

Implementation Programme

NICE support for commissioning for the health and wellbeing of looked-after children and young people

April 2013

1 Introduction

Implementing the recommendations from NICE guidance and other NICE-accredited guidance is the best way to support improvements in the quality of care or services, in line with the statements and measures that comprise NICE quality standards.

This document is for commissioners of services for looked-after children and young people. This includes children's commissioners in local authorities and clinical commissioning groups and their partner organisations. It may also be of interest to providers of services for looked-after children and young people, including children's and families social care teams and healthcare professionals.

To support commissioners to achieve the quality standard, this report:

- highlights the areas of care in the quality standard that have potential implications for commissioners

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- considers the cost of implementing the changes needed to achieve the quality standard at a local level
- directs commissioners and service providers to a package of support tools that can help them implement NICE guidance and redesign services.

The NICE quality standard defines high-quality care for looked-after children and young people. It is based on the NICE and Social Care Institute for Excellence (SCIE) public health guidance on [Promoting the quality of life of looked-after children and young people](#) (2010) and other Evidence in Health and Social Care accredited guidelines. The NICE quality standard for looked-after children and young people was developed by a Topic Expert Group (TEG) using the best available evidence and was produced collaboratively with NHS and social care organisations, along with their partners and service users.

Commissioning services in line with the NICE quality standard for looked-after children and young people will contribute to improving outcome 2.8 of the [Public Health Outcomes Framework 2013–2016](#): Emotional wellbeing of looked-after children. It will also contribute to other outcomes within the [framework](#). It will contribute to delivering improved performance against the measures for looked-after children and young people in the [Single data list](#) for local government.

Each quality statement has accompanying quality measures. The quality measures focus on improving the processes of care that are considered to be linked to health and social care outcomes. Social care and NHS commissioners can use the quality standards by including quality statements and measures within the service specification element of the standard contract, and by establishing key performance indicators as part of a tendering process to incentivise provider performance.

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The quality standard will support commissioners to prioritise and drive quality improvement for looked-after children and young people by helping them to decide how best to commission and provide health and social care services for looked-after children and young people, taking into account individual circumstances and professional judgment. The NICE quality standard should be read in the context of existing legislation and guidance, as outlined in the contextual mapping of the [quality standard](#).

Commissioners can use the quality standard measures to make a baseline assessment of local practice against the statement and its measures. They should discuss the results with relevant providers and use this information to prioritise areas for improvement and to measure and reward performance. These priorities should be addressed in future service improvement or commissioning plans.

Health and Wellbeing Boards or local strategic partnerships for children and young people may wish to ask clinical commissioning groups and local authorities to report on their performance against the quality standards.

This report on the health and wellbeing of looked-after children quality standard should be read alongside:

- [NICE quality standard for the health and wellbeing of looked-after children and young people](#)
- NICE public health guidance 28 / SCIE guidance 40 on [Promoting the quality of life of looked-after children and young people](#).

2 Overview of health and wellbeing in looked-after children and young people

This quality standard covers the health and wellbeing of looked-after children and young people from birth to 18 years and care leavers (including young

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people planning to leave care or under leaving care provisions). It applies to all settings and services working with and caring for looked-after children and young people, and care leavers, including where they live. The term 'looked-after children and young people' is used throughout the quality standard to refer to this population. The aspiration is that the quality statements will apply to all looked-after children and young people, and care leavers in all settings where applicable.

Looked-after children and young people are legally defined as children and young people under 18 years who are in the care of the local authority. The majority of looked-after children and young people are in care because they have suffered abuse or neglect¹. Looked-after children and young people are one of the most vulnerable groups in society.

Care leavers are legally defined as young people who have been in care for at least 13 weeks from age 14 years or above, and so qualify for services to support them once they leave care, usually at 18 years. Legally this support must be provided up to 21 years, or until they have completed their education if this is longer². However it is acknowledged that better outcomes can be achieved by supporting care leavers until they are ready to live independently, which can be as late as 25 years or older.

The local authority is sometimes known as a 'corporate parent'. When local councillors are elected they take on the role of corporate parent and have a duty to take an interest in the wellbeing and development of looked-after children and young people, and care leavers³.

Looked-after children and young people often have complex needs that can only be met by a range of universal, specialist and dedicated health and social

¹ Local Government Association (2012) [10 questions to ask if you're scrutinising services for looked after children: revised June 2012](#).

² Local Government Association (2012) [10 questions to ask if you're scrutinising services for looked after children: revised June 2012](#).

³ Local Government Association (2012) [10 questions to ask if you're scrutinising services for looked after children: revised June 2012](#).

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care services that operate across different settings. Their physical health and social, educational and emotional wellbeing are often heavily dependent on the care they receive.

The [Office for Standards in Education, Children's Services and Skills \(Ofsted\)](#) is responsible for inspecting and regulating services that care for children and young people, including safeguarding and specialist services for looked-after children and young people, and services providing education, including schools.

Experiences early in life may have long-term consequences for health and social development. Those who have positive experiences in the care system and achieve good emotional and physical health are more likely to do well in their education and go on to have good jobs and careers. However negative experiences can disrupt education, lead to difficulties with social and emotional wellbeing, and result in attachment problems and a lack of resilience⁴.

Looked-after children are more likely to have experienced deprivation and poverty as a result of low family income or parental unemployment.

2.1 Statistics on looked-after children and young people

Since Lord Laming's 2008 inquiry into the death of Peter Connolly there has been a significant increase in the number of care proceedings in England⁵ and a corresponding year on year rise in the number of looked-after children and young people⁶. This has significant financial implications for local authorities and their partners.

⁴ Department for Education and Skills (2009) [Care matters: time for change](#).

