

Promoting looked after children's emotional wellbeing and recovery from trauma through a child-centred outcomes framework



Introduction

This paper examines options for assessing and measuring looked after children's wellbeing and mental health outcomes across their care experience as mechanisms for assessing 'good quality care'. It sets out proposals for Government on developing new measures and ways of using existing data more effectively to drive improvements across the system.

The Alliance recommends that the Government should:

- 1. Review the core purpose of the SSDA data set and set out improvements in the way the data return is analysed to drive improvements in the quality of care.**
- 2. Measure and report annually on looked after children and care leavers' wellbeing. This should combine available data and tools, including clinically validated measures and subjective measures based on children's own views about how their lives are going.**
- 3. Require local authorities to produce an annual picture of looked after children's wellbeing in their area informed by looked after children's perspectives.**
- 4. Undertake longitudinal analysis of data relating to looked after children's outcomes, linking the SSDA to other datasets, to identify the effectiveness of care in improving looked after children's outcomes over time.**
- 5. Ensure that local authorities improve their use of the SDQ to assess mental health difficulties amongst children in care and use this data to drive service development, strategy and commissioning in their area.**
- 6. Embed individual level assessments of wellbeing and mental health difficulty in assessment and review from when a child enters care to when they transition to adulthood, and ensure that these assessments inform interventions identified for individual children and young people.**

These proposals, developed with experts and Alliance members (see appendix 1), form part the Alliance for Children in Care and Care Leaver's New Vision - a programme of work calling for a shift in the way the care system is viewed and delivered.

The Alliance is calling on the Government to provide a clearer framework for the care system around a principal aim for children and young people, to achieve recovery and healing from past harm, and to promote resilience and emotional wellbeing. An outcomes framework for looked after children that includes mechanisms for assessing good quality care and robust measurement of children's wellbeing, would help to ensure that this principal aim is properly assessed and judged.

The Alliance has developed a series of recommendations that complement the proposals outlined in this paper. Read the Alliance Vision here: <https://www.actionforchildren.org.uk/resources-and-publications/reports/alliance-for-children-in-care>

Background: Is care good enough?

Despite over a decade of policy making and the development of a robust statutory framework for looked after children and care leavers, there continues to be a lack of focus on helping children recover from abuse and neglect, which we know the majority of looked after children have experienced.¹ Many corporate parents are doing a good job.² Research shows that care can be the right option and provide the security, stability and love that children need.³ Recent evidence has shown that for many children who stay in care long-term, they do better in their education than children in need who remain living with their family.⁴

However, the experience of good quality care is not consistent – children and young people continue to experience instability and multiple placements, which can re-trigger experiences of separation and loss, and moves in care on their own trigger mental health difficulties.⁵ Mental health outcomes for looked after children are a serious concern. In England, 60% are reported to have emotional and mental health problems, with poor outcomes continuing after leaving care.⁶ The latest measure of the emotional and behavioural health of looked after children using the Strengths and Difficulties Questionnaire (SDQ) found that 37% had scores considered a cause for concern⁷, compared to 12% of children in the general population.⁸

Despite this, it is not currently possible to systematically identify local authorities who provide good care experiences for children compared with other areas, or describe the practices and policies that result in good quality care.⁹ The absence of system wide indicators that measure the efficacy of the care system has recently been raised as a serious concern by the Public Accounts Committee and the National Audit Office. Both inquiries highlighted that this is a significant gap given the level of investment into the care system by local authorities, and suggested that more attention is needed from national government on driving improvements across the system and on using the data collected from local authorities more effectively.¹⁰

Why focus on recovery and emotional wellbeing?

Child protection is a primary driver for the care system. Many children coming into care have experienced trauma associated with abuse, neglect, loss and separation from family and friends. This has an impact upon children's healthy development, relationships with others, behaviour and ability to keep safe. Importantly, these experiences affect the way in which looked after children can feel about themselves and increase the risk of mental health problems.¹¹

"The most important thing is to feel love and feel accepted – I don't have that. Every single day is a struggle for me because I know that I am not wanted. I try not to form attachments because people let me down. I have learned to hide my emotions but I am in a bad place at the moment." Care Leaver¹²

Often comparisons are made between children and young people who have been in care and the outcomes for other young people.¹³ Yet the impact of adverse experiences has been shown to have a lifelong effect, including an impact on educational, employment and income outcomes as well as health across the life course.¹⁴ Their experiences can mean that children in care often do not reach the same stage of development as their peers by the same age.¹⁵ Therefore they may struggle to achieve the same level of educational attainment or employment outcomes than young people who have not suffered maltreatment. This makes it all the more important to address these issues whilst children are in care.

