



**Fieldwork on Promotion of 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

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Abstract

This final report is concerned with a fieldwork investigation of the draft recommendations in the guidance on the promotion of Physical and Emotional Health and Wellbeing of Looked After Children. The report summarises findings from a series of workshops and telephone interviews with key practitioners. It draws out key findings for the recommendations as a whole and for each topic area including findings for each recommendation.

The fieldwork focused on the content of the draft recommendations such as whether they were thought relevant and useful, factors affecting the feasibility in practice and potential impact of the recommendations.

Executive Summary

E.1 Introduction

The fieldwork aimed to examine the relevance, utility and implementability of the draft recommendations within the guidance with policy makers, commissioners, managers and practitioners within the NHS, local authorities, the wider public, private, voluntary and community sectors, and groups that represent children and young people. The fieldwork ascertained:

1. The views of those working in the field on the relevance and usefulness of these draft recommendations to their current work or practice;
2. The views of people representing service users on the relevance, usefulness and acceptability of these draft recommendations for looked after children and young people (or their birth families or carers);
3. The impact the draft recommendations might have on current policy, service provision or practice;
4. Factors (e.g. time available, training) that could impact – positively or negatively – on the implementation and delivery of the guidance;

E.2 Method

The fieldwork comprised of three main activities:

1. Eight half-day workshops with practitioners from local authorities, PCTs/NHS, independent childrens homes etc.;

The number of delegates that attended each of the workshops is summarised below. The attendance at the Manchester workshops was lower than expected and also lower than attendance at the London workshops.

Table 1: Number of delegates per workshop

| Workshop | Number of delegates that agreed to attend | Number of delegates that attended |
|--------------------------|-------------------------------------------|-----------------------------------|
| London: 2 March, am | 21 | 16 |
| London: 2 March, pm | 17 | 11 |
| London: 4 March, am | 17 | 17 |
| London: 4 March, pm | 17 | 11 |
| Manchester: 10 March, am | 20 | 12 |
| Manchester: 10 March, pm | 26 | 11 |
| Manchester: 11 March, am | 23 | 12 |

| Workshop | Number of delegates that agreed to attend | Number of delegates that attended |
|--------------------------|--------------------------------------------------|------------------------------------------|
| Manchester: 11 March, pm | 18 | 5 |
| Total | 159 | 95 |

2. Forty-four telephone interviews covering sub-topics within the recommendations were conducted. For each of the nine topic areas (specified in the methodology) the telephone interviews were summarised into a single summary document that compared and contrasted the findings from each interviewee, these can be found in Appendix C of the full report.
3. A content analysis to identify themes of feedback. The summaries of the workshops and summarised telephone interviews are within Appendix B & C of the full report.

The fieldwork took place between 24 February and 24 March 2010.

Due to the size and complexity of the draft recommendations a fieldwork plan was devised to set out the coverage of each recommendation within the workshops and telephone interviews. In effect the recommendations (and topics) were split between the workshops and telephone interviews with some being covered within both telephone interview and workshops and some just being covered by either workshops or telephone interviews. Most recommendations (which were covered in workshops) were covered once within the London set of workshops and once within the Manchester set. A fieldwork plan is in Appendix B of this report, which covers these details in full. Stakeholders were sent a copy of the full guidance document however this may explain why some of the gaps in the recommendations raised were in fact in other sub sections of the guidance.

E.3 Findings and conclusions

E.3.1 Overall findings

There was in general a positive reaction to the recommendations. It was reported that the recommendations repeat and reflect the content of the statutory guidance¹ from the Department of Health (DH) and Department for Children, Schools and Families (DCSF) and add further weight in this area.

¹ http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_108592.pdf

Delegates did suggest that there would be some challenges to implementing the recommendations and requested that signposting and support was clearly indicated within the recommendations (examples of these are provided in the report findings, section 3). They also required that the document needed to be more specific in terms of who it was aimed at and therefore would potentially require more detail in its presentation. Also under "who should take action" category in a number of the recommendations considered, this was simply presented as a category of stakeholder, e.g. local authority. This was reported not to be adequate, and it was suggested that it needs to specifically identify who within these organisations should be included, e.g. commissioners or others.

E3.2 Content and relevance

There were a number of positive inclusions that were acknowledged including kinship care and the recognition of care leavers.

It was suggested that the link between this guidance and the DH/DCSF statutory guidance needs to be made clearer. A number of stakeholders requested further details on the guidance and particularly where the NICE/ Social Care Institute for Excellence (SCIE) guidance sat against the DH/DCSF guidance. Suggestions were also made to link with other relevant guidance and resources (suggestions listed below).

A series of amendments and omissions from the recommendations have been listed in the full report.

E3.3 Wording and structure

Support was raised for the use of words such as 'love' and 'belonging' within the recommendations.

Due to the size of the guidance document and the number of recommendations, a number of stakeholders suggested that there needed to be a greater level of cross-referencing within the document. Specific examples of this are covered in the recommendation-specific review.

Stakeholders suggested that a contents page would be a useful addition to the guidance document, allowing users to search and find relevant items more easily (please note that stakeholders were provided with the latest draft version of the guidance during the fieldwork review). Some stakeholders reported that the recommendations split by topic area was useful, however others suggested that it would be more useful to split by professional group.

E3.4 Feasibility of the recommendations

Stakeholders reported that the recommendations are practical and, in most parts, feasible to implement as they run alongside the Working Together document². However they reported that clarification needed to be given on how the contents of the recommendations would be achieved, for example utilising joint commissioning to implement the recommendations. The need for practical examples of how to implement the recommendations would be required (e.g. transfer of care from one local authority to the other). Offering support to front line staff (e.g. ensuring that they are aware of current support services) and ensuring that strategic managers provide clear instructions to staff were reported to be important in the feasibility of implementation of the recommendations. Some of the actions that are recommended could be carried out beneficially or detrimentally and this 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.

It was suggested that the recommendations could be used as a “lever” to demonstrate what organisations should be working towards, which would help facilitate securing funding (as it would emphasise where the responsibilities lie on the commissioning side).

Issues were raised regarding:

- Variations within the system and processes used within different areas;
- Training and training needs;
- Resourcing.

E3.5 Implementation of the recommendations

Reported barriers and limitations to implementing the recommendations included:

- **Difficulty engaging with other professionals:** some specific elements would be very challenging to implement (e.g. the involvement of Paediatricians when they are rarely available to be involved);
- **Lack of skills:** there is an assumption that all professionals have the skills needed to implement the recommendations, which they do not (according to some participant feedback);
- **Greater administrative burden:** the recommendations may be viewed by some practitioners and commissioners as more ‘policy and procedures’ and therefore detract from practice;
- **Geographical issues:** services that are available across geographical areas might struggle with implementation of the recommendations due to access and availability of services and the variation between areas;

²<http://publications.dcsf.gov.uk/default.aspx?PageFunction=productdetails&PageMode=publications&ProductId=DCSF-00305-2010>

- **Resources:** there was concern that the recommendations might place a resource strain particularly on CAMHS teams (particularly for services for those over 18 years old).

A number of suggestions were put forward to assist implementation of the recommendations including:

- Administration support to alleviate administration work from social workers and allow them to focus on practical work;
- More detail on who is responsible for implementing the recommendations and signposting of support for implementation;
- Independent Reviewing Officers could be utilised to oversee where the recommendations are being implemented;
- Ensure that the implementation process clarifies clear leadership responsibilities for the recommendations;
- Incorporate an accompanying document with the guidance to illustrate best practice and the best ways to achieve the actions stated.

E3.6 Inclusiveness

A number of groups were reported to be inadequately covered within the recommendations including:

- Disabled children;
- Teenage boys (there is specific reference to teenage girls);
- Young lesbian/gay people;
- Young people at risk of sexual exploitation;
- Substance misusers; and
- Privately fostered children.

E3.7 Guidance dissemination

Stakeholders suggested a number of methods that could be used to disseminate and support the guidance implementation including:

- Launch event to disseminate the guidance;
- Local area based multi-agency workshops;
- More 'traditional routes' for example through professional bodies and through line management;
- Emails to main contacts at local authorities and other bodies – several respondents suggested emails would be useful, while others suggested they would be ignored;
- Advertisements on the radio.



Fieldwork on Promotion of Physical and Emotional Health and Wellbeing of Looked After Children and Young People

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CONTENTS

| | |
|--------------------------------------------------------------------|----------|
| 1 INTRODUCTION | 1 |
| 1.1 Aims of this study..... | 1 |
| 1.2 A request for guidance from the Department of Health | 1 |
| 1.3 Target audience and populations covered | 1 |
| 1.4 The draft recommendations | 2 |
| 2 METHOD SUMMARY..... | 3 |
| 2.1 Overview | 3 |
| 3 MAIN FINDINGS: OVERVIEW OF THE RECOMMENDATIONS | 6 |
| 3.1 General reaction to the recommendations | 6 |
| 3.2 Content and relevance of the recommendations | 6 |
| 3.2.1 Positive inclusions..... | 6 |
| 3.2.2 Links to guidance | 7 |
| 3.2.3 Context | 7 |
| 3.2.4 Omissions and amendments..... | 7 |
| 3.2.5 Areas for further development..... | 9 |
| 3.3 Wording and structure | 9 |
| 3.3.1 Wording..... | 9 |
| 3.3.2 Structure and navigation | 9 |
| 3.4 Feasibility of the recommendations..... | 10 |
| 3.4.1 Variations in area systems | 10 |
| 3.4.2 Training and training needs..... | 10 |
| 3.4.3 Resources..... | 11 |
| 3.4.4 Other issues..... | 11 |
| 3.5 Implementation of the recommendations | 11 |
| 3.5.1 Barriers and limitations..... | 11 |
| 3.5.2 Suggestions to alleviate barriers | 12 |
| 3.6 Inclusiveness | 13 |

| | | |
|----------|-----------------------------------------------------------------------------------------------------------------|-----------|
| 3.7 | Guidance dissemination..... | 13 |
| 3.7.1 | Suggested events | 14 |
| 3.7.2 | Other routes to distribution | 14 |
| 4 | MAIN FINDINGS: RECOMMENDATION-SPECIFIC FEEDBACK..... | 15 |
| 4.1 | Performance management and inspection..... | 15 |
| 4.1.1 | Recommendation 1: regulating and auditing services..... | 15 |
| 4.2 | Strategic leadership | 15 |
| 4.2.1 | Recommendation 2: prioritising the needs of looked after children and young people | 15 |
| 4.2.2 | Recommendation 3: commissioning services for looked after children and young people..... | 16 |
| 4.3 | Multi-agency working | 17 |
| 4.3.1 | Recommendation 4: consultancy services..... | 17 |
| 4.3.2 | Recommendation 5: co-ordinating services between and within agencies..... | 17 |
| 4.3.3 | Recommendation 6: sharing health information..... | 18 |
| 4.4 | Care planning, placements and case review..... | 18 |
| 4.4.1 | Recommendation 7: implementing care planning, placement and case review regulations and guidance | 18 |
| 4.5 | Residential, foster and kinship placements for children and young people..... | 19 |
| 4.5.1 | Recommendation 8: planning and commissioning placements..... | 19 |
| 4.5.2 | Recommendation 9: making decisions about placement changes..... | 20 |
| 4.5.3 | Recommendation 10: providing care in secure and custodial settings..... | 20 |
| 4.6 | Kinship care..... | 21 |
| 4.6.1 | Recommendation 11: developing a national strategy for kinship care | 21 |
| 4.6.2 | Recommendation 12: promoting extended family and kinship care | 21 |
| 4.7 | Sibling placements and contact | 22 |
| 4.7.1 | Recommendation 13: supporting sibling placements..... | 22 |
| 4.8 | Foster care | 22 |
| 4.8.1 | Recommendation 14: assuring the quality of foster care | 22 |
| 4.8.2 | Recommendation 15: training foster carers | 23 |
| 4.8.3 | Recommendation 16: supporting and supervising carers | 23 |
| 4.8.4 | Recommendation 17: training supervisors..... | 24 |
| 4.9 | Promoting the quality of life of the child and young person | 25 |
| 4.9.1 | Recommendation 18: meeting the individual needs and preferences of looked-after children and young people | 25 |
| 4.9.2 | Recommendation 19: exploring personal identity | 26 |
| 4.10 | Supporting babies and children from 0-5 years..... | 27 |
| 4.10.1 | Recommendation 20: accessing services for babies and young children | 27 |

| | | |
|--------|---------------------------------------------------------------------------------------------------------------------------------------------------|----|
| 4.10.2 | Recommendation 21: providing specialist training for foster carers and practitioners working with babies and young children | 27 |
| 4.10.3 | Recommendation 22: reducing separation and loss for babies and young children aged 0-3 years | 28 |
| 4.11 | Black and minority ethnic children and young people who are looked after and children and young people who are unaccompanied asylum seekers | 28 |
| 4.11.1 | Recommendation 23: understanding the issues | 28 |
| 4.11.2 | Recommendation 24: shared learning | 29 |
| 4.11.3 | Recommendation 25: appointing a children’s champion | 29 |
| 4.11.4 | Recommendation 26: mapping and commissioning | 30 |
| 4.11.5 | Recommendation 27: finding placements | 30 |
| 4.11.6 | Recommendation 28: carrying out assessments | 31 |
| 4.11.7 | Recommendation 29: accessing child and adolescent mental health services .. | 32 |
| 4.11.8 | Recommendation 30: providing for unaccompanied asylum-seeking children who are looked after | 33 |
| 4.12 | Promoting the health of the child or young person | 33 |
| 4.12.1 | Recommendation 31: keeping the parent-held child health record (red book) .. | 33 |
| 4.12.2 | Recommendation 32: providing the parent-held child health record book and early child health information | 34 |
| 4.12.3 | Recommendation 33: producing a healthcare plan | 35 |
| 4.12.4 | Recommendation 34: providing health services for children and young people placed out of the area | 36 |
| 4.12.5 | Recommendation 35: carrying out health reviews | 37 |
| 4.12.6 | Recommendation 36: providing a health summary update | 38 |
| 4.12.7 | Recommendation 37: commissioning assessments for court processes | 38 |
| 4.12.8 | Recommendation 38: carrying out a leaving-care health consultation | 39 |
| 4.13 | Access to dedicated services to promote the mental and emotional wellbeing of children and young people in care | 40 |
| 4.13.1 | Recommendation 39: commissioning mental health services | 40 |
| 4.13.2 | Recommendation 40: providing access to specialist assessment services for young people entering secure accommodation or custody | 41 |
| 4.14 | Supporting education for looked after children and young people | 42 |
| 4.14.1 | Recommendation 41: developing teacher training | 42 |
| 4.14.2 | Recommendation 42: involving designated teachers | 43 |
| 4.14.3 | Recommendation 43: role of virtual head teachers | 43 |
| 4.14.4 | Recommendation 44: accessing further and higher education | 44 |
| 4.14.5 | Recommendation 45: entering higher education | 45 |
| 4.14.6 | Recommendation 46: funding education | 45 |
| 4.15 | Preparing to leave care and leaving care | 46 |
| 4.15.1 | Recommendation 47: preparing to leave care | 46 |

| | |
|----------------------------------------------------------------------------------------------------------------------------------|-----------|
| 4.15.2 Recommendation 48: providing leaving-care services..... | 46 |
| 4.15.3 Recommendation 49: transferring to adult mental health services..... | 47 |
| 4.15.4 Recommendation 50: inspecting services for care leavers | 48 |
| 4.16 Training professionals..... | 48 |
| 4.16.1 Recommendation 51: developing a curriculum for core training | 48 |
| 4.16.2 Recommendation 52: training social workers to support looked after children and young people in educational setting | 49 |
| 4.16.3 Recommendation 53: training for independent reviewing officers..... | 49 |
| 5 CONCLUSIONS | 51 |
| 5.1 General feedback on the recommendations..... | 51 |
| 5.1.1 Content | 51 |
| 5.1.2 Feasibility of the recommendations | 52 |
| 5.2 Implementation support | 52 |
| 5.3 Presentation of the draft guidance | 53 |
| 5.4 Dissemination of the draft guidance | 54 |
| APPENDIX A: DETAILED METHODOLOGY..... | 55 |
| 5.5 Overview | 55 |
| 5.6 Recruitment of workshop delegates..... | 56 |
| 5.7 Conducting the workshops..... | 57 |
| 5.8 Recruitment and sampling for telephone interviews | 60 |
| 5.9 Conducting the telephone interviews | 62 |
| 5.10 Analysis and reporting of results..... | 62 |
| APPENDIX B: FIELDWORK PLAN..... | 63 |

