



**Fieldwork on Promoting physical and emotional
health and wellbeing of looked after children and
young people**

**Report to the National Institute for Health and Clinical
Excellence**

Appendices

GSB Reference: CR2266

© Greenstreet Berman Ltd April 2010

All rights reserved. No parts of this document may be reproduced, stored in a retrieval system, or transmitted, in any form or by any means, electronic, mechanical, photocopying, recording or otherwise without the prior permission of NICE.

Disclaimer

The views expressed in this document are those of Greenstreet Berman Ltd and its contractors and not necessarily those of NICE.

Greenstreet Berman Ltd

Fulcrum House

London Office

5 Southern Court

161 Drury Lane

South Street

London

Reading RG1 4QS

WC2B 5PN

T: 0118 938 7700

T: 020 3102 2110

F: 0118 938 7729

E: info@greenstreet.co.uk

W : www.greenstreet.co.uk

Registered in England and Wales 3281935.

Registered Office: 3 Wesley Gate, Queens Road, Reading RG1 4AP



Fieldwork on Promoting physical and emotional health and wellbeing of looked after children and young people - Appendices

Report to the National Institute for Health and Clinical Excellence

GSB Reference: CR2266

Title	Fieldwork on Promoting physical and emotional health and wellbeing of looked after children and young people- Appendices		
Reference	CR2266 V1 FA	April 2010	
Status	Final report		
Previous version	CR2266 Appendix WIPb		
Revisions made			
Author (s)	A Rogers, R Evans, R Williams, A Shahriyer, J Shaw and B Truesdale		
Reviewer	Alicia Tobierre		
Distribution	NICE		



Fieldwork on Promoting physical and emotional health and wellbeing of looked after children and young people

Report to the National Institute for Health and Clinical Excellence

GSB Reference: CR2266

CONTENTS

CONTENTS	3
APPENDIX C: WORKSHOP SUMMARIES.....	4
1.1 London Workshop 1 Summary (2 nd March 2010 AM)	5
1.2 London workshop 2 (2 nd March 2010 PM).....	18
1.3 London workshop 3 (4th March 2010 AM)	24
1.4 London workshop 4 (4th March 2010 PM)	35
1.5 Manchester workshop 5 (10th March 2010 AM).....	46
1.6 Manchester workshop 6 (10th March 2010 PM).....	59
1.7 Manchester workshop 7 (11th March 2010 AM).....	68
1.8 Manchester workshop 8 (11th March 2010 PM).....	80
APPENDIX D: TELEPHONE INTERVIEW SUMMARIES	88
1.9 Training professionals.....	88
1.10 Supporting education for looked after children and young people	94
1.11 Black and minority ethnic children and young people who are looked after and children and young people who are unaccompanied asylum seekers.....	106
1.12 Sibling placements.....	118
1.13 Promoting the health of the child or young person and access to dedicated services to promote the mental health and wellbeing of the children and young people in care	120
1.14 Promoting quality of life of the child.....	134
1.15 Care planning, placement and case review.....	141
1.16 Leaving care and preparing to leave care	143
1.17 Foster care	149

APPENDIX C: WORKSHOP SUMMARIES

1.1 London Workshop 1 Summary (2nd March 2010 AM)

Workshop details

Location: London

Date: 02.03.10

Time: 9.30-12.30

Delegates attending: 16

Findings

This summary shows a variety of opinions from the delegates. It does not necessarily represent the opinion of each delegate and does not attempt to quantify the level of agreement.

Session 1 – General review of the draft recommendations

The session commenced with a general review of the draft recommendations as a whole.

Relevance

Questions were raised as to what this set of draft recommendations add to current practice? One delegate commented that it should be considered to be the idea of core curriculum and training for foster carers but linking social workers is new and possibly beneficial.

Broadly some delegates indicated that they liked the attachment and security aspects covered by the draft guidance as they felt it is helpful in identifying it as a fundamental issue as there is a need to understand this.

It was suggested that kinship needs a national policy because there is some concern of inconsistency and service provision increasing. This was highlighted by some as a priority in relation to foster carers as more are required by Local Authorities. It was also highlighted in relation to raising the profile of those children in kinship.

Content

There was some disappointment voiced that there was not more in the draft recommendations with regards to agencies to work together. It was recognised that the draft guidance outlines good intentions for collaboration, but there was a desire to see more robust means for this to be achieved.

It was felt that there was some ambiguity regarding responsibilities. It was recognised that there are a number of organisations involved, but would appreciate having some sense of “*where the buck stops*”.

Timescales and a sense of urgency in addressing issues were felt to be a *“thing that is missing, as it doesn’t take long for things to go wrong”* and *“six months can be a long time in a child’s life”*. Timescales were also raised specifically in relation to under 5s in concerning delays encountered and issues of attachment to foster carers, which are identified in the draft guidance, but it was felt, are not addressed.

Not enough emphasis was said to have been given to the birth family, and that it was effectively *“the elephant in the room”*. It was felt that there needs to be some acknowledgement of the care of managing contact and the lack of support currently faced when working with the birth family.

It was suggested that budgeting should be promoted, perhaps with better ring fencing of funding, and in particular in relation to priorities within Local Authorities. It was felt that all the recommendations have some form of funding issue, but that the costs of implementation are glossed over. Participants cited examples of staffing gaps (figure of 40% was quoted) and workforce development (to which there was much agreement).

The good intentions of the draft recommendations were acknowledged, but questioned how they might be executed, particularly when considering how organisations operate in relation to issues of kinship and history.

One delegate commented that they were *“Extremely pleased to see the use of the words ‘love’ and ‘belonging’.”* Also pleased to see recommendations addressing quality of life and how to establish good quality residential care. However, there is some concern that this may antagonise people in hard pressed resource stretched organisations. Therefore, the question was raised as to how this could be managed proactively, which demands *“looking at the mechanics”*.

It was felt that the draft recommendations fall down on the detail, for example, realities of carers needing to support families in relation to issues of ethnicity and what this then means in terms of ‘love’ in a family. It was suggested that more detail is given in relation to providing specific support for carers in relation to accommodating BME children.

A participant commented that they *“Would have liked to see more on what works”* and particularly in relation to attachment, and also what impacts this has on costs.

Feasibility

There was a concern raised that these draft recommendations sound great, but already there are a number of requirements in place, and what is really needed is more of a culture shift.

It was recognised that these recommendations could be used as a lever to show what organisations should be working towards, and therefore it could make it easier for funding, as it emphasises what the responsibilities should be on the commissioning side.

Concerns were raised regarding regional variations and with there being a mismatch between legislation and the reality of how it works; and this could impact on the overall success of the recommendations.

Concern, that there needs to be an acknowledgement of time taken, for example, in the co-licensing, clinical time, travel time.

It was felt that within Local Authorities health, education and social care need to work together, and that it can not be left up to individuals to choose who they work with.

Implementation

Desire to see a greater integration in the services, in relation to the children's system. Social workers are frustrated at being stuck at their computers completing documents. "*They lose heart*" – they should be out there working with children. Furthermore, it was felt that this has implications for students, who are disillusioned by this reality. It is felt to be about resources and culture, in that "*the programmes are fine, but implemented in the wrong way*".

It was also felt that the draft recommendations need to acknowledge the difficulties of the work environment of social workers. This is particularly in relation to the need to provide evidence and the balance this demands in gathering sufficient evidence but not to be trapped in the office.

"*You can't ignore the issue of funding.*" It was suggested that there needs to be better ring fencing of funding otherwise although central government is providing it, it is being used at the discretion of Local Authorities to clean streets.

Concern also voiced in relation to cuts that are being made, and particularly in that some responsibilities are being taken away from qualified staff and given to unqualified staff, and the resulting change in the balance of the team.

There was as an issue of separating out tasks. People, it is suggested, want one point of contact, and it also has to all be integrated in the child's head.

Workforce issues also emerged in relation to foster carers, as it was acknowledged that there is a need to recruit more, but at the same time there is also a need to ensure appropriate support and training to retain families, and this demands good funding.

Concern that there are too many recommendations and that there is not sufficient detail to enable them to be translated into practice. Perhaps it would be better to look at addressing a continuum of need with a coherent approach with what to do first, second, etc. This would perhaps result in fewer recommendations and a stepwise approach within a framework. There was some concern about the impact on Local Authorities.

It is felt that the long term focus is undermined by targets and case load demands, and that this could be a tension in the recommendations.

It was felt that children's trust arrangements help but that there is long way to go in relation to collation, and that there are high expectations implied within the recommendations.

Timescales would also be useful for senior managers.

Concern that local children are not getting services because of the CAMHS set up.

Inclusiveness

It was also felt that some groups were covered superficially, particularly in relation to asylum seekers children as there are issues in reflecting Local Authorities, children's needs, and differences in the structure of the legal system.

There were concerns raised regarding how to recognise and address the needs and support that need to be given to white foster carers in relation to BME children. The question was raised as to how to understand what is in the best interest of the children concerned.

It was felt that it would be more helpful to be able to identify what are the priority areas to know about in terms of assisting children who are, for instance, asylum seekers children or BME. It was also suggested that social workers need more access to specialist advisors, and that there are significant barriers, e.g. long waiting lists, expensive, small numbers. Therefore recommendations could be useful if they identified the avenue of help that could be provided, and in that way it could be the lever for accessing funding. Although it was recognised that specialist support is expensive, it was suggested that it is fundamental to get this, particularly in relation to asylum seekers children.

There was concern that in resource constrained times, there is a need to be realistic about what can be expected.

Also acknowledged that people need to be realistic about what can be achieved, for example, additional training in relation to unaccompanied asylum children compared to disadvantaged children. There is also a need to recognise the complexity of what happens in reality, for example it is easier to get specialist input in relation to sexually abused cases rather than therapeutic support.

Previous experience

There was concern that there were elements of the draft recommendations on kinship care that contradict the body of research.

Also concern was voiced in relation to the use of guardianship orders, as it was unclear what the implications were for the foster carers.

The value of the small scale research was also flagged in that there should be more commitment, for example from PCTs, to add to the body of evidence, though this should be in balance with clinical demands.

An example where there has been a strategy to join up training for social workers and foster carers on, for example sexual health, emotional health and well-being, which has shown positive results has been undertaken in Sussex. It has also been shown to reduce pressures on foster carers in terms of training and there being child care provision, as well as being better attended and proving to be cost-effective.

It was highlighted that the recommendations are “*silent on CWCD standards*” and that these should be acknowledged and linked in.

It was also suggested that more evidence (case studies and evidence base programme) could be cited from the States in relation to ‘fostering changes’.

Specifically in relation to recommendation 48, the issue of life skills development in relation to the leaving care stage is being introduced too late. It was suggested that this needs to be instilled throughout, similar to what would happen at home, as they are skills that are developed over time.

Information

It was felt that the recommendations as a whole document would need to be slimmed down and more visual in terms of presentation. It was suggested that this could be achieved by using headlines behind which sit elements, such as implementation plans. It was also thought that this could be developed and more accessible as an online tool, which provides web links to evidence.

Session 2 – Group based assessment of each recommendation

The delegates were split into two groups, 8 delegates discussed four recommendations in group 1 and 8 delegates discussed six recommendations in group 2.

GROUP 1

Recommendation 14: assuring the quality of foster care

Question 1a: Please give us your opinion on the content and wording of this recommendation, particularly how **useful** and **relevant** it might be.

There was some questioning as to what it adds as there are minimum national standards in place (CWCD and Ofsted). The view that there are safeguards and structures already in place was also given, and that it is an issue for CWCD and Ofsted. It was not clear to delegates that this recommendation would encourage people to address these issues any more quickly. As a result, some suggested that this recommendation could be dropped. However, this was not a view shared by all in the group, as some commented that it would be useful if there was not a fostering background.

Another participant also commented that they found the wording of the recommendation rather negative.

Question 1b: What **factors** might affect the feasibility of the implementation of this recommendation?

A view was that the recommendation should say what is considered 'underperformance'. Another point was made that there should be some acknowledgement of training in relation to this, although this is difficult.

It was asked if the document "needs to state the obvious"? But at the same time, it was also felt by some that the guidance needs to be clearer on its scope, particularly in relation to who it is aimed at.

Question 1c: How might any **barriers** to implementing this recommendation be overcome?

Resources (in the form of time, energy, focus and commitment) were identified as being significant barriers. The question posed by one delegate acknowledges the situation as being "*can I deal with this today?*" And at the same time the repercussions of making such a decision were also identified, as if it is not dealt with this has implications for the child concerned, Ofsted, other colleagues etc.

The issue of monitoring was also raised, in that "*how good is good enough*" and "*what is the actual quality of care behind closed doors*"? In this respect it was suggested that young people's views need to be taken into account. However, there are issues of them needing to feel safe and confident in order to be able to talk, and this demands that feedback is strengthened. It was suggested that views after placement should be/are captured more effectively, with the example of Scandinavia being cited by one delegate where carers are paid in relation to the performance of a young person and feedback. As a result, it was suggested that consideration should be made of paying in relation to improvements rather than outcomes.

Another barrier identified related to the inconsistency in standards of placements, e.g. food, what is being discussed and addressed comprehensively, and in that way who the child is placed with can end up being a “lottery”. The combination of foster carer and social worker were identified as being one aspect affecting the quality of care, but also the management of the team in terms of considering what evidence is gathered and taken into account. In this respect, delegates acknowledged that implementation is critical, and because of the human element, “demands a system to support”. There was also acknowledgement of foster carers being in an ‘odd’ position where they are not taking decisions because of the social worker, which again was seen to be an area where they need support.

Question 1d: What **impact** might it have on current practice in your own role or organisation?

It was felt that there would be no impact in relation to this recommendation, as it’s all there already.

It was suggested that this recommendation could have a positive impact on the commissioning of contracts and provision of evidence. It gives formality to process and requirements and therefore it provides a strategy for support to be given from the top down.

It was suggested that this could also be part of an appraisal from CAMHS.

It was seen as being helpful as a joint document from NICE and SCIE, and it strengthens the guidance.

There was the feeling that this draft guidance does signpost the minimum (bottom line); however, it was suggested that it could do more in terms of quality care. It could also possibly have best practice examples and possibly even clearer steps.

Question 1e: Can you please provide any other comments on this recommendation.

There was one comment made with regards to Local Authorities struggling to keep foster carers. They lose them to private agencies, partly because of money, but also it was suggested because of the issues relating to support.

There was also a concern voiced that minimum standards that keep foster carers in place which in fact might impact on the level of service provided.

Recommendation 15: training foster carers

Question 2a: Please give us your opinion on the content and wording of this recommendation, particularly how **useful** and **relevant** it might be.

Under bullet one, the “prerequisites and key principles” section of the guidance referred to could not be found by at least one participant. A couple of delegates also had struggled to find the “training section” in the draft guidance, as referred to in the second bullet.

The final sentence in the final bullet of this recommendation was found to be unclear, and a delegate questioned what it meant or implied?

Question 2b: What **factors** might affect the feasibility of the implementation of this recommendation?

There were concerns raised about needing the right person for training, and that there were concerns as to feasibility, given the possibility of budget cuts. It was suggested that training should be considered in relation to cost-effectiveness, and look to cascade training and encourage more “*learning to train*” as another means of providing support.

The need for quality of relationships, that also demand time commitments, was seen to be another factor that would have a positive effect on link workers and foster carers. In this way, it was suggested that there needs to be a means to facilitate the development of relations so as to enable challenges to more effectively be dealt with as they arise, and before relationships with the child breakdown, e.g. as a result of challenging behaviour.

It was felt that there is a lot on understanding and knowledge but experience is valuable and the recommendation would be more effective if it outlined what to do now. This was also noted in relation to work done on cross-cultural placements and cultural identity, where one delegate made reference to the Cassey Foundation in the US as an example. Further to this, it was suggested that “*presenting problems*” e.g. abuse, cannot be separated from identity issues.

It was suggested that day-to-day parenting and support for services could be tailored regionally and locally, and also to match the complex needs of the child.

It was suggested that there could be a more holistic approach taken to carers and children in that there is an important role for feedback to be communicated.

Question 2c: How might any **barriers** to implementing this recommendation be overcome?

It was suggested that training should be ongoing as the needs of a child are constantly changing, and there also needs to be consistency in that training.

It was felt that there is currently good training on attachment but there is not enough on authoritative parenting style, and that there is a body of evidence on this area.

It was felt by delegates that the role of the social worker has changed such that they are employees of the Local Authority rather than working for the children, and as a result, this is a less reflected role which is split, e.g. moving a child to different services at 16, and that they are overloaded.

It was recognised that it is important for foster carers to feel safe and supported by the system, e.g. issues relating to rules on touching children that protects all parties.

Question 2d: What **impact** might it have on current practice in your own role or organisation?

It was generally felt by delegates that it would not have any impact as it is not practical enough. It was suggested that supervisors need to be involved in order to have consistency.

Question 2e: Can you please provide any other comments on this recommendation.

No further comments were made.

Recommendation 16: supporting and supervising carers

Question 3a: Please give us your opinion on the content and wording of this recommendation, particularly how **useful** and **relevant** it might be.

There was a question raised in relation to the first sentence under what action should they take in terms of the “core training recommendation” as to what it meant, and it was suggested that perhaps it should be better referenced.

The first bullet “emotional support and parenting guidance” was thought to be vague, and some delegates asked for clarity as to what it might actually mean, e.g. in terms of a training fit, whether a social worker can advise.

The fourth bullet was thought to be poorly worded. Again, there was an issue of clarity for some delegates. It was wondered whether CWCD came into this? There was a concern that some felt they did not want the perception that training could be complete, rather a case of articulating mandatory training and with ongoing/updating of training.

In terms of the sixth bullet, it was suggested that reference could also be made to men and the role that they play, as they should not be seen as being peripheral to caring.

Question 3b: What **factors** might affect the feasibility of the implementation of this recommendation?

Resources in terms of budget were identified.

The importance of having timescales as evidence of management was also suggested.

It was suggested that foster care centres could be set up as a resource that also involves more foster carers in training others, providing crèches and other means of support/networking. Such centres are different to a foster carer support group as they have a broader remit, more structure and are owned by the foster carers rather than an agency.

Question 3c: How might any **barriers** to implementing this recommendation be overcome?

The issue of professionalisation of foster caring was raised, as is sometimes seen as a vocational add-on, and it was stressed that foster carers should come into it with a commitment.

Also need to reflect the demographic needs of a child.

Question 3d: What **impact** might it have on current practice in your own role or organisation?

It was suggested that this could be part of the discussion had a team meetings, as it was felt that it “*concentrates minds on the cultural shift required*”. Social workers could be asked to use the points to help evidence notes.

Question 3e: Can you please provide any other comments on this recommendation.

It was commented on that there is no mention of health issues, such as sexual health, in addition to acknowledging or addressing any special needs, e.g. autism or disabilities. It was felt that this is an issue that should be included in relation to foster carers, for instance, by addressing them in specific training modules e.g. on sexual health.

It needs to be made more practical for those on the ground, e.g. Beacon Council status – need examples that can be linked to. In private practice there has been a best practice report recently published.

Recommendation 17: training supervisors

Question 4a: Please give us your opinion on the content and wording of this recommendation, particularly how **useful** and **relevant** it might be.

The delegates on the whole thought this recommendation was “quite good and useful” in setting out core training.

It was suggested that there was nothing in the document that addressed “doing” cross-cultural placements, and so there was a question as to why there was an absence of materials. It was felt by the delegate, that there is practical material about what works are internationally available, and it would be “*good to have a list to tick off*”.

Question 4b: What **factors** might affect the feasibility of the implementation of this recommendation?

Again, delegates raised the issue of resources in relation to time, money to pay staff, and appropriate people to deliver training.

It was suggested that these aspects addressed within the recommendation should be embedded within a contract, so it creates an expectation and will ensure planning.

Question 4c: How might any **barriers** to implementing this recommendation be overcome?

The CWCD was mentioned, but it was not clear how this could be linked in.

Question 4d: What **impact** might it have on current practice in your own role or organisation?

It was not felt by delegates that this recommendation would bring about additional pressure but it was understood that it could be useful in terms of it providing strategic leverage.

Question 4e: Can you please provide any other comments on this recommendation.

It was thought that the themes need to be linked to key performance indicators inspected by Ofsted, but it was questioned as to how much priority they would be given.

It was suggested that it could be used for evidence gathering.

The dilemma that it would be up to Local Authorities to choose to use this was raised.

Concerns were also raised about the references to black and minority ethnic children and how this guidance is used in conjunction with other documents for children’s services and specifically in respect to their issues.

GROUP 2

Recommendation 47: preparing to leave care

Question 1a: Please give us your opinion on the content and wording of this recommendation, particularly how **useful** and **relevant** it might be.

The recommendation needs to recognise that currently there is not a transition from children’s to adult’s services.

More information is needed on when young people should be equipped with skills to live independently, as this needs to be done early. More information is also needed on how to carry this out.

The wording of the recommendation is very vague and many people/ services would be able to report already doing these actions.

Question 1b: What **factors** might affect the feasibility of the implementation of this recommendation?

If a child does not have 'looked after' status, the child will not have continual support after leaving care. In many cases, legislation is not followed.

The responsibility of the health of these children needs to be clarified. Is it child services or adult services?

Question 1c: How might any **barriers** to implementing this recommendation be overcome?

The recommendation does not cross reference the Children Leaving Care Act.

Limited access to services and a shortage of foster carers would be a barrier to this recommendation.

If a child wants to move out of the Local Authority, different Authorities need to interface more.

Question 1d: What **impact** might it have on current practice in your own role or organisation?

This recommendation could have a positive impact for those dealing with children in the transition period. It could spur on resources and services for children leaving care.

Question 1e: Can you please provide any other comments on this recommendation

Health services should have more responsibility for children over the age of 18. The recommendation may help services deal with these individuals. However, consistency of the definitions of a child is needed.

Recommendation 48: providing leaving-care services

Question 2a: Please give us your opinion on the content and wording of this recommendation, particularly how **useful** and **relevant** it might be.

The recommendation should not promote being 'responsive', as a proactive stance is needed.

Physical needs should also be referenced in the recommendation.

More information on when training in life skills are needed should be added to the recommendation.

The recommendation does not cover independent advocacy, as access to this should be available. It also does not cover the quality of actions. As it stands, it would be very easy to become a 'tick box' issue.

Question 2b: What **factors** might affect the feasibility of the implementation of this recommendation?

A care pathway is needed to give details on how this recommendation can be carried out. Young people also need to be made aware of pathway plans.

This recommendation should already be taking place.

Question 2c: How might any **barriers** to implementing this recommendation be overcome?

The workforce that should be carrying this out do not exist, as there are a lack of resources and skills by professionals.

The consequences to services/ Local Authorities that do not follow this recommendation need to be clear. Services also need to know the reasons why they should adhere to it.

For those young people who resist support, full options need to be provided to them.

Question 2d: What **impact** might it have on current practice in your own role or organisation?

The impact of this recommendation is dependent on the workforce and the skilled staff available.

Question 2e: Can you please provide any other comments on this recommendation.

N/A

Recommendation 49: transferring to adult mental health services

Question 3a: Please give us your opinion on the content and wording of this recommendation, particularly how **useful** and **relevant** it might be.

No comments (please add).

Question 3b: What **factors** might affect the feasibility of the implementation of this recommendation?

This recommendation would be very difficult to carry out. Often referrals are made to GPs as there are no appropriate services currently in place.

It can be very difficult to get children into CAMHS in the first place and is a very lengthy process. This needs to be recognised by the recommendation.

Question 3c: How might any **barriers** to implementing this recommendation be overcome?

Thresholds could be a barrier to this recommendation. For example, in order to be transferred, children have to have a severe illness, which is often not the case.

Most cases stop at 18 years of age. Services to directly refer a child of this age do not exist.

Funding needs to be in place to ensure services are linked.

Question 3d: What **impact** might it have on current practice in your own role or organisation?

The recommendation would have an impact on linking services together. However, this impact would only take place if there were fewer recommendations as this will not be a high priority out of all of the recommendations.

Question 3e: Can you please provide any other comments on this recommendation.

This will need ongoing work.

Recommendation 50: inspecting services for care leavers

Question 4a: Please give us your opinion on the content and wording of this recommendation, particularly how **useful** and **relevant** it might be.

The recommendation is useful and relevant. Including Ofstead is beneficial as this is a relevant organisation.

The use of the 'adequate provision' is not sufficient. This needs to be replaced with a 'high quality provision'.

The value of conducting inspections was questioned by the delegates.

Question 4b: What **factors** might affect the feasibility of the implementation of this recommendation?

More guidance would be needed on how inspections are carried out and how they are enforced, as ensuring the inspections are of high quality is important.

There is a need to ensure that end users are also spoken with as part of the inspections. Training may be needed for this.

Question 4c: How might any **barriers** to implementing this recommendation be overcome?

The delegates were unsure how to ensure how organisations are inspected in a way that is helpful. Ofstead and Care Quality Commission need to communicate to carry out this recommendation.

Although talking to service users would be beneficial. Some service users may not actually know what good service is.

Question 4d: What **impact** might it have on current practice in your own role or organisation?

The recommendation needs more detail in order to have an impact, e.g. the remit of Ofstead and Care Quality Commission.

The recommendation needs to be clearer to ensure services are achieving high quality provision, and not 'adequate' provision.

Question 4e: Can you please provide any other comments on this recommendation.

Inspectors need guidance and training to speak to service users.

Recommendation 18: meeting the individual needs and preferences of looked-after children and young people

Question 5a: Please give us your opinion on the content and wording of this recommendation, particularly how **useful** and **relevant** it might be.

The recommendation does not capture the tension around a child and their birth family. This issue is highly complex and not given sufficient attention in the recommendation. The recommendation should expand the action on close family members to state that contact can be increased at a later date, and not purely diminished.

More detail is needed on who ensures all the actions are carried out.

Question 5b: What **factors** might affect the feasibility of the implementation of this recommendation?

More information is needed on who ensures Local Authorities carry out their yearly 'pledge'.

This recommendation is very large. It would be more feasible to carry out if it was pulled apart and categorised.

Training is needed for this recommendation for supervising contact between a child and their birth family, as well as observational and intervention skills.

Question 5c: How might any **barriers** to implementing this recommendation be overcome?

A 'parent worker' could be employed to support the birth family and help them keep contact with the child.

Ring fenced funding would be needed to ensure resources are available.

Staff with skills to motivate children are needed. Links could be made with local clubs to ensure they allow the children to participate.

Question 5d: What **impact** might it have on current practice in your own role or organisation?

This recommendation should already be taking place.

Question 5e: Can you please provide any other comments on this recommendation?

Clarity of safeguarding and CRB checks is needed.

Recommendation 19: exploring personal identity

Question 6a: Please give us your opinion on the content and wording of this recommendation, particularly how **useful** and **relevant** it might be.

The recommendation is contradictory in parts. The actions in the recommendation are an ongoing process, but also require one off tasks in places.

The recommendation does not contain a clear definition of 'life-story work'. Friends also need to be included in the life-story work.

The action referencing the British Association of Fostering and Adoption forms should have a greater emphasis and be placed at the beginning of the recommendation.

Question 6b: What **factors** might affect the feasibility of the implementation of this recommendation?

Access to information and data protection would affect the ability to implement this recommendation.

The implementation would also depend on the skills of staff and services. Communication skills are needed, as well as an understanding of the emotional impact on a child.

Question 6c: How might any **barriers** to implementing this recommendation be overcome?

A specialist may need to be included, such as those in therapeutic care.

Files often do not follow a child. For example, some children do not have their antenatal history. This needs to be addressed by the recommendation.

Question 6d: What **impact** might it have on current practice in your own role or organisation?

No comments (please add)

Question 6e: Can you please provide any other comments on this recommendation.

This recommendation is the heart of why child services are in place.

1.2 London workshop 2 (2nd March 2010 PM)

Workshop details

Location: London

Date: 02/03/10

Time: 1.30-4.30

Delegates attending: 11

Findings

This summary shows a variety of opinions from the delegates. It does not necessarily represent the opinion of each delegate and does not attempt to quantify the level of agreement.

Session 1 – General review of the draft recommendations

The session commenced with a general review of the recommendations as a whole.

A number of delegates commented that it was unfortunate that there were no representatives from NICE or SCIE attending this workshop.

Relevance

The Care Planning Agreements and the Statutory Guidance is currently in draft which makes it difficult to comment on the recommendations. It is not clear where these recommendations fit with the Statutory Guidance and the Child Mental Health Guidance from NICE. There is a need to look at the recommendations in relation to other guidance.

The recommendations are vague in places and may not add to current practice. It was felt that the recommendations are not taking into account what is being currently done and needs to provide more in terms of leadership and direction.

The recommendations were considered vague and general in terms of health and social care issues, and could be strengthened with references to evidence based treatments and how these could be applied to the LAC population. There is confusion of the integration of NICE and SCIE. There is a need to link the 'looked after' system with the health system and encourage their collaboration. The guidance has not taken advantage of two bodies of knowledge – health and social care.

The recommendations benefit from covering social care and health; however, they are not specific enough and gaps are present.

There is no mention of birth family contact within the recommendations.

Content

The recommendations do not cover the inequitable access to social care staff, health visitors, school nurses and other professionals. There is a shortage of these staff which is not recognised by the recommendations. It was also felt that the recommendations do not reflect the link between social inequality and early cognitive development.

There is an absence of references to assessing parents in a timely manner. It is important that this does not happen too late by an expensive specialist. It was suggested that there should be some recommendations in the guidance on how services could be developed across health and social care which address the parents emotional and mental health needs, as well as their parenting needs as these are inextricably linked and both impact on the emotional and psychological well being of children in care.

The recommendations focus on two groups of children – those in care temporarily and forever. However, many others need to be covered such as those who have negotiated longer term care.

It was felt that there needs to be a recognition that there are “*different types of kids in care*” and therefore this demands different approaches. They do not give clear indication of BME groups. There is no central place to signpost for these groups, even though services are available.

There is a lack of focus on appropriate training and guidance on issues of parenting, even though these programmes do exist, e.g. fostering changes. NICE should reference guidance on parenting programmes. Training in relation to attachment theory was also not thought to be specific enough.

There was a concern that there was no mention of Multi Systemic Therapy (MST) or MTFC (Multi-Dimensional Foster Care) or Fostering Changes in the draft recommendations all of which are being piloted or rolled out on a national scale by the DCSF.

Although the recommendations cover issues of constructing CAMHS and adult mental health services, these services are unable to link up.

The recommendations have missed out a lot of good UK descriptive research. Clearer facts are needed. Facts have to be properly presented if they are for health professionals.

There is a need for the guidance to be clearer regarding who it is developed for. Is it for intervention or change? It does not acknowledge areas that are currently being worked on. The guidance is so general that there is nothing new that will prompt practitioners to carry it out.

It was suggested that on page 5, section 3.1. the definition of a looked after child was inadequate. It was suggested that the numbers quoted about care entrants and care stock (p.5) need to be “*sharpened up*”.

Feasibility

It is unknown how practical the recommendations will be to implement as they are so general. How professionals should take action needs to be made clearer.

There is a need to specify the level of skill referenced in the recommendations.

Some of the actions that are recommended could be carried out beneficially or detrimentally, it would be highly dependent on how professionals implement them. For example, providing an out of hours service has implications for training and support of the staff providing that service.

Implementation

Difficulties can be experienced with this type of guidance when Government agencies are involved. There are opportunities to cover different Government departments; however, mechanisms are needed for this. More specificity is needed within the text.

The recommendations do not describe current practice or how practice can be targeted.

Most of the recommendations should already be carried out. The recommendations add nothing new. More information is needed on how to make the recommendations happen. Detail on who the guidance is for, who is supposed to read it and make it happen, is needed.

There was a concern raised regarding the reliance on agency workers and a built in impermanence of the system.

Some services are apprehensive of taking a lead role.

Inclusiveness

The guidance misses out the role of parents, particularly those who love their child but are unable to care for them. The context of the child's life is lost.

The recommendations do not recognise how parents who are financially or socially excluded access to these services.

More information is needed on children returning home from care. Particularly more information on those children in care who could return home but whose families are still vulnerable, e.g. nature of services prior and ongoing and the professionals involved.

Recognition is needed on the greater level of support required for carers who attempt to keep in contact with birth families.

Previous experience

There are huge amounts of evidence not taken into account. The guidance does not pay attention to large amounts of descriptive studies/ research, as well as longitudinal studies that inform on process and outcomes.

There is a need to emphasise more information on BME cross cultural placements.

Guidance could be taken from other current programmes such as DBT and MTFC that have on call services available.

Information

As a priority, it was suggested that there is a need to know which professionals the guidance is trying to inform.

Professionals could be informed of the guidance through professional bodies and other guidance.

It was thought that more could be done to signpost current best practice to give opportunities to individuals.

Session 2 – Assessment of each recommendation

The delegates discussed all six recommendations in detail.

Some overall comments in relation to this group of recommendations were given by delegates.

It was suggested that the 2008 act on residential care needs to be taken into consideration, as residential care is considered “right” for a particular group of young people. Therefore, it was felt that MTFC and residential care are not coming through in the guidance. It was suggested that this could be addressed by setting a menu of options.

Again, it was felt that it would be helpful if evidence is more clearly associated with the recommendations.

It was also suggested that there should be focus on guidelines on therapeutic care in terms of how to identify, when, which sort of children / parents and what to do with these.

It was also felt that it would be good if there was more joined up working.

Third sector organisations need to be included in the “to take action” it was suggested, as they provide a huge input.

Recommendation 8: planning and commissioning placements

In relation to “who should take action” it was felt that it presents a danger of inflexibility, and was seen to be an example of what is the purpose/scope of the guidance.

There also needs to be emphasis on the differences between the services that should take action, i.e. differentiate between Children’s Trusts and Local Authority children’s services.

‘Sufficiency’ duty referred to in bullet one was considered a requirement, but it was suggested that this should be unpicked in terms of different children’s needs in relation to sufficiency. It was suggested that there is an antagonistic network of placements and there is a lack of clarity about what this is supposed to do.

The second and third bullets were liked by the delegates. They also commented that they did not see them as having anything to do with sufficiency.

There was concern from some delegates that NICE is in danger of “*pinning its colours to the DCFS guidance*” when that has yet to be finalised.

It was suggested by some that this recommendation could be “scrapped”, with more focus being given to recommendation nine. This was not a view shared by all, as some felt it is needed at a Local Authority level.

Recommendation 9: making decisions about placement changes

It was felt that no recognition is given in this recommendation of moving into permanence.

It was also felt that there is no reflection of the statutory guidance of not moving in KS4, and in this way reflects that there is not enough attention to detail.

It was suggested that health personnel should make themselves available at points of review. It was considered to be much better set out in planning regulatory guidance and where there is a whole process of how this is managed.

Additions to “Who should take action” were suggested to include:

- Social work trainers;
- CAMHS services;
- Multi-agency involvement;
- Service providers.

More information was required to clarify what ‘emergency admissions’ were.

In relation to the second bullet, it was commented on that there needs to be properly planned accommodation for those entering into care that need it. In this way, it was suggested that there should be a view of the threshold of care and to aim to do it well. In terms of emergency admissions it was suggested that more clarity is needed, e.g. quick response.

In relation to the third bullet, it was suggested that it should state what the purpose is, and should not imply long term placements.

In relation to the eighth bullet, it was suggested that more information and prior visits may not be a good thing for a child, as it can create anxiety, and as a result it needs to be qualified by when it is in the best interest of the child to be given what information, by whom and at which point in time.

It was felt that the eighth bullet does not take into account the ninth bullet’s second sub-bullet as it is not open enough.

It was suggested that a PLO could be considered “*planning blight or offering transparency and negotiation*”.

It was felt that this recommendation is feasible and should already be implemented in terms of statutory guidance, so it was not clear what this recommendation is adding.

In terms of overcoming any barriers, it was suggested that when a child needs to be moved, consideration needs to be made as to what should be taken into account.

Recommendation 10: providing care in secure and custodial settings

It was felt that this recommendation needed more focus on prison as a journey in terms of before, during and after. Furthermore, it was felt that more could be made of the fact that there was an opportunity to be taken to assess whilst in such settings.

It was also suggested that this recommendation assumes that these looked after children and young people are accommodated temporarily.

There was also the point made that this recommendation appears to lack specifics around the concerns of children in custodial settings.

It was questioned as to whether it should be assumed that children are given an assessment, and suggested that this would have huge resource implications for CAMHS. It was suggested that children should never leave custodial settings without having had a full assessment of their cognitive functioning and literacy levels, so that proper plans for their continuing education can be made, as well as a proper assessment of their mental health. This would have implications for CAMHS but should never the less be a recommendation in guidance aimed at LAC emotional well being.

It was felt that in terms of “Who should take action” there should be additional mention of:

- NHS services;
- Health services provided by the NHS and CAMHS;
- Prison health;
- Secure psychiatric units.

The issue of resources for adolescent and child psychiatry units were also raised.

Recommendation 7: implementing care planning, placement and case review regulations and guidance

It was suggested that this recommendation needs to be narrowed down to focus more on key aspects and should capture more marginalised issues. It was also suggested that it should include references to therapeutic methodologies.