⁵ House of Commons Children, Schools and Families Committee (2009) [Looked-after children: third report of session 2008-09](#). Volume I: report, together with formal minutes.

⁶ National Society for the Prevention of Cruelty to Children (2012) Statistics on looked after children. Available at: http://www.nspcc.org.uk/Inform/resourcesforprofessionals/lookedafterchildren/statistics_wda88009.html

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At the end of March 2012, there were 67,050 looked-after children and young people in England, averaging around 130 per 100,000 population. Almost 75% of these were in a foster placement, and approximately 12% were cared for in residential accommodation (including secure units, children's homes, hostels, residential schools and other residential settings). Around 36% of foster placements were outside the local authority boundary, compared with around 46% of placements in homes and hostels subject to Children's Homes regulations and around 94% of placements in secure units.

About 60% of children and young people who are looked after in England are reported to have emotional and mental health problems and a high proportion experience poor health, educational and social outcomes after leaving care. The main reason for children and young people entering care in the year up to April 2012 was abuse or neglect (reported in 62% of cases). Research shows that the inter-relationship between educational experience and the care placements experienced by looked-after children is the single most important factor in determining quality of life. However only 40% of looked-after children and young people achieve 5 or more GCSE passes compared with 90% of all children and young people⁷.

3 Commissioning and resource implications

There is national variation in outcomes among looked-after children and young people, and in the cost-effectiveness of placements and services provided to meet their needs. The costs and savings associated with implementing the NICE and SCIE public health guidance on [Promoting the quality of life of looked-after children and young people](#) in order to achieve the quality standard will vary, and should be assessed locally.

⁷ Audit Commission (2013) Background to the toolkit. Available at: <http://archive.audit-commission.gov.uk/auditcommission/childrenandyoungpeople/lactoolkit/Pages/background.aspx.html>

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It is not always possible to reliably identify the costs and savings of providing services for looked-after children and young people. It is difficult to disaggregate costs from the broad range of services in order to define the cost of a unit of activity. This is because:

- services can be provided by a range of statutory, private or third sector organisations, or by families and friends
- looked-after children and young people use a range of services, including those dedicated to looked-after children and young people (such as a looked-after children's nurse or foster placement), specialist services where looked-after children and young people form a high proportion of referrals (such as child and adolescent mental health services [CAMHS] and children and young people's drug and alcohol services) and a range of universal services (such as schools or GPs)
- services can be commissioned using a variety of methods. Examples include 'block contracts' (where an agreed sum of money is paid to a provider for delivering a specified service to an agreed number of looked-after children or young people) and 'spot purchasing' (where a fee is agreed with a provider for services offered to an individual child or young person, sometimes as part of a framework agreement⁸).

A child- and young person-centred and integrated approach to provision of care and services is fundamental to the delivery of high-quality care to looked-after children and young people. Different agencies, including social care, education and health, need to work together closely to achieve the level of care set out in the quality standard. This requires that services should be commissioned from and coordinated across all relevant agencies.

It is important to distinguish between strategic commissioning and individual decisions for looked-after children and young people:

⁸ A framework agreement is an arrangement that sets out the contractual terms which will apply to subsequent purchases made for the services covered by the framework, over the period of time during which it is in force.

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- Strategic commissioning involves making service design, commissioning and resource decisions for the whole population of looked-after children in a local area or region, as part of a [commissioning cycle](#). This work is underpinned by joint strategic needs assessments and commissioning plans, such as placement sufficiency plans or leaving care plans.
- Individual decisions include those made by social workers, education or health professionals who refer looked-after children and young people to universal, dedicated or specialist services and placement decisions made by social care teams. Wherever possible individual commissioning decisions should be made within the context of agreed local policy and commissioning plans.

Table 1 below summarises the commissioning and resource implications for commissioners working towards achieving this quality standard. See section 4 for more detail on commissioning and resource implications.

Table 1: Potential commissioning and resource implications of achieving the quality standard for looked-after children and young people

Area of care	Commissioning implications	Potential resource impact
Warm, nurturing care (see section 4.1)	Prioritise investment to deliver training for foster carers and residential home workers to manage children and young people with more complex needs, such as attachment or behavioural problems.	Training and ensuring carers are skilled enough to manage problems will allow costs to be avoided. These may be reviews of placement breakdowns, costs of finding subsequent placements and the costs of subsequent, typically more expensive placements.
Collaborative working between services and professionals (see section 4.2)	Ensure protocols are in place to support collaborative multi-agency working. Local policy should require decisions about children and young people to be made by multi-agency groups, which include the looked-after child or young person and their carer wherever possible. Specialist consultancy services should be in place to support collaboration on complex casework.	There is no anticipated cost impact to ensure collaborative multi-agency working. Where extra specialist consultancy needs to be established using senior internal staff, there may be a reduction in capacity of their core roles. This may be offset by inappropriate service usage being avoided.
Stability and quality of placements (see section 4.3)	Ensure there is a strategic placement commissioning plan for looked-after children and young people. The plan should pay particular attention to overcoming the difficulties in finding placements for the children and young people for whom it is hardest to find suitable, local placements.	Finding suitable placements can lead to stability, avoiding costs of switching placements and moving to typically more expensive placements.
Support to explore and makes sense of identity and relationships (see section 4.4)	No significant commissioning implications.	No anticipated cost impact.

