Recommendations & Guidance for Looked After Children services:

Key considerations and Outcome measurement in therapeutic work & consultation

London and South East
CYP–IAPT Learning Collaborative

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Guidance developed collaboratively by the CYP IAPT Looked After Children implementation group (London and South East CYP IAPT Collaborative). *To give feedback on this document please visit: cypiapt.com/contact-us/*

Quick reference Guides

Outcome Measurement with Children who are Looked After in Public Care

Any measurement should be relative to that child's baseline and to the context of that child's history and circumstances.

Highlighting level of need at the population level

- Strengths and Difficulties Questionnaire (SDQ)

Tools to help identify the child's needs

- Current View
- **A standardised measure administered at 2 time-points at least** *(most available at www.corc.uk.net)*
  - Outcomes Rating Scale (ORS/CORS)
  - Brief Assessment Checklist (BAC-A and BAC-C)
  - BERRI
  - RCADS

The perceptions of the child

- There are few measures of the perceptions of the placement by the child, their sense of belonging, or of their needs (beyond the child form of the SDQ or something more generic like the Beck Youth Inventory). Some qualitative information gathering will be useful where there are issues that the standardised measures do not cover. This could be systematically collected using other (perhaps creative) methods of engagement.

The perceptions of the carer

- The carer relationship rating scale (developed by Kim Golding/CPLAAC, *freely available at www.cplaac.org.uk/tools*)
- The Parenting Stress Inventory (PSI) or Brief Parenting Self Efficacy Scale (BPES) which is free to use

A record of a goal and a way to measure its change

- For example: **Goal Based Outcome / Goal Progress Chart / CPLAAC goals sheets** *(the latter freely available at www.cplaac.org.uk/tools)*
- Some practitioners found it useful to combine the use of **C/ORS** with an identified goal (by simply writing a goal onto the C/ORS)

Gaining service user feedback

- **Experience of service questionnaire (CHI-ESQ)**. CPLAAC have made adaptations to better suit the LAC population *(freely available at www.cplaac.org.uk/tools)*

Important contextual considerations

- The LAC population has an increased incidence of Adverse Childhood events, learning disabilities, neurodevelopmental disorders and other physical and mental health conditions and as such should not be compared to the general population.
- Children who have had poor early care experiences and exposure to trauma are likely to show deficits in social skills, mentalisation and emotional regulation.
- Most of the presenting problems of this population are not biological or innate to the child, but represent a complex interaction between development and experience.
- As well as mental health and emotional wellbeing, we need to consider their ability to form relationships with carers and peers, the behavior they present, any issues of risk (eg of sexual exploitation, absconding, self-harm, or of physically, sexually or emotionally harming or being harmed by others).

The use of ROMs in consultation* for children and young people who are Looked After (LAC)

At least once during a piece of consultation work, it is recommended that practitioners providing consultation to the system(s) around LAC:

Decide upon, and review, a shared goal

- The use of the Goal-Based Outcome measure (GBO)/Goal progress chart is recommended

Use at least one of the following measures of process and/or impact:

- How was this meeting;
- CORC consultation measure;
- Consultation feedback questionnaire (CPLAAC);
- Service feedback questionnaire

Decide upon shared plan of action, based on the consultation(s)

Important contextual information:

- It is important that the purpose and process of consultation in each particular service is defined and understood by the professional or carers that it is being offered to.
- It is recommended that services have a clear protocol for formally recording the consultations they provide.
- Measuring the process and impact, (both short and long term, on the system as a whole and on individuals within the system) enables services to evaluate the quality of the consultation they provide, and to improve it if necessary

*The term consultation has been used because that how it is widely known but we encourage a move towards the language of partnership working and shared expertise

‘But you haven’t seen the child…’

Statement about providing psychotherapeutic assessment and intervention within the Looked After Children (LAC) population

“Looked After Children face significant challenges to their mental health, but they do not benefit from a one-size-fits-all approach and individual therapeutic support is not always indicated. Services need to be prepared and equipped to assess comprehensively, develop formulations and deliver intervention plans creatively and flexibly in the layers of caring systems surrounding the child.”