Clarity on what a care plan is and how people can contribute to one, was also suggested as being of use. Similarly, the same was said for a placement plan, but in terms of what elements of the emotional needs of the child might be in terms of placement plans which would help practitioners think them through.

It was felt that the principle of this recommendation is encapsulated in the Act and therefore all professionals should play their part.

The sixth bullet was seen as being a difficult statement as it is not evidence based, and was considered to be extremely unhelpful and woolly for parents. It was asked “*what does this mean in real terms*”?

Recommendation 11: developing a national strategy for kinship care

It was felt that the government will produce statutory guidance before this set of guidance from NICE/SCIE is published.

There was no disagreement to the need of this recommendation, but rather it was felt to be more an issue of developing a national strategy and be a direct action for DCFS. It is therefore not needed in this guidance.

Recommendation 12: promoting extended family and kinship care

In general, it was asked who has the perspective of the whole family, and that there is a need to look at the whole picture rather than a single immediate issue, as it is more than about location.

Under “Who should take action” it was suggested that there should be an addition of CAMHS made to the list.

In terms of the first statement, it was suggested that the Act already accounts for this and so the recommendation does not add anything to the statutory guidance. It was therefore suggested that the recommendation should address resources.

The second bullet “after entry” was questioned by some delegates as they suggested that there is a legal requirement for it to be happening before. It was also suggested that “*concurrent*” should be replaced with “*parallel*”. “*Within 6 months*” was also questioned by delegates, as it was felt that it was dependent on many factors. Furthermore, the sentence “to match adoption processes that are not to exceed 6 months” was unclear to some, in terms of what this means as delegates did not recognise these timescales from adoption procedures.

Under the third bullet, the second sub-bullet “equitable access” was identified as raising resource issues. The inclusion of “child mental health services” was seen as being particularly important and therefore acknowledging that CAMHS take a role.

Some further issues mentioned in relation to this recommendation included needing to manage issues relating to safe contact for kinship carers and split siblings, as well as supervised contact and assessment in relation to, for example, a mentally ill birth parent or other grandparents.

1.3 London workshop 3 (4th March 2010 AM)

Workshop details

Location: London

Date: 04/03/10

Time: 9.30-12.30

Delegates attending: 17

Findings

This summary shows a variety of opinions from the delegates. It does not necessarily represent the opinion of each delegate and does not attempt to quantify the level of agreement.

Session 1 – General review of the draft recommendations

The session commenced with a general review of the recommendations as a whole.

Relevance

Delegates stated that the guidance repeats what is seen within statutory guidance – however this in turn “*adds weight*” to this.

Delegates also stated that the recommendations are clinically orientated, however, the need of looked after children is not emphasised clinically.

In addition to this, delegates also recognised the issue of over 18s – and stated that this potentially should also be covered within the Department of Health Guidance.

Delegates did not see the recommendations as being anything new other than over 18’s. Another delegate also stated that the concept of LAC emerged in the last 8-10 years, and before that they did not exist.

Content

Delegates noted that it was “*excellent that care leavers were recognised within the guidance as there is no real emphasis on this group in the statutory guidance*”.

Delegates stated that the following were missing from the recommendations:

- Specialist residential child care is understated within the recommendations;
- No new information on the stability of placement – which is key to improving health outcomes;
- No reference to costs or charging with regards to implementation of recommendations; unless PCT money is ring fenced, it will not be resourced;
- Little or no reference to CBT, attachment theory and other forms of treatment where abundant evidence exists;
- Inclusion of more up to date research; Delegates also stated that “*research has been suppressed within the guidance*” and that there needs to be an evidence review of everything that has been used to form the recommendations.
- There is no mention of treatment foster care;
- DDP not included within the recommendation.

In addition to this, delegates recognised the issue of health assessments, and stated that there are no national guidelines in relation on ensuring quality. The recommendations also does not recognise the inconsistencies in the capacity of health teams i.e. resources.

Delegates also suggested the need to measure the effectiveness of the recommendations i.e. identify outcomes – however, noted that these in turn may not be visible until the child is in their 20s.

Feasibility

Delegates stated that in order to implement the recommendations, LAC teams need to contain a mix of skills that deal with all potential issues experienced by LAC’s.

The delegates noted that the recommendations rely on GPs to undertake health assessments, however, makes no reference to out of borough placements, or the view that assessments undertaken by GPs are not of a good standard as they are not trained in this area.

With regards to youth offending teams, delegates stated that they may be unable to implement recommendations due to a lack of necessary knowledge or skills.

Further issues identified by delegates included:

- Differences in medical and psychological methods of treatment – needs to be recognised within the recommendation.

Implementation

In general delegates were positive with regards to the recommendations, however noted concerns in “*mixing social health and mental health work together*”. It was stated that the improved communication which is suggested within the recommendation is good, however a separation from these two areas needs to remain. Children need a therapeutic space which is distinct from the decision making arena in order for the therapy to be effective. However “*having everything in one document is good*”. The following was also suggested:

- Clear guidance on the aspect of commissioning and the role of the commissioner;
- Some recommendations are not feasible – e.g. where paediatricians are required this may only be possible where adequate resources are seen;
- Resource strain placed on CAMHS teams – such teams may not be able to implement recommendations due to a lack of resources particularly the recommendation of clinical services for over 18 – this may require doubling the numbers in the team;
- Assumption that all CAMHS teams are fully trained and skilled;
- Background information should be supplied by social workers to GPs so that they are able to undertake a holistic health assessment.

Delegates also recognised that often it is not the fault of the provider when they are unable to provide a service – as it is up to the commissioners to put the relevant resources in place, in the first instance. Further to this, delegates also suggested that commissioners need to be able to match up services, i.e. ensure that the correct professional is providing the correct service – there was a suggestion that this is currently not being done.

With regards to the impact of the recommendation:

- Delegates stated that commissioners will now be able to identify the work that relevant teams currently undertake;
- The increase in admin work as a result of the recommendation will decrease in the amount of clinical work that social workers etc can do.

Delegates also argued that all children should have access to specialist and mainstream services – the guidance in turn should reflect this.

Inclusiveness

Delegates stated that:

- Children placed in kinship care are not viewed as being LAC, this it was suggested, needs to be reflected within the recommendation.

- Disabled looked after children not included within the recommendations e.g. what services they need.
- The recommendations specifically made reference to teenage girls – delegates stated that teenage boys should also be included.

Previous experience

Delegates stated that standard outcome measures do not fit in with LAC as they have multi factorial presentations - it was felt that the recommendations need to identify appropriate outcome measures that can be used nationally.

Information

Delegates noted that every trust has individuals who are responsible for disseminating guidance.

Delegates also suggested that training, road-shows or workshops for relevant agencies or individuals can be organised to disseminate information.

Session 2 – Group based assessment of each recommendation

The delegates were split into two groups, 5 recommendations were discussed group 1 and 5 recommendations were discussed in group 2.

GROUP 1**Recommendation 31: keeping the parent-held child health record (red book)**

Question 1a: Please give us your opinion on the content and wording of this recommendation, particularly how **useful** and **relevant** it might be.

Foster carers recognise the need for red books and like to have them. However, the focus on the red book in the recommendation is misplaced and is not necessarily relevant. There is a greater issue surrounding obtaining information. The recommendation assumes that everyone has a red book and has had all the checks required.

Question 1b: What **factors** might affect the feasibility of the implementation of this recommendation?

The red book is not promoted in all areas. Obtaining information is not always able.

Children have not had consistent parents. Therefore the red book is not always present.

Question 1c: How might any **barriers** to implementing this recommendation be overcome?

Not all information is available. Checks may not have taken place. For example, child asylum seekers are unlikely to have a red book.

Buy-in has to be through multi-agencies.

Question 1d: What **impact** might it have on current practice in your own role or organisation?

Most social health workers would not know what a red book is.

Education is needed on issuing the book. Clarity is needed on whose property the red book is. For example, is it the property of the PCT?

Training is needed on the use of the red book. For example, why it is needed and what health information needs to be recorded. This will encourage its use.

Question 1e: Can you please provide any other comments on this recommendation

There is a need to emphasise the step before this recommendation e.g. when a child enters care, there is a need to obtain a red book and consent of medical history.

A re-launch of the red book could take place.

Recommendation 32: providing the parent-held child health record book and early child health information

Question 2a: Please give us your opinion on the content and wording of this recommendation, particularly how **useful** and **relevant** it might be.

This recommendation is very useful and relevant. It emphasises necessary actions that should take place but currently do not. However, this recommendation also assumes that a red book is provided to all children.

Question 2b: What **factors** might affect the feasibility of the implementation of this recommendation?

Training is needed on the use of the red book. For example, newly qualified social workers are not clear on what they are doing.

Question 2c: How might any **barriers** to implementing this recommendation be overcome?

Social workers have so much to do that this recommendation will get lost.

Giving up a red book can be traumatic for a parent. Therefore, a social worker may avoid trying to take this book away from them.

Question 2d: What **impact** might it have on current practice in your own role or organisation?

The recommendation will have an impact. It will require more data entry, more administration work, increased costs of providing the books and a delay in obtaining the information.

Question 2e: Can you please provide any other comments on this recommendation.

N/A

Recommendation 33: producing a healthcare plan

Question 3a: Please give us your opinion on the content and wording of this recommendation, particularly how **useful** and **relevant** it might be.

The title of the recommendation is not accurate. It should state “*Producing healthcare recommendations*” or “*Producing a Care Plan including health recommendations*”. A Healthcare plan does not exist. This is confusing.

It is inaccurate for the recommendation to state that ‘a process to deal with requests made by the social worker to the designated nurse or doctor through the PCT’. This should read “*PCT provider*” or “*NHS provider*”, as it implies that the request has to go through commissioners first, which is not correct.

More information is needed on what health recommendations include. Currently, not all points are covered.

The recommendation is too specific. There is a need to cover a holistic approach.

Question 3b: What **factors** might affect the feasibility of the implementation of this recommendation?

The recommendation needs to be clarified and state what should happen on a national level.

Providing healthcare recommendations is already being done and is not an issue.

Question 3c: How might any **barriers** to implementing this recommendation be overcome?

There is a need to find ways for services to work together. Evidence needs to be gained and decisions on which services and agencies to include need to be made.

Communication between health and social care within a designated timeframe is needed.

Question 3d: What **impact** might it have on current practice in your own role or organisation?

The recommendation will not necessarily have an impact on current practice as it is already taking place. However, it may ensure individual health professionals focus and tighten up any gaps in practice.

Question 3e: Can you please provide any other comments on this recommendation.

Those who should be supervising and monitoring this recommendation needs to be stated.

Recommendation 34: providing health services for children and young people placed out of the area

Question 4a: Please give us your opinion on the content and wording of this recommendation, particularly how **useful** and **relevant** it might be.

The information provided is limited and has “*skirted*” the issue. There is a need to take on board different models of work taking place throughout the country.

The recommendation is an ideal situation and best practice; however, it currently does not work.

The wording is useful and relevant; however, it is not conducted well consistently across the country.

Question 4b: What **factors** might affect the feasibility of the implementation of this recommendation?

Currently it is unknown who is responsible for these actions and what needs to be done with information. Clear information on who to notify is not always readily available.

Question 4c: How might any **barriers** to implementing this recommendation be overcome?

A national template of who to notify is needed. One form and one process is needed to clarify roles and actions.

Question 4d: What **impact** might it have on current practice in your own role or organisation?

The impact of getting the process correct would be huge in a positive way. Clearer data would be available. If clarity was gained and this recommendation was applied, it would have great benefits for practice.

However, this could increase workload for those currently involved in notifications which would need to be resourced.

Question 4e: Can you please provide any other comments on this recommendation.

There is no national pathway for this which is needed. NICE could provide a pathway and clarify stages. This could be deviated for individual cases.

Recommendation 35: carrying out health reviews

Question 5a: Please give us your opinion on the content and wording of this recommendation, particularly how **useful** and **relevant** it might be.

Clarification of what a 'health review' is, is needed. For example, is this referring to a health assessment or other health appointments?

Clarification is also needed on what constitutes 'appropriate' training. The quality of this training needs to be defined.

The views of the child are not covered. The needs of the child, rather than the needs of health professionals, needs to be emphasised. Currently the recommendation loses the human element.

Question 5b: What **factors** might affect the feasibility of the implementation of this recommendation?

Lack of advance planning would prevent this from taking place, as well as staff shortages.

Currently GPs are relied on to do this for out of borough children. However, these may not be the most appropriately trained professionals.

Question 5c: How might any **barriers** to implementing this recommendation be overcome?

Clearer paperwork is needed, as well as acknowledgement that the most appropriately trained and skilled professionals carry it out.

A national standard and tariff is needed.

Question 5d: What **impact** might it have on current practice in your own role or organisation?

There would be an impact on training. There should be a skill mix and all roles should be covered.

Funding could be taken from GPs to fund specific roles to check quality.

The recommendation puts the onus on just the health industry, where as relationships with partner agencies should be covered.

Question 5e: Can you please provide any other comments on this recommendation.

The recommendation should be reworded to cover holistic health assessments.

A clear referral pathway is needed.

Clear guidance on who ensures the quality of health assessments is needed.

GROUP 2**Recommendation 36: providing a health summary update**

Question 1a: Please give us your opinion on the content and wording of this recommendation, particularly how **useful** and **relevant** it might be.

Delegates stated that further clarification surrounding the health plan is needed, specifically what is included e.g. mental health; physical health etc. delegates noted that “different definitions may be used by different organisations, and as such a universal definition needs to be seen.

Delegates also stated that the ‘who should take action’ list should be expanded further.

Question 1b: What **factors** might affect the feasibility of the implementation of this recommendation?

Delegates stated that a standardised assessment needs to be seen, in order to ensure that this is the same for every LAC. Delegates stated that there may be good practice running throughout the country, with the need for this to be identified and included. The importance of this is reiterated as delegates noted that looked after children are often a mobile group, a common format needs to be seen.

Question 1c: How might any **barriers** to implementing this recommendation be overcome?

Delegates stated that a standard needs to be devised which collects information on all looked after children when they come into care. Delegates also noted that some information already exists and as such this needs to be collected at a centralised level.

Question 1d: What **impact** might it have on current practice in your own role or organisation?

Delegates noted that the impact will be dependent on how to bring elements within the recommendation together as much of it already exists in current practice, and thus there is a risk of data being replicated.

Question 1e: Can you please provide any other comments on this recommendation

No response given.

Recommendation 37: commissioning assessments for court processes

Question 2a: Please give us your opinion on the content and wording of this recommendation, particularly how **useful** and **relevant** it might be.

Delegates stated that a LAC is referred to CAMHS during legal proceedings and not when this is ‘completed’, and as such this needs to be reflected within the recommendations. Further to this, delegates also stated that liaison with other services also needs to be recognised within the recommendation as well.

In addition, therapeutic work is not mentioned within the recommendation, e.g. timing, the effect on assessments of significant harm.

Question 2b: What **factors** might affect the feasibility of the implementation of this recommendation?

Delegates stated that wider issues need to be taken into account when dealing with courts, with the suggestion that guidance is needed to take into account on how to interact between clients.

Question 2c: How might any **barriers** to implementing this recommendation be overcome?

No response given.

Question 2d: What **impact** might it have on current practice in your own role or organisation?

Delegates stated that the recommendation would have no real impact, however, recognised that it could improve communication and quality of assessment of the child.

Further to this, delegates stated that legal advisors or professionals rarely ask for advice from health professionals.

Question 2e: Can you please provide any other comments on this recommendation.

No response given.

Recommendation 38: carrying out a leaving-care health consultation

Question 3a: Please give us your opinion on the content and wording of this recommendation, particularly how **useful** and **relevant** it might be.

Delegates stated that clarification needs to be provided on what age is included within the recommendation.

Delegates also asked for clarification on what 'medical' health means.

Question 3b: What **factors** might affect the feasibility of the implementation of this recommendation?

Delegates questioned the feasibility of young people given **all** details of their medical history, and also questioned why they would require or need all details of their medical history.

Delegates also recognised the role of a personal advisor and stated that if the LAC had one, they would be able to hold details on behalf of the young person.

It was also stated that the young person, potentially may not want the consultation. Further to this, a lead person/professional may also need to be identified if the young person does not want details of their medical history.

Question 3c: How might any **barriers** to implementing this recommendation be overcome?

Delegates suggested that the best approach to use would be for discussion between health professionals to be seen where it is then decided who is best placed to undertake the consultation. They also noted that the several professionals can undertake the consultation if required (not just one).

Question 3d: What **impact** might it have on current practice in your own role or organisation?

Delegates noted that consultation would provide an opportunity to discuss ongoing health care and to review health plans.

Delegates stated that the impact of the recommendation would mean extra work for them, however, noted that the recommendation was positive.

Question 3e: Can you please provide any other comments on this recommendation.

N/A

Recommendation 39: commissioning mental health services

Question 4a: Please give us your opinion on the content and wording of this recommendation, particularly how **useful** and **relevant** it might be.

Delegates stated that children require a neutral space for them to receive a mental health service and as such children's services and services promoting mental wellbeing should be seen on different sites.

The recommendation does not include trauma.

Question 4b: What **factors** might affect the feasibility of the implementation of this recommendation?

Delegates stated that many services do not have paediatricians.

Delegates also stated that good communication (between services) is needed as well.

Delegates noted that the recommendation states 'continuing with and completing a therapeutic intervention after the young person reaches the age of 18' should be seen, however, fails to recognise that CAMHS teams at present only work with LAC until the age of 18. Specialist LAC teams are best suited to work with this group who do not fit with adult mental health thresholds but there should be an upper age limit.

The recommendation also assumes that all staff are trained in a therapeutic modality.

Question 4c: How might any **barriers** to implementing this recommendation be overcome?

Delegates noted the importance of listening to the views of young people, and stated that this should be taken into account.

Question 4d: What **impact** might it have on current practice in your own role or organisation?

Delegates stated that it would be difficult for CAMHS to implement all elements of this recommendation due to resource issues unless PCT budget was ring fenced especially regarding the 18+.

Question 4e: Can you please provide any other comments on this recommendation.

Delegates also noted that recognition must be placed into the fact that on occasions, some young people who are referred do not want to engage with CAMHS, as such the recommendation should suggest pathways to other potential organisations that can be accessed instead.

Recommendation 40: providing access to specialist assessment services for young people entering secure accommodation or custody

Question 5a: Please give us your opinion on the content and wording of this recommendation, particularly how **useful** and **relevant** it might be.

Delegates acknowledged that the recommendation makes reference to 'physical and mental health' and stated that this terminology should be consistent throughout all recommendations.

Further to this, delegates also noted that the recommendation makes reference to specific job roles e.g. 'paediatrician' – delegates suggested that "*relevant health professional*" should be used instead.

Delegates stated that it was positive that the recommendation includes 'mental health' assessment.

Delegates also stated that it was good that this group are mentioned as they are often not recognised.

Question 5b: What **factors** might affect the feasibility of the implementation of this recommendation?

Delegates stated that mental health assessment includes forensics, however, they noted that many CAMHS teams do not have access to this.

Barriers identified by delegates included lack of expertise or resources.

Question 5c: How might any **barriers** to implementing this recommendation be overcome?

No response given.

Question 5d: What **impact** might it have on current practice in your own role or organisation?

Delegates stated that the secure units are disproportionately situated in specific regions and thus the recommendations may have more of an impact in such areas (as opposed to where not many secure units are seen).

Question 5e: Can you please provide any other comments on this recommendation

Delegates also suggested that CAMHS teams can potentially be based in establishments, for assessment purposes but that therapy should be provided by an external provider, whenever it is safe to do so and consistent with the overall care plan.

1.4 London workshop 4 (4th March 2010 PM)

Workshop details

Location: London

Date: 04/03/10

Time: 1.30pm - 4.30pm

Delegates attending: 11

Findings

This summary shows a variety of opinions from the delegates. It does not necessarily represent the opinion of each delegate and does not attempt to quantify the level of agreement.

Session 1 – General review of the draft recommendations

The session commenced with a general review of the recommendations as a whole.

Relevance

One delegate stated that the recommendations were very relevant and strengthens the models of practice which are currently seen. Further to this, the recommendations were viewed as being useful as they help to raise awareness and revisits and reiterates issues surrounding LAC.

Delegates also emphasised the view that the guidance includes recommendations only, and subsequently questioned whether individuals and agencies would implement them.

The recommendations were also seen to provide a source of information “*for people who are further removed from the area*”.

Content

One delegate noted that the recommendation was missing information with regards to LAC across borders and internationally.

Delegates also recognised the issue of costing and wanted further clarification on who would pay for some of the services stated within the recommendations. Here it was stated that this needed to be identified in order to ensure that relevant agencies would take the lead.

One delegate also questioned the statistics and evidence used during formation of the guidance and recommendations. According to one delegate, the guidance suggests that care applications have decreased however cited CAFCASS research which suggests that care applications in fact increased.

Further to this, the following elements were also stated as missing from the guidance:

- Dealing with the health issues of children in permanent foster care;
- Promoting contact between families overseas;
 - May be useful to provide information on the percentage of LAC with a connection overseas.
- The recommendations make reference to skills and expertise throughout – however does not specify what exactly this consists of;
- Details of specific responsibilities and roles should be seen.

In addition delegates also noted that there is an increase in LAC with a background and history of drug and alcohol abuse in their families – this again needs to be taken into account within the recommendations, as this “*has huge implications on the future of the child*”.

Feasibility

Delegates stated that the feasibility of the recommendations would be dependent on whether there are clear key performance indicators, as this was described as driving the work.

Delegates also stated that the feasibility needs to be linked in with specific recommendations; they noted that it is not possible to say all 53 recommendations are feasible, with this possibly varying between recommendations.

Delegates stated that respite care and LAC are treated as the same in schools; however, the needs are different for these children (LAC) and thus needs to be recognised within the recommendations.

Issues surrounding resources were also identified, as potentially impacting the implementation of recommendations – however, it was also recognised that much funding has been seen over the past 10 years within this area also.

Delegates noted that outcomes need to be identified and measured against to see if the recommendations have worked.

“Resources are not going to increase. NICE need to provide definitive guidance which will deal with the issues which are currently outstanding”.

Implementation

Delegates noted that in terms of implementation, geographical differences could have an effect, e.g. the services that are available in specific areas or regions.

In addition, it was also cited as to whether regional partnerships are taken into account within the recommendations.

Delegates stated that they were unclear as to whether the recommendation is running in line with statutory guidance – they suggested that if this was the case then limited impact would be seen. Further to this, delegates also suggested that the guidance could potentially be used as a toolkit; however, if this was to be the case, the guidance needs to include more detail than is currently seen.

Inclusiveness

Delegates stated that little or no reference is given to the following:

- No reference to privately fostered children within the recommendations
- No reference to trafficked children or asylum seekers;
- Little or no reference to BME children;
- Disabled LAC children – further details on this group should be provided within the recommendation.

Previous experience

Delegates stated that current research e.g. CORAM needs to be taken into account within the recommendations.

Further to this, the recommendations were also described as being ‘light’ on residential care and education.

Delegates also reiterated the need to include outcomes for each of the recommendations.

Information

Delegates stated that greater marketing activity is needed in order to increase information sharing.

Session 2 – Group based assessment of each recommendation

The delegates were split into two groups, 5 delegates discussed 6 recommendations in group 1 and 4 delegates discussed 5 recommendations in group 2.

GROUP 1**Recommendation 1: regulating and auditing services**

Question 1a: Please give us your opinion on the content and wording of this recommendation, particularly how **useful** and **relevant** it might be.

Delegates cited the following ‘all looked-after children in the area can access equally’ they questioned what all LAC can access – this needs to be specified within the recommendation.

Further to this, the recommendation also makes reference to the ‘full range’ of a child’s needs – delegates stated that it needs to be made explicit what is seen within the full range.

It was also suggested that the recommendation may help to identify gaps in services currently provided.

Question 1b: What **factors** might affect the feasibility of the implementation of this recommendation?

Delegates suggested that the recommendation does not include any new information, and that it is all covered under every child matters.

Delegates stated that budget constraints may affect implementation of this recommendation.

Delegates also stated that a standardised quality assurance system needs to be seen so that such a system can be used across the board.

Question 1c: How might any **barriers** to implementing this recommendation be overcome?

Delegates suggested that the recommendations were “*reassuring*” but more information needs to be provided on who does what.

With regards to budgets, delegates suggested that ring-fenced budgets should be seen, and that pooled budgets were problematic.

Standardised quality assurance processes need to be developed and used universally to ensure uniformity.

Question 1d: What **impact** might it have on current practice in your own role or organisation?

Delegates stated that all elements of the recommendation are covered under ‘Every Child Matters’ and that the recommendation does not include any additional or new information.

Question 1e: Can you please provide any other comments on this recommendation

No response given.

Recommendation 2: prioritising the needs of looked-after children and young people

Question 2a: Please give us your opinion on the content and wording of this recommendation, particularly how **useful** and **relevant** it might be.

The recommendation makes reference to the 'LAC population'; delegates however report that they are unable to state what the LAC population is. It was suggested that further research is needed to identify who is seen within these groups.

Question 2b: What **factors** might affect the feasibility of the implementation of this recommendation?

Delegates also noted that although an evidence review has been carried out by NICE, a needs assessment has not been seen, which identifies the needs of this group – it was felt that this should be seen.

However in the main, delegates stated that they are already undertaking the recommendation.

Question 2c: How might any **barriers** to implementing this recommendation be overcome?

Carry out a needs assessment for LAC, to identify the requirements for this group.

Question 2d: What **impact** might it have on current practice in your own role or organisation?

Delegates noted that in terms of impact, further research is needed to clarify what is effective (in relation to this area) and how they are actually measured in terms of effectiveness. It was felt that once this has been established, the impact of the recommendation can be identified.

Delegates also noted that directors of children's services may say that the recommendation "*is already happening*" but note that clarification on measuring effectiveness needs to be seen.

Further to this, delegates also suggested that the recommendation may raise awareness amongst directors of children's services as "*directors do not understand the social care component of the job [of social workers]*".

Question 2e: Can you please provide any other comments on this recommendation.

No response given.

Recommendation 3: commissioning services for looked-after children and young people

Question 3a: Please give us your opinion on the content and wording of this recommendation, particularly how **useful** and **relevant** it might be.

Delegates noted the need for commissioners to have a professional background as "*sometimes commissioners don't have the skills but fit the business model [of the trust] so get the job*".

Delegates also suggested that sometimes commissioners, commission projects that do not work.

Question 3b: What **factors** might affect the feasibility of the implementation of this recommendation?

Delegates state that evidence based decisions and commissioning should only be seen.

Delegates also state that the recommendation could reinforce a split between young people and commissioning.

Question 3c: How might any **barriers** to implementing this recommendation be overcome?

Delegates stated that identification of why a child needs to be looked after, needs to be taken into account before services are commissioned.

Question 3d: What **impact** might it have on current practice in your own role or organisation?

No response given.

Question 3e: Can you please provide any other comments on this recommendation.

Delegates suggested that recommendation 2 and 3 should be linked with each other.

Recommendation 4: consultancy services

Question 4a: Please give us your opinion on the content and wording of this recommendation, particularly how **useful** and **relevant** it might be.

Delegates were positive with regards to this recommendation, and noted that the recommendation was “*good in the way it is set out*”.

They noted the positivity of a group consulting on issues, rather than one individual making the decisions.

Delegates also noted that the recommendation provided a proactive structure in dealing with LAC rather than being reactive i.e. “*wait till something goes wrong*”.

Question 4b: What **factors** might affect the feasibility of the implementation of this recommendation?

Delegates stated that the recommendation appears to place a reliance on being led by providers, however, noted that the social work model is being used currently, and as such the recommendation is feasible.

Delegates also noted the issue of some children being placed out of borough and therefore, it may not be possible to provide services (as stated in the recommendation) to the child. It was felt that this needs to be recognised within the recommendation, with a pathway suggested for dealing with such children.

Question 4c: How might any **barriers** to implementing this recommendation be overcome?

The social work model is being used currently, and as such the recommendation is feasible.

Question 4d: What **impact** might it have on current practice in your own role or organisation?

No response given.

Question 4e: Can you please provide any other comments on this recommendation.

No response given.

Recommendation 5: coordinating services between and within agencies

Question 5a: Please give us your opinion on the content and wording of this recommendation, particularly how **useful** and **relevant** it might be.

Delegates noted that the recommendations need to make explicit whether the social worker will always have the key worker and coordinating role. If not other roles need to be suggested and included within the recommendations.

Delegates also stated that the recommendation should also identify who exactly the agencies (as identified in the title) are.

Question 5b: What **factors** might affect the feasibility of the implementation of this recommendation?

Delegates stated that the elements seen within the recommendation are already happening to some extent.

Delegates stated that the recommendation should contain more information on the types of services e.g. housing etc.

Question 5c: How might any **barriers** to implementing this recommendation be overcome?

No response given.

Question 5d: What **impact** might it have on current practice in your own role or organisation?

As above, delegates stated that the recommendation is already happening to some extent and therefore questioned whether the recommendation needs to be seen.

Question 5e: Can you please provide any other comments on this recommendation.

No response given.

Recommendation 6: sharing health information

Question 6a: Please give us your opinion on the content and wording of this recommendation, particularly how **useful** and **relevant** it might be.

Delegates queried what was meant by hand held records, and suggested that this needs to be expanded on and made clearer within the recommendation.

Delegates also noted that the recommendation is a clinical concept and does not necessarily align with children's services in the traditional sense.

Delegates also stated that further details are required on what type of information is suitable to share – this should be included within the recommendation.

Delegates stated that the recommendation mainly surrounds good coordination with regards to health information sharing.

Question 6b: What **factors** might affect the feasibility of the implementation of this recommendation?

Delegates stated that the recommendation implies that consent (from parent or child/young person) is not required when sharing information.

Question 6c: How might any **barriers** to implementing this recommendation be overcome?

Delegates stated that resources should be available to help gain consent, as gaining consent is not always possible.

Question 6d: What **impact** might it have on current practice in your own role or organisation?

Delegates stated that *“a good social worker will be doing this [elements in the recommendation] anyway”*.

Question 6e: Can you please provide any other comments on this recommendation.

Delegates noted that throughout the recommendation references are made to the ‘red book’ and ‘hand held records’. It was suggested that further clarification is needed on these terms, particularly if they are referring to the same thing, and if so consistency is necessary throughout the guidance.

GROUP 2

Recommendation 11: developing a national strategy for kinship

Question 1a: Please give us your opinion on the content and wording of this recommendation, particularly how **useful** and **relevant** it might be.

More information on how kinship and family care should be supported needs to be covered. A better health assessment may be needed to underpin this support.

What the support will look like is highly relevant to commissioning. Therefore, this needs to be included in the recommendation.

Question 1b: What **factors** might affect the feasibility of the implementation of this recommendation?

The standard needs to be stated. There needs to be a good assessment of the child’s needs and criteria needs to be set on what is a good standard of kinship care.

There will be training issues for prospective carers and social workers for assessments. Training will also need to be provided to the court system to explain what the issues are and the emotional aspects.

Question 1c: How might any **barriers** to implementing this recommendation be overcome?

Kinship care often has lower assessment standards. The child’s needs often do not get addressed. There is a need to work at an earlier level with the child.

More information is needed on how to address the need of financial support and where it comes from.

Question 1d: What **impact** might it have on current practice in your own role or organisation?

The recommendation does not include specific detail. This is already being carried out; however, quality differs. Without this detail the recommendation will not have an impact.

Question 1e: Can you please provide any other comments on this recommendation?

Research on outcomes of kinship care in the long term is needed.

Emphasis is needed on how the long term benefits outweigh the short term costs. For example, funding training will replace the money used in disruptions in the long term.

Recommendation 12: promoting extended family and kinship care

Question 2a: Please give us your opinion on the content and wording of this recommendation, particularly how **useful** and **relevant** it might be.

Recommendation 11 could be linked with recommendation 12.

Assessment is key as there is a need for professionals to know what they are dealing with in order to plan support.

Question 2b: What **factors** might affect the feasibility of the implementation of this recommendation?

The recommendation needs more detail.

It is often difficult to identify kinship carers.

It is not very feasible for assessments to take place within six months.

There will be training implications for this recommendation and a need to build capacity.

Question 2c: How might any **barriers** to implementing this recommendation be overcome?

It is important that resources and support of kinship care is equivalent to adoption. Kinship carers should have access to the post adoption team and access to the social work team.

It can be difficult to find the family members. On occasions, mothers do not want to provide the details of the fathers. Family members can also become present at a later date.

Question 2d: What **impact** might it have on current practice in your own role or organisation?

There would be an impact on training professionals in kinship care and assessments. There would be a huge amount of professionals to train.

There would be funding issues to deliver support for kinship carers. However, the follow on costs could be less.

Question 2e: Can you please provide any other comments on this recommendation.

Independent social workers could be used to carry out kinship assessments.

If good assessments are carried out, fewer disruptions would take place. These disruptions can cause a lot of work and drain resources.

Recommendation 20: accessing services for babies and young children

Question 3a: Please give us your opinion on the content and wording of this recommendation, particularly how **useful** and **relevant** it might be

The recommendation should focus on the aim to not have any placement moves for the child.

It would be good practice and beneficial if every child had an appropriate mental health assessment. However, they do not have to be carried out by CAMHS. Instead professionals such as paediatricians and specialist nurses could carry them out.

Question 3b: What **factors** might affect the feasibility of the implementation of this recommendation?

An assessment training tool is needed. Currently there is no tool to assess mental health.

Stability is important. Placement moves, particularly across the board will affect the ability to carry out the recommendation. These placement moves would also have an effect on the child's mental health.

Question 3c: How might any **barriers** to implementing this recommendation be overcome?

There is a need to emphasise that foster carers should be taught about attachment theory.

Question 3d: What **impact** might it have on current practice in your own role or organisation?

There would be great training issues of all those involved.

Question 3e: Can you please provide any other comments on this recommendation.

'British Association for Adoption and Fostering (BAAF) carers report' could be referenced as further development of tools.

Recommendation 21: providing specialist training for foster carers and practitioners working with babies and young children

Question 4a: Please give us your opinion on the content and wording of this recommendation, particularly how **useful** and **relevant** it might be.

The recommendation covers very relevant issues. It should also focus on general development, not just attachment. For example, health topics, hobbies, play, as well as the health care issues of the carers (e.g. diet, substance use).

Question 4b: What **factors** might affect the feasibility of the implementation of this recommendation?

There is a need to lay out training for foster carers in general. A general recommendation on this training would be beneficial.

Training would have to be mandatory and part of the contract. The carers should also be audited on compliance of this contract. There should be regulations in place to allow foster carer status to be revoked for non compliance.

The willingness of foster carers and their capacity to attend training could also be a problem.

Question 4c: How might any **barriers** to implementing this recommendation be overcome?

Willingness of foster carers to change and develop would be a barrier.

Attachment training should be offered to carers where attachment issues are present. This should take place early on in the placement.

Training should also be accessible e.g. options of how to attend training should be available. Child care could be provided whilst carers attend training.

It would be beneficial if foster carer status and salary is improved. Acknowledgement of foster carer as a professional role and career option would be useful.

Question 4d: What **impact** might it have on current practice in your own role or organisation?

Making training mandatory could “*put off*” good foster carers from taking on the role. The type of course would have an impact. For example, some people are not academically minded. Therefore, the training needs to be practical or a mix of practical and academic.

Question 4e: Can you please provide any other comments on this recommendation.

There needs to be a capacity to cope with all training. There needs to be imaginative methods of presenting the training.

Training needs to cover awareness of substance backgrounds, babies in withdrawal and how carers of these babies can be supported.

Recommendation 22: reducing separation and loss for babies and young children aged 0–3 years

Question 5a: Please give us your opinion on the content and wording of this recommendation, particularly how **useful** and **relevant** it might be.

The recommendation contains some very relevant and useful information. Particularly concerning the need to ensure pressure on resources does not influence decisions to move children and the need to ensure concurrent planning is in place.

It is important that any transition is conducted sensitively.

Question 5b: What **factors** might affect the feasibility of the implementation of this recommendation?

A lack of appropriate carers may affect the feasibility of implementing this recommendation.

In some cases, foster carers may not be encouraged to adopt, due to the fear of losing them as a foster care resource.

Question 5c: How might any **barriers** to implementing this recommendation be overcome?

Conducting a quality assessment would have resource implications.

It is important for analysing and recommending to take place rather than just fact finding.

Question 5d: What **impact** might it have on current practice in your own role or organisation?

The recommendation could have a significant impact on the pool of foster carers available.

In the long term the recommendation could improve the outcomes and would have a very large positive impact.

Question 5e: Can you please provide any other comments on this recommendation?

N/A

1.5 Manchester workshop 5 (10th March 2010 AM)

Workshop details

Location: Manchester

Date: 10/03/2010

Time: 09:30 – 12:30

Delegates attending: 12 delegates

Findings

This summary shows a variety of opinions from the delegates. It does not necessarily represent the opinion of each delegate and does not attempt to quantify the level of agreement.

Session 1 – General review of the draft recommendations

The session commenced with a general review of the recommendations as a whole.

Relevance

Delegates informed that there appears to be a large focus on CAMHS support and access in the guidance recommendations and it was hoped that they may add to current practice by improving the access to such services.

