

NATIONAL INSTITUTE FOR HEALTH AND CLINICAL EXCELLENCE

HEALTH AND SOCIAL CARE DIRECTORATE

QUALITY STANDARDS PROGRAMME

Quality standard topic: the health and wellbeing of looked-after children and young people.

Output: Briefing paper to inform drafting of quality standard for consultation and field testing.

Introduction

This briefing paper presents a structured evidence review to help determine the suitability of recommendations from the joint NICE public health guidance 28 and SCIE guide 40 to be developed into statements into a NICE social care quality standard.

Primary source

The draft quality statements and measures are based on published recommendations from the following key development source:

- NICE and SCIE (2010) [Promoting the quality of life of looked-after children and young people](#). NICE public health guidance 28 and SCIE guide 40. London: NICE and SCIE.

Looked-after children and young people: full guidance. Available online: <http://guidance.nice.org.uk/PH28/Guidance/pdf/English>.

The focus of the NICE/SCIE guidance is about ensuring that organisations, professionals and carers work together to deliver high-quality care, stable placements and nurturing relationships for looked-after children and young people. The recommendations set out how agencies and services in a complex, multi-agency environment can improve the quality of life for looked-after children and young people through more effective collaboration that places them at the heart of all decision making.

Structure of the briefing paper

The body of this briefing paper presents supporting evidence for the draft quality standard reviewed against aspects of quality - effectiveness, experience and safeguarding/safety. Information is also provided on available cost-effectiveness evidence and current practice for the proposed standard.

Where possible, evidence from the source guideline is presented (NICE PH28/SCIE Guide 40). When this is not available, other evidence sources have been used. This paper does not intend to provide a comprehensive

review of the evidence, but to provide context and to highlight some key discussion areas.

Evidence considered during development of the joint public health guidance (PH28 / SCIE guide 40)

A range of evidence reviews were presented to the Committee of the joint NICE/SCIE guidance on [promoting the quality of life of looked-after children and young people](#). These included systematic reviews, an extensive qualitative review of the views of children and young people who were or had been in care, and their families, a detailed sample analysis of Joint Area Reviews, two practice surveys, and fieldwork with commissioners, independent service providers and frontline practitioners. Evidence papers were also presented to the PDG by expert witnesses. In addition, children (where appropriate) and young people were asked for their views on the guidance. These views were reported to the PDG, some of which resulted in changes to the recommendations.

Where specifically referenced in this briefing paper, the detail of the evidence report is provided in the footnotes.

Full details of the documents reviewed by the PDG in development of the joint public health guidance (PH28 / SCIE guide 40) recommendations are provided in appendix A of this briefing paper.

Contents

1. Information sharing between services	4
2. Engagement and involvement – children and young people.....	7
3. Engagement and involvement - carers	11
4. Quality and choice of placements	13
5. Maintaining healthy and supportive relationships	18
6. Access to personal information.....	21
7. Support to understand personal identity	24
8. Training and support for carers.....	26
9. Support to meet complex emotional needs.....	30
10. Activities to promote health and wellbeing	36
11. Supported transitions	38
12. Support for leaving care and becoming independent.....	42
13. Encouragement to fulfil potential.....	47
Appendix A Full list of documents reviewed for joint NICE/SCIE guidance....	51

1. Information sharing between services

1.1.1 Relevant guidance recommendations and proposed quality statement

Guidance recommendations	PH28 / SCIE guide 40 recommendation 6: Support professional collaboration. PH28 / SCIE guide 40 recommendation 21: Share health information and ensure consent is obtained.
Proposed quality statement	Looked after children and young people and their carers experience care where information is shared appropriately between services.
Draft quality measure	Structure: a) Evidence of local arrangements to ensure that information shared between services is shared in accordance with an information-sharing protocol. b) Evidence of local arrangements to ensure that structures and systems are in place to obtain consent to share health information (including a system in place to monitor, and address failure to obtain, permission or consent for health matters). Outcome: Evidence from experience surveys and feedback that looked after children and young people feel their information is shared appropriately and is kept confidential as appropriate.

1.1.2 Effectiveness evidence

Recommendations 6 and 21 are partly informed by research on the priorities and experiences of practitioners¹ which reported that, as looked-after children and young people's needs overlap, what is done in one field can impact on their requirements in another.

As part of this research, practitioners recommended a holistic approach to service provision, implemented with a reasonable degree of consistency across the country, since many looked-after children are placed out-of-area. Specifically, it was reported that out of area placements can present a challenge in terms of transfer of information and continuity of service.

A brief review of inspection and review data² found that strong partnerships, from strategic level to frontline working, can have a positive impact on outcomes for children and young people.

¹ Joint NICE/SCIE guidance evidence source (commissioned reportC1)

² Joint NICE/SCIE guidance evidence source (commissioned reportC2)

A practice survey³ partly informed recommendations 6 and 21. It found that positive practice in improving the health and wellbeing of looked-after children and young people is underpinned by effective information-sharing and communication across organisational boundaries. The survey concluded that this approach supports a shared commitment to improving outcomes. Sites included in the study *detailed structured and forward-planned information sharing meetings* and *regular correspondence* as elements of effective practice. An expert paper⁴ provided further detail about the importance of appropriate information-sharing, including ensuring that written reports are shared in a timely manner with social workers and that medical records are forwarded on appropriately between clinicians.

Further evidence on the importance for looked-after children and young people of having someone to talk to in confidence was drawn from an evidence review⁵ of a number of qualitative studies. Notably, looked-after children and young people reported that they were often mistrustful of talking to professionals as they could not be sure what they said would be kept confidential.

1.1.3 User experience of service provision

The 2011 Children's Care Monitor⁶ review found that 69% of children in care thought their personal information was kept confidential enough, with 8% saying they thought it wasn't and 23% unsure. There was a marked difference between the views of children and young people in different types of care; 77% of respondents from children's homes indicated that they thought their information was kept confidential enough, compared with 66% of foster children. Many more foster children were unsure whether or not their personal information was kept confidential enough.

Research into advocacy for looked-after children and young people⁷ found that some young people felt social care professionals were sometimes at fault for sharing too much information about young people with other professionals. A further issue was the standard of confidentiality that was available and understood by young people with disabilities was also an issue for debate, particularly in relation to sexual behaviour or identity.

1.1.4 Safety/safeguarding

The Programme Development Group (PDG) considered evidence that when multi-agency teams are supported and encouraged to address their way of

³ Joint NICE/SCIE guidance evidence source (commissioned reportC3)

⁴ Joint NICE/SCIE guidance evidence source (expert paper EP6)

⁵ Joint NICE/SCIE guidance evidence source (evidence review E5)

⁶ Ofsted (2012) [Children's care monitor 2011: Children on the state of social care in England](#)
The Children's monitor care and reports each year on the views of children and young people and how they are looked after in England. The report is based on results of an online web survey and includes the views of children and young people receiving social care services on keeping safe, bullying, having a say in what happens, making complaints and suggestions, education and care planning.

⁷ Thomas Coram Research Unit (2006) [Advocacy for looked after children and children in need: achievements and challenges](#)

working, they are better able to collaborate when handling difficult and complex situations, and more readily adopt a non-defensive approach that focuses on the best outcomes.

An Ofsted survey of social work practitioners⁸ identified that only 40% felt that there was effective communication and information-sharing between the local authority and other organisations who contribute to safeguarding.

A literature review conducted as part of research into advocacy for looked-after children and young people⁹ found that standard confidentiality policies may inhibit young people from disclosing information about risks to their safety.

1.1.5 Current practice

An expert paper¹⁰ highlights evidence of insufficient coordination and joint working between providers and health services. The paper reports that failure to share information hinders achievement of positive outcomes.

Just under half (47%) of social work practitioners surveyed as part of an Ofsted survey¹¹ agreed that there was effective communication and information-sharing among staff within the local authority, with 28% disagreeing that this was effective. Just under half (48%) agreed that there are effective systems for recording all information that has been shared about children and young people, while just under a third (29%) disagreed. Only 31% felt that the electronic case recording system was effective, while 46% did not. In a similar survey conducted with third sector organisations¹², just under half (48%) of the third sector organisations responding agreed that there was effective partnership working between the third sector and the local authority.

SCIE guide 44¹³ on mental health service transitions for young people reported that lack of information-sharing agreements across health and social care services is one reason for poor partnerships and coordination in mental health service transitions.

1.1.6 Current indicators

No national indicators, information items or routinely collected data were identified.

⁸ Ofsted (2010) [Safeguarding and looked after children: national results for children's social work practitioners survey 2010](#)

⁹ Thomas Coram Research Unit (2006) [Advocacy for looked after children and children in need: achievements and challenges](#)

¹⁰ Joint NICE/SCIE guidance evidence source (expert paper EP8)

¹¹ Ofsted (2010) [Safeguarding and looked after children: national results for children's social work practitioners survey 2010](#)

¹² Ofsted (2010) [Safeguarding and looked after children: national third sector organisation survey 2010](#)

¹³ SCIE (2011) [Mental health service transitions for young people](#). SCIE guide 44. London: SCIE

2. Engagement and involvement – children and young people

2.1.1 Relevant guidance recommendations and proposed quality statement

Guidance recommendations	<p>PH28 / SCIE guide 40 recommendation 5: Implement care planning, placement and case review regulations and guidance.</p> <p>PH28 / SCIE guide 40 recommendation 24: Meet the individual needs and preferences of looked-after children and young people.</p> <p>PH28 / SCIE guide 40 recommendation 27: Share learning about diversity.</p>
Proposed quality statement	<p>Looked-after children and young people are actively involved in decisions about their individual care.</p>
Draft quality measure	<p>Structure:</p> <p>a) Evidence of local arrangements to ensure that children and young people are actively involved in decisions about their individual care.</p> <p>Outcome:</p> <p>a) Evidence from experience surveys and feedback that looked-after children and young people feel actively involved in decisions about their individual care.</p>

2.1.2 Effectiveness evidence

In developing the joint NICE/SCIE guidance, the PDG considered the importance of recommendations that include asking children and young people about their opinions and experiences of the care they receive, and being clear about what can be achieved.

The PDG agreed that this should be at the heart of high-quality decision making and service commissioning. As such, the recommendations in the NICE/SCIE guidance are informed by the principle of putting the voices of children, young people and their families at the heart of service design and delivery.

The PDG also considered evidence from a practice survey¹⁴ which indicates that organisations with a strong aspirational vision for corporate parenting of all looked-after children and young people also sought to ensure pro-active and participatory approaches to engagement and involvement.