1 INTRODUCTION

1.1 Aims of this study

Greenstreet Berman Limited was commissioned by the National Institute for Health and Clinical Excellence (NICE) to carry out fieldwork with professionals, commissioners and managers to test draft recommendations on the physical and emotional health and wellbeing of looked after children and young people (LACYF). The fieldwork aimed to examine the relevance, utility and implementability of the draft recommendations with policy makers, commissioners, managers and practitioners within the NHS, local authorities, the wider public, private, voluntary and community sectors, and groups that represent children and young people, including:

1. The views of those working in the field on the relevance and usefulness of these draft recommendations to their current work or practice;
2. The views of people representing service users on the relevance, usefulness and acceptability of these draft recommendations for looked after children and young people (or their birth families or carers);
3. The impact the draft recommendations might have on current policy, service provision or practice;
4. Factors (e.g. time available, training) that could impact – positively or negatively – on the implementation and delivery of the guidance;

1.2 A request for guidance from the Department of Health

The scope of the initial guidance came from a request by the Department of Health to NICE and the Social Care Institute for Excellence (SCIE) to develop joint: *“public health programme guidance on children in care”*

This NICE/SCIE guidance was developed by the Programme Development Group (PDG), which is a multi-disciplinary committee that considers evidence presented to the group in order to develop recommendations for practice. The evidence is mainly from a series of five evidence reviews (including three reviews of effectiveness studies, one review of cost effectiveness, one qualitative review of views and experiences of LACYF and their families). In addition to the reviews, the PDG also considered the results of three commissioned reports (including two practice surveys) and 23 expert testimonies prepared and presented to the committee.

This fieldwork investigated the views of local stakeholders on the draft recommendations contained in the guidance. The findings of the fieldwork reported in this document will be considered by NICE’s PDG in May 2010 and inform the final guidance, due to be issued in September 2010.

NICE will, as necessary, provide tools to support implementation of the recommendations.

1.3 Target audience and populations covered

These draft recommendations are aimed at policy makers, commissioners, managers and practitioners within the NHS, local authorities and the wider public, private, voluntary and community sectors and groups that represent children and young people.

1.4 The draft recommendations

Fifty three draft recommendations were developed by the PDG. The draft recommendations covered the following topic areas:

1. Performance management and inspection;
2. Strategic leadership;
3. Multi-agency working;
4. Care planning, placements and case review;
5. Residential, foster, kinship placements for children and young people;
6. Kinship care;
7. Sibling placement and contact;
8. Foster care;
9. Promoting the quality of life of the child and young person;
10. Supporting babies and children from 0-5 years;
11. Black and minority ethnic children and young children who are looked after, and looked-after children and young people who are unaccompanied asylum seekers.
12. Promoting the health of the child or young person;
13. Access to dedicated services to promote the mental and emotional wellbeing of children and young people in care;
14. Supporting education for looked after children and young people;
15. Preparing to leave care and leaving care;
16. Training professionals.

2 METHOD SUMMARY

2.1 Overview

The fieldwork comprised of three main activities:

1. Eight half-day workshops with practitioners from local authorities, PCTs/NHS, independent childrens homes etc., see table below for the number of attendees at each workshop;

Table 2: Number of delegates per workshop

| Workshop | Number of delegates that agreed to attend | Number of delegates that attended |
|--------------------------|--------------------------------------------------|------------------------------------------|
| London: 2 March, am | 21 | 16 |
| London: 2 March, pm | 17 | 11 |
| London: 4 March, am | 17 | 17 |
| London: 4 March, pm | 17 | 11 |
| Manchester: 10 March, am | 20 | 12 |
| Manchester: 10 March, pm | 26 | 11 |
| Manchester: 11 March, am | 23 | 12 |
| Manchester: 11 March, pm | 18 | 5 |
| Total | 159 | 95 |

2. Forty four telephone interviews covering sub-topics within the recommendations including:
 - a. Training professionals (six interviews);
 - b. Supporting education for looked after children and young people (six interviews);
 - c. Black and minority ethnic children and young children who are looked after, and looked-after children and young people who are unaccompanied asylum seekers (six interviews);
 - d. Sibling placements (four interviews);
 - e. 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 (five interviews)
 - f. Promoting quality of life of the child (five interviews);

- g. Care planning, placement and case review (five interviews);
- h. Leaving care and preparing to leave care (three interviews);
- i. Foster care (four interviews).

For the details of interviews please see section 5.8.

For each of the nine topic areas above the telephone interviews were summarised into a single summary document that compared and contrasted the findings from each interviewee, these can be found in Appendix D of the report.

- 3. A content analysis to identify themes of feedback. Sections 3 and 4 of this report provide a synthesis of feedback from all parts of the fieldwork. The summaries of the workshops and summarised telephone interviews are within Appendix C and D of the report.

Due to the size and complexity of the draft recommendations a fieldwork plan was devised to set out the coverage of each recommendation within the workshops and telephone interviews. In effect the recommendations (and topics) were split between the workshops and telephone interviews with some being covered within both telephone interview and workshops and some just being covered by either workshops or telephone interviews. Most recommendations (which were covered in workshops) were covered once within the London set of workshops and once within the Manchester set. A fieldwork plan is in Appendix B of this report, which covers these details in full. Stakeholders were sent a copy of the full guidance document however this may explain why some of the gaps in the recommendations raised were in fact in other sub sections of the guidance.

All respondents received briefing materials and questions prior to the sessions, and were provided with summaries of their sessions for approval. All workshops were scheduled for March 2010 in order to meet the project schedule. Telephone interviews were conducted in February 2010 and March 2010, again to comply with the project schedule.

The workshop topic guide was developed through close liaison with the teams at NICE and SCIE, to ensure that the key research questions were addressed. The topic guide and telephone interview proforma also adhered to 'Methods for development of NICE public health guidance' (2006).

The topic guide was structured to ensure that practitioners had a comprehensive understanding of the background, aims and outcomes of the fieldwork. The topic guide was split into two main sections. The first section raised questions on the recommendations as a whole, and included questions in seven main categories pre-agreed with the research teams at NICE and SCIE:

- 1. Relevance;
- 2. Content;
- 3. Feasibility;
- 4. Implementation;
- 5. Inclusiveness;
- 6. Previous experience;
- 7. Presentation and dissemination of the guidance.

Each question under these main categories included prompts to give the facilitator the means to explore the subject in more detail.

The second section raised questions to be addressed to each recommendation. This included questions on the wording, implementability, factors affecting feasibility, barriers and impact for each of the recommendations.

The telephone interview proforma was developed using the workshop topic guide as a basis.

Due to the large number of recommendations detailed within the guidance document the recommendations were split across four workshops in London and four workshops in Manchester.

For more details on the methods used please see Appendix A.

3 MAIN FINDINGS: OVERVIEW OF THE RECOMMENDATIONS

The findings from the eight workshops together with the interview summaries from the forty four telephone interviews have been analysed and the key themes are highlighted in the following section. Recommendation-specific feedback can be found in Section 4.

3.1 General reaction to the recommendations

Overall, there was a positive reaction to the recommendations. Delegates from the workshops and telephone interviews were supportive of the recommendations and felt in general that they exemplified best practice and would add to their current practice. It was reported that the recommendations repeat and reflect the content of the statutory guidance³ from the Department of Health and Department for Children, Schools and Families and add further weight in this area. However there was a mix of opinion on this subject as stakeholders from the London workshop reported that the guidance was vague and did not add to current practice. The recommendations were reported to show that professionals “*on the ground*” (Manchester workshop, 10/03/2010, pm session) had been consulted in formulating the recommendations.

Delegates did suggest that there would be some challenges to implementing the recommendations and requested that signposting and support was clearly indicated within the recommendations (examples of these are provided in the report findings, section 3). They also required that the document needed to be more specific in terms of who it was aimed at and therefore would potentially require more detail in its presentation. Also under “who should take action” category in a number of the recommendations considered, this was simply presented as a category of stakeholder, e.g. local authority. This was reported not to be adequate, and it was suggested that it needs to specifically identify who within these organisations should be included, e.g. commissioners or others.

3.2 Content and relevance of the recommendations

3.2.1 Positive inclusions

A number of items within the recommendations were explicitly raised by the stakeholders as positive inclusions to the recommendations and they were very pleased to see these included. The recommendations were described by one delegate as “*aspirational and relevant to what is needed*” (Manchester workshop, 10/03/2010, pm session).

It was reported that the recommendations may help to emphasise kinship care rather than this being covered ad hoc. It was also stated that it was excellent that care leavers are recognised within the guidance, as this was reported to not be covered within the statutory DCSF/DH guidance.

Some delegates particularly liked that the recommendations emphasise health and wellbeing which they reported is “*often an add-on rather than a priority*” (Manchester workshop, 11/03/2010, morning session).

³ http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_108592.pdf

3.2.2 Links to guidance

Linking to the DH and DCSF statutory guidance

The link between the NICE/SCIE guidance and the DH/DCSF guidance was thought to need further clarity. A number of stakeholders requested further details on the documentation and particularly where the NICE/SCIE guidance sat against the DH/DCSF guidance.

Linking to other guidance and cross referencing

Stakeholders suggested that it would be useful if the recommendations/guidance document, where appropriate, cross-referenced to other guidance/resources within this area. Some specifics that were mentioned included:

- Care Matters Agenda;
- Care Planning Guidance;
- Children's Act 2004;
- Common Assessment Framework;
- National Institute for Health and Clinical Excellence Child Mental Health Guidance (Promoting children's social and emotional wellbeing in primary education (<http://www.nice.org.uk/PH12>));
- British Association for Adoption and Fostering (BAAF) assessment forms;
- Fostering changes;
- Reference parenting programmes.

3.2.3 Context

The definition of looked after children and young people was reported to need clarification within the recommendations.

Standard outcome measures (for examples performance indicators) were reported not to 'fit' within the context of looked after children and young people, therefore it was reported that the recommendations need to identify practical outcome measures within them from which compliance with the recommendation can be assessed.

3.2.4 Omissions and amendments

Amendments

It was reported that the recommendations gave details on what actions should be taken, however it was felt that more detail was needed on how to implement these actions. Commissioners were a particular group that raised this as an issue. Also it was reported that within the recommendations reference is made to skills and expertise, but details of what is required is not specified within the text.

Within the 'who should take action' section, stakeholders reported that organisations were cited, however no direct reference to specific job roles were made within this (e.g. local authorities was referenced but no information was given on who within a local authority would take responsibility for this). Therefore who should take responsibility for implementing the recommendation was questioned, as it was felt that responsibility needed to be placed with someone in order for the responsibility to be taken on. It was also suggested that parents (particularly those unable to care for their child) and looked after children and young people themselves (especially those between 10 and 17 years of age), in many cases, could be listed under the 'who should take action' section of the recommendations.

Omissions

The following were reported as omissions from the recommendations:

- Specialist residential child care was reported to be understated within the recommendations, particularly with reference to the stability of placements, costs and charging. Also reference to voluntary agencies was reported to be omitted from the recommendations.
- There was reported to be no reference within the recommendations to drug and/or alcohol abuse in families and the impact of this with looked after children and young people.
- Some stakeholders reported that there was little reference to attachment theory however others stated that the training recommendations covered this.
- There was concern raised that multi-dimensional treatment foster care was not mentioned within the recommendations.
- Examples of how to provide support services for carers and adolescents. This approach is supported by social care theory.
- Communication skills to broach sensitive subjects such as family history.
- Further information and support on keeping in contact with birth families for looked after children and young people, carers, social workers etc.
- More information and support for children returning home from care to vulnerable families.
- It was suggested that it was important to ensure that services are offered in an appropriate language for a child to ensure that offers are taken up.
- It was reported that more recommendations needed to make reference to agencies needing to work together. It was acknowledged that the draft guidance outlines good intentions for collaboration, but there was a desire to see more robust suggestions on how this can be implemented in practice.
- Access to social care staff, health visitors, school nurses and other professionals is not adequately considered within the guidance.
- No reference to assessing parents in a timely manner – it was suggested that there should be reference in the guidance to 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.

- Continuity and consistency of staff supporting a child were raised as important issues. While it was thought that the recommendations do cover this issue, they do not cover issues relating to the tools and resources needed to ensure that this takes place.

Focus on health

The recommendations were reported to be strong regarding health issues although they were reported by some stakeholders to be weak regarding social care issues. Others reported that the guidance benefits from covering the physical as well as the mental wellbeing of children, and emphasised the importance of adopting a holistic approach. It was reported that the recommendations needed to link the looked after system with the health system. Some stakeholders stated that the recommendations did not appear to have taken advantage of the integration of the two lead bodies.

3.2.5 Areas for further development

It was identified that although the recommendations emphasise the need for carers to manage difficult behaviours presented by the children in their care, there was little emphasis on understanding this and it was suggested that further guidance be incorporated to link in with the provision of training.

Multi-agency working is covered within the recommendations, however it was requested that further detail be provided to illustrate how referral teams and other resources work together. It was suggested that this could link in with the care plan.

The importance of front line staff possessing and developing fundamental communication skills have been omitted from the guidance. This was believed to be an essential skill to both possess and develop in order for carers and other professionals to be able to broach sensitive subjects with the child that they are caring for.

3.3 Wording and structure

3.3.1 Wording

Stakeholders were very pleased to see words included in the recommendations such as '*love*' and '*belonging*' (London workshop, 02/03/2010, morning session). However some were unsure of the use of '*ensure*' being used throughout the recommendations.

Specific amendments to each recommendation are listed in the recommendation-specific review section of this report.

3.3.2 Structure and navigation

Due to the size of the guidance document and the number of recommendations, a number of stakeholders suggested that there needed to be a greater level of cross-referencing within the document. Specific examples of this are covered in the recommendation-specific review.

Stakeholders suggested that a contents page would be a useful addition to the guidance document, allowing users to search and find items more easily (please note that during the fieldwork review stakeholders were presented the latest version of the draft guidance). Some stakeholders reported that the recommendations split by topic area was useful however other suggested that it would be more useful to be split them by professional group.

3.4 Feasibility of the recommendations

Stakeholders reported that the recommendations are practical and, in most parts, feasible to implement as they run alongside the Working Together document⁴. However they reported that clarification needed to be given on how the contents of the recommendations would be achieved, for example utilising joint commissioning to implement the recommendations. The need for practical examples of how to implement the recommendations would be required (e.g. transfer of care from one local authority to the other). Offering support to front line staff (e.g. ensuring that they are aware of current support services) and ensuring that strategic managers provide clear instructions to staff were reported to be important in the feasibility of implementation of the recommendations. Some of the actions that are recommended could be carried out beneficially or detrimentally and this 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.

It was suggested that the recommendations could be used as a “lever” to demonstrate what organisations should be working towards, which would help facilitate securing funding (as it would emphasise where the responsibilities lie on the commissioning side).

3.4.1 Variations in area systems

One of the main issues mentioned was variations within the system and processes used within different areas. For example when a looked after child is transferred from one local authority to another, there is no standard approach and thus information may be transferred by the red book⁵ or another method.

