

Looked after children and young people – Stakeholder workshop discussion:

Tuesday 11th December 2018

Area of scope	Stakeholder views
<p>Scope: overall impression</p> <p>Does the scope make sense?</p> <p>Overall, do we have the right focus?</p>	<p>Stakeholders thought the scope was clearly written but there were some areas that they thought were missing. It was discussed that the updated guideline should be evidence-based, clinically relevant and holistic.</p> <p>It was discussed that the scope has excluded areas that are covered by other NICE guidelines, it was queried whether these guidelines have a specific focus on looked-after children and young people. They also highlighted that the guideline on attachment is particularly important and should be reviewed as part of this process.</p> <p>Stakeholders noted that most mental health problems in looked-after children and young people can be linked to relational absence or difficulties and that there is no guideline addressing family or relationship problems.</p> <p>Stakeholders noted that a significant population of looked-after children and young people are unaccompanied asylum-seeking children who would benefit from inclusions in the NICE PTSD guideline (NG116).</p> <p>Stakeholders raised that language and communication difficulties are a significant problem for the looked-after population. They suggested that speech and language therapy could be important provisions for this population.</p> <p>The importance of addressing nutritional intake of looked-after children and young people was stressed, noting its often unrecognised role in terms of behavioural issues and, in turn, placement stability.</p> <p>Stakeholders stated that many people are received in the system ‘too late’ and that guidance would be welcomed for those on the edge of care on improving resilience in</p>

	<p>children and young people and preventing those on the edge of care from becoming looked-after.</p> <p>Stakeholders felt that the views of young people and parents should be included in the guideline. They suggested that more than 2 lay members should be recruited to the committee and that 1 care leaver will not be representative.</p> <p>It was discussed that guidance around supportive services for parents, including reunification between parents and children, could be included in the update because services are mostly directed at the children and not the parent and child as a unit.</p> <p>How and what evidence will be used was discussed. Some stakeholders noted that the best evidence for looked-after children and young people is not from the peer reviewed literature but from the experiences of front line practitioners, which means the evidence search will need to be broader. They also thought guidance on which interventions work were most important to bring clarity to practice.</p> <p>Stakeholders noted that different age groups need different care because infants, children, young people and young adults up to 25 are very separate groups. It was suggested that because young adults 18-25 would receive adult services in some areas, the committee could be expanded to represent adult services.</p> <p>Stakeholders suggested that transitions to adult services, especially from Child and Adolescent Mental Health Services (CAMHS), should be included because of the potentially negative affect transitions have on the mental health of care leavers and looked after children.</p> <p>Transitions into care were discussed as a possible inclusion because currently there is no preparation and there is variation in practice for children and young people coming into care.</p> <p>Stakeholders raised the issue of keeping track of children as they move around the country. They sighted problems in planning, integration across pathways and trusts, exchange of information and system linking, highlighting the school and health systems.</p>
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	<p>Stakeholders welcomed guidance on how to implement the statutory guidance, for example reviewing health assessments, care leavers' health plans, skill sets for care leavers and how these services are delivered.</p> <p>It was discussed that the care leaver's summary and the Children and Social Work Act 2017 should be mentioned.</p>
<p>Section 2: Who the guideline is for</p> <p>This guideline is for:</p> <ul style="list-style-type: none"> • Social care, health and education practitioners working with looked-after children and young people • Commissioners and managers, policy makers and providers (including third sector organisations) with the health and well-being of looked after children and young people as part of their remit working within the NHS health and social care and public health or local authority • Commissioners and managers and providers of residential accommodation for looked after children and young people (including settings shared with the non-looked after population such as secure settings, hostels, and residential schools) <p>It may also be relevant for:</p> <ul style="list-style-type: none"> • Organisations that represent the interests of looked-after children and young people, their families, carers. 	<p>There were mixed views from stakeholders if the list should be broader than in the draft scope or more specific or if specific examples should be given.</p> <p>Stakeholders suggested the following groups should be included in this section:</p> <ul style="list-style-type: none"> • People in the justice system and the police because looked-after children and young people are more likely to be missing or exploited • Care leavers • Foster carers and agencies • Second bullet should mention inpatient and hospital care • Corporate Parenting Board and Local Safeguarding Children Board, because they are not commissioners or providers • Health should be added to the last bullet • Military • Specific professions who can be corporate parents • Student unions • Virtual heads and virtual schools

