WHAT WORKS IN PREVENTING AND TREATING POOR MENTAL HEALTH IN LOOKED AFTER CHILDREN?

EXECUTIVE SUMMARY

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Cruelty to children must stop. FULL STOP.

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Background

Looked after children and young people have consistently been found to have much higher rates of mental health difficulties than the general population, with almost half of them (three quarters of those in residential homes) meeting the criteria for a psychiatric disorder.[1] There are many reasons for this, including the experiences they have had in their birth families before coming into the care system. Children's experiences, once they enter care, are also linked to their well-being and can further contribute to both the causes and the nature of any difficulties. Despite these possibilities, there is evidence that many of the children who are in care do better if they remain there and are not returned home. The task of this review is to determine how these benefits can be further enhanced: for example, by taking children's experiences into account in the selection of specific interventions, and in understanding their capacity to benefit from these interventions.

The emerging evidence provides some key messages that may challenge existing assumptions about the 'best' type of mental health interventions for this group. The first is that one should expect diversity in outcomes following maltreatment and neglect because of the range of individual factors (biology, personal characteristics) as well as environmental factors (experiences before and in care, situational context) that contribute to each child's response. The uniqueness of individual responses to early adversity is one reason for the importance of ensuring an adequate assessment is undertaken. A second message is that it may be helpful to avoid thinking of the consequences of maltreatment simply in terms of 'damage' done to the child, even while recognising that looked after children are at a significantly elevated risk of mental health and well-being problems. A response that is a strength in one context (eg detecting threat) can become 'problematic' in another. Understanding why 'problem' behaviours may have developed is key to finding effective interventions.

1 For example, see Ford et al (2007); Meltzer et al (2003).

Aim of the review

This review was commissioned by the NSPCC in order to provide an overview of the evidence available to address the question:

> What works in preventing and treating poor mental health in looked after children?

In order to do this we focused on identifying and bringing together original evidence and relevant reviews, including 106 individual studies of interventions identified from searching the literature and suggestions made by an international panel of experts in the field. The report focuses mainly on care in England, although in reviewing interventions we also discuss evidence from international studies. This evidence informs our conclusions on possible next steps and we have made clear the relationship between the evidence we cite and the recommendations we make.

The review distinguishes between the effects of 'add-on' interventions (eg therapeutic services or mentoring), and the effects of variations in the quality of 'ordinary care' provided (eg whether the foster placement is a good one). Differences within ordinary care can be a powerful influence on well-being for children in residential and foster care, as well as providing the context for any additional interventions. The discussion of ordinary care, therefore, forms the foundation of our review; we build on this by considering the key tools used in the assessment of mental health and well-being in looked after children, and the specific interventions that have been used.

Methodology

The review of 'ordinary care' was informed by two recent reports that drew on research produced by the Care Inquiry (2013a) and NICE/SCIE (2010). Both reviews base their recommendations on broad principles that combine beliefs about what well-being is and how it is to be brought about. Our review moves beyond these two reports to identify a body of interrelated evidence in order to synthesise the key issues in the care system that are relevant for looked after children's well-being. We review a range of evidence that enables us to draw some general conclusions for policy and practice.

Our discussion of tools used to assess mental health and well-being focuses on the instruments that are commonly used in practice with looked after children and that have been tested in research studies with this population, to allow us to say something about their usefulness in both contexts. Our literature search for evidence on how these tools have been used in research with looked after children was guided by experience of their use in the clinical context.

Finally, our literature search on specific interventions covered any programmes that were listed as targeting behavioural, emotional or hyperkinetic outcomes for looked after children and young people. The search of relevant databases and websites (see list in appendix C) uncovered 12,476 original research articles and literature reviews on interventions specifically tested with looked after children. We restricted our discussion to interventions for which we found two or more articles evaluating the approach. From the screening of the titles and abstracts identified, we selected (on the basis of the criteria in appendix C) 106 studies to be included in the synthesis.

Key findings

Overall, the review of the general literature on care suggests that the importance of positive aspects of ordinary care in predisposing looked after children to benefit from interventions targeted at improving mental health and well-being should not be underestimated.

Characteristics of ordinary care associated with mental health and well-being

Before and after care

This report focuses on what happens to children *in* the care system, for it is there that the specific interventions take place. However, chapter 2 includes some discussion of before and after care as well as a specific section on those 'graduating out of care'. Appendix A gives our conclusions on these 'care leavers'. The following summarises some of the main findings from studies on the time before or after care.