3.4.2 Training and training needs

Some suggestions were put forward on further to support to the areas of the recommendations that cover training: High level ‘buy-in’ for training was suggested to be very important as well as linking training to accrediting bodies. It was felt that this would support and increase the credibility of courses. Some stakeholders suggested that there had been a history of ‘not getting training right’ for looked after children and young people due to lack of skills and the need for better training for foster carers. Stakeholders suggested that evidence-based training could help overcome this.

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, not invited to training or not 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 for a number of years do not see the need and are not prompted to attend training.

⁴<http://publications.dcsf.gov.uk/default.aspx?PageFunction=productdetails&PageMode=publications&ProductId=DCSF-00305-2010>

⁵ The red book is a book given to a child at birth that covers health issues as well as vaccinations and other important information.

It was reported that training needs were suggested in the recommendations needs to be mandatory (for all those cited) and that a clear explanation of requirements needs to accompany this. As well as this, training needs to be identified early on in the job role, and for example, Independent Reviewing Officers, need to be fully trained prior to starting their role rather than after they have started.

It was raised that Youth Offending Teams may find it challenging to implement parts of the recommendations due to lack of skills and this would need to be considered within the recommendations.

Finally it was suggested that a multi-agency approach needs to be taken towards training; and there needs to be a clear understanding of the expectations and resources required.

3.4.3 Resources

Resources were raised repeatedly as an issue that would affect the feasibility of the recommendations. Stakeholders reported that “*resources are not going to increase, NICE need to provide definite guidance on the issues that are outstanding*” (London workshop, 04/03/2010 morning session) and “*you can’t ignore the issue of funding*” (London workshop, 02/03/2010 morning session). It was suggested that there needs to be better ring-fencing of funding to ensure that it is being used appropriately. Stakeholders reported that it was important to stress the significance of pooling knowledge in these cases, as well as money.

Funding for services was raised as an issue including:

- Funding for looked after children and young people post 18 when funding streams change;
- CAMHS services in some areas stop at 16 years and adult mental health services were reported to not be as supportive.

3.4.4 Other issues

It was raised that the waiting list for specialist services is often long and that this could make certain aspects of the recommendations difficult to implement in practice.

Stakeholders stated that ‘buy in’ from the top would be extremely important for the recommendations to be successful, particularly from commissioners and other budget holders.

3.5 Implementation of the recommendations

3.5.1 Barriers and limitations

Reported barriers to implementing the recommendations included:

- **Difficulty engaging with other professionals:** some specific elements would be very challenging to implement (e.g. the involvement of Paediatricians when they are rarely available to be involved);
- **Lack of skills:** there is an assumption that all professionals have the skills needed to implement the recommendations, which they do not (according to some participant feedback);

- **Greater administrative burden:** the recommendations may be viewed by some practitioners and commissioners as more ‘policy and procedures’ and therefore detract from practice;
- **Geographical issues:** services that are available across geographical areas might struggle with implementation of the recommendations due to access and availability of services and the variation between areas;
- **Resources:** there was concern that the recommendations might place a resource strain particularly on CAMHS teams (particularly for services for those over 18 years old).

3.5.2 Suggestions to alleviate barriers

Issues for consideration to support successful implementation are outlined below.:

Information on roles

Specific areas of role definition were identified that could be addressed.

- Responsibilities for **commissioners** should be clearly outlined to enable:
 - Better understanding of front line issues;
 - More appropriate assignment of resources, both financial and in terms of people matched to jobs;
- Possible roles of **social workers** and **foster carers** must take into account the current shortage of both and make alternative suggestions where there is a lack of support from these people (due to resourcing);
- The role of **children and young people** needs to be incorporated more within the recommendations so that decisions can be made with them;
- **Independent Reviewing Officers** could be utilised to oversee where the recommendations are being implemented.

Additionally, some other suggestions were cited in relation to roles:

- More detail on who is **responsible** for implementing the recommendations;
- **Signposting** possible sources of support for implementation;
- Ensuring that the implementation process clarifies clear **leadership** responsibilities for the recommendations.

Enabling better links

Key areas were identified in terms of enabling better links with other services.

- Support the improvement in communication within and between different agencies – this was felt to be crucial to the success of the recommendations as at present cross-agency working can be challenging due to the lack of consistency in working practices;
- Linking across services including independent agencies and private residential homes;

- Enabling links with medical professionals to provide further identification on what family history is available and what information can be provided (i.e. relating to compliance with the Data Protection Act).

Support

There were some areas where additional support was identified to aid and ensure successful implementation of the recommendations. These included:

- Looking after the **health and wellbeing** of staff to ensure they are adequately supported, to ensure an excellent service is provided to the children;
- **Administrative support** to alleviate resource requirements on social workers, thus allowing them to focus on practical work;
- Incorporate an accompanying document with the guidance to illustrate **best practice** and the best ways to go about achieving the actions stated;
- Providing information on the short and long term **benefits** to implementing the recommendations;
- Greater emphasis on **birth family contact** was believed to be necessary to manage contact and also to ensure that there is acknowledgement of the lack of support currently available for working with birth families.

3.6 Inclusiveness

A number of groups were not reported to be adequately covered within the recommendations including:

- Disabled children;
- Teenage boys (there are specific reference to teenage girls);
- Young lesbian/gay people;
- Young people at risk of sexual exploitation;
- Substance misusers;
- Privately fostered children.

Stakeholders also raised that health behaviours and their impacts needed to be taken into account within the recommendations, for example the repetitive cyclical impact of teenage pregnancy.

Stakeholders were very pleased to see children placed in kinship care classed as looked after children and young people, as this is not widely acknowledged.

3.7 Guidance dissemination

Stakeholders stressed that it was very important that the recommendations were promoted and that they were accessible to all. They suggested some agencies/avenues that may be helpful to disseminate the guidance:

- Ofsted;

- Fostering Network;
- The existing regional Health of Looked After Children groups ;
- The DCSF regional events to launch DCSF guidance ;
- The National Centre for Excellence in Residential Child Care (NCERCC); and
- Trade press, including Community Care, British Association of Adoption and Fostering magazine, Children and Young People, Care Knowledge, Children and Young People Now – suggested by multiple respondents.

3.7.1 Suggested events

It was also suggested that certain events might be useful in supporting dissemination of the guidance.

- Launch event to disseminate the guidance;
- Local area based multi-agency workshops – suggested by multiple respondents. Many said they would enjoy discussing and participating in workshops and felt that this was the only way to help people really grasp and implement the recommendations. It was also suggested that this was a great way to raise awareness and understanding of the recommendations, it also gave a great opportunity for networking and how to embed the recommendations into current practice.

3.7.2 Other routes to distribution

- More traditional routes such as through professional bodies and through line management;
- Emails to main contacts at local authorities and other bodies: several respondents suggested emails would be useful, and several others suggested emails would be ignored;
- Advertisements on the radio.

Stakeholders suggested that with such a large guidance document that it would be useful if the guidance could be accessed in ‘bite size chunks’. Suggestions included adapting the guidance into an interactive tool, providing a quick summary document for easy access and distributing the guidance through a DVD or CD-rom.

4 MAIN FINDINGS: RECOMMENDATION-SPECIFIC FEEDBACK

4.1 Performance management and inspection

4.1.1 Recommendation 1: regulating and auditing services

Content and wording

Delegates suggested aspects of the recommendation needed to be clarified, this included: details on whether ‘looked after children and young people’ are those within Local Authorities or in out of area placements are also covered; details on what entails the ‘full range of the child’s needs’ and the types of services that children’s trusts should provide need to be clarified. It was suggested by the delegates that the recommendation would be more relevant if it included the buzz phrase ‘five outcomes’ from the Children’s Act 2004.

Feasibility

Funding and budgets were described by the delegates as factors that would affect the feasibility with the view that many departments would have limited budgets. It was also suggested that ensuring joint commissioning took place may be difficult. Some delegates did however report that this recommendation would be feasible to implement as most actions are currently being worked towards under the Every Child Matters document.

Barriers

The lack of standardised systems used by different services was reported as a barrier. It was also suggested that a standardised quality assurance system and processes would need to be in place across services to ensure uniformity.

Impact

Mixed feedback was seen with some delegates suggesting that the recommendation would have a huge positive impact on the health of looked after children and young people if implemented. However, others stated that the impact of the recommendation would be limited as it does not present any additional or new information to professionals.

4.2 Strategic leadership

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

Content

Delegates noted that ‘LACYP population’ needs to be further clarified within the recommendation.

Feasibility

Delegates stated that a needs assessment needs to be conducted, which in turn will identify the needs of this group. Delegates felt that the recommendation was feasible as it is already being carried out in practice.

Barriers

As noted above, delegates stated that if a needs assessment was carried out, the recommendation can be implemented. However in the main, delegates stated that they are already undertaking the recommendation.

Impact

Delegates felt that in terms of impact, further research is needed to clarify what is meant by effectiveness of services (for looked after children and young people). Additionally, the actual measures of effectiveness also need to be identified. It was felt that once this has been established, the subsequent impact of the recommendation can be identified and made clear.

Delegates also noted that directors of children's services may say that the recommendation is already happening. Despite this, delegates did suggest that the recommendation may help to raise awareness amongst directors of children's services as "*directors do not understand the social care component of the job [of social workers]*" (London workshop, 04/03/2010 afternoon session).

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

Content

Delegates noted the commissioners need 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*" (London workshop, 04/03/2010 afternoon session). Further to this, delegates also suggested that commissioners sometimes commission projects that don't work i.e. not all projects have a positive outcome or benefit looked after children and young people. Delegates also suggested that recommendations 2 and 3 should be linked with each as they are similar.

Feasibility

With regards to feasibility and implementation of the recommendation, it was stated by delegates only evidence-based decisions and commissioning are needed to support the recommendation. Delegates also stated that the recommendation could reinforce a split between young people and commissioning i.e. commissioning projects that do not necessarily benefit young people.

Barriers

Delegates stated that identification of why a child needs to be looked after should be taken into account before services are commissioned – this needs to be taken into account within the recommendation.

Impact

Delegates did not have any specific feedback regarding the impact of the recommendation.

4.3 Multi-agency working

4.3.1 Recommendation 4: consultancy services

Content

Delegates were positive about the idea of having access to a consultancy service. Delegates also noted that the recommendation provided a proactive structure in dealing with LACYP. However clarification on 'Consultancy Services' was required.

Implementation

Delegates stated that the recommendation places a reliance on being led by providers, which will have a resource impact. It was suggested that reference needs to be made on the issue of out of area placements for children and to performance monitoring within the recommendation.

In order to help implement the recommendation, one delegate stated that *"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 services"* (Manchester workshop, 11/03/2010 afternoon session). In response, one workshop sub group of mixed stakeholders reiterated that the social work model is being used currently, and as such the recommendation is feasible.

Impact

In terms of impact, it was noted that the recommendation brings the focus back on the child, encouraging a child-centred approach. It was also thought to encourage multi-agency working between different organisations and inter-professional respect, which delegates believed would help ensure that responsibility for implementing the recommendation is accounted for.

4.3.2 Recommendation 5: co-ordinating services between and within agencies

Who should take action

Delegates stated that the role of the social worker needs to be further detailed as well as the 'who should take action' section, as currently it is broad. Delegates stated that the recommendation should contain more information on the types of services e.g. housing etc. Delegates also stated that the recommendation should identify who exactly the agencies (as identified in the title) are. Training IROs (to conduct health reviews) should be referenced in the recommendation.

Content

The recommendation was viewed as being very positive, however further detail is needed on what exactly is meant by a 'review'. Overall, it was thought that the recommendation formalises current processes. Delegates were supportive that the recommendation seemed to encourage a multi-agency approach and also clearly separates out responsibility. It was also suggested that the recommendation places a reliance on being led by providers, but noted that the social work model is currently being used.

Barriers

Barriers identified by delegates include the *"need for an escalation process for health to be implemented within a multi-agency approach"* (Manchester workshop, 11/03/2010 afternoon session). Further to this, it was also suggested that more information is needed on what action to take when the needs of a child are not being met.

4.3.3 Recommendation 6: sharing health information

Wording

Delegates queried what was meant by ‘hand held records’, and suggested that this needs to be expanded on and made clearer within the recommendation. They also noted that the recommendation is a clinical concept and does not necessarily align with children’s services in the traditional sense.

Further to this, delegates also noted that throughout all recommendations, 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 in which case consistency of terminology needs to be seen throughout the guidance document.

Content

Delegates felt that the recommendation is mainly concerned with good co-ordination with regards to health information sharing and felt that additional content was required. This included further detail on the types of data which are suitable to share.

Delegates stated that the recommendation implies that consent (from parent or child/young person) is not required when sharing information, which would cause issues with implementation.

Impact

With regards to impact, one delegate stated that “*a good social worker will be doing this [elements seen in the recommendation] anyway*” (London workshop, 04/03/2010 afternoon session)..

4.4 Care planning, placements and case review

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

Content

Mixed feedback was provided regarding the content of this recommendation e.g. some fully supported the content suggesting it was relevant and useful. Other delegates reported that aspects of the recommendation’s content needs to be clarified and amended e.g. clarify what a care plan is and how people can contribute to one; what a placement plan is?

The action regarding rehabilitation with birth parents was also raised by delegates, suggesting it was extremely unhelpful.

Feasibility

Mixed feedback was provided, some delegates reported that it was very feasible to implement, with many actions, such as those regarding permanency planning, already in place. The nature of social work was reported to affect the feasibility of implementing the recommendation. It was suggested that social work is target-led and prioritises crises cases. The work is not person-centred to individual children and does not prioritise looked after children and young people. Therefore, it was suggested that staff could be divided to allow workers to be devoted to specific roles such as focusing on initial assessment or on long term looked after children and young people.

It was reported that ensuring accountability was taken across all services was very important, but

would be difficult to achieve. Buy-in from a management level would be essential and should include services such as schools and health care, rather than just children's services.

Barriers

Barriers exist in recruitment, retention, training and caseloads of social workers. In order to overcome this, it was suggested that investment in better working conditions, salary, training and management would be needed. It was reported that the training of social workers needs to be improved to ensure that the actions of the recommendation are carried out.

To support implementation of this recommendation, delegates suggested that it should reference implementation guidance notes and details on underpinning legislation.

Impact

It was suggested that the recommendation would ensure that assessments were carried out at a high standard and would allow the voice of the young person to be heard. This is due to it providing information on what actions should be taken and the considerations that should be made by professionals.

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

4.5.1 Recommendation 8: planning and commissioning placements

Content

Some suggested amendments included:

- Clearer definition of 'who' within the children's trust, listed under 'who should take action', would be expected to take action (e.g. a specific job role or department?);
- Clearer differentiation between 'Children's Trusts' and 'Local Authority Children's Services';
- Clarification surrounding 'robust protocol';
- Clarification surrounding 'Sufficiency duty' and the way in which this would account for individual child's needs;
- Clarification of what is meant by 'regional partnerships';
- Greater reference to current statutory guidance .

Some delegates suggested that education should be included within this recommendation, in addition to a "*robust system for feeding back the information collected*" (Manchester Workshop, 10/03/2010 afternoon session) following implementation of this recommendation. It was also suggested that access to CAMHS from outside placements should also be incorporated as a bullet of detail.

Barrier

A barrier identified by representatives was the willingness of some high performing schools to accept looked after children and young people. Some individuals suggested that amending the recommendation to simply refer to all schools and not specifying high performing schools would overcome this barrier. Other barriers recognised included a shortage of placements as well as provision of training, money and resources for foster carers. Financial support or assistance to

enable foster carers to attend training, were thought to be facilitators by some individuals in helping to overcome such barriers, as would professionalising the role of a foster carer to make it more attractive.

