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Field testing the NICE draft social care quality standard on the health and wellbeing of looked-after children and young people

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NCB's vision is a society in which all children and young people are valued and their rights are respected.

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Executive summary

The National Institute of Health and Clinical Excellence (NICE) commissioned NCB to field test the NICE pilot social care quality standard on the health and well-being of looked after children and young people. NCB's field testing aimed to assess the relevance, usefulness, acceptability, clarity and potential impact of the quality standard through an in-depth exploration of the views of key stakeholders, and feed these into the further development of the quality standard.

A qualitative methodology was adopted, and nine focus group discussions were held with a range of stakeholders: namely, 40 professionals (including commissioners, providers and social workers), 11 carers and 19 looked after children and young people and care leavers. All views were recorded and analysed thematically to answer the main questions, as well as gather other emerging issues and concerns.

A very high degree of consensus was evident across all the groups. Indeed, the main distinction was between the groups of looked after children and young people and care leavers, on the one hand, and the groups of professionals and carers, on the other. On the whole, the children and young people were more positive about the standard and were of the opinion that it would bring about an improvement in practice. While welcoming the intentions behind the initiative, professionals and carers were more questioning and equivocal.

Several overarching questions and concerns emerged across the groups including:

- a clear desire for greater clarity about the standard's intended purpose
- detail on how implementation would be encouraged
- information on how the standard will relate to, or be applied in, inspection frameworks.

Professionals and carers felt strongly that the standard added little significance to the existing wealth of law and guidance on looked after children and care leavers, much of it quite recent and comprehensive. The main and most significant difference between the standard and other existing documents was the former's production by NICE, which, according to participants, has the potential to give it greater credence among health professionals than currently given to social care publications.

It was clearly feared that the standard would not be followed, and thus prove ineffective. This point was made in light of the perception that much of the existing law and statutory guidance was frequently ignored, combined with the standard's lack of legal weight or associated enforcement powers. At worst, there were apprehensions that the standard might merely increase confusion, bureaucracy and processes, without any concomitant improvements in practice.

Several inter-connected contextual factors emerged repeatedly in discussions. Although these are outside NICE's remit or control, their persistent mention together with the stress placed on these challenges by participants indicate

their potential to further challenge the standard's efficacy. These factors included:

- variations across area and agencies in eligibility criteria, practice and charging policies
- limited financial resources
- specific difficulties faced by children and young people placed out of area, with additional needs (e.g. emotional or mental health difficulties) and by care leavers.

Notwithstanding these barriers, the groups were keen to provide discrete feedback on aspects of the standard and on individual statements. Several recommendations were suggested for each statement and overall.

Participants felt that the standard as a whole could be shortened and that future versions need to enhance accessibility for diverse audiences. In particular, the texts accompanying each statement were sometimes felt to be too long and unwieldy and might benefit from greater use of lists and indexing. Repetition of the term 'looked after children and young people and care leavers' within every statement was considered somewhat unnecessary. The measurement criteria were not thought to be robust enough for assessing outcomes.

While happy enough with the range of statements chosen, certain gaps were identified, not necessarily warranting stand-alone statements, but nonetheless issues that participants felt needed to be more explicitly incorporated. These included:

- introducing reasonable timeframes within statements
- specifically identifying the police as key partners
- addressing children and young people's basic emotional needs
- aiming to maximise placement stability.

It was also felt that some of the statements presented ubiquitous principles, which could perhaps be interwoven through the others, such as involving children and young people in decision making.

Some tensions were evident within statements' provisions, for example balancing 'choice' with needs and professional opinion; and defining the parameters of 'involvement' of carers and children and young people in decision making.

Overall, participants welcomed the increased focus on the well-being and health of looked after children and young people and care leavers and were keen to help develop the standard. Their criticisms about the multitude of regulation and policy in this area in no way detract from a desire for improvement. Likewise, that same experience of previous attempts to legislate and guide the way to better practice equally means that more effort may be required to convince stakeholders, particularly those in social care, that this standard can achieve material progress.

1. Introduction

This report presents the findings from NCB's field testing of the pilot National Institute of Health and Clinical Excellence (NICE) social care quality standard on the health and well-being of looked after children and young people. The field testing aimed to assess the relevance, usefulness, acceptability, clarity and potential impact of the quality standard, through an in-depth exploration of the views of key stakeholders and, alongside NICE's open consultation, help inform the further development of the quality standard.

The NICE quality standard is intended to help the commissioning and provision of high-quality services, as well as guide service users to the quality of service to expect. This quality standard was informed by the principles and values set out in the joint NICE and the Social Care Institute for Excellence (SCIE) guidance on promoting the quality of life of looked after children and young people,¹ and produced in collaboration with a multi-disciplinary Topic Expert Group (TEG), with input from key organisations across the social care, health and education sectors.²

The context and timing within which the quality standard is being developed is important. Children looked after by the state represent a significant and growing proportion of children in England,³ and numbers are expected to grow from April 2013 when many children and young people on remand become 'looked after'.⁴ Although the majority of children looked after are younger, are placed with foster carers and have a history of abuse and neglect, there remains a high degree of heterogeneity in the profile of the children and of the settings in which they are cared for. The diversity of children's needs; types of available placements; and the range, roles, responsibilities, status, skills and qualifications of key stakeholders and professionals, makes for a highly complex environment for introducing a social care quality standard.

Legislatively and policy-wise, this is vibrant subject area. While the main legal framework remains the Children Act 1989 (as amended and supplemented⁵), numerous sets of official guidance – much of it statutory, and some covering the health needs and services for looked after children and young people – have been issued over recent years,⁶ topped off in May 2012 by a complete restructuring and compilation of all previous regulations and guidance in this field. Moreover, several significant consultations were launched in 2012, not least reforms about adoption and fostering, a review into residential children

¹ NICE and SCIE (2010). *Promoting the quality of life of looked-after children and young people*. NICE Public health guidance 28/SCIE guide 40.

² <http://www.nice.org.uk/guidance/qualitystandards/socialcare/home.jsp>

³ There were 67,050 looked after children at 31 March 2012, an increase of 2 per cent from 2011 and 13 per cent from 2008. At 31 March 2012, 75 per cent were cared for in a foster placement.

⁴ Under the Legal Aid, Sentencing and Punishment of Offenders Act 2012

⁵ e.g. The Children (Leaving Care) Act 2000; The Adoption and Children Act 2002; The Children Act 2004; The Children and Young Person's Act 2008; and National Minimum Standards for fostering and residential children's homes

⁶ e.g. Care Matters; Quality Protects; Education Protects; Choice Protects; Statutory Guidance on Promoting the Health and Well-being of Looked After Children; and the National Minimum Standards for fostering and residential children's homes

homes and an Ofsted consultation on proposed changes to inspections of looked after children's services.

Given this highly complex and busy landscape into which the quality standard will be launched, ensuring that the standard was viewed as pertinent and useful to key stakeholders and addressing their main concerns was all the more essential.

2. Aims of the field testing

The field testing aimed to inform the further development of the NICE draft social care quality standard on the health and wellbeing of looked after children and young people and care leavers (hereafter abbreviated to LACYP and CLs for ease of reference). Specifically, the field testing set out to gauge the views of a range of stakeholders to assess the extent to which the draft quality standard was perceived as clear, relevant, accessible and useful to those who will use it, or be directly affected by it, as well as how easy it would be to implement. Key stakeholders targeted for the field testing included those who commission and provide services, social workers and other professionals, carers and LACYP and CLs.

The field testing focused on exploring key stakeholders' views of the main facets of the draft quality standard. The key research questions for the field testing were agreed by NCB and NICE as follows:

Content

- How relevant are the areas covered by the standard to achieving high quality social care and improved outcomes for LACYP and CLs?
- How clear and accessible is the wording of the standard?
- How acceptable, in terms of feasibility and perceived advantages and risks, are the statements and associated measures to stakeholders?
- To what extent do the statements reflect or challenge current practice?

Impact and equality

- Are any areas covered by the standard likely to impact unevenly on different groups of looked after children, their families or their carers? If so, which, on whom, and how?
- How can the delivery of care be adapted to reduce any such inequalities?

Implementation and use

- How easy will the standard be to implement, and what barriers and enablers to implementation can be identified?
- How could the standard be most effectively disseminated?
- How might the standard be used?
- What factors might help or hinder the effective use of the standard?
- What support might be needed to help stakeholders to use the standard?

For each of these of these topics and questions, variations in perspectives and views across different groups of stakeholders were gathered and examined.

3. Methodology

A qualitative approach to data collection using focus groups was considered most appropriate given the context, subject matter and information required. While the online consultation on the standard carried out by NICE with registered stakeholders was expected to gather the overriding policy analysis from responding organisations, focus groups enabled the collection of views directly from those expected to implement or be at the receiving end of the standard at the front line.

A qualitative approach enabled stakeholders to provide views directly emanating from their own professional and personal experiences, and to use their own insights, priorities and parameters to frame and express these. Focus groups allowed us to reach and get input from a greater number of people than would have been achievable in the timeframe by using individual, face-to-face interviews. They also facilitated greater depth of analysis about each statement and how the standard was perceived as a whole, while the group dynamic enabled the collection of multiple perspectives, with opportunities to explore how far these were shared or differed both across and within groups. Stakeholders could use each others' viewpoints to build on and develop their own analysis, and the facilitators were able to identify emerging priorities, probe themes to a deeper level and test topics for convergence or divergence.

Recruitment and sampling

Details on the recruitment and sampling strategy can be found in Appendix A. Breadth and depth of coverage was considered more important than recruiting nationally representative numbers. As it was imperative that as many relevant stakeholders as possible were given an opportunity to express their views, the groups were advertised as widely as possible, through a series of targeted and indirect mailings, online publicity and requests made via third parties. Recruitment to the children's and young peoples' groups was carried out with the assistance of other children's organisations and local participation workers.

In the end, six focus groups were conducted with 51 key professionals and carers and three with 19 LACYP and CLs, aged seven and older.⁷ The professionals' and carers' groups were held in London and Manchester,⁸ and the children and young peoples' groups in London and the South East.

Given the tight four-week timeframe to recruit to and run the focus groups, the achieved numbers and diversity of respondents is commendable. Furthermore, the quality of the data collected was consistently high, even in the smaller

⁷ The groups were: commissioners of services for looked after children; providers of placements and services for looked after children; social work professionals and managers; other professionals who work with looked after children, young people and care leavers; organisations representing the interests of looked after children, their families and carers; foster and kinship carers and residential care staff; looked after children (7 years and older); and care leavers.

⁸ London and Manchester were chosen for pragmatic reasons: due to their central locations, good transport links and availability of venues at the required times.

groups: everyone came prepared and applied themselves wholeheartedly to discussions.

Focus groups

Focus group activities were structured to address the key research questions and explore all the statements both as a group and individually. Small and large group discussions and activities, including case study vignettes, were employed to tease out the issues and elicit views. Copies of the research materials are provided in Appendix B.

Data analysis

All of the focus group data, namely audio-recordings, drawings, flipcharts, post-it feedback and researchers' notes, were incorporated into the analysis. Using the Framework method,⁹ data from each session and discussion were categorised by statement, and according to the key research questions including implementation factors, clarity, risk, perceived impact, challenges, enabling factors and any other emerging themes within each statement and for the standard as a whole.

