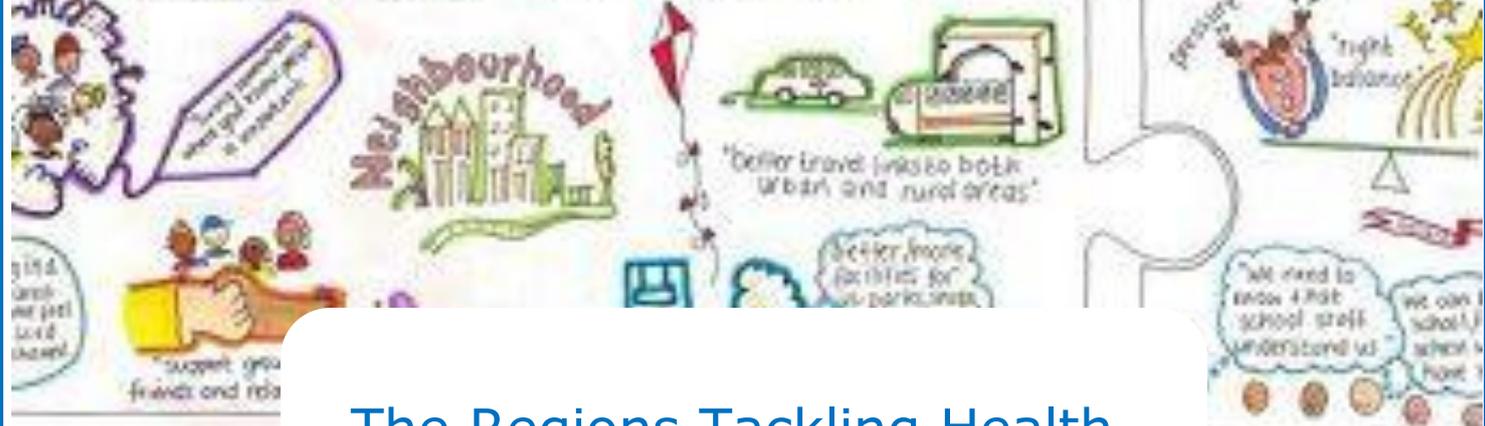


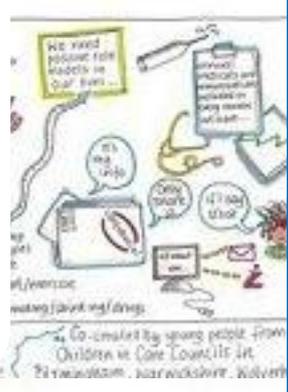


Jigsaw of Life - piecing together our health.....



The Regions Tackling Health Inequalities project (RETHI)

What have we learnt about health inequalities amongst children and young people in and leaving care in the West Midlands?



