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Original Research Article

Attitudes to using outcome measures in children's services: A systematic review

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Abstract:

One in eight children in the UK experience a mental disorder, which increases when we look at looked after children's prevalence alone. Due to these climbing rates, the Improving Access to Psychological Therapies program was introduced, which involves the mandatory inclusion of routine outcome measures (ROMS) in England. However, this increased implementation of ROMs has often been met with uncertainty by professionals. Whilst research into attitudes regarding ROMs has already been conducted in children's services, no systematic review exists looking at this population's views regarding this form of monitoring. The current research sought to systematically review attitudes to using ROMs in children's services, and to specifically consider these findings in relation to looked after children, including those in residential care. Results showed that overall positive views were held regarding the use of ROMs by clinicians, families, and young people alike. However only three studies included children/adolescents as participants, with no studies considering looked after children, making it hard to decipher the true opinions of young people with regard to ROMS. Future directions include putting the child's beliefs more at the heart of ROMs research, engaging looked after children in research by actively asking for their thoughts on the use of ROMs, and making ROMs more accessible for all children.

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Introduction

Childhood mental health problems are the main cause of disability in adolescents, severely limiting their development, educational success, and future quality of life (McEwan, Waddell & Barker, 2007), with this figure climbing substantially when we consider looked after children (McCann et al., 1996). Therefore, successful treatment and intervention is vital to ensure our young people are supported through the turbulence of childhood. Yet, therapy dropout amongst this age range is commonplace (Baruch, Gerber & Fearon, 1998; Luk et al., 2001; Warnick et al., 2012), and in some cases, therapeutic intervention can result in negative outcomes (Reese et al., 2014; Warren et al., 2010). Clinicians with clients who are subject to this deterioration often cannot see it themselves (Hannan et al., 2005; Hatfield et al., 2010), and in general often tend to be overly optimistic about the therapy's effectiveness (Walfish et al., 2012). Systematic and objective information surrounding a client's progress could therefore be of assistance to clinicians (Hamilton & Bickman, 2008).

One way to achieve this is via outcome monitoring. Monitoring outcomes is essential in order to objectively evaluate the effectiveness of clinical interventions and services, and it is fundamental to the UK government's NHS Outcomes Framework Policy (NHS, 2015). Routine Outcome Measures (ROMs), defined as the regular comprehensive evaluation of a client's functioning which is regarded as clinically important (Johnston & Gowers, 2005), are a crucial way this can be carried out regularly. An example of a ROM is the Revised Child Anxiety and Depression Scale (RCADS). This questionnaire includes six problem specific scales which are related on a 0-3 Likert Scale (Wolpert, Cheng & Deighton). The six scales correspond with DSM-IV dimensions of anxiety (Chorpita et al., 2000). The RCADS' aids diagnoses, monitors clinical change and distinguishes between anxiety and depression disorders, demonstrating its robust use in both clinical and research settings (e.g. Chorpita et al., 2000, 2005).

The benefit ROMs offer is three-fold: 1) they allow change to be monitored over a period of time and the drawing of conclusions between different sources of information i.e. the child, their parent, the clinician (Ford et al., 2006; Garralda, Yates & Higginson, 2000); 2) they allow for the service user to see fluctuation in their results over time, and provide them with an opportunity to voice their opinion of the care received (Batty et al., 2013); and 3) at a service level, outcome data can signpost areas in need of development and set out clear targets, as well as indicating where funding should be allocated (Garalda et al., 2000). The information ROMs provide can therefore greatly improve clinical work, advise service development, and inform users and other stakeholders (Outcomes Subgroup CAMHS EWG-NSF, 2003).

Despite sustained appeals by professionals over time (Marks, 1998; O'Leary, 1995), during a CAMHS service lead survey in 2005, ROMs were only reported to have been implemented in less than 30% of the 186 responding CAMHS providers (Johnston & Gowers, 2005). This highlighted a crucial gap in the service which helped to influence the creation of the Improving Access to Psychological Therapies (IAPT) programme, which was nationally introduced in 2008 (Faija et al., 2022). This UK systems-level approach aims to deliver psychological therapies underpinned by an evidence-based approach for those struggling with mental health difficulties. At its core, this involves the mandatory inclusion of ROMs (Law & Wolpert, 2014).