⁹ Framework is an approach to qualitative data analysis, which uses a 'matrix' approach to conduct theme and case based analysis. First, the key topics and issues that emerged from the data were initially identified and from this process, a thematic framework was developed. The framework is a map of the main themes and sub-topics derived from respondents' own accounts, which was then used to classify and organise the data from each group. The final framework charts provide the full picture of each group's views, display the range of views among participants and groups, and allow the views of different participants or groups to be compared.

4. Findings: overarching themes emerging from the field testing

This section focuses on the broad issues emerging from the findings on the statements as a whole, presenting themes and responses that emerged from all the focus groups. *Overall, responses were very consistent across participants and groups*, but any notable differences are highlighted. First, we examine the general response to the standard, followed by a more detailed look at overarching issues including perceived ease of implementation, potential impact and gaps identified. Chapter 5 summarises findings pertaining to each individual statement.

General response to the quality standard

Overall, the standard attracted both positive and negative reactions from professionals and carers, and on the whole positive responses from children and young people. The standard's clear focus on putting children and young people at the centre of deliberations was welcomed, as was the emphasis on their health and well-being. Overall, the statements were considered to be a positive distillation of desirable best practice and there was little controversy over the content as such: as one commissioner indicated, *"can't disagree"* (Commissioner).

The children and young people were the most welcoming of the statements and thought that the standard, if implemented, could make a big difference to their lives and those of other looked after children and young people and care.

Overwhelmingly, however, the professionals and carers felt that the standard added little if anything to existing provisions and this common theme ran through all other discussions.

Time and again, group members complained that a statement's aim or provisions was already covered by existing law or guidance, which caused a sense of confusion over its necessity and intended purpose. Indeed, much of the relevant guidance was referenced in the standard's Appendix, as it was built on same. As a consequence, stakeholders were perplexed as to the legal and practical status of the standard and opined that its potential impact will therefore be minimal. While aware that the standard was based on extensive evidence and glad to see certain principles reinforced, they were less convinced that the statements would add greatly to the body of legislation, statutory and other guidance that already exists but, by all accounts, was commonly ignored.

Other guidance is good enough, not amazing but... some brilliant guidance, not always followed...

Organisation representing the interest of LACYP and CLs

At best, it was felt that the fact that NICE had produced this standard might help newly qualified social workers or prove influential with doctors and other health professionals. That is, NICE credentials might endow a greater priority with these groups than previous social care guidance, and in turn prove a useful

tool for those in the social care field when negotiating for services with health agencies and professionals.

Most unfavourably, participants perceived that the overlap with existing legislation and guidance could potentially create more confusion than clarity. What exists was already so voluminous that participants reported finding it sometimes difficult to juggle all the different sources available. Professionals expressed certain preferences in terms of which pieces of guidance they consulted most frequently or deemed most accessible, but overall it was made very evident that what already exists is abundant, complex and often unwieldy. Participants said that the lack of reference within the statements to existing law and guidance aggravated their sense of confusion and frustration. Further confusion arose regarding how the standard linked to corporate parenting and virtual head roles.

Moreover, professionals and carers felt they had been involved in innumerable consultations around this subject over recent years, resulting in an overwhelming sense of "deja vu" (Provider). Perhaps more importantly, professionals expressed a degree of negativity about the standard, which did not reflect, it was emphasised, the importance of the issues covered by the standard or the desire to improve practice for LACYP and CLs, but rather to the process and anticipated ineffectiveness.

My first impression was that I'd read this before... nothing new... no faith in it happening...

Carer

Participants pointed out that they were, by definition, very interested in this standard but that many of their peers might be less willing than they were to spend time reading the new standard and may regard the apparent duplication more unfavourably.

Ease of implementation

The ease with which stakeholders perceived the standard could be implemented and views around this were of particular interest. Frontline professionals, carers and LACYP and CLs were in the perfect position to provide input on this. In addition to our questions around clarity, focus and potential impact of the standard, the dialogue centred on several key themes including entitlement, enforcement, interface with existing policies and timeliness.

Entitlement, enforcement and inspection

In each focus group, the first questions posed to the researchers centred on the status of the standard and what legal force it would carry. Participants were told that the statements were 'aspirational' and intended to motivate best practice. This was universally viewed by participating stakeholders as inadequate at best, and potentially rendered the statements redundant at worst. There was a perception that services for LACYP and CLs were not given adequate priority at present, aggravated by the discretionary nature of existing provisions. Adding even more discretion was considered unlikely to alleviate this.

If what exists is not applied, why would NICE guidelines, which replicate what's already there but are not obligatory, be applied?

Provider

The lack of enforceability led to a series of associated concerns:

- First, how will the standard link to existing inspection frameworks? Will there be a new set of inspections? Or, will existing inspections use the NICE standard?
- Second, what are the consequences if an organisation failed to adhere to any or all of the statements?

Current variations in practice across different professional bodies and health and local authorities were both criticised in their own right and felt to likely undermine the effective implementation of the standard, especially aims to ensure continuity of services. They also highlighted a lack of entitlement in practice and problems in enforcement.

For example, if a LACYP is placed out of area, they commonly face different eligibility criteria in the receiving authority for services that they had previously received, as their original assessment is not necessarily portable. Moreover, it was reported as common practice for the incoming child or young person to be placed at the bottom of a new waiting list to receive services, such as CAMHS, or to be forced to wait while the commissioner and new provider negotiate costs. Each group gave several examples of problems experienced in continuity of services across agencies or areas, most notably in relation to CAMHS, Statements of Educational Need (SEN), speech and language therapy, dentistry and basic GP health cover, but also delays in passing on essential health information and disputes as to who bears the cost. The statements were not perceived to have adequately addressed these issues. In terms of improving continuity, three particular areas of law, namely health, education and social care were said to "*butt up against each other*" (Commissioner). The legal and practical relationship across these areas of law and bodies implementing them were said to need greater rationalising to enable the standard to function fully.

Many aspects of the costs of services emerged. These were reported to impinge most starkly on placement choice and on the continuity of services across area boundaries, to the extent that the cost of services in a second council area dictated where children and young people were placed, rather than need. It was reported that desirable service delivery was regularly undermined by a limited amount and range of available placement options; high levels of staff changes; local charging rules and assessment criteria; variation in cross-charging arrangements; and disputes as to which authority bears the cost. It was feared that anticipated local authority funding reductions would further hamper the implementation of the standard, especially if it remained discretionary.

Care leavers emerged as a group facing severe and fundamental challenges. Although their needs were, on the face of it, protected by existing law and guidance, its application and enforcement was often wanting.

... becomes a shambles at 18, despite the 2004 Act. Transition is poor in practice... young adults are gravely disadvantaged. Making assumptions that magically it will happen

Other professional

Various factors affecting care leavers were thought to undermine the implementation and enforcement of the standard, notably, the lack of co-terminosity in terms of age limits, eligibility criteria and transitional provisions across different areas and relevant services (e.g. mental health, housing). Moreover in practice, a care leaver's continued access to previous accommodation was reported largely to rely on the financial circumstances and approach of their foster carer:

Down to foster carer not to ask you to move out.

Care leaver

Overall, participants perceived that the standard needed to acknowledge – if not address – these barriers, but at the same time felt that the standard's aspirational and discretionary nature did not provide enough force to deal with these deep-seated challenges.

Clarity and focus

While being important in their own right, the clarity and focus of the standard were considered key to its successful implementation. We were keen to determine how accessible the readers found the statements on first or second reading and how helpful they found the accompanying details, such as the points on measurement.

Recurrent initial questions posed by each group were:

- Who was the intended audience?
- What was the intended purpose of the standard?

After being told that the standard was for everyone, participants felt that different versions would be necessary for each audience including some written more accessibly.

In its current form, the standard was considered too long. Groups suggested several aspects that could be shortened, although these might be counter-balanced by some of their other comments and requests for greater details, generally and under each statement.

Although the wording of the statements themselves were short, some were described as clearer than others. Repetition of the wording, 'looked-after children and young people and young people who are covered by leaving care arrangements', was described as too repetitive and "clunky" (Other professional).

The intention, scope and expected implementation of the explanatory texts that accompanied each statement were not always clear. They were found to vary in their level of detail and some added more prescription to the text of the

statement than others. In terms of accessibility, these sections were highlighted as too wordy and poorly constructed.

Need to improve readability

Social worker

No reference was found to the inter-connectedness and inter-dependency across many of the statements, although it was felt that some statements were more overarching or underpinning than others and that this could perhaps be emphasised more. It was also suggested that using more 'aspirational' wording here and there, such as 'excellence' might exhort better practice.

Many of the statements were criticised for not being easy to measure, and the measurements that were included were not always adequately clear or robust. At the same time, fears were expressed about the additional data collection burdens that the standard would place on local authorities and other relevant bodies.

Specific clarity issues for individual statements are detailed in Chapter 5 below.

Key gaps identified

Participants were asked to identify any important areas pertaining to LACYP and CLs which did not appear to be addressed by the standard. The following emerged from several groups as either desirable stand-alone statements, or more often issues deserving greater emphasis in the existing statements or in the accompanying text:

- stress the need to maximise placement stability and minimise moves
- address basic emotional needs, such as confidence and self-esteem and children and young people's ability to keep safe and develop safe and healthy friendships and sexual relationships
- specifically support LACYP and CLs to manage change given the frequent turbulence in their lives
- encompass issues around sexual identity as many LACYP and CLs might need support on this
- address the needs of young people in trouble with the law, including clearer identification of the police as essential professional partners and acknowledging the specific needs of young people on remand who will enter the care system
- include the housing and employment needs and rights for care leavers
- include standards about the qualitative aspects of care children and young people should be able to expect, especially to include more about 'love' and 'nurture'
- provide indicative timeframes to implement measures to avoid undermining statements with delayed implementation.

In terms of the final point, an apparent casualness was reported by many participants and variously described, including as 'drift':

'Drift' is a word that characterises a lot of work around LACYP and CLs...

Other professional

General recommendations

Although participants did not want any greater length to read, they felt that certain considerations, refinements and qualifications were needed for many of the statements. As far as was possible these have been included underneath each statement, with the more universal recommendations listed here.

Substantial content

The following overall recommendations regarding content were made to strengthen and clarify the standard:

- reference pertinent law and guidance within each statement to show readers how these are linked and help reinforce the practical application of the standard
- consider referencing the most useful guides, tools and handbooks produced by other agencies, which might help users implement the statements in practice
- clarify how the standard will relate to – and be used in – existing inspection regimes and frameworks
- address the consequences for agencies failing to adhere to a statement
- reinforce the provisions for meeting emotional and mental health needs, and for continuity of service and services for care leavers
- incorporate the provision of advocacy for LACYP and CLs
- develop more robust outcome measures, while simultaneously minimising additional data collection burden on professionals and local authorities
- include timeframes to emphasise the importance of timely assessments and delivery of services.

Accessibility and terminology

- Participants suggested that readability would benefit from shortening the phrase 'looked-after children.... arrangements' and finding alternatives to its repetition in each statement.
- While the intended audience is everyone, the standard needs to address the needs of different audiences, which may require the development of different versions of the standard, while nonetheless maintaining consistency.
- It was stressed that dissemination of the standard must include all parties who work with LACYP and CLs, not least the police and youth justice professionals.
- Stakeholders felt that 'ratio' was a clearer way to express the measurement calculations required, rather than 'numerators' and 'denominators'.
- Lists and diagrams should be used.
- As much as possible, condense any of the overlap or repeated explanations given in the explanatory texts into one section.

