

PUBLIC HEALTH GUIDANCE

SCOPE

1 Guidance title

The physical and emotional health and wellbeing of looked after children and young people

1.1 *Short title*

Looked after children and young people

2 Background

- a) The National Institute for Health and Clinical Excellence (NICE) and the Social Care Institute for Excellence (SCIE) have been asked by the Department of Health (DH) to develop joint guidance on improving the physical and emotional health and wellbeing outcomes for looked after children and young people.
- b) NICE public health guidance supports implementation of the preventive aspects of national service frameworks (NSFs) where they exist. If it is published after an NSF has been issued, the guidance effectively updates it. Specifically, in this case, the guidance will support NSFs on children, young people and maternity services (DH and Department for Education and Skills 2004).
- c) As this is joint guidance, it will reflect the remit of both NICE and SCIE. The guidance will apply in England and will be considered for implementation in Wales and Northern Ireland.

- d) This guidance will support a number of related policy documents for England including:
- 'A better education for children in care' (Social Exclusion Unit 2003)
 - 'Aiming high for young people: a ten year strategy for positive activities' (HM Treasury and Department for Children, Schools and Families 2007)
 - 'Care matters: time for change' (Department for Education and Skills 2007)
 - 'Care matters: time to deliver for children in care' (Department for Children, Schools and Families 2008)
 - 'Children and young persons bill 2007–08' (Department for Children, Schools and Families 2007b)
 - 'Choosing health: making healthier choices easier' (DH 2004)
 - 'Every child matters: change for children' (HM Government 2004)
 - 'Excellence and enjoyment: social and emotional aspects of learning' (Department for Education and Skills 2005)
 - 'Promoting the health of looked after children' (DH 2002) (due for revision in 2008)
 - 'Teenage pregnancy next steps' (Department for Education and Skills 2006)
 - 'The children's plan: building brighter futures' (Department for Children, Schools and Families 2007c).
- e) This guidance will provide recommendations for good practice, based on the best available evidence of effectiveness, including cost effectiveness, and of the accessibility and acceptability to service users. It is aimed at professionals, commissioners and managers with the health and wellbeing of children and young people as part of their remit working within the NHS, local authorities and the wider public, private, voluntary and community sectors. It is particularly aimed at: social care, health and education

practitioners working with looked after children and young people; foster carers and residential social care practitioners; organisations that represent the interests of looked after children and young people, and their families and carers. It will also be of interest to looked after children and young people, their families, carers and other members of the public.

- f) The guidance will complement NICE guidance on when to suspect child maltreatment. For further details, see section 6.
- g) This guidance will be developed using the NICE public health programme process, adapted to incorporate SCIE processes and methodology.

3 The need for guidance

- a) Around 60,000 children, roughly 40% of whom are younger than 10 years of age (Department for Children, Schools and Families 2007a), are looked after by local authorities in England at any one time. Over two thirds (71%) of looked after children are in foster care, and about 10% are in children's homes (Department for Children, Schools and Families 2007a).
- b) In England, most children (62%) become looked after as a result of abuse or neglect (Department for Children, Schools and Families 2007a). A further 20% are looked after because of family dysfunction or distress.
- c) Early care experiences have long-term consequences for children's health and social development. Entering care is strongly associated with poverty and deprivation (for example, low income, parental unemployment, relationship breakdown) (DH 2002), and the outcomes associated with deprivation often persist into adulthood. Many children and young people who are looked after experience significant health inequalities throughout childhood, and on leaving care experience poor health, educational and social outcomes.

Negative experiences, including frequent change of placements, increase a child's risk of poor outcomes (DH 2002; Social Exclusion Unit 2003).

- d) Being looked after on a long-term basis (either under a care order or on a voluntary basis, see appendix C) is also an important predictor of social exclusion in adulthood. Higher than average rates of poor mental health, drug use, antisocial behaviour and poor educational attainment reduce prospects of employment (Social Exclusion Unit 2003), with significant cost to the individual and the state.
- e) Consultation with looked after children and young people (Children's Rights Director 2007) indicates that they have clear expectations for their care and wellbeing, including taking part in decisions that affect them, being kept healthy and safe, being treated with respect, and being treated equally to other children. However, local variations in resources, service access and support can mean that these expectations are not met.
- f) An Office for National Statistics survey has shown that 45% of looked after children aged 5–17 in England have mental health problems, four times higher than for all children. Within this group, levels of mental health problems are higher among boys, older children and children in residential homes. Conduct disorder is the most common diagnosis, and emotional disorders are also over-represented in this group (Meltzer et al. 2003).
- g) Research in England has shown that by the age of 20, one quarter of all young people who had been in care were parents, and 40% of young women who had been looked after were mothers. The prevalence of teenage motherhood among looked after girls younger than 18 is around three times higher than the prevalence among all girls younger than 18 in England (Department for Education and Skills 2006).