4.5.2 Recommendation 9: making decisions about placement changes

Content

Further reference to the statutory guidance and the way in which the recommendation links with this is needed. Clarification surrounding 'emergency admissions' was also suggested. Clarification was also required for what would constitute 'practical' and 'appropriate measures'; along with clearer definition of what is meant by a 'planned move'. Disagreement was expressed for the mention of the child's long term needs as it was believed to imply long term placements only. Some also believed that a child may become anxious by enabling them to visit 'their new placement through prior visits', here it was suggested to list the young person under 'who should take action' so that they are involved in the decision process. The following were also mentioned for inclusion in the list of 'who should take action' Social Worker Trainers; CAMHS; Service providers; and Multi-agency involvement.

Feasibility

Professionals reported that their organisations are not resourced to work with adults (Manchester workshop, 10/03/2010 afternoon session). They did however state that feasibility of placement changes may be largely dependent on the type of care. Foster care is believed to be more feasible than residential, although such differences were not thought to have been acknowledged by the recommendation. Delegates in the London Workshop (02/03/2010 afternoon session) felt that such actions should already be taking place and therefore they did not see what the recommendation would add to current practice. Delegates also raised an omission of support and training within the recommendation, surrounding young people's transition into adulthood (for example, basic cooking skills).

4.5.3 Recommendation 10: providing care in secure and custodial settings

Content

Additional professionals/organisations to be included in 'who should take action' consisted of: Care Staff and Nurses in secure children's homes/centres; Safeguarding teams; Parents; Secure Psychiatric Units; Prison health professionals and NHS services. Delegates also stated that 'during their time in secure accommodation or custody', alluded to temporary accommodation and delegates stated that this is not always the case. 'Make provision' was thought to have been inappropriate, as it is often identifying what is needed which is challenging not the provision.

Contingency planning and education were suggested as additional points for consideration to be incorporated into the recommendation. Furthermore, greater emphasis was believed to be necessary in the recommendation regarding the young person's journey through and after care within secure services (for example children in prison).

Implementation

Good communication was reported as a facilitator for this recommendation. Resources for adolescent and child psychiatry, along with information access problems, were highlighted as potential barriers. Elaborating, it was reported that planning can be challenging when services are not always aware of when an individual will be discharged. Delegates to the Manchester

Workshop, 10/03/2010 afternoon session) reported that the decision to re-introduce a young person back into the community must also take into consideration the nature of the offence they committed and their reason for being placed in a secure care environment.

4.6 Kinship care

4.6.1 Recommendation 11: developing a national strategy for kinship care

Content

Delegates attending the London Workshop, (02/03/2010 afternoon session) acknowledged the fact that recommendation 11 only listed the Department for Children, Schools and Families under 'who should take action'. Therefore, they did not see the need to include this recommendation in a guidance document intended for different professionals and practitioners. Furthermore, these individuals stated that the statutory guidance was still in the process of being finalised and therefore believed it to be inappropriate for NICE/SCIE to be producing advisory guidance to complement it.

Conversely, attendees to the Manchester Workshop, (10/03/2010 afternoon session) were very supportive of this recommendation, although they did see financial resources as a potential barrier to implementation.

Impact

London Workshop, (02/03/2010 afternoon session) delegates identified the four main impacts to this recommendation: Assist with the formation of care planning; Reassure kinship carers that they are valuable; Prompt awareness among carers of the standards that are required by them and Emphasise family relationships.

4.6.2 Recommendation 12: promoting extended family and kinship care

Content and wording

Delegates generally stated that the recommendation would be useful, although some did not think that the first bullet of detail would add much to current practice. A number of amendments/clarifications were suggested:

- Six-month time frame referred to for assessing a child was too long. Clarification needed on what assessment is being referred to by this statement. Delegates suggested a revised six-week time frame for completion of an initial viability assessment and the six-month time frame specified for completion of the comprehensive child assessment.
- Further clarity was requested regarding the department or job role whose responsibility it would be to ensure the time frame is met.
- Inclusion of CAMHS under 'who should take action'.
- 'Parallel' was a wording suggestion proposed to replace the term "*concurrent*" within the second bullet of detail.

With regards to the second bullet of detail, some delegates were of the opinion that this was already a legal requirement

Impact and feasibility

Delegates stated that the impact of this recommendation may include: Increased feasibility for children to be cared for by family members who financial constraints may previously have

excluded; Improved placement stability and Reduced friction due to financial strains.

There were however concerns surrounding where funding and resources alluded to within the recommendation, would come from.

4.7 Sibling placements and contact

4.7.1 Recommendation 13: supporting sibling placements

Content

Respondents stated that there is a need for the recommendation to link with current guidance e.g. the Department of Health and the Department for Children, Schools and Families and Children and young person Acts. It was felt that without this clear link “*practitioners will only look at statutory guidance*” (telephone interview, Placement Manager). Another omission included consideration of what the young person wants in terms of contact.

Feasibility

Respondents felt that the recommendation could have a positive impact on the health and resilience of looked after children, as “*often sibling contact gets lost*” (telephone interview, CAMHS manager). Mixed opinions were expressed regarding the feasibility of assigning the same social worker to siblings - it was suggested that where this may not be possible, social workers should be assigned from the same fieldwork team so that an overview can be obtained by the team manager.

Implementation

Barriers to implementing this recommendation included: shortage of placements and foster carers; Difficulties in reserving placements for multiple siblings; knowledge or records of where sibling placements are available and where more than four siblings are placed in one home it is classified as a children’s home and is therefore subject to Ofsted regulations.

It was hoped that recent advertisement may help increase the number of sibling and foster carers, thus making the recommendation more feasible. Local Authority respondents reported utilising independent foster agencies and financing extensions to carers’ homes; both of which are costly. Provision of specific training for carers of siblings was also thought to be necessary, in addition to accurate record keeping, illustrating where there is availability and reasons justifying when sibling groups are separated. Furthermore, embedding sibling contact into child care plans was also suggested.

4.8 Foster care

4.8.1 Recommendation 14: assuring the quality of foster care

Wording and content

With regards ‘ensure all foster carers meet and maintain statutory standards’, delegates queried who would be assessing this and what criteria will be used. Further clarification was requested surrounding what constitutes ‘underperforming’. Delegates also stated that with regards to monitoring, young people’s feedback needs to be taken into account.

Implementation

Delegates stated that the recommendation needs to be clearer in its scope, particularly in relation to who it is aimed at. The willingness of carers to adhere to the recommendation and maintain their standard of competency would be a factor effecting its feasibility. Furthermore, the way in which

they are to be assessed was also thought to influence the feasibility of the recommendation.

Delegates noted that resources (in the form of time, energy, focus and commitment) would be a significant barrier. Another barrier related to the inconsistency in standards of placements, e.g. food on offer for the child. It was suggested that who the child is placed with can end up being a “lottery”.

Impact

Mixed views were reported with regards to impact, with some workshop delegates suggesting a positive impact would be seen whilst others stating that no impact would be evident, as elements of the recommendation already exist. The recommendations were seen as being helpful as a joint document from NICE and SCIE, and in strengthening the guidance.

There was also a positive perception that the draft guidance signposts the minimum actions, in addition to providing examples of best practice.

A concern that Local Authorities lose foster carers to private agencies was also raised.

4.8.2 Recommendation 15: training foster carers

Content

Delegates supported the recommendation and described it as being focused and comprehensive, but noted that further detail is needed on how to deal with children who have particularly challenging behavioural needs and difficulties. Some delegates also queried whether babies and young children should be included. The inclusion of additional details on the term ‘joint working practices’ was also suggested. It was also suggested that recommendation should include information on evidence-based training and supporting a range of training options.

Barriers

Concerns relating to the high workload of foster carers was noted. Training can be expensive, particularly in relation to staffing, one participant suggested training should be encouraged by offering support, e.g. day care, flexibility etc.

Concerns were also raised on identifying the right person for training and the cost-effectiveness of training. Alternatives to provide more cost-effectiveness training included trained individuals “cascading” their training onto other members of staff.

Impact

A number of delegates noted that the recommendation would not improve outcomes for looked after children and young people “[*recommendation*] is based on a one-size-fits-all which is not a good idea” (Telephone interview, Project Manager).

Gaps in the recommendations included: no cross-referencing to existing guidelines; no information on the impact of trauma and loss and the impact this would have on them, their families etc; and no reflection on the objective of trying to achieve a compatible placement.

4.8.3 Recommendation 16: supporting and supervising carers

Content

Delegates queried whether the recommendation makes reference to the child’s social worker or the supervising social worker – this needs to be clarified. Further clarification was needed on:

consultancy provision; core training recommendation; emotional support; and parenting guidance. Delegates stated that the recommendation implied 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 – here it was queried whether this was intended to refer to kinship carers instead. Delegates also questioned why age gender and race had been singled out without there being consideration for other factors such as learning difficulties and disabilities. Delegates believed that the provision of examples of good practice would enhance this recommendation. In addition one respondent stated that the recommendation was similar to recommendation 15

Barriers

Finances were seen as being a possible barrier by delegates recognising that “*a support package demands time, effort, money and commitment, particularly from the top down*” (London workshop, 02/03/2010 morning session). Organisations are also different to each other and thus flexibility is required in order to meet needs. In addition, case loads, time and resources were also viewed as being barriers particularly within Local Authorities.

Impact

Some delegates noted that many elements of the recommendation are already happening in practice and would formalise practice already happening. 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. Delegates felt that this recommendation would encourage foster carers to ask for support when they need it and recognise their own knowledge limits.

Gaps

Gaps within the recommendation included: needing to address how children’s social workers work with the foster carers’ social workers, and how they support each other; no reference made to men and the role they play; and no mention of health issues, such as sexual health or special needs e.g. autism or disabilities.

4.8.4 Recommendation 17: training supervisors

Content

The recommendation was received positively and said to meet key needs of training supervisors and helped to justify to the child why they have been placed somewhere. Advice and signposting to immediate sources of support however was needed. Further clarification on what constitutes a ‘cross-cultural placement’ was suggested. Delegates also suggested amending the ‘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*” (Manchester Workshop, 10/03/10, morning session) . Delegates also stated the recommendation would benefit from emphasising the qualifications necessary to become a carer as well as their responsibility for safeguarding.

Implementation

Stronger links between fostering staff and those involved in working with mental health issues of the child and clear boundaries of responsibilities should be seen. In addition, the following factors may also influence the implementation: differences between foster and adoption assessments; carers differing qualifications and increasing awareness of the requirements of carers among those

already in the system, as well as new carers.

Barriers

Barriers included commitment from the organisation to release people for training as well as recruiting additional staff, ownership of the case load responsibility, and some social workers may feel that they don't need training because of their level of experience. Delegates raised the issue of resources in relation to time, money to pay staff, and appropriate people to deliver training .

Impact

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, such as basic communication skills and how to approach sensitive issues. Some delegates suggested that the recommendation would bring about additional pressure but it was understood that it could be useful in terms of it providing strategic leverage.

Gaps

Gaps in recommendations included: inclusion of CAMHS in the 'who should take action' recognition experience levels of supervisors as "*training is great, but experience matters most*" (Telephone interview, Project Manager) and consideration of emergency placements.

4.9 Promoting the quality of life of the child and young person

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

Content

Respondents stated that the recommendation was important as a means of achieving a more child-sensitive approach, recognising the importance of connections to family and friends and engaging the child or young person in the decision-making process.

Some participants reflected on the decision-making/consultation proposed with the LACYP; it was highlighted that "*it should be meaningful*" (Manchester Workshop, 10/03/10, morning session), though it was also cautioned that involvement should occur if deemed appropriate and there may be some instances where this may not be the case. Other workshop delegates also cautioned against giving a child too much choice.

Delegates suggested that the courts should be incorporated into 'who should take action' for this recommendation. Delegates also suggested a number of amendments with regards to wording of the recommendations, pertinent examples included adding phrases such as 'when in the best interests of the child or young person'.

Implementation

Some workshop delegates felt that the recommendation's feasibility could be affected by legal influences, and that involvement with the courts should be incorporated into the content. Other workshop delegates felt that this recommendation, would be hard to implement as it would require support from a number of different organisations.

It was suggested by telephone interviewees (Psychotherapist and Lecturer) that there needs to be a system in place for agencies involved with looked after children and young people to share information and to work together. Variation in the levels of practice and standards across Local

Authorities, and professionals was also noted. Workshop delegates were also unclear whose responsibility it was to ensure that the actions specified in the recommendation are met and felt that this required clarification.

Barriers

Funding was identified as an issue, and some suggested ring-fencing to ensure resources are available. Investment in staff training was also mentioned to address various aspects e.g. developing listening skills of staff; supervising contact between a child and their birth family etc.

Gaps

There were a number of gaps identified in this recommendation that included: inclusion of access to independent advocacy to support the child/young person in decision-making; reference to supporting extracurricular activities and hobbies as a means of developing skills and social networking; reference to unaccompanied asylum seekers or children with deceased parents; better assignment of responsibilities to both providers and commissioners of services and clarity of safeguarding and requirement for CRB checks.

4.9.2 Recommendation 19: exploring personal identity

Content

Delegates in general viewed the recommendation as being comprehensive. Some delegates however felt that it is contradictory in parts, in that the actions in the recommendation are an ongoing process, but also require one-off tasks in places.

It was suggested that there should be a clear definition of 'life-story work', whilst friends should also be included in the recommendation. Clarity was sought on some points including: whether there was the intention to make sure that there is access to parents' medical records; and how the recommendation would address the issue of information not 'following' a child.

In the third bullet point, respondents thought that this should be corrected to read "British Association for Adoption and Fostering".

Implementation

Further details on implementation were suggested, for example: who is responsible for making it happen (e.g. social workers); who would be monitoring them etc.

An interviewee stressed the need for access to personal counselling for staff, which it was felt could be addressed through resourcing such as staff training and the management of referrals.

Training was mentioned in terms of targeting foster carers, as well as other professionals, and that this would require support from the Local Authority (e.g. resources and commitment).

Some workshop participants stated the recommendation is dependent on the skills of staff/services, and that communication skills and understanding of the emotional impact on a child is needed.

The inclusion of the British Association for Adoption and Fostering (BAAF) forms being used in the health assessment process was also suggested. It was felt that perhaps there should be a national standard series of forms instead. Some other delegates felt that the BAAF forms should have a greater emphasis and be placed at the beginning of the recommendation.

Barrier

It was felt important to note that systems between services are not the same, which can present a barrier and a risk of information being duplicated – this, it was felt, would affect the ability to implement this recommendation.

Gaps

Some gaps in the recommendation were noted: recognition that exploring personal identity is an ongoing issue, and that it needs to be age and developmentally appropriate; greater awareness of issues around traumatised children that looked after children bring into future relationships, and how this is to be considered in assisting them to access services and benefits in most care situations; recognition that a different approach may be needed when addressing unaccompanied asylum seekers; more training and support for foster carers to address issues of cultural diversity and how to address children in care with specialist needs or disabilities.

Some workshop delegates suggested that an additional bullet point could be added to the end of the recommendation; “*Information sharing protocols needs to be put in place*” (Manchester Workshop, 10/03/10, morning session) – to overcome the difficulties of data sharing. They also felt that it was important that within the written information cited, health information is included with this (including family member health).

4.10 Supporting babies and children from 0-5 years

4.10.1 Recommendation 20: accessing services for babies and young children

Content

Delegates suggested that the recommendation could expand the type of professionals that can administer mental health assessments. For example, paediatricians and specialist nurses were suggested as additional professionals that could carry out the assessments.

Appropriate assessment tools were reported as being necessary to carry out an accurate and effective assessment. It was suggested that the BAAF⁶ carers’ forms could be referenced by the recommendation as they are a useful tool.

It was considered important for the recommendation to emphasise the necessity of stability, and limiting placement moves. Placement moves were considered to have negative effects on a child’s mental health and would affect the ability to carry out the recommendation.