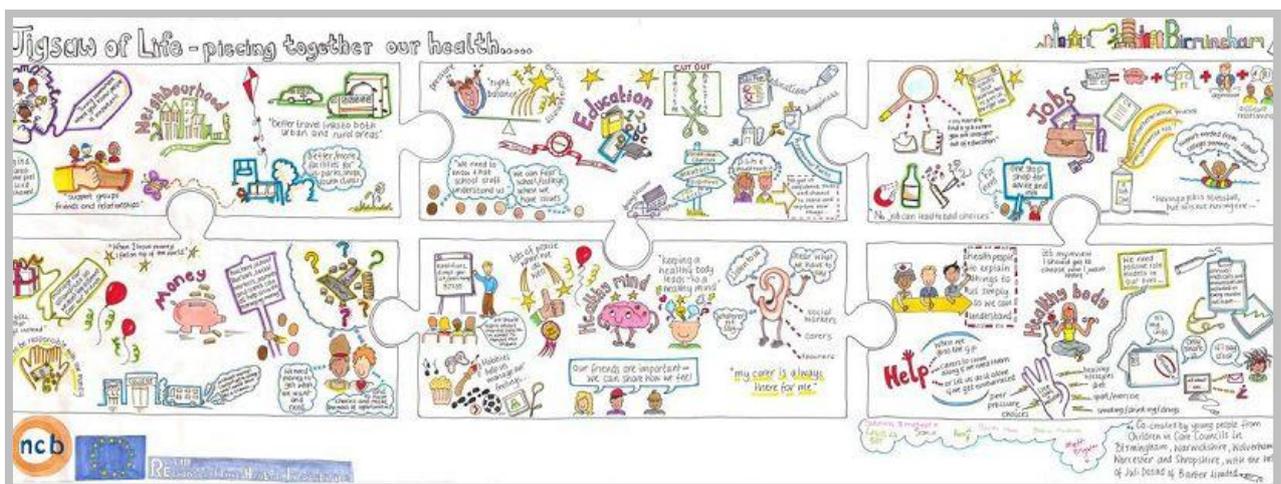
Between March 2011 and March 2013 the National Children’s Bureau (NCB) was involved in the RETHI project which was funded by the European Union (EU) to support the implementation of EU policy on health inequalities at a regional level. Whilst NCB’s involvement in the project focused on the needs of children in and leaving care, the other partners in Italy, Sweden and Germany focused on the needs of groups living in poverty, migrants, and the elderly respectively.

The aim of NCB’s work in the West Midlands was to improve the health and well-being of children and young people in and leaving care across the region by:

- Improving understanding of key health inequalities experienced by children in and leaving care
- Raising awareness of the social determinants of health inequalities for this group
- Identifying and sharing examples of good practice in addressing health inequalities across the Region.

We did this by:

- Consulting with children and young people, practitioners and policy makers to identify key areas of inequality, examples of good practice, and suggestions for service improvement. This included a creative consultation event for Children in Care Councils across the Region, where young people worked with an artist to create a huge mural to represent their views on health and inter-connections with other aspects of their lives. Download the poster at: http://www.ncb.org.uk/media/905669/jigsaw_of_life_mural.pdf



- Hosting a free one-day conference on the theme of ‘improving mental health outcomes for looked after children’ for practitioners, policy makers and other key stakeholders to share and discuss common challenges and examples of good practice. Presentations from the event are available at: www.ncb.org.uk/health/training-and-events/mental-health-outcomes-event

- Developing a policy briefing to set out how the reformed health system will work for looked after children:
www.ncb.org.uk/media/905675/lac_health_reforms_briefing_010213.pdf
- Hosting a free one-day seminar on the theme of 'tackling health inequalities for young people in and leaving care' for practitioners, policy makers and other key stakeholders to consider the wider determinants of health for this group, share examples of good practice, and develop recommendations for future provision: <http://ncb.org.uk/health/training-and-events/tackling-health-inequalities-for-young-people-in-and-leaving-care>

This report provides an overview of key messages emerging from the project and will be of interest to the range of practitioners, managers and commissioners working to improve outcomes for children in and leaving care. We hope the messages will be of particular interest to Health and Well-Being Boards, Clinical Commissioning Groups, Directors of Public Health, and Directors of Children's Services as they shape services for children in and leaving care in the context of the reformed health system.

Although based on learning from the West Midlands, many of the messages generated from our project will be of interest and relevance nationally.

Key messages from our consultations with children, young people and professionals

