

Revised Government Guidance on the Health of Looked After Children and Related Policy Developments

Paper for NICE / SCIE Programme Development Group, January 2009

Context

The DCSF is leading on the revision of the guidance, *Promoting the Health of Looked After Children*. This guidance was published by the Department of Health in 2002 and is statutory for local authorities. As part of the Care Matters programme to improve outcomes for looked after children, the Department for Children, School and Families (DCSF) committed to revising and re-issuing this guidance and to putting it on a statutory footing for health bodies as well as for local authorities.

This work is being led by the DCSF, working closely with the Department of Health. The guidance will be published for consultation in Spring 2009. Consultation will last for three months and following that the revised guidance will be published in its final form in Summer 2009.

TCRU fieldwork

In 2008, the Government commissioned Thomas Coram Research Unit (TCRU) to conduct research with the aim of providing an evidence base in revising the guidance. In particular TCRU were asked to:

1. Summarise the research and statistical evidence on the prevalence and nature of health problems among looked after children and the characteristics of the population of looked after children.
2. Estimate the gap between the requirements of the current guidance and current practice of health services.
3. Identify any aspects of the guidance that are likely to present particular difficulties for health services if the guidance is placed on a statutory footing, and any steps that could be taken to address these difficulties.
4. Identify if there are additional topics that the revised guidance should address.
5. Provide examples of good or promising practice by local authority children's services and health services in promoting the health of looked after children.

In conducting the fieldwork, TCRU conducted interviews with over 50 stakeholders from national, regional and local organisations as well as conducting a literature

review and considering written comments from professionals involved in implementing the 2002 guidance.

The research found no strong majority opinion on any of the potentially contentious issues, including the extent to which the content of the health assessment should be prescribed and the qualifications of the person carrying out initial and subsequent health assessments. However, it did provide an up-to-date evidence base, highlighted the key areas which required emphasis in the revised guidance and provided ideas for areas which would definitely need to be covered in the guidance.

Format of revised guidance

Given that there seems little appetite amongst either practitioners or strategic managers for an entirely different form of guidance, it is proposed that the revised guidance remains broadly the same in content and format to the 2002 guidance. The proposed changes include:

- Updating the guidance to reflect legislative changes
- Providing updated statistics and evidence base
- Updating the guidance to reflect developments in integrated working, in terms of planning, commissioning and delivery.
- Providing clarification on issues where practice has been inconsistent or where there is confusion amongst practitioners or commissioners
- Reinforcing key messages
- Considering how the guidance could be as user-friendly and effective as possible

Related policy developments

The Government is committed to improving the physical and emotional health of looked after children. Current work includes:

- **National Indicator on the mental and emotional health of looked after children** – a measure on this is now included in the National Indicator Set, against which local authorities are measured. All looked after children are now screened for emotional and behavioural difficulties through use of a Strengths and Difficulties Questionnaire (SDQ). This data is collected at local level and at national level and so should inform strategic planning. Action should also be taken to seek diagnosis and support for all children where a completed SDQ suggests a potential problem.

- **Multi-Systemic Therapy** is a licensed, manualised programme developed and run by MST Services based in South Carolina USA¹. It is a family and community-based treatment for youth with complex clinical, social, and educational problems (e.g. violence, drug abuse, school expulsion). The emphasis is on promoting behaviour change in the youth's natural environment. 10 sites have been funded in England to develop this programme for adolescents. A single site is being funded to develop the model variant of MST: Child Abuse and Neglect (MSTCAN)
- **Multi-dimensional Treatment Foster Care** Multi-dimensional Treatment Foster Care has been developed in the United States as a cost-effective alternative to residential care or youth custody for adolescents with chronic delinquency and anti-social behaviour. The parenting training model used by foster carers and which is also provided to the child's biological or adoptive parents emphasises behavioural management methods to provide a highly structured and therapeutic living environment. The model has also been shown to be effective with severely emotionally disturbed and abused children and young people.

Sarah Lewis
Children in Care Division
Department of Children, Schools and Families
020 79255294
Sarah.lewis@dcsf.gsi.gov.uk

January 2009

¹ Additional information about MST is available via the Internet at www.mstservices.com