¹⁴ Joint NICE/SCIE guidance evidence source (commissioned reportC2)

2.1.3 Service user experience

As part of the development of the joint NICE/SCIE guidance, children and young people were asked for their views on the recommendations and these views were reported to the PDG. It was very clear that there was strong support for recommendations that aim to make ‘the voice of the child heard’, with many children stressing the need for clarity about their role in decision-making. Participants also emphasised the need for greater involvement and control in terms of decisions made about and for them. Some children and young people asked that professionals be honest about what is possible when they are asked about their wishes or views on services.

The 2011 Children’s Care Monitor¹⁵ reported the following views of children and young people about their experience of involvement.

Having a say in what happens

- 57% said their opinions were usually or always asked on things that matter to them, while 14% said their opinions were not usually, or never asked.
- 54% said their opinions usually or always made a difference to decisions about their lives, while 15% said their decisions didn’t usually or ever make a difference.
- 69% said they are usually or always told what is going on when major changes are going to happen in their lives, 9% said they are not usually, or never, told.
- The top three care decisions where children said they should have more say than they do now are about (1) the future, (2) placements to live in and (3) family contacts when living away from the family.

Making a complaint

- Over the past three years, there has been a big fall in the number of children reporting they have made a complaint at some time. In 2008, 43% of the children said they had made a complaint and in 2011 it was 23%.
- Of those who had made a complaint, 53% of children thought that their last complaint had been sorted out fairly, while 22% said they didn’t know what had happened to the last complaint they had made.
- 55% knew how to get an advocate to help in making a formal complaint, while 30% didn’t know what an advocate was.

¹⁵ Ofsted (2012) [Children’s care monitor 2011: Children on the state of social care in England](#)

Making a suggestion

- 34% said they had made a suggestion to improve how children are looked after, and 66% said they hadn't. 66% who had made suggestions to improve something about their services thought their suggestion had been dealt with properly.

Care plans

- 60% of children who knew they had a care plan reported that they had a say in what it said, and another 23% told us they had some say in it, 17% said they had no say.

The 2011 Munro review of child protection¹⁶ reports on children's experience of the child protection system. Children voiced the importance of being heard separately from their parents and being listened to. Transparency was an important issue for understanding the system, which they did not find in practice and better information, honesty, and emotional support throughout the process were all cited as improvement areas. Children valued being treated with respect and also spoke very highly of support provided by voluntary sector advocacy services which were described as critical in helping them to disclose abuse and harm.

2.1.4 Safety/safeguarding

The 2011 Munro Review of Child Protection highlights that that failure for people to speak to children enough is a persistent issue in reports of inquiries and reviews into child deaths is. It cites a recent report by Ofsted¹⁷ on the themes and lessons to be learned from Serious Case Reviews between 1 April and 30 September 2010. Five key messages documented in relation to the participation of children are that:

- The child was not seen frequently enough by the professionals involved, or was not asked about their views and feelings
- Agencies did not listen to adults who tried to speak on behalf of the child and who had important information to contribute
- Parents and carers prevented professionals from seeing and listening to the child
- Practitioners focused too much on the needs of the parents, especially on vulnerable parents, and overlooked the implications for the child
- Agencies did not interpret their findings well enough to protect the child.¹⁸

The Children's Care Monitor 2011 raises potential safeguarding issues around trust and privacy. The most usual thing that children and young people said would make them feel safer was being with adults they trust; however 3% felt

¹⁶ Department for Education (2011) [The Munro review of child protection: final report - A child-centred system](#)

¹⁷ Ofsted, (2010) [The voice of the child: learning lessons from Serious Case Reviews. A thematic report of Ofsted's evaluation of Serious Case Reviews from 1 April to 30 September 2010](#)

¹⁸ Department for Education (2011) [The Munro review of child protection: final report - A child-centred system](#)

there was nobody they felt they could go to if they felt unsafe. Children reported that they were not always able to speak to their social worker or caseworker in private when they visited. Some flagged this as an issue which would prevent them from telling someone about any problems or ill treatment they are experiencing.

2.1.5 Current practice

A SCIE knowledge review into good practice in fostering¹⁹ noted marked differences in practice between how carers, children and relatives are brought into the participation and evaluation systems of fostering agencies. At the same time, it was reported that practice was changing with evidence showing that *fostered children and young people* are becoming increasingly influential in many agencies. At the time of this knowledge review, 2003, several agencies were reporting explicit reference to the United Nations Convention on the Rights of the Child, including the right to participate in decisions about themselves. Practice examples were found which used imaginative methods to bring young people's views to the attention of managers and members.

The Children Act 1989 places a duty on local authorities to consider the wishes and feelings of children when adults make decisions about them. The statutory guidance on care planning, placement and case review for looked after children states that children should feel they are active participants and engaged in the planning process when 'adults are trying to solve problems and make decisions about them'.

2.1.6 Current indicators

In response to the Munro review, the Department for Education (with Ofsted and the Association of Directors of Children's Services and other partners) have agreed a new draft dataset of local child safeguarding performance information. A version was published in December 2011 and the public consultation on the draft ended in April 2012.

This work includes a set of questions local areas should challenge themselves to answer in order to understand and improve the quality and performance of their child protection service. The following has been identified as potentially relevant:

Outcomes and experiences of children and young people and their families (local information)

- How do you know whether children and young people engaged with children's social care services feel that their wishes and feelings are considered by the professionals involved in their case and that they understand what is happening and why?

¹⁹ SCIE (2003) [Innovative, tried and tested: a review of good practice in fostering](#). SCIE knowledge review 4

3. Engagement and involvement - carers

3.1.1 Relevant guidance recommendations and proposed quality statement

Guidance recommendations	<p>PH28 / SCIE guide 40 recommendation 2: Support professional collaboration on complex casework.</p> <p>PH28 / SCIE guide 40 recommendation 16: Assess the needs of babies and young children and ensure access to services.</p> <p>PH28 / SCIE guide 40 recommendation 37: Support foster carers and their families.</p>
Proposed quality statement	<p>Carers of looked-after children and young people are actively involved in decisions about the care of the children and young people that they look after.</p>
Draft quality measure	<p>Structure:</p> <p>a) Evidence of local arrangements to ensure that the views of carers are included in relevant needs assessments of looked-after babies and young children.</p> <p>b) Evidence of local arrangements to ensure that foster carers are included in the ‘team around the child’ that receives advice to support collaborative, multi-agency working on complex casework.</p> <p>Process:</p> <p>a) The proportion of needs assessments of looked-after babies and young children which include involvement of carers.</p> <p>b) The proportion of carers that are involved in the ‘team around the child’ that receives advice to support collaborative, multi-agency working on complex casework.</p> <p>c) The proportion of carers attending network meetings in the previous 12 months.</p> <p>Outcome:</p> <p>a) Evidence from experience surveys that carers feel actively involved in decisions about the care of children and young people that they look after.</p>

3.1.2 Effectiveness evidence

In making these recommendations, the PDG considered an evidence review²⁰ which found that carers were concerned with being able to support looked-after children and young people to make a difference in their lives and assist them in achieving better short and long-term outcomes. A practice survey²¹ found that looked-after children and young people felt carers to be a trusted source of support.

²⁰ Joint NICE/SCIE guidance evidence source (evidence review E5)

²¹ Joint NICE/SCIE guidance evidence source (commissioned reportC3)

The PDG also considered an expert paper²² to inform development of the recommendations. This stated that foster carers who are well supported by the professional network would be better equipped capacity to provide a therapeutic resource for their children in their care. It highlights involvement of carers and other professionals in network meetings around specific cases as good practice. The PDG considered that carers who feel supported by their social worker and have ready access to support services are better able to use these skills to encourage healthy relationships and provide a more secure base, and so reduce the risk of placement breakdown.

3.1.3 Service user experience

A survey on carers' views about whether they are 'being a parent' or 'doing a job'²³ indicates that carers view their role as both professionally demanding and personally rewarding.

It should be noted that some young people may refuse to give consent to contact their carers and involve them in treatment plans²⁴.

3.1.4 Safety/safeguarding

No safety or safeguarding issues identified.

3.1.5 Current practice

Evidence from research on the priorities and experiences of practitioners²⁵ found that most carers felt that the accessibility and outreach of other agencies did not allow them to contribute to the health and well-being of children and young people in their care in the way they would like. This includes keeping a constant eye out for problems and to deal with or know what to do about these when they arise.

An evidence review²⁶ identified that carers feel there is insufficient information about services available to looked-after children and young people and carers.

3.1.6 Current indicators

No national indicators, information items or routinely collected data were identified.

²² Joint NICE/SCIE guidance evidence source (expert paper EP11)

²³ Joint NICE/SCIE guidance evidence source (evidence review E5)

²⁴ National Treatment Agency for Substance Misuse (2007) [The role of CAMHS and addiction psychiatry in adolescent substance misuse services](#)

²⁵ Joint NICE/SCIE guidance evidence source (commissioned reportC1)

²⁶ Joint NICE/SCIE guidance evidence source (evidence review E5)

4. Quality and choice of placements

4.1.1 Relevant guidance recommendations and proposed quality statement

Guidance recommendations	<p>PH28 / SCIE guide 40 recommendation 12: Plan and commission placements.</p> <p>PH28 / SCIE guide 40 recommendation 30: Ensure there is a diverse range of placements.</p> <p>PH28 / SCIE guide 40 recommendation 40: Promote care provided by family and friends.</p>
Proposed quality statement	<p>Looked-after children and young people are offered quality placements which take account their individual needs and preferences.</p>
Draft quality measure	<p>Structure:</p> <ul style="list-style-type: none"> a) Evidence of local arrangements to ensure that placement provision is informed by the local diversity profile. b) Evidence of local arrangements to ensure that services provided for children and young people placed out of the area are monitored. c) Evidence of local arrangements to ensure that extended family and friends who could be carers are identified and assessed for suitability as part of the care planning process. <p>Process:</p> <ul style="list-style-type: none"> a) Proportion of placements outside the local area which are monitored. <p>Outcome:</p> <ul style="list-style-type: none"> a) Evidence from experience surveys that young people feel they have a choice when moving to new placement. b) Evidence from experience surveys that looked-after children and young people feel they live in placements which meet their needs. c) Placements placed outside local authority boundary. c) Stability of placement.

4.1.2 Effectiveness evidence

The PDG noted that quality of placement is an important factor in addition to stability and much of the evidence reviewed identified quality of care and stability in placements critical to achieving permanence. The PDG noted that a placement may be long lasting but it is more important for a child or young person to move than to stay in an unhappy placement. Evidence reviewed²⁷

²⁷ Joint NICE/SCIE guidance evidence source (commissioned reportC3)

also suggested that the most important factors influencing health and wellbeing outcomes were stability and consistency.

The PDG noted that absence of a permanent carer at a young age can jeopardise children's chances of developing meaningful attachments and have adverse consequences for their long-term wellbeing. The PDG commented that it may be difficult for children to settle in nurseries and other early years settings if they have not experienced secure relationships with care givers.

