



# Resource impact summary report

Resource impact

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The [NICE guideline on looked-after children and young people](#) updates and replaces the former guideline PH28 published in 2010. This update focuses more on the specific interventions needed to help practitioners improve outcomes for looked-after children and young people, as well as how statutory care is best delivered.

Many services supporting looked-after children and young people and their carers are likely to already be in place or can be aligned to support the recommendations. These include services falling within the statutory duties of local authorities and healthcare organisations such as safeguarding procedures, initial review and health assessments and specialised translation services supporting a child's right of expression.

The implementation of this guideline will represent changes to current practice for some areas.

Areas in the guidance where practice is variable and where additional resources may be required are:

## **Out-of-hours support (recommendations 1.2.21 and 1.3.2)**

Out-of-hours support plays an important role in preventing placement breakdown which incurs significant cost. The committee identified options that would be more affordable such as:

- Volunteer operated helplines.
- Peer support.
- Advocacy groups.
- Local foster care associations providing on-call support or round the clock access to a peer support network.

### **Trauma informed training (recommendation 1.3.13)**

For foster carers and schools designated teachers, trauma awareness and understanding the impact of trauma is part of mandatory training. This is also a key element in the qualifications and training of social workers supporting looked after children.

The cost of further more intense or specific trauma informed training vary, with some online courses and resources being relatively inexpensive or available for free, and more in-depth multiple day courses costing around £1,600 per person. There are 343 local authorities in England; assuming 1 person from each local authority would receive the more in-depth and most expensive training, the associated cost would be around £0.5m. This can be a one-off cost as the person that receives the in-depth training could deliver the content as in-house training in their local authority.

### **Multidimensional foster care (recommendation 1.2.26)**

Multidimensional foster care for looked after adolescents with a history of offending behaviour is a resource-intensive intervention that is associated with high implementation and running costs. The evidence supporting the guidance showed this had a clear and measurable impact on reoffending and contact with the criminal justice system in addition to preventing placement breakdown. There was also evidence suggesting improvement in depressive and psychotic symptoms and drug use. These short-term outcomes potentially lead to individuals being less likely to incur negative long-term outcomes such as physical and mental illness and poverty. This could potentially lead to savings in the health and social care system.

### **Mental Health (recommendations 1.5.11; 1.5.12; 1.5.17; 1.5.18; 1.5.21 and 1.7.19)**

Dedicated child and adolescent mental health services (CAMHS) is mandated by statutory guidance, although access to services varies widely. More specialised long-term trauma informed work is required for looked-after children and young people which is not usually provided. The cost of any additional training and the time and cover needed to train staff will vary across England and should be assessed locally.

Where there is a change to practice this will require additional resources to implement which may be any of the organisations involved in delivering services (local authorities, NHS primary care and mental health and third sector organisations such as local foster care associations). Benefits derived from the change in practice will help mitigate the additional costs.

**Benefits from implementing the guideline include:**

- Avoiding placement breakdown which has significant short term costs for local authorities associated with sourcing and securing new placements. Placement instability can have long-term consequences contributing to further disruption of looked-after children and young people's social and emotional relationships, sense of belonging and educational outcomes.
- Trauma knowledge in those caring for looked-after children plays an important role in preventing placement breakdown.
- Preventing offending behaviour in looked after adolescents which is extremely resource intensive, requiring much higher levels of supervision and input from Youth Offending Services, courts and police as well as social services.
- Timely delivery and access to mental health services, as recommended in the guidance, can reduce the risk of more serious mental health problems and prevent the need for more expensive treatments later (where the greatest pressure on CAMHS services is suggested by experts, to be).

The benefits or savings are likely to accrue across local health authorities, mental health services and the criminal justice system.

Services for looked after children and young people are commissioned by integrated care systems/clinical commissioning groups, local authorities, and third sector organisations (such as local foster care associations). Providers are local authorities, NHS primary care and NHS mental health and acute trusts, and third sector organisations such as local foster care associations.