<p>Is there anyone else this guideline should be for?</p>	<ul style="list-style-type: none"> • Designated teachers • Private schools • Care leavers being supported to gain employment • Live in care teams • Housing because looked-after young people are at risk of homelessness • Independent fostering agencies <p>Stakeholders thought the guideline may also be relevant for:</p> <ul style="list-style-type: none"> • Lectures and teachers who teach the practitioners • Voluntary sectors
<p>Section 3.1 Who is the focus? The population</p> <ul style="list-style-type: none"> • Looked after children and young people, wherever they are looked after, from birth to age 25, their families and carers (including kinship carers and prospective adoptive parents). • Children and young people who are looked after on a planned, temporary basis for short breaks or respite care purposes, where the Children Act (section 20) applies and the child or young person is temporarily classed as looked after. • Children and young people living at home with birth parents but under a full care order of the local authority. 	<p>The following amendments were suggested by stakeholders:</p> <ul style="list-style-type: none"> • There needs to be clarity on who is a looked after children or young person and who is a care leaver. 18-25 year olds should be called care leavers because looked-after children and young people are only looked after until 18. This recognises that they are becoming adults and that they are a separate group. • There needs to be clear distinction between looked-after children and young people and former looked-after children and young people, because they will be reported together in the evidence it may be difficult to separate them. • Children and young people on special guardianship orders placements should be included. • Older young people who live in informal care arrangements who become homeless, who are then may be looked-after according to the Southwark judgement and are not considered care leavers could be included.

<ul style="list-style-type: none"> • Children and young people on adoptive placement. • Children and young people preparing to leave care. • Looked after children and young people on remand. <p>Are the inclusions / exclusions from the scope correct?</p> <p>Specific consideration will be given to:</p> <ul style="list-style-type: none"> • looked-after children and young people with mental health and emotional wellbeing issues • babies and young children • unaccompanied asylum seeking children • children and young people who are victims of trafficking and teenage parents in care. <p>Are there any other groups we should give specific consideration to?</p> <p>The guideline will not cover:</p> <ul style="list-style-type: none"> • Children and young people looked after on a planned, temporary basis for short breaks or respite care purposes where 	<ul style="list-style-type: none"> • Young people eligible for care leaver support could be called “former relevant children”. • It was discussed that universal services apply for short lived placements, for example the child protection system and safeguarding. • People on the edge of care should be included because there is nothing in statute about this. • The first bullet should include “carers’ children” and “kinship carers” should be changed to “connected carers”. • The scope could cover adopted children because children and young people can be in an adoptive placement for 2 years. In addition, the statutory guidance and education are starting to align guidance for looked-after children and young people and adopted children. The guideline’s population should align with that of Children and Social Work Act 2017, which includes adopted children. • Bereaving children should be included. • “Teenage parents” should be changed to “young parents”. • “Trafficking” should be changed to “exploitation” because it is a broader term. • Stakeholders suggested the following should also be given specific consideration: <ul style="list-style-type: none"> ○ Special educational need (SEN) – there needs to be a link with Education Health and Care Plans ○ Challenging behaviour ○ Children and young people with learning disabilities ○ Children and young people with ASD ○ Infants under 1
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<p>the Children Act (section 20) does not apply</p> <ul style="list-style-type: none"> • Children and young people who been looked after in the past and are currently not looked after • Children and young people at risk of entering care, and their families. <p>Are there any other groups we should exclude?</p>	<p>Stakeholders expressed the following concerns:</p> <ul style="list-style-type: none"> • Disabled children and SNA make a large group of looked-after children and are not explicitly recognised in the scope. • The scope does not apply to private healthcare that provides healthcare in criminal justice system and to those on remand. This may also disadvantage children who are on private healthcare plans. • There is a recent NSPCC review that details what mental health interventions work for looked after children and young people. • It was discussed whether children at the pre-proceedings stage were included or excluded. • It was questioned why “kinship carers” and “prospective adoptive parents” are used as examples. <p>Groups not covered</p> <p>Stakeholders discussed that it was important that bullet point 1 does not lead to people being excluded inappropriately.</p>
<p>Section 3.2 Settings The guideline will cover:</p> <ul style="list-style-type: none"> • all settings where children and young people are looked-after • all settings that targets a specific issue or problem, where there is an element or service tailored towards looked-after children and young people or their parents, other family or carers, or where the impact on looked-after children and young people has been actively monitored and evaluated <ul style="list-style-type: none"> – primary, secondary and tertiary healthcare (including accident and emergency departments, inpatient 	<p>The following settings were suggested as additional settings for the guideline to consider by stakeholders:</p> <ul style="list-style-type: none"> • Immigration and asylum centres and dedicated reception centres for unaccompanied children and young people, police stations and custody, secure schools, military settings, hearing and physically disabled residential settings, mental health services dedicated to looked-after children and young people, out of hours GP and contact centres. • Transitions between inpatient and outpatient care, and between imprisonment and returning to the community. • “primary, secondary and tertiary healthcare” should be changed to “primary, community, secondary and tertiary healthcare”.