The PDG considered a range of evidence²⁸ when developing recommendations around placement quality. This included evidence of mostly good quality for an association between kinship care [now termed 'family and friends care'] and emotional and behavioural problems, and evidence from mixed quality studies which identified an association between kinship care and placement stability.

The PDG recognised that stability of placement and quality of care are as applicable to children and young people in residential care as they are to those in foster care. It was noted that failure to address these issues risks compounding existing health and social inequalities and increases their vulnerability to social exclusion as young adults.

4.1.3 Service user experience

Statements from looked-after children and young people from a number of studies²⁹ show that looked-after children and young people feel a sense of belonging is desirable, yet often lacking in their lives, and moreover that a sense of identity is compromised by the lack of sense of belonging. Evidence also illustrates that frequent moves and lack of permanence undermines sense of belonging and has a negative emotional impact.

The 2011 Children's Care Monitor report³⁰ illustrated that 89% of the children in care rated their care overall as good or very good. Children living in foster care rated their care more highly than those living in children's homes with 93% rating care as good or very good compared to 77% respectively. Being happy and settled in a placement was the main reason why children felt they were in the right placement for them. Conversely, being unhappy and not settling in a placement was the main reason given for having to change placements.

The Family and Friends Care Statutory Guidance for Local Authorities (2011) found that many children and young people did not agree with the idea of special rules for making placements with family members or family friends, suggesting that these placements should be fully checked and approved.

The SCIE guide on fostering³¹ encompasses qualitative evidence from black and Asian children, which shows how important their ethnicity is to them. It highlights that the children needed extra help to make sense of their identity

²⁸ Joint NICE/SCIE guidance evidence source (evidence review E4)

²⁹ Joint NICE/SCIE guidance evidence source (evidence review E5)

³⁰ Ofsted (2012) [Children's care monitor 2011: Children on the state of social care in England](#)

³¹ SCIE (2004) [Fostering](#). SCIE Guide 7. London: SCIE

and history if they were placed with white carers. Some young people spoke about the strains of being cared for by a white family, a growing sense of alienation and difficulties with social and personal relationships, as well as their mental health. Some carers also reported difficulties in providing support.

A 2004 SCIE knowledge review³² found that most children in long-stay care feel they are moved around too much. It was reported that moves require adjustment to new families and schools and the loss of friends. Some are unhappy in placements and want to move more frequently than they do. The degree to which moves are explicable and predictable is important to individuals.

4.1.4 Safety/safeguarding

In making their recommendations the PDG found evidence that there are concerns for the safety and welfare of looked-after children and young people in some placement settings. Evidence showed that an estimated 8–10% of social care provision for children in care is inadequate in helping them stay safe. Nevertheless, the PDG commented that since the mid-1990s agencies have strengthened their safeguarding arrangements considerably.

More recent information from the 2011 Children's Care Monitor report³³ illustrated that 78% of the children and young people surveyed reported feeling very safe in the buildings in which they lived, and 16% reporting feeling fairly safe. These figures were fairly consistent with those reported for 2010. When asked what would make children and young people feel safer in general, 24% said there was nothing that would make them feel safer. This represents an increase over the last three years with 18% saying that nothing would make them feel safer in 2010 from 16% in 2008.

The most usual thing that children and young people said made them feel safer (55%) was being with adults they trust. 89% of children in foster care said that they would go to their foster carers for help if they felt unsafe. 69% of children living at home with social care support said they would go to their parent if they felt unsafe. Overall, it was found that children in foster homes felt the safest in the buildings in which they lived.

A 2008 SCIE knowledge review³⁴ into working with challenging and disruptive situations in residential child care reviewed evidence from a major study which found that violence was often normalised for children living in children's homes ('you just get used to it'). Children usually turned to peers rather than staff for a source of support. Young people felt that staff were generally unsuccessful in controlling bullying and that verbal attacks were not treated seriously enough. It also highlighted the issue of targeting and exploitation of young people in residential child care homes by members of the community. This included young people being groomed and exploited by local drug users.

³² SCIE (2004) [Fostering success: An exploration of the research literature in foster care. SCIE knowledge review 5](#)

³³ Ofsted (2012) [Children's care monitor 2011: Children on the state of social care in England](#)

³⁴ SCIE (2008) [Working with challenging and disruptive situations in residential child care: sharing effective practice. SCIE knowledge review 22](#)

4.1.5 Current practice

The PDG noted that the current national indicators for placement stability indicate little about the quality of the placement and as such can divert attention from the actual experiences of children and young people.

Stability is recognised as a key aspect of care for looked after children in the Department for Children, Schools and Families report 'Care matters: time to deliver for children in care' (2008) and sets out a range of actions to promote stability quality of placements and placement stability.

The Statistical First Release³⁵ (SFR) provides information about looked after children in England for the year ending 31 March 2011. It shows that:

- 74 per cent of children who were looked after at 31 March 2011 were in a foster placement.
- 12% were cared for in residential accommodation; this includes secure units, children homes, hostels, residential schools and other residential settings.
- 60% were looked after under a care order (either an interim or full care order). This represents 60 per cent of all legal statuses of looked after children.

Figures from the 2009 Statutory Guidance on Promoting the Health and Well-being of Looked After Children³⁶ showed that 30% of looked-after children were placed outside their local authority boundary.

The 2011 Children's Care Monitor³⁷ report highlights that 20% of looked-after children and young people feel they were offered a choice of placement when they last moved placements, 57% felt they did not and 23% were unsure.

4.1.6 Current indicators

Placement moves are now monitored in order to set targets which aim to reduce moves and promote stability.

- NI 62 Stability of placements of looked after children: number of placements.

(Definition: The percentage of children looked after at 31 March with three or more placements during the year).

- NI 63 Stability of placements of looked after children: length of placement.

³⁵ Department for Education (2011) [Outcomes for Children Looked After by Local Authorities in England, as at 31 March 2010](#)

³⁶ Department for Children, Schools and Families and Department of Health (2009) [Statutory Guidance on Promoting the Health and Well-being of Looked After Children](#)

³⁷ Ofsted (2012) [Children's care monitor 2011: Children on the state of social care in England](#)

(Definition: The percentage of looked after children aged under 16 at 31 March who had been looked after continuously for at least 2.5 years who were living in the same placement for at least 2 years, or are placed for adoption and their adoptive placement together with their previous placement together last for at least 2 years.)

Ofsted Official statistics – Children’s social care and inspections:

- quality of care in children’s homes
- quality of boarding provision and care - boarding schools
- quality of residential provision and care – residential special schools (registered as children’s homes).

5. Maintaining healthy and supportive relationships

5.1.1 Relevant guidance recommendations and proposed quality statement

<p>Guidance recommendations</p>	<p>PH28 / SCIE guide 40 recommendation 15: Support sibling placements.</p> <p>PH28 / SCIE guide 40 recommendation 24: Meet the individual needs and preferences of looked-after children and young people.</p> <p>PH28 / SCIE guide 40 recommendation 46: Support preparation for the transition to adulthood and moving to independence.</p>
<p>Proposed quality statement</p>	<p>Looked-after children and young people are offered support to sustain healthy and supportive relationships and networks.</p>
<p>Draft quality measure</p>	<p>Structure:</p> <p>a) Evidence of local arrangements to ensure that social workers coordinate any ongoing contact desired by the child or young person where this is felt to be in their best interests with sibling family groups, including arranging appropriate supervision where necessary and supporting foster or residential carers.</p> <p>b) Evidence of local arrangements to ensure promotion of continued contact with former carers, siblings or family members personally valued by the child or young person where this is felt to be in their best interests, and where this is not possible to acknowledge the significance of losing former attachment figures and relationships.</p> <p>c) Evidence of local arrangements to ensure promotion of ongoing contact with valued friends, professionals or advocates where this enhances and promotes emotional wellbeing and self-esteem.</p> <p>d) Evidence of local arrangements to ensure young people moving to independent living are encouraged and helped to maintain contact with past foster or residential carers they value.</p> <p>Outcome:</p> <p>a) Continued contact with former carers, siblings or family members personally valued by the child or young person where this is felt to be in their best interests.</p> <p>b) Ongoing contact with valued friends, professionals or advocates where this enhances and promotes emotional wellbeing and self-esteem.</p> <p>c) Looked after young people moving to independent living who maintain contact with past foster or residential carers</p>

	they value.
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5.1.2 Effectiveness evidence

Recommendation 15 is based on consideration of evidence which suggests that membership of a sibling group is a unique part of the identity of a child or young person and can promote a sense of belonging and promote positive self-esteem and emotional wellbeing. The PDG noted that good management of sibling placement and contact is important to encourage and nurture healthy relationships, and can also help children and young people manage relationships they may find difficult. Siblings can include those who are not looked after and 'sibling-like' relationships that develop in a care setting.

The PDG took the view that placements that enable siblings to live together or close by or which allow them to attend the same school are likely to be beneficial. However, it was noted that this may not always be in their best interests, or the child or young person is unhappy with the arrangement.

Recommendation 24 is based on consideration of evidence which indicates that developing a positive personal identity and a sense of personal history is associated with high self-esteem and emotional wellbeing. As part of this, the PDG noted that children and young people also have needs and preferences for continued contact with valued people and participation in the wider community as ways to build their self-esteem and assertiveness. The joint NICE/SCIE guidance also reported evidence from studies that maintaining contact with birth families is important for supporting self-identity.

These considerations are reflected in two parts of recommendation 24 which state the need to (i) promote 'continued contact with former carers, siblings or family members personally valued by the child or young person where this is felt to be in their best interests' and (ii) promote 'ongoing contact with valued friends, professionals or advocates where this enhances and promotes emotional wellbeing and self-esteem'.

Recommendation 46 is informed by PDG considerations to ensure that young people moving to independent living are encouraged and helped to maintain contact with past foster or residential carers they value.

5.1.3 Service user experience

No specific safety or safeguarding issues identified.

5.1.4 Safety/safeguarding

SCIE guide 7 on fostering³⁸ reported that direct, and even sometimes indirect, contact can allow abuse to continue. One study found that in situations where the child had been abused, and there was unsupervised contact with all family members, placement breakdown was three times more likely to occur, as well as re-abuse.

³⁸ SCIE (2004) [Fostering](#). SCIE Guide 7. London: SCIE

5.1.5 Current practice

No specific information on current practice identified.

Statutory guidance on care planning, placement and case review³⁹ sets out the principle that continuity of relationships is important and attachments should be respected.

Statutory guidance on planning transition to adulthood for care leavers⁴⁰ states that the pathway plan (schedule 8) and review deal with provision of support to enable the child or young person to develop and sustain appropriate family and social relationships.

