Addressing support needs

Measuring the emotional health and well-being of looked-after children has taken on a new dimension in Norfolk with the development of a tool designed for these children who also have disabilities, as Jane Sarmezey reveals

The lives of looked-after children (LAC) are embedded within a complex social and emotional landscape. The process of becoming 'looked after' entails legal dealings, and an array of professionals is involved in the day-to-day life of a looked-after child. Major discussions and decisions take place in statutory reviews (which are annual once a child becomes looked after for an extended period). In addition to the statutory review (where the overall care plan is considered and updated), looked-after children have an annual health check, a personal education plan (PEP) in school, which is reviewed six-monthly, and if they hold a statement of special educational needs, there will be an annual statement review.

Children can become looked after for a wide range of reasons, although there is a strong association between poverty and deprivation and entering care, and most (though not all) looked-after children have experienced abuse, neglect or family dysfunction. Some children come into care because of a disability that makes it too difficult for their families to cope. Some children with disabilities are looked after on a permanent basis, while others receive respite care to allow their families a break from the demands of caring for them.

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Children's views and wishes should be considered as part of any discussion and decisions taken by adults. The 'team around the child' (TAC) approach is used to identify which adults are also involved in decision making on behalf of a looked-after child. The TAC is also a way of conceptualising the safety net of support and systems that surrounds a looked-after child to help ensure the best outcomes for them. The TAC will include the child's social worker, carer, teacher, independent reviewing officer, LAC nurse and birth parents. Other professionals and individuals may also be included, such as specialist health therapist, educational psychologist, mental health practitioner, mentor and extended family member.

Naturally with such a wide range of different adults involved, the need for good, clear communication is important as this creates an atmosphere of consistency (rather than chaos). It also helps to provide the child (and the adults) with a shared sense of direction as well as a clear understanding of the specific actions to be taken by individual professionals and others.

Emotional health and well-being outcomes

It is well documented that as a group, looked-after children have poorer mental health outcomes than children who live in families. Recent National Institute for Health and Clinical Excellence (NICE) guidance states that around 60% of looked-after children in England are reported to have emotional and mental health problems. Emotional turbulence and distress can seriously impact on children's ability to learn and enjoy life, including school.

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> Measuring emotional and behavioural health

In 2008, a performance indicator was introduced by the then Department for Children, Schools and Families introducing a statutory responsibility for all local authorities annually to measure the emotional and behavioural health of LAC aged 4–16. The tool selected for this was the Strengths & Difficulties Questionnaire (SDQ), devised by Professor Robert Goodman (although not for the purpose of this exercise, visit www.sdqinfo.org for more information and to download forms for different age groups and many alternative language versions).

The SDQ is essentially a tick box questionnaire that measures four domains of difficulty: peer problems, emotional symptoms, conduct problems and hyperactivity, from which a Total Difficulties Score indicating the likely level of severity is drawn. There are also items that measure pro-social behaviour. The SDQ actually comprises three questionnaires with identical items that may be completed by a parent/carer, a teacher or a child if aged 11 or above (and able to do so). This allows different viewpoints to be compared. In order to meet the statutory duty, only carers' responses are required, although gaining triangulated data is seen as desirable. The Total Difficulties Score for each looked-after child is submitted to the Department for Education (DfE), and the local authority receives an overall SDQ score.

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The Norfolk picture

In Norfolk, the SDQ is administered through the Virtual School for LAC, which works closely with partners to promote positive educational outcomes for looked-after children. Carer SDQ returns have been consistently high (97%; 94%; 96%). A procedure has been produced detailing the responsibility of each individual who forms the TAC in ensuring that the questionnaire is completed and providing possible ways of responding to it, including offering the SDQ to the teacher and young person. This is not to suggest that social workers do not address emotional and behavioural needs outside the SDQ! Indeed, social workers report that the SDQ data often confirms existing perceptions and where a difficulty is signalled support is usually already in place or being sought. Nevertheless, information from focus groups with carers and social workers in Norfolk indicates that an annual opportunity to 'pause and reflect' on the emotional health and well-being of looked-after children is welcome and where unexpected responses arise it provides a focus for the TAC.

Looked-after children with disabilities

Some carers and social workers in Norfolk have reported that the SDQ does not adequately reflect the experience and presentation of children with severe disabilities (currently around 14% of LAC in Norfolk). There is an option for carers to return the SDQ uncompleted under an 'exception' category, if the carer feels it is inappropriate to complete it. However, some social workers and carers felt that this particular group of looked-after children should not be denied an opportunity available to the wider LAC cohort.

Children who are assigned social workers from the Children With Disabilities (CWD) Team have pronounced difficulties. For example, some of the disabilities/difficulties experienced by children in the pilot research discussed here included epilepsy, cerebral palsy leading sometimes to physical paralysis, blindness, various syndromes due to chromosomal abnormalities, and muscular-skeletal problems (often severe). This list is not exhaustive and all the children in the sample experienced multiple difficulties and, with one exception, all attended a special school either in Norfolk or elsewhere. Pain management was mentioned frequently by carers, as were mental health problems such as low self-esteem, mood swings, self-harm and destructive behaviour.