However, this increased implementation of ROMs has often been met with sustained uncertainty by professionals (Meehan et al., 2006; Unsworth, 2011). Clinicians' key concerns involve the practicalities of using ROMs (time issues and the added costs) and philosophical boundaries that prevent them from supporting the introduction of ROMs (privacy and mistrust of such measures) (Boswell et al., 2015). This professional resistance offers a key barrier to ROM implementation in the context of child and adolescent mental health (Johnston & Gowers, 2005). Indeed, Waldron, Loades and Rogers (2018) demonstrated that these implementation barriers fell under six main themes amongst CAMHS clinicians: (1) Poor support surrounding ROM data input and sharing; (2) ROMs not being sensitive enough to measure the therapeutic process, systemic changes, or the ability to 'reflect/mentalise/regulate'; (3) Taking up time when session time is already limited; (4) Use of ROMs is not always appropriate (e.g. during crisis); (5) Concerns regarding misuse of data; (6) Perceived to be a 'top-down directive'.

Whilst research into attitudes regarding ROMs, both in terms of barriers and facilitators, has already been conducted in children's services (Hall et al., 2013; Johnston & Gowers, 2005), to date, no systematic review exists looking at professionals' working in children services, young people accessing children services or their families' views regarding this form of monitoring. This is imperative due to ROMs now often being conducted as part of routine clinical practice. This systematic review aims to compile the current literature that exists regarding attitudes towards ROMs in children's services, to consider the implications of these findings, and then to focus on what existing research tells about ROMS use within the looked after children population.

Method

Search strategy

Prior to conducting the systematic literature review, Google Scholar was used to screen existing research. This initial search aimed to (1) source any existing reviews of the current literature, and (2) ascertain appropriate search terms for the goals of this study. From the initial search, various existing reviews were found in the field of ROMs, with one study in particular concentrating on compiling service users' views on ROMs (Solstad, Castonguay & Moltu, 2019). However, as this study only looked at service users views (and not that of clinicians), and included both adult service users and adolescent/child service users, this created a noticeable difference from our review. From reading the existing reviews, the search terms depicted in Table 1 were identified. To allow for variation in the terminology used, the search terms were truncated and then combined with Boolean operators 'AND' and 'OR'.

Table 1: Search terms used in systematic review

	Routine outcome measure* or outcome monitoring or ROMS or PROMS
	attitudes or perceptions or opinions or thoughts or feelings or beliefs
AND	"children" [MeSH Terms] or child* or kids
AND	"young people" [MeSH Terms] or adolescents or teenagers

The literature search was then conducted using EBSCOhost (selecting the following databases: Medline, Child Development and Adolescent studies, and Psychology and Behavioural Sciences collection) and Web of Science, which allowed for a simultaneous search through numerous databases. A total of 310 articles were found, with a further five being sourced through Google Scholar and reference list searching. From the 310 articles sourced, 283 records did not meet the inclusion/exclusion criteria detailed in Table 2 and were therefore excluded.

A total of 27 outputs remained, of which the full text was screened and further assessed against the eligibility criteria. From this, a further 13 outputs were excluded for not meeting the inclusion criteria. As such, a total of 14 outputs detailing the views of ROMs met the inclusion criteria and were subsequently used in this review. Details of these 14 outputs can be found in Figure 1.

Table 2: Search terms used in systematic review

Inclusion Criteria	**Exclusion Criteria**
Written in English	Looks at attitudes to adult completed ROMs
Looks at ROMS in children's services	No consideration of attitudes or beliefs
Looks at attitudes to ROMS	Looks at ROMS in physical health settings
Looks at ROMS for mental health outcomes	Literature reviews/commentaries on ROMs
Outpatient services	Parental outcome monitoring