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Support from specialist and dedicated services (see section 4.5)	Ensure there is a comprehensive joint strategic needs assessment for looked-after children and young people, which informs relevant local strategic commissioning and service development plans. Ensure that relevant specialist services enable referrals from looked-after children and young people to be prioritised.	Ensuring support needs are in place can lead to avoiding costs of more expensive placements that include provision for emotional and behavioral difficulties.
Continuity of services for placements outside of the local authority or health boundary (see section 4.6)	Ensure there are protocols to allow continuity of service provision when looked-after children and young people are placed outside the local authority or health boundary.	No anticipated cost impact.
Support to fulfill potential (see section 4.7)	Commission services that promote the educational attainment of looked-after children and young people. Ensure policies enable typical day-to-day parenting decisions about looked-after children and young people's participation in out-of-school-hour activities and hobbies to be delegated to their carers.	There is no anticipated cost impact to the delivery of educational factors. There may be a local cost impact of ensuring out-of-school-hour activities and hobbies can be provided. These should be assessed locally.
Support to move to independence (see section 4.8)	Commission leaving care services that provide a suitable range of accommodation and also the personal support needed by care leavers who are moving to independence.	There may be a local cost impact of ensuring appropriate leaving care provision. This should be assessed locally.

4 Commissioning implications and cost impact

This section considers the commissioning implications and potential resource impact of implementing the recommendations to achieve the NICE quality standard for looked-after children and young people.

4.1 *Warm, nurturing care*

Quality statement 1: Looked-after children and young people experience warm, nurturing care.

Structure measures:

- a) Evidence of local arrangements for all carers of looked-after children and young people to receive ongoing high-quality core training and support packages that equip them to provide warm, nurturing care.
- b) Evidence of local arrangements to ensure that all carers of babies and young children receive specialist training and support that helps them to develop positive attachments with children in their care.

Outcome measures:

- a) Feedback from looked-after children and young people that they feel they receive warm, nurturing care.
- b) Looked-after children and young people's self-reported wellbeing and self-esteem.
- c) Carer satisfaction with provision of training and support.

The [House of Commons Children, Schools and Families Committee inquiry into looked-after children](#) found that the failure of the care system to replicate or compensate for the stable relationships that most children and young people have with their parents is one of its most serious and long-standing deficiencies. The Committee's report concludes that the only way the state

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can achieve this target is by developing the skills of the individuals who are responsible for decisions or present in a child's life on a daily basis. These individuals are the carers of looked-after children and young people and care leavers. Most often carers will be foster carers and residential care home workers but other examples include, but are not limited to, family members, staff in secure units and staff working in leaving care accommodation⁹.

Carers have the greatest amount of daily contact with looked-after children and young people, although historically their training needs have been neglected. A high proportion of placement breakdowns are related to carer stress or problems in managing difficult behavior. Each placement breakdown causes disturbance for already unsettled children and young people, making the next placement even harder to maintain¹⁰. Therefore, carers need to be equipped with the skills to manage difficult behaviour arising from attachment problems, lack of resilience and low self-esteem. Subsequent placements may also be more expensive if there is a need to increase the support services received to address issues resulting from the breakdown of the previous placement.

When a placement breakdown occurs, a review will take place and a further suitable placement found. Each of these tasks will incur use of internal resources. It is estimated that the average cost of a review is £392 and the cost of finding a subsequent placement may be around £197¹¹.

Social care commissioners should:

- Assess current practice and the resources available to deliver ongoing high-quality core training for carers employed or contracted to the local

⁹ House of Commons Children, Schools and Families Committee (2009) [Looked-after children: third report of session 2008-09](#) Volume I.

¹⁰ House of Commons Children, Schools and Families Committee (2009) [Looked-after children: third report of session 2008-09](#) Volume I.

¹¹ Ward H, [Calculating the costs of local authority care for children with contrasting needs](#), Child & Family Social Work, 2008.

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authority. The content of this training should be in line with [the definitions section](#) of the quality statement.

- Check that this training is provided by trainers with specialist knowledge and expertise.

Where training is found to be lacking or not of sufficiently high-quality, commissioners should invest in training for carers. This investment should increase placement stability and reduce the costs associated with finding alternative placements. It may also prevent the need to use more expensive residential home placements rather than foster care placements, which are usually preferred. The average cost of a foster placement per week is estimated to be £1069 and the cost of a place in a children's home is estimated to be £2726¹².

Commissioners may wish to include the quality statement in spot purchase contracts, framework agreements and/or block contracts with independent foster care agencies and residential providers, and to monitor their performance. This may help to drive up the quality of carer training.

Commissioners should ensure that their internal foster carers, and foster carers from agencies that they spot purchase from, have access to support and advice when needed. Commissioners should refer to [recommendation 37](#) of the NICE and SCIE guidance on looked-after children and young people for details of the components of a foster carer support package that should be provided. This support and advice is likely to be offered by social workers or independent reviewing officers. Commissioners should check that emergency support is available outside office hours.

Commissioners should satisfy themselves that their internal foster and residential care services, and the foster care agencies and residential providers that they contract with, are delivering care in line with the [national](#)

¹² Ward H, [Calculating the costs of local authority care for children with contrasting needs](#), Child & Family Social Work, 2008.

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[minimum standards for foster carers](#) and [national minimum standards for residential care](#), which are underpinned by [the Fostering Services \(England\) Regulations 2011](#) and [Children's Homes \(Amendment\) Regulations 2011](#) respectively. If this is not the case, commissioners should avoid future placements and contracts with that provider.

Commissioners and others may wish to refer to the following nationally available resources for carers' training, including:

- [Fostering changes](#)
- [Skills to foster](#)
- Department for Education (2010) [Training, support and development standards for foster care - guidance for managers, supervising social workers and trainers](#)

4.2 Collaborative working between services and professionals

Quality statement 2: Looked-after children and young people receive care from services and professionals that work collaboratively.