In general, decisions over admitting or discharging children from care need to be taken as early as possible, but also take account of the wishes and rights of the child and family, to make the 'right' choice. Relevant findings are:

- The earlier children are placed in any kind of permanent placement, the more likely that placement is to succeed.
- Measures of well-being tend to be better among children who remain in care compared with apparently similar children who return home.
- The 'success rate' of children who do return home is not high: around half return to care.
- Those who return to care do not fare as well as those who have not experienced failed attempts at reunification.

There is a 'consensus model' on how to balance the conflicting considerations involved in decisions over entry or discharge from care. This model involves:

- agreement by families and older children on what needs to change; the speed at which it needs to change, and the consequences if it does not do so
- the ability to keep children safe while decisions are being taken
- the availability of alternatives (eg adequate numbers of potential adopters)
- resources (eg effective local programmes for treating addictions) that will tackle the problems identified
- purposeful work that is not rushed, but equally does not delay and put off hard decisions.

The evidence suggests that the application of this consensus model may have different consequences for older and younger children. With younger children, placement delays are reduced while the children themselves remain equally or more likely to be adopted. Therefore, the risks of further maltreatment may be reduced. On the other hand, older children involved with drug and alcohol projects are more likely to be returned home or allowed to remain there than they might otherwise have been. Although follow-ups of these older children are typically short-term and not focused on their well-being, there is some evidence to suggest that they may be at greater risk of failed attempts at rehabilitation. American studies suggest that application of the model to children in the care system can increase the probability and the appropriateness of allowing children to return home, but also indicates that the model is difficult to apply consistently on a state-wide basis. The main risk of the consensus model is that it may encourage the return of older children to their homes without ensuring that the necessary supports for this are available on a long-term basis.

In care

Comparisons between adoption, special guardianship, permanent fostering and residence orders are rare and hard to make. However, in general:

- Differences in outcome between permanent care options reflect the differences in the ages at which these orders tend to be made, with very young children being far more likely to be adopted and to 'succeed'.

- If allowance is made for age, there remains a slight advantage to adoption and this might be expected to become more pronounced after 18, but the relevant research has not yet been done.
- Children can do well in all kinds of permanent options, but will not necessarily do so.
- Specific circumstances, such as the child's age and wishes, or the existence of a bond between the child and other family members or with their foster carer, may suggest preference for particular permanence options.

Increases in the availability of different forms of permanence reduce the strain on the care system and increase choice, without apparently resulting in the reduced use of other permanent options.

Other types of placement are not necessarily intended to be permanent. Ordinary foster care, for instance, is often unable to provide effective placements for the most challenging children; residential care has very varied results depending on the quality, while both residential care and Multidimensional Treatment Foster Care (MTFC) as yet have failed to consistently demonstrate lasting effects.

Effective foster placements and residential units depend on the quality of the carers, staff and heads of home. In residential care, the degree to which the head and staff agree on their approach, establish 'warm' relationships with residents and have clarity of expectation about behaviour and education are key to the impact of the home. In foster care, warm, sensitive carers, who are committed to the child and clear about what they expect of him or her are more likely to be successful. Other factors that influence the outcomes of these placements include:

- The behaviour of the child and their attitude to being in care; relationships with other foster children and adults in the foster home; the nature of contacts with their birth family; and how the child gets on at school – these may all affect the likelihood of disruption and other negative outcomes.
- Even given good carers or staff, 'cycles' of difficulty can arise with the stability of the placement and the well-being of the children or young people.
- The costs of residential care and MTFC are such that few children can remain in them long-term. This suggests that these options should probably only be used for those young people who are expected to return home (or to a long-term placement), with intensive support offered to their families when they do so.
- We lack proven models for selecting, training, supervising and quality-assuring carers and staff in such a way that the quality of care is enhanced.

The effectiveness of assessments of mental health and well-being for looked after children

The 'usefulness' of assessment instruments in research depends on their ability to detect change in individuals over time; their usefulness as clinical screening tools depends on whether they are capable of predicting mental health service need (when used by non-clinicians) or, for clinicians, whether they can help to select and direct the allocation of resources or further diagnostic assessments. Ease of use is also an important consideration. Taking this range of uses into account, key findings that emerged from the review included:

- Use of the Strengths and Difficulties Questionnaire (SDQ) with looked after children has been shown to provide a good estimate of the prevalence of mental health conditions, allowing the identification of children with psychiatric diagnoses based on the Development and Well-Being Assessment (DAWBA).
- Caregivers' and teachers' responses on the SDQ have proven to be more useful than self-reports and its use as a screening tool during routine health assessments for looked after children has been shown to increase the detection rate of socio-emotional difficulties.
- The SDQ, Child Behaviour Checklist (CBCL), Children's Global Assessment Scale (CGAS) and DAWBA can be scored and assessed to determine children's clinical needs. The SDQ, CBCL and CGAS may be more useful as broad measures of well-being than for assessing specific conditions.
- The DAWBA's use of different types of questions and added focus on patterns, duration and impact of symptoms may explain why it is most effectively used by clinicians, especially with complex cases where clinical judgements are needed.
- The reliability of assessments depends on who is completing the instrument; in what context; and the skills of the person interpreting them.