There was support expressed for the recommendations relating to the training of foster carers and the mention of linking attachment theory into such training. It was hoped that this may improve service provision by reducing the subsequent amount of emotional breakdowns between carers and the child.

Delegates were wary of the cost implications of the recommendations and how these would be met by the current services.

It was felt that the guidance recommendations would support the 2009 statutory guidance well and that it would also “...*provide a more accessible document for a wider range of professionals...*” aside from those in mainstream health related roles.

Delegates noted that the guidance has incorporated recommendations surrounding kinship care which is reportedly often omitted or incorporated to a lesser extent; *“It may help emphasis [kinship care] rather than it being add hock”*.

Content

Delegates were of the opinion that voluntary agencies had been missed out to a larger degree by the recommendations. It was felt that there was a need to incorporate and signpost to such services, as well as specialist services for certain negative health behaviour, such as alcohol and drug addiction.

There was concern expressed by some of those present that in specifying job roles and organisations who should be taking action, those not mentioned under that heading may not feel it their responsibility to act as they have not been explicitly mentioned whereas others have.

Feasibility

When discussing feasibility, delegates reiterated their concerns for resourcing. They informed that the *“resources are fixed but the population of looked after children is increasing”*. Furthermore, the current IT systems where health and information records of children are stored, were not reported as being user friendly which consequently would make it more challenging to meet all of the demands set out within the recommendations. Elaborating delegates informed that the ICS forms were neither child nor foster carer friendly and it was thought to be difficult to accurately capture and record information as often organisations are reliant on the accurate provision of such information from Local Authorities.

Consequently, the transfer of care from one Local Authority to another was reportedly particularly troublesome. It was reported that the waiting list for specialist services are often long and when children are moved across counties or to different Local Authorities they have received nothing and are placed on the end of the waiting list before being moved and starting over again a short time later. Equally, it was felt that children can be moved and receive good services, but then they are moved back to their original Local Authority and that support is lost. Delegates felt that the new statutory guidance coupled with these recommendations will force improvements. Following on from this, it was suggested that the guidance *“...misses out the link between the service being provided and the young person”*; delegates questioned who it would be informing and explaining the guidance implementation and changes in service provision to the young person.

It was the opinion of some attendees that young people may simply view the guidance as another means of *“starting again”*, in the same way that services are constantly being commissioned, de-commissioned, re-commissioned and changed. Other individuals present, thought that the guidance helped to reinforce current focus and provide aspirational goals which organisations would then be able to work towards.

Delegates exchanged their own accounts of practices within their local areas and a large degree of variation in practice became apparent, however overall, there was generally a lack of knowledge surrounding the different services and support available in the different locations.

Implementation

Delegates reported that in order for the recommendations to be successfully implemented, there would need to be improvements in communication within and between the different agencies. A small number of delegates had experience in or were at the time working for independent foster agencies and they informed that they were constantly having to chase for information and push to be able to attend important meetings held between the child and other services, such as children's reviews. Such services were reportedly "*often dismissed or sidelined [when] they need to be included more because they play a key role*".

Following on from this, delegates believed that there was a need to emphasise the role of independent agencies more within the guidance. In particular it was thought that this should be linked in with the training recommendations as a way of emphasising that the different agencies are not in competition with one another, but instead should be working together. This premise was supported by most of those present who thought it imperative that the people who know the children best are consulted on their care, whether that is a foster carer or a supervising social worker.

Delegates emphasised the need for multi-agency working between the different organisations; they felt that the guidance would assist in promoting this because it would provide a "*black and white document that we [independent organisations] can use as leverage to be invited and included*" at the relevant stages of the child's development and care.

Inclusiveness

Delegates felt that minority and specialist groups had been considered and included in the guidance, but that this was not frequently apparent. They informed that they would really welcome further detail surrounding how to access such 'hard to reach groups' (such as asylum seekers), what arrangements should be in place for their care, and advice on who/what professionals should be involved in their care and in what way. Similarly, delegates were of the opinion that the same level of detail was lacking for supporting children living in secure accommodation.

It was suggested that further detail relating to cultural differences and issues should be linked in with the training recommendations so that professions feel confident in addressing such issues rather than avoiding them. A small number of delegates reported that, in their area, BME children are generally placed far quicker than white British children, it was thought that this was because professionals panic and do not know how to seek the most appropriate care for such children.

Previous experience

A small number of individuals commented that there is not the service provision across the whole country for specialist schooling for those who need it. Consequently, for this reason, children's needs may not always be met in different locations.

Information

Delegates were of the opinion that the most effective way of informing professionals about the guidance would be through a launch event, in order to generate interest. It was suggested that this be conducted at a local level, with invites being sent to multi-agency representation. It was felt that without some form of event to launch the guidance it will remain a detailed document which remains unread by practitioners, as opposed to a working document of reference and information. It was also the opinion of those present that individual organisations have the responsibility to discuss the guidance and raise awareness internally with staff.

Session 2 – Group based assessment of each recommendation

The delegates were split into two groups, with some delegates discussing four recommendations in group 1 and other delegates discussing six recommendations in group 2.

GROUP 1

Recommendation 14: assuring the quality of foster care

Question 1a: Please give us your opinion on the content and wording of this recommendation, particularly how **useful** and **relevant** it might be.

Overall, delegates were supportive of this recommendation as they felt it would ensure that basic training is achieved by all foster carers. It was also the opinion of some individuals that the recommendation would support the DWDC training. They did however question what the consequence would be for someone who chose not to adhere to the contents of this recommendation, as it was anticipated that resistance would be encountered from older, longer standing carers in particular.

With regards to the wording ‘ensure all foster carers meet and maintain statutory standards’, delegates questioned who would be assessing this and using what criteria. Individuals contributed with elements of their own current practice using independent organisations to assess their practice and felt that this may be something to be recommended within the guidance.

It was felt that further clarification was necessary surrounding what constitutes ‘underperforming’, and whether this refers to training, service feedback or attendance to appointments as necessary.

Some delegates were of the opinion that the reference made to foster carers undermines the work of kinship carers, insinuating that they do not need to maintain such standards. Consideration was also given to those who may be providing respite care, as it was felt that some form of e-learning would be necessary in order for such individuals to remain practicing in accordance with the national standards.

Individuals believed there to be a shortage of foster carers at the present time and expressed concern for the impact of placing greater pressure on those practicing.

Question 1b: What **factors** might affect the feasibility of the implementation of this recommendation?

Delegates felt that the willingness of carers to adhere to the recommendation and maintain their standard of competency would be a factor affecting its feasibility. Furthermore, the way in which they are to be assessed was also thought to influence the feasibility of the recommendation.

Question 1c: How might any **barriers** to implementing this recommendation be overcome?

Delegates believed that a holistic understanding of what the different services do and the way in which they interlink would support successful implementation, as would further detail surrounding what the criteria of standards would be based upon and the way in which individuals and organisations could go about achieving them.

Question 1d: What **impact** might it have on current practice in your own role or organisation?

Delegates were generally of the opinion that the impact of the recommendation would depend largely on the criteria to which it is to be assessed. It was stated that “*a foster carer could tick all the boxes but if that child is not happy then they are underperforming*”.

Question 1e: Can you please provide any other comments on this recommendation

No further comments were provided regarding recommendation 14.

Recommendation 15: training foster carers

Question 2a: Please give us your opinion on the content and wording of this recommendation, particularly how **useful** and **relevant** it might be.

Overall, delegates believed that this was a good recommendation which was focused and comprehensive. They were of the opinion that further detail would be beneficial surrounding how to deal with children who have particularly challenging behavioural needs and difficulties.

Some delegates were of the opinion that this recommendation should not specify ‘babies and young children’, but that it should be applicable to “*all children*”, including those who may have attachment difficulties. Other delegates made the suggestion to leave the wording in specifying “*babies and young children*”, and add older children into the bullet of detail as well.

With regards to the first sub-bullet point, it was suggested to make reference to the Safe Care Plan and Family Plan when discussing ‘manage change and plan age-appropriate transitions’.

Delegates were united in disagreement regarding the use of the word ‘intimacy’ in the context of children, deeming it to be inappropriate. They felt that the level of ‘appropriate intimacy’ should also be specified (i.e. peer level). Elaborating, one individual explained that many of the children taken into care have been subject to traumatic experiences and therefore consideration of the wording used in their context was believed to be imperative. One individual stated that within their organisation they use the word “*surprises*” and not the word “*secrets*” for that very reason.

Looking towards the fifth sub-bullet point of detail, delegates questioned what was meant by the term ‘joint working practices’. Delegates assumed that this was referring to multi-agency working, however believed that this should be made more explicit.

Attendees believed that the initial wording of the final bullet point of detail, in addition, should be removed as the content was thought to be as important as the other bullets of detail, yet such wording made it appear as though it was not compulsory.

Question 2b: What **factors** might affect the feasibility of the implementation of this recommendation?

No feedback given.

Question 2c: How might any **barriers** to implementing this recommendation be overcome?

Delegates believed that greater care for matching children with carers would assist with the implementation of this recommendation and place less pressure on new carers by not placing particularly challenging children in their care without adequate training and support in place for them to cope. Furthermore, managing expectations of carer and children was also deemed to be important in providing a stable and supportive placement.

Delegates also believed that a child with a maturity deficit in relation to their physical age would challenge a carers ability to be knowledgeable and understanding of their behaviour (physically they would be looking at a 16 year old but in reality the emotional maturity of that individual could be representative of a 7/8year old).

Question 2d: What **impact** might it have on current practice in your own role or organisation?

Delegates were hopeful that this recommendation may mean that there is more chance of maintaining placements for children and there being fewer disruptions in their care provision, because the carer would have the background knowledge and appropriate expectations to deal with any difficulties which may arise.

Question 2e: Can you please provide any other comments on this recommendation.

Delegates commented that there appeared to be a lack of safeguarding training within this recommendation and questioned whether this was perhaps a focus in an alternative recommendation.

Recommendation 16: supporting and supervising carers

Question 3a: Please give us your opinion on the content and wording of this recommendation, particularly how **useful** and **relevant** it might be.

Delegates commented on the wording of the first bullet point of detail, 'helping social workers', and felt that clarification was necessary as to whether this was referring to the child's social worker or the supervising social worker.

Reference to 'consultancy' provision within the second bullet point of detail was also believed to require clarification of who would provide the consultancy and who's responsibility it would be to ensure that this takes place.

Attendees questioned where the resource and funding would come from to 'ensure that childcare arrangements are in place to enable foster carers to attend training'; and also whether this would be the responsibility of the foster carer or the family support worker to ensure that this happens.

With regards to the fourth bullet point of detail, delegates were of the impression that all foster carers were required to undertake both preparation training and fostering network pathway training prior to undertaking any responsibilities as a foster carer. It was therefore queried whether this bullet point of detail was intended to refer to kinship carers instead.

Delegates referred to the fifth bullet point of detail and questioned why 'age, gender and race' had been singled out without there being consideration for other factors such as learning difficulties and those with disabilities.

Delegates were pleased to see consideration had been made for the children of foster carers within this recommendation as this is reportedly often overlooked. Attendees felt that this would add to current practice, making this more of a priority than it is at present. It was however thought to be beneficial if the guidance could signpost individuals to organisations and sources of support which are referred to within the recommendation.

Overall, delegates were confident that this recommendation would add to current practice by prioritising elements which are not prioritised at present, however there were elements that were believed to require further clarification detail and signposting to services.

Question 3b: What **factors** might affect the feasibility of the implementation of this recommendation?

Delegates believed that the provision of examples of good practice would enhance this recommendation and assist professionals to implement it.

Once again, there was concern relating to the resource requirements of achieving the details within this recommendation.

Question 3c: How might any **barriers** to implementing this recommendation be overcome?

Delegates felt that this recommendation would encourage foster carers to ask for support when they need it and recognise their own knowledge limits and when they need assistance.

Question 3d: What **impact** might it have on current practice in your own role or organisation?

Delegates were of the opinion that this recommendation by and large formalises the practice which most are already doing at present, but in doing so delegates believed that it would help illustrate which aspects may need greater prioritisation.

Question 3e: Can you please provide any other comments on this recommendation.

Although the recommendation mentions foster carers and, it was thought to allude to, kinship carers, respite carers were thought to have been overlooked by this recommendation.

Recommendation 17: training supervisors

Question 4a: Please give us your opinion on the content and wording of this recommendation, particularly how **useful** and **relevant** it might be.

Overall, delegates were supportive of this recommendation as they felt it may help justify to the child why they have been placed somewhere. A number of minor amendments were suggested, however as detailed below.

Attendees were of the opinion that the recommendation should incorporate the considerations of emergency placements. Furthermore it was thought that advice and signposting to immediate sources of support would be beneficial because “*the first placement is rarely planned*” and therefore support for carers and the child needs to be quickly accessible in this incidence.

Focusing on the second bullet point of detail in particular, ‘Supporting cross-cultural placements’, delegates questioned what was meant by the word ‘culture’; they believed that all too often assumptions are made based on skin colour. Further clarification was deemed necessary regarding what constitutes a ‘cross-cultural placement’. Delegates also suggested amending the wording to “*Addressing the issues relating to cross-cultural placements*”, and also felt that further detail on how to achieve this and what action should be taken would be beneficial.

With regards to the final bullet point of detail, delegates suggested amending the current wording ‘Supporting sibling placements and contact between siblings and family members’ to “*Promoting, where possible, sibling placements and contact between siblings, family members and significant others*”.

Question 4b: What **factors** might affect the feasibility of the implementation of this recommendation?

Delegates believed that the following factors may influence the feasibility and successful implementation of this recommendation:

- Differences between foster and adoption assessments and carers differing qualifications;

- Increasing awareness of the requirements of carers amongst those already in the system, but new carers lack such awareness and experience of problems which may be encountered and how to address them. This therefore could potentially make the role of the supervisor more challenging.

Question 4c: How might any **barriers** to implementing this recommendation be overcome?

It was thought that the recommendation would benefit from emphasising the qualifications necessary to become a carer, as well as their responsibility for safeguarding. In specifying the role of the supervising carers, it was thought that this would make clear to carers whom they are supervising how best to make use of their supervising carer and would therefore help manage expectations.

Question 4d: What **impact** might it have on current practice in your own role or organisation?

Delegates believed that this recommendation would be of benefit in helping to guide topics of discussion during meetings of supervision and also providing a list to ensure that specific elements are covered within training “*which appear to be lacking at the moment*” such as basic communication skills and how to approach sensitive issues at the child’s level. Delegates commented that at the present time, sensitive issues are often approached “all guns blazing”, or are avoided all together.

Question 4e: Can you please provide any other comments on this recommendation.

No further comments were provided.

Recommendation 18: meeting the individual needs and preferences of looked-after children and young people

Question 5a: Please give us your opinion on the content and wording of this recommendation, particularly how **useful** and **relevant** it might be.

Delegates suggested that the courts should be incorporated into ‘who should take action’ for this recommendation as they often have a large influence on the degree of contact a looked after child has with family.

Delegates were unclear of whose responsibility it was to ensure the actions specified are met and felt that this could be made clearer within the recommendation.

Attendees believed that the third bullet point of detail should refer to the five outcomes, informing that all childcare professionals should be aware of what they are.

Delegates did not agree with the use of the word ‘ensure’ throughout the recommendation, they felt that a more informative word could be used to indicate how to go about achieving the detail stated. It was felt that the word ‘ensure’ failed to place responsibility and make the detail a priority by those listed to take action.

The fourth bullet point of detail recommends that the children are able to ‘participate in policy decisions’. Delegates felt that clarification was needed as to what level this is expected to be achieved; whether this was in relation to their own care plans or whether this was intended to be achieved through the use of children’s boards.

Delegates did not agree with the penultimate bullet point of detail in this recommendation; ‘Allow contact with close family members to diminish’. They believed that, on the contrary, this was not allowed to happen. The suggestion was made to amend the wording to “*challenge contact with close family members*”.

Further clarification was deemed necessary surrounding what is meant by ‘the pledge’ in the final bullet point of detail.

Question 5b: What **factors** might affect the feasibility of the implementation of this recommendation?

Delegates felt that the implementation of this recommendation may be unsettling for a child; for example, if they do not wish to partake in policy decisions.

It was thought that legal influences may affect the feasibility of this recommendation, hence why it was felt that the courts should be incorporated into its content.

Question 5c: How might any **barriers** to implementing this recommendation be overcome?

Delegates believed that maintaining the same reviewing officer for the child may help to ensure that the actions placed upon different individuals and services are met, as well as helping the child to feel more settled.

It was suggested that responsibility should be assigned at looked after children reviews or the planning stage and that this may help such actions to remain prioritised and achieved. Furthermore, ensuring the documented outcomes of such meetings were circulated around to all relevant professionals, was also believed to help provide a holistic understanding of the roles of different individuals, as well as increasing continuity of care for the child.

Question 5d: What **impact** might it have on current practice in your own role or organisation?

Delegates believed that this recommendation would lead to a more detailed and improved care plan being formulated, and better outcomes for children as a result as it would enhance ownership of their care.

Question 5e: Can you please provide any other comments on this recommendation

No further comments were provided.

GROUP 2

Recommendation 47: preparing to leave care

Question 1a: Please give us your opinion on the content and wording of this recommendation, particularly how **useful** and **relevant** it might be.

The delegates suggested that in bullet point 3 it should state “*leaving all care*” (including kinship care) not just ‘leaving kinship care’. In bullet point 5 they suggested that the recommendation should state “*ensure that residential and foster placements equip*”.

Delegates reported that cross referencing needed to be made to a number of other recommendations such as recommendation 38 (the health element of this recommendation).

Delegates discussed that it was important to include support for health and particularly support on the transition to adult services and they suggested that a cross reference to recommendation 39 would be useful.

Discussions were also raised on the importance on support for young people post 18 years as they need support, particularly to access further education.

One delegate suggested that the mention of CAMHS in this recommendation should stress in more detail the psychological and emotional support services, as young people are often apprehensive about accessing a CAMHS service.

Question 1b: What **factors** might affect the feasibility of the implementation of this recommendation?

Delegates discussed that young people in independent agencies would have financial needs that would be difficult to meet, e.g. Local Authorities will not find placements beyond 18 and this has a knock on effect on leaving care. They discussed how there was a resource issue and that there would be challenges to provide the likes of personal advisers.

One delegate pointed out that in certain areas CAMHS is only available to the age of 16, so there is a gap between this and the provision of adult services.

Question 1c: How might any **barriers** to implementing this recommendation be overcome?

Delegates suggested that many foster carers were not aware of the options going forward for children in their care when leaving care and so were not best enabled to advise them. They suggested a number of barriers to implementation of this recommendation including:

- Resources;
- Funding post 18 years;
- Staffing;
- Training for adult services to understand the needs of the population.

Question 1d: What **impact** might it have on current practice in your own role or organisation?

They felt that it was positive to allow children to return to Local Authority care, however, there needed to be some other provision as carers may leave their profession and then they would not have any support available.

Delegates felt that the impact would be that they would be involved with the young people longer so support for carers for extended care provision would need to be considered.

Question 1e: Can you please provide any other comments on this recommendation

No other comments given.

Recommendation 48: providing leaving-care services

Question 2a: Please give us your opinion on the content and wording of this recommendation, particularly how **useful** and **relevant** it might be.

Delegates suggested that who would be responsible for Children's Trusts needs to be clarified (e.g. specify if this involves the PCT, LA and who specifically this would involve).

Delegates requested clarity on what the 'Children's and young person's plan' is and questioned whether this is the 'leaving care plan'?

The delegates suggested that an additional bullet point be added to the end of the recommendation to specify "Access to a specialist health nurse".

Question 2b: What **factors** might affect the feasibility of the implementation of this recommendation?

The delegates discussed how there were some inherent training issues with this recommendation and that it would be important to help change the relationship to the child at different ages.

Other factors that they felt would affect the feasibility of this recommendation included resources, availability of services as this can be a "postcode lottery" and monitoring of the implementation of services post 18 years.

Question 2c: How might any **barriers** to implementing this recommendation be overcome?

The delegates discussed how there was a lack of support for looked after children once they were over 18 years and much of the support that they receive prior to this, (e.g. provision of a bus pass), suddenly disappear once they reach 18 years.

They also discussed how child care facilities can be a barrier and also further support for adults.

The delegates questioned who would do the life skills training and also who would take responsibility for this.

The delegates queried here who within their organisation would take ownership for elements of this recommendation and therefore ensure that it was delivered.

Question 2d: What **impact** might it have on current practice in your own role or organisation?

Delegates felt that it would be beneficial to have services to support young people up to the age of 25 as they stated that many children that are not looked after do not leave home until this time. They felt that most areas do not provide services after 18, let alone over 25s, so this would be a massive impact.

Question 2e: Can you please provide any other comments on this recommendation.

No further comments were provided.

Recommendation 49: transferring to adult mental health services

Question 3a: Please give us your opinion on the content and wording of this recommendation, particularly how **useful** and **relevant** it might be.

The delegates suggested that within the 'who should take action' section that therapeutic social work teams should also be included.

They also stated that rather than 'relevant adult services' it should be "*appropriate adult services*".

Question 3b: What **factors** might affect the feasibility of the implementation of this recommendation?

Delegates suggested that there was a gap in services at present and that CAMHS in most areas finishes at 16 and adult services start at 18, so how is this gap filled.

Delegates suggested that the CAMHS recommendation needed to be cross-referenced in this recommendation.

Question 3c: How might any **barriers** to implementing this recommendation be overcome?

Delegates suggested that one barrier could be the skills of the foster carer in giving the necessary support and lack of support across services.

Question 3d: What **impact** might it have on current practice in your own role or organisation?

No response given.

Question 3e: Can you please provide any other comments on this recommendation.

Delegates stated that this was a “*useful recommendation*” and they were pleased to see its inclusion.

Recommendation 50: inspecting services for care leavers

Question 4a: Please give us your opinion on the content and wording of this recommendation, particularly how **useful** and **relevant** it might be.

Delegates were pleased to see the mention of those aged 18 and over within this recommendation, and there was consistent general support from practitioners on this recommendation. The delegates did suggest that the mention of a framework needed to be defined more accurately. They were interested in what sort of framework was being suggested and what this should contain for these groups.

Question 4b: What **factors** might affect the feasibility of the implementation of this recommendation? No further comments were provided

No comments given.

Question 4c: How might any **barriers** to implementing this recommendation be overcome?

No comments given.

Question 4d: What **impact** might it have on current practice in your own role or organisation?

Delegates felt that this recommendation would affect the Care Quality Commission and Ofsted but would not directly affect their practice.

Question 4e: Can you please provide any other comments on this recommendation.

No further comments were given.

Recommendation 18: meeting the individual needs and preferences of looked-after children and young people

Question 5a: Please give us your opinion on the content and wording of this recommendation, particularly how **useful** and **relevant** it might be.

Delegates were pleased to see that within the 'who should take action' section that all pertinent representatives were clearly covered. They were also pleased to see the reference to looked after children and young people participating in policy decisions.

Delegates requested that bullet point five be clarified as they felt that the meaning of this bullet point was currently ambiguous.

Question 5b: What **factors** might affect the feasibility of the implementation of this recommendation?

Delegates stated that for bullet point two and three of this recommendation that it would be important to ensure that carers value these approaches and have the ability to implement them.

The delegates discussed how this recommendation would need leadership "*from the top*" and championing in order for it to be successfully implemented.

Question 5c: How might any **barriers** to implementing this recommendation be overcome?

The delegates stated that this recommendation was a good recommendation although they felt that it would be difficult to implement, as it would need support from a number of different organisations.

Some of the barriers mentioned for this recommendation included:

- Transport for the child to get to things like after school clubs;
- Staffing issues;
- Resources (finances);
- Barriers to looked after children being involved with other friends (e.g. going to sleepovers etc.).

They suggested that giving free passes to families and rather than just the individual child would be beneficial as then the child would be more likely to take up the activity.

Question 5d: What **impact** might it have on current practice in your own role or organisation?

No comments given.

Question 5e: Can you please provide any other comments on this recommendation

Delegates supported the concept of giving children choice, however, felt that it was important not to give them too much choice.

Recommendation 19: exploring personal identity

Question 6a: Please give us your opinion on the content and wording of this recommendation, particularly how **useful** and **relevant** it might be.

Again, delegates were pleased to see that this recommendation was included within the guidance.

They suggested that an additional bullet point could be added to the end of the recommendation “*Information sharing protocols needs to be put in place*” – to overcome the difficulties of data sharing. They also felt that it was important that within the written information cited that health information was included with this (including family member health).

Question 6b: What **factors** might affect the feasibility of the implementation of this recommendation?

The delegates discussed how the lack of information given to carers on the child’s history and the importance of information, (such as immunisation history), being passed on to carers.

From the delegates experience they reported that often lifestyle factors can be neglected in practice.

Question 6c: How might any **barriers** to implementing this recommendation be overcome?

Delegates discussed how in many cases they were not given lots of information on the history of the children and so this could be challenging to complete.

The delegates also mentioned that there could be confidentiality and privacy issues accessing some of the information cited in the recommendation.

Question 6d: What **impact** might it have on current practice in your own role or organisation?

No response given.

Question 6e: Can you please provide any other comments on this recommendation.

Delegates stressed the importance of training on completion of life-story and in this how imperative positive commentary in this was. The NICE observer informed that training on life-story is covered in the training recommendations.

1.6 Manchester workshop 6 (10th March 2010 PM)

Workshop details

Location: Manchester

Date: 10/03/10

Time: 13.30-16.30

Delegates attending: 11 delegates

Findings

This summary shows a variety of opinions from the delegates. It does not necessarily represent the opinion of each delegate and does not attempt to quantify the level of agreement.

Session 1 – General review of the draft recommendations

The session commenced with a general review of the recommendations as a whole.

Relevance

Delegates generally believed that the recommendations outlined current practice, as well as picking up elements which can often be missed out. Furthermore, they were believed to be aspirational, representing what the relevant services should be aiming to achieve.

It was felt that a greater emphasis could be placed upon children in the 10 – 17 age groups because these are reportedly the most difficult children to place, who have often had negative experiences in care. Delegates informed that at the present time children in this age group have to be pigeon holed into a care setting which may not be most suited to them, or authorities have to spend more money in order to place them in a more suitable location outside their own authority.

Individuals commented that there is an increasing number of asylum seekers who are looked after children, and felt that the guidance could help represent their needs more as they are not explicitly mentioned.

Delegates commented that “*the very nature of guidance is that it doesn’t have to be followed It can be ignored*”. Representatives wanted to see more detail placing actions on different organisations and the way in which those actions could best be achieved.

Content

Delegates noted the following areas were believed to have been omitted within the guidance:

The mention of parents and the child themselves listed under ‘who should take action’;

Inclusiveness, different groups, such as children with disabilities were mentioned within the guidance, however it was not felt that there was much content to represent such a group in the details of the recommendations;

The omission of other minority groups, such as those with learning difficulties. Some delegates were of the opinion that the guidance should refer to all minority groups in turn, or make explicit reference to none.

Feasibility

Delegates believed that the recommendations would require a multi-agency approach in order for them to be successfully implemented to their full potential.

Delegates commented that the care planning structures are already in place, yet the guidance would help to standardise the approach taken by different organisations and services, so that the criteria for care planning is consistent.

Delegates expressed concern regarding the feasibility of the recommendations with the current resources, including; money, staff – both on the ground and admin staff to support those working directly with the children and services, knowledge of the services available and how they interlink. In particular, delegates stated that looked after children aged 18 or over were most problematic with regards to resources because Local Authorities do not fund their care or placements. Those present were keen to emphasise that resource is also about pooling knowledge and not just money.

Delegates felt that the reference and recommendations relating to kinship care were very positive and something which Local Authorities would embrace because it is a relatively new area because of this, delegates believed that the guidance relating to kinship care needs to be directional and concise so that it provides a clear process which organisations and Local Authorities are able to follow.

Implementation

Delegates reported that the recommendations may be viewed by some as yet more policies and procedures to adhere to, which may therefore detract from what they should be doing, which is caring for young people. They believed that young people should be incorporated into the guidance to a greater extent so that decisions are made with them and not for them and professionals are able and willing to share their knowledge and improve practice.

Delegates believed that the recommendations would help influence change. Although it was reported that most organisations are already doing much of what is mentioned within the recommendations, it was thought that individuals would then be reminded of elements which they are not doing at the present time and could perhaps incorporate in addition to this.

Overall, the feedback was positive for the recommendations as a whole and individuals believed they would support current practice and improve service.

Inclusiveness

Delegates commented that unaccompanied asylum seekers had not been incorporated into the guidance, and neither was it felt that children experiencing mental health difficulties and runaway children had been incorporated.

Delegates were of the opinion that making reference to the 'working together document' would also support professionals to ensure good practice is implemented.

Previous experience

No response was given.

Information

It was the opinion of most of those present that a lengthy document such as this guidance document containing 53 recommendations will not be read by practitioners if it simply arrives on their desk or in their inbox. Delegates suggested running regional workshops to launch the recommendations and guidance as a whole, promoting them as working documents and tools for change. Consequently, individuals highlighted the beneficial layout of the recommendations stating that their structure lends them to professionals as working documents that they would be able to dip in and out of for advice and reference. There was, however, a suggestion that the formatting remains the same, yet the order of the recommendation be amended so that they are arranged by topic as was the case with the workshop topic guide, but not within the full guidance document.

Session 2 – Assessment of each recommendation

GROUP 1

Delegates in group one discussed the recommendations on:

- Residential, foster and kinship placements for children and young people

Recommendation 8: planning and commissioning placements

Question 1a: Please give us your opinion on the content and wording of this recommendation, particularly how **useful** and **relevant** it might be.

Delegates stated that in the 'who should take action' section 'children's trusts' should be clarified and defined. Delegates sought further clarity on a number of points including:

- Bullet point 3, what is meant by a 'robust protocol' and further clarity on the contents of the bullet point.
- Last bullet point, what is meant by a 'regional partnerships'?

Additions to the recommendations to include:

- Add to first set of sub bullet points "*multi dimensional treatment for foster carers*".
- Include education within this recommendation. Include an additional bullet point "*Robust system for feeding back the information collected in this recommendation*".
- Access to CAMHS from outside placements.

In reference to bullet point, five delegates stated that the high performing schools often were not keen to accept looked after children. Also the focus should be on the type of support offered rather than the quality of the school. Some of the lower performing schools are very effective for the needs of looked after children.

Question 1b: What **factors** might affect the feasibility of the implementation of this recommendation?

For bullet points 2 and 3 the delegates suggested that they would need to look at who is holding the budget for this. The outcome for the child could be dependent on the skills of the person putting the form together rather than the needs of the child.

Delegates stated that there needed to be more clarity on the funding pathway for this recommendation, as at present services are a "*postcode lottery*" and LAC needs are often not judged independently.

Question 1c: How might any **barriers** to implementing this recommendation be overcome?

From experience delegates stated that often due to a shortage of placements children are often put in "*inappropriate*" circumstances (e.g. under 5 placed with a smoker).

Other barriers included the training provision, resources and financing of foster carers.

Question 1d: What **impact** might it have on current practice in your own role or organisation?

Delegates discussed how the professionalism of foster carers should be enhanced so that it is made a profession. They felt that this would encourage more foster carers, also if the remuneration for foster carers was made more attractive (e.g. payment for training course).

Question 1e: Can you please provide any other comments on this recommendation

Delegates stated that for the commissioning of independent service providers there needs to be a standard to which service providers need to work against.

Recommendation 9: making decisions about placement changes

Question 1a: Please give us your opinion on the content and wording of this recommendation, particularly how **useful** and **relevant** it might be.

Bullet point 7, delegates questioned what ‘appropriate measures’, where and who would be responsible for these. They also questioned what ‘practical’ meant and how this could be seen as a get out clause.

Bullet point 8, delegates believed that there was a need for clarification surrounding what a planned move is.

Question 1b: What **factors** might affect the feasibility of the implementation of this recommendation?

The delegates stated that taking into account the wishes and feelings of the child would be difficult to implement into practice.

Delegates suggested that it would be very difficult to feasibly ensure that all moves are planned.

The delegates suggested that it would not be feasible to allow young people to remain in residential care, however it may be possible for them to remain in foster care (they cited for example that young people would need to be police checked post 18 to stay in residential care). They also felt it would not be feasible to take account of the developmental stage of a child.

The delegates suggested that there was a missing transition point between moving from care to leaving care and basic skills like cooking etc. were not covered adequately.

Question 1c: How might any **barriers** to implementing this recommendation be overcome?

No response was provided.

Question 1d: What **impact** might it have on current practice in your own role or organisation?

The delegates stated that they were not resourced to work with adults and so this would be difficult to implement.

Question 1e: Can you please provide any other comments on this recommendation

Delegates stated that it was important to consider the effect on the young person, particularly at 16+ where they may be nervous about leaving care.

Delegates reported that it was imperative to give children and young people the option to make informed choices and ensure that they were involved in the decision process.

Recommendation 10: providing care in secure and custodial settings

Question 1a: Please give us your opinion on the content and wording of this recommendation, particularly how **useful** and **relevant** it might be.

Delegates suggested that the following should be added to the 'who should take action' section:

- People working at secure children's homes, care staff;
- Safeguarding teams;
- Nurses in secure children's centres;
- Parents.

Delegates suggested that in bullet point one it stated 'make provision' however they stated it was more about identifying what is needed and not necessarily making provision.

Delegates suggested adding some elements to the recommendations:

- Educational provision;
- Contingency planning.

Question 1b: What **factors** might affect the feasibility of the implementation of this recommendation?

Delegates stated that good communication would definitely affect the feasibility of implementation of the recommendations.

Other factors included accessing information, not being able to identify the child is looked after and also not knowing their health needs.

Question 1c: How might any **barriers** to implementing this recommendation be overcome?

Barriers to this recommendation included, paper work not centralised and different systems used in different areas.

Type of offenses committed – e.g. it may not always be safe to re-introduce people.

Planning can be a challenge, as they often do not know when they will be discharged.

Question 1d: What **impact** might it have on current practice in your own role or organisation?

No response was provided.

Question 1e: Can you please provide any other comments on this recommendation

Meeting the mental health needs can be a challenge and the correct services are not available for them to attend.

GROUP 2

Recommendation 8: planning and commissioning placements

Question 1a: Please give us your opinion on the content and wording of this recommendation, particularly how **useful** and **relevant** it might be.

Delegates expressed a great deal of support for the contents of this recommendation and were pleased to see education mentioned as a priority of focus, in addition to children's health and social care needs, which are often the priority. Positive comments were also expressed with regards to the third bullet point of detail as delegates commented that "*it is more cost effective to intervene at this stage rather than once the criminal justice system is involved*".

There were comments made regarding the apparent lack of inclusion of children with disabilities, however it was thought that this may require another recommendation or fall under part of an alternative, yet linked document as the cost relating to placing a disabled child can be far greater.

Question 1b: What **factors** might affect the feasibility of the implementation of this recommendation?

One delegate from the North West informed that their organisation is part of a tiered approach of the best providers, where organisations are tiered for different age groups in accordance with the suitability of their services for that group. Such a structure was believed would be helpful or commissioned to know which services were most appropriate for different groups of children.

Delegates believed that a factor affecting feasibility of this recommendation would be an accurate recording of decisions being made and the justification for them so that there is traceability and justification can be presented to the individual child concerned if required/appropriate.

Question 1c: How might any **barriers** to implementing this recommendation be overcome?

No feedback was provided.

Question 1d: What **impact** might it have on current practice in your own role or organisation?

Delegates felt that the recommendation just reinforced the best practice already taking place in some areas (such as the North West as illustrated above).

Question 1e: Can you please provide any other comments on this recommendation

No further comments were given.

Recommendation 7: implementing care planning, placement and case review regulations and guidance

Question 1a: Please give us your opinion on the content and wording of this recommendation, particularly how **useful** and **relevant** it might be.

Delegates believed that the recommendation would add weight and emphasise the importance of undergoing appropriate training, particularly amongst supervisors and management.

Focusing on the first bullet point of detail, delegates believed that a date reference should be added to the 'Care planning, placement and case review (England)', to enable them to look this document up and refer to it if they so wish.

Once again, it was felt that the wording 'ensure' removes responsibility, and therefore delegates suggested that this be amended and this word not used within any of the recommendations as a starting term.

Attendees were supportive of the detail recommending 'regular high-quality supervision'; however, concern was expressed for the resources and the way in which this would actually be achieved within the different

organisations. One suggestion to overcome this was to devise and present a general template for a range of organisations to use if they so wish.

Clarification was also requested for what is meant by 'evidence' in the context of the penultimate bullet point of detail.

Question 1b: What **factors** might affect the feasibility of the implementation of this recommendation?

Delegates expressed concern that children's services are often target lead and not person centred to the individual child. Consequently this was seen as a barrier to implementation.

Once again, delegates commented that the IT systems were also a barrier to implementation with regards to information sharing between different agencies.

Question 1c: How might any **barriers** to implementing this recommendation be overcome?

Delegates believed that signposting to guidance notes relating to implementation and the underpinning legislation would be of benefit to ensure implementation. Furthermore individuals expressed the opinion that the child's health must remain a paramount concern, as movement between carers is reportedly detrimental to children within the Local Authority system.

Delegates believed that the recommendation would help to ensure that assessments may go beyond "*tick-box care*".

