

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

The previous research paper '*The Mental Health and Well-being of Looked After Children*' outlined the policy context and current guidance in relation to the mental health and well-being of looked after children and young people. Here we look in more detail at a recent review of what works with regard to specific interventions that are intended to improve children's mental health (Luke et al.2014 NSPCC). The study evaluates those aspects of 'ordinary care' that have been linked to looked after children's well-being, some of the more common assessments that are used to measure their needs and progress and the interventions and tools for behavioural and emotional issues that have been researched in the looked after population.

The review can be seen as a study of resilience; in other words what it is that enables children in care to do well in spite of challenging circumstances. Most looked after children, the study suggests, already possess 'resilience' in the sense that they have developed behavioural and emotional responses that have enabled them to survive what are often extremely harsh environments in their day to day life and care with their birth families. In the same way however, the quality of day to day care that is provided when children come into care can also exert a powerful and beneficial influence.

It is important to recognise that many of the interventions that work with all children are also likely to be successful with looked after children; so high-quality caregiving, with direct or indirect support, can result in big improvements. The emerging evidence provides some key messages about the best mental health interventions for looked after children, but it is clear that there will always be different outcomes following maltreatment and neglect because of the range of individual and environmental factors and how each child responds in their own unique way to early adversity. The report goes on to emphasise the importance of understanding the individual context of each child's situation and why they may have developed problem behaviours in response; this understanding is then key to finding effective interventions. Children's behavioural and emotional difficulties are not fixed characteristics and more attention should be paid to working on the positives rather than an emphasis on their bad behaviour and negative outcomes.

Young people value having a choice in services and positive role models in the form of successful care leavers, but say that, in their experiences within the care system, choice and control are lacking and this affects their willingness to engage with mental health services. They place a high importance on relationships for their emotional and behavioural well-being. At the same time children and young people in care want the research on outcomes to focus on them doing well as well as aspects of their mental health.

## Key Findings

Looked after children may have a broad range of sub-clinical problems that are below conventional thresholds for meeting diagnoses, or do not place them over the diagnostic thresholds for a particular condition, but which cumulatively have a significant impact upon their well-being and daily functioning.

Children interact with their worlds in very different ways, and it is important to understand the individual meaning that they attach to relationships, events and losses in their lives. This means that there is not a one-size-fits-all approach, either in the best type of placement or the most successful intervention. Looked after children have complex histories, needs and motivations and any approaches to placing and working with them should take account of this and be developmentally appropriate, for example, interventions that rely on self-reflection may be more appropriate for older children and adolescents than for younger children.

### In Care or Return Home?

Overall, the review of the general literature suggests that the earlier children are placed in any kind of permanent placement, the more likely that placement is to succeed. Measures of well-being are 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 and these children do not fare as well as those who have not experienced failed attempts at reunification (Farmer et al 2012, see research précis *Looked After Children Returning Home to their Parents: Making a Success of Reunification*).

### Placements

The study emphasises the importance of the positive aspects of ordinary day to day care, but recognises that there is a clear need to improve the quality of placements, to select, train and supervise good carers, residential staff and heads of home because this is the key to how well children do in care. Developing relationships is crucial for children to make progress and the evidence shows that the quality of the child's relationship with the caregiver is central to their well-being. Carers can learn that acceptance and understanding of children's behaviour are at least as important as practising sensitive attunement to encourage secure behaviour. Programmes like Attachment and Biobehavioural Catch up (ABC) aims to develop both sides of this relationship and have been shown to reduce children's stress levels and avoidant attachment behaviours.

The stability of any placement is important and when local authorities are able to offer targeted interventions for behavioural issues this can be a way to influence the number of unplanned moves by addressing some of the factors that make disruption more likely. Successful interventions require a consistent approach and the commitment of caregivers and young people to the programme, but this is difficult to achieve if children are continually moving. Behavioural issues, emotional well-being and placement disruptions are often all interrelated which makes it difficult to tease apart whether the problem lies with the factors that bring about instability or with the instability itself. So, interventions which work both to prevent disruption and to deal with its causes or consequences are likely to work best.

Unfortunately placement instability can also affect whether looked after children receive referrals for assessments and interventions and referrals can also be delayed or lost in the move between placements. All this emphasises the need for great care, first to ensure that any long-term placement is suitable for the child and, second, that the placement is well supported.

### **Assessment Tools**

Of course the ability of assessment tools to predict specific needs or particular conditions may well depend on who completes them.

#### **The Strengths and Difficulties Questionnaire (SDQ)**

The Strengths and Difficulties Questionnaire (SDQ) has been widely used with looked after children and to collect data. The SDQ assesses emotional and conduct problems, hyperactivity / inattention and peer problems as well as prosocial behaviour with versions for caregivers / teachers or for self-report (for young people aged 11 and above). It provides a good estimate of the prevalence of mental health conditions and also allows the identification of children with psychiatric diagnoses. Analysis of the SDQ suggests that caregivers and teachers are best at predicting children's psychiatric diagnoses, particularly since looked after young people seem poor at recognising their own externalising behaviours. When used as a screening tool during routine health assessments for looked after children it can double the detection rate of socio-emotional difficulties and it also helps clinicians to reach a diagnosis of hyperkinetic disorders.