<p>care and transitions between departments and services)</p> <ul style="list-style-type: none"> ○ schools or other places of education ○ mentoring and advocacy schemes ○ mother and baby units ○ children and family centres ● supported housing for care leavers ● secure settings including young offenders institutions, secure training centres and secure children’s homes. <p>Are there any settings that should be excluded?</p>	<ul style="list-style-type: none"> ● Some stakeholders thought it was important to keep examples in so those specific settings are engaged because they do not think it is relevant for them. This will draw their attention to the fact that they need services dedicated to looked-after children and young people in their area. ● Specific settings of GP as primary care and specific secure settings. ● The settings should be more general as people will see a specific omission as an exclusion. ● Public health services such as sexual health, smoking cessation and substance misuse. ● No settings should be excluded.
<p>Section 3.3 Activities, services or aspects of care and Section 3.5 Key issues and questions.</p> <p>We have drafted the following questions to consider <i>Promoting sibling relationships of looked-after children and young people</i></p> <p>1.1 What is the effectiveness of interventions and approaches to support sibling relationships of looked-after children and young people?</p> <p>1.2 What are the barriers to, and facilitators for, supporting sibling relationships of looked-after children and young people?</p>	<p>Stakeholders were concerned that the key areas don’t cover sense of belonging, purpose and identity, which is particularly important in transitions through services.</p> <p>Stakeholders asked that knowledge and skills of foster carers were considered in the key areas.</p> <p>It was discussed that the order of the key areas should be reconsidered.</p> <p>Area 1</p> <p>Stakeholders noted that all relationships should be promoted if they are good for children and young people, for instance with trusted adults, former foster carers and social workers. They felt that sibling relationships were prioritised. They suggested to keep the question specifically on sibling relationships but also have a question on other relationships and to change the key area to “sibling and family relationships”.</p> <p>Stakeholders highlighted that siblings placed together do not always stay together because staying together can re-traumatise each other and some siblings are separated</p>

<p>Are these the correct questions? Any comments?</p> <p>We have drafted the following questions to consider <i>Supporting care placement stability</i></p> <p>2.1 What is the effectiveness of interventions and approaches to support care placement stability in looked-after children and young people?</p> <p>2.2 What are the barriers to, and facilitators for, supporting care placement stability in looked-after children and young people?</p>	<p>for good reasons. Stakeholders suggested a wording change from “supporting” to “considering” to reflect this and that interventions need to be specific for each case.</p> <p>It was noted that there is movement away from cutting all contact from previous foster carers. It is now believed that if children and young people want to keep contact with previous foster carers this wish should be acknowledged.</p> <p>Stakeholders raised that there is an overlap with relationships and placement stability.</p> <p>Stakeholders noted that consistent assessment practice is important and sibling relationships are dynamic as children grow up and can define who they are.</p> <p>It was discussed that question 1.2 could include communication through social media.</p>
<p>Is this the correct question? Any comments?</p> <p>We have drafted the following questions to consider <i>Supporting educational attainment for looked-after children and young people</i></p> <p>3.1 What is the effectiveness of early year’s interventions to support readiness for school in looked-after children?</p> <p>3.2 What is the effectiveness of interventions to support educational attainment at school in looked-after children and young people?</p> <p>3.3 What is the effectiveness of interventions to support entry into further education in looked-after young people?</p>	<p>Area 2</p> <p>Stakeholders thought it was important to include support for families to prevent children being looked-after or re-entering care. They cited a reunification report by the NSPCC.</p> <p>Stakeholders felt that this key area should include what carers might encounter when looking-after children and young people and preparing the carers and children and young people for their entrance into care. They felt that interventions for training, peer mentoring, therapeutic parenting and dealing with disruptive behaviour should be considered.</p> <p>It was suggested that some children may not be able to express themselves and may need help with language development before behaviour changes are seen.</p> <p>It was noted that access to appropriate placements are different for children with complex needs.</p> <p>Stakeholders noted that there should be an emphasis on continued intervention, especially in long-term placement because foster care support diminishes with time.</p> <p>Area 3</p>