- Use of diagnosis alone often poorly captures the complexity of presentations as symptoms which may significantly impair functioning but not reach threshold for diagnosis.

Diagnosis

- Professionals are often not responding only to the hangover of past adversity, but to an ongoing sense of uncertainty (e.g. around placements), loss (e.g. of carers), and repeated trauma (e.g. difficult contact arrangements).

Past and Present factors

- The challenge for those seeking to provide intervention or support for LAC is often not to treat difficulties in isolation from one another, but to equip the caring adults in the child’s life to understand, manage and contain their distress.

People around the child

- There is a consensus from clinicians that a comprehensive assessment and formulation-led approach is necessary in order to respond to the complex presentation of many LAC. This includes identifying needs across multiple domains and within several layers of the system surrounding the child.

Assessment & Formulation

Full text Documents

Outcome measurement with children who are Looked After in public care

Miriam Silver, Rachel Graham, Rachel Tucker, Rachel Swann and other contributors

Important Contextual Information

When considering outcome measurement for Looked After Children (LAC[1]) we must start by acknowledging that, whilst we would wish to raise aspirations and the support available for each individual LAC to achieve their potential, the outcomes for this group should not be directly or unfavourably compared to the general population due to the incidence of Adverse Childhood Events[2] and the increased prevalence of learning disabilities, neurodevelopmental disorders and other physical and mental health conditions within this population[3].

Children with a mixture of organic conditions and social care needs are particularly challenging to carers and agencies that provide services, and are particularly over-represented in specialist provision like residential, secure and inpatient services, skewing the population in these placement types further from the population norms.

Experience and relationships facilitate the development of the brain and most areas of functional skills, and developmental level impacts on experience. It is well recognized that children who have had poor early care experiences and exposure to trauma are likely to show deficits in social skills, mentalisation and emotional regulation.

All of these difficulties are not the fault of the child, or the services provided to them after they are removed from the source of maltreatment. Although there are some organic risk and resilience factors, most of the presenting problems of this population are not biological or innate to the child, but represent a complex interaction between development and experience. Labels related to psychiatric condition are not always helpful in this context.

There is a “black hole of data” when it comes to the needs of young people, particularly those who are Looked After. Their needs do not fall easily into the traditional boxes of mental health provision, as LAC are often making an adaptive response to abnormal experiences and this does not always map well onto traditional diagnostic criteria or referral criteria for services. Because of this, we need to look more widely than just screening for specific mental health conditions, and be more proactive in working with both LAC themselves and the systems they exist within. A full bio-psycho-social assessment is necessary. As well as mental health and emotional wellbeing, we need to consider their ability to form relationships with carers and peers, the behavior they present, any issues of risk (eg of sexual exploitation, absconding, self-harm, or of physically,

[1] Looked After Children means children who are living outside of the family they were born to (for example, foster, or residential placements), or children whose care is partly or fully in the responsibility of the local authority. A child is looked after by a local authority if a court has granted a care order to place a child in care, or a council's children's services department has cared for the child for more than 24 hours. The term is sometimes used to include adopted children, or this may be indicated with an extra A to make the acronym LAAC.

[2] Adverse childhood events are known to have a highly significant impact on a huge range of outcomes throughout the lifespan. The ACE study found a highly significant relationship between adverse childhood experiences and later depression, suicide attempts, alcoholism, drug abuse, sexual promiscuity, domestic violence, cigarette smoking, obesity, physical inactivity, and sexually transmitted diseases. In addition, the more adverse childhood experiences reported, the more likely a person was to develop heart disease, cancer, stroke, diabetes, skeletal fractures, and liver disease. There are also dramatic increases in the use of medical, criminal justice, social and mental health services.