5.1.6 Current indicators

No national indicators, information items or routinely collected data were identified.

³⁹ The Children Act 1989 [Guidance and Regulations Volume 2: Care Planning, Placement and Case Review](#)

⁴⁰ The Children Act 1989 [Guidance and Regulations. Volume 3: Planning Transition to Adulthood for Care Leavers](#)

6. Access to personal information

6.1.1 Relevant guidance recommendations and proposed quality statement

<p>Guidance recommendations</p>	<p>PH28 / SCIE guide 40 recommendation 21: Share health information and ensure consent is obtained.</p> <p>PH28 / SCIE guide 40 recommendation 22: Update the personal health record (red book) and ensure this follows the child or young person.</p> <p>PH28 / SCIE guide 40 recommendation 48: Conduct a comprehensive health consultation when young people move on to independent living.</p>
<p>Proposed quality statement</p>	<p>Looked-after children and young people have the opportunity to access personal information which is complete and shared with them sensitively.</p>
<p>Draft quality measure</p>	<p>Structure:</p> <ul style="list-style-type: none"> a) Evidence of local arrangements to ensure that health information is included in relevant assessments and shared with health professionals as appropriate. b) Evidence of local arrangements to obtain information from birth parents to complete the health record. c) Evidence of local arrangements to ensure early health information is obtained, including obstetric and neonatal health information, on all children and young people entering care. d) Evidence of local arrangements to reissue the personal health record to all new carers for children and young people in their care. e) Evidence of local arrangements to share young people's medical history with them when they leave care. <p>Process:</p> <ul style="list-style-type: none"> a) Proportion of relevant assessments which contain health information. b) Proportion of health records which contain information from birth parents. c) Proportion of children and young people entering care for whom early health information is requested and obtained, including obstetric and neonatal health information. d) Proportion of young people leaving care who have their medical history shared with them. <p>Outcome:</p> <ul style="list-style-type: none"> a) Misplaced records (including when the child or young person is placed outside their local area, when children are admitted to care, discharged and re-admitted again). b) Accuracy of records.

6.1.2 Effectiveness evidence

In consideration of the evidence the PDG recognised the importance of collecting and recording comprehensive, factual and non-judgemental information about looked-after children and young people. It was documented that health information held on looked-after babies, children and young people needs to be accurate, kept up-to-date and transferred at the right time. The PDG identified that health history may not be incorporated into the initial healthcare assessment, plans may not be updated and recommendations may not be followed through. In addition, records may be misplaced when the child or young person is placed outside their local area, or when children are admitted to care, discharged and re-admitted again some time later.

The recommendations in the guidance are underpinned by consideration of the PDG that birth family health history may become additionally important when young adults begin to plan their own families.

The NICE costing report for the guidance reported resource implications of performing health assessments with shared knowledge, and completing the care plan actions from the assessment which could prevent poor health outcomes in looked-after children and young people and avoid associated costs.

6.1.3 Service user experience

A consultation conducted with looked-after children and young people⁴¹ found that some raised concerns about a lack of access to their information, due to too much of it being labelled as ‘third party’ information and therefore being restricted. Some looked-after children and young people felt that their foster carers or residential workers should be given access to more information about them, so that they could share this naturally with them as they grew up.

6.1.4 Safety/safeguarding

The PDG considered evidence which indicates that accurate and up-to-date personal health information has significant implications for the immediate and future wellbeing of children and young people during their time in and following care. It was identified that inconsistent record keeping can lead to wrong decisions by professionals and adversely affect the child or young person.

6.1.5 Current practice

Research on the priorities and experiences of practitioners⁴² found consistently across all areas visited that there was a major issue in obtaining a looked-after child or young person’s record. Records were reported to move slowly around the system with a lack of consistency in their completion and management, and information in the records was often poor quality. The same

⁴¹ Joint NICE/SCIE guidance evidence source (commissioned reportC1)

⁴² Joint NICE/SCIE guidance evidence source (commissioned reportC1)

report found that many looked-after children and young people have no records when taken into care, in particular unaccompanied asylum-seekers. In addition, it found that records could be lost if the child or young person had been moved around a lot. There may also be issues with certain services, such as GP practices registering looked-after children and young people as permanent patients and temporary records may be more difficult to obtain than permanent ones.

A study funded by the Department for Children, Schools and Families⁴³ reported that quality of the information gathered for looked-after children and young people across all ethnic groups is poor.

An overview of the health of children and young people in secure settings⁴⁴ reported that it was difficult to access young people's medical records in secure children's homes. This was especially the case when they moved frequently and placements were far from home. It reported considerably less information on the health of children in secure children's homes (SCHs) compared to Young Offender Institutions.

6.1.6 Current indicators

No national indicators, information items or routinely collected data were identified.

⁴³ Joint NICE/SCIE guidance evidence source (expert paper EP18)

⁴⁴ Department of Health (2009) [Promoting the health and wellbeing of looked after children - revised statutory guidance](#)

7. Support to understand personal identity

7.1.1 Relevant guidance recommendations and proposed quality statement

Guidance recommendations	PH28 / SCIE guide 40 recommendation 25: Explore personal identity and support ongoing life-story activities. PH28 / SCIE guide 40 recommendation 48: Conduct a comprehensive health consultation when young people move on to independent living.
Proposed quality statement	Looked-after children and young people are offered opportunities to help them explore and make sense of their personal identity, including life-story work.
Draft quality measure	<p>Structure:</p> <p>a) Evidence of local arrangements to ensure <i>ongoing</i> activities are available to support each child or young person to explore their personal identity, including their life story.</p> <p>b) Evidence of local arrangements to ensure that young people have a process to contact health professionals when necessary to help them understand their health history.</p> <p>Process:</p> <p>a) Proportion of looked-after children and young people who are offered support to explore their identity through ongoing activity, including life-story work.</p> <p>Outcome:</p> <p>a) Evidence from experience surveys that looked-after children and young people feel that they feel supported to understand their personal identity.</p> <p>b) Young people leaving care reporting that they have a process to contact health professionals when necessary to help them understand their health history.</p>

7.1.2 Effectiveness evidence

Recommendation 25 is based on consideration of evidence which indicates that developing a positive personal identity and a sense of personal history is associated with high self-esteem and emotional wellbeing. A review of 13 qualitative studies into the views of looked-after children and young people⁴⁵ provides strong evidence that looked-after children and young people feel that a sense of belonging is desirable, yet often lacking in their lives and that their sense of identity is compromised by the lack of sense of belonging.

The PDG considered evidence from a practice survey⁴⁶ which suggests that looked-after children and young people would benefit from having access to

⁴⁵ Joint NICE/SCIE guidance evidence source (evidence review E5)

⁴⁶ Joint NICE/SCIE guidance evidence source (commissioned reportC3)

consistent information about their history and the reasons for their being looked after. The PDG noted that life-story work, as an ongoing activity, can help children and young people understand their family history and life outside of care.

7.1.3 Service user experience

The consultation on the joint NICE/SCIE guidance with looked-after young people and care leavers showed strong support for the recommendation on life-story work.

7.1.4 Safety/safeguarding

No safety or safeguarding issues identified.

7.1.5 Current practice

The joint NICE/SCIE guidance took into account evidence from a practice survey which reported that life-story work takes place inconsistently with looked-after children and young people. This showed that there appears to be little consistency in approach to life-story, reporting that there needs to be an ongoing process with information updated as the child or young person moves through developmental stages.

7.1.6 Current indicators

No national indicators, information items or routinely collected data were identified.

8. Training and support for carers

8.1.1 Relevant guidance recommendations and proposed quality statement

<p>Guidance recommendations</p>	<p>PH28 / SCIE guide 40 recommendation 18: Ensure carers and frontline practitioners working with babies and young children receive specialist training.</p> <p>PH28 / SCIE guide 40 recommendation 33: Provide expertise relating to unaccompanied asylum-seeking children and young people who are looked after.</p> <p>PH28 / SCIE guide 40 recommendation 36: Train foster and residential carers.</p> <p>PH28 / SCIE guide 40 recommendation 37: Support foster carers and their families.</p>
<p>Proposed quality statement</p>	<p>Carers of looked-after children and young people are offered high quality training and support to enable them to meet the physical and emotional needs of children and young people in their care.</p>
<p>Draft quality measure</p>	<p>Structure:</p> <p>a) Evidence of local arrangements for foster and residential carers to receive high-quality core training from trainers with specialist knowledge and expertise.</p> <p>b) Evidence of local arrangements for training from specialist training providers for carers and frontline practitioners working with babies and young children.</p> <p>c) Evidence of local arrangements to provide high quality ongoing support packages to foster carers and their families which include health promotion advice, emotional support and parenting guidance.</p> <p>d) Evidence of local arrangements to provide support and training to foster parents and residential staff to ensure they understand the particular issues affecting unaccompanied asylum-seeking children and young people who are looked after.</p> <p>Process:</p> <p>a) Proportion of foster and residential carers that receive high-quality core training from trainers with specialist knowledge and expertise.</p> <p>b) Proportion of carers and frontline practitioners working with babies and young children who receive training from specialist training providers.</p> <p>c) Proportion of foster carers and their families who receive high quality ongoing support packages which include health promotion advice, emotional support and parenting guidance.</p> <p>d) Proportion of foster parents and residential staff who receive support and training to ensure they have a good understanding</p>

	<p>of the particular issues affecting unaccompanied asylum-seeking children and young people who are looked after.</p> <p>Outcome:</p> <p>a) Evidence from experience surveys that carers of looked-after children and young people feel confident in their skills and ability to meet the needs of the children and young people they look after.</p>
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8.1.2 Effectiveness evidence

The PDG recognised that fostering is a complex task that requires an understanding of the challenges and rewards of caring for children and young people. The PDG also considered evidence that foster carers who deliver high-quality care have a consistent parenting style that combines clear guidance and boundary setting with emotional warmth, nurturing and good physical care, and so develop a strong sense of belonging.

The PDG considered evidence for an association between training for foster carers and emotional and behavioural problems⁴⁷. Good quality evidence was found for an association between training for foster carers and permanent placement.

Mixed quality evidence highlighted a mixed effect of training and support for foster carers on child problem behaviours. Evidence from US studies reported that children looked after by carers who had received a training and support intervention had lower rates of problem behaviour at follow-up than children of carers who had not received an intervention. Evidence from one UK study⁴⁸ however, reported no differences on child problem behaviours between children of carers who had and had not received a training and support intervention.

There is also very good quality evidence⁴⁹ for a positive association between a shared parenting programme and externalising problems.

8.1.3 Service user experience

The PDG considered evidence from four studies about carers' views on training⁵⁰. Carers were reported as saying they wanted:

- access to training on topics that are important to them
- training to the same standard as social workers
- training in particular areas to provide them with greater confidence in their abilities as carers.