The effectiveness of specific interventions

Limitations of the research make it difficult to say a particular intervention or factor has been shown to 'work', leaving us with a set of common principles that require more rigorous testing. These include:

- Structured programmes focusing directly on the child are more effective when they have core components with some flexibility to meet individual needs, and a 'joined-up' approach from services with follow-up support.
- Approaches to behavioural issues that focus on the carer (and thereby indirectly on the child) are more effective when they are underpinned by a combination of attachment theory and social learning theory that informs relationship-building, focusing on caregiver sensitivity and attunement, positive reinforcement, behavioural consequences and limit-setting.
- Approaches to behavioural and emotional issues are more likely to be effective when they include some focus on developing relationships and understanding; targeting both the caregiver's understanding of the causes of children's behaviour and the young person's understanding of their own emotions and identity.
- Consistent approaches that reflect fidelity to the programme are associated with better outcomes.
- High levels of commitment from both carers and young people enhance the efficacy of the interventions.

Looked after children have complex histories and needs, and it is unlikely that a single intervention or one that focuses only on the child will address all of these needs. However, few interventions take the mixed approach needed to target both the child and the system around them, for example their carer, school and social worker, even though there are indications that for some children this might be the most effective. Of the interventions reviewed, perhaps the most promising is Fostering Changes, which shows improvements in carer-rated behaviours – including in one randomised controlled trial (RCT) – but lacks a longer-term follow-up. Fostering Changes might be used to address broader or lower-level issues of well-being, as a way of preventing further escalation and the involvement of more intensive mental health services.

Recommendations for policy and practice

Recommendations for ordinary care

The ethical principles that are the foundation of the Care Inquiry (2013a) and NICE/SCIE (2010) reports require that practitioners:

- place the children's relationships at the heart of all they do
- listen to and empower children and young people and their families
- tailor specific interventions to their particular circumstances.

These principles offer a basis for a wide variety of practical recommendations for policy and practice – for example, that children should have a say in what kind of placement they have and that, if possible, particular placements should be tested out before committing to them. Where rotating, shared or respite care has been chosen, the same carers rather than a succession of different ones should be involved. Finally, the harm done by failed reunifications should be reduced by enabling children to remain in touch with and return to former carers with whom they have a good relationship.

The ethical principles outlined above should also inform the use of the evidence given in chapter 2. In relation to the findings on 'before and after care', these suggest that:

- Local authorities should attempt to identify children at risk of entering care as early as possible, since this will enable early decision taking.
- All authorities should adopt the consensus model as a basis for their work with children of whatever age, whether in or out of care, and resource it appropriately, ensuring for example that there is adequate provision for those with drug addiction problems.
- Local authorities should be particularly careful to ensure that the return of children at high risk to their parents is adequately resourced.
- They should monitor their performance in these respects with particular reference to the numbers of moves that children experience before a permanent placement and the age at which the relevant decisions are taken.
- Evaluation of the effects of schemes using the consensus model should include long-term follow-ups and an examination of the effects on the well-being of the child.

A range of permanent and other placements need to be in place in order to support this model – to enable young children to move out of the care system if they cannot go home, and to enable others to remain within it on a long-term basis. The evidence suggests that more permanent placements are needed, and will need to include:

- adoption by strangers and foster carers
- special guardianship orders (SGOs) largely to kin, but also to foster carers
- residence orders
- properly supported fostering by kin
- permanent fostering by stranger foster carers (ie as in the Department for Education policy informed by Schofield et al, 2012), a more clearly delineated option with greater delegation of responsibility to the foster carer and more possibility of staying on for the child.

Other placements that are needed include:

- permanent care by foster carers and kin with greater delegation of responsibility to the foster carer and more possibility of staying on beyond 18 years (something promoted by national policy but requiring reallocation of resources both nationally and at local authority level)
- 'ordinary' foster carers who are trained in the techniques derived from the principles underlying intensive fostering systems so that their capacity to care for challenging children without costly interventions is enhanced
- long-stay residential care options that are less costly and less intensive than current models and can accommodate those who would choose residential care but do not require intensive adult support
- MTFC and treatment residential care, for those who are expected to return home or move to a long-stay placement and whose families will be offered intensive support when they do so.