4 The guidance

This guidance will be developed according to NICE processes and methods, adapted to incorporate elements of SCIE processes and methods. For details see section 5.

This document defines exactly what this guidance will (and will not) examine, and what the guidance developers will consider. The scope is based on a referral from the DH (see appendix A).

4.1 *Who is the focus?*

4.1.1 Groups that will be covered

- a) Looked after children and young people (see appendix C), wherever they are looked after (including residential care, foster care, young offenders or secure institutions, boarding school, or with parents, other family or other carers), from birth to age 25, and their families.
- b) 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.
- c) Children and young people preparing to leave care.

4.1.2 Groups that will not be covered

- a) Children and young people looked after on a planned, temporary basis for short breaks or respite care purposes where the Children Act (section 20) does not apply.
- b) Children and young people who have been looked after in the past.
- c) Children and young people at risk of entering care, and their families.

4.2 Activities

4.2.1 Activities/measures that will be covered

As well as recommending effective and cost effective approaches, the Programme Development Group (PDG) will take reasonable steps to identify ineffective interventions and approaches.

The activities and measures aimed at improving or promoting key outcomes (see section 4.3 below) that will be covered include:

- a) 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, professional support, commissioning, development and training). This includes referral practices, assessment, follow-up and access to appropriate health and mental health services.
- b) Those delivered at the community and family level (for example, community-based specialist health services for looked after children) or individual level (for example, mentoring and advocacy schemes).
- c) Those delivered to all children and young people (or their parents, other family or carers) in different settings (for example, primary care, education, family or community), or targeted at a specific issue or problem (for example truancy) where there is an element or service tailored towards looked after children and young people, or where the impact on looked after children and young people has been actively monitored and evaluated.
- d) Those delivered in a range of settings and aimed exclusively at looked after children and young people, or their parents, other family or carers.

- e) Those intended to promote access to, and retention in, health, mental health and related services, for example, by providing specialist healthcare staff, individual assessments and personalised care plans.
- f) Those delivered across different levels and in different settings at key transition points for looked after children and young people (for example changing schools or care settings, or leaving care).
- g) Those that record and report the experiences, views and preferences of children and young people who are looked after or who have been looked after in the past, and their parents or other family, where they relate to improving the physical and emotional health and wellbeing of looked after children and young people.
- h) Those based around the type of placement, including everyday practices and routines, and the impact that placement and care type have on the physical and emotional health and wellbeing of looked after children and young people.

4.2.2 Activities/measures that will not be covered

- a) Those intended to promote and improve 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 physical and emotional health and wellbeing for looked after children and young people, or their parents or other family and carers, is not monitored or evaluated.
- b) Clinical treatments for specific conditions (for example, surgery or drug treatment) where the focus is restricted to treating the condition alone.

4.3 *Key questions and outcomes*

Below are the overarching questions that will be considered along with some of the relevant outcomes.

Questions:

Structure and delivery of care through childhood

- What care pathways do looked after children and young people follow?
- Are there key points or transitions in the life-course or care pathways of looked after children and young people where intervention may be particularly beneficial (or harmful)?
- How do the structure, type, continuity and length of care that children and young people receive affect key outcomes for children, young people and their families?
- How do the initial reasons for entering care affect key outcomes for children, young people and their families?
- How does placement stability and breakdown affect key outcomes, and subsequent care placements?
- Can current systems, frameworks and processes used to identify and monitor health, emotional and social outcomes for looked after children, young people and their families be improved?

Interventions and activities

- How effective, and cost effective, are interventions and activities (including participatory approaches) that are used to maintain, improve or promote key outcomes, in different settings and at different levels of intervention?
- How acceptable and effective are universal versus specialised or targeted services and interventions?
- What factors or interventions help to build resilience and coping in looked after children and young people?

Views of looked after children, young people and their families

- What physical, emotional and social outcomes are important to looked after children and young people and their families?

- How accessible and acceptable to looked after children and young people (and their families and carers) are interventions and activities (including participatory approaches) that are used to maintain, improve or promote key outcomes, in different settings and at different levels of intervention?
- Do the acceptability, accessibility and delivery of interventions and activities have an impact on their effectiveness?