⁴⁷ Joint NICE/SCIE guidance evidence source (evidence review E4)

⁴⁸ Joint NICE/SCIE guidance evidence source (evidence review E2)

⁴⁹ Joint NICE/SCIE guidance evidence source (evidence review E4)

⁵⁰ Joint NICE/SCIE guidance evidence source (evidence review E5)

Evidence statements agreed by the PDG also illustrate that the high levels of support and in-depth training provided to foster carers on specialist schemes are considered a benchmark that mainstream foster carers would welcome. In particular, out-of-hours support from a mental health (CAMHS) worker was seen as an effective way to manage a crisis and help prevent breakdown. CAMHS support to the carers of looked-after children and young people with complex needs was reported to be highly valued by recipients.

8.1.4 Safety/safeguarding

The PDG noted that all staff associated with children and young people in care have safeguarding responsibilities and should comply with the statutory guidance and national minimum standards on safeguarding.

8.1.5 Current practice

The PDG heard that despite the benefits of care by family and friends there is evidence that these carers face greater strain as they receive less support from children's services than foster carers. Evidence considered by the PDG, from four studies on carers' relationships with looked-after children and young people, found that carers were concerned with being able to support looked-after children and young people to make a difference in their lives and assist them in achieving better short and long-term outcomes.

In sites where carers were accessing CHAMS support, respondents spoke positively about the benefits. However, the evidence suggests that support to carers should be an additional service to the therapeutic intervention that should also be on offer to looked-after children and young people and not an alternative to this.

The report 'Closing the gap in educational achievement and improving emotional resilience for children and young people with additional needs' (2010), found that parents who took part in focus group discussions felt strongly that parents and carers had a vital role to play in supporting the achievement and well-being of children with additional needs. In addition young people identified parents and carers as a common source of help when they needed support. Parents that received support from a parent support advisor or Parent Partnership worker stated that support was much appreciated, but was felt to be a somewhat scarce resource. Other parents relied on voluntary organisations for advocacy services. The report highlighted that parents and carers need to be engaged by schools and other children's services to help them support their children's development.

The 2004 SCIE guide on fostering⁵¹ reported that the training of foster carers has become an established part of fostering practice, and preparation training before approval as a foster carer is now universal.

In a review of independent fostering agencies it was found 100% provided preparatory training. The SCIE guide highlights that training by itself is not sufficient to create and retain experienced carers. It should be integrated into

⁵¹ SCIE (2004) [SCIE Guide 7: Fostering](#)

the service as a whole and not just limited to foster carers. The quality of the training given was not consistently reported.

A key focus of the guidance is to ensure that professionals involved in the care of looked-after children and young people work together to provide high quality ongoing support packages to foster carers and their families (recommendation 37). This would be achieved through a core training curriculum provided by trainers with specialist knowledge and expertise (recommendation 36). The NICE costing report for the guidance concluded that current training programmes could achieve this by expanding to take account of the recommendations in the guidance.

8.1.6 Current indicators

The Statutory Guidance on promoting the health and well-being of looked-after Children (2009) states that Standard 12 of the National Minimum Standards for fostering services and the Fostering Services Regulations 2002 must be adhered to at all times. This includes a requirement that each foster carer is given basic training on health, hygiene issues and first aid, with a particular emphasis on health promotion and communicable diseases.

The Family and Friends Care: Statutory Guidance for Local Authorities also outlines that training and support must be offered to foster carers.

9. Support to meet complex emotional needs

9.1.1 Relevant guidance recommendations and proposed quality statement

<p>Guidance recommendations</p>	<p>PH28 / SCIE guide 40 recommendation 8: Commission mental health services.</p> <p>PH28 / SCIE guide 40 recommendation 9: Ensure access to mental health services for black and minority ethnic children and young people.</p> <p>PH28 / SCIE guide 40 recommendation 10: Ensure access to mental health services for unaccompanied asylum-seeking children who are looked after.</p> <p>PH28 / SCIE guide 40 recommendation 16: Assess the needs of babies and young children and ensure access to services.</p> <p>PH28 / SCIE guide 40 recommendation 17: Ensure there are specialist services for babies and young children.</p>
<p>Proposed quality statement</p>	<p>Looked-after children and young people (and their carers) have access to services (including CAMHS services) that meet their complex emotional needs.</p>
<p>Draft quality measure</p>	<p>Structure:</p> <p>a) Evidence of local arrangements to ensure that mental health services are commissioned to support looked-after children and young people in situations where their emotional wellbeing is at risk.</p> <p>b) Evidence of local arrangements to ensure that unaccompanied asylum-seeking children and young people have access to specialist psychological services (including CAMHS) with the necessary capacity, skills and expertise to address their particular and exceptional health and wellbeing needs.</p> <p>c) Evidence of local processes for undertaking comprehensive and sensitive assessments to identify the needs of babies and young children as early as possible.</p> <p>d) Evidence of local structures to ensure that all frontline practitioners have access to specialist services (including dedicated CAMHS teams) to help them meet the emotional and physical wellbeing needs of looked after babies and young children and that there are local arrangements for referral of looked-after babies and young children.</p> <p>e) Evidence that interventions recommended by assessments are included in the healthcare plan and continued during transitional periods.</p> <p>Process:</p> <p>a) Proportion of looked-after children and young people whose emotional wellbeing is at risk who are referred to mental health services.</p>

	<p>b) Proportion of unaccompanied asylum-seeking children and young people with access to specialist psychological services (including CAMHS).</p> <p>c) Proportion of looked-after babies and young children who receive an early assessment of their needs</p> <p>d) Proportion of looked-after babies and young children who are referred to specialist services, including CAMHS, to meet their emotional and physical needs.</p> <p>Outcome:</p> <p>a) Evidence from experience surveys that carers feel supported to meet the complex emotional needs of children and young people that they look after.</p>
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9.1.2 Effectiveness evidence

The PDG noted that children and young people placed in residential care are some of the most vulnerable and traumatised individuals in the looked-after population. A report on the priorities and experiences of practitioners⁵² which the PDG considered in development of the guidance indicates that mental health problems are some of the most significant issues faced by looked-after children and young people. It highlights the need for clear definition and funding of specialist mental health services which aim to address these. It also shows that CAMHS practitioners are keen to ensure that social workers refer looked-after children and young people appropriately based on a genuine need.

In consideration of a range of evidence, the PDG agreed that more flexible and accessible services are needed to improve mental health and emotional wellbeing, prevent the escalation of challenging behaviours and reduce the risk of placement breakdown. These services should have the capacity and expertise to work with black and minority ethnic children and unaccompanied asylum-seeking children and young people who may have particular needs.

Evidence considered by the PDG⁵³ suggests that there has been a significant change in the demographics of the looked-after children and young people population. The PDG identified that looked-after children and young people who are also unaccompanied asylum seekers have additional and different complex needs following their dislocation from family, community and home. They may also have experienced or witnessed extreme violence, abuse and rape. Their physical and emotional health needs will require specialist interventions. The PDG considered that professionals need to be alert to these circumstances and ensure support is provided that is sensitive to their needs.

⁵² Joint NICE/SCIE guidance evidence source (commissioned reportC1)

⁵³ Joint NICE/SCIE guidance evidence source (commissioned reportC3)

An expert paper⁵⁴ which informed development of the guidance found that the availability of child mental health services is key to supporting carers as well as assessing and working with children.

Evidence suggests that frequent moves and parents' physical and mental health problems can adversely affect the ability of babies and very young children to form healthy attachments that lead to healthy emotional and physical development. In making these recommendations (16 and 17), the PDG acknowledged this disadvantage and agreed that there is a need to plan decisively for permanent placements, based on high-quality assessments carried out by skilled professionals. The PDG concluded that a comprehensive, flexible service provision can help meet this aim. The PDG took into account an expert paper⁵⁵ which outlined poor health outcomes experienced by children in early years.

Almost all respondents who took part in the practice survey⁵⁶ agreed that the ultimate aim of services should be to provide as normal and stable a life as possible, while addressing the specific issues that they face.

The practice survey identified services for looked-after children and young people as falling into five main fields:

1. physical health,
2. mental health,
3. education,
4. foster and residential care, and
5. social care.

It was noted that the needs of looked-after children in these fields are met primarily by specialist agencies and individuals, and require specific interventions. Babies and pre-school looked after children were mentioned as one group who should be treated as priorities for services.

9.1.3 Service user experience

Ofsted reviewed the provision of mental health services for looked-after young people over the age of 16 accommodated in residential settings⁵⁷. Access to a range of specialist services was one feature identified as most helpful in meeting the needs of young people in the children's homes visited. Good communication and collaboration between mental health professionals and care staff and no unnecessary delay in providing suitable services were other examples. The survey found that some young people were unwilling to engage with specialist workers because of prejudice / stigma around mental health.

⁵⁴ Joint NICE/SCIE guidance evidence source (expert paper EP9)

⁵⁵ Joint NICE/SCIE guidance evidence source (expert paper EP21)

⁵⁶ Joint NICE/SCIE guidance evidence source (commissioned report C3)

⁵⁷ Ofsted (2010) [An evaluation of the provision of mental health services for looked after young people over the age of 16 accommodated in residential settings](#)

A report on the priorities and experiences of practitioners⁵⁸ shows that carers feel CAMHS services are variable and largely inaccessible to them, and that referral can be difficult. It also highlights the variability of CAMHS provision across the country, and variation in provision of services between local authorities.

9.1.4 Safety/safeguarding

A brief review of inspection and review data⁵⁹ reports that although access to general health services has improved, access to Child and Adolescent Mental Health Services (CAMHS) had not improved at the same rate with shortfalls in services to vulnerable children and young people with mental health problems, in particular those in care and their families. Foster carers and residential children's home staff are reported to have insufficient access to expert advice and input, and waiting times are too long for access to support.

9.1.5 Current practice

A survey conducted for the Office of National Statistics⁶⁰ identified that 45% of looked after children were assessed as having a mental health disorder, which rose to 72% of those in residential care. Among 5-10 year olds, 50% of boys and 33% of girls had an identifiable mental disorder, which rose to 55% of boys and 43% of girls in the 11-15 year old group. This compares to around 10% of the general population aged 5 to 15.

An evaluation of the provision of mental health services for looked after young people over the age of 16 accommodated in residential settings⁶¹ found inconsistent mental health provision for young people in care, with some young people being severely disadvantaged because of differences in mental health provision across the country. In contrast, there was evidence of successful outcomes for young people who received specialist input.