- Above all else relationships are the key determinant of health for children in and leaving care – enabling children and young people to experience stable and nurturing placements and contact with loved ones is the foundation for their wider well-being
- Tackling health inequalities for children and young people in and leaving care requires local authorities to co-ordinate activity across the wider social, economic and environmental factors that influence their health, and services that respond swiftly to presenting physical and mental health problems
- It is vital that new information sharing systems and tariffs for health assessments are effectively implemented to help bridge key gaps in health services for looked after children
- Multi-agency strategic planning groups for children in and leaving care play a vital role in ensuring activities to address health inequalities are well co-ordinated and that the needs of this group are effectively addressed by local Clinical Commissioning Groups, Health and Well-being Boards and within Joint Strategic Needs Assessments and local Health and Well-Being Plans
- Continued work is needed to increase holistic understandings of health amongst professionals and to increase the level of integration between health, education, social care, employability and youth services when developing and delivering plans for individual children and young people
- There is an ongoing need to increase the participation of children and young people in and leaving care in decisions about their health and in the wider delivery of health services
- Health services for care leavers need to be more flexible and reliable, responding to individual needs rather than age
- The transfer of public health into local authorities offers important opportunities to achieve 'proportionate universalism' by potentially increasing investment in interventions to target children in and leaving care while also ensuring increased access/connection to services for the wider population
- Commissioners should have a sound knowledge of the needs of looked after children and care leavers and increase the direct engagement of practitioners and service-users in the commissioning process
- Alongside systems to improve access to Child and Adolescent Mental Health Services (CAMHS) and adult mental health services there is a need for more 'middle ground' mental health services for children and young people in the care system and increased workforce training in mental health
- There is a need to review how we gather and judge evidence on outcomes for children and young people leaving care, so as to avoid focusing on the negatives and exacerbating stigma.

What are the implications of the Marmot Review for children in and leaving care?

Much is already known about the profound health inequalities experienced by children and young people in the care system. As the premise of the project was to support the implementation of key policy on health inequalities, we undertook an exercise to translate the recommendations within the Marmot Review¹ into practice for looked after children. The Marmot Review sets out the key 'social determinants' of health, and offers six policy objectives to guide work on health inequalities. Below is a summary of how the policy objectives relate to the needs of children in and leaving care, and examples of positive work taking place across the West Midlands to improve outcomes across each of the themes²:

Marmot objective

1

Give every child the best start in life

The Marmot review identifies that early experiences are a central determinant of later health outcomes. As we know, many looked after children do not get the best start in life - over half are taken into care because of abuse or neglect, and nearly a quarter have experienced sexual abuse³. Such negative early experiences have a profound impact on their mental, emotional, physical, cognitive, social and educational development. For example, that around 60 per cent of looked after children have a mental health problem (around four times the rate for children generally) is directly attributed to early disadvantage.

What's being done to achieve this objective?

Preventing health inequalities for children in and leaving care requires investment in both wider population-based support services as well as more

¹ The Marmot Review: *Fair Society, Healthy Lives - Strategic Review of Healthy Inequalities In England post 2010* was published in 2010 and has directly informed the coalition government's strategy for tackling health inequalities via establishing local level partnerships (Health and Well-Being Boards) to develop local plans for improving health outcomes and addressing inequalities (Health and Well-Being Plans)

² Examples of good practice were gathered via a survey that was sent out to key stakeholders across the West Midlands and via consultation with policy makers and practitioners at meetings and events.

³ Taken from government statistics: www.gov.uk/government/publications/children-looked-after-by-local-authorities-in-england-including-adoption

focused services to support vulnerable families, prevent abuse, and intervene early to support children at risk. Colleagues noted that the work of Sure Start and Family Nurse Partnerships is central to this agenda, along with more localised services such as dedicated Child and Adolescent Mental Health Services (CAMHS) for under 5's. Speech and language therapy for looked after children in Shropshire, and theraplay services for foster carers in Sandwell were highlighted as examples of good practice. Wider work to improve early years education and tackle child poverty will also make a significant positive impact on outcomes for vulnerable children.

Marmot objective

2

Enable all children and young people to maximise their capabilities and have control over their lives

This objective relates to the central role of education in determining health and wider outcomes for looked after children. We know that due to their negative early experiences many looked after children have a much lower starting point than their peers. High levels of mental health problems and unresolved trauma can make it very difficult for them to concentrate and learn, and many also experience behavioural difficulties. As such, inequalities in educational outcomes for looked after children are stark. Over a quarter of children in care have a formal statement of special educational needs compared with 3 per cent of all pupils. In 2011/2012 15.5 per cent of looked after children achieved 'the basics' grade A*-C in GCSE English and mathematics compared to 58.7 of their peers⁴. Only 6 per cent of care leavers make it to higher education compared to 40 per cent of young people generally⁵.