Good wellbeing underpins stability, and chances of success. Equally, stability underpins good wellbeing, and research shows that those children who experience the most instability, often spending short periods in care, do worst in their education.¹⁶ Levels of subjective wellbeing are found to predict future health, mortality, productivity, and income.¹⁷

When it comes to promoting looked after children's wellbeing, we know that positive stable and trusting relationships are of paramount importance. Research with looked after children also shows that other important factors include having a sense of control and influence over their lives, feeling emotionally and physically safe, and having a narrative about their life which contributes to a secure sense of self.¹⁸ Yet we know there are shortcomings in these areas, for example, over 50% of children and young people surveyed by the Children's Commissioner, did not know why they were in care.¹⁹

What are we talking about: Wellbeing or mental health?

For provision of the best possible care, both need to be considered. The Alliance proposes that both the wellbeing and mental health of looked after children must be understood in relation to how care can help children to:

1. **Flourish** and move on from traumatic experiences through **promoting their emotional wellbeing**, as well as;
2. **Recover** and repair any damage from adverse experiences such as abuse and neglect, through building resilience and **addressing mental health difficulties**.

To support both these aims, wellbeing (including emotional wellbeing) and mental health, need to be understood as separate, but overlapping concepts. Robust outcome measures are needed for both wellbeing and mental health. Wellbeing is a multifaceted concept that incorporates not only how children feel but also how they are functioning and flourishing.²⁰

- **Subjective wellbeing** is about people's own assessments of how their lives are going. This includes overall evaluations of the quality of life, and different aspects of life or 'domains', e.g. happiness with family relationships; psychological or eudemonic dimensions which refer to their internal world having meaning, and 'affect', feeling positive at a particular point in time.²¹
- **Objective wellbeing** measures are based on 'facts', e.g. mortality statistics, employment rates, or educational achievements. These may be derived from surveys of individuals and so have an element of 'self-reporting' or may be from separate statistical sources, (and subject to statistical variability if derived from a survey, rather than from an administrative source).²²
- **Mental health difficulties** are assessed according to the presence of a defined set of symptoms.²³ This is a professional judgement that may differ from a child's own subjective assessment of their situation.

As such, it is possible to have high wellbeing and poor mental health and there are separate measures for the two concepts.²⁴ For example,

- The SDQ is a screening tool to help identify mental health difficulties in children aged 2-17.²⁵ It can be used to measure changes in symptoms over time and evaluate the impact of interventions.
- A clinically validated measure such as the Outcome Rating Scale or Child Outcome Rating Scale measures children's self-reported wellbeing using quantitative methodology. It asks children to rate their own individual wellbeing, their interpersonal wellbeing, their social wellbeing and overall wellbeing.²⁶
- The Bright Spots Indicators and the Your Life, Your Care Survey measures subjective wellbeing. The indicators were developed with looked after children, rather than by adults to ensure it captures what is important to them. The survey was designed and tested so that it can be easily understood and completed by children. The focus is specifically on the experience of looked after children (as opposed to children in general) so includes elements that are specific to children in care, as well as general wellbeing measures that can be compared to national statistics. Bright Spots is anonymous and not linked to assessments and provision of a child's individual care. As a result, children may feel freer to give honest responses around the questions, for example, about their carers or social workers. It can be used with children across a local area, so provide a snapshot of how looked after children are doing in one local authority, compared with another.

Confusion between definitions of mental health and wellbeing is common. However, different measures matter.²⁷ Subjective and objective measures are needed. Objective measures can help to assess how well a child is and when they may not know what is best for them. But, being active in one's own recovery is a vital component of achieving good wellbeing. When it comes to reflecting a child's subjective wellbeing, only the child can be the judge of this.

Capturing children's perspectives and voices

Research shows that children and young people do want to be able to influence decisions; they should have a say in what information is collected and how they feel about their lives needs to be part of any measurement of wellbeing. However, for decisions to be made in a child's best interests, professional's views about symptoms, a child's capacity or what they may need is important. These judgements, combined with an understanding of a child's wishes and feelings, should inform any assessment of a child's care as part of care planning mechanisms, and identification of need for specialist interventions, such as CAMHS.