Question 1d: What **impact** might it have on current practice in your own role or organisation?

Delegates believed that the recommendation provided a document which they would be able to use in order to ensure that the voice of young people is heard by providing a framework document of the steps which should be taken and considerations which should be made.

Question 1e: Can you please provide any other comments on this recommendation

Finally, delegates wanted to elaborate that there are a number of different care plans and consequently when referring to care plans, the recommendations need to specify whether they are referring to the ICS care plan, the court care plan, the electronic care plan, etc.. Furthermore, individuals reiterated the importance of adopting a multi-agency approach.

Recommendation 11: developing a national strategy for kinship care

Question 1a: Please give us your opinion on the content and wording of this recommendation, particularly how **useful** and **relevant** it might be.

Delegates were very supportive of this recommendation, however questioned where the financial support would come from. Individuals believed that it would help to provide a clear framework of care planning and reassure kinship carers that they are valuable.

Question 1b: What **factors** might affect the feasibility of the implementation of this recommendation?

Delegates believed that the recommendation may also prompt awareness amongst carers about the standards which they have to meet.

Question 1c: How might any **barriers** to implementing this recommendation be overcome?

No comments were provided.

Question 1d: What **impact** might it have on current practice in your own role or organisation?

Delegates were of the opinion that this recommendation helps to emphasise the bigger picture and emphasise family relationships.

Question 1e: Can you please provide any other comments on this recommendation

No further comments were provided.

Recommendation 12: promoting extended family and kinship care

Question 1a: Please give us your opinion on the content and wording of this recommendation, particularly how **useful** and **relevant** it might be.

Delegates believed that this recommendation would be useful.

Delegates made reference to the 'six month' time frame recommended to assess a child following their entry into care. They felt that this time frame was too long, particularly when considering a baby entering care. Furthermore, they believed it important to clarify whether the recommendation is referring to the initial viability assessment, and if not that this should be mentioned. Instead a time frame of "*six weeks*" was proposed to ensure completion of the initial viability assessment, and the six month time frame should be set to have completed the comprehensive child assessment. They also questioned whose responsibility it would be to ensure that the timeframe mentioned is met for each child.

Delegates sought further clarification surrounding the sub bullet detailing information about what 'financial support is available'; they were unsure what financial support this was referring to and believed that it would be helpful to signpost professionals to other relevant guidance to support them in ensuring this element.

Question 1b: What **factors** might affect the feasibility of the implementation of this recommendation?

No feedback was provided.

Question 1c: How might any **barriers** to implementing this recommendation be overcome?

No feedback was provided.

Question 1d: What **impact** might it have on current practice in your own role or organisation?

Delegates believed that this recommendation may help to ensure that children would be able to stay with family members, who would otherwise be unable to afford to care for them. Subsequently, it was thought that the recommendation may improve placement stability and reduce the amount of friction and stress within a family placement setting which may be financially focused.

Question 1e: Can you please provide any other comments on this recommendation

No further comments were provided.

1.7 Manchester workshop 7 (11th March 2010 AM)

Workshop details

Location: Manchester

Date: 11/03/10

Time: 9.30-12.30

Delegates attending: 12

Findings

This summary shows a variety of opinions from the delegates. It does not necessarily represent the opinion of each delegate and does not attempt to quantify the level of agreement.

Some delegates felt that being part of the group “*highlighted the fragmentation between many of services involved with LAC*”, and how they may not understand each others’ services enough, often because not enough staff are involved in the necessary services – which has implications for some of the recommendations.

Session 1 – General review of the draft recommendations

The session commenced with a general review of the recommendations as a whole.

Relevance

Delegates believed the recommendations to be very relevant, however they did express concern for the commissioner’s point of view and the way in which they would provide the resources necessary; particularly as staffing was reportedly very depleted in some areas.

Confusion was expressed between the differences in primary and secondary care and where the funding responsibility would lie if a child were to be transferred into a different Local Authority; would this be the transferring Authority? Delegates informed that the national guidance does explain that the referring PCT is responsible for Secondary Care when children are placed out of authority, whereas the receiving PCT is responsible for Primary Care. However, there is no agreement about what is primary care or secondary care with relation to Looked After Children’s health teams (the services who should carry out IHAs /RHAs). This is interpreted differently by different areas and commissioners and leads to confusion re funding and management of resources.

Overall, support was expressed for the recommendations and commented that they show through the content and language used that professionals on the ground had been consulted in formulating the recommendations. Delegates particularly liked that the recommendations seem to emphasise health and wellbeing which is reportedly “...often an add on rather than a priority”. Although the guidance is focused around looked after children, a small number of delegates highlighted the need for support and guidance surrounding the transition of children into adult services. It was also thought that there needs to be an acknowledgement of the different transitions for LAC – some will return to birth families (parent or kinship placements) or perhaps after leaving care. Others will be adopted.

Content

Some delegates highlighted recommendation 22 which suggests professionals ensure concurrent planning to make alternative placements. Commissioning problems were thought to get in the way of good practice, as interagency fees do not cover the costs. It was however noted that there was existing evidence to support concurrent planning. Delegates did not believe the process of referring a child to different services to be that straight forward and stated that it is the bit in between the child being in one care setting prior to being moved to another which is most difficult for services to manage and assign responsibility. Moreover, some delegates believed it important to note when reference is made to CAMHS that children residing within adoption services have the same access to such services of mental health support. Therefore, it was felt that adopted children should be included in the recommendations because so many have needs that require will benefit from services that can address their needs, often expressed through emotional and behavioural needs that may not fit with CAMHS referral criteria.

It was reported that some specific CAHMS teams for Looked after children only provide services to LAC and exclude children becoming adopted. Consequently, this is a major concern as such children are reportedly amongst the most vulnerable and a supportive transition, for the child and their adopters, into an adoptive placement with the help of a CAMHS service can help prevent adoption breakdown

A small number of delegates were of the opinion that young people at particular risk of sexual exploitation had been overlooked to a degree within the guidance, because they have complex and specific needs. Such individuals were believed to have been omitted within the recommendations.

Delegates also believed that there should be a greater emphasis on providing continuity of care, so that the child is normalised and able to see the same social worker and health worker etc, at each assessment/meeting.

Delegates identified that although the recommendations emphasised the need for carers to manage difficult behaviours presented by the children in their care, there was little emphasis in simply understanding it. It was suggested that further guidance is incorporated to link in with the provision of practical training.

Representatives mentioned that the guidance speaks of ‘multi-agency working’, but it was requested that further detail be provided to illustrate how referral teams and other resources can work together. It was suggested that this is something which could link in with the care plan.

Delegates were of the opinion that the importance of frontline staff possessing and developing fundamental communication skills had been omitted from the guidance; although this was seen as very important in order for a carer and other professionals to be able to broach sensitive issues with the child that they are caring for.

Feasibility

Delegates highlighted potential differences between carers who have historically been in the system for a while, and those who are entering the system now. It was the opinion of some that foster carers are often not included or invited to training or circulated statutory guidance which would assist them in providing a high level of care. It was thought that foster carers entering into the system have a requirement to attend specific training and undergo assessments of competence before they will be permitted to care for a child. However, those who have been in the system already for a number of years do not see the need and are not prompted to attend training. It was also reported that social workers also need to understand more about physical and mental health in LAC, to influence their decisions about placements, as well as to ensure that needs are addressed while being looked after.

Delegates reiterated the need to introduce statutory training for staff so that they are able to understand and adhere to the recommendations. It was noted that time may be a potential barrier to this however, individuals simply felt that this means that training providers simply need be more creative about the way in which they deliver their training; for example, through distance or e-learning.

Delegates were of the opinion that the detail surrounding how to physically go about implementing the content within the recommendations was missing and therefore questioned whether there would be an accompanying document to illustrate best practice and the best way to go about achieving the actions stated. Furthermore, delegates believed that there needs to be some kind of accountability to each of the recommendations if they are not achieved by the organisations explicitly mentioned under who should take action.

Delegates drew attention to the references made to CAMHS services and questioned whether it is feasible for them to provide all of the services recommended across the country. Delegates reported that CAMHS is only a small organisation with a degree of location specific specialism's and therefore it was not deemed sensible to place to many and to broad actions upon them to achieve. The suggestion was made to reference and signpost to other such organisations who may be able to assist with mental health assessments and related services and elevate some of the pressure from CAMHS.

Implementation

Delegates raised a few barriers to implementing the recommendations, including:

- Difficulties of linking with other agencies to form a multi-agency approach, as they each reportedly use different terminology and have different practices and processes as well as a lack of understanding of what other agencies do. It was reported that the current service is very much fragmented and reliant on face to face recognition of individuals within different agencies;
- The demand on resources was a point of concern for many representatives; specifically recommendation 38 was referred to as being particularly resource intensive ('carrying out a leaving-care health consultation').
- A general focus on children cared for by the Local Authority was believed to underplay the importance of family and foster carers. Good practice examples for such carers were thought to be necessary.
- Greater emphasis on birth family contact was believed to be necessary and underlying throughout so that this does not become a challenge once the child leaves care. (or returns to live with their birth family) – but because of the reasons for children leaving birth families, 'families' could include contact with birth grandparents or siblings, so the term 'family' needs to be explained.

- Delegates discussed the importance of knowing the child's genetic and family health history as something often very important to that child's future while explaining that the issues of sharing that information with social services and prospective adopters was difficult from a legal / ethical point of view as it is considered "*third party information*". Therefore, it was hoped that the NICE document could emphasise the importance for the child that this information is captured during the Initial Health Assessment and to acknowledge the lack of robust guidance concerning the legality of what can be shared

With regards to the impact upon current practice, delegates general felt that this would be minimal because the details of the recommendations would take a while to filter down to frontline staff, and statutory guidance would be prioritised. Delegates believed that if the recommendations were implemented then they would improve current practice.

Inclusiveness

Delegates commented that the following had been omitted within the guidance:

- Reference to youth offending teams (YOTs);
- Young lesbian and gay people under the age of 18;
- Substance misusers;
- The impact of teenage pregnancy and cyclical pattern which can perpetuate with pregnancy amongst young people in care.

Previous experience

Delegates reiterated the importance of continuity of care for the social physical and emotional wellbeing of looked after children.

A suggestion to utilise the independent reviewing officer as a means of ensuring implementation and best practice across the service provision for children under their responsibility was also proposed.

Delegates commented that the emotional needs of a looked after child is far more complex than their educational needs are likely to be. Hence individuals believed it key that their emotional wellbeing remains paramount throughout the duration of their care.

Information

Delegates believed that the recommendations "*...need to be prioritised by commissioners in order to give voice to those on the ground, who understand what is needed but aren't in a position to make the necessary changes*". Suggestions to inform professionals of the guidance included through Ofstead and CQC, along with promoting the guidance at clinical governance meetings. Support was also expressed for an individual regional launch event specific to the NICE guidance in addition to the launch of the DCSF guidance.

Delegates suggested that there should be reference to the BAAF (British Association of Adoption and Fostering) Service Specifications / job descriptions for medical staff working in this area, and it would help if there was a nationally agreed good practice recommendation of doctor and nurse time needed per population base (eg x sessions of doctor/nurse time per 100 LAC). The commissioners have such a varied understanding of this area of work; whereas BAAF has much expertise and these documents, drawn up by the BAAF Health Group (working Designated Doctors for LAC, Specialist nurses and Adoption Medical Advisers) could be helpful.

Session 2 – Group based assessment of each recommendation

The delegates were split into two groups, 5 recommendations were discussed in group 1 and 5 recommendations were discussed in group 2.

GROUP 1

Recommendation 31: keeping the parent-held child health record (red book)

Question 1a: Please give us your opinion on the content and wording of this recommendation, particularly how **useful** and **relevant** it might be.

Delegates were of the opinion that this recommendation would be of benefit to children under the age of five who are in care, however they questioned how it would work with children from older age groups as they are less likely to be in possession of their red book and if so it was deemed unlikely that it would be up to date and accurate.

Some individuals suggested that social workers should be added to those listed under ‘who should take action’.

Individuals were of the opinion that a greater amount of detail was needed within this recommendation for commissioners so that it is not overlooked.

With regards to the final point of detail, delegates commented that identifying ‘a contact person to manage the administration of the red book’. It was therefore suggested that this be replaced with a specified department which all Local Authorities would have. Furthermore, it was thought that it could not be realistic to ask one person to manage the administration of the red books across an entire county, and hence it would require a team of staff and not just one.

Question 1b: What **factors** might affect the feasibility of the implementation of this recommendation?

It was suggested by some of those present that conflict with birth parents may arise and therefore cause problems with this recommendation being implemented. It was suggested that some of this conflict could be avoided by photocopying the red book for birth parents to keep a copy.

Question 1c: How might any **barriers** to implementing this recommendation be overcome?

Providing an example of best practice, one delegate described at the time of the health assessment that they would re-issue the red book if a child does not have one. There was also discussion of blue books being distributed to older children who have lost their red book in order for their health records to be maintained from that time forward; this includes details of information which may be more specific to that age group such as sexual health and contraceptive.

Question 1d: What **impact** might it have on current practice in your own role or organisation?

It was hoped that this recommendation may encourage professionals to ensure that the red book is completed and kept up to date particularly amongst children under five years old.

Question 1e: Can you please provide any other comments on this recommendation

Some delegates were of the opinion that the guidance should mention that the red book does not and is not intended to provide a full and comprehensive health record so that other professionals working with the child do not view it as such.

Recommendation 32: providing the parent-held child health record book and early child health information

Question 2a: Please give us your opinion on the content and wording of this recommendation, particularly how **useful** and **relevant** it might be.

Delegates were of the opinion that PCTs and commissioners should be included under 'who should take action' in order to ensure that the details contained within the recommendation are carried out. Clarification was also sought for who the guidance is referring to in the final bullet of detail when it mentions the 'contact person'.

Question 2b: What **factors** might affect the feasibility of the implementation of this recommendation?

Referring to 'social workers' who are listed as the people 'who should take action' for this recommendation; delegates felt that this would be more feasible for health professionals and PCTs to achieve.

Question 2c: How might any **barriers** to implementing this recommendation be overcome?

Delegates were of the opinion that this recommendation should be merged with recommendation 31, and consequently did not have any further comments to add regarding this recommendation.

Question 2d: What **impact** might it have on current practice in your own role or organisation?

No comment provided.

Question 2e: Can you please provide any other comments on this recommendation.

No comment provided.

Recommendation 33: producing a healthcare plan

Question 3a: Please give us your opinion on the content and wording of this recommendation, particularly how **useful** and **relevant** it might be.

Delegates believed that this recommendation would be useful in informing relevant professionals how PCTs are informed about a child coming into care. Attendees believed that there was a need to emphasise the benefits of having other professionals conduct health care assessments as opposed to a general practitioner. The general practitioner present informed that this would also be more cost effective because they are paid a standard wage which would be higher than other professionals listed who may also be paid according to the task which they are undertaking.

Some delegates believed that the recommendation should make reference to the BAAF forms, reportedly available via an electronic licence for purchase by local authorities, and recommend their use. It was felt that the BAAF forms (e.g. form IHA-C for IHAs and Adoption medicals, RHA forms), should be used consistently across the country to help ensure quality and thoroughness.

Mentioning the detail contained within the second set of sub bullets, delegates were of the opinion that the emotional and mental health needs of the child should not only be included, but should be prioritised, and therefore be at the top of those listed.

Delegates also questioned why there appeared to be no mention of the child themselves having an input into their care plan, which attendees felt, was very important.

Question 3b: What **factors** might affect the feasibility of the implementation of this recommendation?

It was suggested that the recommendation could provide a summary of the professionals who are able to share the information provided within the care plan; it was thought that certain professionals would be permitted to view a summary of the health action plan but not the full document due to confidentiality regulations. One such example provided was the adoption medical conducted as this will contain information about the parent, as well as the child which they may not be permitted to pass on. Consequently, delegates felt that the care plan needed clarity on what parts of the health care plan should be shared, particularly as this may differ depending upon the age of the child.

Delegates commented that at present the IT systems are not able to cross reference and therefore, administration staff using them need to be specially trained to know how to effectively swap between the different systems of information.

Question 3c: How might any **barriers** to implementing this recommendation be overcome?

Delegates were of the opinion that the recommendation would be enhanced with the suggestion of a designated admin team. They informed that administration staff ensure that those on the ground are able to carry out their job role more effectively as their time is not spent on paperwork. It was described how there are designated doctors and nurses within the healthcare service, and therefore it was seen to be no different for child care departments to have a designated administration team.

Question 3d: What **impact** might it have on current practice in your own role or organisation?

Delegates were of the opinion that greater encouragement for knowledge sharing and transference would enhance this recommendation and lead professionals within the organisations listed to collaborate more with one another to produce a more effective healthcare plan.

Delegates stated that more training was needed in order to ensure that the plans are kept up to date.

Furthermore, delegates felt that foster carers need to be signed up to confidentiality as the information contained within the care plan provides a lot of confidential information both about the child themselves and often their parent's background. It was thought that there was a need to clarify exactly how much information is accessible to the different services and the foster carer, as well as in the event of Local Authority placement, whether that Local Authority is legally 'the parent' of the child.

Question 3e: Can you please provide any other comments on this recommendation.

No further comments were provided.

Recommendation 34: providing health services for children and young people placed out of the area

Question 4a: Please give us your opinion on the content and wording of this recommendation, particularly how **useful** and **relevant** it might be.

Referring to those listed under ‘who should take action’, delegates felt that this should be made clearer who’s responsibility it would be to ensure that the recommendation is auctioned in the case of both primary and secondary care.

With regards to the detail of the first bullet point, delegates questioned whether it would be the responsibility of the commissioner or the Local Authority to ‘notify the receiving PCT’, similarly for the second bullet point of detail.

There was also concern expressed regarding how organisations were supposed to ‘monitor’ another authority as is suggested within the third bullet point of detail. Delegates believed that other organisations and Local Authorities would have no authority to do this, neither did they feel that this would be practical.

Question 4b: What **factors** might affect the feasibility of the implementation of this recommendation?

No comments were provided.

Question 4c: How might any **barriers** to implementing this recommendation be overcome?

No comments were provided.

Question 4d: What **impact** might it have on current practice in your own role or organisation?

No comments were provided.

Question 4e: Can you please provide any other comments on this recommendation.

No comments were provided.

Recommendation 35: carrying out health reviews

Question 5a: Please give us your opinion on the content and wording of this recommendation, particularly how **useful** and **relevant** it might be.

No comments were provided.

Question 5b: What **factors** might affect the feasibility of the implementation of this recommendation?

Quality commissioning of services provided by LAC health teams which are appropriately resourced

Question 5c: How might any **barriers** to implementing this recommendation be overcome?

No comments were provided.

Question 5d: What **impact** might it have on current practice in your own role or organisation?

No comments were provided.

Question 5e: Can you please provide any other comments on this recommendation.

No comments were provided.

GROUP 2

Recommendation 36: providing a health summary update

Question 1a: Please give us your opinion on the content and wording of this recommendation, particularly how **useful** and **relevant** it might be.

The recommendation is very useful. It is an obvious recommendation that needs to take place. More instructions on how to put it in to practice would be useful.

Question 1b: What **factors** might affect the feasibility of the implementation of this recommendation?

This recommendation could be included in a care programme.

If there is a stable placement, the actions in the recommendation would be much easier to achieve, than with those who move around. If a child moves around, it is important for their medical records to move with them.

Question 1c: How might any **barriers** to implementing this recommendation be overcome?

There would need to be a designated role in place to coordinate these actions. The recommendation would need to be audited with a result of funding impact recorded.

Information would need to be shared between services, as well as sharing the costs.

Question 1d: What **impact** might it have on current practice in your own role or organisation?

The recommendation would need to be statutory to ensure that it is carried out. Professionals need to have the confidence to use the legislative power they hold to ensure that this takes place.

If the recommendation was carried out, assessments would be conducted quicker and it would help services be accessed.

Social workers need to be educated to identify the mental health needs of children and to recognise the impact of moves and disruptions on attachment experiences, their emotional and behavioural wellbeing, as well as from the experiences that led to placement in care.

Question 1e: Can you please provide any other comments on this recommendation

Health records need to include emotional wellbeing records, as well as general health. These also need to link with the chronology of the child. This would aid assessments.

Recommendation 37: commissioning assessments for court processes

Question 2a: Please give us your opinion on the content and wording of this recommendation, particularly how **useful** and **relevant** it might be.

The use of 'courts' in those 'who should take action' needs to be more specific. More details were thought to be needed about what court processes are being referred to – e.g. entering Care, moving to adoption or other placements, or for criminal behaviour and entry to Forensic services.

The assessments referred to in the actions also need to be clarified. For example, are these independent assessments?

This recommendation is very relevant and positive as assessments should be available to those who need it, including the children themselves. The recommendation addresses that the availability of this information is essential.

Question 2b: What **factors** might affect the feasibility of the implementation of this recommendation?

A separate version of this information should be produced for children, written in appropriate language.

The child should be the only person who owns this information/ assessments and they should follow the children when they move.

Question 2c: How might any **barriers** to implementing this recommendation be overcome?

Confidentiality issues would be a barrier. For example, having access to parental health information would be difficult.

The courts need to understand the purpose of the assessments and the implications of them.

Question 2d: What **impact** might it have on current practice in your own role or organisation?

If emotional wellbeing is put first, the recommendation would have a major impact, as a restructure of services would have to take place. The stigma of mental health issues would also be removed.

There is no point carrying out assessments if children do not receive help and support as a result. Assessment and support services need to be linked.

Question 2e: Can you please provide any other comments on this recommendation.

Mental health and emotional wellbeing issues need to be positioned first in assessments. If not, this will be seen as an “*add on*” rather than an essential issue.

Recommendation 38: carrying out a leaving-care health consultation

Question 3a: Please give us your opinion on the content and wording of this recommendation, particularly how **useful** and **relevant** it might be.

The young person may not want to take part in these actions. Children would need to be prepared for knowing the outcomes of these assessments. It is important that this information would not be a surprise to the children. One delegate reported “*This highlights the need for coordinated services for LAC if it is a realistic recommendation, as it is important to know what resources are required to fulfil such a recommendation*”.

Question 3b: What **factors** might affect the feasibility of the implementation of this recommendation?

The skills of the professionals who would share the information with the child would be important. Support would need to be provided to the children, rather than it being a “*one-off*” session.

The information would need to be presented in appropriate language for the child to understand, as well as ensuring that it is not written in a negative way.

Flexibility would be needed on when this information can be provided to children. For example, if they did not want the information at the care leaving point, it should still be offered to them at a later date.

Question 3c: How might any **barriers** to implementing this recommendation be overcome?

The information should be provided by a professional that knows the child and has built up a relationship with them.

A follow up consultation would need to be offered.

There should be a guided process on how to deal with the information presented in the records/ assessments.

Question 3d: What **impact** might it have on current practice in your own role or organisation?

How the records are written would have an impact on the children. They should not be written negatively.

These actions would be relatively new and would therefore have a great impact. They could be relatively difficult to achieve.

Question 3e: Can you please provide any other comments on this recommendation.

It would be beneficial if those who provided this information were familiar with the child.

Medical information should be available in care leaver services.

The way in which children are told that they have the right to this information is important. Support would need to be given when they receive it.

Recommendation 39: commissioning mental health services

Question 4a: Please give us your opinion on the content and wording of this recommendation, particularly how **useful** and **relevant** it might be.

The PCT commissioners referenced in those 'who should take action' needs to be specified. For example, specialist commissioners for mental health services.

The recommendation covers a broad range of professional services which is positive. There should be a greater emphasis on emotional wellbeing and behavioural problems rather than just 'mental health'.

Kinship care is not referenced. This should be covered as these often take on children with mental health issues, and kinship care can be more successful due to an emotional connection between the carer and child.

Special guardianships should also be referenced.

Question 4b: What **factors** might affect the feasibility of the implementation of this recommendation?

This recommendation would be feasible in large urban cities that have dedicated services for looked after children. However, small rural areas may not have these services. Therefore, Local Authorities and PCTs could come together to provide services jointly.

Question 4c: How might any **barriers** to implementing this recommendation be overcome?

Service would need to be joined together so more professionals can carry out the recommendation.

Money, resources and the will of departments may present barriers to implementing the recommendation.

The PCT provider – commissioner split would need to be rectified.

Question 4d: What **impact** might it have on current practice in your own role or organisation?

This recommendation would have a great impact if implemented and would transform children's services. It is a hugely needed recommendation. Aspects of training on differences along the spectrum would be beneficial.

Question 4e: Can you please provide any other comments on this recommendation.

The recommendation could reference the 'Foresight Project' – a government run project based on social inclusion and wellbeing. It references 400 projects conducted.

Recommendation 40: providing access to specialist assessment services for young people entering secure accommodation or custody

Question 5a: Please give us your opinion on the content and wording of this recommendation, particularly how **useful** and **relevant** it might be.

The position of 'physical and mental health' in the actions listed needs to be reversed so that 'mental health' is placed first, as this is crucial. A mental health professional should be carrying out these assessments, in addition to a 'paediatrician' mentioned under 'Who should take action'. Furthermore it was suggested that emotional and behavioural problems also be incorporated into the content and focus of this recommendation.

It was suggested that the mental health professional is likely to be the most crucial for these groups of children/young people. The recommendation is very necessary and should be a statutory requirement.

Question 5b: What **factors** might affect the feasibility of the implementation of this recommendation?

The recommendation would be feasible and can fit in to current processes. It is important that it is not carried out in isolation.

Details on how this recommendation could be carried out in youth offending services and prison services are needed.

Question 5c: How might any **barriers** to implementing this recommendation be overcome?

Resources are needed to ensure speedy assessments take place, reducing any delay in referrals for admission.

Barriers exist between different services. Services need to be consistent and well coordinated.

Question 5d: What **impact** might it have on current practice in your own role or organisation?

No response was provided

Question 5e: Can you please provide any other comments on this recommendation

Delegates informed that there is no provision or funding for Paediatricians to see children entering secure accommodation in our area. “*We have insufficient paediatric staff for the IHAs for LAC- in our city (Sheffield) we have 0.6 WTE for over 600 LAC*”.

1.8 Manchester workshop 8 (11th March 2010 PM)

Workshop details

Location: Manchester

Date: 11/03/10

Time: 1.30pm - 4.30pm

Delegates attending: 5

Findings

This summary shows a variety of opinions from the delegates. It does not necessarily represent the opinion of each delegate and does not attempt to quantify the level of agreement.

Session 1 – General review of the draft recommendations

The session commenced with a general review of the recommendations as a whole.

Relevance

The guidance would add to current practice as it would ensure that services get reviewed.

There is currently a great deal of pressure on social workers, particularly to complete administration tasks, resulting in hindrance of practical work. Therefore, paper work/ admin needs to be streamlined.

All of the areas that cannot be achieved by the statutory guidance can be covered by these recommendations.

Although the guidance is very helpful, there is a need to enable front line workers to have the confidence to implement it. The implementation process needs to be simplified and leadership needs to be set out from the beginning.

The recommendations do not add anything different from current expectations of services for looked after children.

Content

The guidance benefits from covering the physical, as well as the mental wellbeing of children. Taking a holistic view is very important.

There is a heavy focus on CAMHS and tiers one and two level issues are not focussed on enough.

Issues regarding children with disabilities are not covered by the guidance.

Feasibility

The recommendations are practical as they run alongside the 'Working Together' document. However, how these recommendations are achieved needs to be clarified e.g. through joint commissioning.

Although these recommendations are practical, a change in culture and mindsets needs to take place. There is a need to instil confidence and support in front line staff to carry out children's services, rather than passing issues onto the Safeguarding departments.

Clear instructions need to be provided from strategic managers to front line staff.

Implementation

A lack of funding and resources would prevent these recommendations being implemented.

There is a decreasing population of social workers. Many experienced social workers have moved into specialist areas due to an increase in pressure.

The use of agency staff carrying out actions rather than designated professionals can mitigate good practice.

It is essential to look after the health and wellbeing of staff and ensure they are supported. If this is not done, it will have a "*knock-on*" effect on the children.

There is a great expectation on CAMHS. However, these are a small group of people with specific remits. There needs to be a belief system shift by mental health services to expand their remits and services.

Imposing health visits on looked after children can stigmatise them. However, there is still a need to ensure they receive a good parenting role. Those children who are offered services but decline them should be measured. There is also a need to offer services in appropriate language for a child in order to encourage them to take up the services.

It is difficult to ensure levels of consistency due to constant staff change. The right people need to be around the child consistently. However, identifying who these 'right people' are can be difficult. Continuity is very important. The recommendations do cover this issue but tools and resources are needed to ensure this continuity takes place.

Inclusiveness

There are some groups of children that are not covered by the recommendations. These are:

- Children with disabilities;
- Teenage pregnancies – girls as well as boys;
- Sexual perpetrators – children who have been abused and go on to commit offences;
- Young offenders – these need to be considered throughout the recommendations.

Previous experience

The guidance is relatively small and well structured, and could be used as a handbook if a contents page was added, and the contents split up accordingly. Most of the guidance would be relevant to social workers.

Information

The document could be condensed and used as a guide. It could be produced as a booklet.

The document would need to have “*teeth*” in order for services to report that they are working within the evidence base.

The right people within Local Authorities would need to be targeted. For example, Corporate Parent Officers. These can filter the information through to many areas.

The guidance needs to be implemented from the bottom-up as well as the top-down.

Session 2

The delegates discussed eight recommendations in detail.

GROUP 1

Recommendation 1: regulating and auditing services

Question 1a: Please give us your opinion on the content and wording of this recommendation, particularly how **useful** and **relevant** it might be.

The children in the ‘target population’ needs to be clarified. For example, do they solely include those within the region, or do they also include out of county placements?

The recommendation could include the buzz phrase ‘*5 outcomes*’. This will help people make a connection with it, as there is great awareness of this phrase.

Pooling and aligning budgets is not a realistic action as departments protect their own budgets.

Effective partnerships would need to be in place to ensure that the joint commissioning occurs.

Question 1b: What **factors** might affect the feasibility of the implementation of this recommendation?

No comment provided. **Question 1c:** How might any **barriers** to implementing this recommendation be overcome?

IT systems differ between services and regions. One joint system would be needed. This would also free up social workers’ time to meet the needs of the child.

Question 1d: What **impact** might it have on current practice in your own role or organisation?

This recommendation would have a great impact on health.

Question 1e: Can you please provide any other comments on this recommendation

No further comments were provided

Recommendation 4: consultancy services

Question 4a: Please give us your opinion on the content and wording of this recommendation, particularly how **useful** and **relevant** it might be.

The definition of “*Consultancy Services*” can be open to interpretation. This needs clarification.

The recommendation does give good guidance for health professionals.

Reference should be made to performance monitoring within the recommendation.

Question 4b: What **factors** might affect the feasibility of the implementation of this recommendation?

Transparency and a common understanding are needed to move forward.

Question 4c: How might any **barriers** to implementing this recommendation be overcome?

A change to people’s mindsets and a culture change is needed. There is a need to go “*back to basics*” and re-educate people to ensure professionals know how to carry out these services.

Question 4d: What **impact** might it have on current practice in your own role or organisation?

This recommendation brings the focus back on the child – a child centred approach. It was also thought to encourage multi agency working between the different organisations and inter-professional respect, which delegates believed would help ensure that responsibility is accounted for.

Question 4e: Can you please provide any other comments on this recommendation.

No further comments were provided

Recommendation 5: Coordinating services between and within agencies

Question 5a: Please give us your opinion on the content and wording of this recommendation, particularly how **useful** and **relevant** it might be.

Those ‘who should take action’ need to be specified. For example, the services of the ‘Senior Managers’ need to be detailed. ‘Local Authorities and Health Services’ are very broad – these need to be specified.

The recommendation gives more weight to the needs of the child in a review which is very positive. Overall, it was thought that the recommendation formalises current processes and makes for a more needs lead approach.

Further detail was thought to be necessary regarding what ‘senior managers’ are expected to take action, along with specifically which ‘health services’.

Further clarification was also deemed necessary for the 'reviews' mentioned within the second bullet point of detail.

Question 5b: What **factors** might affect the feasibility of the implementation of this recommendation?

Delegates were supportive that the recommendation seemed to encourage a multi-agency approach yet also separates out responsibility.

Question 5c: How might any **barriers** to implementing this recommendation be overcome?

There is a need for an escalation process for health to be implemented within a multi agency approach.

More information is needed on what action to take when the needs of a child are not being met.

Question 5d: What **impact** might it have on the current practice in your own role or organisation?

Delegates believed that the recommendation may help to empower front line workers to approach other agencies for support and assistance; "*it promotes equal voice among practitioners*".

Question 5e: Can you please provide any other comments on this recommendation.

Training IROs to conduct health reviews could be referenced in the recommendation.

Recommendation 11: developing a national strategy for kinship

Question 1a: Please give us your opinion on the content and wording of this recommendation, particularly how **useful** and **relevant** it might be.

Different Authorities use the term Kinship Care differently, this needs further clarification e.g. immediate family/ distant family.

It was thought that this is an important recommendation.

Further detail was thought to be necessary surrounding the sources of support which are available for kinship carers to access; it was suggested that the recommendation could signpost to such services.

Question 1b: What **factors** might affect the feasibility of the implementation of this recommendation?

Kinship carers are badly supported. They are usually older, less financially able and in poorer health than foster carers.

There is a need to look at all factors in place to support the family dynamic.

The quality of assessments would affect the success of the kinship care.

Question 1c: How might any **barriers** to implementing this recommendation be overcome?

Protective factors need to be considered, for example if something was to happen to the kinship carers.

Support is crucial to the success of kinship care. These carers often do not have the same level of support as foster carers.

Question 1d: What **impact** might it have on current practice in your own role or organisation?

There would be financial implications for Local Authorities.

This recommendation would lessen trauma to children.

Question 1e: Can you please provide any other comments on this recommendation?

No further comments were provided

Recommendation 12: promoting extended family and kinship care

Question 2a: Please give us your opinion on the content and wording of this recommendation, particularly how **useful** and **relevant** it might be.

The recommendation is a process that is already being carried out and is outlining best practice. The action of continuously reviewing kinship placements is very positive.

This is a very agency lead recommendation. The child's voice needs to be included.

Question 2b: What **factors** might affect the feasibility of the implementation of this recommendation?

Guidelines have to be specific to know how to administer it. The "*tightness*" of adoptions could be drawn on.

Carers may not be able to take on all siblings in large families. Tighter processes need to be in place to cover these issues.

Question 2c: How might any **barriers** to implementing this recommendation be overcome?

To ensure that the recommendation takes place it could be embedded within the courts.

Question 2d: What **impact** might it have on current practice in your own role or organisation?

Delegates believed that this recommendation would be of benefit to potential kinship carers who may want to take on a care role but feel unable to; it was thought that the recommendation would help to remove some of the disadvantage.

Question 2e: Can you please provide any other comments on this recommendation.

Information on how children who move from adoption back into care are supported is needed.

Recommendation 20: accessing services for babies and young children

Question 3a: Please give us your opinion on the content and wording of this recommendation, particularly how **useful** and **relevant** it might be.

Aspects of the recommendation need to be specified. These include:

- The ‘specialist child mental health worker’ who assesses babies and children were queried. This should include a paediatrician.
- ‘exhibit signs of emotional distress’ should be replaced with “*identify signs of emotional distress*”.
- ‘Emotional distress’ needs to be defined to a greater extent.

The recommendation could reference the BAAF carers forms as a useful tool.

The recommendation is useful as it would ensure babies are properly assessed and the appropriate placements are found for them

Question 3b: What **factors** might affect the feasibility of the implementation of this recommendation?

Skills and training of health professionals would affect the feasibility of the recommendation.

Question 3c: How might any **barriers** to implementing this recommendation be overcome?

Staff with specialist skills are needed, e.g. specialist mental health workers.

Regional differences will be present. For example, the quality of skilled staff will vary between areas.

Question 3d: What **impact** might it have on current practice in your own role or organisation?

No comments were provided

Question 3e: Can you please provide any other comments on this recommendation.

No comments were provided

Recommendation 21: providing specialist training for foster carers and practitioners working with babies and young children

Question 4a: Please give us your opinion on the content and wording of this recommendation, particularly how **useful** and **relevant** it might be.

Those who should take action should include all tier one services and teachers.

Foster carers would be more successful ensuring children visit professionals such as psychiatrists. It is better to work with services around the child.

Question 4b: What **factors** might affect the feasibility of the implementation of this recommendation?

Delegates believed that general knowledge and understanding of the training available and complex care needs of such an age group would assist with the implementation of this recommendation, so that professionals are willing to send their staff/attend the available training.

Question 4c: How might any **barriers** to implementing this recommendation be overcome?

A multiagency approach to training would be needed.

Question 4d: What **impact** might it have on current practice in your own role or organisation?

The recommendation would reduce placement moves and create more stable placements.

Question 4e: Can you please provide any other comments on this recommendation.

No further comments were provided

Recommendation 22: reducing separation and loss for babies and young children aged 0–3 years.

Question 5a: Please give us your opinion on the content and wording of this recommendation, particularly how **useful** and **relevant** it might be.

This is a very useful recommendation. It would benefit from covering the necessity for Local Authorities to act speedily. The focus should be on the child's attachment rather than the needs of the agency.