Training

The skills and training of professionals were considered to be a factor that would affect the implementation of this recommendation. This also extended to foster carers as it was suggested that they should be taught about the aspects of attachment theory to help them understand the needs of a child.

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

Content

It was suggested that the recommendation should be expanded to focus on general development

⁶ British Association for Adoption and Fostering

issues, rather than just attachment. This would include issues such as hobbies and play. In addition to this, the training should be expanded to cover awareness of substance backgrounds such as babies in withdrawal and how these babies should be supported.

Those 'who take action' should be expanded according to delegates to include all tier one services, such as primary care medical services, generic social workers, teachers, community pharmacists and probation officers.

Training

Delegates reported that a greater emphasis should be placed on compliance by carers. For example, training should be mandatory for carers and they should be audited on their compliance. Regulations should also be in place to allow foster carer status to be revoked in cases of non-compliance.

In contrast, it was suggested that making training mandatory could "put off" good foster carers from taking on the role. Therefore, the type of training courses offered would have to be attractive and achievable. For example, training should focus on practical issues as well as theoretical issues.

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

Content

This recommendation was considered to be very useful. The following actions were considered to be particularly valid and useful points: the action concerning the need to ensure pressure on resources does not influence decisions to move children; and the action concerning ensuring concurrent planning is in place to make alternative placements.

It was suggested that in some cases foster carers may be discouraged to adopt children by the Local Authority due to fear that the Local Authority would lose them as a foster care resource, as they would become adoptive parents and no longer foster children. This may reduce the amount of foster carers that would adopt a child placed with them.

4.11 Black and minority ethnic children and young people who are looked after and children and young people who are unaccompanied asylum seekers

4.11.1 Recommendation 23: understanding the issues

Content

Clarification was needed on what constitutes 'link[s] with community groups', as well as information on who would be undertaking this task. Concerns about the availability of community groups was noted and what happens when a community group is not seen – here a centralised database was proposed to assist with the identification of community groups. The need for young children to be supervised during visits was also raised.

The views of the young person should be included to ensure that needs or issue important to them are included. One LACYP Nurse also suggested that a "buddy system" (telephone interview) with another individual sharing a similar cultural identity could introduce BME and migrant looked after children to different community groups, and supervise younger children's attendance could be seen.

Impact

Respondents stated that the recommendation would have a positive impact for BME children and asylum seekers who are in care. It would also help professionals listed under 'who should take action' to overcome current barriers, such as fear of placement termination, to communicate any information or concerns they may have to Local Authorities. Delegates also stated that the impact may vary across different geographical locations i.e.. areas with high BME and migrant looked after children will already be including this group as a standard agenda item.

Barriers and facilitators

Respondents identified a lack of time and funding as being barriers.

Partnership working and specific training were reported as facilitators for this recommendation, although it was believed to be important that any additional training is incorporated into existing training programmes to prevent further resources barriers to attendance.

Individuals thought dual directional collaborative working would enhance the impact of the recommendation; stating that the impact of collaborative working would be greater if statutory organisations were to reciprocate the information shared by organisations in the voluntary sector. At present this was not reported to be the case (Policy Consultant).

4.11.2 Recommendation 24: shared learning

Content

Delegates supported the recommendation and reported "*It is an excellent recommendation; sharing of knowledge can only be good.*" (telephone interview, LACYP Nurse). It was however suggested that the views of children and young people should be incorporated.

Implementation

In general, the recommendation was viewed as feasible, however some stated that a multi-agency panel would add anything new and be of benefit to looked after children. Networking was deemed to be feasible with this anticipated to be most successful if conducted through existing consortia.

Respondents did not believe that secondments would be feasible in the current climate without additional resources.

Barriers

- Difficulties of sharing learning between such a broad range of professionals who work in accordance with different professional models, both in terms of understanding, relevance and acceptance;
- Determining the composition of a multi-agency panel. It was thought that professional groups will be missed out, or alternatively, such a group may be too large for it to be effective (telephone interview, LACYP nurse).

4.11.3 Recommendation 25: appointing a children's champion

Content

Mixed responses were seen for this recommendation. Those not in favour reported that in having a BME specific children's champion, "*it gives out the wrong messages*" (commissioning manager); and "*We don't see how [BME children] differ from other children in care*" (telephone interview, Head of LACYP services). In comparison, other respondents believed that a BME champion would

provide a point of access for both young people and professionals. It was also suggested that the presence of a champion would help to ensure the needs of BME children remain of high priority on the agenda.

Further clarification was needed on: who would undertake the role of the children's champion, would this be full or part time, if this would be a new professional role or add-on to an existing role, and whether such an individual would need to be from a looked after care background.

Implementation

One respondent (LACY nurse) believed that appointing a champion would be feasible provided the individual was appointed with someone among current staff. Further detail surrounding what this individual would do and the expectations placed upon the was also believed to be necessary.

It was suggested that the children's champion be incorporated into recommendation 24, adding them as a named contributor to the multi-agency panel referred to.

Barriers

Barriers included the ability for one individual to represent a diverse group of young people. Comparisons were made between the support needed for a director-level champion, including interpreters and communication departments; and that needed for a care leaver champion, such as training, and supervision. One professional (Sure Start Manager) felt that the children's champion would need to be senior in order to have the authority to obtain necessary information from the different sources/organisation to fulfil their role.

4.11.4 Recommendation 26: mapping and commissioning

Content

Delegates generally supported the recommendation and agreed that using demographic and community profiles to inform decisions would assist with the provision of relevant services. Professionals consulted generally believed that it would be feasible to implement this recommendation, with many organisations already using research in the way suggested by the recommendation to a greater or lesser extent in their current practice.

Barriers

Resources were reported as a potential barrier to implementation, along with: Knowledge and skills for staff to interpret and best utilise data; Diversity in communities meaning it would not be possible to cater for all individuals; The fast pace of immigration changes affecting the needs of the local area faster than community mapping would be able to account for; and Mapping groups who may not be as easily traceable, such as travellers and asylum seekers.

Facilitators

It was suggested that information from community networks may help gather information on difficult to locate groups. It was also suggested that Local Authority community profiles and mapping be made available to private and voluntary organisations to assist with planning.

Respondents suggested that the conduct of a needs analysis should be incorporated into the recommendation to ensure that young people have the opportunity to express what they need rather than for this to reflect another professionals assumption.

4.11.5 Recommendation 27: finding placements

Content

Respondents generally believed that culturally matched placements impact positively on the child's isolation, placement stability and allowing kinship siblings to remain together. The following amendments and suggestions were made: more emphasis on recruiting multiple heritage carers could be incorporated; include input from the young person; further clarification was on what is meant by the final bullet point of detail and the recommendation should be applicable to all children in care and not just BME children.

Implementation

Mixed views were seen surrounding implementation. It was however stated that examples of good practice are in existence, those mentioned included the Action for Children project and Yorkshire and Humberside's delivery of training in multiple languages.

Barriers and facilitators

Barriers to implementation included: availability of carers – *“we don't have enough carers, let alone [carers] of the right ethnicity”* (telephone interview, LACYP Nurse); resources – both money and personnel; the cost of using independent foster agencies to fill gaps in culturally-matched carers; and the socio-economic situation of many black families and their ability to care for a child.

With regards to overcoming such barriers, it was believed that if carers were recruited on the basis of their ability to understand the needs of the child rather than their status as a BME individuals, this may place less strain on resources. Furthermore, advertising and increased emphasis on networking was suggested in order to increase awareness and understanding of the profile of a carer.

4.11.6 Recommendation 28: carrying out assessments

All six respondents from telephone interviews were supportive of the content of this recommendation, particularly the specific mention of 'faith' for consideration. It was reported that well-completed core assessments improved the outcomes for looked after children.

Impact

With regards to the impact of the recommendation however, respondents reported that the content of the recommendation *“should be happening”* (telephone interview, Commissioning Manager); and *“I don't see what it adds, apart from re-emphasising that these factors should be part of the process”* (telephone interview, Homeless Charity Manager). It was therefore reported to be feasible to achieve good quality core assessments, but potentially have limited impact as much of the recommendation should already be happening.

Barriers

Barriers mentioned included the difficulty of obtaining family history of some children, such as unaccompanied minors; and the need to have information translated to ensure the child's understanding.

Facilitators

Facilitators for this recommendation's implementation were thought to be greater multi-agency training and working among different professionals and organisations, as well as the provision of

good practice examples, and independent reviewing of core assessments.

Gaps

Gaps in the recommendation identified by respondents included:

- Recommending that the core assessments be made available to relevant bodies outside the statutory sector, as this is often not provided by some Local Authorities to voluntary or charity organisations;
- Explicitly emphasising that the young person themselves should be included as a critical part of the assessment; and
- Linking the core assessment and the Pathway Plan for care leavers.

4.11.7 Recommendation 29: accessing child and adolescent mental health services

Overall, respondents expressed overwhelming support for this recommendation and it was thought that its introduction would benefit children's mental health. It was however suggested that "*this is a good recommendation for all children*" (telephone interview, Commissioning Manager).

Implementation

There was a difference in opinion voiced regarding the feasibility of the recommendation with the current resources available to CAMHS, particularly in relation to demographic differences.

Barriers

Barriers identified to implementing this recommendation included the large gap between CAMHS services and those of adult mental health services, which in some cases reportedly means that young people treated by CAMHS slip through the net in their transition into adulthood.

Furthermore, the stigma attached to 'mental health' may frighten a young person from accessing supportive services available. It was suggested that a CAMHS worker be made a part of the LACYP health team within youth centres so that young people were able to access them informally for support. Similarly, it was suggested that the term 'mental health' within the recommendation be reconsidered/amended for this reason of stigmatisation.

Suggested revisions

Further suggested revisions to the recommendation included:

- Emphasising the voice of the young person;
- The introduction of 'culturally-matched buddies' to help the young person access and feel comfortable about the services available to them;
- Further clarification surrounding what is intended by and constitutes 'sufficient expertise' as is mentioned in the first bullet point of detail.

4.11.8 Recommendation 30: providing for unaccompanied asylum-seeking children who are looked after

Content

Respondents expressed their support for this recommendation and stated that both training and the use of community resources would improve outcomes for looked after children; *“the biggest resilience factor is to be happy; you need to have friends and you need to get out and about”* (telephone interview, LACYP Nurse).

It was generally believed that the training of staff to ensure implementation of this recommendation would be feasible.

Barriers

A couple of respondents highlighted a potential resource barrier to implementation in that the child or young person would need to be accompanied when visiting community groups, as is suggested within the recommendation. One suggestion to overcome this was to introduce a buddy system so that young people have someone to show them around and accompany them to cultural and community groups.

Other barriers included:

- The availability of cultural community groups, particularly in areas of low populations of specific migrant groups; and
- Conflicting priorities and existing demands on organisations’ time and resources.

Gaps

Respondents suggested that the recommendation should be led by young people as they may not wish to access such community groups as those suggested within the recommendation.

Furthermore it was thought that understanding of immigration law was critical to the mental health of young people, hence this should be included in the recommendation.

4.12 Promoting the health of the child or young person

4.12.1 Recommendation 31: keeping the parent-held child health record (red book)

Content

Delegates were in agreement about the need for the recommendation, as it recognises the importance of health information. It was thought that the recommendation was clearly set out and would formalise current information and practices.

There were, however, many concerns raised regarding the ‘red book’:

- **Focus on capturing ‘red book’ information in other ways** - it was suggested that the focus on the red book is misplaced and not necessarily relevant. It was suggested that the recommendation should instead focus on obtaining and maintaining the information captured within the book itself, particularly where such information has been previously lost.
- **Monitoring and managing the red book** - delegates suggested that social workers should be added to those listed under ‘who should take action’ as well as further detail being needed for commissioners. The inclusion of health visitors and school nurses were suggested in relation to monitoring the existence of the red book. With regards to identifying ‘a contact person to manage the administration of the red book’, it was

suggested that this be replaced with a specified department – this was because it was not thought to be realistic for one person to manage the administration of the red books across an entire county, and would instead require a team of staff.

- **Current red book practices** - It was felt that it needs to be made clearer where responsibility lies, and that this would provide consistency across Local Authorities and PCTs, a point made by a Family Assessment Practitioner interviewed and delegates at a workshop. Some delegates felt that 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 obtain consent to their medical history. Some delegates stated that the recommendation should make clear that the red book does not and is not intended to provide a full and comprehensive health record.

Barriers

A number of barriers were identified by delegates and interviewees including:

- Not all information is available as birth parents or foster carers do not keep the red book up to date, some lose it and some refuse to make it available to social workers
- Certain groups do not have a red book e.g. child asylum seekers;
- Staff turnover is a concern, as new staff are unfamiliar with systems which can lead to information being lost; and
- Many social workers do not know what a red book is.

Suggestions for amendment/support

Most delegates and interviewees felt that training and promotion of the red book should occur and should be undertaken within children's services and specifically target social workers and foster carers. The promotion and training should provide clarity about whose property the red book is (i.e. the property of the PCT), why it is needed and what health information needs to be recorded.

Concerns about capturing information that should be contained in red books is also relevant to older children and young people, and perhaps ought to be captured via questions included in a health assessment.

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

Content

There were some delegates who felt that PCTs and Commissioners should be included with social workers under the 'who should take action' section. Others suggested PCTs and health professionals should be named instead of social workers, as it was felt it would be more feasible for them to achieve the actions, owing to resource and capacity issues faced by social workers.

A Designated Nurse interviewed felt it to be unclear as to whether the social worker would be responsible for gathering the information if it was lost or unavailable. Two nurses interviewed both questioned the feasibility of having social workers do this. It was suggested, this if this was to be the case, then guidance would need to be provided to social workers on how to obtain early health information, and also in knowing what information should be gathered, e.g. sample red book.

It was suggested that there should be clarification/guidance on who the specific person within the PCT that the recommendation references as 'the contact person' should be.

It was noted that in some instances giving up a red book can be a traumatic experience for a parent, it was therefore questioned whether the social workers would be willing to take up this responsibility because of time pressures already faced, and whether health workers would perhaps be an alternative option.

Gaps

There were a few gaps in the draft recommendations that were identified as needing to be addressed:

- Ensuring a red book follows a child is being placed out of area: this could be addressed by having messages in place to ensure continuity, e.g. included on checklist for social workers or as part of the health assessment.
- Documenting both the mother's and father's health records, as this also impacts on the child's development, e.g. alcohol or substance abuse, and how this might be sourced.
- Documenting lead health professionals in the red book.
- The importance of the professional time needed to document and work with parents and carers.

Additional support required and possible barriers

In order to implement the recommendation, some delegates felt that training would be needed on the use of the red book, e.g. for newly qualified social workers.

It was felt that this draft recommendation will have an impact in that it will require more data entry, more administration work, increased costs of providing the books and a delay in obtaining the information.

4.12.3 Recommendation 33: producing a healthcare plan

Content and wording

The title of the recommendation was viewed as not being accurate by some delegates with the following suggested as alternatives: "*Producing healthcare recommendations*" or "*Producing a Care Plan including health recommendations*" (London Workshop, 04/03/10, morning session).

There was a suggestion to edit 'a process to deal with requests made by the social worker to the designated nurse or doctor through the PCT' to include "PCT provider" or "NHS provider" (London Workshop, 04/03/10, morning session), as currently the recommendation implies that the request has to go through commissioners first.

Additional suggested changes to the draft recommendation included:

- Making reference to the British Association for Adoption and Fostering (BAAF) forms, as recommended by workshop delegates;
- Stating that the emotional and mental health of the child should be prioritised, and therefore be at the top of the recommendation;
- Identifying that the child themselves has an input into their care plan, which was felt to be very important by some workshop delegates;
- More information is needed on what 'healthcare recommendations' might include;

- Stating those who should be supervising and monitoring this recommendation.