The Alliance suggests that any outcomes framework for looked after children should be child-centred and ensure that children's voices are not only heard, but also acted on.

So, what do we measure now?

Mental health difficulties

The DfE annual statistical release brings together SSSA 903 data return (every local authority has to submit data at end of June each year with pupil census data). It enables analysis at a local and national level. The SSSA includes a measure for emotional and behavioral health called the Strengths and Difficulties Questionnaire or SDQ.

Currently, the SDQ is used for looked after children aged 4-17 although it could be used with younger children, from age 2. The SDQ was developed as a screening tool but is now used in a number of ways, including: as a diagnostic tool, a symptom tracker and wellbeing indicator. Whilst the SDQ is a robust measure to assess whether children require a mental health service, it is not strictly a 'wellbeing measure'. It is used as a proxy for wellbeing, and alongside other indicators can help to build a picture of looked after children's wellbeing. The Office for National Statistics includes the SDQ as one of 31 measures of children's wellbeing.²⁸

The way in which the SDQ is currently used means that local authorities do not have a systematic picture of need. It is often completed by foster carers on an annual basis but not analysed for the benefit of the individual child or to create a composite picture of looked after children's needs as a cohort. The information about which children have high needs scores, is not routinely passed to local CAMHS services to inform their estimates of how much services are needed in the local area. This prevents an effective response to looked after children's mental health needs, and needs based commissioning.²⁹ The SDQ can offer a baseline measure of needs on children's entry into care. But, without regular and consistent collection and analysis of SDQ scores, it is not possible to measure progress or calculate change over the course of a child's time in care.

What are the gaps in current data collection?

Measures of looked after children's wellbeing (as opposed to mental health) are not currently in use at a local or national level. *

This is a significant gap in current data collection at a national and local level. The SDQ alone is not sufficient as it mainly looks at symptoms of poor mental health. Robust and child-centred measures of wellbeing are also needed to tell us about children's experience of being in care, how they are feeling and what is impacting positively or negatively on their wellbeing. In other words, measuring wellbeing would provide a way to assess the quality of care a child is receiving.

The SDQ, which is included in national data collection, can be said to capture some components of wellbeing, such as how children are functioning in relation to their peers, hyperactivity, conduct problems and emotional symptoms. Other factors of wellbeing that may be particularly important to looked after children are not included: an understanding of their personal history; experience of stigma; involvement in decision making; frequent moves; absence of a trusted adult; quality of relationships and social isolation.

As the SDQ is asking the primary care giver, such as a foster carer or residential worker 'do these behaviours apply to the child you care for?' and not asking the child 'how do you feel about your life?' other measures are needed to assess subjective wellbeing, either at an individual or population level. Therefore, subjective and objective components of wellbeing are not currently being captured by the measures in use for looked after children as part of national datasets.

Lack of measures for care leavers mental health and wellbeing

The SDQ is also only used for children aged 4-17 years. There is no equivalent measure to assess the needs of older young people in care and care leavers. Further work is needed to explore the best measures to capture the needs of this group and identify a tool that can inform both individual interventions and strategic planning and commissioning. For example, the Office for National Statistics include the proportion of young people aged 16 to 24 who reported depression or anxiety using the General Health Questionnaire (GHQ12) in their measures of young people's wellbeing.³⁰ There are also plans to develop a care leaver specific version of the Your Life, Your Care survey to capture the subjective wellbeing of this group.

A failure to analyse data longitudinally

SDQ data is not being used longitudinally or, as noted above, used systematically over time to track change in a child's needs. Therefore local authorities currently cannot answer the simple question 'is the mental health of children improving over the time they are in care?' and national government also does not know the answer to this question. In addition, the SDQ, like other measures included in the SSSA is not linked to prior circumstances and needs. There is scope to address these gaps; current data could and should be analysed longitudinally using the children's unique identifier numbers, and linked to other datasets, such as the Children In Need census as has been done in research.³¹

Some children are not included in the national dataset

The SSSA does not capture the experiences of all children in care, such as those who move in and out of the care system or children looked after for less than 12 months. This means it is currently not possible to link outcomes to interventions for these children without undertaking this type of analysis, for example to identify whether a specialist placement leads to improvements in outcomes.

