Models of care and care pathways to support mental health and wellbeing of looked after children: Call for evidence - Executive summary

Introduction

1. The Social Care Institute for Excellence (SCIE) has worked since March 2016 to develop care pathways, models of care and quality principles to help improve access to high quality services to address the mental health and wellbeing needs of children in care, children who have ceased to be looked after under special guardinship orders or through being adopted from care and care leavers. This work is funded by the Department of Health and Department for Education.

2. SCIE established an Expert Working Group (EWG) to ensure representation from a wide range of professionals. The group's membership includes health, education, social care, voluntary and private sectors, as well as young care leavers. It is co-chaired by Professor Peter Fonagy and Dame Christine Lenehan.

Aims of call for evidence

3. The EWG agreed it was essential that we call for evidence from those who work with the population of young people this project is focused on. The aim was to identify examples of effective practice in improving young people's mental health and wellbeing. Those submitting examples were encouraged to submit only those which had evidence of impact on outcomes for children, young people or carers, or feedback from service users or practitioners to support them. For the full report of the call for evidence please refer to the **SCIE website.**

4. The call for evidence is aligned with the aspiration of the EWG to complement its work at a national level with input from local, frontline services. In total we will hear from over 400 stakeholders and 100 young people. This wide consultation will ensure that the recommendations of the EWG will be founded on evidence *and* informed by key stakeholders, including children and young people themselves.

Response

5. We received 68 practice examples and a further 14 submissions which took the form of a proposal or policy response. Respondents included NHS Trusts (29), third sector organisations (17), local authorities (12), private providers (11), national bodies (8), university departments (3) and parents and carers (2).

6. The submissions were grouped into clusters of similar practice. The strength of evidence was assessed and reported for each cluster, recognising that many of the submitted examples originated in practice rather than research. Practice described in submissions was also compared to relevant NICE gideline recommendations.

Key findings

7. The examples we received covered a diversity of approaches to improving the mental health and emotional wellbeing of children, young people and carers. The examples encompassed specific interventions as well as service structures, and in

some cases both. Some examples provided formal evaluation or research evidence, whereas other submissions were based on internal monitoring data.

8. This executive summary highlights below some of the clusters that informed the emerging quality statements being developed by the Expert Working Group. For more information on each cluster please refer to the **full report for the call for evidence.**

Dedicated multi-agency teams supporting LAC mental health and wellbeing

9. We received 25 practice examples relating to dedicated multi-disciplinary teams. Key attributes across teams were:
   - Use of a consultancy model to support the professional network and key relationships around the child or young person as the first line of involvement, including informal 'drop in' models
   - Provision of training for carers and other professionals
   - Direct interventions including therapeutic support for children and young people and their carers as needed

The submitted evidence suggested the teams had:

- Positive impacts on outcomes such as child wellbeing and behaviour, quality of relationships, and carer confidence and stress.
- Positive feedback from children and young people
- Positive feedback from practitioners and carers.

Screening and identification of need

10. We received seven examples which included screening and monitoring processes:
   - Four examples of monitoring SDQ scores, including through multi-agency meetings. Results are used to inform the subsequent care planning
   - One example using the DAWBA for initial screening of all looked after children. If a particular cut-off point is reached, this results in a referral to CAMHS.
   - Two examples of screening for children under 5, with intervention offered where indicated.

11. None of the examples had collected data which enabled them to show that this way of working had improved recognition and identification. However, feedback from carers and practitioners was positive.

Training and support for foster carers

12. We received nine practice examples relating to interventions and training to support foster carers. These were sometimes provided by the multi-disciplinary teams described above, and at other times were provided by third sector organisations commissioned by the local authority, and made use of the following interventions:
   - Fostering Changes Programme
   - Head Heart Hands
   - Incredible Years

- KEEP
- Nurturing Attachments
- Mentalisation-Based Treatment for Fostering
- Reflective Fostering
- TEND
- A specialist foster carer support scheme

13. There was good evidence of positive outcomes including impact on parental sensitivity, quality of parenting, child behaviour, emotional distress and child development for some interventions. Some interventions had also received positive feedback from carers and practitioners.

Approaches and models in residential care

14. We received eight practice examples relating to residential care approaches and models. Key features included providing comprehensive training to staff based on a common conceptual or therapeutic model, and provision of therapeutic interventions to children and young people.

15. One example reported a reduction in SDQ scores for children and young people involved with the service. Two further examples reported positive feedback from children, young people and staff in residential homes about the approaches.

Training and support for adoptive parents

16. We received two practice examples about training and support for adoptive parents:
- Family Futures is a neurophysiological psychotherapy (NPP) intervention for children who have experienced significant trauma in their early life.
- Adopt is a group-based parenting programme for adoptive parents which aims to develop parenting techniques that help to address the difficulties that adopted children may experience

17. The examples included evidence of improved outcomes, and positive feedback from children and young people and adoptive parents.

Conclusion

The number and diversity of examples submitted demonstrates the extent of established and emerging practice in this field, as well as the wide range of professionals involved in supporting the mental health and wellbeing of this population and the people who care for them.

While there is evidence of positive outcomes and impact, the variation in the quality and quantity of available evidence suggests a need for further good quality evaluation to establish which services and configurations of services are most effective to meet the mental health and wellbeing needs of children and young people and their carers.