Expected outcomes:

A wide range of short, medium and long-term outcomes (including in adulthood) will be considered, including:

- Physical health and related behavioural outcomes (for example, measures and indicators of nutrition, oral health, physical activity, teenage conception and pregnancy rates, alcohol and drug misuse, accidental injury rates, smoking uptake).
- Mental health and emotional wellbeing and related behavioural outcomes (for example, measures and indicators of resilience, wellbeing and coping skills, incidence of conduct disorders, attention deficit hyperactivity disorder, depression and anxiety disorders, eating disorders, self-harm and suicide, rates of risk-taking behaviour, social relationships and attachment).
- Physical and emotional health and wellbeing outcomes that have been specifically identified by looked after children and young people as important to them.
- Other intermediate outcomes that may be related to the physical and emotional health and wellbeing of looked after children and young people, for example:
 - Referral and access to appropriate health and mental health services; retention in and use of these services.
 - Broader socioeconomic outcomes (for example, income and deprivation levels, educational and employment outcomes, social outcomes including housing and homelessness, relationships, social capital, and criminal justice outcomes).

- Outcomes related to placement stability, placement breakdown and continuity of care.

4.4 Status of this document

This is the final scope, incorporating comments from a 4-week consultation which included a stakeholder meeting on 30 June 2008.

5 Further information

The public health guidance development process and methods are described in 'Methods for development of NICE public health guidance' (NICE 2006) available at www.nice.org.uk/phmethods and 'The public health guidance development process: An overview for stakeholders, including public health practitioners, policy makers and the public' (NICE 2006) available at www.nice.org.uk/phprocess

SCIE's methods are described in 'SCIE research resource 1: The conduct of systematic research reviews for SCIE knowledge reviews' (SCIE 2006) available at www.scie.org.uk/publications/researchresources/rr01.asp

6 Related NICE guidance

Published

Promoting children's social and emotional wellbeing in primary education.

NICE public health guidance 12 (2008). Available from:

www.nice.org.uk/PH012

Behaviour change at population, community and individual levels. NICE public health guidance 6 (2007). Available from: www.nice.org.uk/PH006

Community-based interventions to reduce substance misuse among vulnerable and disadvantaged children and young people. NICE public health guidance 4 (2007). Available from: www.nice.org.uk/PHI004

One to one interventions to reduce the transmission of sexually transmitted infections (STIs) including HIV, and to reduce the rate of under 18

conceptions, especially among vulnerable and at risk groups. NICE public health guidance 3 (2007). Available from: www.nice.org.uk/PH003

Depression in children and young people: identification and management in primary, community and secondary care. NICE clinical guideline 28 (2005). Available from: www.nice.org.uk/CG028

In development

When to suspect child maltreatment. NICE clinical guideline (due May 2009).

Mental wellbeing in secondary education. NICE public health guidance (due July 2009).

School, college and community-based personal, social and health education focusing on sex and relationships and alcohol education. NICE public health guidance (due September 2009).

Contraceptive services for socially disadvantaged young people. NICE public health guidance (due August 2010).

Related SCIE publications

SCIE has produced several related publications: see www.scie.org.uk/publications/index.asp

A selection includes:

Experiences of children and young people caring for a parent with a mental health problem (2008). Research briefing. Available from: www.scie.org.uk/publications/briefings/briefing24/index.asp

Working with challenging and disruptive situations in residential child care (2008). Knowledge Review no.22. Available from: www.scie.org.uk/publications/knowledgereviews/kr22.asp

Fostering (2004). Practice guide 3. Available from: www.scie.org.uk/publications/practiceguides/fostering/index.asp

Preventing teenage pregnancy in looked-after children (2004). Research briefing. Available from:

www.scie.org.uk/publications/briefings/briefing09/index.asp

Promoting resilience in fostered children and young people (2004). Resource guide. Available from:

www.scie.org.uk/publications/resourceguides/rg04/index.asp

Working with families with alcohol, drug and mental health problems (2003).

Available from: www.scie.org.uk/publications/reports/report02.asp

Appendix A Referral from the Department of Health

The Department of Health asked the Institutes to:

'Develop public health programme guidance on children in care.'

Appendix B Potential considerations

It is anticipated that the Programme Development Group (PDG) will consider the following issues in developing the guidance:

- The individuals and organisations responsible for the physical and emotional health and wellbeing of looked after children and young people, in healthcare, local authority, community, youth justice and private settings; the action they should take, at what level, and with whom, how often and for how long.
- The capacity of the health and social care workforce to implement recommendations in the guidance.
- The effectiveness and cost effectiveness of different interventions and activities, delivered at different levels and in different settings. Where possible, health benefits of different interventions and activities will be assessed using quality-adjusted life years (QALYs). Where this is not possible, or in addition, it may be necessary to adopt a cost–benefit and/or cost–consequence approach. The analysis will be done from an NHS/Personal Social Services perspective and also from a wider public sector perspective.
- The impact and effectiveness of the care system and its component parts (such as referral practices, assessment and follow-up) and other, related services. A wide range of clinical conditions (both physical health and mental health related) are over-represented in the population of looked after children and young people. The PDG will not consider the clinical effectiveness of interventions that seek only to treat these conditions, as they will be universal to all relevant children and do not relate specifically to those that are looked after. However, timely and consistent access to the appropriate health and mental health services is vital, and looked after children and young people may have increased need for these services.