A multidisciplinary response

The possibility of an alternative tool was raised. A multidisciplinary group was formed, comprising children's social workers, carer support social workers, a special school teacher and the senior educational psychologist for LAC, who co-ordinated and facilitated the meetings. A consultant psychiatrist and a clinical psychologist also contributed to the process. It was decided that a questionnaire that broadly covered the same areas as the SDQ should be designed, to align the areas being considered by all carers. A qualitative tool was considered more appropriate as it would allow carers to report their views in their own words. The Strengths & Areas Needing Support (SANS) was drawn up (visit the Norfolk Virtual School website at www.virtual-school.org.uk).

> All eight carers reported a preference for the SANS over the SDQ

Some key features of the SANS include: space to record a pen picture of the child, including any diagnoses; an opportunity to comment if the respondent feels they have adequate understanding of the child's difficulties and how to access further support if necessary; an invitation to write a full description of any positive behaviour or qualities. For each of the four 'developmental domains' (emotional stability, appropriate behaviour, ability to concentrate and relationships) the respondent notes what they perceive as the child's strengths and areas for development within those domains, and can comment on support available. Although the areas considered are broadly similar to the SDQ, respondents can comment on or describe in their own words their perceptions of the child.

Piloting the SANS

Eight carers agreed to complete the SANS with their supporting social worker and to take part in a follow-up semi-structured telephone interview to evaluate its use. All eight carers reported a preference for the SANS over the SDQ in relation to the children they care for and all said that they found the SANS a good reflection tool, allowing them to consider 'everyday' things afresh. The form was also considered useful for helping to highlight training needs for carers.

Comments about why providing a pen picture of the child was considered helpful included:

> 'It helps to set the child in a context.'

> 'People don't realise how much impacts, all the planning you have to do....'

> 'You need this because it gives an idea of what problems the child has.'

> 'Whoever reads it then understands what the child is experiencing.'

Such comments suggest that a holistic view of the child is needed in order to understand their emotional and behavioural experience. In a way, the TAC reflects this holistic approach – the different perspectives representing the multiple elements that make up a child's experiences.

Remarks about being able to comment on positive behaviour or qualities included:

> 'It is good because you get a picture of the child.'

> 'Yes... it can put an overall picture; after I gave it in I wondered if I was too negative.'

> 'Yes – could have been negative otherwise.'

Completing the SANS was not a quick process – it took between 30 minutes to an hour and one carer with dyslexia found all the writing daunting. All five carers asked directly said they would welcome completing the SANS annually alongside the SDQ.

Teacher version of the SANS

All the carers thought that completion of a teacher version of the SANS would be useful. Two main reasons were given for this: to get the home/school comparison and to help contribute to the overall picture of the child to be shared with other professionals as appropriate, including at reviews.

Difficult early experiences can lead to emotional turbulence

A teacher version of the SANS was created (identical to the carer version) and sent to the schools, five of which were returned within the time frame without a reminder. This demonstrates the commitment of school staff to engage with this process. Interestingly there was not always overlap between the views expressed by the carer and the teacher about a particular child, which provides a starting point for a discussion about a child between interested adults.

Sharing the SANS process

Several carers mentioned the helpfulness of completing the SANS with their support worker (or in one case with their spouse who also cared for the child). When this research was presented to a regional meeting of educational psychologists, the question was posed: what psychological processes may have contributed to this view expressed by carers?

Participants came up with 'three Cs' – consultation, co-construction and containment. Each of these explanations can be seen as examples of strengthening the team around the child. Consultation in this context would be a conversation that takes place between two professionals (carer and support worker) who have knowledge and understanding of an area, situation or set of circumstances. The role of the consultant (support worker) would be to help the consultee (carer) clarify their thinking about a particular issue (the child's emotional and behavioural health) through questioning, paraphrasing and feeding back.

Co-construction is a process whereby more than one person arrives at a jointly understood version of something – for example, a situation, set of circumstances or child's presentation.

Containment is similar to 'emotional holding', ie the ability to absorb another's anxieties or difficult feelings, acknowledge those feelings and return them in a more manageable form. This helps to regulate someone who is emotionally dysregulated. Difficult early experiences can lead to emotional turbulence, and the presence of a disability can also raise anxiety. This may affect both a child with a disability and those who support and care for them.

Where to next?

The SANS will be offered alongside the SDQ to carers with children who have a Children With Disabilities social worker. It has also been suggested that CAMHS (Child and Adolescent Mental Health Services) referrals could be accompanied by SANS forms (home and school) and that a child/young person version could be considered. Finally, where the SDQ is completed, the SANS could also be used as a follow-up tool for a more in-depth discussion.

Although the SANS was devised for looked-after children with learning or other disabilities in mind, its use is in no way restricted to this group.

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