What's being done to achieve this objective?

Much is being done across the West Midlands and nationwide to try and address these inequalities and improve educational outcomes for those in and leaving care. During the RETHI project we learnt about the vital role of 'virtual schools' in supporting looked after children, and the importance of ensuring the Pupil Premium is used to enhance learning opportunities on an individual basis. Colleagues also highlighted that several football clubs in the region also provide support to improve educational outcomes for this group – such as the West

⁴ Taken from national statistics: www.gov.uk/government/publications/outcomes-for-children-looked-after-by-local-authorities-in-england-31-march-2012

⁵ Government statistics taken from NCAS et al (2012) Access All Areas – action for all government departments to support young people's journey from care to adulthood

Bromwich Foundation which provides homework clubs and residentials for looked after children.

Ensuring work on education is effectively integrated with health is key. The high level of mental, emotional and behavioural difficulties experienced by this group necessitates a joined up approach to learning. Work taking place to ensure that Personal Education Plans are better integrated with their Health Assessments is important in this respect. Work taking place in Walsall and Shropshire to train teachers in attachment theory was highlighted as an example of good practice, in that it helps prevent exclusions by enabling staff to better understand and respond to vulnerable children. The education and health team for looked after children in Shropshire and the Integrated Service for Looked After Children in Worcestershire were highlighted as particularly well integrated models – both of which comprise a team of education, health, mental health and social care professionals working ‘under one roof’ to plan and deliver services for children in care.

Marmot objective

3

Create fair
employment and
good work for all

This objective relates to the central importance of work to our health, and the health benefits of doing a job we enjoy. It recommends initiatives to support and sustain employment for vulnerable groups, which would include young people in and leaving care. Evidence suggests that those in and leaving care struggle to find employment due to a variety of factors including poor educational achievement, lack of confidence, and behavioural difficulties. In 2011 a third of care leavers were not in education, training or employment. In 2012 only just over half of young people leaving care said they had received help to get a job⁶.

What’s being done to achieve this objective?

Creating more employability opportunities for young people in and leaving care is vital. Across the West Midlands innovative work is taking place to support employment for this group. For example, apprenticeships for looked after children are being trialled in Birmingham. Four local authorities including Walsall, Wolverhampton, Staffordshire, Stoke and Birmingham are working in partnership with the National Care Advisory Service ‘From Care2Work’ initiative which connects with employers to provide work experience placements, mentoring and support, and access to qualifications and skills development.

(http://leavingcare.org/what_we_do/ncas_projects/from_carework_project)

⁶ Taken from NCAS et al (2012) Access All Areas – action for all government departments to support young people’s journey from care to adulthood

Marmot objective

4

Ensure a healthy standard of living for all

This objective is particularly relevant to older looked after children, and young people leaving care. It highlights the importance of ensuring they have a level of income that enables them to enjoy a healthy standard of living. The current economic climate - with high levels of youth unemployment and falling benefit and wage levels - is challenging for all young people. However, vulnerable groups including care leavers are at a particular disadvantage as they often have little back up when money runs out, and a weak place in the labour market. Lack of financial support is a key barrier to continued education for young people leaving care. The National Care Advisory Service (NCAS) and partners are calling for an extension to 'second chance learning' to allow care leavers to claim housing benefit and income support if returning to education to make up for missed qualifications up to the age of 25⁷.

What's being done to achieve this objective?

As well as ensuring that young people in and leaving care have the resources to enjoy a healthy standard of living, it is vital that equip children and young people with the skills to manage their money and avoid getting into debt. When vulnerable young people get into lots of debt it can all too quickly spiral into other problems including homelessness and crime. Colleagues across the West Midlands highlighted *the importance of providing high quality financial education and literacy programmes to children in and leaving care* as a core part of their Pathway Plan⁸.