Figure 1: Prisma diagram depicting the selection process of this study

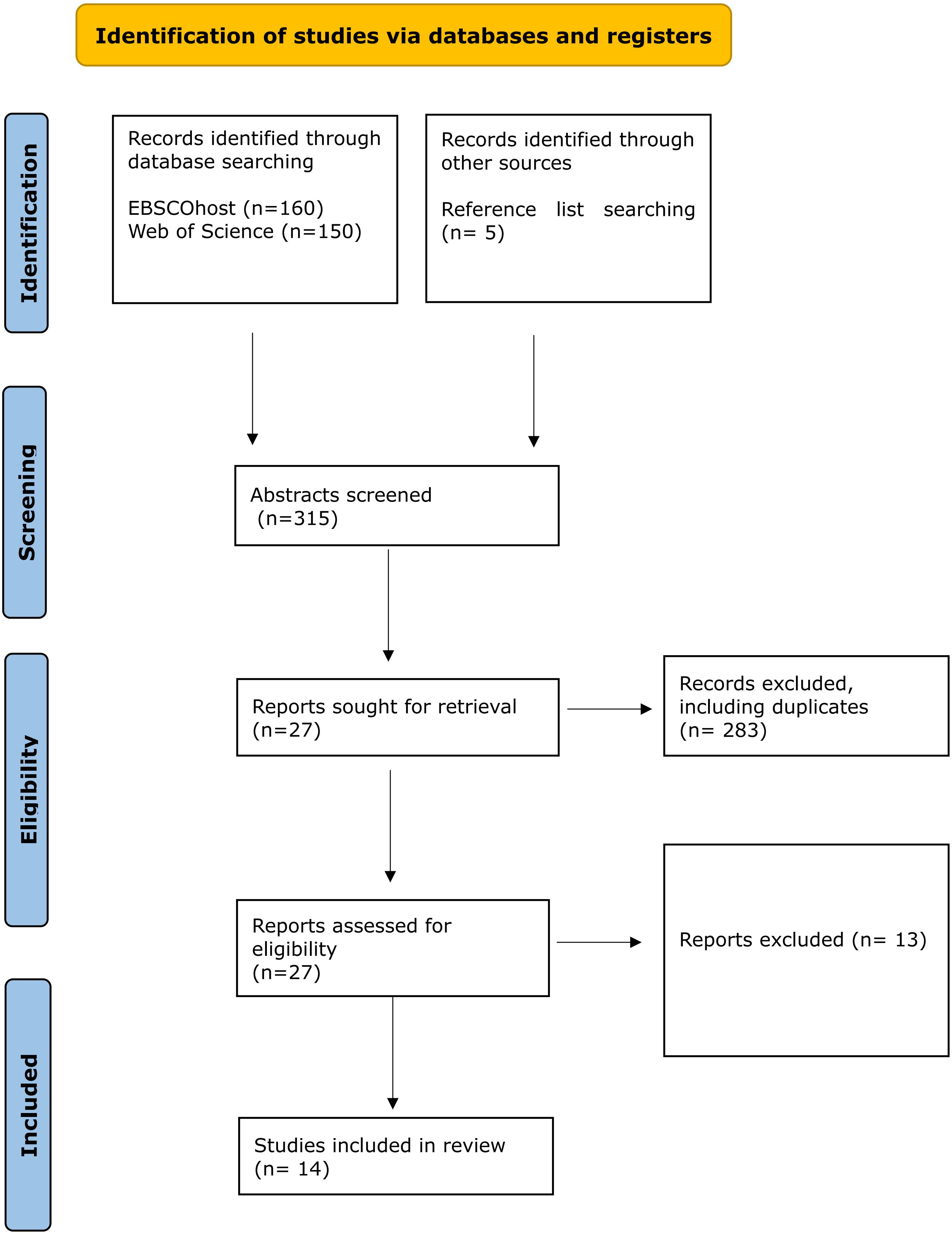

Table 3: Characteristics of studies included in this review

Paper	Participants	Research question, methodology	Summary of findings
Batty et al. (2013). UK	127 CAMHS practitioners	Aimed to assess the existing use of ROMs using 3 data collection methods: (1) audit of service user records, (2) web-based survey and (3) stakeholder workshops.	94% cent of participants regarded the use of ROMS as ‘important’ or ‘very important’. Participants noted the usefulness of ROMS in recording service users’ progress. However, they cited limitations including low return rates, limited clinical utility, lack of training and administration support, and ROMS were frequently regarded as a ‘paper exercise’ which took time away from direct work.
Norman et al. (2014). UK	50 CAHMS practitioners	Aimed to explore practitioners’ initial views of ROMs using semi-structured interviews.	Participants identified a large number of issues regarding using ROMs, including finding them depersonalising and under-representative, and highlighted ethical concerns and implementations issues. However, overall practitioners saw more ROMS as having more advantages than disadvantages, citing ROMS as being validating and helping to predict goals.
Bear et al. (2022). UK	184 CAMHS practitioners	Gained practitioners’ attitudes and practices to ROMs using a 42-item online survey.	Participants who frequently used ROMS reported more positive attitudes towards them, citing them as helpful in planning support, encouraging shared decision making, and higher return rates. However, just under half of participants who frequently used ROMS felt they were too time consuming, in contrast to three quarters of non-frequent users.
Stasiak, et al. (2013). New Zealand	21 family members and 34 young people who had accessed mental health services	Gathered attitudes of service users through semi-structured focus groups.	Participants reported ROMS as helping to identify the presenting difficulty and as effective in tracking progress but noted limitations, in that they failed to consider daily changes in mental health, had restrictive questions and caution was needed to ensure they did not seek to label the child. Young people also highlighted that they wanted more collaboration over which measures to use and how feedback was given and raised concerns over privacy and confidentiality. Young people also shared the need to feel able to trust the clinician.