Structure measures:

- a) Evidence of local arrangements for the team working with the child or young person to work collaboratively to manage the multidisciplinary care plan, with the named lead social worker taking a lead professional role.
- b) Evidence of effective local information-sharing protocols between health, social care and educational services.
- c) Evidence of local arrangements to include the carer as part of the team working with the child or young person.

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- d) Evidence of local arrangements to ensure the team working with the child or young person has access to a consultancy service to support collaboration on complex casework.

Outcome measures:

- a) Feedback from looked-after children and young people that they do not have to re-tell their life and medical history when using services.
- b) Feedback from looked-after children and young people that they feel information about them is shared appropriately between people working with them, and caring for them
- c) Feedback from carers that they feel involved as part of the team working with the child or young person.
- d) Feedback from the team working with the child or young person that they have all of the information they need to work effectively.

Integrated working is achieved through collaboration and co-ordination at all levels and across all services. It requires clear and strong leadership and management by local authorities and clinical commissioning groups. It is facilitated by the adoption of common service delivery models, tools and processes across all services. Integrated processes drive multi-agency working and support the delivery of integrated services for looked-after children and young people¹³.

All local authorities and their stakeholders will have some level of established collaboration, integration and multi-agency working around looked-after children and young people, although its effectiveness will vary.

As the primary commissioners of services for looked-after children and young people, children's social care commissioners are well placed to lead on

¹³ Children's Workforce Development Council (2008). [Integrated working overview](#)

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improving collaboration among key partners, such as in health, education and CAMHS. At a strategic level, children's social care commissioners should ensure that the following local protocols are in place:

- **Information sharing** between health, social care, education and other specialist or dedicated services within the local authority area. The information-sharing protocol should address legal and confidentiality issues.
- **Common assessment and referral**, for example using the [Common Assessment Framework](#) (CAF). This reduces duplication of assessment, encourages the use of similar terminology across agencies and improves referrals between agencies.
- **Lead professional role**, to ensure that frontline services are co-ordinated, coherent and achieving the outcomes detailed in the child or young person's multidisciplinary care plan. The named lead social worker should fulfil the lead professional role.

Commissioners need to ensure that their local health and wellbeing plans or local children and young people's plans identify the actions required to improve collaboration and integration locally. This should include an expectation that all key decisions about looked-after children and young people's care, health and wellbeing are made by a multi-agency group that includes the child or young person's carer, and takes account of the views of the child or young person.

Directors of children's services should ensure that they continue to encourage multi-agency working to support looked-after children and young people. Every looked-after child or young person should have a team of multi-agency workers, such as social workers, teachers and nurses to support them. Ofsted's [Children's social work practitioners survey \(2010\)](#) found that 23% of social workers thought that communication and information sharing between

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the local authority and other organisations who contribute to safeguarding children and young people was not effective.

Commissioners should ensure relevant training continues to be provided on a multi-agency basis for topics such as safeguarding and information sharing, to allow professionals to learn together about the agencies involved in the care of looked-after children and young people.

Inclusion of a wider range of professionals at meetings, reviews and decision points may have an impact on the internal costs of other agencies. It may also be found that meetings last longer when more professionals are involved¹⁴. However, ensuring that the most appropriate decisions are made for children and young people should improve the quality of care they receive and therefore their longer-term outcomes and stability. It is not anticipated that there will be any substantial incremental cost to achieve this quality statement.

In line with structure measure (d) and [recommendation 6](#) of the NICE and SCIE guidance, commissioners should ensure that they commission a consultancy service to support collaboration on complex casework. The guidance notes that the service can be commissioned in a number of ways and that mixed models of provision may be appropriate. Examples include:

- in-house experts, such as senior social workers or independent reviewing officers
- external advisers, such as social care professionals from charities or other professional organisations
- child and adolescent mental health service staff.

¹⁴ Holmes, L, Calculating the cost and capacity implications for local authorities implementing the Laming (2009) recommendations. Available from <http://www.cfcfs.org.uk/research-and-development/cost-and-capacity-implications-of-laming/>

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Commissioners should also ensure that this consultancy service is publicised to relevant social work teams, and that social workers are encouraged to use it when appropriate.

Access to a specialist consultancy service should already be in place but where this is not the case there may be a cost impact to establish an external service. Where the specialism is obtained from a group of senior staff members, there may be a reduction in their capacity because the time they can spend on core roles is reduced. Commissioning a consultancy service should improve the quality of decision-making and ensure that all decisions are well informed, which should prevent the unnecessary use of inappropriate services and prevent problems from escalating and therefore the cost of managing crises in the future.

Commissioners and others may find the following guidance and policy useful when reviewing and establishing protocols for local collaborative and multi-agency working:

- Department for Children, Schools and Families (2010) [Working together to safeguard children: a guide to inter-agency working to safeguard and promote the welfare of children](#)
- NICE (2009) [When to suspect child maltreatment](#). NICE clinical guideline 89.
- SCIE (2008) [Learning together to safeguard children: developing a multi-agency systems approach for case reviews](#). SCIE 19.
- Children's Workforce Development Council [Resources for integrated working](#)

4.3 Stability and quality of placements

Quality statement 3: Looked-after children and young people live in stable placements that take account of their needs and preferences.

Structure measures:

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- a) Evidence of a strategy to commission a diverse range of placements for looked-after children and young people, which includes arrangements for considering sibling co-placement.
- b) Evidence of local arrangements to involve looked-after children and young people in choices and discussions about placement changes.
- c) Evidence of local arrangements for identifying potential carers among extended family and friends and assessing them for suitability at the start of the care planning process.
- d) Evidence of local arrangements to ensure that the child or young person gets to know their new carers and placement through visits and, where possible, overnight stays before they move to the placement.

