NICE/SCIE GUIDANCE
LOOKED AFTER CHILDREN AND YOUNG PEOPLE

3rd Meeting of the Programme Development Group

Thursday 5th February 2009

NICE Offices, London

Attendees:

Cooptees:
Expert witnesses: Sarah Lewis, Helen Jones, Kathy Turner, Sue Eardley, Anna Lis, Karen Prins.

SCIE: Mary Sainsbury, Amanda Edwards, Sheila Fish.

NICE: Simon Ellis, Catherine Swann, Sarah Dunsdon, Alastair Fischer, Peter Shearn, Linda Sheppard, Thara Raj, Jane Cowl.

Contractors: Roy Jones, Emma Everson.

Apologies:
PDG Members: Kim Golding, Noel Arnold, Mandy de Waal, Jayne Ludlam, Colin Thompson, Valerie King, Rhian Stone, Sue Revell.

Contractors: Liddy Goyder.

NICE:

Authors
Sarah Dunsdon, Simon Ellis, Linda Sheppard, Catherine Swann

File Ref
LAC 3 Final minutes for website

Version
Final minutes

Audience
PDG members, NICE team, the public (via web publication)
**Item** | **Action**
---|---
1. Welcome, Introductions and focus of the Meeting | The Chair welcomed the group to the 3rd meeting and outlined the objectives of the day:
- learn about the current and future roles of national agencies in improving outcomes for looked after children and young people
- consider how NICE/SCIE guidance can make a difference
- learn about the social pedagogy approach from Denmark
- consider what can be learned from social pedagogy and other European models
- receive an update on progress with the effectiveness reviews
- understand the next steps in developing draft recommendations

2. Declarations of interests | The following interests were declared:

**Personal pecuniary interest**
Susan Lane  
Kim Golding*  
Paula Conway

**Personal family interest**
None

**Non-personal pecuniary interest**
Harriet Ward  
Paula Conway

**Personal non-pecuniary interest**
Sarah Byford  
Kim Golding*  
Paula Conway  
Janet Rich

**Non-personal pecuniary interest**
Roy Jones (contractor)

* absent from PDG 3

The Chair judged that none of these represented a conflict of interest and so everyone could take full part in the meeting.

3. Minutes of previous meeting and matters arising | The minutes were agreed with the following amendment:
- Pg 1, include Delma Hughes and Douglas Simkiss in attendee list.

Matters arising:
- A foster / carer trainer has been identified and will be approached shortly.
- The practice survey and qualitative review are underway.
- All other action points have been completed.
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<tr>
<th>Section</th>
<th>Summary</th>
<th>Action Points</th>
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<tr>
<td>4. Using expert testimony in guidance development</td>
<td>Catherine Swann from NICE gave a presentation on the use of expert testimony in guidance development.</td>
<td>Sarah Lewis / Helen Jones to send the TCRU report to NICE for circulation to the PDG.</td>
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<td>The PDG said that they found overview presentations useful and suggested that the presentations are given at all future PDG meetings.</td>
<td>NICE / SCIE</td>
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<td>5. Revised government guidance on the health of looked after children</td>
<td>Sarah Lewis and Helen Jones from the DCSF gave a presentation on the revised government guidance. The guidance will set out what is required to fulfil statutory duties.</td>
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<td>It was agreed that the work by the Thomas Coram Research unit which informed the revised guidance will be circulated to the PDG.</td>
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<td><strong>Action point:</strong> Sarah Lewis / Helen Jones to send the TCRU report to NICE for circulation to the PDG.</td>
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<td>The 12 week consultation on the revised guidance will commence in Spring 2009 with publication of the final guidance in Summer / Autumn 2009.</td>
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<td>Other related policy developments were highlighted, such as the National Indicator on the Mental and Emotional Health of Looked After Children, Multi-Systematic Therapy and Multi-dimensional Treatment Foster Care. PDG to note and consider relevance to our developing guidance</td>
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<td>6. Improving the physical and emotional health and wellbeing outcomes for looked after children and young people</td>
<td>Kathy Turner from the Audit Commission gave a presentation on improving the physical and emotional health and wellbeing outcomes for looked after children and young people.</td>
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<td>The Audit Commission’s engagement in this area of work to date has involved:</td>
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<td>- Web-based tool – of health, safety and wellbeing of LAC is one aspect</td>
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<td>- A number of relevant questions in an annual school survey</td>
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<td>- Consideration of looked after children in inspection work</td>
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<td>- Reference in some national studies</td>
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<td>The main issues and concerns arising from the Audit Commission were highlighted:</td>
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<td>- Improving understanding of looked after children’s needs by all partner agencies</td>
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<td>- Greater priority given to LAC by agencies</td>
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<td>- Communication and information sharing about needs by partner agencies</td>
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<td>- Managing resources and working together more effectively at a strategic level</td>
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<td>The Audit Commission’s new framework for assessing councils and their partners will come into being from April 2009 in the form of the comprehensive Area Assessment (CAA). This will include an annual inspection of LAC</td>
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7. The role of the Healthcare Commission in improving the health and wellbeing of looked after children

Sue Eardley from the Healthcare Commission gave a presentation on the role of the Healthcare Commission in improving outcomes for looked after children.