An evidence review⁶² identified barriers to carers accessing services they wanted to, including lack of information about availability of services, difficulty navigating the mental health referral and stigma about mental health. There is also variability around age ranges to which different services are accessible (some services work with care leavers up to age 25, others have a cut-off age of 16), and whether the service was available to children living in the authority but placed by another local authority. The Commissioning Support Programme found that in some looked after children teams there is insufficient capacity or capability to complete initial, core and ongoing assessments to

⁵⁸ Joint NICE/SCIE guidance evidence source (commissioned report C1)

⁵⁹ Joint NICE/SCIE guidance evidence source (commissioned report C2)

⁶⁰ Department for Children, Schools and Families and Department of Health (2009) [Statutory Guidance on Promoting the Health and Well-being of Looked After Children](#)

⁶¹ Ofsted (2010) [An evaluation of the provision of mental health services for looked after young people over the age of 16 accommodated in residential settings](#)

⁶² Joint NICE/SCIE guidance evidence source (Evidence review E5)

identify the full range of needs of a child or young person, as well as desired outcomes⁶³.

Inspection reports and research studies⁶⁴ have noted a lack of appropriate services to support minority ethnic families. A practice survey⁶⁵ found that despite an increase in unaccompanied asylum seeking children, there appears to be a lack of appropriate mental health services for this vulnerable group and services are unable to meet their complex needs.

There were 9,000 children looked after continuously for 12 months at 31 March 2011 (England) who were aged 5 or under, of these 76.5 per cent were up to date in their development assessments (health surveillance/promotion checks)⁶⁶.

The NICE costing report for the NICE/SCIE guidance concluded that early intervention and more dedicated services that promote the mental health and emotional wellbeing of looked after children could save costs. This is because earlier access to specialist mental health services for young children could avoid emotional and behavioural difficulties that lead to placement breakdown later.

9.1.6 Current indicators

- Data on the emotional and behavioural health of looked after children (NI 58).
- Data on effectiveness of Child and Adolescent Mental Health Services (NI 51).
- The PDG considered that data on emotional health and wellbeing collected by the Department for Education using the 'Strengths and difficulties questionnaire' (SDQ), if used appropriately, could help to identify children and young people who may need additional specialist support at home or at school (Department for Children, Schools and Families and Department of Health 2009). But it is only one measure and needs to be supported by other assessments and knowledge of the child or young person.
- Public Health Outcomes Framework: Emotional well-being of looked after children (Placeholder).
- Development assessments of children aged 5 or under who have been looked after continuously for at least twelve months (SSDA903).

⁶³ (Commissioning Support Programme (2010) [Outcomes and Efficiency: Commissioning for Looked After Children](#))

⁶⁴ Department for Children, Schools and Families (2009) [Disproportionality in Child Welfare - The Prevalence of Black and Minority Ethnic Children within the 'Looked After' and 'Children in Need' Populations and on Child Protection Registers in England](#)

⁶⁵ Joint NICE/SCIE guidance evidence source (commissioned reportC3)

⁶⁶ Joint NICE/SCIE guidance evidence source (commissioned reportC3)

- Health care of children who had been looked after continuously for at least twelve months (immunisations were up to date, teeth checked by dentist, annual health assessment)

10. Activities to promote health and wellbeing

10.1.1 Relevant guidance recommendations and proposed quality statement

Guidance recommendations	<p>PH28 / SCIE guide 40 recommendation 24: Meet the individual needs and preferences of looked-after children and young people.</p> <p>PH28 / SCIE guide 40 recommendation 34: Provide expertise relating to black and minority ethnic children and young people.</p> <p>PH28 / SCIE guide 40 recommendation 37: Support foster carers and their families.</p>
Proposed quality statement	<p>Looked-after children and young people (and their carers) are offered activities to promote health and wellbeing, including creative, cultural and physical activities.</p>
Draft quality measure	<p>Structure:</p> <p>a) Evidence of local arrangements to ensure that looked-after children and young people have access to creative arts, physical activities and other hobbies and interests to support and encourage overall wellbeing and self-esteem.</p> <p>b) Evidence of local arrangements to ensure that there are links to community support groups for black and minority ethnic children and young people to reduce isolation and provide continuity of cultural experience.</p> <p>c) Evidence of inclusion of information about the role and availability of creative and leisure activities for looked-after children and young people in support packages provided to foster carers.</p> <p>Process:</p> <p>a) Proportion of looked-after children and young people and their carers who are offered activities to promote health and wellbeing of looked-after children and young people, including creative, cultural and physical activities.</p>

10.1.2 Effectiveness evidence

Evidence from a practice report informed recommendation 37. In considering the evidence, the PDG derived that activities and interventions that positively promote health and wellbeing, including exercise, emotional health and forming friendships, are the most engaging and successful. The PDG also considered that participation in the wider community can contribute to improving self-esteem and assertiveness.

An expert paper considered by the PDG suggests that using a variety of communication media, including the use of the creative arts and play to listen to babies and young children is a possible action to support outcomes.

10.1.3 Service user experience

In the Children's Care Monitor report⁶⁷ some children and young people in care highlighted that they need special permission for certain activities (examples given included staying with friends, going on trips and sports). The lists given varied between different types of care.

The Children's Care Monitor report also highlights that in 2011, 15% of looked-after children and young people reported being personally affected by reductions in local council budgets, with one main effect being fewer activities available for them to do (14% of children answering the question indicated this).

10.1.4 Safety/safeguarding

No safety or safeguarding issues identified.

10.1.5 Current practice

A brief review of inspection and review⁶⁸ data used to inform development of the guidance highlighted that children and young people in care are being encouraged and supported to access sport and leisure services. However, a practice report⁶⁹ which was considered by the PDG highlights variation in the extent to which activities and interventions that positively promote health and wellbeing are accessed by looked-after children. These are often delivered in schools and universal settings with all children, but often, looked-after children and young people miss out on sessions due to frequent moves during care or periods of school absence prior to entering the care system.

10.1.6 Current indicators

No national indicators, information items or routinely collected data were identified.

⁶⁷ Ofsted (2012) [Children's care monitor 2011: Children on the state of social care in England](#)

⁶⁸ Joint NICE/SCIE guidance evidence source (commissioned reportC2)

⁶⁹ Joint NICE/SCIE guidance evidence source (commissioned reportC3)

11. Supported transitions

11.1.1 Relevant guidance recommendations and proposed quality statement

<p>Guidance recommendations</p>	<p>PH28 / SCIE guide 40 recommendation 11: Ensure access to specialist assessment services for young people entering secure accommodation or custody.</p> <p>PH28 / SCIE guide 40 recommendation 13: Use current information to make decisions about placement changes.</p> <p>PH28 / SCIE guide 40 recommendation 14: Ensure looked-after children and young people in secure and custodial settings have their care plan or pathway plan reviewed.</p>
<p>Proposed quality statement</p>	<p>Looked-after children and young people experience smooth transitions.</p>
<p>Draft quality measure</p>	<p>Structure:</p> <p>a) Evidence of local arrangements to ensure that case management and treatment of young people receiving mental health services (including CAMHS) continues until a handover with an assessment and completed care plan has been developed with the relevant adult service.</p> <p>b) Local arrangements are in place to ensure that looked-after children and young people entering secure accommodation or custody have their physical, developmental and mental health needs assessed by a paediatrician, or suitably qualified professional with input from the dedicated multi-agency mental health service.</p> <p>c) Evidence of local arrangements to ensure that care plans or pathway plans are reviewed when a looked-after child or young person enters or leaves secure accommodation or custody and that the care or pathway plan is communicated to the receiving team, including health partners when the young person leaves the secure setting.</p> <p>Process:</p> <p>a) Proportion of looked-after children and young people entering secure accommodation or custody who have had their needs assessed.</p> <p>b) Proportion of looked-after children and young people leaving secure accommodation or custody who have their care plans or pathway plans reviewed when they leave.</p> <p>d) Proportion of looked-after children and young people who have their care or pathway plan communicated to the receiving team, including health partners when they leave the secure setting.</p> <p>Outcome:</p> <p>a) Evidence from experience surveys that children and young people feel fully involved in transitions.</p> <p>b) Young people, their family and carers are fully involved in</p>

	transitions where appropriate and with the young person's consent.
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11.1.2 Effectiveness evidence

The PDG considered various transitional points within the care system, such as moves between placements, transitions from children to adult services and transfers into and from custodial settings. Some common issues were highlighted, such as appropriate planning and the need for information about needs being used to inform decisions.

The PDG considered a range of evidence in relation to transitions. Mixed results of associations between outcomes and transitional planning were reported. There is evidence of good quality⁷⁰ for an association between transitional planning and drug and alcohol misuse as an adult and evidence of mixed quality for an association between transitional planning and education and employment as an adult.

The PDG recognised that positive transitions to new placements can be achieved and children and young people can feel less unsettled if information about their needs and preferences is passed on and used to inform future placements.

A particular issue identified during development of PH28 / SCIE guide 40 in relation to mental health transitions was the potential for a gap in provision. The PDG looked at the links between CAMHS and adult mental health services – in particular, whether the remit for CAMHS could be extended to young people over 18 who were in care. The committee noted that many young people who receive psychological support from CAMHS would not meet the criteria for accessing an adult mental health service, despite having significant complex needs requiring specialist intervention.

A practice survey⁷¹ reviewed by the PDG found that respondents in three sites named, reported that there should be consistency in the ages that all agencies work to. There are different cut-off points for points of access in responding to the needs of looked-after children and young people. In particular they felt CAMHS interventions should continue when young people reach 18 years and should mirror the longer-term responsibilities of education and social care staff.

The PDG considered evidence that unplanned transitions may also be linked to inconsistencies in access to dental services. Unplanned placement moves may be one reason why a looked-after child or young person may not attend a planned dental check. Some dentists are reluctant to embark on a treatment programme if a child is in a short-term placement. There are also particular needs around meeting the specialist dental needs of disabled children and young people.

11.1.3 Service user experience

⁷⁰ Joint NICE/SCIE guidance evidence source (evidence review E4)

⁷¹ Joint NICE/SCIE guidance evidence source (commissioned reportC3)

There is evidence⁷² that young people often struggle to move between services, and are particularly poorly supported when they are referred to adult mental health services from children and adolescent services. Generally young people find moving to adult services confusing and difficult to negotiate.

A practice enquiry supporting development of SCIE guidance on mental health transitions⁷³ shows that young people stressed the importance of professionals listening to them, and understanding their views and priorities. They value clear written and verbal information which is culturally and age appropriate and relevant and prepares them and their families for transition. Young people also highlighted the importance of staff considering their mental health needs in the context of their wider life and experiences. The enquiry also found that young people preferred an informal approach to transition within which they were able to trust staff and to be listened to and feel supported rather than pressurised. Continuity of staff wherever possible was also valued to avoid having to re-tell their stories, as well as access to non-health settings and community-based services. A key issue was continued availability of services, where young people could stay 'on the books' even if not currently in need of the service. Young people and their families felt they would often benefit from a period of parallel care or overlapping service delivery between CAMHS and adult services.