[3] We know that children with an organic component to their presentation are particularly vulnerable to abuse, and are over-represented in the Care system because they may exceed the parenting capacity of a caregiver more often than a typically developing child (as they require more support to thrive) and their needs are often more visible to professionals who take protective action.

sexually or emotionally harming or being harmed by others). It is important to note that no norms exist for the levels of these concerns amongst LAC, how this is affected by age, gender or placement, or the changes we expect in outcome measurements over time without intervention. If we don't know what the typical trajectory of change is then it is hard to judge the efficacy of placements or interventions against it, or to know which children would benefit from which form of intervention.

We therefore really need lots more data, and it is in the interests of both services and young people that we work together to gather it. However, the tools we use need to be specific to the context, with the child rather than our process as the central point of focus. Any measurement should be relative to that child's baseline and to the context of that child's history and circumstances.

Against this backdrop, any outcome measurement tool listed below is just one component of a more holistic assessment, designed to inform a formulation about the child's needs in the context of their history, relationships, placement type, developmental state, current and future plan. A focus on quantitative measures should also not exclude the gathering of qualitative and informal feedback (eg asking the child what has changed for them, or what they liked or disliked about particular aspects of the services and placements they have experienced).

Recommended measures

When considering measures, there is no "one size fits all" solution. Each assessment tool below has merits, but also limitations, and needs to be used appropriately. That includes choosing measures that fit the function we need from them (eg using a measure sensitive to change to evaluate the impact of interventions), and implementing them sensitively (eg engaging the child and caregiver in the process, telling them the purpose of the assessment and how it is going to impact upon their care and wider service provision).

However, we would recommend the use of standardised measures that:

1) Highlight need at the population level
2) Help identify the child's needs (and help to identify how the carer is managing those needs)
3) Help to identify goals, and track progress towards those goals
4) Evaluate the efficacy of interventions
5) Gain user feedback about services, to inform service development

1	**Highlighting level of need at the population level**	The Strengths and Difficulties Questionnaire (SDQ) is a mandated tool that is widely used, although it is unclear how the information gathered is fed into practise. It is straightforward and quick to use, and used in CAMH services with other populations. It is effective at highlighting the level of need of LAC compared to other groups, but has limitations in terms of ceiling effects, sensitivity to change and (as with any tool used to give a snapshot at one particular moment) at an individual level it risks being skewed by wider contextual factors (eg changes to contact, placement, other children in placement, and various life events). There is also an expectation that scores above 17 show a need for CAMHS input, whilst so many LAC[4] score above this threshold that current resources could not meet that need. We would therefore recommend the SDQ is used routinely, including the impact supplement, but we would not recommend it to measure change from interventions.

2	**Tools to help identify the child's needs**	• **Current View** (entire form). Consider adding teenage pregnancy for local data purposes. The group thought CV captures complexity, risk and can be used to capture some symptom change if administered at pre and post time-points.
		• **A standardised measure administered at 2 time-points at least**[5].
		  ○ Outcomes Rating Scale (**ORS/CORS)** - a good-enough measure of impact on functioning/and or problem change across multiple contexts.
		  ○ Brief Assessment Checklist (**BAC-A and BAC-C)** – these are good short measures to look at relevant issues, with norms from New Zealand.
		  ○ **BERRI** – being normed for UK, sensitive to change, longer and more detailed than above measures, with online tools and charts (not free of charge)
		  ○ **RCADS**. N.B The group felt that the language of 'family' was complicated for use with looked-after children and for some practitioners was a reason not to use the RCADS. We agreed this issue could be managed in a face-to-face session where the definition of 'family' could be explored. We did not think it was suitable to send the form in the post.
		  ○ The group also acknowledged the limitations of standardised questionnaires that focus on symptoms located in the child rather than the relationship between the carer and child.

[4] Clinicians have reported that 65-78% of LAC score over 17 on the SDQ

[5] The group noted that a significant number of looked after children and young people who are seen by LAC CAMHS may experience a change of foster carer(s) during their journey through services. This has implications for collecting paired data with regards to the completed carer questionnaires. Where possible it is recommended that services try to obtain follow-up carers questionnaires at the point of this transition in care and that a new baseline measure is obtained from the subsequent carer when appropriate.