Recommendations regarding the wider context

While most of these go beyond NICE's remit, stakeholders felt that they were essential in order to improve standards of care for LACYP and CLs:

- to address many of the current difficulties of inter-agency and cross-authority work, explore the creation of cross area collaborative agreements and regional and/or national centralised information sharing systems for LACYP and CLs, such as a national 'gateway' for health and social care professionals and the police to access and share important health and social care information
- reduce the scope for arbitrary discretion by local authority commissioners and others by making more services a national entitlement for LACYP and CLs
- standardise charging policies and allow funding to follow individuals
- commission and organise some LACYP and CLs services on a regional and national basis (rather than local)
- allow individual LACYP and CLs to have a lead professional and keep one social worker
- clarify and equalise age limits for leaving care services across the country, and ideally raise the age for leaving care.

5. Views on individual statements

This chapter provides specific stakeholder feedback about individual statements and aims to address the key research questions for each. The precise statement wording is included for ease of reference. Only points discussed repeatedly at most focus groups are included, and where relevant any differences in opinions expressed by different stakeholders are highlighted. Stakeholders' recommendations for improving individual statements are also summarised.

Statement 1

Looked-after children and young people, and young people who are covered by leaving care arrangements, receive care from services that work collaboratively to ensure that the team working around the child or young person has all of the information they need to meet their health and wellbeing needs.

Summary

On the one hand, this was seen as a crucial point to reinforce, as better multi-agency work was seen to directly benefit LACYP and CLs: "*Can't argue with it*" (Commissioners). LACYP and CLs especially welcomed it: "[essential that professionals] *know lots about you... and about the bad things that have happened in your life*" (Care leaver). On the other hand, the apparent duplication of existing guidance led to doubts as to its scope to drive improvements.

Clarity and focus

- The wording of the statement itself was considered clear.
- The accompanying text on 'structure', 'what it means for each audience', and so on, resulted in the statement as a whole being seen as too long and undermined clarity: "*waffly*" (Social worker).

Ease of implementation

While collaborative working was seen as desirable and a current expectation, it was reported as problematic and not always happening in practice for numerous reasons, which the statement might need to address, including:

- In some instances, including emergency placements, it was not always possible to obtain or share all of the necessary information about a child.
- Agencies had different capacities and did not always contribute equally: "*multi agency working can be undermined by just one party not pulling weight*" (Provider). Interestingly, each group tended to identify other parties as the 'weak link'.
- Collaborative working was seen to be particularly challenging when LACYP were placed out of area or in cases of young people over 18.

Perceived potential to drive improvements in service provision and services users' experiences

- The overlap with existing legislation and guidance – together with these being frequently ignored – undermined stakeholders' faith in the

<p>statement having much impact: <i>"this is over and over again in every guidance going...don't think it will make any difference"</i> (Organisations representing the interest of LACYP & CLs); <i>'So what? Nothing new or ground breaking"</i> (Commissioner).</p> <ul style="list-style-type: none"> • At best it was hoped that the NICE credentials might carry more weight with some parties.
<p>Measurement</p> <ul style="list-style-type: none"> • This statement was not felt to contain precise enough outcomes. • It was not clear how the data from LACYP and CLs would be collected.
<p>Potential risks</p> <ul style="list-style-type: none"> • None reported.
<p>Perceived gaps</p> <p>The statement was not perceived to address:</p> <ul style="list-style-type: none"> • collaborative working with the police • how the multi-agency teams respond to emergencies and high risk situations • the timing of activities: it was feared that the statement would not rectify a perceived, <i>"Manana, manana [tomorrow, tomorrow], 'let's see how it goes' approach"</i> (Other professionals).
<p>Recommendations</p> <p>Many groups felt that rather than having a discrete statement, this statement reflected an overarching principle that should <i>"flow through"</i> all of the other statements (Commissioner). If this was not possible, specific recommendations included:</p> <ul style="list-style-type: none"> • address the response to high risk and emergencies, such as the minimum partners needed to be involved in such cases • include the police • encourage the appointment of a lead responsible agency or person to coordinate multi-agency collaboration in each case • include processes to clearly set out how to facilitate joint working, in particular good communication, information sharing and joint service delivery • put more emphasis on cross-boundary collaboration • include timeframes • use more prescriptive language.

Statement 2

Looked-after children and young people, and young people who are covered by leaving care arrangements are actively involved in decisions at every stage of their care.

Summary

This statement was seen as necessary, with the potential to bolster existing guidance, *“Can only be positive that children and young people have buy-in to placement”* (Commissioner). Children and young people ranged in how important they perceived this statement. The younger children, in particular, felt the degree of their active involvement might depend on the circumstances, while it was seen as more crucial by the older young people: *“Very important, ok for social workers to make some decisions, but need to listen to children more”* (Care leaver). Overall, the statement was felt to be a bit vague.

Clarity and focus

- ‘Actively involved’ was seen as too open to interpretation.
- The statement needs to be more specific about which decisions children and young people can and cannot be involved in and to what extent.

Ease of implementation

- Young people are already commonly included in decision making around placements, for example, but financial restrictions undermine the extent of their influence on actual outcomes.
- Young people stressed that while some professionals listen *“some of the time”*, this principle had to be followed *“all the time”* (Care leaver).

Perceived potential to drive improvements in service provision and services users’ experiences

- Professionals and carers questioned its potential impact, as existing guidance and law on this point was not always adhered to, and the standard did not provide any greater weight to this principle.
- The lack of real choice in practice, especially of placements, would undermine the effectiveness of the statement. One participant gave an example of a child offered a choice of two placements. The child’s preferred placement had already gone by the time the child made a choice, which led to the child being placed elsewhere and subsequently running away.

Measurement

- It is difficult to measure the ‘quality’ of children and young people’s involvement and evidence the extent to which their participation has influenced service provision.

Potential risks

- Professionals were concerned about the potential negative impact, when decisions are made counter to children and young people’s expressed desires. Yet, one young person’s group felt that being consulted was important, even if changes were not made in accordance with their wishes, as long as the reasons were explained fully.

Perceived gaps

- None reported.

Recommendations

- The statement needs to emphasise '*meaningful*' engagement. If LACYP and CLs perceive that their input is normally last minute or ignored, it is likely that they will get disenchanted and withdraw from future attempts to involve them.
- The statement should go further by recommending that LACYP and CLs be given access to advocacy services.
- The best timing of involvement needs to be mentioned: consulting with LACYP and CLs early optimises the chances of their views being considered by the decision making panels.
- Professionals need to be trained on methods of communicating with and gathering the views of children and young people, including very young children and children with communication and comprehension difficulties, as well as training on how to advocate on their behalf.
- The statement could usefully advise practitioners to show sensitivity when expecting LACYP and CLs to take part in meetings, avoiding, in particular, school or college hours to prevent stigmatisation.
- Local authorities should appoint a lead person, who is independent of decision making, to ensure good practice in participation.
- The statement should warn against creating unrealistic expectations: LACYP and CLs need to know the limits to the scope of their input.

Statement 3

Looked-after children and young people entering care and moving between placements are offered a choice of placements which meet their individual needs and preferences.

Summary

The feedback on this statement ranged considerably: LACYP and CLs felt it would make a huge difference to their lives, giving many examples of when not being given a choice of placements had had a negative effect on them. They welcomed the provision to be able to visit a planned placement. The youngest group were even more adamant that the success of a move depended on being given a choice. On the other hand, professionals and carers complained that the statement did not add anything to existing guidance on the subject and felt that although placement choice was desirable, it was often times unachievable, especially in emergency situations. As one carer opined, by definition 'choice' was removed from the outset, as "[LACYP and CLs] don't want to be in care" (Carer).

Clarity and focus

- The extent of 'choice' needs to be made clearer, including how it is weighted against the professional views of those with statutory

responsibility for placement decisions and how it relates to other considerations, such as type, geography and availability of placements and the choices of carers.

- This statement was seen as potentially double-barrelled: being '*offered a choice of placements*' and placements meeting '*needs and preferences*' may need to be addressed separately.
- The associated explanatory text was perceived as both too lengthy and not entirely clear. For example, point d under 'Structure' was read to imply that the receiving local authority's social worker took over the case completely, which is not the case.

Ease of implementation

- The discussions exposed a tension between choice and, for example, speeding up placement provision, both of which are desirable. In particular, LACYP and CL's choice runs counter to a reported increasing practice whereby local authorities push carers to accept wide '*blanket*' age-ranges to speed up the Panel process, even if carers have more experience of, or stated preferences for, certain ages or types of children.
- The interrelationship between 'needs' and 'choice' and how to weight these also presents challenges. For instance, it was said to be more commonplace to prioritise and try to meet certain needs, such as those relating to a disability, whereas emotional needs (e.g. a desire to live near friends, or in a familiar or unfamiliar area) may be deemed to be more about 'choice', and thus attract lower priority.
- It was perceived that the only way to effectively implement this statement would be to maintain adequate vacancies at all times, which neither foster carers nor residential homes could afford.
- Choice of placement can be difficult to secure in emergencies. Moreover, there is often inadequate information on file in an emergency to address a LACYP's preferences.
- In emergency situations, children and young people may be too emotionally upset to be able to make an informed choice.

Perceived potential to drive improvements in service provision and services users' experiences

- Little change was expected to result from this statement because it cannot address the contextual issues that greatly limit choice, nor the proportion of placements arranged in crises.
- The explanatory text about 'Outcome', point c appears to presume that greater placement choice by children and young people will significantly reduce the number of emergency placements needed, overlooking the proportion of emergency placements needed for other reasons.

Measurement

- Stakeholders did not perceive this statement to be easily operationalised and measured.

Potential risks

- Offering choice may not always be in the best interest of children or young people, as they may prefer a placement that exposes them to continued or increased risk. Examples were given of professionals preferring to move sexually abused or exploited LACYP and those exhibiting risky behaviours to different areas, while the children and young people, if given the choice, would likely opt to stay near friends and family.

Perceived gaps

- The statement does not address how to provide or address choice in emergency situations.

Recommendations

- This statement needs a timeframe and specific consideration of which stage(s) in the placement process choice would happen.
- Emergency placements need to be incorporated.
- To make 'choice' a reality for LACYP and CLs, it needs to be made a right as opposed to it being at the discretion of decision makers.
- This statement should be linked more clearly with the active involvement in decision making specified under Statement 2.
- To be effective, placement choice needs to be an informed choice. To this end, the statement needs to address the relative age and intellectual capacity of children and young people to express preferences, which may in turn require a right to independent advocacy and representation.
- Children and young people suggested that beyond being invited to visit a planned placement (described under 'Structure', point f), they should be allowed a trial period.
- The statement needs to be tempered with reality to avoid being counter-productive, as raising false expectations could do more harm than good: "*Should only offer choices if available and realistic*" (Other professionals). "... *they don't do that - so not really helpful [if they're not going to do it]*" (Care leaver, 18 and over).

Statement 4

Looked-after children and young people, and young people, who are covered by leaving care arrangements, have ongoing access to their complete health history.

Summary

Views on this statement were mixed. All welcomed it in principle, and the young people were particularly keen: "*Need to know if your family has, say, a history of heart disease.... or sickle cell... you need to find out what's wrong with you, so they can help you*" (Care leaver). This statement was felt to be quite distinct from the others, but at the same time, arguably less crucial. Concerns were voiced

around a child's or young person's readiness and practical and ethical details.