⁷ NCAS et al (op cit)

⁸ NCB has produced a resource 'Minted' – a guide to help young people manage their money. <http://www.youngncb.org.uk/PDF/Minted.pdf>

Marmot objective

5

Create and develop healthy and sustainable places and communities

Ensuring that children in and leaving care have access to a good food environment, opportunities to be physically active, and connect with nature is central to this objective. Whilst healthy eating has risen up the agenda in recent years, work still need to be done to encourage carers in all settings to ensure children in and leaving care have a healthy, balanced diet. This is vital for their physical, mental as well as emotional health – children tell us that the amount of care given to what they are fed is often symbolic of how well cared for they feel. Encouraging physical activity and opportunities to participate in different sports is also really important. Evidence suggests that children in and leaving care are less likely than their peers to have these opportunities – for example less than half of local authorities provide young people in care with free leisure passes as recommended in government guidance.

Children in and leaving care are also more likely than their peers to live in communities where environmental inequalities (limited access to green space, density of housing etc) are relatively higher. Placing vulnerable children and young people in areas with lots of social problems can place them at further risk, as evident in widely publicised cases of children in residential care being sexually exploited. Access to good quality housing is also vital for good health, but young people leaving care continue to face problems accessing suitable housing and remain at disproportionate risk of homelessness.

What's being done to achieve this?

We learnt about lots of initiatives to help encourage healthy eating amongst looked after children across the West Midlands – from running cookery clubs to setting up allotments in the gardens of residential care homes. Several programmes to encourage physical activity were also highlighted, including a scheme to encourage cycling amongst looked after children in Staffordshire and a programme that had run in Birmingham called 'Up for It!' which supported looked after children to engage in a variety of sports including horse riding, cycling and ice skating. Several local authorities also provide outward bound type opportunities for looked after children, which are valuable on a number of levels.

Action on environmental inequalities that affect children in and leaving care is largely taking place at a wider local authority level. Central government has

recently announced plans to reform children’s residential care and tackle out of area placements⁹, which in turn should help reduce the risks associated with being placed in communities with high levels of inequalities.

Marmot objective

6

Strengthen the role and impact of ill health prevention

The importance of effective interventions to prevent poor health outcomes amongst children and young people is very evident. About 60 per cent of looked after children have an emotional or mental health problem, around four times the rate for their peers. Evidence suggests that they are also more vulnerable to regular alcohol use, smoking and substance misuse. They are also more likely to become teenage parents¹⁰.

Whilst their vulnerability to poor health outcomes is connected to negative early experiences, certain aspects of the way health services are provided can serve to reinforce inequalities. Lack of appropriate and timely CAMHS services for children in and leaving care is often a particular problem. Children placed outside of their local authority area can face difficulties accessing vital services including health assessments and immunisations. Delays are commonly caused by poor systems to transfer information between local areas and disagreements about who is responsible for paying for health services.

The Marmot Review advocates an approach called ‘proportionate universalism’ - actions to reduce inequalities should focus on the population as a whole but with a scale and intensity that is proportionate to the level of disadvantage. In light of this colleagues questioned the extent to which public health interventions have thus far given sufficient focus to the needs of children in and leaving care relative to their peers.

⁹ Department for Education (2012) Reform of Children’s Residential Care – Report of the Expert Group on the Quality of Children’s Homes, HM Government

¹⁰ Taken from DCSF/DH (2009) Statutory Guidance on Promoting the Health and Well-being of Looked After Children

What's being done to achieve this objective?

The Marmot Review argues that targeted health promotion programmes should focus on drug treatment, smoking cessation, alcohol reduction and obesity. Colleagues across the West Midlands highlighted a number of high quality services and interventions across these topics, including specialist drug and alcohol treatment services for young people and a number of diet and exercise programmes. Designated nurses for looked after children (often referred to as LAC nurses) play a central role in providing and co-ordinating health promotion initiatives and conducting individual health assessments. Yet the implementation of individual health plans necessitates co-operation from a wide range of agencies at a local level - *the transfer of public health into local authorities offers important opportunities to strengthen local level partnerships and increase investment in interventions to target children and young people in and leaving care.*

What is needed to support implementation of the Marmot vision?

