1  Guidance title

The physical and emotional health and wellbeing of looked after children and young people

1.1  Short title

Looked after children and young people

2  Background

a)  The National Institute for Health and Clinical Excellence (‘NICE’) and the Social Care Institute for Excellence (‘SCIE’) have been asked by the Department of Health (DH) to develop joint guidance on improving the physical and emotional health outcomes for looked after children and young people (see appendix A).

b)  NICE public health guidance supports implementation of the preventive aspects of national service frameworks (NSFs) where a framework has been published. The statements in each NSF reflect the evidence that was used at the time the framework was prepared. The guidance published after an NSF has been issued will have the effect of updating the framework. Specifically, in this case, the guidance will support NSFs on children, young people and maternity services (DH 2004a).
This guidance will support a number of related policy documents including:

- ‘A better education for children in care’ (Social Exclusion Unit 2003)
- ‘Aiming high for young people: a ten year strategy for positive activities’ (HM Treasury 2007)
- ‘Care matters: time for change’ (Department for Children, Schools and Families 2007a)
- ‘Care matters: time to deliver for children in care’ (Department for Children, Schools and Families 2008)
- ‘Children and young persons bill’ 2007–08 (Department of Children, Schools and Families 2007b)
- ‘Choosing health: making healthier choices easier’ (DH 2004b)
- ‘Excellence and enjoyment: social and emotional aspects of learning’ (Department for Education and Skills 2005)
- ‘Promoting the health of looked after children’ (DH 2002) (due for revision in 2008)
- ‘Teenage pregnancy next steps’ (Department for Education and Skills 2006).
- ‘The children's plan: building brighter futures' (Department for Children, Schools and Families 2007c)

This guidance will provide recommendations for good practice, based on the best available evidence of effectiveness, including cost effectiveness, and of the accessibility and acceptability to service users. It is aimed at professionals, commissioners and managers with the health and wellbeing of children and young people as part of their remit working within the NHS, local authorities and the wider public, private, voluntary and community sectors. It is particularly aimed at: social care, health and education practitioners working with looked after children and young people;
foster carers, and organisations that represent the interests of looked after children; and young people, and their families and carers. It will also be of interest to looked after children and young people, their families, carers and other members of the public.

e) The guidance will complement NICE guidance on when to suspect child maltreatment. For further details, see section 6.

f) This guidance will be developed using the NICE public health programme process, adapted to incorporate SCIE processes and methodology.

3 The need for guidance

a) Around 60,000 children, roughly 40% of whom are younger than 10 years of age (Department of Children, Schools and Families 2007), are looked after by local authorities. Over two thirds (71%) of looked after children are in foster care, and about 10% are in children’s homes (Department of Children, Schools and Families 2007).

b) Most children (62%) become looked after as a result of abuse or neglect (Department of Children, Schools and Families 2007). A further 20% are looked after because of family dysfunction or distress.

c) Early care experiences have long-term consequences for children’s health and social development. Entering care is strongly associated with poverty and deprivation (for example, low income, parental unemployment, relationship breakdown) (DH, 2002), and the outcomes associated with deprivation often persist into adulthood. Many children and young people who are looked after experience significant health inequalities throughout childhood, and on leaving care experience poor health, educational and social outcomes. Negative experiences in care, including frequent change of
placements, increase a child’s risk of poor outcomes (DH 2002; Social Exclusion Unit 2003).

d) Being in care (either under a care order or on a voluntary basis, see appendix C) is one of the most important predictors of social exclusion in adulthood. Higher than average rates of poor mental health, drug use, antisocial behaviour and poor educational attainment reduce prospects of employment (SEU 2003), with significant cost to the individual and the state.

e) Consultation with looked after children and young people (The Children’s Rights Director, 2007) indicates that they have clear expectations for their care and wellbeing, including: taking part in decisions that affect them, being kept healthy and safe, being treated with respect, and being treated equally to other children. However, local variations in resources, service access and support can mean that these expectations are not met.

f) An Office for National Statistics survey has shown that 45% of looked after children aged 5–17 have mental health problems, four times higher than for all children. Within this group, levels of mental health problems are higher among boys, older children and children in residential homes. Conduct disorder is the most common diagnosis (Meltzer 2003).

g) Research has shown that by the age of 20, one quarter of all young people who had been in care were parents, and 40% of young women who had been looked after were mothers. The prevalence of teenage motherhood among looked after girls younger than 18 is around three times higher than the prevalence among all girls younger than 18 in England (Department for Education and Skills 2006).
4 The guidance

This guidance will be developed according to NICE processes and methods, adapted to incorporate elements of SCIE processes and methods. For details see section 5.

This document is the scope. It defines exactly what this guidance will (and will not) examine, and what the guidance developers will consider. The scope is based on a referral from the DH (see appendix A).

It will not be possible for the guidance to cover all of the potential activities for all population groups. Sections 4.1 and 4.2 set out the populations, areas and settings the guidance could cover. NICE and SCIE ask stakeholders to consider these and submit comments on what should be prioritised.