<p>3.4 What are the barriers to, and facilitators for, supporting educational attainment in looked-after children and young people?</p> <p>Is this the correct question? Any comments?</p> <p>We have drafted the following questions to consider <i>Preparing looked-after children and young people for leaving looked after care</i></p> <p>4.1 What is the effectiveness of interventions and approaches to support young people transitioning successfully out of care to living with their adoptive, birth parents, special guardians or into kinship care?</p> <p>4.2 What is the effectiveness of interventions and approaches, including entry into employment and training, to support young people transitioning successfully out of care into independent living?</p> <p>4.3 What are the barriers to, and facilitators for, supporting and developing young people to transition successfully out of care into independent living?</p> <p>Is this the correct question? Any comments?</p>	<p>It was discussed that links to attachment and attachment informed approaches to healthcare and to education could be covered under this area.</p> <p>It was suggested that this key area should cover trauma-informed approaches.</p> <p>It was highlighted that children need reviews and schools hold data on children and young people that may be useful when undergoing review.</p> <p>Regarding question 3.3 stakeholders queried whether entry into education includes higher education and that access to university courses could be covered by further education.</p> <p>It was suggested that language and speech therapy should be covered.</p> <p>Area 4</p> <p>Stakeholders felt this should be separated into two areas:</p> <ul style="list-style-type: none"> • Young children and young people leaving care into more permanent living, either with birth family or adoption • Older children and young people leaving care into independence <p>for the following reasons:</p> <ul style="list-style-type: none"> • 4.1 seems like it's for younger children and young people • 4.2 and 4.3 seems like it's for older children and young people leaving care for independence • Under-18 care leavers are not supported the same as over-18s. If a young person goes into care 2 weeks before 16th birthday, they go straight into supportive care. There is variation between local authorities in this area.
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<p>We have drafted the following questions to consider <i>Health promotion: health and wellbeing of looked-after children and young people</i></p> <p>5.1 What is the effectiveness of interventions and approaches to support practitioners assessing health and wellbeing needs of children and young people on entry into care?</p> <p>5.2 What is the effectiveness of interventions and approaches to support practitioners completing initial assessments of children and young people on entry into care?</p> <p>5.3 What are the barriers to, and facilitators for, promoting health and wellbeing of looked-after children and young people?</p> <p>Is this the correct question? Any comments?</p> <p>These are the areas the guideline will address is there anything else we should consider?</p>	<ul style="list-style-type: none"> • Over-18s who are not adopted are leaving care for independent living and may have moved to adult services <p>Stakeholders noted that belonging and aspiration is important rather than just meeting basic needs.</p> <p>Regarding question 4.1 stakeholders suggested foster carers should be included.</p> <p>Stakeholders questioned the use of “successfully” and wanted the term removed as it currently looks like staying in care is unsuccessful.</p> <p>It was suggested that personal advisers, who take over from social care workers, should be included because they do not need specific qualifications and training could be devised for them</p> <p>It was noted that housing is a big issue and affects all age groups, including young people over 18, and those moving to adoption. It was suggested that homelessness could be an equality issue.</p> <p>Area 5</p> <p>Stakeholders discussed whether:</p> <ul style="list-style-type: none"> • the scope needed to include specific health aspects in the questions as this would recognise a broader range of opportunities for public health in primary and secondary care. • sexual health and smoking cessation need to be recognised for their importance in the wider health economy and that everyone has a role in delivering health, not just healthcare professionals. • foster cares and other carers involved in facilitating health should be mentioned because they feel like they miss out on training such as in first aid or self-harm. <p>On healthcare assessment, stakeholders noted the following:</p>