The policy objectives within the Marmot Review offer a useful framework to consider how inequalities across different aspects of the life of a child or young person in care contribute to poor health outcomes. Many local authorities are framing their local Health and Well-Being Plans around the Marmot objectives, and there is much scope for a similar approach to be used to explore the specific needs of looked after children at a local level, highlight existing good practice, and identify how local services need to be developed.

Whilst at a regional level we uncovered example of good practice across all the eight policy objectives, at a local level work is likely to be better developed across some of the themes than others. Competing priorities, limited resources and differing local circumstances dictate that some issues receive more focus than others. A compelling and encouraging message from the Marmot Review in this respect is that *action on each of the individual policy objectives can lead to improved health outcomes.* So, whilst a comprehensive well co-ordinated range of interventions for children in and leaving care across each of the objectives is the ideal, there are things every professional can do to make a positive difference.

Our conversations with stakeholders across the West Midlands highlighted that the following factors are key to the success (or otherwise) of efforts to reduce inequalities for children and young people in and leaving care:

► A well co-ordinated local approach

In addition to the framework offered by Marmot, there are other models that provide a holistic vision of what children in and leaving care need in order to have their physical, mental and emotional health needs met. The recently published National Institute for Health and Care Excellence (NICE) *Quality Standard for the health and well-being of looked after children and young people*¹¹ provides a range of quality statements that are broadly reflective of the social determinants of health for a looked after child or young person. The Healthy Care Standard¹² is another helpful model to understand the elements of a child or young person's care experience that are vital for overall health and well-being. All of these can be useful tools for local authorities to audit the services and support they provide for looked after children and inform future plans.

Learning from the West Midlands highlights the advantages of having a well established multi-agency group within a local authority to help steer and co-ordinate plans to improve the health of children in and leaving care. These can be important forums to audit and assess local practice, support implementation of national initiatives, and ensure effective links are made with wider strategic bodies including Clinical Commissioning Groups (CCG's) and Health and Well-Being Boards.

► Improved co-operation and communication between local authorities

Practitioners identified that poor communication and co-operation between 'placing' and 'hosting' authorities continues to prevent vulnerable children and young people from receiving the services they need. The need for effective information sharing protocols was a key message, so reports that the Department of Health are to introduce a new national system for sharing information across local areas is welcome in this respect. Considerable focus was given to the need *to support effective implementation of the Responsible Commissioner Guidance* in order to minimise the amount of wrangling between local authorities about who is responsible for organising and paying for health services. *The recently introduced national tariff and currency for statutory health assessments provides important opportunities to improve access to vital services for this group of children and young people.*

¹¹ National Institute for Health and Care Excellence (2013) Quality standard for the health and wellbeing of looked-after children and young people NICE

¹² www.ncb.org.uk/healthycare

► Well integrated services

In order to tackle health inequalities amongst this group, colleagues identified the goal of *creating well integrated, cross-agency packages of care with all children and young people*. The need for easier systems to share information between health, social care and educational services was highlighted in this context.

'young people drop off the radar as we liaise about who is allowed to talk to the GP/request information' (practitioner)

While professionals in some areas feel there is still a way to go in breaking down professional boundaries, many examples of effectively integrated services are evident across the region. The Education and Health team in Shropshire and the ISL team in Worcestershire were held up as examples of particularly good practice. Both teams comprise a range of professionals working under one roof to co-ordinate support for looked after children, which has enabled more integrated assessments and working practices that respond to the wider determinants of a child or young person's health. Examples include CAMHS professionals supporting teachers to understand and manage the challenging behaviour of a looked after child (thereby preventing school exclusion), and work to formally integrate a child's Personal Education Plan and health assessment.

While the concept of the 'social determinants of health' is not new for many, continued work to increase a holistic understanding of health (why health is 'everyone's businesses) is vital to help increase co-operation and engagement in the health agenda amongst non-health professionals. The transfer of public health into local authorities offers positive opportunities to achieve a more joined-up approach to work across the determinants of health for vulnerable children and young people.

