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What Works in Preventing and Treating Poor Mental Health in Looked After Children?

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Supporting the Mental Health of Looked-After Children Across the Primary-Secondary Transition

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What Works in Preventing and Treating Poor Mental Health in Looked After Children?

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for NSPCC/Rees Centre



<http://www.nspcc.org.uk/preventing-abuse/research-and-resources/what-works-preventing-treating-mental-health-looked-after-children/>

<http://reescentre.education.ox.ac.uk/research/mental-health/>

Looked after children in England (DfE, 2014)

What is a 'looked after' child?

- 0-18 years old; accommodated by a local authority for at least 24 hours

How many children were in care on 31st of March 2014?

- 68,840 – this equates to 60 per 10,000 children under 18 years

What is the largest age group?

- 10-15 year olds – 37% of those in care

What is the main reason for entry into care?

- 62% in care because of abuse or neglect

What is the proportion of children in foster care?

- 75%

Before and in care

Pre-care factors

- More likely to come from poorer families and neighbourhoods (Bywaters et al., 2014)
- Abuse, neglect, acute family stress, behavioural issues

In-care factors

- Placement instability and separation from siblings (Rock et al., 2013)
- Poor educational experiences (Berridge, 2012)
- Risk taking behaviour, e.g. substance misuse (Lloyd, 1998)

Prevalence of mental health issues

- 11-15 year old British children:
 - looked after children (Meltzer et al., 2003)
 - non-care (Ford et al., 2003)

	Looked after boys	Looked after girls	Non-care
Anxiety disorders	?	?	4.0% - 5.0%
Depressive disorders	?	?	0.7% - 2.5%
Conduct disorders	?	?	1.3% - 3.3%

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Anxiety disorders	7.3%	15.2%	4.0% - 5.0%
Depressive disorders	4.1%	6.4%	0.7% - 2.5%
Conduct disorders	?	?	1.3% - 3.3%

Prevalence of mental health issues

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Anxiety disorders	7.3%	15.2%	4.0% - 5.0%
Depressive disorders	4.1%	6.4%	0.7% - 2.5%
Conduct disorders	45.4%	34.5%	1.3% - 3.3%

- More agreement between teachers and carers on externalising than internalising problems (Tarren-Sweeney et al., 2004)

What works for looked after children?

- **NSPCC/Rees Centre review of mental health interventions for looked after children (Luke, Sinclair, Woolgar, & Sebba, 2014)**
- Practitioners need to know whether a particular intervention is likely to work
- Report provides an indication of the strength of the evidence for a range of interventions
- Also looks at the context in which these interventions operate
 - i.e. the importance of 'ordinary care' as an intervention in itself
 - evaluations of interventions often miss out the importance of context and children's individual experiences
 - important to think how quality of care environment and decisions made can influence well-being before using targeted (and often costly) interventions

Children's well-being

- Well-being of looked after children is influenced by:
 - child and their motivations
 - timing of interventions: the earlier children are placed in any kind of permanent placement, the more likely that placement is to succeed
 - whether the foster carer is warm, committed, has a good relationship with their partner (if applicable)
 - interactions – carer will vary in types of children with which they deal; behaviour of children impacts on carer and vice versa; interactions with other children if present
 - school
 - how children get on with their birth families and the nature of the contact

Mental health assessments

- Strengths and Difficulties Questionnaire (Goodman, 2001) commonly used with looked-after children
 - offers a reasonable general picture of well-being
 - can alert professionals to difficulties
 - doesn't screen for specific mental health issues
- CBCL (Achenbach, 1991) and Children's Global Assessment Scale (Shaffer et al., 1983) are similar broad measures
- DAWBA (Goodman et al., 2000) adds different questions and focus on patterns, duration and impact of symptoms BUT takes longer and needs a clinician
- Reliability depends on person completing assessment and context
- Well-being assessments need to take account of the context, not just the individual

Mental health interventions

- Reviewed interventions used with looked after children (minimum 2 published papers)
- Not looking at adult outcomes
- 106 studies reviewed
- Mix of targets (child, carer or both)
 - depended whether targeting emotional or behavioural well-being



Mental health interventions

- MTFC has largest amount of published evidence
 - US results look more promising (behaviour) than others
 - Tests in UK suggest effects may not last
 - Benefits highly antisocial young people but not others
- ABC looks promising
 - Showed lower cortisol levels and less avoidant attachment behaviours
 - Also tested largely by programme developers
 - Suffers lack of baseline measures and short follow-ups
- Fostering Changes carer training looks promising
 - Improved behavioural and emotional well-being in a pilot RCT
 - Currently being rolled out in new programme
- Middle School Success the only one with a school focus

Mental health interventions

- Some promising interventions based around attachment theory and social learning theory
- ‘Behaviour management’ on its own is not enough
 - developing relationships and understanding of self and other is crucial
- Consistency is important
- One size **does not** fit all
- Interventions should have flexibility to meet individual needs and offer ongoing support following any targeted work
- How can we ensure that intervention effects carry across contexts?
- Need to evaluate the role of schools
- More thorough and longer-term evaluations are needed
- Evaluations should consider the views of young people

But remember...

- There are more similarities between looked-after children and others than there are differences
 - some of the same assessments and interventions can work
- Individual variation in experiences and reactions needs to be borne in mind during assessments and interventions



And above all...