Clarity and focus

- The statement was seen to lack adequate parameters and boundaries around the extent of information to be shared, such as what is meant by 'complete' health history, let alone when and how it should be shared and with whom. As it was, it was seen as *"too woolly"* (Provider).
- The statement needs to set out the respective rights of birth parents, on the one hand, and corporate parents and carers, on the other, such as in cases where LACYP and CLs have long-term medical needs or need medication.

Ease of implementation

- Many questions around implementation arose. First, it was not clear when these details should be imparted and by whom. For instance, should information only be passed on to LACYP and CLs if and when health issues arise? Second, the statement's function and necessity for social care professionals were questioned on the basis that conveying health history was seen as part of the GP's normal domain.

Perceived potential to drive improvements in service provision and service users' experiences

- Although children and young people's access to their health records was already part of various good practice guidance,¹⁰ this was not always followed. Numerous examples were given of little or no health information being relayed between authorities or professionals, including failure to pass on children and young people's 'red books' and failing to inform carers or adoptive parents of serious conditions, such as foetal alcohol syndrome, asthma and heart disease. It was hoped that this statement might encourage professionals to value and take more physical care of LACYP's and CL's health records.

Measurement

- It was not clear how the relaying of information to LACYP and CLs would be monitored and recorded.
- While beneficial to assess how well any information has been understood by LACYP or CLs, developing robust measures to do so would be challenging.

¹⁰ Such as Ofsted and Care Quality Commission (CQC), and previously by 'Healthy Homes'

Potential risks

- It was seen as important that difficult health information was not forced on children and young people. Some aspects might prove damaging and traumatic, and some children and young people could presume that all conditions were inheritable: "*potential dynamite*" (Other professionals).
- Information may become distorted by the professionals passing it on if they do not understand the nature of the conditions in question.
- The implications of this statement could compromise parental confidentiality. That is, while passing on children's or young people's health records was not controversial, sharing information about their birth parents' health was, not least protecting the latter's rights to medical confidentiality.
- Moreover, many LACYP and CLs have multiple placements, each increasing the number of people who would have access to their and their parents' medical histories.

Perceived gaps

- Consideration should be given to what minimal amount of health information is shared with carers when a child or young person arrives.

Recommendations

- The statement needs to provide more advice around judging a child's emotional and intellectual readiness to be told about their health inheritance and birth parents' health profiles, such as parental mental health (unless there is an overriding medical need), as well as how to do this sensitively and without causing undue distress or harm.
- As it may be easier for the child and more consistent with 'normal' parenting to divulge different pieces of information at different stages according to children's development and emotional and cognitive capacity, good recording and oversight by key personnel should be incorporated within the statement.
- The statement needs to include provisions to assist and support LACYP and CLs to access health histories and process the information revealed, including any potential reassurance or advice about genetic implications.
- Carers' needs should also be highlighted, including how they could help children and young people access their health history and deal with what emerges.
- It was felt that the statement required more specific detail about protecting confidentiality and related issues, including any limits to the number or type of people to be allowed access to this information. More consideration is necessary in relation to securing birth parents' consent.
- It was felt necessary to remind practitioners to include information on both birth parents, not just mothers.
- As the provisions of this statement relate closely with those in Statement 5, they could be more explicitly brought together in the accompanying text as some of the considerations may overlap.

Statement 5

Looked-after children and young people, and young people who are covered by leaving care arrangements, are offered ongoing opportunities to help them explore and make sense of their personal identity and relationships.

Summary

Everyone thought this statement was imperative: *"definitely very important... can be lost"* (Social worker); *"If they don't understand your background, they're not going to place you with a good match are they?"* (Care leaver). Although uncontroversial in principle, the timing and processes were considered crucial to its effectiveness.

Clarity and focus

- Clarity is needed around who decides which elements of personal identity should be explored and which relationships maintained.

Ease of implementation

- As it may be unrealistic for LACYP and CLs to keep contact with everyone in their lives to date, the parameters to this 'opportunity' need to be clarified.
- Equally, it might place too great a time and cost burden on foster carers to maintain contact with every child they have looked after.

Perceived potential to drive improvements in service provision and services users' experiences

- As this subject was already covered in the national minimum standards, for example, participants were unclear how much difference the statement could make – apart from encouraging local authorities to evidence how they pursued this objective.

Measurement

- It was not clear how this information could be best captured and recorded.
- The stated outcomes were perceived as unclear and focused on processes rather than outcomes.

Potential risks

- It was feared that professionals and carers may take too narrow an approach to what constitutes 'identity', such as focusing on minority ethnic heritage rather than other aspects of identity.
- Certain skills are needed to conduct life-story work sensitively and meaningfully with children and young people, and children and young people need trusting relationships to effectively explore their backgrounds and life histories. It was reported that where LACYP and CLs do not trust the process or people, they can be criticised for 'not engaging' in this process. Life story work can be done too soon or as a

tick-box exercise to convenience the process: *"Can be pushed into it and can be too young for it"* (LACYP aged 12-17); *"I was forced into it at 14"* (LACYP aged 12-17).

- Not all past relationships are necessarily beneficial to nurture. Some might be detrimental for the LACYP or CL, even though they want to maintain them.

Perceived gaps

- No gaps were mentioned.

Recommendations

- The statement should provide some caveats about exploring personal identity and relationships with LACYP and CLs, including waiting until they are ready for it; approaching it both incrementally and continually; and ensuring carers and relevant staff are trained in how to carry out this work in fun, pleasant and creative ways.
- The statement should emphasise that this is not a one-off activity, but needs to be ongoing and kept up-to-date.
- Peers and friends should be mentioned, as these were said to be important relationships for LACYP and CLs but often overlooked.

Statement 6

Looked-after children and young people, and young people who are covered by leaving care arrangements, who have complex emotional and physical needs, can access services when needed.

Summary,

This was considered one of the more important, but equally challenging statements to implement.

Clarity and focus

- Condensing all 'additional' needs into one sentence may have oversimplified the complexity of needs and how services should address them.
- The parameters of which 'needs' and 'services' were covered were not clear enough. For example, what was the distinction or relationship between 'complex needs' in this statement and education and disability legislation? Also, participants felt it was not always apparent on the face of it whether or how much this statement encompassed disability or addressed the divide between children's and adult services, especially mental health services for young people over 18.
- It was not clear who is expected to be responsible for identifying needs and making referrals.

Ease of implementation

- The inclusion of a comprehensive assessment incorporating needs

<p>beyond an education model mentioned (under 'Structure' in the accompanying explanatory text) was well received.</p> <ul style="list-style-type: none"> The power of the statement relies on services being of consistently high quality across the board and employing consistent criteria.
<p>Perceived potential to drive improvements in service provision and services users' experiences</p> <ul style="list-style-type: none"> "[This] <i>would make a big difference if it happened</i>" (Carer). "<i>If it helped ensure services were provided, it would be great, especially with CAMHS</i>" (Commissioner); "<i>Reasonably important: would have helped [me] not to get kicked out of school</i>" (Care leaver). On the other hand, it was not felt to add much – if anything – "<i>to existing body of guidance</i>" (Organisation representing the interests of LACYP and CLs). Given the link with NICE, this statement may have more influence on health professionals than existing social care guidance. As accessing psychological or mental health support was reported as especially difficult, it was felt that this statement might assist those advocating on behalf of LACYP and CLs.
<p>Measurement</p> <ul style="list-style-type: none"> The measurement details were considered good, but were reliant on assessments being made.
<p>Potential risks</p> <ul style="list-style-type: none"> No specific risks were identified.
<p>Perceived gaps</p> <ul style="list-style-type: none"> No timeframes were mentioned for implementation: "<i>It takes months for assessment and by the then young person has lost faith or re-offended or something</i>" (Provider). More detail is required to cover care leavers and young people over 18 under 'adult safeguarding': "<i>If vulnerable at 17 and a half, they're still likely to be vulnerable at 18</i>" (Carer).
<p>Recommendations</p> <ul style="list-style-type: none"> Professionals felt that the statement should distinguish between: (a) services that should be provided to all children and young people with specific needs, such as speech and language therapy; and (b) services for complex needs, which derive from LACYP and CL's family and care experiences. Per the first point, additional considerations for LACYP and CL relate to getting their needs recognised and assessed and avoiding interruptions in access due to moves. Per the second point, professionals and carers stressed their view that all LACYP and CLs have emotional difficulties, by definition, and thus all should have automatic entitlement to psychological and emotional support and therapies. Indeed, it was repeatedly said that LACYP and CLs were significantly less emotionally and developmentally mature than their peers, and that if neglected such needs tended to multiply.

- It was recommended that the statement explicitly advised conducting baseline assessments of all LACYP's psychological and emotional states, as well as any physical disablements.
- The statement should also mention assessing for and addressing the additional specific needs arising from bereavement, managing change, educational difficulties (that are below the threshold for SEN), as well as self-esteem and identity.
- Ensuring LACYP and CLs get adequate information and advocacy on service availability and entitlement should be integral.
- The statement should provide reasonable timeframes and cover access in emergencies and crises.
- More detail is required on how to minimise disruptions to specialist services, such as if children or young people move (overlapping somewhat with Statement 7 below).

Statement 7

Looked-after children and young people, and young people who are covered by leaving care arrangements, who move between services or across local authority areas or health boundaries, experience continuity of services.

Summary

This statement was considered to be essential and aspirational, but unrealistic: *"Brilliant if put into practice"* (Provider). Unfortunately, the prevailing view across professionals and carers was that there was little chance of its aspirations becoming a reality. In particular, moving out of area was said to create major challenges for LACYP and CLs, mainly due to poor information sharing; geographic variation in policies and rules of entitlement to services; and differences in cross-charging arrangements.

Clarity and focus

- The statement was seen to be *"written clearly enough"* (Social worker).

Ease of implementation

- In addition to many general points made earlier, while LACYP and CLs may have priority access to some services, the stigma of having to declare their status to secure entitlement could be off-putting for them and their carers.

Perceived potential to drive improvements in service provision and services users' experiences

- On the face of it, this statement was considered beneficial and to have the potential to vastly improve services and experiences. If or when LACYP and CLs move, this statement could encourage social workers and others to focus more on their health.
- On the other hand, this principle was said to be already well covered in

<p>existing law and guidance, but not followed: <i>“very important, but does not happen”</i> (Carer).</p> <ul style="list-style-type: none"> Professionals feared that the removal of earlier similar policies, such as <i>Healthy Care Matters</i> signified a reduced priority being given to continuity of care.
<p>Measurement</p> <ul style="list-style-type: none"> The statement needs to include a reasonable timescale in the explanatory text that follows it, specifically under ‘Process’ points a to e.
<p>Potential risks</p> <ul style="list-style-type: none"> It was feared that this statement would be ignored unless the challenges mentioned above were addressed. This statement was seen to assume a degree of movement, which was undesirable in itself.
<p>Perceived gaps</p> <ul style="list-style-type: none"> The statement does not provide guidance on information sharing across professional and local boundaries. No timescales are mentioned as to when key activities should happen, such as sharing information, making assessments or starting new services. It was not clear what standards of care or services are covered by the statement. The statement does not address the potential problem of inadequate supply of services in the original area. In other words, there is a danger that if the second local authority succeeds in continuing services as before, no matter how inadequate.
<p>Recommendations</p> <ul style="list-style-type: none"> The statement needs to include a clear timeframe for ensuring that services in the second receiving authority are provided, as well as some proviso about the standards of care in question. The statement could perhaps go further in encouraging cluster or regional agreements on services for LACYP and CLs who move. More detail is needed on ensuring continuity when young people make the transition to adult social care, as well as ensuring continued access to support services beyond 18. The statement should include provisions for communication between professionals, carers and agencies when LACYP and CLs move.