Outcome measures:

- a) Looked-after children and young people's satisfaction with their placement.
- b) Carer satisfaction with decisions made to place children or young people in their care.
- c) Feedback from looked-after children and young people that they were involved in decisions about placement changes.
- d) Placement stability.
- e) Proportion of all placements that are emergency placements.

Placement stability is an indicator of the quality of care that children and young people receive and good placement stability is closely associated with better outcomes for children and young people.

There is evidence that many placements break down because the child's introduction to the placement was abrupt or because it was inappropriate for

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the child or young person's needs¹⁵. This view is shared by many looked-after children and young people themselves. The [Children's care monitor 2011](#) survey found that 20% believe that their placement is either not right for them or they are not sure. After changing placement, only 68% of children and young people thought the change was the best thing for them. This suggests that better placement planning and involvement of children and young people may be needed.

A shortage of available placements, particularly in foster care, and increasing numbers of children in care exacerbate the problem by limiting the choice available to children and young people.

Under section 9 of the Children and Young Person Act (2008), local authorities have a general duty to secure sufficient suitable accommodation within their areas to meet the needs of the children they look after¹⁶.

Commissioners will be working towards their sufficiency duty. They should ensure they have a placement strategy for looked-after children and young people in their area that addresses both the number of beds provided and whether the accommodation meets the needs of children and young people in their area¹⁷.

Commissioners will need to work with a range of providers in their area to meet the accommodation and care needs of their looked-after children and young people. Commissioners will need to:

- Have plans to stimulate the local market where there is a shortage of local providers, paying particular attention to placements that can meet the needs of children and young people for whom it is hardest to find a suitable

¹⁵ House of Commons Children, Schools and Families Committee (2009) [Looked-after children: third report of session 2008-09](#) Volume I.

¹⁶ Department for Children, Schools and Families (2009) Statutory guidance on promoting the health and well-being of looked after children

¹⁷ House of Commons Children, Schools and Families Committee (2009) [Looked-after children: third report of session 2008-09](#) Volume I.

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placement, including those from black and minority ethnic groups, those with physical disabilities and sibling groups. Nearly three-quarters of looked-after children and young people report that they are separated from siblings by being in different placements, which is particularly prevalent among disabled children in care¹⁸. Regional collaboration to develop the market is likely to be useful in avoiding such issues.

- Ensure they communicate their placement or sufficiency strategies with potential providers, so that the market is better able to meet local need. Commissioners may wish to work in partnership with qualified providers and neighboring local authorities to develop local placement solutions.
- Ensure they are investing in increasing the number of foster placements available in the local area, as foster placements typically have better outcomes than residential placements. Children living in foster care rated the quality of their care much more highly than those living in children's homes¹⁹. Foster placements are particularly hard to secure for children with more complex social and emotional needs, so commissioners need to ensure training programmes are in place to develop this expertise among foster carers (see also section 4.1).
- Commission services such as independent advocacy, participation workers or children's rights services, which support children and young people's inclusion in placement decisions. In a 2011 survey, 57% of looked-after children and young people were offered no choice of placement during their last move; 43% felt that they were not always asked for the opinions on things that matter, and 10% did not feel their placement was appropriate for them²⁰.
- Ensure that all placement providers arrange an opportunity for the child or young person to get to know their new carers and placement through visits

¹⁸ Ofsted (2012) [Children's care monitor 2011: Children on the state of social care in England. Reported by the Children's Rights Director for England.](#)

¹⁹ Children's care monitor 2011, Ofsted. Available from <http://www.ofsted.gov.uk/>

²⁰ Ofsted (2012) [Children's care monitor 2011: Children on the state of social care in England. Reported by the Children's Rights Director for England.](#)

and, where possible, overnight stays before they move to the placement. In a 2011 survey, 42% of looked-after children and young people reported they had not visited their placement before they moved in²¹.

Commissioners should try not to place children and young people with providers where overnight visits to potential placements cannot be offered.

- Ensure that local processes for identifying placements include consideration of extended family and friends who could be carers, so they can be assessed for suitability at the start of the care planning process.

Commissioners and social workers should work together to monitor local practice to ensure that where possible, placement moves are planned well in advance. This should maximise the opportunities to find the most appropriate placement at a suitable time for the child or young person, and to prevent emergency or unplanned placement moves. If care can be provided by extended family or friends, the typical cost of maintaining the placement per week is much lower than for foster care or residential units. It is estimated that the average costs per week may be around £389, £1069 and £2726, respectively²².

Improved placement choice, stability, quality and better placement planning may reduce the costs associated with placement reviews and finding new placements where framework agreements are not in place.

Commissioners and others using the NICE quality standard for looked-after children may find the following useful when commissioning for placement stability:

- Department for Education (2010) [Sufficiency: statutory guidance on securing sufficient accommodation for looked after children](#)

²¹ Ofsted (2012) [Children's care monitor 2011: Children on the state of social care in England. Reported by the Children's Rights Director for England.](#)

²² Ward H, [Calculating the costs of local authority care for children with contrasting needs](#), Child & Family Social Work, 2008.

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Commissioners and others may find the following resources useful to improve the participation and involvement of children and young people:

- Participation Works Partnership (2012) [How to involve children and young people in commissioning](#)

4.4 Support to explore and make sense of identity and relationships

Quality statement 4: Looked-after children and young people have ongoing opportunities to explore and make sense of their identity and relationships.

Structure measures:

- a) Evidence of local arrangements to offer ongoing activities to looked-after children and young people to explore and make sense of their identity, including their life history and appropriate health history.
- b) Evidence of local arrangements to coordinate ongoing contact with people that looked-after children and young people value, including former carers, siblings, other family members, friends or professionals, if this desired and in their best interests.