4.1 Populations

4.1.1 Groups that will be covered

a) Looked after children and young people in medium- and long-term care (more than 6 months) – wherever they are looked after (for example, residential care, foster care, young offenders institution) – up to age 25, and their families.

b) Children and young people who have several short-term (up to 6 months) periods in local authority care (either under a care order, or on a voluntary basis).

c) Children and young people preparing to leave medium-term or long-term local authority care.

4.1.2 Groups that will not be covered

a) Children and young people in short-term local authority care (up to 6 months), either under a care order, or on a voluntary basis.

b) Children and young people who have been looked after in the past, but are no longer in care.
c) Children and young people at risk of entering care.

4.2 **Activities/interventions**

4.2.1 **Activities/interventions that will be covered**

The PDG will take reasonable steps to identify ineffective interventions and approaches.

a) Interventions and activities aimed at improving or promoting key outcomes (see section 4.3 below) that are delivered at the systems/population level, for example, national, regional and local policies, assessments, targets, campaigns and multi-agency partnerships.

b) Interventions and activities that are aimed at improving or promoting key outcomes (see below) that are delivered at community and family level, for example, community-based specialist health services for looked after children.

c) Individually based interventions and activities aimed at improving or promoting key outcomes (see below) that are delivered one-to-one, for example, mentoring and advocacy schemes.

d) Universal interventions and activities aimed at promoting and improving key outcomes (see below) that are delivered to all children and young people (or their families or carers) in different settings (for example, primary care, education, family or community), where impact on looked after children and young people has been actively monitored and evaluated.

e) Tailored interventions and activities aimed at promoting and improving key outcomes (see below) that are delivered to all children and young people (or their families or carers), in different settings, but where there is an element or service tailored towards looked after children and young people.
f) Targeted interventions aimed at a specific issue or problem (for example, truancy, or prevention of smoking uptake) and delivered to vulnerable or at-risk children, where impact on looked after children and young people (or their families or carers) has been actively monitored and evaluated.

g) Specialist interventions and activities aimed at promoting or improving key outcomes (see below), delivered in a range of settings and aimed exclusively at looked after children and young people, or their families or carers.

h) Interventions aimed at promoting access to, and retention in, health and related services, for example, by providing specialist healthcare staff, individual assessments and personalised care plans.

i) Interventions delivered across different levels and in different settings at key transition points for looked after children and young people (for example changing schools or care settings, or leaving care).

4.2.2 Activities/interventions that will not be covered

a) Interventions and activities aimed at promoting and improving key outcomes that are delivered to children and young people in different settings (for example, primary care, education, family or community), where the impact of the intervention on outcomes for looked after children and young people, or their families and carers, is not monitored or evaluated.

b) Interventions and activities delivered to looked after children and young people in different settings for a range of clinical conditions (for example, including conditions requiring medical interventions such as surgery or drug treatment)
4.3 **Key questions and outcomes**

Below are the overarching questions that will be addressed along with some of the outcomes that would be considered as evidence of effectiveness:

**Questions:**

- What are the usual care pathways for looked after children and young people?
- Are there key points or transitions in the life-course or care pathways of looked after children and young people where 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?
- What factors or interventions help to build resilience and coping in looked after children and young people?
- How effective, and cost effective, are interventions and activities (including participatory approaches) that are currently used to maintain, improve or promote key outcomes, in different settings and at different levels of intervention?
- How accessible and acceptable to looked after children and young people are interventions and activities (including participatory approaches) that are currently used to maintain, improve or promote key outcomes, in different settings and at different levels of intervention?
- Do the acceptability, accessibility and delivery of interventions and activities have an impact on their effectiveness?
- How does the structure, type and continuity of care that children and young people receive have an impact on key outcomes for children, young people and their families?
- 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?
Expected outcome/s:

A wide range of short, medium and long-term outcomes will be considered, including:

- Physical health outcomes (for example, nutrition, physical activity, teenage conception and pregnancy rates, alcohol and drug misuse, accidental injury rates, smoking uptake).
- Measures and indicators of mental health and emotional wellbeing (for example, measures of resilience, wellbeing and coping skills, incidence of conduct disorders, attention hyperactivity deficit disorder, depression and anxiety disorders, eating disorders, self harm and suicide, rates of risk-taking behaviour).
- Standardised quality of life and health-related quality of life measures.
- Referral and access to appropriate health and mental health services; retention in and use of these services.
- Broader socioeconomic outcomes related to health and wellbeing (for example, income and deprivation levels, educational and employment outcomes, social outcomes including housing and homelessness, relationships, social capital, and criminal justice outcomes).
- Outcomes relevant to physical and emotional health and wellbeing that have been specifically identified by looked after children and young people as important to them.

4.3.1 Potential considerations

It is anticipated that the Programme Development Group (PDG) will consider the following issues in developing the guidance:

- The individuals and organisations responsible for the care, health and emotional wellbeing of looked after children and young people, in healthcare, local authority, community and private settings, the action they should take, at what level, and with whom, how often and for how long.
- The effectiveness and cost effectiveness of different interventions and activities, delivered at different levels and in different settings. Where possible, health benefits of different interventions and activities will be
assessed using Quality Adjusted Life Years (QALYs). Where this is not possible, or in addition, it may be necessary to adopt a cost–benefit and/or cost–consequence approach. The analysis will be done from an NHS/Personal Social Services perspective and also from a public sector perspective.