Impact

Some workshop delegates stated that the recommendation was already happening in practice and as such little impact would be seen. It was felt however, that the recommendation may ensure individual health professionals identify and deal with gaps in current practice. Having other professionals conduct health care assessments as opposed to GPs would be more cost effective.

In terms of sharing confidential information, workshop delegates felt that there was potential for greater impact if there was knowledge transfer and sharing, enabling services to work together.

Implementation

Workshop delegates suggested that implementation would be aided if relevant professionals were provided with a summary of professionals who are able to share information in the care plan, and that this information should be included in the recommendation. Furthermore, it was felt that:

- Clarity is needed on what parts of the healthcare plan should be shared, particularly as this may differ depending upon the age of the child; and
- How much information is accessible to the different services and the foster carer, as the data contained within the healthcare plan includes confidential information about the child and potentially the background of the parents.

Barriers

Delegates and some interviewees felt that barriers to implementation could be overcome by seeing a designated administration team or dedicated staff in place, as they can undertake paperwork and ensure that others, e.g. social workers, are able to carry out their job roles more effectively.

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

Implementation support

It was suggested by workshop delegates and two interviewees (a Family Assessment Practitioner and an Advanced Nurse Specialist) that there needs to be national agreement/framework on a process that would get past the delays currently faced by children in out of area placements, and it was suggested this could be achieved through standardisation to one form and one process to clarify roles and actions.

Delegates stated that at present, it is unknown who is responsible for these actions and at what level; what needs to be done with information; who is responsible for co-ordination; where they are based; and who is to be notified. In order for this recommendation to be successfully implemented, it was strongly felt that such practical aspects would need to be addressed.

Content and wording

The content was noted as being both useful and relevant. In both the workshops and interviews it was suggested that clarification is needed in terms of roles and responsibilities.

In addition to this, delegates expressed some concern as to how organisations are to monitor another Authority (as suggested within the recommendation). Delegates believed that other

organisations and Local Authorities would have no authority to do this and as such it was felt that this would be impractical.

Gaps

Fieldwork participants noted that currently there is no national pathway, which would be necessary in order to ensure implementation of the recommendation. It was felt that NICE could provide a pathway and clarify stages, and that would have positive impact and great benefits for practice. However, it was recognised that this could increase workload for those currently involved in notifications, which would need to be resourced.

4.12.5 Recommendation 35: carrying out health reviews

Content and wording

It was felt by some workshop delegates that the recommendation should be reworded to cover holistic health assessments. It was also suggested that the definition of health reviews should be provided or tightened as one interviewee was unclear whether this recommendation was covering a full health review or health assessments, and some workshop delegates wanted further clarification on what a health review is – whether this is referring to a health assessment or other health appointments.

It was also felt by some workshop delegates that the recommendation requires further detail on what constitutes appropriate training, and that the quality of this training would also need to be defined. Who the most appropriately trained and skill professionals are, to carry out the health reviews will need to be clarified.

Factors affecting implementation

Factors identified affecting implementation included:

- A lack of advance planning as well as **resource** issues. Workshop delegates stated that currently GPs are relied on to do this (health reviews) for children in out of area placements, though some commented that they may not be the most appropriately trained professionals to undertake reviews. One interviewee suggested that it may be appropriate to involve a dedicated nurse to build relationships to help the process, particularly as this can become a contentious issue as children become young people.
- Another interviewee commented on the issue of **payment** in that some areas do pay for the assessments; however, in their area the view is that initial and routine health assessments are in the best interests of the child and therefore they do not pay for them. It was suggested that it would be helpful if nationally assessments were not charged, and that then any further specialist assessments could be charged.
- Another interviewee felt that getting children who in out of area placements assessed is the biggest issue. It was suggested by another interviewee that a national protocol with a standard report would be helpful particularly to those children moving from one area to another. The need for a clear **referral pathway** was also suggested from workshop delegates.
- It was stated that there would be an impact on **training** (in terms of being able to carry out a health review to high standard).
- It was also felt that the recommendation puts the onus on just the health industry, where as

relationships with **partner** agencies and contracting services should also be covered.

4.12.6 Recommendation 36: providing a health summary update

Content and wording

Workshop delegates felt that further clarification surrounding the health plan is needed, specifically in relation to what is included e.g. mental health, physical health etc. A definition for 'health plan' needs to be included.

It was felt by some workshop delegates that health records need to include emotional wellbeing records, as well as general health. It was felt to be valuable in providing an accessible overview of consistent information to a number of professionals.

Gaps

Delegates also said that there may be good practice throughout the country and this needs to be identified and included in the recommendation. For instance, it was noted that the summary should be updated after every health assessment, as is currently done in one county, but this is not the case nationally. It was also noted that though assessments are done, summaries may not necessarily be completed.

Some delegates also stated that the recommendation could be included in a care programme. A Joint Commissioner interviewed felt that a clear strategy needs to be in place and it is already captured in other documents, e.g. Every Child Matters.

Impact

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. Delegates and an interviewee suggested that there needs to be a designated role in place to co-ordinate the actions seen within the recommendation.

Finally, it was felt that the recommendation would help ensure that assessments are conducted more quickly; and that services are accessed.

4.12.7 Recommendation 37: commissioning assessments for court processes

Content and wording

Delegates stated that a looked after child is referred to CAMHS *during* legal proceedings and not when this is *completed*, and as such this needs to be reflected within the recommendations.

Delegates also stated that liaison with other services need to be recognised within the recommendation as well. Some clarification was felt to be required in relation to the following:

- The use of 'courts' in 'who should take action' needs to be more specific.
- The assessments referred to in the actions need to be clarified, for example, whether these are independent assessments, what assessments for which processes
- It was felt that 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.
- It was also suggested that a separate version of the information in this recommendation should be produced for children, written in appropriate language. In addition some delegates also noted that the child should be the only person who owns this information/

assessments, with this following the child when they move.

Impact

Mixed views were provided by delegates with regards to impact, some stated that the recommendation would have no real impact; however recognised that it could improve communication and quality of assessment of the child, whilst other suggested that 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.

Delegates noted that there would be no point carrying out assessments (and therefore impact would be limited) if children do not receive appropriate help and support in light of the outcomes – assessment and support services need to be linked.

Barriers

Confidentiality issues were cited as a barrier e.g. having access to parental health information would be difficult. Further to this, delegates also noted that the courts needs to understand the purpose of the assessments and the implications of them.

Gaps

There were other omissions in the recommendation that were identified including:

- No mention is made of therapeutic work within the recommendation, e.g. timing, the effect on assessments of significant harm, and how to address corporate parenting responsibilities that may be undermined by the court system.
- Sharing of reports during court proceedings, which are considered the property of the court rather than the child, and will only be shared after the proceedings have been concluded, (which can take a year or more).
- 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 interface between clients.
- It was also noted that legal advisors or professionals rarely ask for advice from health professionals. It was felt by some interviewees that they would need training on report writing and the court system (telephone interview, Family Assessment Practitioner). It was also suggested that the courts and Practice Managers would need to be clear about the commissioning processes used, and that there should be a standard approach in ensuring the ongoing welfare of the child or young person.
- A Joint Commissioner interviewed felt that there is a need for consistency on who is used, how they are involved and the quality of services provided. Therefore, they would welcome a list of recommended professionals that have reasonable costs.

4.12.8 Recommendation 38: carrying out a leaving-care health consultation

Wording and content

Clarification points raised by delegates included: whether the consultation needs to be provided at a particular age, (for example, at or before 18 years old); whether this is a special consultation; how is the process be managed if the young person is still in full-time education or continues to receive foster care beyond 18 years;

Impact

Although recognised to be extra work for the professionals involved, the consultation was thought to provide an opportunity to discuss ongoing health care and to review health plans. It was therefore expected to have a positive impact and require an adaptation to current practice. The recommendation was anticipated to have the greatest impact if the information were to be provided to the child by a professional they know.

Barriers

Delegates felt it important that the young person is aware of and prepared for knowing the outcomes of these assessments, and that they want to take part in the actions stated. A degree of flexibility was believed to be necessary otherwise to enable young people to obtain such information as that stated at a later date. It was also suggested that the child's personal advisor hold the details on their behalf. Delegates questioned the need to provide a young person with their medical history upon leaving care and also queried the feasibility of this.

Gaps and suggested amendments

Delegates were clear the final sentence on 'preference for a consultation or written material' should not provide Local Authorities or PCTs a loophole if they are pressed for time or money; information would need to be presented in a language for the young person to understand; a follow up consultation may be required.

4.13 Access to dedicated services to promote the mental and emotional wellbeing of children and young people in care

4.13.1 Recommendation 39: commissioning mental health services

Content

Delegates believed that services promoting mental wellbeing should take place at an independent location and not at the same location as children's services. A greater emphasis on emotional wellbeing rather than just mental health was suggested, as well as stating more explicitly 'who should take action' in this recommendation.

Impact

The recommendation was thought to be "*hugely needed*" and "*vital*", stating that "*this is probably bigger than all the others [recommendations] put together*" (Telephone interview, Designated Nurse). Delegates and interviewees believed that it would greatly improve outcomes for looked after children as commissioners may be prompted to fund specific services.

Implementation

Training for foster carers and parents was thought necessary to explain what is meant by mental health in the context of a child, in terms of diagnosis and attachment; also the role that carers should take in promoting positive mental health and parenting. It was suggested that CAMHS workers be integrated into the LACYP teams, so that such teams are able to provide a holistic service.

Feasibility

With regards to feasibility, delegates stated that many services do not have paediatricians and that good communication (between services) is needed. Delegates also noted that the recommendation

states ‘continuing with and completing a therapeutic intervention after the young person reaches the age of 18’: this is important, but fails to recognise that CAMHS teams at present only work with LACYP until the age of 18. Workshop delegates stated that the views of young people should be listened to, to find out what services they want and need.

Barriers

Barriers identified included: cost implications and a need for a change in culture and attitude and the capacity of CAMHS to provide the services suggested.

Gaps

Gaps in the recommendation included: further detail surrounding clinical support such as Dyadic Developmental Psychotherapy (DDP); trauma, kinship care, special guardianships, residential and care placements should also be included; and social workers (LACYP and fostering), foster carers and parents should be included in ‘who to take action’.

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

Delegates supported acknowledgement of the needs of young people in secure accommodation by this recommendation.

Content and wording

One interviewee stated it was “*unclear as to whether this recommendation was seeking to strengthen the current process or wanting a new process*” (telephone interview, family assessment practitioner), hence clarification is needed. A workshop delegate also suggested that reference to a paediatrician should be replaced with “*relevant health professional*” (London Workshop, 04/03/10, Morning session). Additionally it was suggested that the recommendation should specify that the assessment is thorough and age-appropriate when undertaken.

Feasibility

The recommendation was deemed feasible as it was thought possible to fit into current processes relatively simply, with some elements already being undertaken. One Commissioner reported the existence of a similar system already in place: this participant reported that they “*commission out*” if they don’t have a paediatrician available and inter-agency working with YOTs is also used when dealing with this group of children. It was also reported that mental health assessment includes forensics, but many CAMHS teams do not have access to these professionals. Further details on how this recommendation could be carried out in youth offending services and prison services were thought necessary.

Barriers

It was noted that training would help address a lack of expertise in terms of forensics input, and awareness of issues of institutionalisation.

Gaps

Delegates stated that there should be more emphasis on the role of CAMHS and mental health as most young people in custody do have underlying mental health needs. Emotional and developmental issues should also be taken into consideration. In addition, the Advanced Nurse Specialist suggested that something similar for those in residential care would be useful as a separate recommendation.

4.14 Supporting education for looked after children and young people

4.14.1 Recommendation 41: developing teacher training

It was suggested that the recommendation would raise awareness among teachers of the issues faced by looked after children and how best to support them.

Impact and implementation

Delegates informed that they were already working collaboratively with schools, and felt that greater emphasis is needed to incorporate the contents of the bullet points of detail into the core training of relevant professions such teachers, teaching assistants, HLTAs, social workers, pastoral managers and school nurses. The board member (responsible for strategy and selection of a national programme to engage young people with a history of care in accessing art) interviewed suggested that it would be useful for trainee teachers to have clear guidelines and to make them aware how they can access support, which could be related to roles of the virtual head teacher or designated teacher.

Feasibility

It was considered more feasible to adapt the way in which a teacher goes about considering the holistic needs of a child, rather than developing an additional isolated module. Any changes to curriculum, it was suggested, would require additional funding, though other requirements such as expertise were already in place. This would help with implementation.

Gaps

It was also suggested that any changes would need to be driven by or (at least) involve the Teachers' Development Agency. Furthermore, it was reported that the recommendation fails to acknowledge the need to keep updating knowledge and attitudes, and therefore the need for ongoing training, which has resource implications in terms of support and training.

4.14.2 Recommendation 42: involving designated teachers

Impact

Interviewees suggested that the recommendation would enable continuity of care and accountability multiagency working and the needs of looked after children to be better met, although dependent on the time devoted to its implementation. It was praised for allowing the personal education plan (PEP) to be integrated into the child or young person's care plan, and it was suggested that the recommendation could be used as a performance indicator for education.

Barriers

Suggestions were made for a multi-agency person to undertake the role based at the school, but not necessarily a teacher, as this may help address time and resource barriers.

Gaps

Gaps identified included involvement of the designated teacher in the care planning review and process review; how to overcome communication barriers between social workers and designated teachers in order to satisfy the last bullet point; potential confidentiality issues are not covered in the recommendation.

Suggested amendments were to include social workers under 'the target population' (board member); expand 'who should take action' to include educational professionals and not just head teachers; define clear boundaries and roles for social workers and teachers; link training to designated teachers' continual professional development (lecturer).

4.14.3 Recommendation 43: role of virtual head teachers

Content and wording

'Target population' should refer to head teachers and not the 'virtual head' this was deemed insufficient to convey a real person. Further detail surrounding the post referred to in the recommendation was thought necessary to ascertain who would undertake the role and how this would be done e.g. was it to be a new post? The recommendation was thought to allude to communication with different professions and agencies, 'sharing good practice', yet this should be made more explicit.

Impact

It was expressed that the recommendation would provide a more targeted and focused service to support young people (Registered Manager and a board member). The suggested role was reported to have been successfully piloted in some local authorities (Registered Manager Senior Lecturer).

A key facilitators to successful implementation were high standing and empowerment among professionals undertaking the role of virtual head teacher, with clear responsibilities. It was deemed positive that this individual is listed as responsible for maintaining a register of all looked after children who are in out of area placements .

Barriers

It was considered to be too onerous to include the role and responsibilities specified within an existing role, and furthermore, it was thought that the governing body of a school would also require support in addition to staff training and resource. The registered manager of a childrens home suggested that if a young person is not seen by their school, the funding should instead be

directed towards pastoral support to enable the child to be seen at home.

Reluctance of schools to share information freely with the virtual head was also thought to be a potential barrier (Senior Lecturer), hence support of local schools and high level buy in was believed to be imperative.

Gaps

An additional role suggested was to assign excluded children to particular head teachers so as to ensure that there was direct responsibility in addressing their needs (Registered Manager).

It was suggested strengthening the recommendation to capture the substantial numbers of looked after children that are in out of area placements in relation to their specific needs (Local Authority advisor and board member). It was not felt that the recommendation addresses children who are long term excluded and managed by an alternative education means (registered manager and senior lecturer), e.g. would the virtual head be responsible for finding alternative education and checking whether it was meeting the needs of a child. Interviewees felt that the role of the carer, social worker and designated teacher were omitted and should be incorporated into this recommendation, along with senior managers, so that designated teachers are then accountable to them.