Statement 8

Looked-after children and young people, and young people who are covered by leaving care arrangements, are encouraged to have high aspirations to recognise and fulfil their potential by those working with and caring for them.

Summary

This statement was well received, in principle. It was considered very positive to expect high aspirations and to make this a clear expectation of caring for LACYP and CLs. The children and young people particularly welcomed it: *“really good one, really important because never happens, always get put down... they may want something but don't go for it 'cos no support to go for it”* (Care leaver). At the same time, it was felt that addressing basic needs first would prove fundamental to the success of this statement and many points of clarification and recommendations were made.

Clarity and focus

- The statement was perceived as somewhat vague, particularly vis-à-vis what is meant by ‘high aspirations’.
- Clarification was requested to explain how this statement links with the role of Virtual Head Teachers and Designated Teachers, who have a direct role working with looked after children and young people of school age.
- Stakeholders queried who was expected to have responsibility for implementing and monitoring actions related to this statement.

Ease of implementation

- Both professionals and care leavers felt that children and young people need to be able to make sense of their past before they can move on and look to the future: *“Got to have dreams...need to be asked what do you want to do... but other statements have to come first so that this one [is effective]”* (Care leaver).
- The success of the statement relies on carers and frontline professionals knowing LACYP and CL well, which in turn relates back to maintaining consistency of placements and people in their lives.
- For this statement to be effective, aspirations need to be encouraged from an early age and followed through during childhood and adolescence, rather than being first introduced in late adolescence. For example, academic aspirations require the child choosing the right subjects in school and pursuing these to the necessary level, which may impinge on their choice of school.
- The ability to implement the statement also depends on carers and professionals in close contact with the LACYP or CL having knowledge and experience of possible options for the future given the child's interests and abilities, as well as understanding of the respective eligibility and access criteria. This was said to be made more difficult since the abolition of Connexions.
- This statement may carry cost implications, including provision of extra-curricular activities or extra tuition beyond what carers and LACYP and CLs can normally afford.
- Care leavers who aspire to attend university will likely find the fees, accommodation and other costs very daunting, given their lack of family to fall back on.
- Fears were expressed that the Virtual Head Teacher policy was being downgraded, which may have implications for this statement.

Perceived potential to drive improvements in service provision and services users' experiences

- On one hand, it was felt that if implemented effectively, this statement could make a huge difference in LACYP and CL's experiences and achievements, both day-to-day and over the long-term. In particular, young people felt it might strengthen their case to pursue their dreams and argue for what they want to do.
- On the other hand, there was a large degree of pessimism from professionals and carers about its potential effectiveness, as the statement was seen to duplicate many existing educational provisions, which have not altered the generally low attainment levels of LACYP and CLs.

Measurement

- It was not clear how an elusive concept like 'encouragement' can and will be accurately measured.
- Evidencing small but crucial changes and gains, such as a young person attending school on a regular basis was perceived to be challenging, but as important as national exam results.
- If attendance or achievements are only measured every few years, the statistics may not capture LACYP and CLs who have been in and out of a school or placed outside of a particular local authority for a period of time.

Potential risks

- The statement could lead to unrealistic or even counterproductive expectations on the part of children and young people. Encouraging aspirations has to be tempered by the capabilities of children and young people, which in turn introduces degrees of discretion and variability across carers and professionals.
- Value judgements and budgets may drive aspirations, rather than the views of the LACYP and CLs.
- 'Aspirations' may be viewed too narrowly, above all as only pertaining to education.

Perceived gaps

- To successfully achieve LACYP and CLs being encouraged to have and follow high aspirations, training for carers and other personnel needs to be mentioned.

Recommendations

- The statement should emphasise the important link between children and young people's emotional well-being, self-esteem and confidence and their learning and aspirations, and explicitly talk about addressing the former first.
- Further explanation and a working definition of 'high aspirations' are needed. These need to incorporate aspirations and pathways relating to areas other than educational achievement and employment.

- The standard should include provisions to train and provide guidance for front-line staff and carers in this area, and potentially employing peer mentors who are care leavers.
- This statement should be linked more clearly with Virtual Head Teachers and existing policies aimed at improving educational outcomes for LACYP and CLs.

Statement 9

Young people leaving care are offered continued access to and support from services when they need it, to ensure that they move to independence at their own pace.

Summary

A statement focusing solely on care leavers was perceived as positive in itself. Nonetheless, while the aim was universally applauded, this was seen as one of the more challenging statements given the consistent obstacles young people faced in achieving a gradual transition to independence, despite it being expected policy and practice: *"heard it all before, would be hard enough in better financial situation"* (Organisation representing the interests of LACYP and CLs). Although addressing these obstacles is beyond NICE's remit, participants found it difficult to ignore them when examining this statement.

Clarity and focus

- The statement is not clear on what age limits it applies to, which was all the more important as different age rules were said to apply around the country.
- More information is needed on the expected maximum age limit for return to residential care.
- The statement is unclear about precisely which services it focuses on.
- It is unclear how this statement will be implemented or enforced: *"Very generalised blue sky aspiration in the current climate"* (Commissioner).

Ease of implementation

- Guaranteeing continued access to accommodation could be undermined by the poor financial rewards for foster carers: *"We can't do it on fresh air"* (Carer); *"Young people don't stop eating or using the shower"* (Carer).
- The financial support for care leavers was said to be inadequate, not least the amount paid for supported accommodation: *"A young person needs to learn to live on less money and get less help when they need more"* (Other professionals).

Perceived potential to drive improvements in service provision and services users' experiences

- This statement was seen to have the potential to bring significant improvements for young people leaving care, as the gradual move to

independence implied was welcomed as being more humane and allowing young people to develop the skills for independence incrementally: *"Used to relying on foster carers or staff in care home, so need to reduce it gradually"* (LACYP aged 12 to 17).

- Furthermore professionals and carers repeatedly commented that some LACYP and CLs are significantly less mature than their peers, and thus may need support for much longer, but paradoxically are expected to become independent much sooner than their peers.
- If followed, the statement may encourage more joint working and sharing resources between agencies.
- However, it was keenly felt that without stronger legal entitlement, services would not be delivered; more discretionary powers alone would not achieve much improvement: *"Local authorities will only do what they have to do"* (Carer).

Measurement

- The impact of this statement would be very difficult to measure for numerous reasons, including care leavers moving on and challenges collecting feedback from them.
- It is unclear how 'at their own pace' could best be measured.
- The outcome measures mentioned are inadequate to capture the quality of leaving care services and the impact of any changes as a result of this statement.
- Under the explanatory text to the statement, the 'process' only refers to the number of young people who get a health assessment.
- As disproportionate numbers of care leavers end up homeless, in prison or in other detrimental circumstances, measuring changes in the proportions of care leavers in these situations might be an effective gauge of service improvement for care leavers.

Potential risks

- Pathway planning often starts at 14, which was considered too young for some young people. It can take children by surprise and the prospect of moving can prove destabilising.

Perceived gaps

- The statement is not clear on what minimum or maximum timeframes, if any, might be associated with leaving care.
- It is unclear who should be responsible for making decisions about moving *'to independence at their own pace'*.
- Funding was a moot point. Indeed, although living and other costs may increase for the young person or carer, financial support decreases. In addition, care leavers were said to get fewer concessions (e.g. for sports and leisure facilities) than LACYP.
- The provision of affordable, secure and decent quality housing was seen as a key element of managing and ensuring young people's independence. Yet, the statement fails to address what happens if a previous placement is no longer 'available' for the young person.
- The statement does not cover housing provision for care leavers who attend university but who want to return 'home' during holiday periods

or afterwards.

Recommendations

- Personnel should be advised to introduce the need to prepare for leaving care gently, sensitively and incrementally to teenagers: ideally only when the young person appears ready and no earlier than parents would start to discuss 'moving out' with their own children.
- The 'life skills' mentioned in the accompanying text (under 'Structure') need to be spelt out more clearly and should include budgeting and managing bills.
- For the statement to be effective, all relevant bodies and systems need to be named and addressed, including housing, pathway planning, special guardians, adoption and supported accommodation.
- The statement should specify improvements in inter-agency and staff communication and coordination for those involved in post-18 service provision.
- More encouragement should be given to think long-term, strategically and collaboratively with other partners, including housing to minimise potential future problems.

Statement 10

Looked-after children and young people and their carers, and young people who are covered by leaving care arrangements, are engaged in creative, cultural and physical activities to promote overall wellbeing and self-esteem.

Summary

Across all stakeholders, this was welcomed as a very positive statement and as going well beyond typical provisions: "...provides a clear way to promote overall well-being and friendships". (Provider); "Great, Healthier Homes to go national!" (Commissioner). Yet, a few thought it was unnecessary and overly simplistic: "blindingly obvious" (Carer).

Clarity and focus

- The statement was perceived as being vague. In particular, clarity was needed around what parameters of activities were in question.
- Following from above, the explanatory text under the statement was not felt to expand on sufficiently – or explain – the wording of the statement, but rather merely repeats the phrase '*creative, cultural and physical activities*'.
- It is not clear what happens in cases where carers disagree with a child's or young person's choice of activity. A young person gave 'free-running' as a case in point.

Ease of implementation

- Children and young people's emotional well-being may need addressing before they are willing to participate in activities –

otherwise they may appear apathetic: *"everything is rubbish"* (Organisation representing the needs of LACYP and CLs).

- The costs associated with implementing this statement were a key concern, especially for carers when LACYP wanted to pursue an expensive sport or past-time. Further, local authority cuts to leisure services and concessions may increase the costs of more 'ordinary' sports or leisure pursuits.
- Practical issues might also present challenges, such as carers' time or ability to help transport children or young people to sports venues or other activities.

Perceived potential to drive improvements in service provision and services users' experiences

- Implementation of this statement was perceived as important to children's and young people's well-being.
- This statement could help with the establishment of children and young people's citizenship behaviours and feelings of belonging.
- Young people felt it would help provide them with better activities and something to do in their free time: *"Need more than just sitting around doing nothing"* (Care leaver).

Measurement

- Associated measures rely on subjective judgements: it is not clear what extent or frequency of engagement and what type of 'activities' count towards meeting this statement.

Potential risks

- The financial costs may not be feasible for carers. Conversely, the statement may put unfair onus on carers to tell the LACYP that a certain activity was not possible.
- The statement risked creating unrealistic expectations among children and young people, given the reality of what activities were possible within limited financial means.

Perceived gaps

- The statement needs to provide examples of what is meant by *'creative, cultural and physical activities'* and include more 'low-key' play and pursuits that might not count be seen as 'sport' *per se*, such as play or joining local leisure centres.
- Clarity is needed on the funding arrangements to ensure participation in such positive activities.

Recommendations

- The statement may need to be tempered with some parameters, such as costs and feasibility for carers.
- The statement should mention the importance of helping children and young people learn to pursue simple, cheap and healthy ways to relax, express themselves and deal with emotions.
- Further consideration is needed on how to encourage and support

- LACYP to participate in activities within and outside of schools.
- Carers may need personal support and/or training on how to help LACYP develop *'creative, cultural and physical interests'* - beyond what can be written in a support package.