Outcome measures:

- a) Feedback from looked-after children and young people that they feel supported to explore and make sense of their identity and life history, including their health history.
- b) Feedback from looked-after children and young people that they feel supported to have continued contact with people they value.
- c) Feedback from looked-after children and young people that they have a supportive peer network.

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Developing a positive identify is vital for building self-esteem and emotional wellbeing.

Exploring life history, health history, identity and relationships can be sensitive areas for looked-after children and young people and should be facilitated by trained professionals, for example social workers. Opportunities to explore life and health histories should be incorporated into all children and young people's individual care plans and form a routine part of statutory visits. Directors of children's social care should make sure that their social care staff have access to relevant training on life history work and that social workers have sufficient capacity to do this as part of their routine work. Foster carers and residential home workers may also take on this role with additional training.

Social workers should continue to support contact with the people that are important to looked-after children and young people, provided this is in their best interest. In addition to contact with family members, social workers should also consider other significant people in the child or young person's life and ensure that the importance of these relationships is reflected in the child or young person's care plan.

It is not expected that there would be significant local incremental cost in achieving these quality statements. These activities should already be part of core duties and roles and if they are not taking place, plans should be made to implement them.

4.5 Support from specialist and dedicated services

Quality statement 5: Looked-after children and young people receive specialist and dedicated services within agreed timescales.

Structure measures:

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- a) Evidence of local arrangements to ensure that looked-after children and young people receive specialist and dedicated services to meet their needs. These services should be delivered on a continuing basis within agreed timescales.
- b) Evidence of local arrangements for health plans to be monitored and updated by independent reviewing officers, social workers and the lead health professional to ensure that the child or young person's continuing needs are being met.
- c) Evidence of local arrangements for case management and treatment to continue for looked-after young people moving from child to adult mental health services, until a handover with an assessment and completed care plan has been developed with the adult service.

Outcome measures:

- a) Feedback from looked-after children and young people that they have access to the services they need.
- b) Feedback from recognised assessment tools that the child, young person or care leaver's needs are being met through access to specialist and dedicated services when needed.
- c) Feedback from carers that they feel the needs of children and young people that they look after are being met through access to specialist and dedicated services when needed.

Understanding the changing characteristics and needs of the local population of looked-after children and young people is vital to achieving this quality standard. The local joint strategic needs assessment (JSNA) plays an important part in this. The JSNA should compare the needs of looked-after children and young people with the range of existing specialist and dedicated services, including identifying any unmet demand or capacity. The local

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strategic plan for children and young people or the local health and wellbeing plan should include actions to improve commissioning of specialist and dedicated services in line with the deficiencies identified in the JSNA.

Commissioners will be aware of the importance of investing in dedicated and specialist support services because intervening early can prevent the escalation of problems, which may result in difficult behavior and poor outcomes for children and young people. The average cost of providing care for looked-after children and young people without any additional support needs has been estimated at around £33,000 per year, compared with around £50,000 for a child or young person with emotional or behavioural difficulties²³.

Needs should be assessed locally, although it is known that looked after children and young people can face problems in accessing CAMHS²⁴. Because of high demand many services have high thresholds for access, long waiting lists and require that children and young people have a diagnosed psychiatric disorder before they can access any form of support. A 2010 survey found that 11 out of 27 children's homes had experienced delays of between 3 and 12 months for children and young people waiting to access CAMHS following a referral. One service reported that young people went to the bottom of the waiting list after a placement move, even when they had already been on a waiting list at their previous placement²⁵.

[Statutory guidance on promoting the health and wellbeing of looked after children](#) states that local authorities and their health partners need to build awareness of the high level of mental health needs among looked-after

²³ Ward H, [Calculating the costs of local authority care for children with contrasting needs](#), Child & Family Social Work, 2008.

²⁴ 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](#)

²⁵ 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](#)

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children into their strategic planning and their operational delivery of CAMHS services.

Commissioners may need to consider raising awareness of mental health and emotional wellbeing issues that are prevalent among looked-after children and young people. This can be beneficial in helping social workers and other professionals to identify possible mental health problems early and to ensure that children and young people are referred to the most appropriate service (which may not always be CAMHS), or are referred into the most appropriate tier of mental health services. (Generally waiting lists are shorter for lower-tier support than for intensive high-tier care).

Training could be delivered in the form of short in-house courses or attendance at external short events. Cost impact will vary depending on the way in which training is delivered. Some aspects could be incorporated into core mandatory training.

Commissioners should ensure that contracting debates around funding for individual children do not create delays in the child or young person receiving any specialist or dedicated support services that they need. Where there are specialist services with a high volume of looked-after children and young people, such as CAMHS, teenage pregnancy, additional educational support or drug and alcohol services, commissioners may wish to agree a fast-track referral process to ensure this group is prioritised. Continuity of services and pathways into continuing support for children leaving care and moving into adult services should also be considered

Commissioners may find the following resources useful when developing strategic needs assessments and plans:

- Commissioning Support Programme [Outcomes and efficiency: commissioning for looked after children](#), which includes advice on strategic needs assessment, market management, collaboration and securing services.

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- Commissioning Support Programme [Joining up the commissioning of accommodation and support for young people aged 16-25](#)
- Children and Maternal Health Observatory (2012) [Using ChiMat to improve commissioning for child and maternal health services](#)
- Children and Maternal Health Observatory (2012) [Better mental health outcomes for children and young people: A resource directory for commissioners](#) is a comprehensive overview of commissioning CAMHS services.