4.14.4 Recommendation 44: accessing further and higher education

Impact

This recommendation was supported with interviewees stating it provides a pathway addressing specific issues, which should reportedly be happening already through “Widening Access to Higher Education” (Telephone Interview, Senior lecturer) policies and Aim Higher initiatives implemented by some universities. Furthermore, this recommendation could be seen as an argument to revitalise leaving care teams who offer skills to help young people cope with their transition to adulthood, and who network with other professionals involved in young people’s lives.

Feasibility

Supporting foster carers for those beyond 18 years, e.g. holidays (Local Authority advisor and senior lecturer) and extending provision for those leaving care, e.g. physical and emotional support (registered manager and board member) were considered facilitators to implementation.

Furthermore, having dedicated support to actively assist children in care accessing further or higher education system, linked to the role of the designated teacher (recommendation 41) was also suggested.

Barriers to effective implementation

Funding was the primary barrier identified, yet Kids Company who provide practical, emotional and educational support to vulnerable inner-city children was cited as an example of an approach that offers marginalised young people a support package that includes financial support.

Gaps

Respondents felt that more guidance on support available to help address the issues faced by young people during their experience of further or higher education, e.g. tackling isolation. Further omissions cited with reference to this recommendation included: eligibility to bursaries and financial support opportunities; emphasis on having a consistent adult presence providing interest and support through a higher education experience (lecturer); raising awareness of looked after children issues with adult student services and tutors; and further consideration of how to ensure

the content becomes and remains standard good practice

4.14.5 Recommendation 45: entering higher education

Impact

All interviewees supported this recommendation, one of whom stated that it would “*make the system more fair*” (telephone interview, Lecturer) by giving a support package to young people who are at a disadvantage.

Feasibility and implementation

Examples were given of where this recommendation was already being implemented at present, and reference made to the Frank Buttle Trust quality mark; hence it was considered feasible to implement. It should be noted that three of the six interviewees were unaware of this quality mark, which may therefore benefit from active promotion. It was suggested that attitudinal change was pivotal, along with training of and input from frontline staff, social workers and carers on assisting young people with their decision to undertake further/higher education, what is available and how to access it. It was reported that partnership working with educational professionals would help them keep up to date with changes.

Facilitators

Accommodation, e.g. flexibility in terms of staying on campus and working with the Local Authority to identify appropriate alternative accommodation, was believed to be influential to the successful implementation to the recommendation, along with the training of mentors to address issues such as why a child or young person would be in care, boundaries that may need to be kept and confidentiality.

Gaps

- Gaps identified included: reference to further education institutions, and them being well informed to provide adequate support and commitment to looked after children and young people, particularly who may be moving away from an area - such that continuity of support is ensured; inclusion of further agencies under ‘who should take action ‘ aside from ‘universities and higher education colleges’. Additionally, incorporate consideration for holiday time, which presents a high risk, into the recommendation amending the second bullet point of detail to “*...and/or provide alternative accommodation at holiday time*” (Telephone interview, Lecturer & Senior Lecturer).

4.14.6 Recommendation 46: funding education

Impact

All interviewees agreed with the approach to ring-fence money targeted for further or higher education as it would help to create expectations of change, create a target base and focus services on delivery.

Content feasibility

The lecturer provided the following comments on the recommendation, which are outlined below:

- The designated teacher and virtual head teacher should be involved in working out the best way to use the money, so that they can make links between the various recommendations.
- This subject area would require people to work together and ensure that there are proper

plans in place for a young person.

- It would be difficult to change the system to allow for the funding to be kept separate, but it is unclear the extent to which this would be a barrier.

4.15 Preparing to leave care and leaving care

4.15.1 Recommendation 47: preparing to leave care

Content and wording

The recommendation was reported to represent what is already happening in current practice. Revisions suggested included: reference to leaving *all* care as opposed to ‘leaving kinship care’ as stated in the third bullet of detail; and further detail surrounding the transition from children’s to adult services, and whose responsibility it would be to address the child’s needs around this time.

Impact

It was thought that the recommendation could potentially impact on looked after children and young people in reducing levels of fear and anxiety among care leavers about their future and life chances.

Barriers

Different staffing structures across local Authorities (some of which may not have no senior manager or the leaving care team may have been moved outside of the looked after children services) were reported; with greater multi-agency working suggested as a facilitator to overcoming this, as well as input from the young person themselves. A gap in CAMHS between the children’s service, up to age 16 in some areas, and the adult service, starting at the age of 18 was thought to be addressed with the provision of mentoring support to the age groups in between services through the young person’s network. Concern was expressed for the feasibility of allowing care leavers the option of remaining in a foster home or care setting due to resource, staffing, training and access barriers; “*not remotely feasible over the next 24-36 months*” (Telephone interview, leaving care manager).

Gaps

Cross-referencing where recommendations may be linked or overlap was also suggested, specifically with recommendations 38 and 39.

4.15.2 Recommendation 48: providing leaving-care services

Impact

Stakeholders were supportive of the recommendation stating “*it would be a phenomenal leap forward*” (Telephone interview, Designated LAC Nurse). It was hoped that the recommendation would help raise care standards and set a benchmark of expectation for leaving care services, in addition to: raising awareness of, and signposting to the options and support available to young people, i.e. assistive services, mentoring and resources. A lack of good standards with which to measure education and employment success among the complex and diverse group who are care leavers respondents thought would hinder measurement of the recommendation’s impact at a later date.

Content and wording

Further clarification was sought regarding: what was meant by ‘children and young person’s plan’

mentioned within the first bullet of detail; and the age range that leaving care services would be expected to cover as the former recommendation, 47, refers to service provision for those beyond the age of 18.

Feasibility and barriers

Many delegates reported the vast majority of actions recommended were already evident in current practice. However, resources and the availability of services in different areas delegates thought would affect feasibility, in addition to access to childcare which may influence the uptake of the services where they are made available.

Gaps

Further consideration for physical needs along with training in life skills was thought necessary due to the likely emotional and cognitive under development of looked after children and young people who may not feel ready for life changes such as employment and non-dependent accommodation. A pre-apprenticeship scheme was suggested in order to raise personal awareness and confidence, often lacking among care leavers; as was extending their support and job seekers financial allowance in order to afford care leavers the time to ease through the transition from being a looked after child to adult independence.

4.15.3 Recommendation 49: transferring to adult mental health services

Impact

Delegates felt this recommendation may improve outcomes (e.g. employability) for looked after children and care leavers, as well as increasing CAMHS access.

Implementation

It was reported that referrals are made to GPs in locations where there is no provision of a CAMHS service, hence implementation was anticipated to be challenging due to resource pressures. It was however suggested to extend children's services up to the age of 25, reallocating service funds as necessary. Not all delegates felt that extending CAMHS would assist young people to transfer from child to adult mental health services, with suggestions made to better link the two services or a develop a sub-area of the adult service for young adults to prevent such a 'blanket approach'.

Barriers

It was reported that in some areas child CAMHS cease at the age of 16, hence there is a gap between that and the adult service provided for individuals 18 plus. Furthermore, young people can "get lost" between the referral stage and being seen.

Other barriers identified included; lack of support across services; a reported need for presentation of an enduring mental illness before a young person can be referred; a blanket approach adopted in adult mental health services for persons aged 18 and over; lack of support for persons who fail to attend appointments, who are then often easily dismissed from adult services; detail and knowledge surrounding how best to transfer young people between services.

Telephone interviewees suggested the use of hospital early intervention teams, outside both child and adult mental health services and who reportedly "*do outstanding work in partnership with personal advisors*" (telephone interview Personal Advisor within an LAC leaving care team), to help ease resource pressures and demands placed on the specialist mental health services. It was suggested that this service be listed under 'who should take action'.

4.15.4 Recommendation 50: inspecting services for care leavers

Impact

Respondents reported that this recommendation would increase the quality of service provision.

Content and wording

Clarification surrounding what is to be inspected was thought necessary. Amendments requiring re-wording, attention or inclusion were: housing providers; Local Authority education and training courses; and Leaving care teams, with reference to their allocation of cases, consistency of allocation and changes of workers, stability of placement post 18, quality provision, pathway plans and financial policies. Moreover, the content wording of ‘adequate provision’ was deemed inappropriate, with suggestions made to replace this with “*high quality provision*” (London workshop).

Implementation

Linking with statutory bodies such as Ofsted and the Care Quality Commission delegates believed would need to be done at local level so that feedback is meaningful, so as to enhance effectiveness and implementation of the recommendation. Further information of how Looked After Children Teams are expected to interact with Ofsted and the Care Quality Commission was deemed necessary for the recommendation to be most effective.

4.16 Training professionals

4.16.1 Recommendation 51: developing a curriculum for core training

Impact

Respondents 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. Only one respondent (telephone interview, head of CAMHS LACYP service) did not think the recommendation would improve the outcomes of children .

Content and wording

It was suggested that Health professionals be listed under ‘who should take action’. The issue of over-training was raised, along with a need to recognise which areas staff need to be trained in.

Barriers

Those mentioned included: the stigma associated with LACYP, e.g. as having low educational attainment; training capacity, in terms of materials and staff to deliver it, as well as the willingness of managers to release staff to attend. The recommendation was thought to need a top down approach, enlisting buy in from the top, at government level, to then filter down to frontline staff.

Facilitators to implementation

It was thought necessary to roll out training on a national level in order to account for the large proportion of out of area placements and via different mediums e.g. e-learning. Furthermore, it was thought that greater support would be gathered if training were to be accredited e.g. NVQ to encourage professionals to support and attend.

Gaps

Suggested gaps within the recommendation included: the inclusion of schools or teachers, children with learning or physical disabilities, and asylum seekers or young people in Young Offenders Institutions (YOIs); reference to court processes and funding issues; information regarding sibling contact and reference to young care leavers.

4.16.2 Recommendation 52: training social workers to support looked after children and young people in educational setting

Impact

Respondents felt that much of this recommendation is already being implemented as a result of existing guidance, hence many delegates assumed that this was aimed towards health professionals where relevant skills may be lacking, however, this needs to be made explicit.

Barriers

Respondents identified a lack of overlap in training received by health and education professionals: teachers receive little training on looked after children, and social worker/carer training includes very little content on education. It was thought better integration needs to be seen for this recommendation to have the greatest impact.

Implementation

It was not felt that the recommendation linked in with existing training. Respondents believed that the recommendation would be most beneficial if it were to signpost professionals to training available. It was reiterated that uptake of training would increase if the recommendation were to be linked with a portfolio of competence or recognised accreditation.

Gaps

It was reported that, currently, no dedicated part of the training looks into the history of the child or understanding why the child is looked after, nor is there a focus on the team and individuals around the child. Additional gaps in the recommendation identified included: encouraging local level training to ensure that professionals are able to train in areas specific to their current job role and location; the inclusion of educational professionals under 'who is the target population'; links with Targeted Mental Health in Schools; reference to court process and related issues; mention of the difficulty kinship carers face in obtaining a place in school; inclusion of children with learning disabilities although, it is thought that a significant number of looked after children suffer from undiagnosed learning difficulties.

4.16.3 Recommendation 53: training for independent reviewing officers

Impact

Respondents generally reacted positively to the recommendation and felt that IROs would benefit enormously from its content and the ability to understand the issues, difficulties and rights of looked after children.

Content and wording

Respondents perceived this recommendation as slanted towards education, and not focused as much on health. Further detail was suggested to include the incorporation of the training specified into their contractual arrangements when commencing post.

Implementation

Inconsistency and duplication was noted surrounding data storage: one respondent said that IROs and CAMHS LACYF 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 is not proving effective and there are no other means available at this time. Furthermore it selecting IROs from a wider discipline base and not just from a social work setting was also suggested.

It was thought necessary that training specified takes place at a local level as well as ensuring that 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*” (telephone interview, family assessment practitioner).

Gaps

Gaps identified in this recommendation included: the role of the designated teacher and how they link in with looked after children and IROs; reference to CAMHS service and how emotional and mental health is addressed.

5 CONCLUSIONS

5.1 General feedback on the recommendations

Overall the recommendations were received well and it was generally reported that they exemplified best practice, although this was not a unanimous opinion. The recommendations were reported to reflect the DH/DCSF guidance, however it was stated that the link between the two sets of guidance needed to be clearly stipulated.

There were elements of the recommendations that stakeholders were very pleased to see. These included:

- Kinship care;
- Recognition of care leavers;
- Emphasis on health and wellbeing;
- Use of emotive language such as ‘love’.

There were a number of areas that respondents identified as not being adequately covered in the recommendations. More detail was required on:

- Specialist residential child care, particularly in reference to the stability of placements, costs and charging;
- Looked after children, carers and social workers keeping in contact with birth families ;
- Information and support for children returning from care to vulnerable families;
- Agencies working together – although the draft guidance outlines good intentions for collaboration, there was a desire to see more robust suggestions on how this can be implemented in practice;
- Access to social care staff, health visitors, school nurses and other professionals;
- Continuity and consistency of staff supporting a child – the recommendations do cover this issue, however the tools and resources are needed to ensure that this takes place.

Reference also needs to be included within the recommendations to:

- Voluntary agencies;
- Drug and/or alcohol abuse in families and the association of this with looked after children;
- Communication skills to broach sensitive subjects such as family history;
- Multi-dimensional treatment foster care;
- Examples of how to provide support services for carers and adolescents, an approach which is supported by social care theory; and
- Needs of the parents (social, health and parenting needs).

5.1.1 Content

The recommendations were reported to be well-written, however there were a number of suggestions on improvements to the content of the recommendations including:

- Providing a greater level of detail on the actions that need to be taken within the recommendation, particularly for commissioners;
- Detailing clearly the skills and expertise required;
- Specifying more accurately those responsible for taking action on the recommendation and avoiding referring to a large organisation/authority without specifying the job role;
- Considering including parents and looked after children (where appropriate) in the ‘who should take action’ section of the recommendations.
- Ensuring that there is adequate cross-referencing within the document and between sets of recommendations.

5.1.2 Feasibility of the recommendations

Overall, it was suggested that the recommendations (in the main) were feasible to implement if there were sufficient resources, staff and funding, such as ring-fenced funding dedicated to this area. Therefore, a greater number of specified actions should be placed on commissioners of services.

Further clarification on how the content of the recommendations could be achieved was requested. Variations in services within each area needed to be considered, as well as access to specialist services within areas needed to be reviewed, as these may otherwise present challenges for practitioners.

Training was picked up as an area of weakness in practice and some suggestions were put forward to complement those within the recommendations. Foster carers were a specific group identified as needing better training provision and suggestions were raised to utilise evidence-based training. It was also stressed that professionals and practitioners need to be adequately trained before they start working, as well as benefiting from continuous professional development.

Suggestions were raised to support the training aspect of the guidance such as accreditation of training, as this would increase the credibility of training provided.

5.2 Implementation support

Specific issues were picked up when considering the implementation of the recommendations:

- Consideration of the practical challenges involving specific professionals (e.g. paediatricians) and challenges to utilising services (e.g. CAMHS teams’ stretched resources);
- Supporting the improvement in communication within and between different agencies;
- Clear guidance for commissioners, and clarification on the role of commissioners within the recommendations;
- Administration support to alleviate the burden of administration work from social workers, this allowing them to focus on practical work;
- More detail required on who is responsible for implementing the recommendations and signposting of support for implementation;

- Independent Reviewing Officers could be utilised to oversee where the recommendations are being implemented;
- Ensuring that the implementation process clarifies clear leadership responsibilities for the recommendations.

Practical suggestions for implementation of the recommendations included:

- Signposting to relevant materials that would assist with implementation;
- Linking with other guidance, legislation and initiatives;
- Signposting to provision (e.g. government funding) that may be used to support implementation;
- Providing more detail on who would be responsible for implementation of the recommendations;
- Incorporating an accompanying document with the guidance to illustrate best practice and the best ways to go about achieving the actions stated.

