is not known.

Fieldwork findings

Fieldwork aimed to test the relevance, usefulness and feasibility of putting the recommendations into practice. The PDG considered the findings when developing the final recommendations. For details, see the fieldwork section in appendix B and the fieldwork report.

Fieldwork participants who work with looked-after children and young people were positive about the recommendations and their potential to help promote the physical and emotional health and wellbeing of these children and young people. Many participants stated that they exemplify best practice.

For clarity, they felt it would be best if the recommendations were grouped together according to who should be taking action. Generally, greater clarity was needed on who should take action – wherever possible, specific job roles should be included.

Participants also wanted more explicit links to existing guidance and policy. In addition, they expressed a need:

- for more emphasis on children and young people in residential care
- for more robust suggestions on how to achieve inter-agency working
- to promote the social and emotional wellbeing of parents and carers
- to acknowledge drug and alcohol abuse in families and its potential impact on looked-after children and young people.

The recommendations were seen to reinforce aspects of the Department of Children, Schools and Families 'Statutory guidance on promoting health and wellbeing of looked after children'.

Practitioners and commissioners said the recommendations did not offer a new approach, but agreed that the measures had not been implemented universally. They believed wider and more systematic implementation would be achieved if there were:

- more resources and more training for practitioners
- greater administrative support for social workers to help manage policy and procedural requirements.

Consultation with looked-after young people and care leavers

The guideline was well received by looked-after young people. In particular, there was strong support for the recommendations on life-story work, access to personal information and health assessments.

In addition, there was strong support for recommendations that aim to make 'the voice of the child heard', with participants stressing the need for clarity about their role in decision-making. They also stressed the need for greater involvement and control in terms of decisions made about and for them.

They were pleased to see the issue of stigma and prejudice addressed – violence and bullying was a particular concern. Participants suggested expanding this group of recommendations to include, for example, assertiveness training for looked-after children.

The question about whether or not it would be possible to implement the recommendations was also raised, with some recognising that limited resources and heavy caseloads get in the way of best practice.

Appendix D Supporting documents

Supporting documents include the following:

- Evidence reviews:
    - Review 1: 'The effect of support services for transition to adulthood/leaving care on the adult outcomes of looked after young people'
    - Review 2: 'The effectiveness of training and support for carers/professionals/volunteers working with looked-after children and young people on the physical and emotional health and wellbeing of looked-after children and young people'
    - Review 3: 'The effectiveness of interventions aimed at improving access to health and mental health services for looked-after children and young people'
    - Review 4: 'A correlates review: factors associated with outcomes for looked-after children and young people: a review of the literature'
    - Review 5: 'A qualitative review of the experiences, views and preferences of looked-after children and young people and their families and carers about the care system'
- Cost-effectiveness review:
    - Review 1: 'The cost-effectiveness of support services for transition to adulthood/ leaving care on the adult outcomes of looked after young people'.
- Primary research and commissioned reports:
    - Report 1: 'Qualitative research to explore the priorities and experiences of practitioners working with looked-after children and young people'
    - Report 2: 'The health and wellbeing of looked-after children and young people: a brief review of strengths and weaknesses in service provision from inspection and review data'
    - Report 3: 'Practice survey: the physical, emotional health and wellbeing of looked-after children and young people'
    - Report 4: 'Consultation on draft recommendations: the physical, emotional health and wellbeing of looked-after children and young people'.
- Expert testimony:

- Expert paper 1: 'Patterns of instability in the care system'
- Expert paper 2: 'Stability and wellbeing in the care system'
- Expert paper 3: 'Learning from Sheffield: services to meet the needs of the most challenging children'
- Expert paper 4: 'The role of the Healthcare Commission in improving outcomes for looked-after children'
- Expert paper 5: 'Social pedagogy – an example of a European approach to working with looked-after children'
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  - Expert paper 21: 'Improving health and wellbeing outcomes of children under five years of age looked after in the care of local authorities'
  - Expert paper 22: 'Mental health of looked-after children in the UK: summary'
  - Expert paper 23: 'The health needs of unaccompanied asylum seeking children and young people'.
- Fieldwork report: 'Fieldwork on the promotion of physical, emotional health and wellbeing of looked after children and young people'.

Update information

May 2015: Changes were made to recommendations 3, 5, 12, 36 and 38 to reflect changes to government policy since this guideline was first published. This guidance has been updated to reflect changes in names and titles in the organisations referred to in the original guidance. URLs have also been checked and updated if necessary.

January 2014: Title of 'Behaviour change: the principles for effective interventions' updated. This guideline was previously entitled 'Behaviour change'.

April 2013:

- Recommendation 3: replaced 'local strategic partnerships' with 'local partnerships'
- Recommendations 5 and 12: updated the footnote reference replacing the Department for Children, Schools and Families statutory guidance on care planning, placement and care review with the latest from the Department for Education 'The Children Act 1989 guidance and regulations volume 2: care planning, placement and case review'
- Recommendations 36 and 38: updated information on the Children's Workforce Development Council inserting a footnote explaining from April 2012 the leadership of the CWDC programmes of work has been taken forward either by the Department for Education and the Teaching Agency or by the Children's Improvement Board (see the CWDC archived weblink for details).

About this guideline

NICE public health guidelines make recommendations on the promotion of good health and the prevention of ill health.

This guideline was developed using the NICE public health programme guidance process.

There are tools to help you put the guidance into practice and information about the evidence it is based on.

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