11.1.4 Safety/safeguarding

Poor service transitions make it more likely that young people will disengage from mental health services despite continuing need⁷⁴.

11.1.5 Current practice

The 2011 Children's Care Monitor report⁷⁵ found that 58% of children said they had visited the placement where they are living now before they moved in to live there, compared to 42% who had not.

An Ofsted evaluation of the provision of mental health services for looked-after young people over the age of 16 accommodated in residential settings⁷⁶ found transfer from children's mental health services to services for adults was inconsistent and sometimes led to services for young people being discontinued.

SCIE research⁷⁷ found that while many services have protocols, including transition protocols, agencies differ in their levels of joint working and the ways in which these are shared. Some staff, particularly those working in services not directly concerned with mental health transitions, may not know

⁷² SCIE (2011) SCIE Guide 44: [Mental health service transitions for young people](#)

⁷³ SCIE (2011) SCIE Guide 44: [Mental health service transitions for young people](#)

⁷⁴ SCIE (2011) SCIE Guide 44: [Mental health service transitions for young people](#)

⁷⁵ Ofsted (2012) [Children's care monitor 2011: Children on the state of social care in England](#)

⁷⁶ Ofsted (2010) [An evaluation of the provision of mental health services for looked after young people over the age of 16 accommodated in residential settings](#)

⁷⁷ SCIE (2011) SCIE Guide 44: [Mental health service transitions for young people](#)

about protocols. Where protocols are different and / or confusing staff felt they can result in effective practice.

An Ofsted report highlighted that managers of secure establishments faced difficulty when a young person was referred from another region. It can limit the extent to which they could work effectively with families and key professionals from within the placing authority. It can also be challenging to meet a young person's needs, especially if local specialist services do not have capacity to deal with additional cases from outside the area. Similar difficulties were reported from the Ofsted survey of mental health services for looked after children who are accommodated in residential settings.

11.1.6 Current indicators

Specifically, in terms of all young people in contact with mental health services, there are a number of assessment processes, planning systems and quality criteria that can be used to audit and evaluate service performance and staff practices. These include:

- the CAF and the Framework for the Assessment of Children in Need and their Families
- the CPA
- the 'You're welcome' quality criteria for young people friendly health services.

NMHDU/NCSS self assessment tool (data systems adapted to produce specific transition reports, including monitoring outcomes for all YP with ongoing needs at point of transition).

12. Support in leaving care and becoming independent

12.1.1 Relevant guidance recommendations and proposed quality statement

<p>Guidance recommendations</p>	<p>PH28 / SCIE guide 40 recommendation 46: Support preparation for the transition to adulthood and moving to independent living.</p> <p>PH28 / SCIE guide 40 recommendation 47: provide leaving-care services.</p> <p>PH28 / SCIE guide 40 recommendation 48: Conduct a comprehensive health consultation when young people move on to independent living.</p>
<p>Proposed quality statement</p>	<p>Looked-after children and young people are offered access to an effective and responsive leaving-care service that meets their needs for leaving care and becoming independent.</p>
<p>Draft quality measure</p>	<p>Structure:</p> <p>a) Evidence of local arrangements to ensure pathway planning pays full attention to the emotional needs and developmental capacity of young people preparing to move into independent accommodation.</p> <p>b) Evidence of local arrangements to ensure that there is an effective and responsive leaving-care service which provides all young people with opportunities to develop the full range of life skills needed to make the transition to independent living and adulthood.</p> <p>c) Evidence of local arrangements to ensure that looked-after children and young people are supported to move to independent living at their own pace.</p> <p>d) Evidence of local arrangements to ensure that all looked-after children and young people receive a comprehensive health assessment when they move to independent living.</p> <p>e) Evidence of local arrangements to ensure that looked-after children and young people know their entitlements to leaving-care services and how to access them.</p> <p>Process:</p> <p>a) Proportion of looked-after children and young people whose pathway plan supports preparation to move into independent accommodation.</p> <p>b) Proportion of young people leaving care who receive a comprehensive health assessment when they move to independent living.</p> <p>Outcome:</p> <p>a) Evidence from experience surveys that looked-after children and young people aged 16 and over know their entitlements to leaving-care services and how to access them.</p> <p>b) Evidence from experience surveys that young people</p>

	<p>leaving care feel prepared for leaving care and at their own pace.</p> <p>c) Proportion of young people that access their leaving care service</p> <p>d) Awareness of pathway plans.</p> <p>e) Accommodation status.</p> <p>f) Education, employment or training status.</p>
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12.1.2 Effectiveness evidence

In making their recommendations, the PDG commented that access to accommodation and employment opportunities are crucial for the successful transition into adulthood of young people leaving care. The PDG also noted that good mental health, in particular, is strongly associated with employment.

The PDG commented that young people with complex needs face particular problems in the transition from care to independence and considered that all residential homes should have a culture, organisation and regulations that help staff to equip young people with the skills to support their move into adulthood.

The PDG recognised that without adequate support many young care leavers feel marginalised within the wider community and experience the stigma of having been in care. It was commented that without an adequate knowledge of their rights and entitlements they are ill-equipped to cope with their move into the outside world.

Evidence suggests that good transition management is characterised by timely planning to ensure that young people are fully supported through the transition process⁷⁸.

The cost effectiveness review for this guidance looked at support services for transition to adulthood and leaving care. Using this model, the NICE costing report concluded that implementing the recommendations may improve the outcomes for young people leaving care and reduce future costs to health services and the criminal justice system. In addition, provision of dedicated and accessible leaving care services may also save money by encouraging compliance with pathways and reduce the level of missed appointments.

12.1.3 Service user experience

A number of studies⁷⁹ considered by the PDG provide evidence that preparation and support for leaving care is an important issue for looked-after children and young people. In order to improve the process of leaving care looked-after children and young people reported needing:

⁷⁸ Joint NICE/SCIE guidance evidence source (commissioned report C3)

⁷⁹ Joint NICE/SCIE guidance evidence source (evidence review E5)

- improved and more timely preparation for independent living prior to leaving care to improve this transition
- a network of support to provide ongoing practical help and emotional support after leaving care
- greater and more appropriate information and advice about entitlements to help to make better use of services available to them on leaving care
- a higher level of financial support and more advice for managing finances to prevent serious financial problems for care leavers
- access to better quality and more appropriate housing.

The Staying Put: 18 Plus Family Placement Programme (2012) report on young people's experiences of leaving care found that experiences of moving to independence varied: 50% of those interviewed said that they found the move to independence emotionally distressing at times and 75% did not feel that the pathway planning process had assisted with preparation and planning for independence. Sixty four percent of young people reported having struggled financially once they left care.

Evidence statements agreed by the PDG⁸⁰ highlighted that young people voiced concern at the contrast between the lifestyle and support experienced in foster or residential care compared to leaving care. It was found that a significant reduction in financial means coupled with independent living affected young people's diet, their opportunities for exercise and increased stress.

The provision of mental health services for care leavers report (2009) found that overall, young people ranged from being quite satisfied to very satisfied with the services they received since leaving care. They reported being particularly satisfied with the support received from leaving care teams and personal advisers and, in most cases, from CAMHS. The report concluded that the high rating given to overall support reflects the quality, provision and coordination of services for care leavers.

12.1.4 Safety/safeguarding

The Children's Care Monitor report (2011) found that care leavers living independently felt the least safe.

12.1.5 Current practice

The Children's Care Monitor report (2011) looked at the experiences of people leaving care and that of care leavers after leaving care. The survey found that 75% of those soon to leave care felt supported in terms of preparation for life as an independent adult but only 59% of care leavers felt supported in this for

⁸⁰ Joint NICE/SCIE guidance evidence source (commissioned reportC3)

their future. 13% of those soon to leave care considered that they were not getting any help to prepare for the future compared to 23% of care leavers.

In terms of education the report highlighted that the percentage of people feeling helped to prepare for higher education has fallen over the last three years from 65% in 2009, to 59% in 2010 and 56% in 2011. Similarly the percentage of those about to leave care feeling prepared for getting a job fell from 60% to 52% in the last year. Care leavers felt less supported in both being prepared for higher education (40%) and in help getting a job (32%) than those about to leave care. One in three (29%) people having left care reported not being in education, employment or training.

The Staying Put: 18 Plus Family Placement Programme (2012) report highlighted that young people who decided to stay in care after the age of 18 were more than twice as likely to be in full time education at 19 compared to those that did not (55% and 22% respectively). In addition, a slightly higher percentage of those who stayed in care were in full time training and employment at 19 compared to those that did not (25% and 22% respectively).

Many aspects of young people's health have been shown to worsen in the year after leaving care including problems with drugs or alcohol and reporting mental health problems. The Statutory Guidance document on Promoting the Health and Well-being of Looked After Children (2009) reported that young people leaving care have poorer health and well-being than those who have never been in care with many aspects of health seen to worsen in the year after leaving care. Evidence reviewed illustrated that both young men and women in leaving care are more likely than their peers to be teenage parents, with one study finding that almost half of young women leaving care became pregnant within 18 to 24 months, and another reporting that a quarter were pregnant or young parents within a year of leaving care. Compared to measures taken within three months of leaving care, young people interviewed a year later were also almost twice as likely to have problems with drugs or alcohol (increased from 18% to 32%) and to report mental health problems (12% to 24%). There was also increased reporting of 'other health problems' (28% to 44%), including asthma, weight loss, allergies, flu and illnesses related to drug or alcohol misuse and pregnancy.

The PDG noted that in the current economic climate it is essential agencies are mindful of the additional pressures that young people leaving care are likely to experience. It was commented that the impact of these extra pressures are likely to be felt by many young people leaving care for some time to come.

12.1.6 Current indicators

- NI 147 Care leavers in suitable accommodation

Definition: The percentage of former care leavers aged 19 who were looked after under any legal status (other than V3 or V4¹) on 1 April in their 17th year, who were in suitable accommodation.

- NI 148 Care leavers in education, employment or training

Definition: The percentage of former care leavers aged 19 who were looked after under any legal status (other than V3 or V4¹) on 1 April in their 17th year, who were in education, employment or training.