Towards a child-centred outcome framework

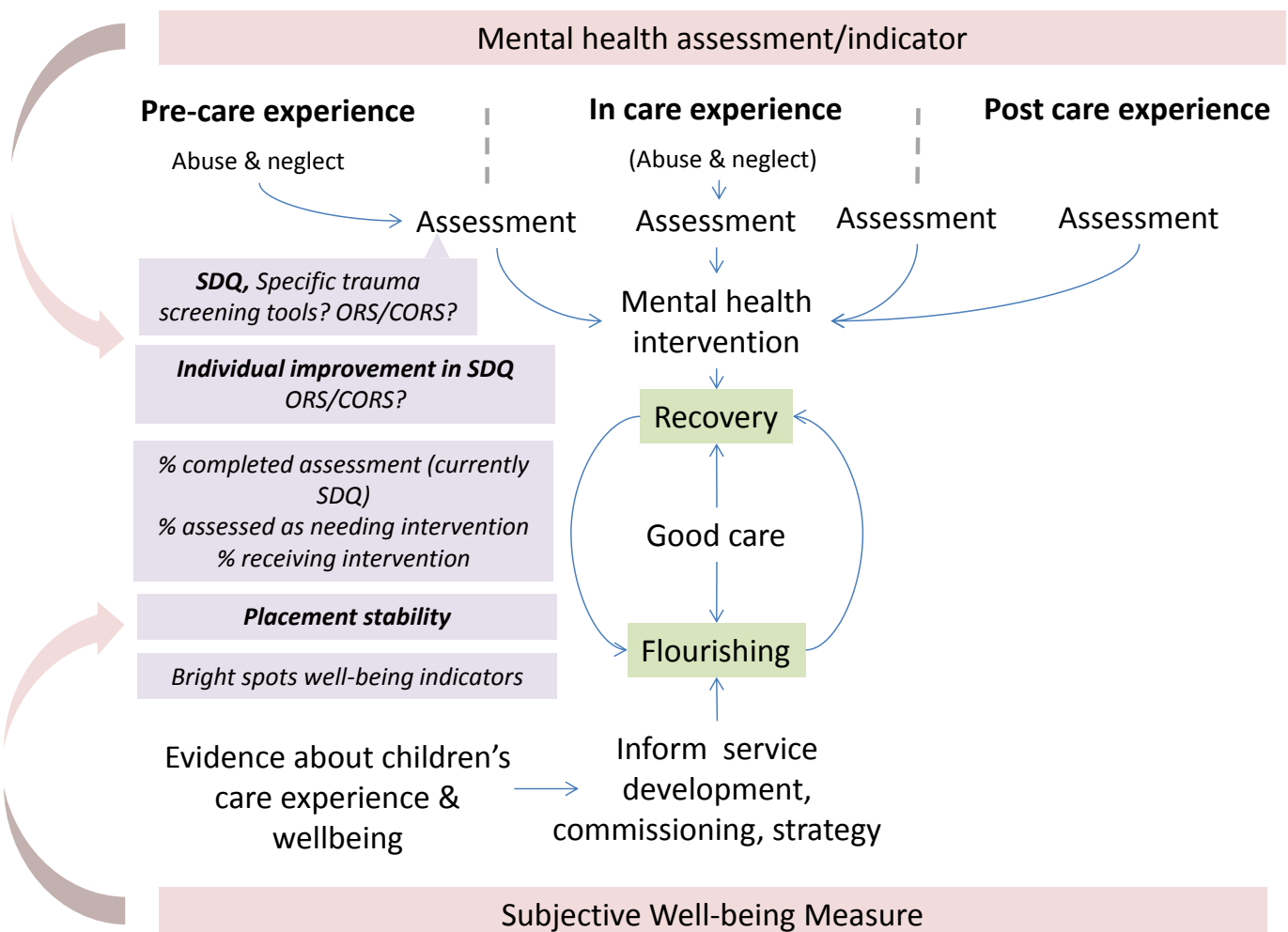
Good use of data should consider who is using the measure, and for what purpose. Aims for improving the use of mental health and wellbeing measures should include:


- Improving assessment for individual children and identifying what intervention is needed
- Understanding a child’s perspective of their wellbeing
- Identifying whether those who are deemed to be in need of an intervention receive one
- Tracking changes in individuals’ mental health and wellbeing over time
- Improving the planning of support for looked after children as a cohort

Taking a similar approach to the ONS, a suite of existing indicators and validated tools should be used to measure wellbeing, as well as a combination of objective and subjective measures. It would be sensible to gather data from a variety of sources including the child or young person themselves, and from carers and potentially other key adults, such as teachers in order to gain a rounded picture of the child’s progress. Examples include: the SDQ, Outcome Rating Scale or Child Outcome Rating Scale which measures children’s self-reported wellbeing, and the Bright Spots Your Life, Your Care survey designed together with children for measuring how they feel about their lives. However, a range of relevant measures are available for consideration and many of those with an evidence base are detailed on the Child Outcomes Research Consortium website:

<http://www.corc.uk.net/>

Table 1: A proposed model for mental health indicators and subjective wellbeing measures.