Question 5b: What **factors** might affect the feasibility of the implementation of this recommendation?

There is a need to ensure that information is available and processes are followed.

Question 5c: How might any **barriers** to implementing this recommendation be overcome?

No comment provided.

Question 5d: What **impact** might it have on current practice in your own role or organisation?

Delegates felt that the recommendation may lead to clearer decision making and greater placement stability.

Question 5e: Can you please provide any other comments on this recommendation?

This is a very complex area. There are financial implications for families going through adoption and the level of support provided is crucial. There are practical issues involved, rather than just emotional issues.

APPENDIX D: TELEPHONE INTERVIEW SUMMARIES

1.9 Training professionals

1.9.1 Respondents

Six interviews were conducted and commented independently on. Interviews were conducted with:

- Multi-agency Team Manager;
- Director of Services;
- Social worker
- Operational Manager for Community Services Young Persons' Directorate;
- Head of CAMHS LAC services; and
- Nurse specialist of a LAC service.

1.9.2 General feedback

Overall, respondents generally expressed support for the recommendations, however, felt that they needed to link more explicitly to guidance and documentation already in circulation.

1.9.3 Recommendation-specific feedback

Recommendation 51: developing a curriculum for core training

Improve outcomes

One respondent expressed support for this recommendation and informed that they were pleased to see specific reference made to the 'impact of trauma and distress on the development and behaviour of young people', as well as the impact of the carers experiences on the child in their care. Another stated that in order for a knowledge base to be present, core training should be seen, this in turn would ensure that staff would be better able to identify children's' problems.

One respondent however, stressed that the impact of trauma is often overlooked in training modules, and therefore people need to understand this, so as to overcome this barrier. It was suggested that this could be evidenced more, and reference was made to www.ace.org as is used by their targeted service.

Interviewees believed that the recommendation covers the key training elements; however, they questioned the extent to which the full content of the recommendation would be feasible to implement with current resources. It was suggested that further clarification of the way, in which the recommendation links to existing documentation and statutory guidance would help professionals see exactly what changes would be needed to make in addition to what they are doing at present, so that the recommendation is not viewed as duplication or an independent set of actions to be undertaken. One such document believed to be key was the 'National Fostering Development Workforce' guidance. It stated clearly that illustrating the way in, which this guidance links to that already, in existence, will help direct professionals and support statutory guidance.

Respondents commented on the DCSF 'Designated Teacher Guidance' and stated that the recommendation supported that in part, yet seemed not to in other aspects. It was suggested that the guidance is intended to support existing documentation; it should explicitly state what documentation and or signpost to it.

One respondent (Head of CAMHS LAC service) however felt that this recommendation would probably not improve the outcomes of children. It was felt that it was not a case of needing more training but more about how theory and practice link up, for instance if it was felt that more training would not have picked up on the "Baby P" case. Concern was that this approach can give the idea that you can talk about it, but it does not assess risk.

An Operational Manager for Community Services Young Persons' Directorate stated that their organisation undertakes some training around LAC but not much, and note that this does not happen in the main for NHS providers. The respondent however noted that the recommendation would be very helpful.

Feasibility

Delegates again commented on the need for the recommendation to support existing guidance and documentation, as they feared that "*otherwise, it will separate out professional groups*".

Individuals reported that the biggest barrier to implementation would be the capacity of training materials and staff to deliver it. Furthermore, the capacity of management to release staff, in order for them to complete such training was also raised. It was thought that the recommendation would need to take a top down approach, enlisting buy in from the top at government level to then filter down to the relevant organisations and department managers and onto individual staff members.

Respondents enquired who it would be delivering the training and enquired as to whether this would be done on a national or Local Authority level.

One respondent (Head of CAMHS LAC services) suggested that there would need to be consideration made of what would need to be done for different tiers of provision, in terms of what the professions need to know and what is the interface, e.g. knowing about when to refer to another professional.

Further to this, this respondent also suggested that having apprenticeships and supervised practice would be a way of ensuring that the link between theory and practice is made.

One delegate (Director of services) also stated that at present supporting young care leavers is not seen.

An Operational Manager for Community Services Young Persons' Directorate also stated that providing training is time consuming and would compete with core services already being provided – this may lead to something being dropped.

Implementation

Interviewees suggested that there may be more support of the recommendation if the training were to be attached to some form of accreditation scheme, such as NVQ. It was thought that this would encourage professionals to support and attend the training if they would receive a universally recognised qualification as a result. Another respondent stated that there is a need for training, but that it was also a case of being over-trained and under-resourced, and that it might be more beneficial to address issues regarding needing to do work, that there is supervision, families and children are in the right service and that all of these points are in line with evidence that indicates that having relationships helps to bring about change – and this as an issue is not addressed within the curriculum.

Once again respondents reiterated the need to get high level buy in and filter support down from government and leading organisations.

Resource barriers, as stated, were believed to be applicable to those conducting the training, as well as having the time and staff to be able to attend. It was suggested that providing the training in a range of different formats may help to overcome this barrier. E-learning was one such example. A best practice example of where this has already been done with regards to teacher training was reportedly AKAMAS who have provided online models of trauma and the impact on child learning and development.

Another respondent (Director) stated that within their organisation, a dedicated team is seen, where individuals have specific qualifications – they can then go on to provide appropriate services for children in care, based upon their skill-set – however this may often be dependent on funding which is not available for all organisations.

Operational Manager for Community Services Young Persons' Directorate reiterated the issue of resources, and noted that training would not be a core business area for them. However, the respondent stated that any training needs should be identified early in the job role.

Barriers

Respondents questioned how it would be ensured that the recommendations are auctioned and not ignored by organisations and professionals. It was thought that the training would need to be rolled out on a national level in order to account for the large proportion of out of borough placements.

It was thought that getting buy in from OFSTED would also help enforce the recommendation because it would then be perceived to be linked to an inspection framework, which would boost adherence.

Another respondent noted having the time to release staff for training, in addition it was also noted whether it would be appropriate for everyone to need to know about looked after children, which is the same for addressing disabilities.

One respondent (Director) stated that there would be no barriers within their organisation to implement the recommendation. They noted that the key issue is based upon the recruitment of staff. Here, staff are poorly paid nationally, with no attention being paid to the needs of the role. The respondent noted that the government needs to provide Local Authorities with adequate funding to ensure that skilled staff are hired.

Further to this, it was also suggested that there is a stigma attached to LAC which needs to be overcome e.g. children in care do not have good educational attainment. The respondent again noted that if skilled staff were seen nationally, then children can be cared for and educated adequately. The Operational Manager for Community Services Young Persons' Directorate also reiterated that there is a stigma attached to looked after children.

Gaps in the recommendations

Respondents commented that there was no mention of the way in which teachers and schools may impact the carer and consequently this may then influence the behaviour/development of the child. It was also perceived that children with both learning and physical disabilities had been missed out in this recommendation. It was felt that specific training surrounding how to care for children within that group would be extremely beneficial, therefore, it was suggested that this be incorporated into the current recommendation.

Other groups believed to have been omitted within this recommendation were asylum seekers and those residing in youth offending institutions. Following on from this, the respondents questioned what training professionals working in such care settings receive and how this may differ from other care professionals.

In terms of 'Who should take action' it was suggested by one respondent (Head of CAMHS LAC) that this should extend to include health professionals. They also commented on the fact that health is hardly mentioned in this recommendation. In addition, this respondent commented that this recommendation is not connecting to the "*Think Family*" agenda and the amalgamation of the child and adult mental health divide. Similarly it was also felt that there was no connection being made to the Public Mental Health agenda that is promoting psychological resilience and emotional wellbeing. In this respect, it was suggested that it is about getting people to focus more on wellbeing and therefore to look at mitigating risk by building resilience, which can be achieved by having connectedness, e.g. friends, family etc.

The Head of CAMHS LAC services suggested that the inclusion of evidence would be helpful, in particular citing the Foresight Report. In addition it was stated that little was included about court processes within the recommendation, which are disruptive and impacted on the looked after child's wellbeing.

Another respondent (Director of services) also noted that the recommendation makes no reference to funding issues, which is fundamental to the recruitment of skilled staff.

In addition, one respondent stated that the recommendation needs to mention more on sibling contact.

Recommendation 52: training social workers to support looked after children and young people in an educational setting

Improve outcomes

Although positive regarding the content of this recommendation, respondents did not feel that there was a need for it as they reportedly are already implementing much of what is suggested and already have access to a plethora of guidance. It was stated that most Local Authorities now have their own specialist education teams for looked after children, as well as their being a school lead education team. It was assumed therefore, that the recommendation was primarily aimed at health professionals where training may therefore be lacking, although it was felt that this should be explicit if the case.

One respondent (Head of CAMHS LAC services) specifically noted the first bullet point as being important. This respondent also noted that training of professionals will not in itself lead to an improvement in outcomes for looked after children and young people. It was suggested that there is a participation issue in whether young people are being asked if such training will impact positively.

Feasibility

Individuals highlighted the gap in training between health and education professionals in that teacher training covers little detail on looked after children, and equally social worker/carer training includes very little content on education. It was thought that there was a need to better integrate the two streams.

One respondent (Director of services) also suggested that staff should be trained in homes, in order to gain first-hand experience. It was also stated that staff need to be provided with adequate time to go on to training. Further to this, the respondent suggested that there is no dedicated part of the training which looks into the history of the child, understanding why the child is looked after and focus on the team and individuals around the child.

Implementation

Respondents believed that recommendation would be most beneficial if it were to signpost professionals to sources and locations of where they are able to receive the training being referred to. It was not felt that the

recommendation in its current form linked in with the training which is already in existence and it was felt that the recommendation could be improved by doing so; explicitly stating how the activities suggested within the recommendation differs from what is already in existence.

An additional barrier identified to implementation was the literacy and educational level of the foster carer themselves, to be able to understand and undertake the training.

Barriers

Barriers to implementing this recommendation were thought to have already been discussed in response to previous questions, as well as those stated for the previous recommendation though to still be applicable for this recommendation.

Once again it was not thought that the recommendation linked in with existing training, as well as local training providers. It was thought that there was potential to encourage Local Authorities to use local providers of training where possible through this recommendation. Furthermore, respondents reiterated that if the recommendation were to be linked with some form of portfolio of competence or recognised accreditation uptake would increase.

Funding was viewed as being a barrier to training of staff, as stated by a Director of services. Further to this, it was also identified that correct staff need to be trained in the first place.

The Operational Manager for Community Services Young Persons' Directorate stated that resource issues were a key barrier.

Gaps in the recommendations

Individuals felt that the recommendation should do more to encourage local level training in this incidence, so that professionals are able to train in what is specific to their current job role and location.

A Head of CAMHS LAC services respondent stated that educational professionals should be included in the 'who is the target population' as it should reflect that there is a role for both social workers but also for schools. The respondent also stated that the recommendation is not linking up to TAMHFs which is aiming to get mental health services to be schools based.

Further gaps included the view that court issues, and the time taken in the court process when a looked after child is in temporary placement and the impact incurred through this disruption is not included within the recommendations.

Other gaps included:

- No mention of the difficulty kinship carers face in obtaining a place in school is stated.
- No mention of children with learning disabilities as a significant number of looked after children suffer from learning difficulties which remain undiagnosed.

Recommendation 53: training for independent reviewing officers

The Operational Manager for Community Services Young Persons' Directorate stated that this recommendation was not relevant to them.

Improve outcomes

It was thought that IROs would benefit enormously from this recommendation; respondents thought it key that they were able to understand the issues and difficulties, in addition to the rights of looked after children.

It was however thought that this recommendation is “*slanted towards education and does not mention as much information relating to health*”, as was thought to be more the case for recommendation 51.

Another respondent (Head of CAMHS LAC services) commented that there was a significant omission in this recommendation in that there was no mention of CAMHS, and that health covers emotional and mental health in addition to physical and “*it is not talking about it enough*”.

Feasibility

Respondents stated that there would need to be some form of support to allow IROs, the capacity to attend such training. It was suggested that this be incorporated into their contractual arrangements when commencing post, as it was thought that there is a necessity to make clear what is required of the individual in that role.

It was suggested by the Head of CAMHS LAC services that the IROs need a system to allow them to know if a child is in a CAMHS service and how the intervention is connected to the health plan. The respondent also thought that it would be nice if IROs were selected from a wider discipline base and not just social work.

Implementation

One respondent stated that social workers can forget or omit that a looked after child is in a CAMHS service. Further to this, the respondent also noted that IROs and CAMHS LAC services operate with different databases for a large number of looked after children and young people, and although there is an attempt to cross-check this process it is not proving effective and there is no other means available at this time.

Barriers

Interviewees believed that the training discussed within this recommendation would need to take place at a local level in order for it to be specific to the target group they would be dealing with and services available in that area (for example, it was stated that in the local area of those interviewed, they do not have grammar schools, and the budget for special needs children is differently allocated in different areas). It was felt, however, that the training would also need to touch on elements which may be more generic so that they IROs have the capacity to support placements outside of their own Authority.

It was thought that the training of IROs would “*surely need to be completed before they are able to start in post*”.

Gaps in the recommendations

It was felt that the role of the designated teacher had been overlooked within the recommendation and that reference should be made to this individual and the way in which they link in with looked after children and IROs.

The failure to incorporate CAMHS service into how the emotional and mental health is addressed in this recommendation was felt to be “*incredibly disappointing*” for one respondent (Head of CAMHS LAC services). The respondent also noted that an issue of ensuring quality of teachers is essential (needing Tier 3 or 4) and furthermore, that these teachers need depth of experience, otherwise the end message is too diluted.

1.9.4 Informing professionals of this guidance

The interviewees suggested that a national launch would be an effective way to inform the relevant professionals about the guidance, along with other events similar to that used to launch the statutory guidance. Distributing the guidance in different formats such as DVD and CDROM were also suggestions put forward as dynamic ways of informing professionals. The later suggestions were also suggested for providing additional best practice examples and advice of how to go about implementing the recommendations.

The Head of CAMHS LAC services suggested professional associations and using organisations to cascade it out to professionals, as it was felt this is the most effective way in which they are engaged. They suggested avoiding newsletters as it is felt that there is an information overload that is overwhelming for the average practitioner, and it is often the case that it is the same summary being sent through multiple sources.

1.10 Supporting education for looked after children and young people

1.10.1 Respondents

Six respondents commented independently on this set of recommendations.

One had 30 years of experience in social work before becoming a professional advisor to a Local Authority for children's services specifically addressing looked after children and young people, with this role also covering quality assurance of services. Another interviewee qualified in social work in 1998 has worked as a social worker and senior social worker also in child protection for a number of years before working in children's homes. Currently they are a Registered Manager.

Two of the interviews were conducted with Board members of organisations. One interview was undertaken with an Executive Committee Member of a professional association on counselling and psychotherapy, who is also a Researcher and Lecturer on children and wellbeing. The other interview was with a board member responsible for strategy and selection of a national programme for creative media for LACYP. Another interviewee was a Senior Lecturer from a university in England teaching social work within a department of family care and mental health.

1.10.2 General feedback

A couple of the interviewees made general points regarding the guidance. The Board member commented overall in relation to the recommendations that they need to address practicalities, such as steps on how they can be achieved, and possible timescales for implementation.

The Senior Lecturer felt that a big flaw in the guidance was the number of recommendations. They suggested that there should be fewer recommendations, that they should be prioritised, and agreed with the Board member that they should be costed to enable practical implementation which they acknowledged would be a hard decision-making process. However, they felt that it would otherwise amount to a "*betrayal*" of young people in care who had contributed to the guidance as the guidance would be published, applauded but nothing would happen.

They also commented that the Child Leaving Care Act (2000) has many similar provisions to those which have been recommended in the draft guidance, but have never been fully implemented.

1.10.3 Recommendation-specific feedback

Recommendation 41: developing teacher training

Improve outcomes

The Lecturer felt that “*anything is better than nothing*”, and to have the core training module was useful, but did not think it would happen as there is no space in the teacher training curriculum, and it would not be a priority area, which would be a fundamental barrier. It was suggested that more might be effectively achieved, by seeking to integrate throughout the teacher training, in a similar approach to that taken for raising awareness of diversity and difference in young people and children.

A view shared by the Senior Lecturer, Registered Manager and Board member was that it would give teachers a better awareness of the difficulties faced by LAC, the need to balance social needs of children in certain situations, as well as giving a better understanding that school failure for young people can result in more emotional damage. The Board member suggested that this would help teachers appreciate the supportive role they can play for a looked after child, and perhaps even participate in the process of recognising issues in such children.

The Senior Lecturer also suggested it would address stigma, as LAC go to great lengths to hide their care status. It was felt that it will improve outcomes as a wider group of teaching staff will be reached. However, this could not be qualified any further as teacher training was beyond the remit of the role as a professional advisor on children’s services to a Local Authority.

Feasibility

The Registered Manager commented that they are working collaboratively with schools. It was felt that there would need to be more focus given to the core training (in relation to the bullet points made in the recommendation) for teachers, teaching assistants, HLTAs, social workers, pastoral managers and school nurses, and in fact could encompass all professionals. It was noted that, in their opinion, more recently qualified professionals are more sensitive and integrate this into practice already.

The Senior Lecturer felt that more cross-teaching would be beneficial in getting the issues across, e.g. involving social care, health, education and law, and that such an approach would also ensure quality rather than having lecturers struggle to teach a topic unfamiliar to them. This it was felt, would benefit the child as it would be looked at more holistically and stop the labelling that different professionals can do. The Lecturer felt that the recommendation as it currently stands would not be feasible, but more likely through integration, throughout the curriculum. The Board member suggested that it would be useful for trainee teachers to have clear guidelines, and are made aware of how to get support, which could be related to the role of the designated teacher and virtual head teacher (further recommendations in this guidance).

The advisor commented that nothing would change in terms of what they do as it is outside their remit, though they did comment that they already worked with school staff.

Implementation

The Registered Manager felt that more needs to be done at a strategic level in social care to plan for the commissioning of services and placements, e.g. in relation to funding commitments beyond 3 months, and thereby reducing the chances of drift in young people by focusing on education. It was also felt that the inclusion of other professionals in joint training would be beneficial.

The Lecturer felt that it cannot stand alone, and as a module cannot address everything that needs to be covered in the educational world of the child, e.g. a session on maths, how to deal with a looked after child with a disrupted educational background – it was felt that it is part of a teacher considering the holistic needs of a child. .

Barriers

It was suggested that there needs to be a focus on the child's needs - the Board member suggested the trainee teachers need to understand the supportive role they play in the classroom, whilst the Registered Manager felt that this could result in more a more timely service provision.

The Lecturer commented that there were no real barriers but that curriculum changes would need to be made and that would require funding, but other requirements such as expertise were already there. It was suggested that any changes to the teachers training curriculum would need to be driven by the Teachers' Development Agency.

The Senior Lecturer felt that there were barriers between the different professional disciplines. They also felt that there is some resistance to inclusive policies, e.g. such as with special needs, as some teachers struggle to teach these children, and this would demand a change in attitude or a designated person to push through the needs of LAC. However, if schools are forced to make changes this may exaggerate the 'exclusion' that LAC may already be feeling. Therefore this could demand more funding and extra posts for it to occur more easily.

The Board member identified confidentially as an issue to be addressed, in that teachers need to be sensitive to the needs of looked after children and young people participating in their classes, e.g. made aware of any prejudices they may have.

The Registered Manager felt that the variation in education and care from place to place, i.e. not being standardised presents a challenge. It was suggested that there should be a national body overseeing this, as currently there is conflict of interest in that the care is being defined by those paying for the service. The Board member also raised concern over the impact of disruption to education on the child, and the need for teachers to be aware of that.

The Registered Manager was concerned that with a reduction in looked after children there was also a reduction in good quality children's homes and therefore that there should be more investment made in residential homes.

Gaps in the recommendations

The Lecturer felt that the fundamentals of realising this recommendation were not realistic, and suggested that the education system would do better to allow teachers the time to develop relationships with the looked after child and the social care system's professionals, as in their opinion, this was the biggest barrier.

The Senior Lecturer highlighted that the recommendation fails to acknowledge the need to keep updating knowledge and attitudes, and therefore ongoing training is important, but this has resourcing implications.

The Advisor on children's services for a Local Authority questioned whether having a specific training module would be sufficient in itself to achieve the outcome? An associated question was also made in terms of what post qualification staff would get in terms of support and learning.

The Registered Manager felt that the recommendation could be undermined as a result of professionals not understanding each other's roles, and therefore suggested that there should be more awareness creation about the different roles of the professionals involved.

Recommendation 42: involving designated teachers

Improve outcomes

The interviewees considered this to be a good recommendation. The Local Authority Advisor thought this was a very positive recommendation as it broadly promotes specialisation of designated teachers to match needs of these children. The Lecturer felt that this would ensure continuity and accountability and allow the child to know that there was a person there for them, so they are not lost in the school.

Furthermore, the Local Authority Advisor felt it would provide a single point of entry into the school with increased social work practice, for instance, which would lead to improved efficiencies. Both the Senior Lecturer and the Lecturer agreed commenting that it would greatly assist the multi-agency approach in that it was *“useful for other professionals and staff working with the child”*. However, the Senior Lecturer felt that *“the time given and the style taken will affect how it works and the outcomes achieved”*.

The Registered Manager also liked this recommendation, though valued it from the perspective that it allows the PEP to be integrated within the young person’s care plan. It was suggested that the PEP could be used as a performance indicator for education and that the role should be taken back from social work, as this is where the education professionals are found.

Feasibility

Both the Senior Lecturer and the Lecturer commented on how this would be achieved. The Lecturer felt it would only be feasible if teachers in the post have undergone training to help them understand their role, which would require funding if that teacher is then off timetable. Furthermore, the Senior Lecturer felt that the teaching timetable of the designated teacher would need to be reduced, rather than added as an extra role and as extra hours on top of a normal teaching job. They commented that at their university as part of a mentoring scheme for students who have been in care, tutors give this additional pastoral support in their own time. This means in their experience that different students will receive different levels of support depending on the individual lecturers’ other commitments and motivation for being involved in the scheme. The Lecturer also felt that the designated teacher would need to have time to make their role effective, and that it couldn’t be done now as they, and the social workers, have no time.

The Local Authority Advisor commented that they have already begun to promote designated teachers, so nothing different would need to be done. It was also felt that the recommendation is *“very comprehensive and solid”*.

The Registered Manager commented that they had experience previously where a social worker could have responsibility for a school, and that this enabled the development of local knowledge, good relationships and the possibilities of face-to-face meetings between professionals. The Bristol Study was referred to in this instance, as an example, where the social worker assigned to the school can give advice at the common assessment framework (CAF) meetings. Problems can be identified at an early stage, local intelligence can be collected, and overall this approach can lead to a reduction in social work time.

This view was in part supported by the Board member, who felt that there needs to be a relationship between the social worker and the designated teacher, with clear lines of communication. The teacher also needs to be aware of other interests apart from education, as part of the means of achieving educational stability, which can be provided by the social worker.

The Registered Manager also suggested that an alternative was to put the social work responsibility back onto the school in terms of welfare and fieldwork, as it was predominantly about attendance as “*other than the families, next best at knowing the kids is the school*”.

Implementation

The Registered Manager felt that funding issues and strategic longer term planning is needed by the Local Authorities. This would mean a change in culture and roles as it would mean giving professionals smaller workloads to do more quality work. The Senior Lecturer also commented on the allocation of time remarking that the role/position would need to be recognised as being important, and therefore have time factored in. They suggested that the role could be a multiagency person, based at the school, and not necessarily a teacher. The Board member also commented on the need to address the job roles, for instance in ensuring that the designated teacher is empowered to take responsibility to action any decisions made with respect to a looked after child, and its “*not just passed down*”.

The Lecturer commented on the need for training of designated teachers as part of their continual professional development.

Barriers

All interviewees remarked on the issue of time being allocated, and associated funding, as a barrier in one sense or another. The Local Authority Advisor commented that engaging with social workers offers a good start, but pressure should be on the designated teacher to work with others as well (the team around the child), and in this respect it might be found to be a very stretching role and perhaps more so than at the moment.

The Registered Manager reflected that the working culture of professionals which is focused on quantity rather than quality, is an issue. The Lecturer felt that resources are there, but it is more a case of finding the funding for the training, as is the case in their organisation.

The Board member raised the issue of confidentiality, both in relation to the teacher and the looked after child or young person, e.g. are they comfortable with this teacher hearing details of their situation. It was suggested that the teacher needs to understand the supportive role they play, as well as being empowered to take action/decisions.

Gaps in the recommendations

All interviewees felt this was a good recommendation, but would be a case of putting it into practice. The Local Authority Advisor commented the designated teacher’s role, as a good practice model, in care planning and process review should also be referenced within their role in this recommendation.

The Board member suggested that social workers should be included under ‘Who is the target population’.

It was also suggested by the Board member that there should be guidance on how social workers and designated teachers can communicate effectively and thereby ensure that the last bullet point under ‘what actions should be taken’ is satisfied. It was felt that this is a complex relationship which would benefit from having clear boundaries and roles set, but one which would allow the social worker and the teacher to be involved and provide support to each other.

The Senior Lecturer felt that they may be occasions when the child themselves may prefer not to have a designated teacher involved, rather preferring a class teacher whom they already know and trust. They also suggested that there may be a risk that in seeking out the designated teacher, as they would identify themselves to their peers as a looked after child.

Recommendation 43: role of virtual head teachers

Improve outcomes

There was support for this recommendation from all interviewees, and one even considered it to be the best. However, there was some concern about the use of the word 'virtual' in that it was not solid enough, not implying a single person. There was also a comment made by the Senior Lecturer as to whether it would be the most important thing to address if it is a matter of costs of creating a new post.

The Local Authority Advisor, the lecturer and the Board member felt that this was a very positive recommendation as it promoted accountability to the looked after child. The Local Authority Advisor commented that having such a role alongside services would help to promote the 'Care Matters' agenda. The Registered Manager also thought this was a positive recommendation as it aims to "*give more targeted and focused services for young people*". The Lecturer felt that it was an approach that was vigilant so that it would stop children slipping through the net, as well as giving the looked after child a solid person to contact.

Feasibility

The Registered Manager felt this recommendation was feasible and commented that they had previously been involved in a pilot and felt that it had promoted education. The Senior Lecturer also commented that they had heard it had been successfully piloted in some Local Authorities. The Registered Manager suggested that their organisation would need to make contact with the virtual head teachers.

The Board member commented that it was very good to address the issue of maintaining a record of all looked after children out of area as their experience was that some children fall under the radar. In this way, it gives clarity as to how to target support and felt that it would require working with social workers.

The Lecturer felt this head would need a presence which would be comparable to a guardian in the child court system, and it would therefore need a high standing to be an empowered, assertive role with clear responsibilities to the child.

The Local Authority Advisor could not think of anything that would need to be done differently.

Implementation

The Senior Lecturer did not understand the mechanisms, and wondered if it would be a newly created post, and felt that it was a large task too onerous to be tagged on to an existing role, and if this was the approach, it would end up being tokenistic. In that respect, they argued that it should be a new post, but acknowledged that it would have cost implications. The Board member also did not think it was clear where this person would sit, e.g. within the care team side, or the school body or separately as a bridge, as it seems to imply an education body, but Local Authorities are identified to take action. It was also felt that the governing body of the school would require support.

The Registered Manager, in relation to excluded children, felt the role of the Virtual Head Teacher could be to assign a child to a Head Teacher at a meeting and therefore direct responsibility to the appropriate service. They cited Paul Dagnall as an example of someone who had taken such a role.

The bullet point on 'sharing good practice' the Board member suggested assumes communication with others elsewhere. The Senior Lecturer also commented on schools sharing more information more freely with the virtual head, but also felt there could be some reluctance to do so, and in that way it would need to be "*sold*"

to the local schools as they are often managed in an independent way. Therefore, they suggested that this person should be seen as a source of advice, a point of contact.

The Lecturer felt that it would be a resourcing issue, primarily in funding to enable the time to be given to staff, as well as in relation to ongoing training. The Registered Manager suggested that if a young person is not seen by their school then the funding should be redirected to pastoral support so that the child can be seen at home.

The Local Authority Advisor could not comment on this.

Barriers

The volume of looked after children can be a resource issue and each Local Authority has to manage own virtual head to ensure the job is manageable, was commented on by the Local Authority Advisor.

The Registered Manager felt that the issues of professionals understanding each other's roles and the need for a change in culture, again presented a challenge.

The Board member made reference to those children moving out of area, and it was suggested that that the role of the virtual head may offer an opportunity to safeguard such children.

The Senior Lecturer identified the independence of local school management, the issue of funding, and requested more clarity on who and how the role was to be undertaken. The Lecturer also cited funding, but otherwise was of the opinion that the role would be welcomed.

Gaps in the recommendations

The Local Authority Advisor reflected on the fact that they work in a large local authority with a high number of looked after children with substantial numbers that were accommodated outside the boundaries of the Local Authority, and as a result the recommendation could be strengthened in capturing the needs of such children. The Board member also identified this as an important gap. It was suggested that clarity of who would come under the 'virtual head' if coming under this authority was needed. It is not clear to them (Advisor to a Local Authority) if the debate has been occurring in relation to areas and perhaps those that are not so well served who are outside their areas as those within.

Both the Registered Manager and the Senior Lecturer identified the need to address those children that are long term excluded and managed by an alternative education means. The Registered Manager expressed a view that the law should direct schools to take responsibility, and that such an approach is being taken in some areas. The Senior Lecturer questioned whether the virtual head would have a role in finding alternative education and checking whether it is meeting the needs of the looked after child.

The Lecturer indicated that they would like to see the virtual head's roles like a Children's Commissioner role, but in relation to geographic area for looked after children. They also suggested that it could be seen as an advocacy role, particularly as they felt that children need to be able to identify someone to go to, as too often professionals are too busy. The Lecturer was concerned that the word 'virtual' was an ambiguous choice, and suggested that it be replaced.

The Board member suggested that the recommendation misses out the role of the carer, and that the social worker and designated teacher would be able to engage them in directly supporting the education of the looked after child or young person, or addressing alternative ways of achieving this.

The Board member also felt that senior managers need to be involved such that designated teachers are accountable to them.

Recommendation 44: accessing further and higher education

Improve outcomes

Both the Local Authority Advisor and the Board member thought this was a very positive recommendation as it would help to provide a pathway to ensure greater uptake, which is a big issue. Specifically highlighting issues of how to pay, where to live and how to support was seen as ensuring the recommendation was comprehensive. The bullet on publicising the £2,000 bursary was liked very much by both, and it was suggested it could be publicised more through an information strategy.

However, the Lecturer commented that the recommendation “*sounds good, looks good, but can’t see it happening in practice*”. They were concerned that it is not anything different to what is already happening, and demonstrates that something is wrong if it is not being used already. They were unclear as to why social workers would not know about the bursary and why they would not promote it.

The Registered Manager also liked this recommendation because it was about expectation and the fact that “*expectations need to change*” particularly, as according to their understanding the UK has the worst record in Europe in relation to looked after children attaining further and higher education. This view was also reflected on by the Board member.

The Senior Lecturer felt it was a good recommendation, but commented that personal advisors, social workers and foster carers should already be doing this. Furthermore, that there is, in their opinion, the structure to push it through, e.g. by writing it into roles. If it is not working, then it “*needs to be shaken up*” particularly as some do not see this as part of their role but it is not the responsibility of the child alone and they need someone to help them.

Feasibility

The Local Authority Advisor did think this recommendation was feasible, but acknowledged that they would need to be far better at commissioning accommodation, e.g. issue of term plan support and holidays and therefore how to support carers for those beyond 18 years – and that such issues would need to be bottomed out still. Similarly, the Board member commented on the transition to independent living indicating that this would need to address issues regarding the needs of the young person, which are very important, but also employment.

The Senior Lecturer commented that several universities are already implementing this draft recommendation and encouraging young people with care experiences to go on to Higher Education as part of their ‘Widening Access to HE’ policies and Aim Higher initiatives. They felt that it requires a more open attitude towards letting young people remain living with their carers until the age of 25. This would involve extending the funding to support foster carers as well as the foster carers accepting that the allowance would drop as the young person became more independent after reaching 18 years, and might reduce to just a retainer allowance if the young person stayed at the University in Term time..

The Registered Manager felt that it requires extending provision for those leaving care, in terms of physical and emotional support. It was suggested that this might even amount to a change in legislation to extend provision up to the age of 25 in terms of the Act, and this would be in line with children in general. It was suggested that the system needs to give more to the looked after children and not be focused on system deadlines, i.e. be child focused.

The Lecturer commented that it would be a case of “*putting things into practice*”, and felt that there is a need to have a designated professional for this group of young people to support them in accessing the educational

system, e.g. UKAS form application. They felt that the social worker can help but would not necessarily be the best person for this because of limited experience (they may write one a year) whereas this may be a potential role for the designated teacher, as mentioned in Recommendation 41.

Implementation

The local Authority Advisor commented that financial limits should not stop people working as hard as they can in order to get young people into higher education, but there was a capacity issue in terms of resourcing the 16+ service as further education delays entry into the job market and therefore impacts on the numbers remaining on the books for the teams to manage.

The Board member highlighted the issue of accommodation, in that it was suggested that there needs to be more guidance on what support is given to help address some of the issues faced by the young people in terms of feelings of isolation, whilst at the same time seeking to ensure that they had the full experience of higher or further education. The Lecturer also raised the need for consistent adult support to help the young person through a higher/further education experience. They felt it would not need to be a social worker, and could be another adult from the community, e.g. retired teacher, who stayed in contact with phone calls, email, allowing them to stay over at end of term, providing an interest in that young person. It was felt that there are creative out of the box ways in which a young person can receive support that does not require a large amount of financial support.

The Senior Lecturer suggested that additional funding would be required, to provide ongoing support to foster carers to “*keep a bedroom*” for the young person particularly during the holidays which can be a critical time. They also suggested training for foster carers to help them address and prepare for the transition in caring for a child at 16-18 years. Furthermore they also suggested that there could be a “*bank*” of specialist foster carers who are adept at addressing and supporting young people moving into more independent living. It was noted that already there are carers who offer this “*boarded lodging*” type of placement to young or vulnerable single adults.

Barriers

The Registered Manager commented that with a young person moving from place to place, the options change and that can limit the opportunities. As a result they suggested that the PEPs should be used as a means of planning for further and higher education, especially from year 10 as it would help to set out options.

The Senior Lecturer commented that there used to be more leaving care teams in Local Authorities, as many Local Authorities have disbanded these teams now. These teams of mainly social workers developed skills in helping young people cope with their transition to adulthood and built up relationships with other professionals involved in the young peoples’ lives like Connection Workers, Personal Advisors etc. This recommendation could be seen an argument to revitalise these teams. It was felt that the team members had local knowledge and expertise and were often a calling point and stable base for the young person to turn to. Even if after a few years individual staff had moved on there was still a team with a recognisable name, which the young people knew was there for them and as a result it would be easier for the young person to find and ask for support at any difficult point.

The Lecturer was not sure how the £2,000 bursary could support a young person through university, and suggested that the amount should be increased. They felt that the life chances are so poor for these children that there should be positive discrimination. Kids Company was cited as an example where marginalised young people are provided a support package, that includes financial support as well as care and it was felt to be an example where “*having genuine care is shown to be more important than professionals doing the job*”.

Gaps in the recommendations

The Board member suggested that student advice services, and possibly tutors, should be made aware of looked after children issues, and therefore the support requirements e.g. particularly in relation to funding. It was also suggested that bursaries should be promoted, but the eligibility of who can apply should be made clear. It was highlighted that there is a need to raise awareness of other funding support and bursary opportunities in the Local Authority care teams and social workers.

The Lecturer felt that the recommendation should mention the value of having a consistent adult presence to provide interest and support through the higher education experience.

The Senior Lecturer suggested that this should already be happening, and therefore could look at what issues have prevented this from becoming accepted good practice when the foundations are already there. It was felt to be a danger that Local Authorities could turn around and say that they were “*doing all that already*” when what they were offering was the minimum they had been able to get away with.

Nothing further was added by the Local Authority Advisor.

Recommendation 45: entering higher education

Improve outcomes

All interviewees supported this recommendation. The Local Authority Advisor fully supported it and felt if this recommendation was to be achieved it would transform the service “*making it unrecognisable*”. The Registered Manager commented that anything that encourages additional and targeted support to students that had been looked after was welcomed and agreed with this recommendation. The Lecturer welcomed it as it would “*make the system more fair*” by giving a support package to these young people who are at a disadvantage.

The Senior Lecturer commented that in the last two years, they have gone from three young people who have experience of care to 70 at their University by implementing measures in line with this recommendation. They highlighted that their institution has been awarded the Frank Buttle Trust quality mark. They felt that attending university is seen as a great achievement for Looked After children and helps increase their self-esteem, and resilience, but also emphasised that it is very tough for them with their reduced forms of support.

Feasibility

It was felt that this recommendation would “*stand or fall*” on how well informed frontline staff, social workers and family carers are on how to make a choice to study further. It demands that this needs to be easily accessible and transparent.