4.6 Continuity of services for placements outside the local authority or health boundary

Quality statement 6: Looked-after children and young people who move across local authority or health boundaries continue to receive the services they need.

Structure measures:

- a) Evidence of local arrangements to ensure the placing authority shares relevant information before a child or young person is placed across a local authority or health boundary.
- b) Evidence of local arrangements to ensure that an assessment of health needs has been carried out before a child or young person is placed across a local authority or health boundary.
- c) Evidence of local arrangements to ensure there is agreement between placing and receiving teams about schooling and healthcare arrangements before a child or young person is placed across a local authority or health boundary.
- d) Evidence of local arrangements to ensure that looked-after children and young people have continued contact with key professionals when they are placed across a local authority or health boundary.

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Outcome measures:

- a) Feedback from looked-after children and young people that they remain in contact with key professionals when they move across a local authority or health boundary.
- b) Carer satisfaction with the arrangements made for children and young people placed with them from a different area.

In line with their sufficiency duty (see section 4.3), commissioners should be working to ensure that all children and young people can be placed within the local area if this is practical. However, out-of-area placements are sometimes needed or are in the best interest of the child or young person. Local authority and health commissioners should work together to ensure there are appropriate local protocols for continuity of service provision when out-of-area placements are made, and should monitor compliance with those protocols. Commissioners should pay attention to:

- Nominating a named person within the local authority (for example, the lead social worker or placement manager) who is responsible for informing the relevant local authority and health authority about the placement move.
- Ensuring that the protocols detail the particular multi-agency information that should be transferred securely to the relevant authorities and services before looked-after children and young people are moved. This will enable plans for their care, education and healthcare provision to be made.
- Arrangements for continuity of professional contact when the child or young person moves across local authorities or boundaries, including visits by the social worker.

Payment by Results 2013–14 includes a national currency for looked-after children placed out of area, including a definition of the components of assessments and the standards of quality to be achieved. The responsibility

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for ensuring that health assessments comply rests with the designated safeguarding lead within the commissioning clinical commissioning group.

4.7 Support to fulfil potential

Quality statement 7: Looked-after children and young people are supported to fulfil their potential.

Structure measures:

- a) Evidence of local arrangements for the designated teacher to engage with the child or young person's social worker and carer in developing and monitoring their education plans.
- b) Evidence of supportive pathways into further and higher education and training.
- c) Evidence of supportive pathways into creative arts, physical activities and other hobbies and interests that support wellbeing and build self-esteem.

Outcome measures:

- a) Feedback from looked-after children and young people that they feel supported to access education, training or employment that is right for them.
- b) Educational attainment among looked-after children and young people.
- c) Education, employment or training status among looked-after children and young people.

There is evidence that educational and social outcomes among looked-after children and young people are poorer than those of other children and young people, which places them at significant disadvantage when they leave care and seek employment. Looked-after children and young people are also more likely than their peers to have a [special educational needs statement](#) setting

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out their additional educational needs and the help required to address them. The reasons for poor attainment include unstable education, too much time out of school, lack of support when children fall behind, carers who are not equipped to support education, and unmet emotional, mental and physical health needs that make learning harder²⁶.

Local authorities have a statutory duty to promote the educational achievement of children and young people they look after, including those living out of the area. The Department for Education has found that authorities that are effective in meeting their statutory responsibility have the following good practice in place²⁷. Commissioners should assess local practice and commission services in line with this best practice:

- Adopt a [virtual school head for looked-after children](#), if one is not already in place. A virtual school head champions the education of looked-after children as if they were in a single school, including those in placements outside the local authority's boundaries.
- Provide extra resources via the personal education allowance to help looked-after children who may not reach expected standards of attainment.
- Make bursaries and support available to young people leaving care who are entering further education. Their personal education plan should be a key component of their young person's pathway plan.

Education services should:

- Work closely with the [designated teacher for looked-after children](#) in all maintained schools and academies. Designated teachers promote educational achievement within their individual schools.
- Offer one-to-one tuition to all looked-after children in Key Stage 2 and Year 7.

²⁶ Local Government Association (2012) [10 questions to ask if you're scrutinising services for looked after children: revised June 2012](#)

²⁷ Department for Education (2012) [The role of local authorities in the education of looked after children](#)

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It is not expected that delivery of the educational requirements in this quality statement should incur any incremental costs. The additional [Pupil Premium](#) funding provided to schools for each looked-after child or young person may be used to support the learning and development of the looked-after child. Schools that have successfully improved performance using this funding have carefully ringfenced the funds, a clear policy on the use of the funding and ensure that governors were thoroughly involved in decision making processes²⁸.

It is important that looked-after children and young people have the opportunity to pursue hobbies and celebrate academic and personal successes in the same way as other children and young people. However, this is often not the case because of insufficient resources, difficulties in agreeing the release of additional resources, delays in making decisions, or not having a social worker or carer who can attend events. In a 2011 survey, only 21% of children and young people felt that their carers were able to give permission for them to take part in activities in the same way that parents can, and more than half of children and young people said their carers need to get special permission for activities like going on holiday, school trips or overnight stays with friends²⁹. Commissioners should work with placement managers and social work teams to develop protocols to ensure that a child or young person's carer is able to:

- Buy sports or leisure equipment, bedroom décor and personal belongings to enable the child or young person to take part in extracurricular activities.
- Attend significant school, sports and leisure events, such as football games, prize-giving ceremonies. This expectation should be written into contracts.