3	**The perceptions of the child**	• It is notable that there are few measures of the perceptions of the placement by the child, their sense of belonging, or of their needs (beyond the child form of the SDQ or something more generic like the Beck Youth Inventory). Nonetheless these are an important dimension of an assessment to explore, and some qualitative information gathering will be useful where there are issues that the standardised measures do not cover. This could be systematically collected using other (perhaps creative) methods of engagement. • It is worth considering the child's perspective when it comes to setting goals and measuring progress, and whether to assess this separately or in combination with the carer's perception of the same.
4	**The perceptions of the carer**	• The **carer relationship rating scale** is very useful at rating perceptions of the child's needs and the placement stability from the perspective of the carer. This is sensitive to change. • The **Parenting Stress Inventory** may be a helpful addition, but in light of the cost is unlikely to be used routinely. The **Brief Parenting Self Efficacy Scale** is free to use if you don't have the budget but would like to use a measure.
5	**A record of a goal and a way to measure its change**	We would encourage an ethos of shared decision making, and including the child and the carer in setting their own goals. These can then be measured session by session or to assess change over the course of an intervention. These changes might most be the most meaningful to the family, even if changes are not picked up in the standardised measures that are used by the service or clinician. • For example: **Goal Based Outcome** / **Goal Progress Chart** / **CPLAAC goals sheets**. The group felt that a carefully constructed goal could capture clinically significant evidence of attachment disturbance or developmental trauma (as manifested in the child's behaviour or in the interactions between child and carer). We felt GBO's could usefully track change in these important clinical areas in the absence of more suitable measures for LAC. • Some practitioners found it useful to combine the use of **C/ORS** with an identified goal (by simply writing a goal onto the C/ORS). This method has the advantage of not using a separate GBO questionnaire. The disadvantage however is that the data re the goal is not standardised in this format.
6	**Gaining service user feedback**	This should only be collected if the service is genuinely going to pay attention to it and be willing to make changes in the light of service user comments, rather than as a tool to monitor quality without it being directly tied into process. It should be one component of meaningful service user involvement in the wider service. • **CHI-ESQ**. CPLAAC have made adaptations to better suit the LAC population *(freely available at www.cplaac.org.uk/tools)*

The use of ROMs in consultation* for children and young people who are Looked After (LAC)

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In general, consultation provided by practitioners working with LAC offers an opportunity for professionals and/or carers to discuss the child or young person's emotional functioning and needs. The purpose of this consultation tends to involve furthering and developing a shared understanding within the system, regarding the emotional functioning and needs of a child or young person. It is important that the purpose and process of consultation in each particular service is defined and understood by the professional or carers that it is being offered to. It is also recommended that services have a clear protocol for formally recording the consultations they provide.

Measuring the process and impact, (both short and long term, on the system as a whole and on individuals within the system) enables services to evaluate the quality of the consultation they provide, and to improve it if necessary. This enables practitioners working with LAC to formally measure the impact that their provision of consultation has on outcomes for LAC; a requirement generally stipulated by service commissioners.

It may be useful to offer examples to systems or networks regarding the goal(s) that are achievable through consultation. Some examples that can be provided include:

- Improving the system's/individual's confidence in managing challenges
- Improving the skills required to meet the needs of a child or young person
- Agreeing an appropriate care plan
- Developing a shared understanding of child or young person
- Supporting placement stability
- Supporting the functioning of the network/system
- Improving social workers' understanding of their own emotional responses to a child or young person

At least once during a piece of consultation work, it is recommended that practitioners providing consultation to the system(s) around LAC:

1. **Decide upon, and review, a shared goal** (The use of the Goal-Based Outcome measure (GBO)/Goal progress chart is recommended)
2. **Use at least one of the following measures of process and/or impact:** How was this meeting; CORC consultation measure; Consultation feedback questionnaire (CPLAAC); Service feedback questionnaire
3. **Decide upon shared plan of action, based on the consultation(s)**

*The term consultation has been used because that how it is widely known but we encourage a move towards the language of partnership working and shared expertise

‘But you haven’t seen the child…’

Statement about providing psychotherapeutic assessment and intervention within the Looked After Children (LAC) population

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“Looked After Children face significant challenges to their mental health, but they do not benefit from a one-size-fits-all approach and individual therapeutic support is not always indicated. Services need to be prepared and equipped to assess comprehensively, develop formulations and deliver intervention plans creatively and flexibly in the layers of caring systems surrounding the child.”