The Senior Lecturer felt that “*the juries out*” at the moment, and pointed to research they are undertaking to determine, for example, what is the best type of mentoring role, what should it cover and what other initiatives may be needed. They also commented on identifying high risk times, e.g. Christmas and other holiday periods when other students go home, and though encouraged by the University offering them all year round accommodation in the halls of residence, University campuses are lonely places at the end of term. Students who were also LAC need to be able to build a social network locally. They commented that they are undertaking research tracking three years of students.

The Registered Manager felt that there would be a need to keep abreast of changes and improve partnerships with educational professionals, and overall was supportive of more partnership working. Again, it was suggested that this would be feasible if the focus is on the quality of care provided and a tick box culture is

changed. The Senior Lecturer also reflected on the need to change attitudes. The Lecturer felt that staff training would help to raise awareness to ensure that they know what is available and how to access it.

Implementation

It was felt by the Registered Manager that there should be more sharing of good practice and professional understanding of each other's role. They also suggested that there should be thresholds set for what the services for education should be, and that there should be greater flexibility within the system rather than having finance dictating narrow remits.

The Senior Lecturer suggested that there should be training of mentors, e.g. on some of the reasons why a child/young person would be in care, the boundaries that would need to be kept, confidentiality. They would also need to think about accompanying issues, e.g. loneliness during holidays.

The Board member felt that more certainty is required to ensure continued support is provided within these establishments, and for instance this would need to be reflected in staffing issues, e.g. during holiday periods if such young people have taken the opportunity to remain on campus. The Lecturer felt that it was not really an issue of resources as universities already have good student services in place, but rather an issue of awareness so staff can help to put alternative accommodation in place during holidays in line with previous recommendation.

The Board member also pointed out that living on campus may be restricted to first or second year students at universities, and therefore there would need to be flexibility to allow the young person to stay longer, or work with the university and the Local Authority to support the young person in identifying and staying with other students.

The Local Authority Advisor was unable to comment on this as beyond remit.

Barriers

Both the Registered Manager, Lecturer and the Board member all commented that they did not know what the 'Frank Buttle Trust quality mark' was, and therefore it needs to be promoted more actively.

The Senior Lecturer commented on the need for funding and time. The Lecturer felt that there were no barriers to implementing this draft recommendation.

The Local Authority Advisor was unable to comment on this as beyond remit.

Gaps in the recommendations

The local authority advisor commented that there has been some work done in relation to further education institutions being well informed to provide adequate support and commitment to looked after young people moving away from area to ensure continuity as entitled to care leavers support, which could be referenced in this recommendation.

The Registered Manager suggested that the recommendation under 'Who should take action' should include all agencies in addition to universities and higher education colleges.

Both the Senior Lecturer and Lecturer felt that the recommendation missed out addressing holiday time, which presents a high risk time. The Lecturer commented that in relation to the statement on "...*guaranteed for the duration of the course, including holidays, for students...*" was not sure how that would be done, and therefore suggested that it should be amended to "*and/or provide alternative accommodation at holiday time*".

The Registered Manager also suggested that the universities should be asked to have a designated pastoral support available, as is the case in schools, thereby ensuring greater continuity in support. The board member also suggested that student support services needed to be made aware of the situation faced by such young people, and this might be addressed through the development of some guidelines.

Recommendation 46: funding education

Improve outcomes

Almost all of the interviewees felt this was a good recommendation as it ring fences the money targeted for further/higher education.

The Board member and the Senior Lecturer commented that it would help to create expectations and focus on the delivery of services for looked after children and young people. They also felt that it was good to have this addressed at a central level as it is target based for looked after children going onto further and higher education. The Registered Manager agreed that any grant that makes it flexible to support a young person is most welcomed, and agreed that ring fencing money will make it easier.

No comments could be provided on this draft recommendation by the Local Authority Advisor as it was outside their responsibility and grasp. The Registered Manager, Board Member and Senior Lecturer were unable to comment in more detail on this recommendation.

Feasibility

The Lecturer felt this was “*very much feasible*” and suggested that the designated teacher and virtual head teacher should be involved in working out the best way to use that money in terms of the child’s education, and in this way, link the recommendations to each other.

Implementation

It was felt by the Lecturer that there needs to be recognition of the importance of education in being pivotal in providing mental health and wellbeing, and that often in social care, the other needs of the child are placed above school. “*Sometimes school keeps a child sane when everything in their lives can be falling apart*”.

The Lecturer also felt, as a result, it is an issue of people working together, joining up, and ensuring that there are proper plans for a child rather than having them moved from school to school.

Barriers

The Lecturer felt that the difficulty would be to change the system to allow funding to be kept separate, but they were not sure how much of a barrier this might be.

Gaps in the recommendations

No gaps were identified.

1.10.4 Best way to inform professionals about the guidance

The Registered Manager felt that this should be covered in professionals training, and in terms of those qualified it should be linked in to their professional development, thereby it is ongoing. It was also suggested that this should include targeting of senior managers and heads of organisations, e.g. Directors of Social Care and Head Teachers, as this was a recommendation that emerged from Lord Laming's report on the Victoria Climbié case. The Lecturer also suggested targeted publicity through professional bodies, Local Authorities as well as through training workshops, and possibly even a road show.

The Local Authority Advisor thought that this presents a real challenge because various strategies have been tried previously, e.g. Minister writing directly to Heads of Services but even that approach will not guarantee that the message will get through. It was suggested that it needs to target specific individuals and professionals, e.g. independent reviewing officer, heads of fostering and residential homes and designated teachers, and that this could also be a requirement placed on the Local Authority to keep their records up to date.

The Senior Lecturer suggested that there should be headline recommendations – it was suggested that there should be three or four that are actively promoted. They also suggested that young people need to know about it as it gives them a lever to ask for it and thereby “*keeps it on the agenda for professionals*”, and in this way suggested that campaigners for looked after children get involved in its promotion. They also suggested using conferences, where people will meet and share information. They felt that it would also be helpful to publicise it in order to get the message across, e.g. children's workforce council advertising, and this could also involve famous people who were in care, e.g. Bruce Oldfield, as they would be motivated to make things better and can help to carry the message across in a positive manner.

Both the Senior Lecturer and the Lecturer cautioned about sending by email as an attachment, though the Lecturer did think sending hard copies, or executive summaries would be preferable. The Senior Lecturer felt that hard copies would only sit on shelves.

1.11 Black and minority ethnic children and young people who are looked after and children and young people who are unaccompanied asylum seekers

1.11.1 Respondents

Six respondents commented independently on the recommendation on black and minority ethnic, (BME) children and young people who are looked after and children and young people who are unaccompanied asylum seekers. Three worked for Local Authorities: one as a specialist nurse for looked after children and young people, one as head of services for looked after children, and another as a commissioning manager for children's services. One worked as a young persons' service manager with a homeless charity and had a background in social work. Another was a policy consultant to an adoption and fostering charity. The final respondent was a manager with a Sure Start Children's Centre.

1.11.2 General feedback

The commissioning manager, the head of LAC services, the Sure Start manager and the policy consultant all voiced concerns about the value of creating specific recommendations, panels, or resources for BME and unaccompanied asylum seeking children. They questioned whether, given the extreme level of diversity within this population, it was at all meaningful to categorise “*black and minority ethnic and unaccompanied asylum seeking children*” as a single group.

Several respondents noted that many of the recommendations in this section were relevant to *all* looked after children, not just BME. Two suggested that there should be *no* separate recommendations for BME children. One suggested the opposite – that the recommendations should be broken down further so that there were separate recommendations for “*indigenous British*” BME children and for overseas arrivals.

The commissioning manager and policy consultant both emphasised that all the recommendations needed to ask explicitly for the input of children and young people.

The policy consultant noted that ‘culture’ and ‘ethnicity’ needed to be defined carefully and not treated as interchangeable. The respondent also called for a more thorough definition of ‘wellbeing’ that would draw on “*attachment*” and “*identity*” as key points of assessment – though this was relevant to all children, not just BME children.

Several respondents queried the purpose of the recommendations against a background of legislation on the topic, and asked what “*teeth*” this document would have. The head of LAC services suggested that that the recommendations lacked “*any sense that this is interesting or valuable or new.*” This respondent stated that that these recommendations simply reiterated statutory and best practice guidance that already exists.

1.11.3 Recommendation-specific feedback

Recommendation 23: understanding the issues

Improve outcomes

Respondents generally supported the content of this recommendation. Links to community groups were felt to be especially valuable as resilience factors.

The policy consultant noted that people are sometimes reluctant to bring concerns or information (such as information about kinship care) to Local Authorities because of fear that the Local Authority will take the children away. Community groups can be vital in convincing their members to bring concerns and information to the Local Authority.

The head of LAC services said that this recommendation would not improve outcomes in all locations. In many London boroughs, where around 50% of looked after children are BME, dealing with the needs of these children is as standard as dealing with the needs of white children. For example, children-in-care councils in these areas would already have many BME children and would not need to include this group as a “*standard agenda item*” because dealing with the needs of these children was so “*normal*” in these locations.

Feasibility

The feasibility of creating meaningful community links was one of the most common issues with this recommendation. Some respondents queried how a “*link*” was defined. Time was a major issue: the commissioning manager was concerned about who would undertake the time-consuming work of finding the right community groups. By contrast, the LAC nurse said information was not the problem – the respondents’ Authority knew all the places they would go, but it was difficult to create consistent links for individual young people. The respondent suggested a “*buddy system*” in which someone of the right cultural identity was available to introduce and accompany young people in going to various groups. The buddy needed to be a paid role, perhaps of a previously looked after young person. The Sure Start manager noted that younger children would also need an escort to attend community groups, and was sceptical that this was feasible.

Several respondents noted that the availability of appropriate community groups varied enormously around the country. One asked whether there was any centralised database of community groups. *“There’s not necessarily a Somali group in Cornwall. What happens if there isn’t a relevant community group?”* the homeless charity manager added. *“Is the onus on the Local Authority or another service to fill that gap?”*

The policy consultant suggested that rather than ‘creating links’, the recommendation should be about *“working in partnership”*, in which the statutory sector shares funding with community groups who can provide the right rapport with young people of various groups. This would benefit both the community groups and the statutory agencies.

The head of LAC services noted that the cutbacks that will hit in two years’ time may affect the language interpreting budget, which might affect the feasibility of this recommendation.

Implementation

Partnership working and training both needed to improve in order to implement this recommendation, several respondents suggested. The homeless charity manager questioned who would deliver the training and suggested that a national training programme should be created in order to get consistent quality. The commissioning manager suggested that people working directly with young people, commissioners, and strategic planners should all be trained – preferably by the young people themselves, where appropriate, in order to harness the power of their real experience.

One respondent noted that some people, such as foster carers, have to undergo a lot of training already and hoped that new training could be built into the existing programme.

Barriers

Leadership priorities across different organisations were felt to be a barrier to change. One respondent said that looked after children are often seen purely as a social care responsibility, and other services feel they do not have the same level of responsibility. It was suggested that this culture could prevent many agencies from taking action.

The main barrier to creating links with community groups, the policy consultant said, was making sure that the link benefited both the community group and the statutory agency. Too often it was a flow of information from the voluntary sector to statutory, but not the other way around.

A final barrier was the changing face of immigration. The policy consultant noted that more unaccompanied asylum seekers are now coming from Eastern Europe as a result of trafficking or domestic servitude. These young people do not fit with the *“black and minority ethnic”* label and may not be seen to fit under these recommendations.

Gaps in the recommendations

Three additions were suggested:

- Balance the access to appropriate cultural groups with access to routes to integration;
- Include a recommendation to ask for the views of children and young people;
- Substantiate this recommendation with more research.

Recommendation 24: sharing learning

Improve outcomes

Five of the respondents broadly supported this recommendation. *“On paper it sounds very good. It’s an excellent recommendation; sharing of knowledge can only be good,”* the LAC nurse said. The head of LAC services dissented, charging that *“it’s a bit weak. It sounds like motherhood and apple pie – especially in the current economic climate.”*

Three of the respondents felt that a multi-agency specialist panel would not benefit children, simply because the needs and wishes of every child are already supposed to be considered in placement choices, so this panel would add nothing new. On the other hand, the LAC nurse praised the idea of a specialist panel, especially for immigrant children.

For maximum impact, young people should be involved in providing training and sharing learning, and opportunities for networking should reach staff at all levels, it was suggested.

Feasibility

Respondents generally agreed a ‘multi-agency panel’ would be possible (though, as above, not all felt it would be useful).

The head of LAC services said that networking was feasible as long as organisations used existing consortia – otherwise, the respondent stated *“it takes years to build up trust”*. The manager with the homeless charity and the Sure Start manager both said that many people from the voluntary sector would also be willing to participate in networks to share good practice on caring for children and young people.

Four respondents said the recommendation on secondments was not at all feasible without substantial additional resources, given the barriers of time and money. The head of LAC services spoke for this group when the respondent said, *“It’s a nice idea, but we can’t spare anyone and I can’t imagine anyone seconding anyone to me.”*

Implementation

Respondents said that few additional resources were needed to create panels or networks. The LAC nurse suggested that one issue was determining the composition of a multi-agency panel, which could include health workers, nurses, social workers, clinical psychologists, education officers, young people in care and care leavers, and potentially members of the voluntary sector, such as the local mosque. The respondent felt such a group might in reality be too large to be effective.

Barriers

Joined-up working is the major difficulty for sharing learning, the policy consultant suggested. Due to health professionals, social workers, teachers and others all working from different models, it is critical to develop good quality relationships and a shared culture amongst professionals, which can be difficult. The respondent believed that in many children’s trusts, *directors may have a higher level of education, “with social care workers feeling like the poor relations, leading to a lack of trust in information sharing”*.

Gaps in the recommendations

Three additions were suggested:

- Be explicit that the views of children and young people will be part of any multi-agency panel;

- Recommend that networking can “*build on the consortia arrangements that already exist;*”
- Make use of ISA teams in Local Authorities in sharing learning.

Recommendation 25: appointing a children’s champion

Improve outcomes

There was confusion over the intention of this recommendation. Some respondents asked whether the government had already appointed a children’s champion. Several wondered about the role and the profile: full time or part time? An additional title for an existing staff member, or a new hire, or an honorary title for a local councillor? Someone who was formerly in care? Designed to inspire black and minority looked after children, or to represent their interests within the Local Authority, or to represent them to outside organisations? What would the champion *do*?

Three respondents felt having such a champion would not improve outcomes. “*A LAC champion, yes, but not just for BME. It gives out wrong messages,*” the commissioning manager said. The manager at the homeless charity agreed, “*Social workers should already be looking after the needs of all children and young people. This issue is really about changing the culture of the workforce back towards direct, value-based work rather than administrative and bureaucratic. The champion suggestion is not going to be helpful.*”

The head of LAC services agreed. “*We don’t see how [black and minority children] differ from other children in care. Most of our children-in-care council are from ethnic minorities already and are capable of speaking for themselves.*” The question was also raised how a single person could effectively represent so diverse a group of children.

By contrast, three respondents agreed with the proposal to have a champion. The LAC nurse said that a passionate champion would be a point of access for both other professionals and for young people. The respondent suggested that the champion could be someone already in post who could be trained to be a champion and lead the multi-agency panel proposed in Recommendation 24. The Sure Start manager felt a champion could help keep the needs of BME children on the agenda. The policy consultant felt the champion should be someone at director level, similar to Roger Morgan, the Children’s Rights Director for England, who could be a positive role model to young people.

Feasibility

Three of the respondents declined to comment on feasibility, implementation or barriers, saying they did not support the idea of a children’s champion.

The LAC nurse felt a champion was easily feasible if one could be appointed, from existing staff.

Implementation

The support respondents felt was needed to implement the recommendation depended on the profile they envisioned for the champion. A director-level champion would need support from interpreters and communication departments, the policy consultant said. A champion who was a young care leaver would need training, supervision and mentorship, the LAC nurse noted.

The Sure Start manager felt it was important for the champion to have the power to “*become a rod to prod social care. We would have a named person to go to if we saw problems with a child.*” The respondent felt it

was important for the person to be in the ISA team or outside of social care, with a degree of seniority. *“If they don’t have authority to ask for information, then it lacks teeth and there is no point.”*

Barriers

No barriers were mentioned by those who supported the recommendation.

Gaps in the recommendations

The main gap was felt to be an understanding of the nature and purpose of the role.

Recommendation 26: mapping and commissioning

Improve outcomes

Five of the respondents agreed that using ‘demographic and community profiles’ to inform decisions could help Local Authorities and other agencies, including the voluntary sector, in their attempt to provide relevant services, such as culturally matched foster carers.

Feasibility

All five of the respondents who supported the content of the recommendation felt it was broadly feasible. They felt the creation of demographic and community profiles were generally strong already. They also agreed that their organisations used this type of research – to a greater or lesser degree – in commissioning services and developing their workforce.

Implementation

Following this, this recommendation was felt to be primarily a question of resources:

- Finance to collect high-quality data;
- Finance to commission qualitative research on *“what young people want as opposed to what we think they want,”* in the words of the LAC nurse;
- Skills, knowledge and time to engage with and interpret the data;
- Time and finance to commission, hire and train on the basis of research.

Respondents also noted that it was never possible to create an entirely accurate demographic map of a population where many prefer to stay hidden from Authorities, such as travellers, asylum seekers, and kinship carers. The LAC nurse and the homeless charity manager both suggested that it was vital to use information from community networks to gather information on *“shadow”* populations.

Barriers

The main barrier was suggested to be institutional priorities about commissioning. *“Just having the information about needs doesn’t automatically lead to having a service,”* the commissioning manager said, echoing the views of others. There is a need for high-level leadership in this area, it was suggested.

It was also suggested that the skills available in the workforce could be a barrier. It might not always be possible to hire someone from a particular country of origin with the right skill set, for example.

The Sure Start manager suggested that the sheer diversity of communities meant that it would not be possible to develop and train a workforce to cater for everyone. *“We can’t train for 50 or 60 languages, but we can train to recognise and understand diversity,”*.

Gaps in the recommendations

Three additions were suggested:

- Include a Needs Analysis. *“You need to consult expressed needs rather than assuming what people from a particular country need,”* the commissioning manager said.
- Recommend that Local Authorities make their demographic and community profiles freely available to help the voluntary sector with their planning.
- Recognise that waves of immigration can change the needs of a local area faster than the mapping can track, and that it is necessary for public-facing services to be flexible.

Recommendation 27: finding placements

Improve outcomes

Four of the respondents felt able to respond in detail to this recommendation. All four agreed that culturally matched placements helped to combat isolation and increase placement stability, and keeping sibling groups together generally increased children’s resilience.

The head of LAC services agreed that it was important to aim for culturally appropriate placements for children, but questioned the value of this particular recommendation: *“Sometimes we are making trans-racial placements the other way. We have more BME carers than white carers, and we suffer particularly for white carers for teenagers. We have to increase the number of carers overall.”* Likewise, the commissioning manager felt this recommendation should apply to all children in care.

All six respondents said they did not understand the meaning of the final bullet point, ‘pay particular attention to supporting the contact arrangements for white mothers with children and young people in care’.

Feasibility

Respondents were divided on the feasibility of this recommendation. *“It’s a huge, huge problem,”* the LAC nurse said. *“We don’t have enough carers, let alone of the right ethnicity.”* The respondent added that their authority also had to place unaccompanied 16-year-olds straight into bedsits because they lacked enough families to care for them. Others echoed this respondents view.

However, the policy consultant pointed to many instances of good practice, such as an Action for Children project and Yorkshire & Humberside’s delivery of training in multiple languages.

It was suggested that the recommendation would be more feasible if it focused be on recruiting foster carers who can meet children’s needs, rather than focusing on increasing the number of BME foster carers.

Implementation

The issue of resource – both money and capacity – was agreed to be significant. In many areas there is an overall shortage of placements, making the shortage of culturally matched placements and placements for siblings even more acute. Respondents agreed that independent fostering agencies can sometimes (though not always) help to overcome capacity issues, but at a high financial cost.

The LAC nurse suggested that resolving the issue required not just financial outlay on advertising campaigns to recruit foster carers, but also sustained effort to create networks within the community to increase the understanding of fostering amongst certain groups, and also to raise the profile of looked after young people in the community so they themselves become part of the process of recruiting new carers.

Barriers

The foremost barrier is demographic, the policy consultant said. The respondent cited research by Julie Selwyn, of the Hadley Centre at Bristol University that has apparently shown that if all black families in the UK came forward to adopt or foster black children, there still would not be enough carers.

Other barriers include:

- The challenge of recruiting and retaining enough carers, let alone culturally matched ones;
- Having staff within a Local Authority who can relate to the language and culture of carers you want to recruit;
- The socio-economic situation of many BME families, who may not have a spare room;
- The requirement for foster carers to have educational qualifications, which, in the view of the policy consultant, was not a critical factor and should be scrapped.

Gaps in the recommendations

Respondents expressed passionate views on placement strategy and suggested no fewer than eight changes:

- Acknowledge that it is not always possible to make racially-matched placements, and that the crucial thing is for carers to be assessed for their ability to identify needs.
- Emphasise the need to avoid emergency and inappropriate placements by recruiting, retaining and supporting a targeted pool of foster carers.
- Include a recommendation that multiple-heritage families should particularly be recruited as carers.
- Emphasise the importance of placement stability.
- Include recognition of the wishes and views of the young people themselves.
- Change the wording to recognise that matches should be made on the basis of more than culture, but rather on the basis of “*race, ethnicity, culture, language and religion*”.
- Consider eliminating this recommendation and state that all foster carers should be matches, not only black and minority carers.
- Create an additional recommendation to address out-of-borough placements. The LAC nurse said that in the respondent’s area, many young people are placed out of borough to get a culturally

matched placement, but then the young people have to travel back to the respondents area – sometimes many miles – to access services such as GP appointments. The respondent said that procedures need to change: either Authorities in the new area should provide services themselves; or out-of-borough costs and procedures needed to be standardised; or it is needed to be common practice to have nurses who travel all around the country to see their own borough's children.

Recommendation 28: carrying out assessments

Improve outcomes

All six respondents agreed with the content of this recommendation, saying that there was no question that a well-completed core assessment improved outcomes.

However, four of them queried the usefulness of the recommendation, as voiced by the homeless charity manager: *“This is the essence of what a core assessment is supposed to be! This [recommendation] states something that’s already there. I don’t see what it adds, apart from re-emphasising that these factors should be part of the process”*.

The policy consultant was pleased that the recommendation called for attention to faith.

Feasibility

“This should be happening,” the commissioning manager said. *“It doesn’t always, but it is pretty damning if it doesn’t.”* The respondent said that the respondents Local Authority, which had been under an improvement notice and special measures, has used training by external consultants to improve the quality of core assessments.

Several respondents noted that quality of core assessments varied widely. Two said that although many core assessments succeeded as descriptive reports, they often lacked reflection and in-depth analysis of underlying issues.

Most felt it should be feasible to achieve good quality core assessments, where it was not happening already.

Implementation

Monitoring and training were felt to be key. Specific suggestions included:

- More concrete examples of good practice in creating core assessments, to be provided by a centralised training body to ensure consistency;
- Review of core assessments by external panels;
- Discussion of good practice at groups such as the London Nurses Forum.

The LAC nurse named two other issues:

- The difficulty of getting previous family history, particularly for unaccompanied minors. The respondent said that several aspects of working practice are important to building up trust so that young people will disclose information needed for a good core assessment: continuity of contact; working from a young persons centre, not a medical centre; having an open-door policy; flexible working hours to attend youth clubs.

- The need to have more written information translated into different languages, such as “*simple things like making young people aware I don’t work for the Home Office, and what they can gain from a health assessment*”.

Barriers

The commissioning manager said that input from partners was sometimes poor. The respondent suggested that multi-agency training and multi-agency teams needed to be created to overcome this barrier.

Gaps in the recommendations

Two respondents wanted to see the core assessment made available to relevant bodies outside the statutory sector. The homeless charity manager noted that their organisation, “*when completing its own assessments on young people who have come to the charity, always asks for copies of core assessments. In many cases the young people do not have a copy themselves; in some cases Local Authorities are willing to make a copy; in other cases, high caseloads mean that no copy is forthcoming from the Local Authority*”. The Sure Start manager said that they use the Common Assessment Framework and get information from the ISA (Information Sharing and Assessment) team, but would welcome any other relevant information from the core assessment.

Three further additions were suggested:

- Be explicit that the voice of the young person should be a critical part of the core assessment.
- Mention the relationship between the core assessment and the Pathway Plan for care leavers. “*If the core assessment is not done properly then the Pathway Plan has no chance*”, the commissioning manager said.
- Emphasise the need for the core assessment to contain reflection and examples of how health and wellbeing is being promoted. State explicitly that it is an analysis document, not a data report.

Recommendation-specific feedback

Recommendation 29: accessing child and adolescent mental health services

Improve outcomes

The content of this recommendation drew praise from all six respondents – and in many cases, strong praise. The LAC nurse had spoken to a clinical psychologist in their team, who agreed the recommendation would benefit children’s mental health.

The commissioning manager voiced a caveat: “*Care leavers are so much more likely to suffer from mental health conditions irrespective of whether they are of black and minority origin. This is a good recommendation for all children.*” The respondent wanted to know whether the evidence indicated better results from a specialist CAMHS service for BME children or from a general CAMHS service.

Feasibility

The head of LAC services said that achieving this recommendation was broadly feasible in their area. This respondents Authority has a CAMHS team for the LAC population, which does not necessarily have the skills to deal with asylum seekers and refugees, but they are able to access specialists elsewhere in the CAMHS service and in external organisations who can work with very traumatised children.

One respondent pointed out that, translating documents is a relatively simple way to work more effectively with young people who do not speak English. Questionnaires should be translated into many languages, rather than written in English and interpreted, which wastes time and can lead to confusion.

Others were less optimistic about feasibility, citing the lack of CAMHS resources, as detailed below.

Implementation

Five respondents mentioned the availability of CAMHS resources as the biggest issue. The policy consultant said, *“Everybody is critical of CAMHS, but there are examples of good practice. They do have workers representative of communities, and this is critical. What CAMHS lacks is the capacity to deliver. It needs more people power”*. It was felt that CAMHS needed better funding to ensure a range of resources.

The location of CAMHS workers affects how well they are used, the LAC nurse said. The respondent mentioned that many young people are frightened of mental health services, and in many cultures the phrase ‘mental health’ is taboo. The respondent felt it was ideal to have a “one stop shop” where a CAMHS worker was part of the LAC health team at a youth centre, so that young people could pop in for an informal chat. The policy consultant echoed the need to change the phrase ‘mental health’ to make the service more accessible to some cultures.

The LAC nurse also said that in their area, the biggest problem is the lack of specialised services at Tier 2, where community-based workers support the emotional wellbeing of young people. *“For 350-plus kids it hits only the tip of the iceberg,”* the respondent said. *“We’ve had a couple of suicides of unaccompanied minors, and we’re not unique.”*

Barriers

The biggest barrier to achieving the spirit of this recommendation, the homeless charity manager said, was not accessing CAMHS itself but rather the very serious gap between CAMHS and adult mental health services. Thresholds for accessing adult mental health services are much higher; the transition is not managed well institutionally; and many young people who have been treated by CAMHS slip through the net in the transition to adulthood.

Gaps in the recommendations

Four additions were suggested:

- Include a recommendation to include the voice of the young people themselves. *“This is striking in its omission for this recommendation,”* the commissioning manager said.
- Establish a buddy system, as mentioned elsewhere in these recommendations. The LAC nurse felt that culturally-matched buddies would help young people feel more comfortable about accessing CAMHS services.
- Define ‘sufficient expertise to address issues of racism and cultural identity’. The manager from the homeless charity queried how ‘sufficient expertise’ could be measured.
- Address the transition from CAMHS to adult mental health services.

Recommendation 30: providing for unaccompanied asylum-seeking children who are looked after

Improve outcomes

Respondents generally agreed this recommendation, both the training and community resources aspects, would improve outcomes. On community resources, the LAC nurse said, *“The biggest resilience factor is to be happy; you need to have friends, you need to get out and about.”*

Feasibility

The commissioning manager and the head of LAC services agreed that providing training to staff and foster parents was feasible.

The head of LAC services said that at their Authority, the expectation was that foster carers would help all children link to appropriate community resources, and this was especially straightforward where the carer was a cultural match with the child. If the carer is not a match, the respondent said, they use other local groups or foster carers to help make the links. The LAC nurse spoke of the success of their unaccompanied minors support group, but said that it was dominated by Afghan boys, so it might be helpful to divide the group.

Implementation

The Sure Start manager and the LAC nurse both noted that one of the resource needs is for someone to accompany children to the community groups – either a foster carer or a social worker, both of whom may already be very busy.

Barriers

Repeating many of the concerns expressed about Recommendation 23, ‘create links with community groups to reduce isolation and provide continuity of cultural experience’ it was noted that in locations where particular immigrant populations are small, it may be very difficult, if not impossible, to locate the right types of groups to match the child’s needs.

The commissioning manager mentioned that conflicting priorities and demands on all agencies are a major barrier to implementing this recommendation fully.

Gaps in the recommendations

Four additions were suggested:

- Be led by young people as to how much they want to participate in which kinds of networks. Some may prefer to distance themselves from some types of groups.
- Balance the access to appropriate cultural groups with access to routes to integration.
- Establish a buddy system so that young people have someone to show them around and accompany them to various cultural and community groups.
- Incorporate access to legal advice into any integrated approach to asylum-seeking children. The policy consultant noted that understanding the immigration laws and process is critical to these children’s mental health, referencing reports by Garden Court Chambers barrister Nadine Finch.

1.12 Sibling placements

1.12.1 Respondents

Five respondents commented independently on the recommendation on Sibling Placements and Contact. One was a team manager at a LAC CAMHS service. Two were managers at Local Authorities: one had strategic responsibility for children in care, another was a placement manager. A fourth respondent was a senior executive with a fostering charity. The final respondent was a manager with an independent fostering agency.

1.12.2 General feedback

Several respondents questioned the purpose and impact of the NICE/SCIE guidance at this time. “*Busy practitioners will look only at the statutory guidance*” commented the placement manager from a Local Authority, echoing the views of several others. Respondents suggested that the target audience would read the NICE/SCIE guidance only if it linked clearly and explicitly to existing and upcoming legislation and guidance, including the DH/DCSF guidance of November 2009, the Children Act, the Children and Young Persons Act 2008, the Children Act, the Healthy Child Programme 0-5 and 5-19, and this winter’s Care Planning Placement and Case Review Regulations Consultation from DCSF.

“*NICE have an incredibly strong reputation as an authoritative body that speaks on health and takes a very detailed and rigorous look at the evidence before it pronounces. Without any links to current statutory guidance, these look like the sort of recommendations that would have been drafted by a postgraduate student – a nice starting point but not of much relevance to anything*”, said the representative from a fostering charity.

1.12.3 Recommendation-specific feedback

Recommendation 13: supporting sibling placements

Improve outcomes

All five respondents agreed that the recommendation was generally correct, and that following it would improve the emotional health and resilience of looked after children. The CAMHS manager was pleased to see a recommendation specifically on sibling contact, because the focus is often on contact with parents and “*often the sibling contact gets lost.*” However, several respondents felt the recommendations did not address the complexity of sibling relationships.

Two respondents disagreed with the presumption that siblings should have the same social worker. The CAMHS representative and the manager at the fostering agency both said that in an ideal world, each child should have their own advocate. However, the representative of the fostering agency said that, given the realities of a transient workforce, a single social worker for all siblings provides better accountability. By contrast, the placement manager at a Local Authority felt that a single social worker for siblings *was* ideal, but in very difficult situations, managing all the siblings may be too stressful. The respondent suggested that if there are different social workers, they should be in the same fieldwork team so their team manager can have an overview.

Feasibility

All five respondents felt the recommendation was partly feasible. However, to achieve the recommendation fully would require recruiting more foster carers and devoting more time to maintaining contact for siblings who are separated.

The key issue identified in placing siblings together was the shortage of placements – and not simply the shortage of sibling placements, but the shortage of foster carers generally. *“We need to look at the possibility of protected placements,”* said the strategic manager. *“Where a placement will take two or three children, we would have to reserve those for sibling groups. This is not always easy to do”*. The placement manager noted that protecting placements was partly a financial issue: carers would need to be paid a retainer to hold the space open until a sibling group needed it. In practice, almost all the respondents agreed, protecting placements was unlikely to be feasible. However, both Local Authorities and the fostering agency said they were engaged in PR and advertising campaigns to recruit more carers generally and more carers for siblings specifically.

Implementation

Both representatives from Local Authorities mentioned two routes they used to facilitate sibling placements: using independent fostering agencies and financing extensions to carers’ homes. However, both routes are expensive.

The time and effort required by individual social workers and foster carers to arrange and supervise contact amongst siblings was also agreed to be a significant issue. The representative of the fostering agency said that, in cases where sibling groups are divided, they were able to ensure that contact happens and is supervised, but *“this means we have to factor in a cost, which may or may not be agreed by the Local Authority.”*

The fostering agency manager and the placement manager for a Local Authority both suggested that specific training courses for foster carers working with siblings would be important.

The strategic manager at a local authority noted that their monitoring system, which shows how many carers and how many places are available, might need to be changed to help with visualising the spaces available for sibling groups. The respondent also said that their Local Authority could record more clearly the reasons why sibling groups are separated.

Barriers

Respondents mentioned several systemic barriers to implementing the recommendation:

- Strategic leadership within Local Authorities and in the courts: sibling contact needs to be embedded in care plans and emphasised by leaders so that it is not simply left to foster carers;
- Retention of social workers: frequent changes of social worker are detrimental to coordinating contact;
- Social workers’ case loads: overloaded social workers may not have time to coordinate contact;
- Space in foster carers’ houses for multiple children, especially in London;
- The overall number of foster carers, especially as many areas are seeing an increase in the number of children in care after the Baby P case;
- Legal definitions: if there are more than four siblings in a home, it is classified as a children’s home and comes under Ofsted regulations;

- BAAF forms and guidelines: these were felt to be focused on contact with parents rather than siblings.

Gaps in the recommendations

Two gaps were most frequently mentioned. First, the need to link specifically to existing and upcoming legislation and guidance about siblings in care; and secondly, to include a recommendation, to 'establish what a young person wants in terms of contact'.

Respondents also suggested the following changes:

- Emphasise the need for work at a strategic level in order to facilitate clear communications and a liaison plan, especially if siblings are placed with two different Local Authorities;
- Be more specific about delivery;
- Link to hard evidence that these recommendations will affect emotional wellbeing and health;
- Acknowledge that sometimes it is positive for siblings to be separated;
- Acknowledge that broken contact is far worse for a child's emotional wellbeing than no sibling contact at all;
- Give guidance on how to work with a situation where a child does not want contact with siblings;
- Create an additional recommendation to address complex cases, such as when one sibling is adopted;
- Recommend that at either placement order or adoption order, sibling contact is imbedded legally.

1.13 Promoting the health of the child or young person and access to dedicated services to promote the mental health and wellbeing of the children and young people in care

1.13.1 Respondents

Four respondents commented independently on this set of recommendations.

One interviewee was an Advanced Nurse Specialist in a CAMHS service in a Local Authority, who has been helping to develop this service since it was set up in 2000. The second interview was conducted with a Family Assessment Practitioner working within a family centre referred to by social services, and who previously had worked as a social worker for Looked After children. The third interview was conducted with a Joint Commissioner for teenage pregnancy and CAMHS services for a county council. The fourth interview was conducted with a Designated Nurse for looked after children within a community healthcare service in a Local Authority.

1.13.2 Recommendation-specific feedback

Recommendation 31: keeping the parent-held child health record (red book)

Improve outcomes

The Advanced Nurse Specialist commented that this recommendation was really important as it gives more guidance. They have been experiencing difficulty in collating information and have a dedicated nurse and doctor to coordinate, but felt that including social workers in obtaining the information would be very helpful in the process. The Designated Nurse indicated it would enable planning of future health needs and may be the only source of correct information for the child, and should be monitored by health visitors and school nurses.

The Family Assessment Practitioner felt the emphasis of this recommendation should include the information contained within the book, rather than simply the book itself. Though the recommendation is useful in setting up procedures, its usefulness in terms of outcomes for children is to recognise the importance of the information held within red books and preserving this for the child over time, even if the book is lost or held elsewhere. As such the recommendation should also consider how to replace lost information rather than focusing solely on replacing the book itself.

The Joint Commissioner felt that this recommendation would help reduce the time taken to “*keep telling the story*” which can lead to frustration for carers and parents. That it was also important to prevent misinformation, particularly if it is a case of many placements or kinship care, and helps to ensure continuity of care. It was also felt that it can track recommendations and advice given, that can otherwise be lost in transit.

Feasibility

The Advanced Nurse Specialist felt that not everyone places as much emphasis on health, and that it was just another part of the paperwork. It was suggested that there would be a need to promote the red book and raise awareness of the importance of keeping it updated, which should be targeted at social workers, as well as carers. It was further suggested that this should be carried out nationally.

The Joint Commissioner and the Designated Nurse did not think they would do anything further, e.g. they have named health workers. It was felt that the recommendation is clearly set out and it is a case of formalising it.