Statement 11

Carers receive ongoing high-quality training, support and supervision to enable them to promote the health and wellbeing of children and young people in their care.

Summary

Ongoing training and support was said to be essential as foster carers are dealing with an increasingly complicated role and set of expectations, usually much more complicated than raising their own: *"Of course important, not just intuition"* (Carer). However, the statement was not considered to add anything to the national minimum standards, and it was said that there was already ample training available for foster carers.

Clarity and focus

- The statement was perceived as being unfocused and generalised, "[a bit] *"woolly"* (Carer).
- Clarification on the amount of training and supervision expected for carers would be useful, given existing demands on their time. In particular, it was not clear what was meant by *'core training'* ('Structure', point a).
- It is unclear whether the statement proposes increasing training for staff in supported accommodation, who were described as having no minimum training or qualifications.

Ease of implementation

- LACYP and CLs are a very diverse population and uniform training may not be enough in many cases.
- Carers' attendance at training was said to be variable and may need further addressing.
- For their part, foster carers reported that training can be repetitive and not always accepted by carers.
- Changeover in social workers was seen to undermine continuity and support to carers and led to a lack of uniformity in how supervising social workers work with and monitor foster carers.

Perceived potential to drive improvements in service provision and services users' experiences

- Successful implementation of this statement could result in more knowledgeable and experienced carers, which could subsequently lead to higher quality and more responsive care.
- Training, support and supervision have the potential to increase

<p>sharing of good practice ideas and tips from social workers or other carers.</p>
<p>Measurement</p> <ul style="list-style-type: none"> Stakeholders perceived that it would be difficult to measure the effectiveness of training or support and its subsequent impact on LACYP and CLs.
<p>Potential risks</p> <ul style="list-style-type: none"> There was a risk (albeit unquantified) that implementation of this statement could result in foster caring appearing over-bureaucratised, and thus deter good carers from being recruited.
<p>Perceived gaps</p> <ul style="list-style-type: none"> Foster carers and any partners or spouses may need support in kind, such as provision to take time off from work to attend training. It was unclear if the statement covers certain groups, such as adoptive parents, kinship carers, supported accommodation staff and other professionals who have contact with LACYP and CLs.
<p>Recommendations</p> <p>The statement needs to include more specifics around training, for example:</p> <ul style="list-style-type: none"> Training should be provided at different times and at varied levels and needs to be made interesting, diverse and pertinent. Methods to identify and record the training and support needs of carers should be developed. Carers and LACYP and CLs should be consulted to gauge their views of what training they feel is needed and when. The statement should suggest making training for front-line carers a contractual condition during commissioning with a mandatory specified degree of training and updating. In addition to training, one-to-one support from social workers and mentoring from other carers and carers' organisations is essential to help address specific issues (e.g. dealing with difficult emotions). Training has to be provided early on and by, "<i>people who know</i> (meaning other carers); <i>foster carers want to hear how it is</i>" (Carer). Training by specialists, such as child psychologists and educational experts should be included in any provision. Supporting social workers and link staff need to be sufficiently trained and knowledgeable to effectively support front-line carers around challenging issues, not least complex attachment disorders. Training for residential workers needs to include inter-personal relationships and how they treat LACYP, including "<i>sitting down with children more often, talking to them and asking them how they're doing</i>" (Care leaver). The statement should advise that budgets for training are ring-fenced.

Statement 12

Carers of looked-after children and young people, and of young people who are covered by leaving care arrangements, are fully involved in decisions about the care of the child or young person.

Summary

This statement proved more contentious than others. Overall, it was felt to depend on the context, a carer's experience and the relationship between carer and the LACYP. Unsurprisingly perhaps, this statement was welcomed most by carers and also by professionals on the grounds that increased decision making powers would give carers a clearer and enhanced role. Carers said they often felt excluded from important decision making and got inadequate respect for their insight into the child's or young person's needs. Moreover, lacking parental responsibility fundamentally restricted their effective input to important decision making.

However, not all LACYP and CLs were convinced of the importance of this statement. They felt the degree of a carer's involvement should depend on the length and quality of the relationship between the carer and the child or young person, and that overall it was more crucial to involve LACYP and CLs in decision making.

Last but not least, both carers and LACYP and CLs agreed that inexperienced carers or carers with a new child or young person may not be the best judges of what is best for children and young people.

Clarity and focus

- The statement is not clear regarding whether the statement applies to all types of carers including residential staff.
- The parameters of 'fully involved' need further explanation to help clarify what decisions carers would be involved in, as well as how much weight their views would carry.
- Further details are required on how to make judgments where carers' priorities and views do not fit with those of LACYP and CL's or social workers'.

Ease of implementation

- At present, foster carers often get children and young people into their care without any background information, undermining their capacity to contribute to decision making.
- Lack of parental responsibility can limit carers' background knowledge and effective input.
- This statement may link with Statement 4 and issues of birth parents' confidentiality in regards to decisions concerning children and young people's health.

Perceived potential to drive improvements in service provision and services users' experiences

- Allowing carers greater involvement could result in improved first-hand and rounded insights of the children and young people being brought to the decision-making process. Front-line carers may be in the best position to advocate on behalf of children and young people and help to achieve the best outcomes for them. One example was cited in which the carer's insistence and understanding of the bond between two siblings resulted in them being accommodated together rather than being separated, which had previously been expected.
- This statement might help address a sense of disempowerment among carers: *"Your relationship [with LACYP or CL] suffers because you're not doing what you said you'd do - it's you that's failed as a carer"* (Carer).
- Equally, carers and the LACYP or CLs they care for might fundamentally disagree, leaving it to others to make key decisions.
- This statement would make little or no difference to decisions currently made by those with parental responsibility.

Measurement

- This key constructs included in this statement were perceived as difficult to accurately measure. For example, while carers may be formally included in discussions and contribute their views, their input and impact on the decisions made may be difficult to assess.

Potential risks

- There is a danger of 'involvement' being a tokenistic exercise.
- Inexperienced carers could be given more clout than appropriate, or a carer may complain they were not 'involved' just because their opinions were not followed.

Perceived gaps

- Specifics about which carers and which decisions need to be made explicit.

Recommendations

- Supporting carers around efficacy in decision making should be included, as many carers may need training in how to present their observations and analysis in a cogent way.
- Clarification on carers' proposed role in decision making and how professionals can most usefully take their insights, experience and views on board is necessary.
- More clarity is required around how divergent opinions or values of carers, LACYP and CLs and professionals should be reconciled.
- To maximise transparency, record keeping should document whose views were listened to and the extent to which these views influenced the final decisions.
- The statement should be extended to encompass carers' roles in advocating for services on behalf of LACYP and CLs, and taking the initiative to raise issues beyond what professionals might have anticipated.

Statement rankings

We asked five of the focus groups to rank the statements in order of priority.¹¹ We used this method primarily to elicit detailed discussions around each statement. Nonetheless, their judgements on the overall and relative importance of statements were interesting in their own right.

Overall, no consistent pattern was obvious across the groups. Even *within* each stakeholder group, differences emerged. What can be said was that perceived importance was, on the whole, relative according to the group in question. A very broad pattern surfaced and is set out in Table 1 below and can be summarised as follows:

- The highest ranked statements across the groups were: *Statement 1* (multi-agency collaboration) and *Statement 9* (continued support for care leavers).
- Perhaps unsurprisingly, *Statement 2* (involving LACYP and CLs in decision making) emerged as a high priority for the organisations representing the interests of LACYP and CLs, was fairly middling for the LACYP and CLs groups (who felt it was context dependent), and received a low ranking among carers.
- *Statements 10* (facilitating activities) and *11* (support and training for carers) were considered highly important by carers and LACYP and CLs, on the whole, but were ranked lower by the organisations.
- *Statement 3* (choice of placements) also varied from highest to lowest.
- Predictably perhaps, *Statement 12* (carers' involvement in decision making) was ranked highly by carers, while others were more equivocal.
- *Statements 5* (personal identity), *7* (continuity across boundaries) and *8* (high aspirations) were consistently placed in the middle range, while *Statement 6* (help with complex needs) ranged from middling to high.
- Interestingly, *Statement 4* (access to family health records) was ranked very low by carers and the organisations.

Table 1: Statement ranking by focus groups

Position	Focus group				
	LACYP and CLs		Carers	Organisations representing the interests of LACYP and CLs	
Highest	1, 10, 9, 11	2, 3, 4 varied from low to high	1, 9, 10, 11, 12	1, 2, 6, 9	3 & 11 varied from low to high
Middling	5, 6, 7		5, 6, 7, 8	5, 7, 8, 10, 12	
Lowest	8, 12		2, 3, 4	4	

¹¹ The ranking exercise was done by carers, organisations representing the interests of LACYP and CLs and the three groups of children and young people. Each focus group was subdivided to work in sub-groups of two or three participants each, giving a total of 13 sub-groups.

Conclusions

A number of interlinked issues emerged from the focus group findings, and in turn underline the interconnectedness across many of the statements.

To return to the initial research questions, there is no doubt that participants found the standard relevant to high quality social care for looked after children and young people and care leavers. Any criticisms made did not derive from a lack of desire for standards of care and the health and well-being for these groups to improve. Indeed, it was quite the opposite: all stakeholders keenly felt that improvements in policy and practice were needed, welcomed an increased focus on well-being and health and came to the focus groups eager to help develop the standard.

Overall, the statements were felt to simultaneously challenge some current practices and exemplify best practice, which in itself reflects the context in which the standard will have to operate. Several difficulties and omissions were highlighted. Addressing these could improve individual statements and make them more useful to all, not least in terms of reducing duplication, improving clarity, linking with existing rules and recommendations and introducing timeframes.

More importantly, however, many of the concerns about using the standard as it stands focussed on how it would fit with existing law and guidance, and notably how these statements would ultimately bring about improvements in practice. For example, participants posed many questions about the relationship between NICE and the regulators and between these and other standards (e.g. National Minimum Standards), which are important and need to be addressed.

Stakeholders' emphasis on the need for greater clarity over implementation, target audiences and enforceability came from a desire to see policies like these mainstreamed and to offer grounds for better challenge to local authorities and practitioners, rather than merely offering an optional 'best practice'. Legal underpinning and greater tying in with the existing matrix of law, policies and inspection frameworks were considered essential to help stakeholders use the standard and make implementation a reality.

Indeed, the reported variability in service delivery and application of existing rules emphasises in itself the need for strengthening entitlements, as opposed to adding more discretionary powers. Further, the fact that the children and young people we spoke to were unaware that many of the provisions set out in the standard already exist, points to the need for reinforcing (and not just duplicating) these provisions. Without more weight, there was a fear that the standard would merely add to the processes and bureaucracy surrounding looked after children and young people and care leavers, without necessarily improving their outcomes.

Stakeholders found it nigh impossible to ignore contextual factors when discussing the standard and argued that these would have as great an impact on its effectiveness as its content. Taking on board the detailed feasibility and risk issues and recommendations offered in the groups may well make the

standard clearer and more accessible and enhance implementation. It was recognised that while some of the feasibility points and recommendations went beyond the scope of the standard or indeed of NICE, they were seen as fundamental to the success of the standard nonetheless, reflecting the need to improve compliance and reduce variability in service delivery.