► High quality, evidence based commissioning

Commissioning effective health services for children in and leaving care is vital if inequalities in health outcomes are to be addressed. Our work in the West Midlands highlights the importance of mutual understanding and co-operation between commissioners and practitioners/service providers to ensure high quality commissioning. It was argued that senior managers should ensure that *commissioners have or are supported to develop sound knowledge of the needs of looked after children, and that the practice of generic commissioners switching between different topic areas should be minimised*. The need for *increased engagement of practitioners and looked after children and young people in the commissioning process* is another strong message. There is also a *need to increase consultation with practitioners and service-users in the development of Joint Strategic Needs Assessments (JSNA's)*. It was argued that the evidence on looked after children within JSNA's can be formulaic and based on existing statistics - missing opportunities to strengthen health services for children in and leaving care.

Those responsible for commissioning services also flagged the importance of *supporting practitioners and service providers to better understand the commissioning process* in order to engage constructively in decisions. Colleagues also reflected on the importance of ensuring value for money and holding providers to account for services that have been commissioned. For example, if a local authority is spending £6,000 per week on a placement there is a need to ensure the young person is getting the therapeutic care they should be receiving.

A guide for commissioning for the health and well-being of looked after children has been developed to support implementation of the NICE Quality Standard, which provides more detailed insight into some of these issues¹³.

► Increasing support for care leavers

Particular concerns were raised about health inequalities experienced by young people as they leave care, and the extent to which the level of support they receive begins to drop. Our work highlights the disrupted transitions young people continue to experience as they leave care and attempt to move between a range of child to adult services. Transitions between CAMHS and adult mental health services continue to be particularly problematic for many young people. The effect of cuts to youth services and the voluntary sector (amongst others) appears to be felt very intensely by young care leavers.

'..there are fewer support networks for young people (leaving care) than ever' (practitioner)

Colleagues reinforced important messages about the need to *design more flexible services for care leavers that respond to individual needs rather than their age*. The desirability of children in care health teams including a focus on care leavers was highlighted in this context, as was the idea of establishing a leaving care branch of Children in Care Councils to help counter isolation and increase young people's involvement in local decision-making.

► Increased investment in CAMHS

Our work highlights the need for concerted action to tackle the stark inequalities in mental health outcomes for children in and leaving care. Headline messages include the need to improve access to mental health services, including the creation of more 'middle ground' mental health services for children and young people who need support but do not meet the criteria for CAMHS. There is potential for the children and young people's Improving Access to Psychological Therapies (IAPT) programme to help bridge this gap and it is important that commissioners consider how the IAPT programme can reach vulnerable groups including those in and leaving care.

¹³ National Institute for Health and Excellence (2013) NICE support for commissioning for the health and wellbeing of looked after children and young people NICE

Training and supporting teachers, foster carers and other key professionals to better understand and respond to children and young people with mental health problems is another priority. The need for better tools to assess, diagnose and distinguish between 'the four A's' (autism, attention deficit hyperactivity disorder, fetal alcohol syndrome, and attachment disorders) is also a common concern.

As part of the project we convened a conference to explore key issues affecting mental health outcomes for this group, and share examples of innovative work taking place to improve practice. This includes the Multidimensional Treatment Foster Care and KEEP programme taking place in Dudley to support foster carers to meet the needs of young people with mental health problems, and thereby prevent placements from breaking down. Sessions also showcased models of integrated working to promote emotional well-being amongst looked after children, and shared effective practice in relation to eating disorders, bereavement and fetal alcohol spectrum disorder.

Despite the need for targeted work to improve mental health outcomes for this group of children and young people, it is also important to avoid adding to the stigma often associated with mental health problems. At our event Young Minds presented findings from a project they undertook to explore mental health stigma amongst looked after children.¹⁴ Alongside recommending the need for *improved training in mental health for the children's workforce* the report highlights the need to try and normalise mental health. Work such as the 'Time to Change' campaign¹⁵ is important in this context in that it aims to help the wider population be less inhibited when talking about thoughts and feelings.