²⁸ Ofsted (2013) The Pupil Premium: How schools are spending the funding successfully to maximise achievement <http://www.ofsted.gov.uk/resources/pupil-premium>

²⁹ Ofsted (2012) [Children's care monitor 2011: Children on the state of social care in England. Reported by the Children's Rights Director for England](#)

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- Make typical day-to-day parenting decisions about the children and young people in their care. Children and young people need to feel as though they are treated as part of the family, and this includes their carers being able to make decisions so they can take part in age-appropriate activities, including school trips and overnight stays.

The incremental cost impact of providing such items as sports and leisure equipment and attending events is too variable to estimate. Part of the annual budget could be ring-fenced for these recreational and social activities to support achievement of social outcomes.

Commissioners and others using the quality standard for looked-after children and young people may find the following resources useful when commissioning to ensure that children and young people fulfil their potential:

- Audit Commission (2010) [Education of looked after children toolkit](#)
- Department for Education (2010) [Promoting the educational achievement of looked after children: statutory guidance for local authorities](#)
- Department for Education (2010) [The virtual school head for looked after children](#), a resource to help local authorities meet their statutory obligation to promote the educational needs of looked-after children.
- [Designated teacher \(looked after pupils etc\) \(England\) regulations 2009](#)
- Department for Education (2009) [The role and responsibilities of the designated teacher for looked after children: statutory guidance for school governing bodies](#)
- Department for Education (2009) [Improving the attainment of looked after children in primary schools: guidance for schools](#)
- Department for Education (2009) [Improving the attainment of looked after children in secondary schools: guidance for schools](#)
- TES (2011) [Quality tuition: looked after children](#)

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4.8 *Support to move to independence*

Quality statement 8: Care leavers move to independence at their own pace.

Structure measures:

- a) Evidence of local arrangements to ensure pathway planning is responsive to the needs of young people preparing to leave care and equips them with the skills they need to live independently.
- b) Evidence of local arrangements to ensure that care leavers are given the option to remain in a stable foster home or residential home beyond the age of 18, and to return to the care of the local authority, including their previous placement (if possible), if they experience difficulty in moving to live independently.
- c) Evidence that a range of accommodation and support is available for care leavers.

Outcome measures:

- a) Feedback from care leavers that they felt supported to move to live independently at their own pace.
- b) Care leaver satisfaction with their accommodation
- c) Accommodation status of young people leaving care.

Although the average age at which young people leave home is 24 years, until recently young people in care had to move into independent living at the age of 18 years, and many left care sooner³⁰. There is evidence that many care leavers move to independent living before they are ready, leading to an increased risk of homelessness, social exclusion, long-term unemployment, involvement in crime and higher rates of pregnancy and sexual

³⁰ House of Commons Children, Schools and Families Committee (2009) [Looked-after children: third report of session 2008-09](#) Volume I.

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exploitation^{31,32}. Although 75% of care leavers in a 2011 survey felt they were helped to prepare for independent life, only half felt they were prepared for higher education or getting a job³³.

Commissioners should ensure that issues around leaving care are considered in their joint strategic needs assessment for looked-after children and young people, including:

- the numbers of young people leaving care at ages 16, 17 and 18 years
- the number of young people still in touch with the local authority in the years after leaving care
- the number of young people who are able to stay in their placement after 18 years
- outcomes for young people leaving care (including employment, education and training, housing and benefits).

Government policy is committed to ensuring that it is no longer the norm for young people to leave care before 18 years, and for there to be some form of care open to all care leavers until at least 21 years or beyond if they need this support. However, the availability of services to support young people to move towards independence at their own pace, and the cost and supply of retaining foster and residential placements is an issue for local authorities and their commissioning partners.

Commissioners should ensure that:

- They are commissioning provision for young people to stay in their placement beyond 18 years.

³¹ House of Commons Children, Schools and Families Committee (2009) [Looked-after children: third report of session 2008-09](#) Volume I.

³² House of Commons Education Committee (2011) [Looked-after children: further government response to the third report from the Children, Schools and Families Committee, session 2008-09: fifth special report of session 2010-11](#).

³³ Ofsted (2012) [Children's care monitor 2011: Children on the state of social care in England. Reported by the Children's Rights Director for England](#).

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- They commission a variety of accommodation and support for care leavers to help develop their ability to move independently, including:
 - training flats
 - foster care conversions and supported lodgings
 - supported housing
 - foyers
 - floating support
 - independent accommodation.
- They are able to offer services that provide personal support to young people to develop the skills they need to live independently. This support may be provided by a mixture of social workers, foster carers or residential home workers, dedicated leaving care services or by staff in the leaving care accommodation.
- There is support available to care leavers from 18 years to at least 21 years and preferably beyond, for example, a personal adviser in a dedicated leaving care social care team.
- They have discussed the possibility of aligning or pooling children's leaving care budgets with housing budgets for vulnerable adults.
- They have considered developing local or regional plans to accredit leaving care accommodation, to ensure it is of high-quality and meets the needs of local care leavers.

The incremental cost impact of ensuring that looked-after young people can remain in or return to care is too variable to estimate, and a local assessment should be made. However, the strategic needs assessment will identify the numbers of looked-after children and young people who may need additional support services. A part of the budget could be ring-fenced to support care leavers. Expenditure in this area could avoid costs being incurred in other areas due to homelessness, social exclusion, unemployment, involvement in crime and higher rates of teenage pregnancy and sexual exploitation.

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Commissioners may find the following resources useful when developing strategic needs assessments and plans:

- National Care Advisory Service (2009) [Journeys to home: care leavers' successful transition to independent accommodation](#)

5 Other useful resources

NICE implementation support

- [Looked-after children and young people](#). Self assessment tool (2010)
- [Looked-after children and young people](#). Costing report (2010)
- [Looked-after children and young people](#). Guide to resources (2010)
- [Looked-after children and young people](#). Slide set (2010)

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