13. Encouragement to fulfil potential

13.1.1 Relevant guidance recommendations and proposed quality statement

<p>Guidance recommendations</p>	<p>PH28 / SCIE guide 40 recommendation 36: Provide training to foster carers.</p> <p>PH28 / SCIE guide 40 recommendation 44: Support access to further and higher education.</p> <p>PH28 / SCIE guide 40 recommendation 45: Support looked-after young people in further and higher education.</p> <p>PH28 / SCIE guide 40 recommendation 47: Provide leaving-care services.</p>
<p>Proposed quality statement</p>	<p>Looked-after children and young people are offered encouragement to fulfil their potential, including support to access further and higher education.</p>
<p>Draft quality measure</p>	<p>Structure:</p> <p>a) Evidence of local arrangements to ensure that carers develop knowledge and understanding of encouraging achievement.</p> <p>b) Evidence of local arrangements to ensure that looked-after children and young people are provided with support to access and maintain further and higher education.</p> <p>c) Evidence of local arrangements to ensure that young people leaving care are supported to access opportunities for employment, including apprenticeships and employability schemes.</p> <p>Process:</p> <p>a) The proportion of carers offered core training to develop their knowledge and understanding of encouraging achievement in the child or young person they look after.</p> <p>b) The proportion of looked-after children and young people who are provided with personal support before and during the application process and throughout their time at university or college.</p> <p>c) The proportion of looked-after children and young people leaving care who are offered opportunities for employment, including apprenticeships and employability schemes.</p> <p>Outcome:</p> <p>a) Evidence from experience surveys that looked-after children and young people feel supported to achieve their potential.</p> <p>b) Educational attainment.</p> <p>c) Employment and training status.</p>

13.1.2 Effectiveness evidence

The PDG considered evidence which shows that educational attainment influences the health, social and employment prospects of a child or young person. An awareness and understanding of the complex issues that looked-after children and young people face in an educational setting is essential. A further evidence review⁸¹ found that being supported is important to looked-after children and young people. Looked-after children and young people express that encouragement to achieve in education and other aspects of their life is needed. It highlighted that practical support, such as help with homework and provision of materials, is also seen as essential for achieving success.

An evidence review underpinning the guidance⁸² suggests that looked-after children and young people who received transition support services are more likely to complete compulsory education with formal qualifications than those who do not. There is moderate evidence of a positive effect of transition support services on current employment. The review also highlights moderate evidence of a mixed effect with regard to the effect of transition support services on crime/offending behaviour. People who had received transition support services were less likely to have been arrested for serious crimes but more likely to be arrested for moderate crimes than those who had not received the service.

The PDG recognised the important role of the designated teacher and designated governor in each school. They need to be more assertive in helping schools to manage tensions that might arise concerning the attainment and behaviour of looked-after children and young people.

13.1.3 Service user experience

Knowledge reviews⁸³ identify that looked-after children and young people want to have their achievements valued and recognised. They also want to be reminded of the possible consequences of not reaching their potential. An Ofsted review of outstanding children's homes found that young people felt that one of the features of an outstanding children's home is that staff support them to want to do better in life and achieve their goals.⁸⁴

The 2011 Children's Care Monitor report⁸⁵ captured looked-after children and young people / care leaver's views of their education. It found variation in views between different care settings. Out of 1,227 children and young people in care, care leavers, or living in residential special schools who gave their views, 86% rated their education as good or very good. Children living in foster care were more likely than those living in children's homes to rate their education highly (86% rated it as either good or very good), while children living in children's homes rated their education lowest, with 77% giving a good

⁸¹ Joint NICE/SCIE guidance evidence source (evidence review E5)

⁸² Joint NICE/SCIE guidance evidence source (evidence review E1)

⁸³ Joint NICE/SCIE guidance evidence source (evidence review E5)

⁸⁴ Ofsted (2011) [Outstanding children's homes](#)

⁸⁵ Ofsted (2011) [Children's care monitor 2010: Children on the state of social care in England](#)

or very good rating. The highest rating came from children and young people in boarding schools (92% of boarders rated their education as good or very good). These ratings showed similar trends to those young people from different settings gave to how well they were doing in school, with 82% of boarders rating well or very well, compared to 79% in foster care and 74% living in children's homes.

The evidence highlights a number of factors affecting attainment. Looked-after children and young people reported that changes in their care, such as changing their living placement can have a big effect on their education. The 2011 Children's Care Monitor⁸⁶ found that 51% of looked-after children and young people responding felt carers or staff gave them a lot of help with their school or college work, although 8% said they got no help from them. More children in foster care felt they got a lot of help from carers with their school or college work (56%) than those in children's homes (46%). Disabled children were much more likely to say they got a lot of help with their school or college work than other children.

Carers stated that they were concerned with being able to support looked-after children and young people to make a difference in their lives and assist them in achieving better short and long-term outcomes⁸⁷.

13.1.4 Safety/safeguarding

No safety or safeguarding issues identified.

13.1.5 Current practice

Findings from the 2011 Children's Care Monitor report show an increase in the proportion of care leavers staying in education over the past three years, with 64% of respondents in education in 2011. The findings from 2011 also showed that 12% were in work or work training. However, this figure has shown a decline year on year since 2009. Nearly one in three care leavers responding to the survey (29%) were not in education, employment or training, which rose from 21% in 2010 but was still lower than 36% in 2009.

A statistical First Release (SFR)⁸⁸ produced by the Department for Education shows that of children looked after continuously for 12 months at 31 March and of the age where the child is eligible to sit key stage assessments and tests 36% achieved the expected level in both English and mathematics in Key Stage 2 tests. This was a 1% increase from the previous year, however, it is a significantly lower proportion than that achieved by all children (74%). The SFR reports that the attainment gap between looked-after children and young people and their peers remains at the same level since 2006.

The SFR shows variation in achievement according to placement type and duration. 47% of children looked after continuously for 12 months who were placed with their parents achieved the expected level in both English and

⁸⁶ Ofsted (2012) [Children's care monitor 2011: Children on the state of social care in England](#)

⁸⁷ Joint NICE/SCIE guidance evidence source (Evidence review E5)

⁸⁸ Department for Education (2011) [Outcomes for Children Looked After by Local Authorities in England, as at 31 March 2010](#)

mathematics compared to 41 per cent of children placed in foster care and 13 per cent of children placed in residential care. In addition, 42% of children looked after continuously for 12 months with just one placement during their latest period of care achieved the expected level in both English and mathematics, compared with 37% with three placements.

Of the 5,100 children eligible for Key Stage 4 tests 12% achieved 5 or more GCSEs including English and mathematics at grades A* to C, which has increased by two percentage points since 2009. This compares to reported figures of 53% for all children. The SFR reports that the attainment gap between all children and children who have been looked after continuously for 12 months continues to broaden for grades A* to C.

The Social Exclusion Unit⁸⁹ identified five key reasons why looked after children underachieve in education, including instability, length of time out of school, insufficient help with education if they fall behind, primary carers are not expected or equipped to provide sufficient support and encouragement for learning and development; and unmet emotional, mental and physical health needs that impact on education.

An expert paper⁹⁰ reviewed during development of the guidance highlighted that there remains a need to raise the expectations and aspirations of those who work with looked after children.

13.1.6 Current indicators

- Ofsted Inspection outcomes of independent fostering services – helping children achieve well and enjoy what they do, helping children make a positive contribution, achieving economic wellbeing.
- Inspection outcomes of local authority fostering services – helping children achieve well and enjoy what they do, helping children make a positive contribution, achieving economic wellbeing.
- Data on outcomes in the Foundation Stage Profile (NI 72).
- Children in care reaching level 4 in English at key stage 2 (NI 99).
- Children in care reaching level 4 in maths at key stage 2 (NI 100).
- Children in care achieving 5 A*–C GCSEs (or equivalent) at key stage 4 (including English and maths) (NI 101).
- Looked-after children: special educational needs (SEN) and absence from school.
- (Additional indicator).
- Secondary school persistent absence rate (NI 87).

⁸⁹ Social Exclusion Unit (2003) [A Better Education for Children in Care](#)

⁹⁰ Joint NICE/SCIE guidance evidence source (Expert paper EP6)

Appendix A Full list of documents reviewed for joint NICE/SCIE guidance

The following documents were reviewed by the PDG in development of the joint guidance (PH28 / SCIE guide 40) recommendations.

These documents are available [online](#):

- Evidence reviews:
 - E1: 'The effect of support services for transition to adulthood/leaving care on the adult outcomes of looked after young people'.
 - E2: 'The effectiveness of training and support for carers/professionals/volunteers working with looked-after children and young people on the physical and emotional health and wellbeing of looked-after children and young people'.
 - E3: 'The effectiveness of interventions aimed at improving access to health and mental health services for looked-after children and young people'.
 - E4: 'A correlates review: factors associated with outcomes for looked-after children and young people: a review of the literature'.
 - E5: 'A qualitative review of the experiences, views and preferences of looked-after children and young people and their families and carers about the care system'.
- Primary research and commissioned reports:
 - C1: 'Qualitative research to explore the priorities and experiences of practitioners working with looked-after children and young people'.
 - C2: 'The health and wellbeing of looked-after children and young people: a brief review of strengths and weaknesses in service provision from inspection and review data'.
 - C3: 'Practice survey: the physical, emotional health and wellbeing of looked-after children and young people'.
 - C4: 'Consultation on draft recommendations: the physical, emotional health and wellbeing of looked-after children and young people'.
- Expert testimony / expert papers:
 - EP1: 'Patterns of instability in the care system'.
 - EP2: 'Stability and wellbeing in the care system'.
 - EP3: 'Learning from Sheffield: services to meet the needs of the most challenging children'.

- EP4: 'The role of the Healthcare Commission in improving outcomes for looked-after children'.
- EP5: 'Social pedagogy – an example of a European approach to working with looked-after children'.
- EP6: 'Improving outcomes for looked-after children and young people'.
- EP7: 'Revised government guidance and policy developments on the health of looked-after children'.
- EP8: 'The contribution of inspection to the health and wellbeing of looked-after children'.
- EP9: 'The physical and emotional health and wellbeing of children and young people growing up in foster care: support and training for carers'.
- EP10: 'Making sense of performance problems in public organisations'.
- EP11: 'Working with complex systems and networks around looked-after children and young people'.
- EP12: 'Care planning – the social work task for looked-after children'.
- EP13: 'Multi-agency partnerships'.
- EP14: 'Labels that disable – meeting the complex needs of children in residential care'.
- EP15: 'Siblings in care'.
- EP16: 'Participatory approaches to involving looked-after children and young people in the design and delivery of services'.
- EP17: 'Social pedagogy in children's residential care: DCSF pilot programme'.
- EP18: 'Pathways to permanence for black, Asian and mixed ethnicity children; dilemmas, decision-making and outcomes'.
- EP19: 'Kinship care'.
- EP20: 'Promoting the resilience and wellbeing of young people leaving care: messages from research'.
- EP21: 'Improving health and wellbeing outcomes of children under five years of age looked after in the care of local authorities'.
- EP22: 'Mental health of looked-after children in the UK: summary'.

- EP23: 'The health needs of unaccompanied asylum seeking children and young people'.