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	<ul style="list-style-type: none">• A holistic approach to assessments was needed when children and young people come into care so emotional health, social care and education are considered, not just physical health.• Follow up assessments and the whole health assessment process is important, not only initial health assessments.• The current question on health focusses on specialist's services and not universal services.• The questions should consider that where the assessments go, how are they used by social care and who uses them.• SCIE's guidance on initial health assessments for mental health currently being completed.• Parents involvement in Health Assessments provides a huge impact and more information regarding the children. <p>Stakeholders also noted the following:</p> <ul style="list-style-type: none">• LACYP have particular mental health needs, and require specific services to support these needs. It was queried whether the mental health needs of LACYP are adequately covered by existing NICE guidance.• Foster carers are there as ongoing support and should try to empower children and young people to direct their care. A crucial thing about every single child is promoting and listening to the voice of the child as part of the guideline and as individuals in a one to one setting.• Care leavers are entitled to health, education and wellbeing summaries as per statutory guidance
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	<ul style="list-style-type: none">• There may be barriers between delivering care to children and young people and maintaining a normal life, for example going from school to services afterwards leads to less social life.• County lines need to be considered• Department of Education guideline on information sharing and what all professions should do when sharing information provides useful guidance• CQC document “Not seen Not heard” provides good guidance• How parents are spoken to should be considered and there is no clear guideline on how these experiences have an impact on them• Family group conferences are really important• Practice still varies reasonably with social work though the platform is changing, which is relevant to placement stability.• Providers of social care services should be included.
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Areas that will not be covered	
<ol style="list-style-type: none"> <li data-bbox="277 236 855 603">1 Universal interventions and activities aimed at promoting and improving key outcomes that are delivered to children and young people in different settings (for example, primary care, education, family or community), where the impact of the intervention on outcomes for looked after children and young people, or their families and carers, is not monitored or evaluated. <li data-bbox="277 608 855 772">2 Clinical treatments for specific conditions where the focus (for example, surgery or drug treatment) is restricted to treating the condition alone. <li data-bbox="277 777 855 1043">3 Issues relating to the transition from children's to adult services for young people using health or social care services. This is covered in the NICE guideline on transition from children's to adults' services for young people using health or social care services (NG43). <li data-bbox="277 1048 855 1212">4 Issues relating to attachment of looked-after children and young people to carers and social workers. This is covered in the NICE guideline for children's attachment (NG26). <li data-bbox="277 1217 855 1378">5 Interventions addressing mental health and emotional wellbeing of looked after children and young people already covered in existing NICE guidelines 	<p data-bbox="882 197 2027 293">It was discussed that the other related NICE guidelines could be checked to ensure they are suitable to be cross referenced to, for example do they include recommendations specific to looked after children and young people.</p>