The Family Assessment Practitioner indicated it would not affect their current role. In a previous role, as a social worker indicated that there is no clarity as to whose responsibility it is if the red book is lost, and that there is variation from area to area. This problem was also identified by the Designated Nurse. The Family Assessment Practitioner also felt that people only associate the red book with a small child, but they were not sure how to change perceptions. They suggested that perhaps they need something to remind at interval, e.g. as part of the standard health assessment, and could be incorporated with a simple question, e.g. where is your red book?

Implementation

The Advanced Nurse Specialist felt that there would need to meet training needs of social workers. Furthermore, in terms of promotion, it would need to target professionals as well as young people. The Joint Commissioner also cited needing to promote the red book both within the PCT and the Local Authority in terms of children’s services, e.g. social work, foster care teams, and that this could be covered as part of training.

The Designated Nurse did not think they needed to do anything differently as health visitors already convey the importance of the red book.

The Joint Commissioner also suggested it would be a case of ensuring, social workers have access to red books, e.g. knowing about health care service points.

The Family Assessment Practitioner suggested that it should be made clear who has responsibility, e.g. lies with the social worker. Also, it was suggested that there should be consistency across Local Authorities and PCTs as implementation tends to be different even if the principle remains the same.

The Advanced Nurse Specialist wondered if there would be an ability to have a central pool that could have a designated nurse or doctor to update the central records. This would overcome issues relating to lost red books or carers and parents failing to pass them on, as well as reducing the possible duplication of work for a social worker.

Barriers

The Designated Nurse cited birth parents as a major barrier in that they do not keep it up to date, lose it, or refuse to give it over to social workers. The Advanced Nurse Specialist felt it was not an issue within the PCT as a health nurse and doctor co-ordinate yearly reviews and health assessments. The biggest barrier rather is the rate of staff turnover and the implications this has in terms of the importance of the information being lost as new staff do not know the system.

Gaps in the recommendations

The Designated Nurse felt that there should be more emphasis on the importance of GP held medical records as a back-up to the red book, and that this also emphasises the need for the child to be registered with a GP.

The Family Assessment Practitioner felt that the importance of the information captured in the red book should be the focus of the recommendation.

The Advanced Nurse Specialist felt that the stigma that looked after children feel in relation to being in a different system than other children is an issue.

The Advanced Nurse Specialist also felt that there is an issue regarding how this recommendation would be addressed and implemented in relation to asylum seekers.

The Joint Commissioner wondered whether there could be more space made within the red book to capture emotional and attachment disclosures made by the mother/foster carer to the health professional, such that it is articulated in a way that means that issues may be picked up as early as possible.

Recommendation 32: providing the parent-held child health record book and early child health information

Improve outcomes

The Advanced Nurse Specialist felt this was a good recommendation as it pulls apart the issues and the barriers and is more specific. The Joint Commissioner thought this was as important as the previous recommendation, as the ability to have all the information in one place, as well as the early child health history will greatly improve the outcomes of the looked after child, a view shared by the Family Assessment Practitioner and the Designated Nurse. The Family Assessment Practitioner also felt it was about having the continuity of information.

Feasibility

The Family Assessment Practitioner suggested that there should be an additional sub-bullet that social workers provide an NHS leaflet and also a website address or point to a place where a parent can seek further

information (independent verification) such that they can address any suspicions about the request for the red book. This was particularly in light of court proceedings which can be adversarial. They suggested that a similar leaflet could also be sent to solicitors involved in Court Proceedings work.

The Designated Nurse was not sure how the information would be gathered if the parents were uncooperative, and they were also uncertain as to whether the social worker would be gathering this information from the parents. If there were gaps it was felt it would require more investigation into the mother's health record, which is not always available.

The Advanced Nurse Specialist felt that there would be a requirement to train newly qualified staff and foster carers. It was felt to be feasible if there was a specific person identified within the PCT who is contactable – it was stated that this is how it occurs within their PCT.

Implementation

The Joint Commissioner wondered whether guidance to health care staff (health visitors, midwives) should be given to ensure when they distribute the red book that they explain clearly what the purpose of it is, and identify that it is property of the PCT, as parents tend to think it is their property.

The Advanced Nurse Specialist felt that there already is a large amount of information and documentation kept for the looked after child, but there needs to be more recognition of what is required in professional time to meet such demands. It is also important to provide time to work with parents and carers, e.g. in getting information, to address issues.

The Family Assessment Practitioner wondered whether in relation to the first sub-bullet the parents could have a copy of the red book, but that the emphasis needs to be made that the red book is the property of the PCT and not theirs. The respondent felt that there is an extremely low level of awareness of this idea currently amongst many birth parents and many parents in these circumstances are likely to be suspicious of social services' requests. Independent verification from health services and the parents' own solicitors may address this.

The Family Assessment Practitioner also raised the issue of what guidance is available to social workers in obtaining early health information, and felt it was more appropriate to be gathered by health workers. If to be done by social workers, then they suggested having a sample red book as a tool to assist social workers in knowing what information to gather.

The Designated Nurse felt that there would be a requirement for additional resources to gather information from a wider number of sources. It was also a question of being able to access the mother's obstetrics records.

Barriers

The Designated Nurse commented that the father's health record is also important, e.g. alcohol or substance abuse, as it too has an impact on the child's development.

The Advanced Nurse Specialist felt that overall this recommendation would impact on the looked after children's health nurse. It was also suggested that to ensure success of this recommendation, there should be an audit nationally, as anecdotal evidence on a local initiative of a health passport, is that such an initiative can easily be lost.

The Joint Commissioner felt that the challenge of a child being placed within another area, and so ensuring that the book follows them, e.g. changing health visitors, PCTs, which would demand having messages in place to ensure continuity, e.g. included on a checklist for social workers, or as part of a health assessment.

The Family Assessment Practitioner reflected on the difficult working relationship with birth parents, and questioned whether social workers would be willing to take up this responsibility because of the time pressures already faced, and whether this should not rather be done by health workers.

Gaps in the recommendations

The Joint Commissioner suggested that it might also be important to document lead health professionals in the book.

The Designated Nurse suggested that there should be clarity on issues relating to confidentiality and information shared that might be in the best interests of the child.

The Advanced Nurse Specialist suggested that there would be the need to identify a specific person within the PCT who would be the contact point.

Recommendation 33: producing a healthcare plan

Improve outcomes

It was felt to be good that PCTs have responsibility for this, which is the view, taken by the Advanced Nurse Specialist. It was felt that this was in line with previous guidance and stresses the importance of this.

The Joint Commissioner commented that it was quite important in respect to dental checks, diets, medication for children with complex health needs so as not to miss anything important and overall help to push through the priority to focus on the child's health outcomes.

Feasibility

The Advanced Nurse Specialist felt that this recommendation needs dedicated staff, to allow them to chase up with social workers and to find lost information. It was commented that this is already occurring in their PCT, but that it would be good if it was occurring at a national level, with national co-ordination. It was felt that this has been achieved in their organisation as a result of leadership.

The Joint Commissioner felt it was feasible and would ensure that the *"detail will get put in"*.

Implementation

The Joint Commissioner felt that there would be an issue in terms of resources, as it may demand an increase in hours for LAC nurses and also care leaver nurses.

Barriers

The Advanced Nurse Specialist again commented that staff turnover is a barrier.

The Joint Commissioner felt that it may be hard to get additional resources, however, a case for it could be made in relation to the impact on the outcomes of this target group.

Gaps in the recommendations

The Advance Nurse Specialist also felt that there needs to be more allocation of resources to enable the team to be robust as it can be about complex needs that require the input of many professionals, which is not acknowledged in the recommendation.

Recommendation 34: providing health services for children and young people placed out of the area

Improve outcomes

The Advanced Nurse Specialist felt this was a good recommendation pointing to good practice, but felt it failed to recognise that there are different services in different areas. The Designated Nurse also liked it, but wondered the extent to which "*it had been thought through*". The Family Assessment Practitioner felt that the inclusion of this recommendation in the guidance recognises that there is a problem and that it needs to be addressed.

The Joint Commissioner felt this was a good recommendation as it seeks to ensure that information follows the child so no time is lost tracking it down from previous sources, and also means no delay in treatment or referrals or care for the child. This was also a view expressed by the Family Assessment Practitioner, who felt that this recommendation could lead to greater efficiency and also assist in speeding up the process, e.g. reducing the wait for specialist services.

Feasibility

The Family Assessment Practitioner felt that there needs to be agreement nationally to get a process in place that would get past the delay issues currently faced by looked after children out of area. They also commented that it is "*an absolute nightmare for social workers*" as systems vary which mean things do not always get done. This view was shared by the Advanced Nurse Specialist suggested that there needs to be a standardised set of documents developed, and so suggested that there needs to be a care pathway developed.

The Designated Nurse suggested that they would look at the placement panel and look at the feasibility of accessing health services. They also commented that they felt it would be more appropriate to provide services in the area rather than placing the child out of area, unless for safeguarding reasons. It was unclear as to what input is currently given in terms of the placement panel in respect to health, but furthermore it was asked what investigation the panel might make in terms of the provision of support, e.g. if the child needs more specialist services is that area able to provide it?

Implementation

The Advanced Nurse Specialist suggested that there needs to be a national framework, e.g. care pathway, established that all trusts need to help develop, as this would also mean that the forms are familiar to professionals involved. They also felt that it needs to be more specific in terms of who and at what level, e.g. team manager or clinician, is involved. They shared the view with the Family Assessment Practitioner that people need to have real clarity on the practical aspects, e.g. who co-ordinates, who is to be responsible for doing what. This was felt to be particularly relevant when the child is moving frequently and currently it was felt to be occurring ad hoc. It was commented on that currently there is a reliance on informal relationships and individuals being proactive rather than having a formal working system in place.

The Joint Commissioner commented that a single assessment form has helped them to identify single and lead professional roles, e.g. designated nurse, and where they are based, which has been tackled in 'safeguarding children' training. It was felt that the common assessment framework would help to implement this recommendation.

The Designated Nurse commented on availability of foster carers, and felt that more should be done to develop the resource in areas.

Barriers

The Advanced Nurse Specialist felt that there was no major barrier in place but that it requires a standardised approach and resourcing, for instance allowing the nurse time to follow up in another PCT, even if standard forms are sent. It was felt that *“if we get this right, it would be brilliant for the youngsters”*. The Family Assessment Practitioner felt that input is required from health providers in setting up the system.

The Joint Commissioner admitted that they have yet to get the common assessment framework in place, and that it was much easier to get the electronic records (e-CAS) set up.

Gaps in the recommendations

The Joint Commissioner felt that CAMHS had been missed out on this recommendation, and suggested that there needs to be something in there to ensure that children placed out of area are still given adequate service opportunities.

The Advanced Nurse Specialist felt that a pathway has to be developed as what has already been done with other health issues.

Recommendation 35: carrying out health reviews

Improve outcomes

All interviewees agreed with the inclusion of this recommendation. It was felt by the Advanced Nurse Specialist that this recommendation enables corporate parents to be up to date in terms of a child's health needs being met. The Joint Commissioner felt it makes it more formal and helps social workers and carers ensure a programme is followed. The Designated Nurse was not clear whether the recommendation was referring to a full health review or to health assessments, and therefore suggested that the definition should be tighter.

The Family Assessment Practitioner agreed with this recommendation, but did not feel that they could comment much on this recommendation.

Feasibility

The Joint Commissioner felt that a process is there, so do not need to do anything differently. The Family Assessment Practitioner commented that they are aware that their borough *“is doing this”* and felt that this is working well possibly because of the skill set of the person in post. The Designated Nurse also felt that they would not need to do anything differently.

Implementation

The Advanced Nurse Specialist commented that the health reviews are already happening, and aware in some areas, GPs are carrying it out, so therefore suggested that there should be a dedicated nurse to help build relationships to help the process. They also commented that health reviews can become contentious as the children become young people as they feel stigmatised to undergo a yearly health review. As a result, it was felt that they could acknowledge the need for flexibility, by giving clarity or guidance on why it is needed for children, and to acknowledge their views and to encourage carers to have a more common sense approach.

The Joint Commissioner felt it is a workforce development issue around why these children have poor health outcomes, and unless they do it, staff would not see it as a priority because they are involved in a child's life for a short period.

The Designated Nurse felt that the biggest issue is getting children who are out of area assessed, and in some areas those children would be at "*the bottom of the pile*".

The Designated Nurse also commented on the issue of payment, in that some areas do pay for the assessments. However, in their area they do not as they perceive that the initial and routine health assessments are in the best interests of the child. It was felt to be understandable that any further specialist assessments could be charged. Therefore it was suggested that it would be helpful if nationally assessments were not charged.

Barriers

The Advanced Nurse Specialist commented that it is already happening, and felt that it is a good process, though it was suggested that having a national protocol with a standard report would help particularly those children moving from place to place.

The Joint Commissioner felt it is a difficulty of capacity for foster carers, e.g. child care, and social workers back filling for staff to be freed up, and therefore also an emphasis of contracting of services, e.g. put in staff personal development plans, which could be addressed by the recommendation.

Gaps in the recommendations

It was suggested by the Advanced Nurse Specialist that a pathway would be good to include that should take into account age and present a common sense approach.

Recommendation 36: providing a health summary update

Improve outcomes

All interviewees were positive to this recommendation.

It was felt by the Advanced Nurse Specialist that this is a good recommendation as it identifies the responsibility of PCTs. Both nurse interviewees felt it was useful in that it shows a holistic health need of looked after children and young people, but the Advanced Nurse Specialist also felt that the recommendation could be more specific, e.g. designated doctor or nurse.

The Joint Commissioner thought it was a good recommendation in that there is no need to "*keep repeating the story*". They and the Family Assessment Practitioner commented on the usefulness and value of an accessible overview providing consistent information for a number of professionals, e.g. GP, school nurse, e.g. covering issues such as sleep management, and so could help reduce the amount of conflicting information from parents and carers.

Feasibility

The Joint Commissioner commented that the summary should be updated after every health assessment, as it is currently done in their county; however they were aware that this is not done everywhere. They suggested that there needs to be a clear strategy in place, and that it is already captured in other documents, e.g. Every Child Matters. The Designated Nurse indicated that they would not do anything differently, and that other

areas are starting to adopt this approach. The Family Assessment Practitioner commented that from their experience this should already be taking place, assessments are done, but not necessarily the summaries.

Implementation

The Advanced Nurse Specialist commented that there could be training needs for social workers to make them aware if it is not happening, as well as having a person responsible for co-ordinating. Their PCT has a co-coordinator in place and it is felt to work well. The Designated Nurse also commented that they have training that covers this.

The Joint Commissioner also suggested that it is embedded in most organisations, but that there might be value in having regular audits to ensure quality is there, particularly for assessing whether there has been quality and consistency in addressing complex health needs of a child.

Barriers

The Advance Nurse Specialist commented that there is a need to avoid the replication of information, and having a coordinator would help overcome this.

The Joint Commissioner felt ensuring quality issues could be overcome with regular audits and as a key performance indicator with a target set to monitor that performance.

Gaps in the recommendations

The Joint Commissioner suggested that there could be some guidance about how to ensure quality.

Recommendation 37: commissioning assessments for court processes

Improve outcomes

All interviewees agreed with the inclusion of this recommendation.

The Advanced Nurse Specialist was glad to have this recommendation to ensure that the leave of court is obtained; however was concerned that this would need to be done by their own service which is very small and they would not be able to resource it at all, as this would leave no time to do their other responsibilities.

The Joint Commissioner felt that making sure the information is shared rapidly with health professionals was useful. The Family Assessment Practitioner also felt it was a good recommendation and did think this was happening, given the value of information generally contained within expert opinions commissioned in relation to the child.

The Designated Nurse was unsure as to whether this recommendation was addressing coming into care or adoption, and felt that there should be better clarification of what 'assessments' for which 'processes'.

Feasibility

It was felt by the Advanced Nurse Specialist that they would need more resources to allow flexibility to release staff to go to court.

The Advanced Nurse Specialist also pointed out that they felt that the recommendation was too simple in addressing this area, for instance they would need to be transparent to young people that they might be

involved in the court process, so as to avoid breaking any sense of trust which would be very damaging for that young person concerned.

The Joint Commissioner felt that there is a need for consistency on who is used, how they are involved and the quality of services provided, and would welcome a list of recommended professionals that have reasonable costs. It was suggested that it should also be made clear what the process is for Practice Managers. The Family Assessment Practitioner also suggested that there should be a standard approach, which perhaps could be addressed by the Local Authority legal team, in ensuring the ongoing welfare of the child.

Implementation

The Advanced Nurse Specialist suggested that they would need training on report writing and the court system. Issues of confidentiality would need to be discussed and explored with young people who came to the service.

The Joint Commissioner suggest that the courts and Practice Managers need to be clear about the commissioning processes used.

Barriers

The Joint Commissioner felt that information is shared once it is happening; the barrier is more about who is commissioned and quality. The Family Assessment Practitioner felt that there was a separate issue of sharing of such reports during the court proceedings themselves, which could often last a year or more. In their experience such reports are considered the property of the court rather than of the child during proceedings and are not currently normally shared with professionals outside court proceedings until those proceedings had concluded.

Gaps in the recommendations

The Family Assessment Practitioner felt that there needs to be some consideration made of what should occur during care proceedings, which is a more complicated question.

It was felt by the Advanced Nurse Specialist that this recommendation does not go far enough to address the resource demands that would be placed on the PCTs.

It was also felt by the Advanced Nurse Specialist that this recommendation does not tackle the issue of the court system that undermines the therapeutic approach taken by the services and how to address these corporate parenting responsibilities.

Recommendation 38: carrying out a leaving-care health consultation

Improve outcomes

All interviewees agreed with the inclusion of this recommendation.

The Designated Nurse had consulted with the Leaving Care Nurse in their team. They raised questions regarding whether this had an age limit and also wondered if this had to be a special consultation, and wondered how this was to be managed if the young person was still in full-time education or would be continuing to receive foster care beyond 18 years.

The Advanced Nurse Specialist thought this recommendation was helpful and good to see in terms of acknowledging the needs of the young person leaving care, and importantly respected their preferences e.g. for a consultation. The Joint Commissioner felt that it gives the young person responsibility for their own care and “*makes them like everyone else*”. They commented that it is a life skill that needs to be developed. It was also felt that in respect to pathway planning for care leavers it puts more emphasis on health needs, e.g. sexual health, where local services are, how to access services etc.

The Family Assessment Practitioner felt this recommendation rightly emphasised the importance of ensuring information is captured right through childhood and not just through the early years. It was seen as an opportunity and a right for the looked after child and young person to access their history, and that this demands someone taking a responsibility to ensure that it is there, which demands a long term focus.

Feasibility

The Advanced Nurse Specialist felt that they would need to think how to put this into place, e.g. who would incorporate it into their responsibilities and what resources are available. The Joint Commissioner suggested that young people need to know where local services are and how to access them, if they are being given the responsibility.

The Designated Nurse commented that they operate differently to others as they have a specialist leaving care nurse.

Implementation

The Advanced Nurse Specialist commented that this may present a resource issue, and need to be negotiated in terms of which role, e.g. nurse, doctor, key worker, etc. but most importantly that the young person is given options. The Designated Nurse felt it would need resources to provide support to make the transition for children to adult services. The Joint Commissioner suggested resources would need to be provided in the form of, e.g. information to care leavers that is in a young person friendly manner, signposting of information, etc. The Family Assessment Practitioner felt there should be a check made that the young person is registered with a local and appropriate GP, which would involve checking with the GP, and ensuring that they know how to contact them, book an appointment etc.

The Family Assessment Practitioner was concerned that the final sentence on ‘preference for a consultation or written material’ could provide Local Authorities or PCTs with a loophole that if they are pressed for time or money. They felt that the recommendation should make a distinction between each person, and if all avenues are exhausted, then do it in writing. They did think that it should be strongly encouraged to do this in person, and suggested that it could be part of a standard assessment undertaken annually by their social worker.

Barriers

The Joint Commissioner indicated that they would work towards implementing this recommendation, and do have resources available. The Advanced Nurse Specialist commented that it would be useful to know what is the best approach to implement.

The Designated Nurse indicated that these children, in their experience, need a lot of services and that there appears to be a gap in the services offered between 16-18 years. The Family Assessment Practitioner also wondered if there was a need to develop niche skills, which could be covered by training, to help staff engage with young people who may have underlying health needs, e.g. unprotected sex, drug use, and engaging young people effectively at this point may be critical to their subsequent usage of health services throughout early adulthood.

Gaps in the recommendations

The Joint Commissioner suggested that the recommendation fails to put across the message that if young people are given the responsibility that they need to know how to access services.

The Advanced Nurse Specialist felt that this recommendation could be strengthened as it does mention age and could be made more specific, e.g. by incorporating it into a role with resource allocation. The Designated Nurse felt that there is problem nationally of the transition to adult services. There is a need to provide continuity of support beyond 18 years (with a trusted person), and furthermore, trusts seem to have different transitions.

Recommendation 39: commissioning mental health services

Improve outcomes

The Family Assessment Practitioner felt this recommendation would hugely improve outcomes for looked after children as there is a real problem with CAMHS being perceived by some professionals, carers and parents as the agency 'responsible' for working with mental health. Rather, others who are engaged on a day-to-day basis also need to be involved, e.g. in building self-esteem, and this demands that a low-level awareness is built up within a young person's network to ensure a holistic approach that is more likely to produce and maintain change. The Designated Nurse expressed similarly strong feelings about this recommendation, stating that it is "*vital*" and felt that "*this is probably bigger than all the others put together*" as it was in their opinion the single biggest issue of looked after children and recognising that issues are "*bubbling and brewing as children that can lead onto bigger things as young people*".

The Joint Commissioner felt this recommendation makes it a priority to meet emotional and mental health needs and have them fast-tracked rather than waiting for them to present, as "*we need to expect more and not wait for the problem to come and present itself*". The Advanced Nurse Specialist felt that this was a really good recommendation as it places responsibility on commissioners to fund specific services. It was also felt that by mentioning the many areas of complex needs that a young person has help to strengthen their own service's position in striving to meet those needs.

Feasibility

The Joint Commissioner felt that this would "*demand something quite radical*" if a service for all children is required as it would need increased resourcing. The Family Assessment Practitioner also felt that a substantive programme for foster carers and parents is needed to explain what mental health means to a child, not simply in terms of diagnoses, but in terms of attachment and carers' vital roles in promoting positive mental health and parenting in a way that was responsive to young people's histories. It was felt that the recommendation on its own was too broad, more detail was needed concerning specifics and how such a programme was to be resourced.

The Designated Nurse suggested that the approach should be to go back to having dedicated access to CAMHS services, and that it would be better if there was a dedicated CAMHS person within the LAC team. This, they argued, is because these children deserve it as part of a universal service, which would save money down the line. There was some concern expressed that there is a strategy to train up social workers and nurses to do interventions rather than getting specialist interventions at an earlier stage.

The Advanced Nurse Specialist commented that they do not have an integrated team but do work with educational representatives and nurses, but that they are in different locations. This therefore demands co-ordination to bring the professionals and information together, and that it would be beneficial to have key professionals in one place.

Implementation

All the interviewees felt that resourcing would be an issue. The Joint Commissioner indicated that although there was a lot in place for the 16-17 service and transition care leavers, there would be a need to cover children's services. The Advanced Nurse Specialist felt that there was also a need for more support for carers in times of crisis with the risk of a breakdown. The Designated Nurse felt it would need dedicated funding.

It was suggested by the Family Assessment Practitioner that there would need to be a better link into the social workers supporting the foster carers to ensure that there is increased support and awareness of how mental wellbeing affects the child's life.

Barriers

The Joint Commissioner indicated that this was a challenge to realise the commissioning of services for all children, particularly pending cuts. The Family Assessment Practitioner felt that this would "*cost a lot*" to implement. It would also demand, they felt, a change in culture and attitude, which would require a change/decision taken at the top with massive commitments making it a huge undertaking to meaningfully address this issue.

The Advanced Nurse Specialist also felt that it is hard to distinguish between all the professionals involved, and that health can offer the opportunity to give "*space*" to talk to someone other than a social worker.

Gaps in the recommendations

The Advanced Nurse Specialist pointed out that adult services do not provide support in this area as not considered within remit, and this is a problem for young people as they start to explore these issues when they are 16 or 17 years old, and is really a case of "*needing to hold onto them until later*". The Advanced Nurse Specialist felt that the recommendations could say more about what clinical work should be offering, e.g. Dyadic Developmental Psychotherapy (DDP) and could be more specific about what the services look like and offer. This could perhaps even be addressed within a separate recommendation.

The Advanced Nurse Specialist also noted that residential placements are not identified in the recommendation, and it was felt that it needs to mention mental health services providing input to residential units.

The Family Assessment Practitioner felt that the recommendation should also include social workers (LAC and fostering), foster carers and parents.

Recommendation 40: providing access to specialist assessment services for young people entering secure accommodation

Improve outcomes

The Advanced Nurse Specialist felt that this was a really good recommendation as it acknowledged the needs of young people in secure accommodation. The Joint Commissioner was aware that this does happen, but felt it was good "*to have it in black and white*". The Designated Nurse also felt it good to have the recommendation as the emotional issues do need to be addressed, and not only mental health.

The Family Assessment Practitioner commented that they had rarely seen a considered, in-depth assessment done in such circumstances, and rather tick box risk assessment type approaches tended to be used. It was felt

to be “*unclear as to whether this recommendation was seeking to strengthen the current process or wanting a new process*”, and that this needs to be clarified.

The Family Assessment Practitioner also suggested that the sentence under ‘What action should they take’ should be changed to read “...*mental health assessed by a paediatrician, who **should rather** request support from CAMHS...*”.

Feasibility

The Joint Commissioner indicated that there is already a system in place, where they commission out, if have pediatricians are not available.

Implementation

The Joint Commissioner mentioned that their CAMHS team work closely with the youth offending teams in developing complex needs assessment, and that they have a good protocol in place to address this. The Advanced Nurse Specialist also observed that this recommendation is being implemented locally already, but that there was a need for more capacity if it is to become a requirement. The Family Assessment Practitioner also felt resourcing would be an issue. They felt that although involved agencies could request an in-depth CAMHS assessment of young people within this population, this population group was one which traditionally has been reluctant to engage in community CAMHS assessments. The opportunity of providing such an assessment and intervention when young people could be supported and encouraged to attend should not be missed.

Barriers

The Advanced Nurse Specialist identified that training could be useful in addressing any lack of expertise in terms of forensics input, and awareness of issues of institutionalisation. They also questioned whether there is a secure unit on the CAMHS team. The Designated Nurse suggested that there are a number of issues that need to be addressed, including emotional issues, mental health, and also developmental issues, such as dyslexia. It was questioned as to whether CAMHS would be the best to undertake that, and whether there should be other services involved too, e.g. education.

Gaps in the recommendations

The Joint Commissioner suggested that the recommendation should stress that the assessment is thorough and age appropriate when undertaken.

The Family Assessment Practitioner felt that there should be more emphasis on the role of CAMHS and mental health as the evidence shows that most young people in custody do have underlying mental health needs. Furthermore, community services often find these young people hard to engage, entry into secure settings do provide a situation where there is an opportunity to look at their health needs and incorporate analysis and intervention of mental health needs within future intervention plans.

The Designated Nurse suggested that emotional and developmental issues should also be taken into consideration.

The Advanced Nurse Specialist suggested that something similar for those in residential care would be useful as a separate recommendation.

1.13.3 Best way to inform professionals

The Joint Commissioner felt that the guidance needs to be less bulky “*so it doesn’t sit on a shelf*”, and that accessibility of information is important, so suggested using web links.

The Advanced Nurse Specialist and Designated Nurse felt that it was appropriate for it to be cascaded down through the management structure. It was also felt to be a case of talking to commissioners as it needs to address pathways and clinical services. The Family Assessment Practitioner felt that by disseminating through formal structures, it would add weight to this guidance. It was felt that it is good to send the guidance in full (in hard copy or as a pdf) rather than as a web link, as it is not often followed up.

The Joint Commissioner suggested that the guidance should have a big launch to ensure publicity. Advanced Nurse Specialist also suggested that it could be promoted by conferences and flagged up through emails. The Designated Nurse also suggested using professional forums on LAC as a vehicle to promote the guidance.

The Advanced Nurse Specialist commented that the NICE consultation which was felt to have reached out to many in a short time period.

1.14 Promoting quality of life of the child

1.14.1 Respondents

A total of five interviews were undertaken on this topic.

One interview was conducted with a Senior Policy Advisor to a national charity..

Two interviewees had a therapeutic background. One interviewee, a Family and Systematic Psychotherapist, has for many years provided consultancy services to independent childcare agencies and now also works for the NHS. The other, a practitioner and chartered psychologist, is a Senior Lecturer at a university in England.

The other two interviewees were nurses. One was a Designated Nurse for looked after children and care leavers works with the PCT and Local Authority, responsible for co-ordinating the health needs for these children and young people, including care leavers. They are also engaged in strategic work and policy design in this area for the PCT and Local Authority. The other was a Specialist Nurse for children in care, who has been in this role in its various forms for almost 10 years within the PCT at a county level.

1.14.2 General Feedback

Overall, some of the following points emerged from the interviewees:

- The professional services and staff need to address ways of better sharing information with each other, to reduce any repetition and better support the needs of the child in care.
- Awareness of the value of health as part of the child’s identity and history can be raised in staff, as well as with responsible others, particularly birth parents and foster carers.
- Training is cited as a means of creating awareness and understanding, but was understood to have resourcing implications.
- These two recommendations fail to incorporate unaccompanied asylum seekers and children in care with special needs and disabilities or the issues faced by staff in dealing with such needs.

1.14.3 Recommendation-specific feedback

Recommendation 18: meeting the individual needs and preferences of looked-after children and young people

Improve outcomes

All interviewees were positive about this recommendation improving outcomes for looked after children. The Family and Systematic Psychotherapist suggested it was an excellent summary of good practice principals and ideals, and in this way “*seeks to normalise the ideals of looked after children for carers and institutions*” and in this way should be “*engrained in the minds of everyone working with looked after children*”. This is particularly important given that looked after children and young people are the most troubled and deprived sector of society and therefore need extra attention and support in growing up.

The Family and Systematic Psychotherapist also commented that ensuring reliable information on history is crucial to access a more secure sense of self and helps a child to normalise the sense of themselves.

The Senior Lecturer and Senior Policy Advisor both commented that they were glad to see that this recommendation recognises the importance of having connections to family and friends, as well as welcoming the active involvement of the children and young persons in decision-making helping to empower them and also gain access to the services that they need.

However, the Senior Lecturer felt that a caveat should be inserted into this recommendation which reflects that this involvement of the child or young person in the decision-making should be if it is appropriate, in that it may be more appropriate for responsible others to take a decision on whether that child sees a person. The Specialist Nurse also reflected on the parameter of choice and consultation with the children and young people, in that it should be meaningful and not result in tokenism.

Feasibility

The Specialist Nurse indicated that there is some choice for older children and young people within their area, though not with little children, e.g. if they want their assessment to take place at home or at school. They suggested that practitioners should be encouraged to engage with the children, e.g. asking them before when making an appointment, rather than “*just doing to them*”.

The Designated Nurse suggested that birth parents should be invited to initial health assessments in order to get birth details and family history, and that this should be made an integral part of the process, not merely seen as an add-on. They felt that there could be the possibility to include birth parents during later appointments, if it was deemed appropriate, and could be particularly valuable if the red book goes missing, as a means of ensuring an accurate health history.

Both the Family and Systematic Psychotherapist and the Senior Policy Advisor felt that there needs to be a more child sensitive approach taken, and that this would demand a change in the way of working with looked after children and young people that would require resources and organisational/political will. The Family and Systematic Psychologist felt that there should be investment in more staff training to develop their capacity to see the child as a whole entity and therefore understand their role in facilitating that child’s experience, and how to help the child find their way through the services. The Senior Advisor stressed the need to get the placement right as this would provide stability and in the longer term, prove to be cheaper.

Implementation

The Family and Systematic Psychotherapist and the Senior Lecturer stressed that there needs to be a system in place for agencies involved with children and young people to share information and work together. The Family and Systematic Psychotherapist stated that *“although the situation has not reached this point, they are striving to be concurrent with the principles of this recommendation. There is an awareness of the need to create a substitute extended professional family to help the child in care adjust and feel looked after properly in the full sense of the word”*.

It was suggested by the Family and Systematic Psychotherapist that there is an enormous variation in the levels of practice and standards across Local Authorities, but that the recommendations cannot be expected to address these issues as *“it can’t be expected that everyone will implement them”* though it was felt that they should be the *“gold standard”* for looked after children. However, although there are huge impacts on training on staff and professionals working with looked after children, it was suggested that *“the professional system itself has to be clear and should not reproduce the ‘trauma activated system’”*. In this way, training for all staff should occur that builds understanding of the impact of trauma on a child’s mental health and development. This impact, it was felt is not made explicit in the draft recommendation, and without that some children would not necessarily be able to access some of the other important principles the draft articulates, e.g. unlocking understanding of self identity.

The Senior Policy Advisor raised the need for young people to be more in control of their lives and for the professionals involved to be more sensitive and build relationships and understanding of needs. In this way a number of issues were raised by the Family and Systematic Psychotherapist, Senior Policy Advisor and the Senior Lecturer, including:

- Access to advocacy and independent person and peer support;
- Forums in which children and young people’s views could be heard;
- A process for considering and implementing their suggestions and views;
- Staff trained to develop listening skills;
- Children and young people to have access to personal counselling.

Both the Designated Nurse and the Specialist Nurse suggested that additional training could be undertaken with staff, e.g. health visitors, school nurses and doctors undertaking the initial health assessments that explains rights and responsibilities and the need for obtaining accurate health histories for looked after children to help in achieving good outcomes, ensuring awareness of updates/new guidance. The Designated Nurse suggested that this also demands engaging with birth parents and foster carers and maintaining contact in order to get an accurate health history.

The Senior Policy Advisor also commented that in their view, social workers also need to have the time and the resources to see the young person on their own, as opposed to with the foster family. In this way, it was suggested that having systems in place to involve the young person in the decision-making will ensure a better fit with placements and at an individual level will help to develop their life skills.

Barriers

The Senior Lecturer commented that from their experience professionals and people working with children and young people in care are often very frustrated that other agencies have information that they would like, and this therefore raises the need for the co-ordination of expertise and information from the various agencies involved to ensure effective commitment and sharing of such information.

The Senior Policy Advisor felt that Local Authorities do not take a child sensitive approach and not a medium term view of what can be done and how resources can be effectively used, e.g. joining up of young child with 16+ services, or stepping in before a child becomes homeless.

The Senior Lecturer also suggested that children and young people in care may not like some of the decisions taken that affect them, and therefore there is a need to ensure that any decision making process is transparent so that they understand why the decision was taken.

Furthermore, the Senior Lecturer felt that this recommendation is great, but demands having the finances in place to support it. The Specialist Nurse also commented on this factor, indicating that the commissioning of services is split from the provider, which it was felt stifles some creativity of practitioners seeking to meet the needs and preferences of young people. In this way it demands good will and flexibility of practitioners too as *“they need to understand and be on the child’s wavelength”*.

The Family and Systematic Psychotherapist suggested that each profession tends to think often in terms of its own outlook, e.g. social workers, psychologists, foster carers etc., and therefore each professional needs to think outside their own lens which could be encouraged through interdisciplinary training; however, it was acknowledged that this would be a huge undertaking in terms of training and education.

The Designated Nurse also supported the notion of additional training suggesting that *“people’s perception of how it could work can be dispelled with appropriate training”*, e.g. if it is not appropriate for whatever reason for a birth parent to be present at an initial health assessment, then this could be flagged up in the referral.

Gaps in the recommendation

The Senior Policy Advisor suggested that there should be inclusion of access to independent advocacy to support the young person in all decisions in their lives.

It was also suggested by the Senior Policy Advisor that there should be access to formalised peer support so that they realise that *“they’re not the only ones”*, and that such an approach has already been adopted by some Local Authorities.

Furthermore, the Senior Policy Advisor suggested that there should be inclusion of access to independent visitors, to allow the child to develop a stable long term relationship with an adult to support them during any period of change and can help to point to advocacy, and should not be there *“dealing with administration and completing forms”*.

In addition, it was felt by the Senior Policy Advisor that there should be reference made to support extracurricular activities and hobbies as this also helps develop skills and social networking abilities which build confidence and create stability which all lead to improved outcomes.

It was felt by the Senior Lecturer that the recommendation should recognise that there may be some occasions where it is not appropriate to involve a child or young person in the decision-making. As a result some of the following changes to the wording of the recommendation were suggested:

- The second bullet could add *“when in the best interests of the child or young person”*.
- The fourth bullet could add *“to the extent that it is appropriate and in their best interests”*.
- The fifth bullet could remove the final phrase ‘and contrary to their wishes’ as there may be circumstances where this decision is too difficult to make and it might also be the case that it is too damaging to ask the child to make this.

The Designated Nurse commented that there was no reference made to the issues of unaccompanied asylum seekers or those children who have deceased parents – as cases where contact with birth parents cannot be promoted.

The Specialist Nurse suggested that there is a need to assign responsibilities to both providers and commissioners of services, which they suggested from the recommendations, currently it was not made sufficiently clear.