#### **Child Behaviour Checklist (CBCL)**

The CBCL is widely used in research and practice with looked after children; it was designed for completion by caregivers to assesses a range of internalising and externalising difficulties. There are also versions for completion by teachers and for self-report although the reliability of scores from different contexts such as school versus home, and by different informants such as caregiver, teacher, or self-report has been called into doubt.

#### **Children's Global Assessment Scale (CGAS)**

The CGAS assesses children's levels of general adaptive functioning over a specified period of time, usually the previous three months, in the areas of home and school, with friends and during leisure time on a score that falls somewhere between 'doing very well' and 'extremely impaired'. It has been used to study behavioural and emotional problems of young people in residential homes and has shown that low general functioning relates to levels of suicidal ideation and behaviour. It shows good levels of agreement between keyworkers and children's home managers. It has also been used to compare the effectiveness of Multidimensional Treatment Foster Care (MTFC).

### **The Assessment Checklist for Children (ACC) & the Assessment Checklist for Adolescents (ACA)**

The ACC and the ACA have been developed specifically for use with looked after children and young people to provide a measure of their particular difficulties such as dissociation and inappropriate sexual behaviour that are not always evaluated by standard assessment tools. The scales assess common difficulties as well as less frequent but more critical issues, such as self-harm. Originally intended for completion by caregivers it is now recommended that they be used only by CAMHS practitioners or researchers.

### **The Development and Well-Being Assessment (DAWBA)**

The DAWBA has recently begun to be used more widely with looked after children; completed online it gathers information from caregivers, teachers and young people aged 11 and above and is used to assess common behavioural, emotional and hyperkinetic disorders, recording symptoms and their impact in order to reach a psychiatric diagnosis. It incorporates the Strengths and Difficulties Questionnaire. Although lengthy it does allow for rapid assessments without caregivers having to wait for children to be referred to senior clinicians.

### **Interventions**

Interventions should have a theoretical base that includes as a minimum attachment and social learning theories, but which also leaves open the possibility of interpreting behaviour in other ways. The interventions that combine attachment and social learning theory focus on features like developing caregiver sensitivity and attunement, positive reinforcement, behavioural consequences and limit-setting. They fit well with the evidence that children in care do best with 'authoritative parenting', where carers are clear and agreed about what they expect, encouraging, and firm, but also warm, committed to their foster children and sensitive to their needs. Attachment and social learning theories may not offer the whole package for the full range of looked after children's problems though, for example, children with complex issues like PTSD may require additional approaches in the form of psychotherapeutic interventions that tackle their internal world of feelings and beliefs. Practitioners should, therefore, adopt the approach (or combination of approaches) that is most appropriate to an individual child's needs, rather than adopting a blanket theoretical approach for all looked after children.

### **Early Interventions**

Early interventions can be those that take place at an early stage of a process as well as those in terms of a child's age. The evidence suggests that interventions targeted at young children have the potential to improve their mental health and well-being but there are relatively few well researched interventions for children under seven years old compared to older children and more work is needed to determine whether targeted interventions are likely to be more effective at an early rather than a later age.

Comparison of the evidence suggests that all interventions need to take account of the child's behaviour, the way it is interpreted, and the relationships within which it takes place. Interventions like Multidimensional Treatment Foster Care (MTFC), which target behaviour, are helpful because behaviour can affect relationships and mixed interventions that target both the child and the system around them might be the most useful. When carers feel they can make a

difference this often reduces the extent to which they report challenging behaviour and their own levels of stress, anxiety and depression.

Looked after children with behavioural or emotional difficulties need a supporting adult who can advocate for them and help them to access mental health assessments and interventions. Not all foster carers are able to recognise disorders or know how best to access services and their own attitudes towards mental health issues will affect their decisions to seek help and advice. Other factors that influence their decision include a fear of labelling the child and the belief that problems like depression are only natural. In the same way caregivers' attitudes to the importance of attachment issues can influence their recognition of symptoms and their willingness to access help. Caregivers also need to 'buy in' to the techniques used in indirect interventions, for instance the token economy used in Multidimensional Treatment Foster Care (MTFC) is generally seen as positive.

Multi agency teamwork is crucial in assessment and intervention; MTFC is one example of coordinated working; other practice examples like TEAMSPACE show how workers from CAMHS, Children's Services and the Primary Care Trust can work together.

So:

- Children benefit from good working relationships in any direct work they take part in;
- Interventions for mental health and well-being should focus on improving the quality of the relationship between the child and their caregivers;
- Changes in the caregiver-child relationship should be measured alongside behavioural and emotional change.

## References

Luke, N; Sinclair, I; Woolgar, M & Sebba, J: *What Works in Preventing and Treating Poor Mental Health in Looked after Children*, NSPCC 2014

<https://www.nspcc.org.uk/globalassets/documents/evaluation-of-services/preventing-treating-mental-health-looked-after-children-summary>

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