5.3 Presentation of the draft guidance

A number of suggestions were put forward to ensure that the guidance document was easy to use and access.

Firstly it was suggested that a contents page could be added to the document to allow users to search for specific recommendations.

Secondly some feedback suggested support for the current layout of the guidance (e.g. a topic-based approach), while other feedback suggested that enabling users to search by job role may be more effective. One approach that could be adopted here is to have a matrix of topics (see Table 3 for example).

Table 3: Example matrix for guidance

| Topic | Recommendation | Who should take action? | | |
|----------------------|-------------------------|-------------------------|-------------------------------|----------------|
| | | Children's Trusts | Looked after children's nurse | Social workers |
| Strategic leadership | <i>Recommendation 2</i> | * | | |
| | <i>Recommendation 3</i> | | | |

Suggestions were put forward that it would be useful if the recommendations could be accessed in 'bite size chunks' and 'dipped in and out'. Ideas such as providing the guidance in a DVD or CD-rom and/or developing an online tool to access the guidance were suggested.

5.4 Dissemination of the draft guidance

A number of avenues were suggested for dissemination of the guidance including a launch event and regional workshops across England.

In addition, a number of other approaches were suggested including:

- Utilising agencies and professional bodies to promote and disseminate the guidance;
- Emailing main contacts at local authorities to disseminate the guidance through line management;
- Advertising via the media (e.g. radio).

APPENDIX A: DETAILED METHODOLOGY

5.5 Overview

The fieldwork comprised of three main activities:

4. Eight half-day workshops with practitioners from Local Authorities, PCTs/NHS, independent childrens homes etc.;
5. Forty four telephone interviews covering sub-topics within the recommendations including:
 - a. Training professionals (six interviews);
 - b. Supporting education for looked after children and young people (six interviews);
 - c. Black and minority ethnic children and young people who are looked after, and children and young people who are unaccompanied asylum seekers (six interviews);
 - d. Sibling placements (four interviews);
 - e. 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 (five interviews)
 - f. Promoting quality of life of the child (five interviews);
 - g. Care planning, placement and case review (five interviews);
 - h. Leaving care and preparing to leave care (three interviews);
 - i. Foster care (four interviews).

For each of the nine topic areas above the telephone interviews were summarised into a single summary document that compared and contrasted the findings from each interviewee, these can be found in Appendix C of the report.

6. A content analysis to identify themes of feedback. Sections 3 and 4 of this report provide a synthesis of feedback from all parts of the fieldwork. The summaries of the workshops and summarised telephone interviews are within Appendix C and D of the report.

All respondents received briefing materials and questions prior to the sessions, and were provided with summaries of their sessions for approval. All workshops were scheduled for March 2010 in order to meet the project schedule. Telephone interviews were conducted in February 2010 and March 2010, again to comply with the project schedule.

The workshop topic guide was developed through close liaison with the teams at NICE and SCIE, to ensure that the key research questions were addressed. The topic guide and telephone interview proforma also adhered to 'Methods for development of NICE public health guidance' (2006).

The topic guide was structured to ensure that practitioners had a comprehensive understanding of the background, aims and outcomes of the fieldwork. The topic guide was split into two main sections. The first section raised questions on the recommendations as a whole, and included questions in seven main categories pre-agreed with the research teams at NICE and SCIE:

8. Relevance;
9. Content;
10. Feasibility;
11. Implementation;
12. Inclusiveness;
13. Previous experience;
14. Experience.

Each question under these main categories included prompts to give the facilitator the means to explore the subject in more detail.

The second section raised questions to be addressed to each recommendation. This included questions on the wording, implementability, factors affecting feasibility, barriers and impact for each of the recommendations.

The telephone interview proforma was developed using the workshop topic guide as a basis.

Due to the large number of recommendations detailed within the guidance document the recommendations were split across four workshops in London and four workshops in Manchester.

5.6 Recruitment of workshop delegates

The recruitment for the workshops was performed by Greenstreet Berman Limited with support from the Social Care Institute for Excellence. Key practitioners were selected from the SCIE database and an email was formulated to be sent out to each practitioner. Approximately 40,000 SCIE contacts were sent an email invitation to the workshops.

Greenstreet Berman also sent out additional invitations by direct email. These were identified from:

- NICE's practitioner list (the physical and emotional health and wellbeing of looked-after children and young people⁷);
- An internet search of organisations using key terms such as: PCT, Directors of Public Health, Youth Offending Team, Social Worker, Looked After Children's Teams, Children's Trusts;
- Intermediary organisations sent out an email invitation to their members (this included the National Centre for Excellence in Residential Child Care).

A list of 1,300 individuals was developed covering London, South East England, and North West England, with their names, their organisation name and email addresses.

⁷ <http://www.nice.org.uk/guidance/index.jsp?action=download&o=38942>

They were contacted via an email to request the attendance of a representative of their organisation at one of the eight scheduled workshops (four in London, four in Manchester). The invitation outlined the purpose of the workshops, the scope of recommendations and who they are aimed at, and why the content of the recommendations would be of interest to each group.

All individuals that booked onto a workshop were sent a copy of the draft recommendations included as part of their delegate topic guide in advance of the workshops.

As noted in Table 1, 95 delegates attended the workshops.

Table 4: Number of delegates per workshop

| Workshop | Number of delegates that agreed to attend | Number of delegates that attended |
|--------------------------|--------------------------------------------------|------------------------------------------|
| London: 2 March, am | 21 | 16 |
| London: 2 March, pm | 17 | 11 |
| London: 4 March, am | 17 | 17 |
| London: 4 March, pm | 17 | 11 |
| Manchester: 10 March, am | 20 | 12 |
| Manchester: 10 March, pm | 26 | 11 |
| Manchester: 11 March, am | 23 | 12 |
| Manchester: 11 March, pm | 18 | 5 |
| Total | 159 | 95 |

5.7 Conducting the workshops

The eight workshops held in London (four) and Manchester (four) ran for three hours each. A workshop plan was put together to detail which subsets of recommendation were to be covered at each workshop. This was to ensure that there were a manageable number of recommendations (e.g. below 10) to be covered at each workshop.

The table below shows which of the recommendations were covered at each of the different workshops.

Table 5: Topic areas and recommendations covered at each workshop

| Workshop | Topic areas covered | Recommendations covered |
|-------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|
| London 2 March, am | Foster care Preparing to leave care and leaving care Promoting the quality of life of the child | 14, 15, 16, 17 47, 48, 49, 50 18, 19 |
| London 2 March, pm | Residential, foster and kinship placements for children and young people Care planning, placement and case review Kinship care | 8, 9, 10 7 11, 12 |
| London 4 March, am | Promoting the health of the child or young person Access to dedicated services to promote the mental health and wellbeing of the children and young people in care | 31, 32, 33, 34, 35, 36, 37 |
| London 4 March, pm | Performance management Strategic leadership Multi-agency working Kinship care Supporting babies and children from 0-5 years | 1 2, 3 4, 5, 6 11, 12 20, 21, 22 |
| Manchester 10 March, am | Foster care Preparing to leave care and leaving care Promoting the quality of life of the child | 14, 15, 16, 17 47, 48, 49, 50 18, 19 |
| Manchester 10 March, pm | Residential, foster and kinship placements for children and young people Care planning, placement and case review Kinship care | 8, 9, 10 7 11, 12 |
| Manchester 11 March, am | Promoting the health of the child or young person Access to dedicated services to promote the mental health and wellbeing of the children and young people in care | 31, 32, 33, 34, 35, 36, 37 |

| Workshop | Topic areas covered | Recommendations covered |
|-------------------------------|-----------------------------------------------|--------------------------------|
| Manchester 11 March, pm | Performance management | 1 |
| | Strategic leadership | 2, 3 |
| | Multi-agency working | 4, 5, 6 |
| | Kinship care | 11, 12 |
| | Supporting babies and children from 0-5 years | 20, 21, 22 |

For each workshop there was a lead facilitator running the proceedings; with a second facilitator acting as scribe in the plenary sessions, and as facilitator in the recommendation-specific review. All workshops sessions were recorded, consent for which was obtained from all delegates at the beginning of the workshop. The session consisted of:

- Introduction and housekeeping – 10 minutes;
- General review of the guidance as a whole – one hour;
- Tea break – 10 minutes;
- Recommendation specific review (in which the workshop broke into two smaller groups with facilitators moving between groups to ensure adherence to the agenda, and each group discussing a subset of recommendations) – one hour and 35 minutes;
- Evaluation of the workshop – five minutes.

In total 95 delegates attended the workshops. Although this was a lower figure than anticipated, the information gathered and the range of delegates and responses given was nevertheless enormously valuable to the fieldwork. The disciplines of delegates were all relevant and appropriate to the subject matter.

On completion of the workshops a summary was written up by the facilitators. This summary (Appendix C) was then forwarded to the delegates for any additional comments and for their approval.

Listed below is a summary of the evaluation worksheets that were received from delegates on completion of each of the four workshops. Delegates were asked to answer each question on a 10 point scale (1 = not at all/poor, 10 = definitely/excellent).

Table 6: Average evaluation score for workshops

| Questions posed to the delegates included the following | Average score (max score 10) |
|----------------------------------------------------------------|-------------------------------------|
| Were the key points covered? | 7 |
| Did the workshop satisfy its objectives? | 7 |

| Questions posed to the delegates included the following | Average score (max score 10) |
|-----------------------------------------------------------|------------------------------|
| Was the length of the workshop adequate? | 7 |
| Please rate the standard of facilitation. | 7.5 |
| Please rate the quality of written materials/visual aids. | 7 |

5.8 Recruitment and sampling for telephone interviews

A list of over 200 pertinent contacts was developed by an internet search of organisations and by members of the PDG providing additional contacts. The contacts were telephoned to explain the purpose of the fieldwork, the scope of the recommendations and to request an interview. In total 80 contacts were approached to take part in a interview, 44 interviews (and nine summaries) were completed. The types of stakeholders that were contacted included:

- Summary 1 – Training professionals:
 - Multi-agency Team Manager,
 - Director of Services,
 - Operational Manager for Community Services Young Persons' Directorate;
 - Head of CAMHS LACservices;
 - Social worker;
 - Nurse specialist of a LAC service.
- Summary 2 – Supporting education for looked after children and young people:
 - Professional adviser for children's services;
 - Senior Lecturer;
 - Senior Lecturer;
 - Registered manager;
 - Social worker;
 - Registered manager Children's Home.
- Summary 3 – Black and minority ethnic children and young people who are looked after and unaccompanied asylum-seeking children and young people who are looked after:
 - Specialist nurse for looked after children and young people;
 - Head of Services for looked after children;
 - Commissioning manager for children's services;
 - Young persons' service manager;
 - Policy consultant to an adoption and fostering charity;
 - Manager with a Sure Start Children's Centre.

- Summary 4 – 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:
 - Advanced Nurse Specialist in a Child and Adolescent Mental Health Service (CAMHS) in a Local Authority;
 - Family Assessment Practitioner working within a family centre referred to by social services;
 - Joint Commissioner for teenage pregnancy and CAMHS services for a county council;
 - Designated Nurse for looked after children within a community healthcare service in a Local Authority.
- Summary 5 – Sibling placements
 - Team manager at a LAC CAMHS service;
 - Manager at Local Authorities: placement manager;
 - Manager at Local Authorities: one had strategic responsibility for children in care;
 - Senior executive with a fostering charity;
 - Manager with an independent fostering agency.
- Summary 6 – Promoting quality of life of the child
 - Senior Policy Advisor to a national charity;
 - Family and Systematic Psychotherapist;
 - Senior lecturer and chartered Psychologist;
 - Designated nurse for Looked After Children;
 - Specialist Nurse for children in care.
- Summary 7 – Care planning, placement and case review
 - Service manager of adoption, fostering and placements support services at a Local Authority;
 - Childcare social worker with a FACT team;
 - Adolescent clinical social worker with a Local Authority;
 - Manager in a children’s charity;
 - Executive with a foster providers’ trade body.
- Summary 8 – Leaving care and preparing to leave care
 - Personal advisor with a Local Authority’s leaving care services team;
 - Designated nurse CLA (Children Looked After) with a safeguarding commissioning team at a primary care trust;
 - Senior manager of a leaving care team at a Local Authority.

- Summary 9 – Foster care
 - Advanced Practitioner within a Local Authority’s children’s services;
 - Project Manager at a Fostering Changes Training Centre;
 - Specialist Primary Mental Health professional within a county’s looked after children’s team under a CAMHS service;
 - Social work student in their final year towards achieving an MA, currently undertaking a placement at an independent fostering agency.

5.9 Conducting the telephone interviews

Practitioners were sent the interview proforma and a copy of the recommendations to read prior to the interview. Each interview lasted between 20 minutes and one hour 30 minutes. Respondents were required to comment on those recommendations that were relevant to them. As there were nine groups of participants, nine interview proformas were developed, one for each of the areas.

On completion of the interviews (three to seven interviews per area) a summary was written up by the interviewer and forwarded to the interviewee for any additional comments and for their approval.

5.10 Analysis and reporting of results

The findings from the fieldwork reports were analysed using thematic and content analysis techniques which covered:

- The categories of themes of feedback, such as inclusion and integrating with other policies;
- The group that cited the theme and any other sub categorisation, such as the size of the business or public/private sector organisations;
- The importance attached to each theme;
- A summary of feedback in each theme; and
- Examples to illustrate themes where provided.

Responses to the workshops were compared with those from the telephone interviews.

APPENDIX B: FIELDWORK PLAN

| Topic area | No. of recommendations | Recommendations covered | Case study | Workshop |
|------------------------------------------------------------------------------|-------------------------------|--------------------------------|-------------------|--------------------------------------------------|
| Performance management & inspection | 1 | 1 | - | workshop 4 Manchester workshop 4 London |
| Strategic leadership | 2 | 2,3 | - | workshop 4 Manchester workshop 4 London |
| Multi-agency working | 3 | 4,5,6 | - | workshop 4 Manchester workshop 4 London |
| Care planning, placement and case review | 1 | 7 | Case study 7 | workshop 2 Manchester workshop 2 London |
| Residential, foster and kinship placements for children and young people | 3 | 8,9,10 | | workshop 2 Manchester workshop 2 London |
| Kinship care | 2 | 11, 12 | | workshop 4 Manchester workshop 4 London |
| Sibling placements | 1 | 13 | Case study 5 | |
| Foster care | 4 | 14,15,16,17 | Case study 9 | Workshop 1 Manchester workshop 1 London |
| Promoting quality of life of the child | 2 | 18,19 | Case study 6 | Workshop 1 manchester Morkshop 1 London |
| Supporting babies and children from 0-5 years | 3 | 20,21,22 | | workshop 4 Manchester workshop 4 London |
| Black and minority ethnic children and young people who are looked after and | 8 | 23, 24, 25, 26, 27, 28, 29, 30 | Case study 3 | |

| Topic area | No. of recommendations | Recommendations covered | Case study | Workshop |
|------------------------------------------------------------------------------------------------------------------|-------------------------------|--------------------------------|-------------------|--------------------------------------------------|
| unaccompanied asylum-seeking children and young people who are looked after | | | | |
| Promoting the health of the child or young person | 8 | 31, 32, 33, 34, 35, 36, 37, 38 | Case study 4 | Workshop 3 Manchester workshop 3 London |
| Access to dedicated services to promote the mental health and wellbeing of the children and young people in care | 2 | 39, 40 | Case study 4 | Workshop 3 Manchester workshop 3 London |
| Supporting education for looked after children and young people | 6 | 41, 42, 43, 44, 45, 46 | Case study 2 | |
| Leaving care and preparing to leave care | 4 | 47,48,49,50 | Case study 8 | workshop 2 Manchester workshop 2 London |
| Training professionals | 3 | 51, 52, 53 | Case study 1 | |