- The accessibility and acceptability of different interventions and approaches to looked after children and young people, their families and carers.
- The impact on key outcomes of different pathways into care that children and young people have taken, their reasons for being in care (for example, neglect, physical or sexual abuse, parental mental health or imprisonment), and the age at which they leave care.
- How outcomes compare for children of similar backgrounds that follow different care pathways (for example, support for staying with family vs local authority care).
- The effectiveness and cost effectiveness of participatory interventions and activities that enable children and young people to take part in decision-making processes that affect their care and wellbeing.
- What approaches address the needs of children and young people who are engaged in multiple risk-taking behaviours.
- Whether children and young people prefer to use universal or specialist services.
- The needs of looked after girls and young women, compared with those of looked after boys and young men.
- The needs of specific sub-groups of looked after children and young people, in particular:
  - children and young people from black, minority and ethnic groups
  - children and young people from Gypsy and traveller communities
  - non-English-speaking children
  - children of refugees and asylum seekers, and unaccompanied asylum-seeking children and young people
  - teenage parents and their children.
• The applicability of the guidance to children and young people with specific learning disabilities and/or cognitive impairment, children and young people with physical and sensory disabilities or chronic illness.
• The relative needs of children with different patterns of care, for example, repeated short-term episodes of care versus long-term care.
• The families of origin of looked after children and young people, and their needs.
• How young people can be better supported for leaving care.
• The views and experiences of young people who are no longer in care.
• The impact of the guidance on equity and the extent to which it promotes equality and diversity.
• Evidence from practice, and the barriers and opportunities perceived by practitioners for implementing the guidance.

4.4 Status of this document

This is the draft scope, released for consultation on 25 June until 23 July 2008, to be discussed at a stakeholder meeting on 30 June 2008. Following consultation, the final version of the scope will be available at the NICE and SCIE websites in October 2008.

5 Further information

The public health guidance development process and methods are described in 'Methods for development of NICE public health guidance' (NICE 2006) available at www.nice.org.uk/phmethods and 'The public health guidance development process: An overview for stakeholders, including public health practitioners, policy makers and the public' (NICE 2006) available at www.nice.org.uk/phprocess

SCIE's methods are described in 'SCIE research resource 1: The conduct of systematic research reviews for SCIE knowledge reviews' (SCIE 2006): available at www.scie.org.uk/publications/researchresources/rr01.asp.
6 Related NICE guidance

Published


In development
Contraceptive services for socially disadvantaged young people. NICE public health programme guidance, see www.nice.org.uk/guidance/index.jsp?action=byID&o=11972

Mental wellbeing in secondary education. NICE public health intervention guidance, see www.nice.org.uk/guidance/index.jsp?action=byID&o=11883

Personal, social and health education focusing on sex and relationships and alcohol education. NICE public health programme guidance, see www.nice.org.uk/guidance/index.jsp?action=byID&o=11673

When to suspect child maltreatment. NICE clinical guidelines, see www.nice.org.uk/guidance/index.jsp?action=byID&o=11673

Related SCIE publications
SCIE has produced several related publications: see www.scie.org.uk/publications/index.asp. A selection includes:
Looked after children and young people draft scope for consultation 25 June to 23 July 2008
www.scie.org.uk/publications/briefings/briefing24/index.asp


Appendix A Referral from the Department of Health

The Department of Health asked the Institutes to:

'Develop public health programme guidance on children in care.'
Appendix B References


Looked after children and young people draft scope for consultation 25 June to 23 July 2008


Appendix C

Definition of ‘looked after children’

The term ‘looked after’ is used when it has been arranged for children to live away from their families, either as part of a voluntary arrangement (under section 20 of the 1989 Children Act), or as the result of a care order (under section 31 of the 1989 Children Act), or for those placed in local authority accommodation while on remand. The length of time will depend on the child’s needs and the family circumstances. Parents continue to have responsibility for their children while they are away from home but this responsibility is shared with social services if the child is subject to a care order. The term ‘children in care’ relates solely to those who are on a care order under section 31.

Definition of ‘looked after young people’

The term ‘looked after’ introduced by the Children Act in 1989, also refers to young people who may be looked after by the local authority by agreement with, or at the request of, their parents, perhaps because of problems within the family that are making it hard for them to cope, or with their own consent if aged 16 or 17.

To help young people who have been looked after by a local authority move from care into living independently the Children (Leaving Care) Act 2000 places a duty on the local authority to assess and meet the care and support needs of eligible and relevant children and young people and to assist those previously looked after, particularly in respect to their employment, education and training. For example, the responsible local authority must assist a former relevant child (and may assist other care leavers) with the costs of education and training up to the end of the agreed programme, even if that takes the young person past the age of 21, to the extent that their welfare and educational and training needs require it. For this reason we have defined looked after children and young people within the scope as being aged between 0 and 25 years old.