- Many 'problem' behaviours and processing biases have developed in response to living in a dysfunctional family environment
 - responses that can help children to survive very harsh conditions can be less adaptive in the wider world
 - these children have learned survival skills



Thank you

- At the Rees Centre:
 - Professor Judy Sebba
 - Sally Winiarski
- Also:
 - Professor Ian Sinclair
 - Dr Matt Woolgar
- At NSPCC:
 - Louise Bazalgette
 - Tom Rahilly
 - Judith Fisher
 - Stefania Ricci
 - Alex Stevenson

Get involved with the Rees Centre

- Read and feed back on our reports
- Join our webinars – email for sign-in details
 - ‘Evidence-informed educational practice for children in care’
 - Tuesday 10th February, 16.30-17.30 (GMT)
- Join our mailing list and receive newsletters 5 times/year:
rees.centre@education.ox.ac.uk
- Web: <http://reescentre.education.ox.ac.uk/>
- Comment on our blog – or write for us
- Follow us on Twitter – @ReesCentre

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Supporting the Mental Health of Looked-After Children Across the Primary-Secondary Transition

Helen Drew, & Robin Banerjee (University of Sussex), Mary John (University of Surrey) and Nikki Luke & Judy Sebba (Rees Centre, University of Oxford)

<http://www.sussex.ac.uk/psychology/cress/research/current/cic-secondary-transition>

<http://reescentre.education.ox.ac.uk/research/mental-health/supporting-mental-health-of-looked-after-children-around-primary-secondary-transition/>

Overview

- **Why is transition such a critical time for looked-after children?**
- **Current provision by Virtual Schools for looked-after children:**
 - How do they support wellbeing and mental health?
 - How do they support 'ordinary care'?
- **Longitudinal study in schools**
 - How can we support early intervention in a school setting?

Why focus on the transition period?

- 10 – 15 year olds are the largest age group of looked-after children (37%)
- Transition is a challenging time for all children, but particularly many looked-after children.
 - Lower academic attainment
 - Difficulties with social skills and forming friendships
 - Challenging behaviour
 - Experiences with bullying
 - Previous instability through placement changes
- The early secondary school years are the period of highest risk for mental health problems.

Why focus on the transition period?

- There is a large dip in attainment between KS2 and KS4 for looked-after children.
- At KS4 only 8% (32%) LAC with SEN and 28% (80%) without achieve benchmark 5 A*- C GCSEs.
- In 2014 the most common type of SEN for looked after children was 'behavioural, emotional and social difficulties', which accounted for 49% of looked after children at School Action Plus as their primary special need and just under 39% of pupils with a statement of SEN.

What is a Virtual School?



- The role of the Virtual School is to champion the Education of LAC and ensure the educational attainment, attendance and educational stability of the children they look after *is tracked and monitored as if the children attended a single school.*
- The Children and Families Act (2014) made the role of the Virtual School Head Teacher statutory.
- The Virtual School Head manages the Pupil Premium Plus budget.

Virtual School Survey

- Online survey sent to all Virtual School Heads across the country. Twenty nine completed surveys analysed – 1 in 5 response rate.
- Virtual Schools were asked what services or training were provided to support LAC, foster carers and schools particularly across the transition years.
- They were asked to identify whether these services or training supported:
Educational Attainment; Transition; Behaviour; Mental Health; Social and Emotional Understanding; Attachment; Peer Relationships; Family Relationships; Placement Stability.

Virtual School Survey

Four key themes emerged from the responses

Enhanced
Learning
Opportunities

Specific
support for
transition

Wellbeing and
Relationships

Raising
Awareness

Virtual School Survey

Specific support for transition

- Enhanced transition support:

- transition PEPs;
- visits to schools with LAC and carers;
- transition workshops;
- transition mentoring support;
- prioritised EP or CAMHS assessments;
- transition holiday camps to build confidence and social skills

Raising awareness

- Foster carers forums and training; conferences for foster carers/school staff; DT training and networks; drop-ins for school staff; bespoke training for schools / teachers; Governor training

Virtual School Survey

Well-being and relationships

- Whole school / multi agency training or development days particularly focussed on building awareness of attachment and trauma
- Nurture/small group work to support peer relationships and behaviour
- Mentoring and one-to-one caseworker support
- Mental health support:
 - 'Zippy's friends' – a positive mental health after school provision;
 - using PP+ to fund interventions such as drama therapy, counselling services etc.
 - 10 Virtual Schools employed at least a part time EP; 2 employed a part time CAMHS/ Primary MH worker.

A few VS were based within multi-agency teams that included CAMHS and EPs that meant they could get rapid assessments and response for LAC.

Longitudinal Study in Schools

Research Questions

What are the key factors that predict difficulties with looked-after children's mental health around the transition from primary to secondary school?

Are there key factors, such as positive peer relationships or elements of social understanding, that protect looked-after children from developing or worsening mental health difficulties in this period?

Aim

To develop a screening tool that schools can use to offer early support to those LAC who may be at most risk of later mental health problems

Longitudinal Study in Schools

- We aim to develop an understanding of the links between peer relationships, social and emotional understanding, empathy, pro-social behaviour, self-perceptions (including self-efficacy and self-esteem) and mood, including sub-clinical mental health.
- We are also measuring social and community engagement, as well as perceptions of school and support from key adults.
- LAC and matched classmates are completing an online questionnaire; teachers are completing the SDQ and the Mulberry Bush Emotional and Social Development Scale; Virtual Schools will provide information on length of time in care, age at entry into care, number of placements.

Discussion Questions

- **How can we develop more effective mental health support for looked-after children in school settings?**
- **How can schools and carers work better together to intervene early to support the mental health of looked-after children?**



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