- The accessibility and acceptability of different interventions and approaches, and of those delivering the approaches, to looked after children and young people, their families and carers.
- The impact on key outcomes of different pathways into care that children and young people have taken, their reasons for being looked after (for example, neglect, physical or sexual abuse, parental mental health or imprisonment), the length of time looked after and the age at which they leave care.
- How outcomes compare for children who are of similar backgrounds but who follow different care pathways (for example, staying with family compared with local authority care).
- The effectiveness and cost effectiveness of participatory interventions and activities that enable children and young people to take part in decision-making processes that affect their care and wellbeing.
- What approaches address the needs of children and young people who are engaged in several different risk-taking behaviours.
- Whether children and young people prefer to use universal or specialist services, and the effectiveness of these different approaches.
- The needs of looked after girls and young women compared with those of looked after boys and young men.
- The needs of specific sub-groups of looked after children and young people, in particular:
 - children and young people from black and minority ethnic groups
 - children and young people from Gypsy and traveller communities
 - non-English-speaking children
 - children of refugees and asylum seekers, and unaccompanied asylum-seeking children and young people
 - teenage parents and their children
 - bereaved children

- children moving into or from care across local authority boundaries
- all other relevant groups covered by equality legislation.
- The applicability of the guidance to children and young people with specific learning disabilities, special educational needs and/or cognitive impairment, children and young people with physical and sensory disabilities or chronic illness.
- The relative needs of children with different patterns of care, for example, repeated short-term episodes of care versus long-term care.
- The families of origin of looked after children and young people, and their needs, whether or not they are caring for children under a care order.
- How young people can be better supported for leaving care.
- The views and experiences of young people who are no longer looked after.
- The impact of the guidance on equity and the extent to which it promotes equality and diversity.
- Evidence from practice, and the barriers to and opportunities for implementing the guidance that are perceived by practitioners.

Appendix C Definitions of children and young people who are looked after

The terms 'looked after' and 'in care' have specific legal meanings:

- 'Looked after' refers to children and young people who are provided with accommodation on a voluntary basis for more than 24 hours.
- 'In care' refers to children and young people who are compulsorily removed from home, and placed in care under a court order, such as an interim or full care order.

This scope, and the guidance under development, includes all children and young people who are looked after on a voluntary basis, or who are in care on a compulsory basis. The guidance will also apply to children and young people who are in care, and return to their parents, family members, or those with parental responsibility for them. This is because these children remain 'in care' (this situation can also be called 'home on trial').

If a child who is looked after on a voluntary basis and later returns to parents, or to someone with parental responsibility for them, they cease to be looked after. The guidance will not apply to children and young people who have left care.

This guidance will apply to all children and young people who are looked after, from birth until the age of 25 years, because the Children (Leaving Care) Act 2000 places a duty on the local authority to contribute to the expenses of all such young people who are seeking employment, or receiving education or training.

Throughout this scope, the term 'looked after children and young people' is used in its broadest sense to describe all children and young people who are looked after on a voluntary basis, as well as all children and young people who are in care on a compulsory basis.

Appendix D References

Children's Rights Director for England (2007) Children on care standards: children's views on national minimum standards for children's social care. A report by the Children's Rights Director for England. London: Ofsted.

Department for Children, Schools and Families (2007a) Children looked after in England (including adoption and care leavers) year ending 31 March 2007. www.dfes.gov.uk/rsgateway/DB/SFR/s000741

Department for Children, Schools and Families (2007b) Children and young persons bill 2007–08 London: Department of Children, Schools and Families.

Department for Children, Schools and Families (2007c) The children's plan: building brighter futures. London: Department for Children, Schools and Families.

Department for Children, Schools and Families (2008) Care matters: time to deliver for children in care: an implementation plan. London: Department for Children, Schools and Families

Department for Education and Skills (2005) Excellence and enjoyment: social and emotional aspects of learning. London: Department for Education and Skills.

Department for Education and Skills (2006) Teenage pregnancy next steps. London: Department for Education and Skills.

Department for Education and Skills (2007) Care matters: time for change. London: The Stationery Office.

Department of Health (2002) Promoting the health of looked after children. London: Department of Health.

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HM Government (2004) Every child matters: change for children. London: Department for Education and Skills.

HM Treasury and Department for Children, Schools and Families (2007) Aiming high for young people: a ten year strategy for positive activities. London: HM Treasury.

Meltzer H, Corbin T, Gatward R, et al. (2003) The mental health of looked after children in local authorities. London: The Stationery Office

Social Exclusion Unit (2003) A better education for children in care. London: Office of the Deputy Prime Minister.