One of our starting questions was how likely the standard was to impact unevenly on different groups of looked after children, their families or carers. The views expressed indicated that the reported additional challenges faced by care leavers and looked after children and young people with emotional or mental health needs would not be remedied by the standard. As a result they are likely to remain relatively disadvantaged within an already disadvantaged group.

The social care field is arguably very distinctive from health, to the extent that approaches that have proven successful within a health sphere might meet more resistance within social care, such as advice on best practice. Any implementation strategy for social must thus anticipate and find a way of positively engaging a field heavily inoculated by previous experience and 'initiative overload'. It was also feared that the current Government's emphasis on adoption both overlooked the fact that most looked after children and young people stay in the care system, and could potentially divert focus and resources.

There are some fundamental difficulties with the enterprise of developing and introducing quality standards into children's social care, not least around ownership, authority and purpose that must be addressed. For instance, the Department for Education's (DfE) relationship to this programme remains unclear, as is the extent to which the DfE approves and will endorse and facilitate the implementation of this standard. Furthermore, for this programme to make any mark at all, NICE, the Department of Health (DH) and DfE need to take a step back and objectively consider some fundamental questions, such as:

- How much is this programme needed?
- What will it bring that other programmes have not done?
- What is the evidence base for either the need or potential impact?

More fundamentally still, the evidence emerging from these focus groups begs two final questions:

- Why do services for looked after children and young people and care leavers remain so poor and variable, despite extensive drives to rectify this?
- Why is the wealth of law, policies and every status and type of guidance so commonly, and apparently easily, ignored?

Understanding the answers to these complex questions is essential to achieve improvement in this crucial area.

Appendix A. Details on recruitment and sampling strategy

The six professionals' and carer's groups were publicised through a variety of platforms including:

- Local authority Children's Services in London, South East, Midlands, East Midlands, East of England, North West, North East and Yorkshire and Humberside
- Directors of Children's Services, (regions as above)
- NCB's membership bulletin
- NCB's website
- NCB's members' web pages
- NCB Research Centre webpage
- NCB's Twitter feed.

We also sought the cooperation of relevant organisations to pass on information to their members and/or post details of the focus groups on their websites or e-bulletins. These were:

- British Association for Adoption and Fostering (BAAF)
- The Fostering Network
- Who Care Trust
- The Local Government Group
- The Centre for Excellence in Outcomes (C4EO)
- Alliance for Child-Centred Care
- Kinship Care Alliance
- Placements North West
- Independent Children's Home Association
- Children England
- National Association of Special Schools
- VOICE
- Young Minds
- Children and Young People's Mental Health Coalition
- National Care Leavers Association
- National Youth Advocacy Service
- A National Voice
- Barnardos
- Nexus
- Grandparents Plus
- Catch 22
- Centrepont
- DePaul Trust
- Foyer.

We also conducted some further targeted recruitment for professionals working in organisations representing the interests of looked-after children, their families and their carers, as well as foster and kinship carers and residential care staff. For example direct invitations were sent to named contacts in relevant organisations including BAAF, VOICE, the Who Cares Trust, Catch 22, The Fostering Network, National Association of Kinship Carers, Family Rights

Group, A National Voice, the Office for the Children's Commissioner, Children's Rights Officers and Advocates. These were closely followed by telephone contact.

Additional efforts were made to recruit foster and kinship carers and residential care staff. As well as asking agencies to pass on tailored information to carers they worked with, we contacted a number of key organisations including Fostering Network, Foster Care Association, Kinship Care Alliance, Nexus, Grandparents Plus, Bracknell Forest, Independent Children's Home Association, Catch 22, Centrepont, DePaul Trust and Foyer.

Sample selection for professionals' and carer's focus groups

All of the publicity directed interested individuals to an online form. The form provided further details about the arrangements for field testing (including the scheduled date, time and location), requested details about potential participants (e.g. job title, employer, contact details) and invited readers to register their interest. Additionally some contacted NCB directly to register interest.

The online forms and direct contact elicited a total of 225 registrations of interest in the focus groups from professionals (201 from the online form and 24 from direct contact). The NCB team reviewed applications, with the aim of filling desired quotas for each type of professional (Table 2 below). Participants (and reserves) within each category were then randomly selected for each group.

Given (inevitable) last minute cancellations and no shows at the first three groups, subsequent sessions were slightly over-booked to ensure attendance. For example of the twenty-three social work professionals who registered their interest in the social work focus group, 14 were selected from a range of different local authorities with varying Ofsted ratings (i.e. from adequate to good). However due to heavy workloads and changing plans, a number of last minute cancellations were received, and although all remaining registrants were contacted via email and phone, few were able to then make it. Similarly, due to caring demands on the day, the carers' focus group was dominated by foster carers with no kinship carers or residential care staff.

Children and young people's groups

In order to get an array of views from children and young people who had experience of the care system and who might be affected by these proposals, focus groups were planned for three age bands of looked after children and young people and care leavers (LACYP and CLs), namely: children aged 7-11, young people aged 12 to 17 and care leavers aged 18 and over. Recruitment of LACYP and CLs was done via other organisations, principally organisations that worked on involving children and young people in decision-making, such as VOICE and local Children in Care Councils (CICCs). These were contacted directly by the researchers via e-mail and telephone. Indirectly, the recruitment e-mails sent to Directors of Children's Services and other professionals also sought their help in enlisting groups of LACYP and CLs.

Keen to help contribute to this process, local authority participation workers approached the children and young people on our behalf, using our information materials and tried to arrange dates and times. Unfortunately, it was not always possible to convene meetings within our timescale. Moreover, this recruitment started during the August holiday period, and early September proved far from ideal for holding focus groups, as it coincided with children and young people starting new schools or colleges or settling into the new school year. Despite everyone's best efforts, some arranged sessions were subject to change and, in all cases, fewer children or young people turned up than expected on the day. Group facilitators and participation workers also helped secure consent from social workers for the LACYP and CLs to take part in these focus groups. In the end, very fruitful discussions were held with three age groups: 7-11, 12-17 and 18 and over, and each group was mixed gender.

Targeted and achieved sample

Overall, 51 professionals and 19 children and young people (8 males, 11 females) participated in the focus groups. The number of individuals consulted within each broad stakeholder group is summarised in the Table A1 below.

Table A1: Field-testing groups, target numbers and actual numbers achieved

Stakeholder group	Location	Numbers				
		Groups	Target (min–max)	Signed up	Booked	Attended
Commissioners	Manchester	1	10-12	28	12 ¹²	8
Providers of placements and services to LAC¹³	Manchester	1	10-12	21	16	6
Social work professionals and managers	London	1	10-12	23	9	5
Other professionals¹⁴	London	1	10-12	24	19	11
Foster and kinship carers and residential care staff	London	1	10-12	36 ¹⁵	16	11
Organisations representing the interests of looked after	London	1	10-12	12	12	10

¹² Plus four reserves who were offered places when four others declined closer the time

¹³ Private and voluntary sector

¹⁴ Other professionals included: education staff (e.g. LACES staff, virtual head teachers); health staff (e.g. LAC nurses and CAMHS staff); and others (e.g. Youth Offending Team, Independent Reviewing Officers)

¹⁵ Thirty of these were foster carers and six kinship and residential carers. However on the day only foster carers attended.

children, their families and their carers

Looked after children (aged 7 -11 & 12- 17) and care leavers	Outer London	3	18-24	12	7 (care leavers, aged 17-21 years)
	South East			12	9 (12-17 years)
	Inner London		84- 96	8	3 (7-11 years)

Example of publicity material: letter sent to Directors of Children's Services**Field testing of the NICE draft social care quality standard on the health and wellbeing of looked-after children and young people**

Dear [name]

As you will be aware, the National Institute for Health and Clinical Excellence (NICE) will be given responsibility to develop quality standards and other guidance for social care in England from April 2013. As part of their new role NICE is running a pilot programme for developing social care quality standards including the health and wellbeing of looked-after children. NICE has drafted a quality standard based on best available evidence, and with input from experts in the field. NCB's Research Centre has been commissioned to field test this draft quality standard with commissioners, professionals, looked-after children and carers, before it is finalised and published in 2013.

We are currently recruiting for a series of focus groups in London and Manchester in **September 2012** to capture a range of stakeholder views. You are very welcome to attend one of these groups yourself, for example the one for Commissioners or social workers/managers. We would also appreciate if you could cascade the message below to reach:

- Social work professionals and managers (up to and including Directors of Children's Services)
- Commissioners of services for looked-after children
- Foster carers, residential care staff and kinship/family carers
- Other professionals and practitioners from health and education sectors who work with looked-after children and young people and care leavers

If you have any questions, please contact me. Many thanks for your assistance

Natasha Willmott
Senior Research Officer
NCB Research Centre, Email: nwillmott@ncb.org.uk
Tel: 020 7843 6302 (direct line)

Text to pass on:**Your chance to influence development of the National Institute for Health and Clinical Excellence (NICE) quality standard on the health and wellbeing of looked-after children and young people.**

NCB's Research Centre has been commissioned by NICE to help test a new draft quality standard on the health and wellbeing of looked-after children and young people. We are running a series of focus groups in London and Manchester during **September 2012**, to gather the views of:

- Social work professionals and managers (up to and including Directors of Children's Services)
- Commissioners of services for looked-after children
- Other professionals and practitioners from health and education sectors who work with looked-after children and young people and care leavers
- Foster carers, residential care staff and kinship/family carers
- Organisations providing placements/services to looked-after children
- Organisations representing the interests of looked-after children, their families and carers

This is a unique opportunity for you to inform the development of the quality standard. Your insights will help NICE ensure that the standard is useful, clear, relevant and will improve quality of care for looked-after children and young people.

Time is short- so sign up today!

Click this link to find out more about the focus groups and to register your interest:

<http://www.snapsurveys.com/swh/surveylogin.asp?k=134555430474>

Foster carers and kinship/family carers

We will also be running a focus group with carers. It would help us greatly if you could pass on this information to foster and kinship or family carers or groups that support them. You can also contact us to request information produced specifically for carers.

Looked-after children and young people and care leavers

We also want to gather the views of looked-after children and care leavers. If you work with an established group and would like to know how they can be involved in this project please contact **Natasha Willmott on 020 7843 6302 or email nwillmott@ncb.org.uk**

Please note: In addition NICE are also running an online consultation, of which you might be aware. This is completely distinct from and complementary to NCB's evidence gathering. Further information about the NICE draft quality standard can be found here:

<http://www.nice.org.uk/guidance/qualitystandards/socialcare/LookedAfterChildrenAndYoungPeopleConsultation.jsp>

Appendix B. Focus groups: main methods and tools

All professionals were sent the draft standard in advance of their scheduled focus group and asked to read this in preparation for the session to familiarise themselves with the content and prepare for the sessions. They were expressly asked to identify any areas which they felt needed clarification and consider how the standard would help improve practice in their field.

Carers were also provided with a specially drafted 13-page summary version of the standard, which was designed to be quicker to read and more accessible than the full document. In addition, all were offered paper copies of the full standard document on the day.

Focus groups with professionals and carers lasted two hours.

Table B1: Summary of focus group activities for professionals and carers

- Views on individual statements were sought from participants. Each statement was printed on an A3 sheet, with space for respondents to record 'positive views', 'negative views' and 'anything unclear?', and were hung on the walls. Focus group members wrote their views on post-its and stuck these to the sheets.