Above all, there is a need to improve the quality of placements, not because they are poor, but because this is the key to how the children do in care. So there is a need to select good carers, residential staff and heads of home; to train them appropriately; to supervise them so that short-run cycles of trouble do not occur or are addressed promptly; to make their performance the focus of quality assurance and to ensure that poor quality provision is not used. In practice, there are a variety of ways of approaching these issues and proven methods of doing them are not available. As discussed below, some models of training are more promising than others and there is an urgent need to build

on these. In the meantime, the highest priority should be given to developing and testing models for selecting, training, supervising and quality-assuring foster carers and residential staff.

Recommendations for assessments

The review of assessments suggests that local authorities should note the following in promoting the mental health and well-being of looked after children:

- The assessment instruments considered in this review are helpful as part of the regular system of checks that local authorities use to monitor looked after children's progress in care, enabling services to pick up on any issues at an early stage.
- The SDQ, for example, comes in a short and user-friendly format that enables it to be completed on a regular basis by caregivers or primary healthcare staff.
- The SDQ provides an easy way of monitoring children's well-being over time; it could give a broad indication of those who are having significant difficulties and may need further assessment, though the data collected could be much more extensively used.
- There is further room for the development of tools that assess the child *in their context*, to enable practitioners to identify where the interaction between child and context might be especially problematic and, therefore, require early intervention.

Recommendations for interventions

This review of the interventions targeted at preventing problems and enhancing the mental health and well-being of looked after children suggests that policy makers and care providers need to consider the conditions under which interventions are effective and the longer-term sustainability of the reported effects. The key messages to emerge from the review suggest that:

- Interventions should be selected that offer evidence of flexibility to meet individual needs; a 'joined-up' approach from services, and follow-up support.
- Attachment theory should not be regarded as the sole framework for understanding children's behaviour: many effective programmes also incorporate social learning theory and some emotional issues may require alternative approaches.
- Those designing interventions should explore the opportunity to include components where adult and child work together for part of the time, as these offer a promising avenue for future work for some children.

- Efforts should be made to ensure that support for children and carers is consistent; for some interventions, this support should extend beyond the end of the intervention.
- Foster carer training should also be complemented by ongoing 'consultation' in order to ensure that carers can generalise what they have learned in the context of a specific carer-child relationship and apply this to their work with other children.

Recommendations for future research

Overall, research should focus more on the positive outcomes that looked after children want and how these can be achieved, and less on the problems. Conversely, more is needed on what maintains problems or allows gains (eg greater ability to control one's behaviour) to transfer across settings. There is insufficient robust research that addresses the key problem of how to ensure that care is of high quality – whether this is through selection, training, supervision, intervention at key points, or quality assurance. Future research needs to:

- Incorporate more robust research designs to investigate what makes a 'successful' intervention, and the mechanisms by which it might work.
- Include RCTs (while maintaining other research designs) that address previous methodological shortcomings, such as lack of attention to context, or which children (eg of a particular age, gender or with specified problems) did not benefit from the intervention.
- Include follow-ups that measure whether improvements are sustained at least one, or preferably two, years after the intervention. A key challenge here is identifying the unit of change. In MTFC, for example, it is the child, but in other programmes it is often the carer, who may have more than one child, which leads to radical changes in the context over a longer-term follow-up. The clarification of the ways in which long-term results can be assured is a continuing and urgent task for research.
- Evaluate interventions that target both the child and those around them – this includes identifying the children and carers who would most benefit from them.

Concluding comments

This review of mental health and well-being interventions for looked after children highlights issues that are relevant for practitioners and policy makers because of the importance of improving prevention and earlier decision making about care placements, as well as the consequent resource allocation for assessments – given that interventions targeting behavioural or emotional difficulties are sometimes costly. The evidence reviewed supports the position that high-quality caregiving, with added interventions targeted either directly at the child or indirectly (through the carer or those around the child), providing support where necessary, might effect positive change in children's well-being.

However, looked after young people share more commonalities than differences with their peers who are not in care, and it is important to recognise that in spite of some distinctive experiences, many of the mental health and well-being interventions that 'work' with the general population are also likely to be successful with this group.

Ultimately, there is evidence that some children in care do well despite challenging circumstances. This is often assumed to reflect their 'resilience', though this term is hard to define consistently. More attention could be given to what promotes positive outcomes, rather than the current overemphasis on challenging behaviour. Finally, children and young people in care would not want research on outcomes to be restricted to mental health, but also want studies about them doing well on their own terms. Listening to their views will be paramount.

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