<p>6 Interventions addressing health promotion of looked after children and young people already covered in existing NICE guidelines</p> <p>7 Strategies, policies, the structure of care systems and the delivery of care (for example, national, regional and local policies, assessments, targets, standards, inspection and audit, multi-agency partnerships, referral mechanisms, recording and communicating information, commissioning and development) that is covered in statutory guidance concerning looked-after children and young people.</p> <p>Are these the correct areas for exclusion?</p> <p>Are there any other the areas the guideline should exclude?</p>	
<p>Section 3.6 Main outcomes The scope has listed the following outcomes.</p> <p>1 wellbeing and quality of life</p> <p>2 behavioural, cognitive, educational and social functioning</p> <p>3 quality of the relationship between the parent or caregiver and child or young person</p> <p>4 quality of parenting and parenting behaviour</p> <p>5 social and economic independence</p> <p>6 experience of interventions and care processes</p>	<p>It was discussed for outcome 3 capacity for relationship making and sustaining becomes more important in young people as they get older.</p> <p>Stakeholder suggested the following outcomes be included:</p> <ul style="list-style-type: none"> • Develop resilience • Process outcomes – agency, participation, continuity • Sense of belonging/self-concept • Happiness, self-actualisation. Being, becoming and belonging.

<p>7 barriers and facilitators to intervention effectiveness</p> <p>8 knowledge and beliefs</p> <p>9 criminal outcomes</p> <p>10 health outcomes</p> <p>11 re-entering care</p> <p>12 educational attainment and school readiness</p> <p>13 employment rates</p>	<ul style="list-style-type: none"> • Making new friends • Life expectancy • Networking • Homelessness • Drug and alcohol • Social housing • Awareness of rights and entitlements • Health literacy • Public health outcomes and social determinants • Financial stability • Ambitious and aspirational • Criminal and sexual exploitation • Future family stability • Domestic violence • Engagement • Nutrition • Lifelong needs
<p>Are these the right outcomes?</p> <p>Are there any outcomes you think the committee should specifically consider?</p>	

<p>Equalities Potential equality issues to consider during the development of this guideline.</p> <p>The guideline will look at inequalities relating to:</p> <ul style="list-style-type: none"> • disability • pregnancy and maternity, • race • religion or belief • sex • sexual orientation • refugees • unaccompanied asylum-seeking children • travelling community • socio-economic status • homelessness • children who migrate across county/country borders within the UK • children who experience a breakdown of adoption or special guardianship order. <p>Are these the right equality issues? Please raise any issues that you identify as being relevant to the equalities theme.</p>	<p>Stakeholders discussed the following groups as potentially having equality issues:</p> <ul style="list-style-type: none"> • People with mental ill-health, especially people with personality disorders. It was discussed that looked-after children and young people much more likely to be labelled as personality disordered but this does not necessarily lead to treatment. • Stigma against looked-after children and young people • Age • Asylum seekers who are married. • Gender identity • Sexual orientation • Children in residential setting because they are more vulnerable to criminal exploitation • Race and ethnicity • Long-term placement • Stakeholders suggested that “across county lines” should be replaced with “placed out of authority”
<p>Scope in general: Are there any other comments on the scope?</p>	<p>One group discussed placement stability and the role of foster carers in this and entry of looked-after children and young people into placement. The group suggested the question should be broader for this multifaceted area.</p> <p>It was discussed that the guideline should also make reference to NICE guidelines PH14, PH23 and PH26.</p>

<p>Guideline committee composition We are recruiting the following members for the committee:</p> <ul style="list-style-type: none"> • Two young people lay members (to include one care leaver) • Foster carer • Director/ Assistant Director of Social Care/ Director of Corporate Parenting • Social worker • Residential social care practitioner • Children’s Services Commissioner • Police officer • Teacher/ Head teacher • GP <p>Should we recruit anyone else either as a committee member or a co-opted expert?</p>	<p>Stakeholders provided these suggestions for committee members:</p> <ul style="list-style-type: none"> • Asylum seeker • Counsellor • Play therapist • More lay members • Speech and language therapist • Psychotherapists • Mental health nurses in inpatient children’s settings (co-opt) • Social worker in schools • Psychiatrist • A&E where children and young people go in crisis • Police for s.136 assessments, they also have a big role in safeguarding arrangements, in guarding against exploitation and harm reduction • People working with 18-25 year olds. • SENCO • Probation • Secure settings • Children’s advocate
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- Representatives from urban and rural communities
- A birth parent/ adoptive parent
- Advocate
- A virtual head and virtual teacher
- Fostering or adoptive panel
- Youth justice
- Probation officer
- Family support workers
- Looked after children nurse or looked after children doctor
- Mental health practitioner who work with looked after children
- Speech and Language therapists
- Someone who have worked with asylum seekers or refugees
- Independent reviewing officers
- Participation officers

Stakeholders provided these suggestions for co-opted committee members:

- Medical adviser for foster care and adoption
- A parent who has adopted a looked after child

	<ul style="list-style-type: none">• Special guardian• Foster carer who has adopted some children• Foster carer who looks after young babies• Looked after children and young people mental health specialist/dedicated psychologist in quaternary care• Designated teacher, they could also cover safeguarding• Joint commissioner• Corporate parent, or a director of this service because they are in a permanent post
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