And/ or

- In small groups, participants prioritised the statements according to how important they viewed each and ranked all the statements against each other. A picture of a thermometer was used as the measuring tool, and a picture of a dustbin was used for any statements felt to be totally unimportant that should be discarded.
- Stakeholders participated in a large group discussion of their first impressions of the standard and their reaction to the statements as a whole.
- Small group sessions were used to discuss each of four prepared case study vignettes, drafted to encompass certain statements. Each group was tasked to discuss what difference the selected statements made in each case, and identify any challenges or any clarity issues.
- Feedback covered the statements in detail, before segueing into a general large group discussion about their perceived relevance, acceptability, clarity and impact.
- All the small and large group discussions were digitally recorded, with permission.

Case study vignettes used with professionals and carers

1. Ayesha is a mixed race 14 year old who has been in the care system since the age of 5. Although she has been in a stable placement for the past 5yrs, she had several previous placement moves, including two failed attempts at rehabilitation with her mother.

However, it looks like her current foster care placement is about to end as the foster

carer has developed a serious long-term illness and feels she needs to give up being a foster carer.

Ayesha is very capable and intelligent, does well in all her school subjects, is in the school football team and enjoys dancing. She has made a few friends at school but, because she tends to be quite guarded and doesn't live near them, she doesn't see them outside of school. Over the weekends and holidays she gets extremely bored as there is nothing to do, aggravated lately by the foster carer being too tired to do anything with her outside the house.

Look at statements **2, 3, 5 and 10**.

2. Benjamin, who is 10 is of Caribbean heritage and together with his younger sister, Doreen aged 4, lives with their godmother, a placement arranged by the local authority. Their mother who was very young when she had them had various health problems and was estranged from her own family. Benjamin has autism and Type 1 diabetes, which requires regular insulin injections. He finds the latter a nuisance and a bit painful and needs some coaxing to take it at required times. Because of his autism he has poor communication and social skills for his age and reacts badly to changes in routine. He has done well in the local primary school, with extra support via his statement of Special Educational Needs and the school have accommodated his behavioural difficulties, including tantrums and hitting others. However teachers feel he will need to move to a special secondary school next year. The most suitable and nearest one requires either boarding fulltime or on a weekday basis or a two hour journey each way, each day. Doreen attends a full-time private nursery, paid for by the local authority but it has been suggested that she move to a school nursery next term.

Look at statements **3, 4, 6 and 7**.

3. Ryan is 15, comes from a White working class background and has lived with a foster family since entering care 5 years ago. He is doing well at school and wants to study for A levels in a Sixth Form college in a nearby town and ideally go to university. He is feeling quite stressed about the choices he has to make and the pressure he's coming under from all sides. He likes English, Art and History but is worried if he will be good enough and about the career prospects with those subjects.

Teachers are encouraging but he doesn't think they understand his situation and he does not find his foster parents much help as they both left school at 16 and would prefer he did something practical as a safer option, such as apprenticeship or BTEC. He is also worried about the travelling time and costs to sixth form, where he'd live if he goes to university (as he'd have to move town and thus stop living with his foster family) and the financial costs of university.

Look at statements **8, 9, 10, 11**

4. Chloe is 14 and of White British parentage. She was taken into care at 6 because of many years of neglect and abuse, mainly arising from parental mental health and drugs misuse problems. She currently lives in residential care after her placement with her grandmother (in another LA area) broke down, partly because of her increasingly challenging behaviour (staying out late, getting into trouble with the police). Also, her gran felt she could not cope any more. Chloe runs away from the home on a regular basis and is usually brought back by the police. She mostly tries to find her way back to her grandmothers by hitching/ walking/ going free on buses. She also self-harms, drinks a lot in the park with whoever is around and has slept rough a few times.

Look at statements **1, 6 and 11 and 12**.

For each case participants were asked:

1. What difference would this statement make in terms of improving outcomes for this child or young person? (e.g. What does it add to existing guidance? What would that difference look like?)
2. How clearly is that statement and its purpose presented?
3. Do you perceive any difficulties or drawbacks with this statement in this instance?

And, if time: identify any other statements which seem particularly pertinent.

Focus groups for LACYP and CLs

Focus groups with LACYP and CLs lasted approximately an hour, to fit with participants' availability and concentration levels. A thirteen page summary of the statements was written and provided to those aged 12 and older.

Ethical considerations

All field staff had enhanced CRB clearance. The researchers produced accessible information about what would be involved in the focus groups for children and young people of different ages, and all materials and activities were designed and adjusted to suit the age of participants. We worked closely with other organisations, and through them sought necessary permission and consent for participation from children's and young people's carers and social workers. In addition, we sought children's own consent at the start of each focus group, and ensured they understood that their participation was totally voluntary and that they could have a break or totally withdraw from the process at any point.

To minimise potential disruption and impact, the researchers travelled to and attended existing groups. This avoided the need for additional travel or chaperoning for the children and young people, but also maximised their familiarity and comfort with the venue and other participants.

In recognition of their contribution to the field testing, children and young people were each given a £20 high street gift voucher.

Table B2: Summary of focus group activities for LACYP and CLs

The youngest children, aged 7-11 years

- A combined storyboard and 'draw and tell' method was used for this group. More specifically, as the researchers leading the group recounted a (mainly pre-scripted) story about a looked after young child, participating children decided on key details, including the child's name, age and gender. They drew the child, his carers, friends and other aspects of his life and discussed how they thought the boy would feel as different aspects of the story unfolded. Prompts were designed to encompass and elicit responses to a number of statements.

The children and young people aged 12-18 and care leavers' group

- These groups were given a concise written summary of the statements drafted by the researchers as well as a verbal explanation on the day.
- In small groups they ranked individual statements against each other,

as well as discussing how important they felt each could be to LACYP and CLs.

- In small groups they discussed case study vignettes. These were the same as the cases discussed by the professionals and carers, with some changes in language and presentation, as well as fewer questions.
- Feedback from the case studies was discussed in a large group, followed by a general discussion of the issues emerging.

All discussions were recorded with participants' consent and detailed notes taken contemporaneously.

Case study vignettes for LACYP aged 12 - 17 and care leavers 18+

Ayesha is 12. She has been in the care system since she was 5. She has now lived with the same foster carer for 4 years. But before that she moved a few times and also tried living back with her mum for a while, but that did not work out.

Her birth mum is black and her dad white. She knows her dad has some illness, but no-one has ever told her what it was. She does not see him much, but sees her mum a few times a year.

Ayesha is very clever and does well at school. She is in the school girls' football team and enjoys dancing. She is quite shy but has made a few friends at school but doesn't see them outside of school, because they don't live near.

Over the weekends and holidays she gets really bored as there is nothing much to do in her area. Also lately her foster carer has been too tired to go anywhere with her.

Her foster carer is now ill and feels she needs to give up being a foster carer. If this happens Ayesha has been told she may need to move to a different council area.

Ryan is 16 and has lived with a foster family since he first entered care 6 years ago.

He has done well in his GCSEs and wants to study for A levels in a Sixth Form college in a nearby town and maybe go to university after that. He is really worried and finds it hard to decide what is best to do. He likes English, Art and History but is worried if he will be good enough and has no idea what kind of job you can get if you study these subjects.

His teachers encouraged him to do A levels but he doesn't think they understand his situation. He does not find his foster parents much help as they both left school at 16 and seem to prefer he get a job now.

He is also worried about the cost and time it will take to travel to sixth form as it's in another town.

His foster carers and social worker have hinted that he should start thinking about getting his own place to live soon.

2. Benjamin (10) and his younger sister, Doreen (4), live with their godmother - a placement agreed with the council.

Benjamin has autism and Type 1 diabetes, which requires regular insulin injections. He finds the latter a nuisance and a bit painful.

He has poor communication and social skills for his age and really does not like changes in routine. At primary school he has done well, even though his behaviour is not always that good and he has many tantrums and has hit other children. He gets extra support from a teaching assistant.

His teacher feels he may need a special secondary school from next year. The most suitable and nearest one requires boarding either fulltime or on a weekday basis, or a two hour journey each way, each day. Doreen attends a full-time private nursery, paid for by the local authority but it has been suggested that she move to a school nursery next term.

For each person, the group was asked to:

- Pick out the statements which they thought would most help Ayesha and stick them on this sheet
- For each one of these discuss: What difference this statement would make to this young person?

Storyboard for young children aged 7 to 11

We provided a framework of story of a looked after child, and as story progresses different statements come into play. The children draw the shape of child on a long roll of paper. Invite children to add in detail /draw in bits as we go along, in answer to prompts/ questions. Children were told they can add comments/details and change the direction a bit.

REMIND GROUP THAT THIS IS ONLY A STORY

Record discussion with permission.

Story	Questions/ prompts/group draw	Statements
This is a young girl /boy. S/he is 6 (for youngest group) / 10 (for middle group) ie just a year or two younger than them	Ask group for gender, age, and name:	
S/he has been in care since s/he was 4 / 8.		<i>2 - involve</i>
Their mum is Black and dad is White. S/he can't remember her/his dad at all and has not seen mum for a few years. No-one talks much about their birth family or their life before s/he went into care.	How do you think s/he feels about this? What do you think s/he would like to happen? Who do you think could help (if s/he wanted help)?	<i>5 – identity & important relationships</i>
S/he knows that her/his dad had some kind of health problem but does not know what it was.	What do you think would make them feel better about this? How important do you feel that is? Who do you think could help her/him if s/he wanted help?	<i>4 – access health records of birth family</i>
S/he lives with a foster carer who is also mixed race	Do you think it is important that s/he stays with a mixed race family/ people or more like her/him?	<i>5 - identity</i>
S/he likes staying with this foster carer	Draw some of the animals	

and this family and has a pet rabbit (as well as the foster carer's other cats and dogs which s/he likes)	Ask for name for pets What else might make her/him happy living here	
But now the foster carer is not well and may need to get hospital treatment - ie will be in and out of hospital a lot over the next few months.	How do you think they feel about this? Anything that might make it easier?	2 - <i>involved</i> 11 - <i>support for carer</i>
And as a result, it looks like s/he will need to move to a different carer	How do you think s/he feels about this? How much should s/he be able to choose who s/he lives with or where s/he lives? Is there anything you can think of that could make the move easier for her/him? Who do you think could help her/him?	2 - <i>involved</i> 3 - <i>placement choice</i> 6 - <i>extra support</i> 7 - <i>services continue after move</i> 11 - <i>support for carer</i>
S/he likes and gets on well at school, S/he's made some good friends at school But s/he doesn't get any help with homework at home - so sometimes gets into trouble about this at school	Draw What do you think s/he would like to happen? Is this important - why?	8 - <i>encouraged in potential</i>
S/he also likes dancing and gymnastics	Draw Any thoughts what could help? Do you think this is important/ not - why?	10 - <i>activities</i>
But because the carer has been ill s/he has not been able to go to the special after-school /weekend clubs for these and because of that s/he is often stuck at home bored	How do you think s/he feels about this? What could be done about this? Who should do it?	10 11
Also because the carer is ill s/he can't get to see friends during the holidays	How do you think s/he feels about this? What could be done about this? Who should do it? / who could help with it?	5, 10, 11
S/he's been told that s/he might need to move and move to a different area - which will mean starting at a new school	How might s/he feel about that? (If think it's not a good thing) - what do you think could be done? Who could help her/him with it?	2, 7, 3, <i>And 12 - carer have say</i>
<i>Lastly they draw what they feel would be best thing to happen for child now - ie to end positively. Explain and discuss their drawings.</i>		