► Increasing children and young people's participation

Colleagues identified the importance of continued work to ensure looked after children and young people have meaningful opportunities to participate in decisions about their own care, and the wider design of policies and services. *Work to translate the mantra 'no decision about me, without me' into reality is ongoing priority.* The young people we spoke to also highlighted this – explaining that they want to feel more in control of who sees their confidential information and who is invited to participate in their reviews.

The benefits of involving children and young people in wider decision making processes via Children in Care Councils and other mechanisms are very evident. The young people we spoke to relish opportunities to 'make a difference' to how services are designed for their peers, as well as opportunities to socialise and gain new skills. We learnt of many examples of how looked after children have helped to shape local services – from sitting on interview panels, developing

¹⁴ Young Minds (2012) Improving the mental health of Looked After Young People: an exploration of mental health stigma Young Minds

¹⁵ www.time-to-change.org.uk

resources to help ensure health assessments are child friendly, to lobbying local commissioners to set up a new health service for care leavers.

While Children in Care Councils are an important forum for policy makers and commissioners to engage with looked after children, it is also vital to ensure that other groups of looked after children (including the most vulnerable) are involved in decision-making processes. It will be interesting to see how the *newly formed Health Watch bodies connect with looked after children to ensure their views inform local decisions about health (and social care) services.*

Whilst opportunities for looked after children to socialise with other children in similar circumstances are valuable, we were also reminded of the importance of *encouraging those in and leaving care to engage in activities with their wider peers.* Supporting children to join Brownies, Scouts and participate in sports and music clubs for example. This can help break down the stigma that can be attached to being 'looked after' and can contribute to raising their aspirations and self-esteem.

► Remember that relationships are a key determinant of health

The central importance of relationships upon a child or young person's health was highlighted in a number of contexts. The young people we spoke to explained that stable placements and supportive relationships with their carers had a huge influence on their emotional well-being, ability to achieve at school or college, their motivation to lead healthy lifestyles, and wider sense of belonging. On the flip side, they explained how detrimental the impact of unstable or ever-changing placements can be upon their health and well-being. Practitioners highlighted the need to try and avoid re-traumatising vulnerable children and young people by letting them down and failing to withstand challenging and rejecting behaviours. They also flagged the importance of *improving the quality of assessments and ensuring decisions about initial placements are not rushed, in order to minimise the risk of them breaking down.* We learnt about the *importance of work to support carers to understand and manage the behaviour of particularly vulnerable children and young people. Ensuring young people leaving care have a good support network is also vital.*

► Stay positive!

Although evidence on outcomes for this group of children and young people can paint a bleak picture, we were reminded about the importance of looking beyond the statistics at the wider picture. Overall, being in care is a positive experience for most children and young people. Progress is being made on unequal outcomes. Statistics often don't account for the vastly different starting points at which outcomes for this group are measured against their peers. For example, statistics on educational outcomes illustrate that progress has been made in

recent years to reduce the attainment gap between children in care and their peers¹⁶.

The need to *review how we gather evidence on outcomes for children and leaving care is an important message from our work*. Some stakeholders feel that energy is focused on targets and 'process' driven data sets rather than on achieving the outcomes that matter the most but which are harder to quantify – feeling loved, secure, and accepted.

In conclusion

The RETHI project has provided a timely opportunity for NCB and colleagues across the West Midlands to consider actions needed to tackle the social determinants of health for children in and leaving care, and to ensure appropriate services and systems are in place to respond to immediate health concerns. The scope of our project only enabled us to scratch the surface of good practice examples from across the region, but we hope that the information and insights we have gathered are useful and help to generate further thinking and action on inequalities for this group of children and young people.

Acknowledgments

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Last but not least thanks also to all my colleagues in NCB's Health and Social Care Team who have helped with this project in many ways.

Ellie Lewis, April 2013

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¹⁶ Taken from national statistics: www.gov.uk/government/publications/outcomes-for-children-looked-after-by-local-authorities-in-england-31-march-2012