There are also opportunities to improve the way existing data is used. Local authorities should be encouraged to make better use of the data that is already collected to inform both individual care planning and strategic developments. Some progress has been made; for example, the Innovation Programme evaluations include indicators on the quality of relationships. Many local authorities are collecting their own data, but protocols for data management and how data is used to inform performance and commissioning could be improved. Learning from areas already making data-sharing possible should be shared at a national level. To ensure greater consistency in how data is used and collected, there could be agreement nationally about a small set of mental health and wellbeing measures or a large toolkit that areas select from.

Conclusion

Care should be viewed as a process by which a child's recovery from previous adverse experiences and achievement of positive emotional wellbeing is to be realised. It should effect changes for children over time, and any change needs to be measurable so that it is possible to say whether the care a child is receiving is effective, and high quality. A failure to achieve these outcomes will have an impact on other life chances, such as education and future employment.

For children and young people in care, the quality of relationships and stability is of paramount importance. We often hear about the importance of educational outcomes and 'promoting achievement', but in view of the reasons why children come into care, such as abuse and neglect, the frequent comparison of looked after children with the wider population is unhelpful. As we have seen, when looked after children are compared with more similar cohorts of children, their outcomes can be encouraging.

As wellbeing underpins stability of relationships and placements, and is found to predict future health and productivity, there is a strong case for prioritising the measurement of wellbeing and mental health for looked after children within a new outcomes framework. Wellbeing should underpin and inform an understanding of what good care is and needs to be, so that it is consistently and transparently high quality.

Systematic measurement of both wellbeing and mental health would help to ensure that care helps children and young people to flourish and move on from traumatic experiences through promoting their emotional wellbeing, as well as recover and repair any damage from adverse experiences, through addressing mental health problems. Given the importance of these goals, the need for robust measurement of wellbeing and mental health outcomes must be urgently addressed.

Endnotes

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- ⁴ Sebba, J, Berridge, D, Luke, N, Fletcher, J et al (2015) The Educational Progress of Looked After Children in England: Linking Care and Educational Data. Rees Centre. University of Oxford. University of Bristol. http://reescentre.education.ox.ac.uk/wordpress/wpcontent/uploads/2015/11/EducationalProgressLookedAfterChildrenOverviewReport_Nov2015.pdf
- ⁵ Children looked after in England (including adoption and care leavers) year ending 31 March 2015. Table D4 https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/464756/SFR34_2015_Text.pdf
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- ⁷ DFE (2015) Children looked after in England including adoption: 2014 to 2015 - Table I5a: Emotional and behavioural health of looked after children <https://www.gov.uk/government/statistics/children-looked-after-in-england-including-adoption-2014-to-2015>
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- ¹³ The Prime Minister's conference speech 2015 [Online] Available from: <http://press.conservatives.com/post/130746609060/prime-minister-conference-speech-2015>
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Alliance members

The Alliance for Children in Care and Care Leavers is the pre-eminent sector-wide organisation that represents all the main voluntary sector organisations that work to support children in care and care leavers. We share a commitment to improving the care system and outcomes of children and young people who spend time in care.

A National Voice
Action for Children
Article 39
Barnardo's
British Association of Social Workers (BASW)
Catch22 – National Leaving Care Benchmarking Forum
Children's Commissioner for England
Children England
CoramBAAF
Coram Voice
Family Rights Group
Fostering Through Social Enterprise (FtSE)
Institute of Recovery from Childhood Trauma
National Association of Independent Reviewing Officers (NAIRO)
National Children's Bureau (NCB)
NSPCC
National Youth Advocacy Service (NYAS)
TACT
The Care Leavers' Association
The Children's Society
The Fostering Network
The Prince's Trust
The Who Cares? Trust
Together Trust
Young Minds