The Family and Systematic Psychotherapist stated that as looked after children suffer from socio-economic and class deprivation, as well as higher incidents of mental health issues proportional to any other group in the population, it is uncertain that this is sufficiently addressed in the training and support given to professionals engaged in this area. It was also suggested by this interviewee that it is crucial that the recommendations are used by all professionals working in the social care services and not just social workers. This would promote joined up thinking in practice and taking a holistic view to the child in care, as the child needs help to access all possible sources of growth.

Recommendation 19: exploring personal identity

Improving outcomes

The Senior Policy Advisor felt that it was quite comprehensive, and addresses the issue of the looked after child needing to feel “*normal*” which also includes a health perspective. It was felt it would be fantastic if all Local Authorities adopted this recommendation.

The Senior Lecturer commented that this was a good recommendation as it allows for the development of a sense of identity and enables the children and young people an opportunity to make meaning from their experiences. It was felt to be really important to have parents medical history, e.g. if adopted and then later falls pregnant, it is good to be able to complete any questions asked regarding hereditary medical history.

The Designated Nurse felt that this recommendation is supportive of recommendation 18 as contact is such an important factor that helps to build an identity for a looked after child.

The Specialist Nurse was not sure that this would add much from a health perspective.

Feasibility

The Designated Nurse commented that any new forms would need to be incorporated into the health assessment process/policy, and that in their area they have recently integrated the parental health form from the British Association for Fostering and Adoption at entry into care. They commented that there had been some debate as to whether this was the most appropriate form to use as there is a licence fee. It was felt by the Designated Nurse that perhaps there should be a national standard series of forms used instead.

The Specialist Nurse commented that they already do life story in social care, but did not think health featured much in this, and it would be a case of asking such questions. It felt that it is important that such an approach is reflective over time, being added to with experiences and making it meaningful. This, they felt would require better recording of information, making it more accessible, as well as delivering it in an appropriate and understandable way. It would also be important given the sensitivities to deliver positive messages wherever possible.

Both the Senior Policy Advisor and the Family and Systematic Psychotherapist commented that it was a question of having the resources available combined with organisational and political will, and having the will there to ensure its delivered. It was also suggested that this would need to link into the training of foster carers, which also requires support from the Local Authority.

The Senior Lecturer felt that it was unclear as to whether it is the intention of the recommendation to make sure that there is access to parents' medical records. This, it was felt, should be feasible. They also commented that children and young people in care should have access to personal counselling.

Implementation

The Specialist Nurse felt that they would need to work with social care and CAMHS teams and share information robustly and where appropriate. They also felt it would demand more clarity for those commissioning the services and those providing them.

Most of the interviewees felt that workers with children and young people must be well trained and sensitive. The Senior Lecturer suggested that this could be achieved with targeted training which would include personal awareness of their own histories. The Family and Systematic Psychotherapist suggested that there should be across the board training in mental health so as to better understand a child's development and growth. In this way, the approach of modular learning, e.g. NVQ, and measurable resources of learning which would influence and implement in practice, was promoted; and as such it was suggested that the draft recommendations could provide a basis of training for all staff.

The Senior Policy Advisor questioned how this would be practically implemented – i.e. who would be responsible to make this recommendation happen, e.g. social workers; who would be monitoring them; what sanctions can be incurred etc.; and how is this to be resourced?

The Designated Nurse suggested that foster carers should be targeted so that they understand the importance of having a health history, a view that was supported by the Senior Policy Advisor who suggested that this would require them to understand that they have a role and a right to engage with the child on these issues.

The Senior Lecturer felt that it was important for children and young people to be given the opportunity to access personal counselling.

Barriers

The Specialist Nurse commented on the IT systems not being robust, in that they cannot email on the PCT address to another system, even though that person may sit at the next desk, or social workers. They also commented on the way information is recorded, and the fact that it needs to match the needs of looked after children who tend to be a mobile population and therefore the possibility of repeating information, and this, they felt, was even more pertinent in terms of those children with risky behaviours who therefore are more likely to be relocated.

The Designated Nurse commented that placements may on occasion take place quickly so that at the initial health assessment the red book is missing, and it is pertinent then that the information is updated and subsequently follows the child. It was suggested that a similar book to the green book used by the British Association for Fostering and Adoption for carers could be used, which is passed on to care leavers.

The Senior Policy Advisor suggested that professionals would need to understand the roles involved, but would need to look at how to make the system less bureaucratic as it should be seen that it is the child's right to access their history and so is something that should happen automatically and in the same way have other services tied in, e.g. so in distressing situations provide access to personal counselling.

The Senior Lecturer identified two barriers as being a lack of training and lack of access to personal counselling, which could be addressed through resources, e.g. staff training and the managing of referrals.

The Family and Systematic Psychotherapist suggested that difficulties could revolve around having an awareness of the importance of the working principles and therefore it was important to have a commitment to establish them in the minds of the practitioners.

Gaps in the recommendation

The Senior Lecturer felt that on the whole, there was nothing missing from this recommendation; though they did stress that there may be times when decisions need to be made regarding information that is appropriate.

Furthermore, exploring personal identity *“needs to be ongoing, and also needs to be age and developmental appropriate, so it cannot be a simple tick box exercise to say it has been addressed”*.

The Family and Systematic Psychotherapist raised the issue of creating an awareness of issues around traumatisation that looked after children bring into further relationships and the need to bear this in mind when considering how to assist them in accessing services and benefits in most care situations.

Both the Designated Nurse and the Specialist Nurse highlighted the issue of unaccompanied asylum seekers, suggesting that they require a different approach as it is very difficult to compile a health history as they are missing information on family background and the experiences lived through on their journey. They commented that they are seeing a rise in the numbers of such young people being seen by their leaving care teams. It was suggested that more guidance in this area could be provided, and it was further suggested that there could be scope for training of interpreters and integrating them into care teams, as this will afford insight into different communities which will allow for the provision of better care.

The Senior Policy Advisor suggested that there needs to be more support and training for foster carers to address issues around cultural diversity, as it was suggested that there is evidence that foster carers need to have the confidence to explore cultural issues rather than be matched to the child.

The Specialist Nurse also identified that children in care with specialist needs or disabilities are the *“Cinderella of the service”*, and are often too difficult to talk about, e.g. as the children themselves may have difficulty speaking, are difficult to engage (autistic) which may be further compounded if English is a second language.

1.14.4 Best way to inform professionals

It was suggested by the Family and Systematic Psychotherapist that there needs to be *“promotion, promotion, promotion”*, a view shared by the Specialist Nurse. The Family and Systematic Psychotherapist and the Senior Lecturer made reference to professional associations and also their training programmes for, e.g. nurses, social workers, GPs, foster carers etc. It was acknowledged that child protection is more highlighted in professional training, but that this also needs to include welfare, e.g. in the importance of trying to normalise experiences. The Specialist Nurse also felt that the Child Protection route may offer a *“sexier”* way of getting the message across.

The Designated Nurse suggested that workshops are a good vehicle to create awareness and enable professionals to become familiar with guidance, as well as assist in embedding it into practice. In this way they felt regional events allow for networking opportunities and enabling good practice to be shared. The Senior Lecturer also liked this approach as it enables more people to attend. This approach could also be supported by regular email updates, and also updates via the web, e.g. NICE and other professional bodies.

The Senior Policy Advisor suggested that it should be made more accessible, e.g. reducing it to bite size chunks.

The Specialist Nurse suggested it would be useful if this guidance was circulated alongside statutory guidance, and particularly for commissioners, though they also were concerned that as it is not statutory it may be passed by. The Senior Policy Advisor suggested that Local Authorities need to see what the issues will be if they do not adopt the guidance.

1.15 Care planning, placement and case review

1.15.1 Respondents

Five respondents commented independently on the recommendation on Care Planning, Placements and Case Review. One was a service manager of adoption, fostering and placements support services at a local authority. One was a childcare social worker with a FACT team. A third was an adolescent clinical social worker with a local authority. Another was a manager in a children's charity. The final respondent was an executive with a foster providers' trade body.

1.15.2 General feedback

Three of the respondents raised concerns that practitioners are “*bombarded with guidance and best practice*”, in the words of the service manager at a local authority. They were concerned that busy practitioners would focus only on statutory guidance.

The manager from the children's charity had further criticisms:

“The sector tells us this reads like a resume of what has already been written rather than broadening or deepening. It does not add anything, people are saying, quite bluntly. There is a difference in quality between this and other NICE/SCIE reports: this is of markedly less quality when it comes to its grounding in research and is therefore not as substantive as one would generally expect of NICE and SCIE. There is a lot of practice guidance available in public journals, but maybe it doesn't meet their strict research protocols, so they have had to fall back on reiterating the extant regulations and guidance.”

1.15.3 Recommendation-specific feedback

Recommendation 7: implementing care planning, placement and case review regulations and guidance

Improve outcomes

All five respondents strongly supported the content of this recommendation, with one calling it a “*no-brainer*”. The FACT worker said the recommendation, if implemented, would cut delays, prevent children from falling into “limbo,” and improve reviewing and monitoring plans. However, three of the respondents queried how this recommendation could improve outcomes, saying that it largely reflects existing statutory guidance and best practice and brings very little that is new.

Feasibility

Among the five respondents, the service manager was the most positive about feasibility. The respondent said that their local authority was already achieving most aspects of the recommendation. Others were less optimistic, as detailed below.

Respondents were generally most positive about the feasibility of permanency planning, and least positive about the feasibility of the driving role of the social worker.

Implementation

Priorities needed to change, the FACT worker, the service manager and the fostering organisation executive said. They said that social work was oriented toward meeting targets and dealing with crises, and there was a lack of priority placed on looked after children. *“As a social worker, if you have a mixed caseload, child protection will always take priority”*, noted the representative from the fostering organisation. Two respondents suggested that it can help to divide staff so that some workers are devoted to specific roles, such as initial assessment or long-term looked after children.

Leadership will need to come from the top level, several respondents said, with *“sign up”* at a corporate level not just at children’s services but at schools, health care, and other partners. Accountability across the network was seen as critically important, but difficult to achieve. The service manager suggested that there needs to be transparency in reporting performance levels to senior managers in various agencies, with the council’s performance being audited and available to inspectors.

Four of the respondents strongly supported the recommendation for continuing professional development. Specific suggestions included making training part of all staff appraisals; creating training programmes across professional boundaries, such as with CAMHS, YOT or health workers; and training which is relevant to local issues rather than simply *“ticking boxes for national indicators”*, as the children’s charity manager said.

The increased role of IROs was supported. The fostering organisation representative said that implementation was a concern for two reasons. First, the increased workload may require three times as many IROs as at present. Second is the issue of line management and accountability: they should be employed by some organisation outside the local authority so they are seen as independent and can challenge senior management. The service manager said that IROs need to have had team management experience and should have at least the same status as team managers.

The service manager and the local authority social worker both noted IROs do not always get the information they need from foster carers, social workers, and children in a timely manner, which is an issue of workload for management and social workers.

Barriers

It was widely suggested that the current situation with regard to recruitment, retention, training and caseloads of social workers was a significant barrier to achieving this recommendation. The FACT worker said that putting the social worker at the centre of care planning would require additional staff, and staff who have the skills to relate to different types of children. This is complicated by the fact that, as multiple respondents said, many staff are moving to agencies and turnover is high, making it extremely difficult, if not impossible, for the social worker to play a *“pivotal role.”* It was suggested that reversing this trend would require significant investment in better working conditions and wages, as well as better training and management.

The children’s charity manager cited the quality of initial training of social workers as a major barrier to achieving this recommendation, especially for children with higher-level needs. In their opinion, the quality of training had declined significantly over the last 20 years and no longer trained social workers to analyse and diagnose needs that arise from trauma, deprivation and neglect.

Calibre of management was also identified as a significant barrier in some locations. *“These are all very good ideas, but implementing them may be almost impossible because of management quality and capacity, and the transience of social workers”*, the local authority social worker commented, suggesting that there is no quick fix when it comes to developing management and motivation skills in the existing workforce, and it is not practical to hire external management.

The FACT worker mentioned the availability and quality of partner agencies as a barrier, such as CAMHS’ *“18-month waiting list”*.

Gaps in the recommendations

Four changes were suggested:

- Concurrent planning should be the default setting. Rather than planning only *“where there is any uncertainty concerning reunification”*, do concurrent planning *“unless it is very clear the care situation is temporary”*, the local authority social worker said.
- Consider care planning from a multi-agency perspective. The FACT worker felt the recommendation focused too much on the responsibility of social workers, and not enough on CAMHS and education providers.
- Include more about the principles of good supervision, the service manager said.
- Mention the right to advocacy, because the IRO’s responsibility to make sure the child is heard does not go far enough. The representative of the fostering providers’ organisation was concerned that if a fostering agency identifies an advocate for a child, it should not be seen as a dispute between fostering agency and foster carer.

1.16 Leaving care and preparing to leave care

1.16.1 Respondents

Three respondents commented independently on the recommendation on leaving care and preparing to leave care. One was a personal advisor with a local authority’s leaving care services team. Another was a designated nurse CLA (Children Looked After) with a safeguarding commissioning team at a primary care trust. The final respondent was a senior manager of a leaving care team at a local authority.

1.16.2 General feedback

The leaving care manager gave some general feedback about the recommendations and the nature of leaving care teams:

“Nobody disagrees with the principles associated with the recommendations. They would be stupid to. But service heads think two ways: needs-led and finance-driven. In the current environment, leaving care services are very vulnerable to budget cuts, because [Local Authorities] won’t cut children in need teams”.

The respondent said the management structure of many leaving care teams was a major barrier to implementing *all* the recommendations around leaving care. Many leaving care teams have no senior

manager; some have been taken out of main LAC services; some are part of a broader 18+ team. All these structures make it difficult to take strategic decisions and focus on leaving care needs. The only effective management structure, in the respondents' opinion, was a leaving care service that is integrated into the main LAC service and takes children from 15 or 16 upward.

Finally, the respondent felt the section should include recommendations regarding the links to youth offending teams, pregnancy, and substance misuse.

1.16.3 Recommendation-specific feedback

Recommendation 47: preparing to leave care

Improve outcomes

All three respondents broadly agreed that the recommendation, if achieved, could help reduce care leavers' fear about the future and improve their life chances. The personal advisor and the nurse strongly agreed that being able to remain in a stable foster home or residential home beyond the age of 18 would help reduce young people's feelings of abandonment and panic about their future. The leaving care manager agreed it was a good idea in principle, but had strong reservations about feasibility.

The respondents also agreed that it would be ideal for young people leaving care to have extended access to CAMHS and to maintain contact with past carers.

Feasibility

Respondents felt that the bulk of the recommendation was feasible – except giving care leavers the option to remain in a foster home or residential home.

Implementation

Respondents agreed that looking after young people beyond the age of 18 would require a massive change in culture and mindset for most local authorities.

The nurse emphasised the need for multi-agency planning arrangements, with the participation of young people, to promote best outcomes. The respondent said that health workers are often included only in crisis situations but, if they were embedded more fully in the planning process, this could help to ensure that young people's health needs are met and that they know how to access services. The respondent felt it would be necessary to work with children's social care, personal advisers, education, CAMHS, and district councillors, who negotiate with many other councils around the area.

The personal advisor suggested that foster carers needed to be trained on how to help young people develop independent living skills such as cooking and cleaning.

All agreed that implementing the recommendations would require additional money.

Barriers

The financial and logistical disincentives for foster carers to keep children over age 18 except in the case of very specific needs were agreed to be a major barrier.

The leaving care manager felt allowing care leavers to remain in a foster home beyond the age of 18 was “*not remotely feasible over the next 24-36 months*”. The respondent noted that it is almost impossible for local authorities to maintain a young person over the age of 18 in a scarce foster place when there is simultaneously a need to place younger and more vulnerable children. The respondent felt that, realistically, it would be better to suggest mentoring young people through the young persons’ network, but not to hold out hope of extended foster care.

The personal advisor agreed:

“We do a continuous care programme for young people in education, but then the foster care money drops substantially and foster carers don’t want to do it. That’s a slap in the face to the young person who finds out it’s all about money when they thought it was about taking care of them.”

The nurse also said that extending most provision beyond the age of 18 would require ring fenced funding.

Gaps in the recommendations

Four additions were suggested:

- Recommend that strategic health authorities coordinate their charging policy for children living in a different authority rather than leaving it up to local services. Inconsistencies produce confusion at best, and cause safeguarding issues at worst, as in the case of a young person who needed access to immediate mental health care but whose CAMHS service was 300 miles away.
- Do not differentiate in this recommendation between ‘young people leaving care’ and “*young people leaving kinship care*”.
- Discuss the Pathway Plan.
- Create specific recommendations for the “*Southwark Judgment children*”, who are unknown to the care system until after age 16 and who are housed independently.

1.16.4 Recommendation-specific feedback

Recommendation 48: providing leaving-care services

Improve outcomes

All three respondents strongly supported the content of the recommendation. “*It would be a phenomenal leap forward*”, the nurse said. All five bullet points were felt to be critical in determining outcomes. The respondents hoped that the recommendation could bring both a rise in standards and a standardisation of expectations for leaving care services.

Feasibility

Respondents felt the recommendation was relatively feasible. Each identified some areas in which their organisation was already succeeding. Other changes were already in progress; for example, the personal advisor said their authority was hoping to bring in a specialist mental health counsellor for drop-in weeknight sessions.

The nurse felt the recommendation would be feasible if leaving-care services were flagged on every Children's Trust agenda, where at present it too often gets lost.

Implementation

A number of issues were cited:

- Training on mental health issues for personal advisors, such as what to do with someone who is suicidal, and how to navigate the system to secure the support the young person needs.
- Training for young people on life skills needs to happen from the age of 15 onward.
- Coordinated leaving-care services require a multi-agency team, the nurse and the leaving care manager stressed. In addition, there should be a clearly designated "lead" in each agency, the nurse said.
- The voice of young people needs to be heard. The nurse cited participation officers and participation assistants (many of whom are previously looked after) and children's councils as useful resources.

Barriers

The personal advisor and the leaving care manager both mentioned that young people's emotional readiness for education and employment can be a major barrier to helping them access leaving care services. *"Between 16-19 there are lots of [training and employment] opportunities, but people often don't have a clue about what they want to do, and then they panic because there is a cut-off and they're afraid they'll miss their chance"*, the personal advisor said.

Both suggested that it was necessary for central government to extend age brackets for certain support. For example, any child leaving care should be given an additional year of Jobseeker's Allowance on top of the usual 20 to help them stay in education and maximise their life chances, the leaving care manager said.

Another way to overcome the barrier of emotional immaturity is to try to create situations in which young people can succeed. For example, young people who will fail an apprenticeship scheme should be offered pre-apprenticeships or other courses to help them build their self-awareness and motivation, the leaving care manager said.

The nurse felt that leaving care services were prone to fall off children's trust agendas and to vary widely from one trust to another.

The leaving care manager felt one of the barriers was the lack of a good standard to measure education and employment success. The respondent felt the NI 148 indicator for the rate of care leavers' education and employment at 19 was *"ridiculous"* because it included *"people you can't measure in the usual way"* such as unaccompanied asylum seekers who have run out of rights, young people in prison, and young mothers.

Gaps in the recommendations

Three additions were suggested:

- Specify that support for leaving care should start no older than 16.
- Suggest that young people should be moved into their own permanent accommodation only when they are ready so they do not risk becoming *"intentionally homeless"*.

- Be explicit that preparing for leaving care requires the young person's own input.

1.16.5 Recommendation-specific feedback

Recommendation 49: transferring to adult mental health services

Improve outcomes

All three respondents strongly agreed that extending mental health services would improve all sorts of outcomes, from increasing employability to avoiding criminality and homelessness. Shutting off CAMHS services at 18 or 21 was felt to be the start of more serious problems for many young people.

Feasibility

The respondents were ambivalent about the feasibility of extending CAMHS, noting that in some places the service is overstretched.

Implementation

It was felt that accessing CAMHS in the first place was an issue. Respondents noted that sometimes young people “*get lost*” between being referred and being seen.

Multi-agency working also needed to improve so that various specialists could contribute to the transition.

Barriers

All three respondents spoke passionately about the difficulties of young people being accepted by adult mental health services. They were concerned that even an extended handover period would not solve the underlying difficulty: as the leaving care manager said:

“It is very difficult to refer young people without an enduring mental illness into the adult world. They see children’s services as being slightly hysterical. Many times we can only refer to Mencap or Mind. We are very concerned about this.”

They also felt that adult mental health services do not cater well for young people. “*There is no difference in adult services between 18 and 85*”, the leaving care manager said. In addition, the respondent said, young people who fail to turn up for appointments are dismissed much more readily by the adult service than by CAMHS, leaving them completely without support.

Respondents suggested various solutions:

- As a national event, re-draw the CAMHS age limits to age 25 and reallocate budgets.
- Use a hospital team. In the personal advisor’s area, an Early Intervention Team from the local hospital works for three years with young people who have been sectioned. This team is not with either CAMHS or adult mental health and “*they do outstanding work in partnership with us personal advisors*”.
- Create a section of the adult mental health service that focuses on young adults.

Gaps in the recommendations

Two additions were suggested:

- Specify that all the work around assessments and care plans needs to be done with agencies working in partnership.
- Give specific guidance on how young people should be transferred from CAMHS to adult mental health services, especially those young people who do not fit the adult service definitions.

1.16.6 Recommendation-specific feedback

Recommendation 50: inspecting services for care leavers

Improve outcomes

All three respondents strongly agreed that inspections would increase the quality of provision, and that current levels of provision were not good enough.

However, there was some uncertainty about what was to be inspected:

- The leaving care manager supported a national indicator for Pathway Plans.
- The personal advisor hoped that there would be external inspections for housing providers: *“We have one provider we work with very closely, and our young people were freezing all winter because the windows were leaky. There are a lot of bad housing providers”*.
- The personal advisor also felt that the Local Authority’s own education and training resource centre should be inspected, because this would help them to assess why uptake was poor even though quality of provision was generally high.
- The nurse said that care facilities that take young people to the age of 18 already have to meet CQC standards and be inspected by Ofsted. *“Certainly having minimum standards in facilities would be a big leap forward”*.

Feasibility

All three respondents felt the recommendation required no action on their part to be feasible.

Implementation

The nurse said it was crucial to have a more developed, local link between statutory bodies and Ofsted and the Care Quality Commission in order to facilitate meaningful information sharing. The respondent said that even basic information exchange needed to be improved, because sometimes the first time their PCT knew about young people from local facilities was when they arrived in acute care. The respondent said the information sharing was particularly poor when children were from out-of-authority.

The leaving care manager suggested that inspectors should look at leaving care teams’:

- Allocation of cases;
- Consistency of allocation and changes of workers;

- Stability of placement post-18;
- Quality of provision;
- Pathway Plans – the rate of completion, whether they are updated, whether they follow the journey from pre-16 up to age 21 or 24;
- Financial policies of all leaving care teams.

Barriers

The respondents felt there were no significant barriers to this recommendation. “*We are in a time of inspectors, so there would be panic from the top to make sure it is all right*”, the personal advisor said approvingly.

Gaps in the recommendations

The nurse suggested it would be helpful to have more information about the mechanisms of how leaving care teams would interact with Ofsted and the Care Quality Commission.

1.17 Foster care

1.17.1 Respondents

In total, four telephone interviews were undertaken with professionals addressing draft recommendations 15-17 on foster care.

The first of these interviewees was an Advanced Practitioner within a local authority’s children’s services. The second interviewee was a Project Manager at a Fostering Changes Training Centre, which is part of a Child and Adolescent Psychiatry Unit within the Institute of Psychiatry at a university. The third interviewee was a Specialist Primary Mental Health professional within a county’s looked after children’s team under a CAMHS service, who has a background in social work. The fourth interview was conducted with a social work student in their final year towards achieving an MA, currently undertaking a placement at an independent fostering agency.

1.17.2 General feedback

It was pointed out by one interviewee that within this draft guidance, that some of the recommendations regarding foster care appear to echo things which are already laid out elsewhere in guidance/legislation, e.g. ‘training standards for foster carers’. It was felt that this could create confusion unless it is clear what ‘trumps what’ or that what is being recommended is already extant elsewhere and cross referenced.

1.17.3 Recommendation-specific feedback

Recommendation 15: training foster carers

Improve outcomes

Both the Advanced Practitioner and the Project Manager Interviewees recognised that training is essential; one suggesting it was “*self-evident*” that foster carers should be well trained and supported.

The Specialist Primary Mental Health professional commented that by enabling foster carers to be reflective and objective in approach in dealing with children, they would better understand the children that they were caring for. In addition, with the importance of mental health being recognized this would help to provide greater consistency in care thereby enabling more stable placements which will lead to improved outcomes. A similar view was held by the social work student undertaking a placement at an independent fostering agency.

However, the Project Manager was reserved in feeling that this recommendation would improve outcomes for looked after children and young people as “*it is based on a one-size-fits-all, which is not a good idea*” given the complexity of the area and suitability to the foster carer. In this way, it was proposed that evidence-based training and supporting a range of training options should be reflected in the recommendation. There was also a comment that there is a lack of evidence-based programmes out there, though it was pointed out that Kings College are undertaking one currently which is also being evaluated using a randomised control trial.

Feasibility

The Advanced Practitioner indicated that their organisation was looking at various ways in which it could encourage and reward foster carers to take advantage of training as it is not happening across the board, even though there are guidelines already that suggest foster carers should be training to a certain level, e.g. NVQs. The social work student commented on the wording ‘joint working’, suggesting that in terms of achieving a standard of care across the local authority and private care whether there should be joint training of foster carers. It was felt that this might also address issues of children moving between the local authority and private care. Furthermore, it was suggested that the recommendation could suggest what are priority areas. The Specialist Primary Mental Health professional commented that their team, under a year old, is looking to join up with the foster care team in delivering core training, with the expectation that CAMHS owns some of the training for foster carers.

Implementation

The Project Manger suggested that there should be more funding available to enable training which would allow social workers to be released for training and as well as to provide ongoing support to them after training. This view was echoed by the Advanced Practitioner who acknowledged that training can be expensive, particularly in relation to staffing. The social work student in placement referred to encouraging training by offering support, e.g. day care, and flexibility (out of hours courses, i.e. evening and weekend).

The Specialist Primary Mental Health professional commented on needing to address both resources and expectations in that as a multiagency approach they would need to understand from their other colleagues where they are coming from.

Barriers

It was felt by the Advanced Practitioner that professional cultural barriers are a significant factor in that there are entrenched points of view in management, but it was unclear to them as to how the guidelines might address this issue. It was suggested this could also be tied into the debate about professionalising foster care. The social work student in placement also felt there were some issues with attitudes, as some foster carers don’t think they would benefit from training especially if they have been doing it for a number of years. Within the independent fostering agency foster carers have annual reviews, and the panel takes into consideration what training has been undertaken. The agency does have a core training package. There are also support groups for foster carers that are managed by them that meet 3 or 4 times a year, at which point foster carers may identify a need for training that can be facilitated by the agency.

Another challenge suggested by the Project Manager is time, as they have anecdotal feedback which suggests that staff are very stretched to support case loads and this therefore also reflects a resources issue.

It was suggested by the Specialist Primary Mental Health professional that tier 3 CAMHS workers need training especially if there is no specialist LAC provider, so reflecting that the need is much broader. It was therefore suggested that in the short term in addressing the needs of looked after children it is necessary for a dialogue to occur at a service manager level in social services and CAMHS on what the issues are for these children in that they don't fit the criteria for tier 3 mental health services.

Gaps in the recommendation

The Advanced Practitioner commented that there are points when guidelines make reference to aspects captured within existing guidelines and requirements, but that these are not cross-referenced. The social work student in placement suggested that reference should be made to the CWDC training.

The Specialist Primary Mental Health professional felt that the recommendations need to reflect the impact of trauma and loss especially for older children and young people, where this is often when breakdowns occur. It was further suggested that foster carers need to understand their own styles of attachment as there is a tendency to focus on behaviour especially as the children become older. They understood that some pilot projects are currently being undertaken in relation to this.

It was felt by the Advanced Practitioner to be missing evidence on how foster carers take the decision to become foster carers and the impact this would have on them, their families etc., and as a result it was suggested that perhaps more specific guidance could be provided in this area.

The Specialist Primary Mental Health professional felt that the recommendation did not reflect the objective of trying to get a compatible placement.

The Advanced Practitioner also commented that any training should be role continuous or even mandatory for foster carers, rather than it being static, i.e. one-off training at the beginning. The Specialist Primary Mental Health professional also suggested that training should be mandatory. The Advanced Practitioner recognised that this could create a dilemma at a local authority level in that foster carers don't expect to undertake ongoing training; and therefore, there should be an expectation, perhaps set out contractually, on what is required in terms of ongoing training for foster carers.

It was felt by the Advanced Practitioner that this recommendation needs to tie into current research (e.g. Gillian Schofield) which shows that foster carers need help to have a better understanding of the child's birth family, as often the foster carer is in the front line of engaging with the birth family. For example, getting the communication right in order to support the placement.

The Project Manager suggested that the recommendation needs to reflect that knowledge is important, but that it is just as important for carers to have practical experience, i.e. that it is important for them to know what to do when faced with situations with the child/young person concerned, and not just to know what is causing the child to behave in any particular way. In this respect, it was felt that this needs to be planned into the training (and is captured within other recommendations).

The third bullet point on how to develop 'secure attachment for babies and young children' was seen as being crucial by the Advanced Practitioner and it was suggested that it should be expanded upon.

Recommendation 16: supporting and supervising carers

Improve outcomes

The Advanced Practitioner felt that a lot of what is stated in this and the previous recommendation is already happening in their agency. They also said that they struggled to differentiate between this and the previous recommendation. The social work student in placement also indicated that the independent agency appears to be doing a lot of this already. It was felt important as it enables foster carers to cope with everyday challenges by providing support when needed.

The Project Manager could only provide anecdotal evidence as they are not directly involved in this area. Having said that, the Project Manager did feel that this recommendation articulated the importance of supporting carers particularly during and after training, and that it should be ongoing – a view supported by the Specialist Primary Mental Health professional.

Feasibility

It was suggested by the Advanced Practitioner that improving the skill base of supervising social workers so that they have a better understanding of mental and behavioural needs is required.

The Project Manager felt this recommendation appeared comprehensive enough.

The Specialist Primary Mental Health professional indicated that they did not work with kinship carers, and so would need to look at this area. It was felt that this would demand a different kind of support and supervision and therefore a different focus as it is a different system, e.g. a more personal role as the boundary is crossed in a different way.

Implementation

Both the Project Manager and the Advanced Practitioner felt that training and staff support are issues that would need to be addressed, e.g. giving people the time. It was also suggested that a one-size-fits-all approach would not be preferable, rather being responsive to carer needs which in turn reflect the more intensive needs of the child concerned.

The Specialist Primary Mental Health professional commented that kinship care is not considered as part of LAC in the county and therefore it would require additional resourcing and training.

The social work student in placement commented that social workers and foster carers can access a psychologist for advice on any issue, e.g. in terms of what to do and how to handle the situation. They commented that they are aware (perception) that foster carers in the local authority struggle to get hold of their social workers, whilst the independent fostering agency has a good reputation providing support when needed. They indicated that they have a duty officer and an out of hours services, and if the individual social worker is unavailable then the duty social workers will follow the incident up the next day.

Barriers

Finances were seen as being a possible barrier by the Project Manager, recognising that *“a support package demands time, effort, money and commitment, particularly from the top down”*. Again, it was stressed that organisations are not the same, and therefore flexibility is required to enable them to adapt to meet needs.

The Specialist Primary Mental Health professional noted that they have a social worker within the CAMHS service but have no direct link into the children’s services and this presents a barrier, as it would afford them a view on what they need in terms of support and supervision. They commented that reflective practice tends to be very difficult for social workers as they are much more reactive and tickbox orientated. However, to try to overcome this, within their service they offer a surgery as a service for social workers.

The social work student in placement indicated that in general case loads, time and resources are an issue within local authorities.

Gaps in the recommendations

The Specialist Primary Mental Health professional and the social work student in placement identified a gap in needing to address how children's social workers work with the foster carers social workers, and how they support each other, e.g. what are their roles in helping to resolve issues. In this way, it was suggested that there needs to be more on the roles in terms of how they interact and communicate.

The social work student in placement also identified the possible inclusion of CAMHS professionals, and a need to know how they could support carers.

The Specialist Primary Mental Health professional raised private and independent fostering agencies and social workers in relation to the interpretation of these independent services provided, and also identified residential homes, asking "*what support and supervision is provided to these services that often take on the more challenging children?*"

The other two interviewees had nothing to add.

Recommendation 17: training supervisors

Improve outcomes

All interviewees agreed that the recommendation was good.

The Advanced Practitioner appreciated the wording of this recommendation, in particular finding the inclusion of 'recognise the emotional impact of the role' "*very useful*" and "*was glad that [the first and second sub-bullets] were in there*". Overall, it was felt that it meets a lot of the key needs of training supervisors. The social work student in placement also acknowledged the usefulness of the sub-bullets in providing help to foster carers.

It was felt by the Project Manager that this recommendation gives more accurate awareness of everything and should lead to more stable placements because it is more appropriate to support that child in placement and have the knowledge/ability to enable that and being responsive on an individual basis. It should enable the transfer of skills from the supervisor to carers instead of making the supervisor the custodian of all knowledge in terms of how to deal with the child.

The Specialist Primary Mental Health professional commented that robust supervision from managers who know the job and the outcomes helps to contain staff in a very traumatised system in which they are working with complex issues around a looked after child. Therefore "*it's important to grasp this as its more than case load and financial management; it is a need for clinical supervision*".

Feasibility

It was suggested by the Advanced Practitioner that there could be stronger links between fostering staff and those involved in working with mental health issues of the child.

The Specialist Primary Mental Health professional, indicated that if CAMHS were in the action part of the recommendation, it would present an opportunity to have a supervisor and provision of clinical supervision and therefore they would identify people in the clinic to provide that. It would not be case load specific, but rather look at the role of the social workers.

The Project Manager suggested that there would need to be the commitment within the organisation to release people for training.

Implementation

The issue of having the resources available was raised by all interviewees.

The Specialist Primary Mental Health professional felt that there would need to be clear boundaries of responsibility in terms of the LAC team providing clinical supervision, e.g. need to address where the social worker comes from, who is accountable to whom. This was a view also given by the social work student in placement, asking how people would be prioritised, who would deliver the course and how it was to be resourced. It was thought it would also demand co-ordination of the training.

Another issue identified by the Advanced Practitioner, and considered significant, would be the need to change attitudes in management, for example, have team managers look more holistically at supporting the child in placement rather than just the foster carers.

The Project Manager reflected that it is a large and complex area, and in relation to the approach to training could not comment, but highlighted other issues such as the form and shape of the training, e.g. who pays for it, who delivers it, whether it is evidence-based etc. They further commented on the need to ensure its relevance year on year with the inclusion of new and up to date evidence and research.

Barriers

The Project Manager felt that organisational barriers exist which are quite practical barriers, and from anecdotal evidence, that there would need to be the commitment from the organisation to release people for training as well as recruiting additional staff.

The Specialist Primary Mental Health professional identified ownership of the case load responsibility, which could be the issue for CAMHS who may provide the supervision, i.e. who is responsible to the child and the social worker. The social work student in placement suggested that some social workers may feel that they didn't need it because of their level of experience and a need to focus on other priorities, and therefore would need to make the case as to why this is important to do.

Gaps in the recommendation

The Specialist Primary Mental Health professional was disappointed not to see CAMHS included in the 'who should take action' list, as they felt that it is an integral part of all aspects to LAC and is therefore a component in terms of training supervisors.

The Project Manager identified as a big issue the need for there to be thought given to the experience levels of people with these roles as supervisors as "*training is great, but experience matters most*". So questioned how this could be acknowledged and reflected within the recommendation.

The Project Manager also voiced concern about the limitations of core training in that it can stifle people and simply pushes them through a system. It was felt that there needs to be flexibility allowed to enable responsiveness whilst at the same time as allowing for people to know what works and what doesn't. Therefore, to avoid disappointment, the recommendations would need to reflect the evidence of what is happening out there, as well as what is in the pipeline, e.g. the Department of Children Schools and Families is supporting the Fostering Changes Training Centre programme because it is evidence based.

1.17.4 Best way to inform professionals

Both the Project Manager and the Advanced Practitioner suggested holding workshops, for example, they could be half day provided by the local authority which would mean that people wouldn't have to travel out to attend. A conference was also suggested. Both the Advanced Practitioner and the Project Manager recognised the opportunity such events can present by bring a mix of people together, not only to inform but also to discuss issues of implementation, giving time for people to think about it and help support each other. It was also suggested by the social work student in placement that delegates can be provided with tools to help cascade the information down into their organisations, e.g. DVD or CD-roms could be distributed that would have a PowerPoint presentation included that introduced and highlighted key areas of the guidance.

The Specialist Primary Mental Health professional identified the CAMHS partnership managers and development officers as routes into the organisation, by way of cascading information down. The CAMHS service managers were identified as being responsible for ensuring that information is heeded.

The Project Manager felt that the recommendations still had a long way to go, e.g. in gaining consensus.

The Advanced Practitioner was unsure as to how aware people are of this process towards the development of these guidelines by NICE and SCIE.