The presentation summarised what the Healthcare Commission does and how they work. This covered:

- Functions of the Commission – regulation of organisations / regulation systems used
- Supplementary work to support inspections and assessments - review work and studies
- Role of evidence based standards – clear assessment framework

It was noted that there is a lack of reliable data for Looked After Children’s health and it is important that more relevant and sensitive indicators are available for the new Care Quality Commission [CQC] to monitor performance of health organisations.

8. The contribution of inspection to the health and wellbeing of looked after children

Anna Lis from Ofsted gave a presentation on the contribution of inspection to the health and wellbeing of looked after children.

The presentation covered:

- Role of Ofsted
- Quality of provision – variations in quality of care and access to services / co-ordination of care
- Key areas for improvement – self-evaluation / dissemination of guidance / risk assessments / protocols
- Outcomes for looked after children – outcomes framework / key outcomes / other relevant outcomes
- Consideration of three particular groups of vulnerable children:
  - Looked after children and young people in custodial settings
  - Looked after young people with learning difficulties
  - Looked after young people who seek asylum

The review of National Standards will impact on Ofsted’s work.

9. Discussion

The PDG asked the experts for points of clarification around a number of issues:

Gender differences
- Recent reports highlight differences and difficulties for foster carers caring for LAC
- Gender differences should be treated as a priority

Responsibility
- Local councils have the ultimate responsibility for LAC as corporate parent
- Trying to move away from laying responsibility with one person as the council should be delivering in partnership and all partners have a responsibility

Status of NICE / SCIE guidance
• Healthcare Commission & Ofsted - it is possible that NICE/SCIE guidance maybe incorporated into the newly developing inspection frameworks which will have a greater focus on safeguarding services
• Leverage – the guidance may help provide a synergy across children's and health services.

**Children’s Homes & Importing Children**

• The standards in private children’s homes need to be improved but they are money making enterprises and this therefore poses a conflict of interest. What is the baseline for standards? Are we measuring our standards against European counterparts?
• Ofsted regulate all children’s homes, including both private and local authority homes – when taking enforcement action, the impact on children has to be considered.
• Local councils also commission private homes and therefore they should also be monitoring these.
• There must be clarity around standards.

The PDG raised concerns around:

• The inconsistency of standards – the guidance should be supported by practice examplars.
• Standard and accessibility of training for local authority staff, council officers and commissioners of services. Should there be some mandatory training?
• The issue of discriminating against careleavers
• Emotional and mental wellbeing – some schools struggle to manage the children who have emotional difficulties. This may result in exclusion.
• Designated teachers must have a common level of understanding – training around understanding attachment disorders, understanding the role of social workers. School Governors should also be educated about absence & exclusion figures.
• Commissioning and the pressures around this.
• Health services working together.
• It was noted that the National Children’s Bureau has 12 good practice briefings and these are incredibly useful.
• The level of funding required – it is critical to create change.
• The use of scores on the Strengths and Difficulties Questionnaire to identify problems for LAC – there is a need for robust longitudinal data to strengthen monitoring data.
• Importance of having robust health plans, issue of duty of care – issues need to be clarified
• No mention of family, friends and carers – often these groups are not involved as much as they should be.
• Private providers – issue where private providers provide care services for other authorities.

The Chair summarised the key points to emerge from the discussion:

• Importance of leadership (dispersed leadership within organisations) and organisational culture in order to move  

**NICE / SCIE to follow up**
forward in in addressing the challenges faced by LAC in the care system. Need for mandatory training – should be a national framework for minimum training standards. Designated teachers / staff in homes / carers should be trained in a number of areas.

- Until the status of people working in children’s services at the practice end is dealt with – qualification/pay/ entrance and ongoing training/supervision/recognition of role and challenges – as in some European countries the challenge of improving the outcomes for LAC will remain a challenge

| 10. Social pedagogy – an example of a European approach to working with looked after children | Karen Prins gave a presentation on social pedagogy in the Danish system. Areas covered included:
- Central values and inspiration
- Building relations
- Cultural activities
- Environment
- Governing tools
- Professionals – emphasis on this
- Education of Danish social pedagogues
- Central skills and competences of pedagogues
- Recent trends

The group asked a number of questions around the system such as:
- turnover of staff
- number of looked after children in Denmark
- social and cultural context for the model
- number of staff working in this area in Denmark
- qualifications and training of staff
- framework for keeping siblings together
- modelling of good relationships (including guidance around benign physical contact with children)
- costs compared to UK
- age of criminal responsibility |

| 11. Developing recommendations and considerations | Linda Sheppard from NICE outlined the next steps in the guidance development process. **Action point:** NICE to circulate the draft recommendations (to date) to the PDG in a couple of weeks, for their detailed comments. |

| 12. Introduction to editing | Rachael Paterson from the NICE editing team gave a brief overview about the editing process at NICE. |

| 13. Progress with the effectiveness reviews | The ScHARR team updated the PDG on progress with the effectiveness reviews. The team welcomed feedback on review 1 and the applicability to the UK setting. |
The group were informed that they will shortly receive an email on the second review.

**Action point:** NICE to send email to the PDG re second review.

### 14. Summary of the day

The next meeting will take place on Thursday 26\(^{th}\) March, Royal College of Anaesthetists.