Looked after children (LAC) are a heterogeneous group of children and young people who present with a range of complex needs that may include mental health difficulties, developmental disorders, substance misuse, difficulties with emotion regulation, offending or antisocial behaviour, difficulties with cognitive functioning and difficulties managing relationships (Ford, Vostanis, Meltzer, & Goodman, 2007; Tarren-Sweeney, 2010). The developmental trauma, loss and transition that this population experience have almost always had a significant impact on the development of secure attachment relationships between the child and the adults around them. In addition, such adverse experiences have a substantial impact on the child or young person’s emotional wellbeing, and they may struggle with justifiable anger, anxiety and/or or sadness. The impact also tends to ripple into the systems surrounding the child or young person, with high levels of distress and confusion engendered in those caring for and working with LAC. In recognition of this complex picture of need, Future in Mind (DH, 2015) identify LAC as one of the groups of children and young people with greater vulnerability to mental health problems.

The intuitive wish, often articulated by referrers and carers, is to alleviate the child’s distress by providing individual therapy or psychological support to the child. Indeed, where the evidence points to this approach, we would advocate that this is offered. It is, of course, important to keep in mind that being looked after does not negate the presence of a distinct mental health problem/diagnosis or developmental disorder for which evidence based ‘treatment’ exists. However, in this population, use of diagnosis alone often poorly captures the complexity of presentations, as symptoms may significantly impair functioning but not reach threshold for a clinical diagnosis (Dejong, 2010).

Furthermore, professionals are often responding not only to the hangover of past adversity, but to an ongoing sense of uncertainty (e.g. around placements), loss (e.g. of carers), and repeated trauma (e.g. difficult contact arrangements). The challenge for those seeking to provide intervention or support for LAC is often, therefore, not to treat difficulties in isolation from one another, but to equip the caring adults in the child’s life to understand, manage and contain their distress. Through the development of positive attachment relationships, often missing from LAC’s early years, the child can be supported to themselves manage these difficult feelings and develop healthy ways to respond.

Psychotherapeutic Assessment and Interventions for LAC

There is a recognised dearth of published studies providing evidence for interventions in this group (NICE, 2015). Where the literature limits the ability of clinicians to intervene in an evidence-based way, the use of 'practice-based evidence' and sensitive, individualised application of theory becomes increasingly relevant, and there is a consensus from clinicians that a comprehensive assessment and formulation-led approach is necessary in order to respond to the complex presentation of many LAC. This includes identifying needs across multiple domains and within several layers of the system surrounding the child.

There are a wide range of therapeutic responses which may be a precursor to individual intervention, and/or negate the need for direct therapeutic input with the child altogether. It is known that intervention in the layers of professionals and systems around LAC is likely to afford better outcomes for the child or young person (Golding, 2014; Silver, Golding & Roberts, 2015), and may also build a more informed and better equipped team to support LAC presenting similarly in the future. This can include group work, dyadic or mentalisation based therapy for the main carer, carer training programs, school support, consultation to social workers, and working with professional networks.

The interventions that are recommended in the recent NICE guidelines (NICE, 2015) for LAC with attachment difficulties are, in the main, those that focus on the relationship between carer and child. For pre-school children, NICE specify only that a video feedback programme should be offered to carers, to support them to build up nurturing interactions with the child, including when the child is distressed, and to improve their understanding of what the child's behaviour means. For primary school-age children the guidance again suggests long-term (nine to 12 months) intensive training and support for carers, and group therapeutic play sessions for the child. For late primary- to early secondary-age children, the recommendation is for group-based education and training for carers to encourage stability at home and support school transitions. This may be offered alongside social skills training groups for the young person.

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