Waldron, Loades & Rogers (2018). UK	20 CAMHS clinicians at time 1, and 19 clinicians re-participated at time 2	Aimed to gather clinician experiences of using ROM pre- and post- a ROM implementation initiative.	No significant change in participants' attitudes towards ROMs at time 1 vs time 2. Participants consistently reported ROMS were helpful if used meaningfully and encouraged discussion between clinician and young person. However, concerns were raised regarding additional workload demands and how ROMS fit with complex cases.
Edbrooke-Childs et al. (2017). UK	109 CAMHS practitioners	Aimed to look at the association between use of ROMS and clinician demographics, attitudes, and efficacy, using an online survey and a structured questionnaire.	No significant change in ROM attitudes between clinicians who received training vs those who did not. However, PROM use and PROM *self-efficacy* were higher for clinicians who had training.
Wolpert, Curtis-Tyler & Edbrooke-Childs (2016). UK	Four CAMHS clinicians and six adolescents accessing CAMHS	Aimed to explore the attitudes of adolescents, parents, and clinicians from a specialist CAMHS for young people with diabetes using semi-structured interviews.	Participants reported ROMS enabled them to tailor care more closely to individual need, empowered service users and promoted 'better, quicker outcomes'. However, clinicians and service users alike reported ROMs had the potential to negatively impact the patient-clinician relationship, and young people raised concerns regarding how their answers would reflect on their clinician's practice.
James et al. (2015). UK	Study 1: 12 CAMHS practitioners Study 2: 59 CAMHS professionals	Aimed to explore clinicians' views and use of ROMs. Study 1: Focus groups.	Study 1: Positives: systematic and accurate view of service users' experience, provides focus, collaborative process, client autonomy, demonstrates progress, tool for engagement, useful (if quick and easy).

		Study 2: Themes observed in study 1 were used to develop a questionnaire regarding professionals' experience and views of ROMs.	Negatives: concerns surrounding how information used, influences focus of therapeutic sessions, extra work, time-consuming, negatively impacts therapeutic relationship. Positives: collaboration is empowering for young people, visual progression, motivation, focus therapeutic work. Negatives/speculation: 'paper exercise', demoralising, eats into time spent talking about young person's difficulties. Study 2: Regardless of whether clinicians used session-by-session monitoring or not, they were more in agreement with positive than negative beliefs regarding ROMs. Participants who used session-by-session monitoring were in stronger agreement with both positive and negative beliefs regarding ROMs.
Moran et al. (2012). UK	22 parents/carers of CAMHS users[1]	Aimed to gather service users' attitudes towards ROMs[2] using focus groups.	Participants were in support of the use of ROMS. However, they raised six general issues: (1) difficulties identifying what a good outcome is, (2) identifying the cause of change, (3) needing several measures, (4) alternatives for assessing outcomes (something to supplement the 'tick-box' approach), (5) ROMS reliability and validity, and (6) needing help to complete ROMs.
Sharples et al. (2017). UK	Nine CAMHS practitioners	Aimed to explore clinician attitudes to ROMS and, in particular, the facilitators and barriers to implementing outcome measures.	Participants reported that ROMS encourage evidence-based practice, can validate service users' difficulties, and provide useful information to commissioners, but concerns were raised regarding their potential to impact the therapeutic relationship and whether a 'one-size-fits-all approach' was helpful. Participants also noted implications in discussing lack of change/deterioration and time taken to complete ROMS within

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[1] Originally tried to include adolescents and gather their views, but responses were so limited they had to exclude this data

[2] Focuses on specific measures. This systematic review is only looking at overall outcome measures therefore not including specific feedback from each outcome measure instead key themes that were noted by participants

		Used semi-structured interviews.	sessions. Participants also shared that successful implementation of ROMS relies on training for clinicians and adequate data systems/administration support.
Hall et al. (2014). UK	Ten clinicians, eight administrative staff and 15 families from CAMHS clinics	Aimed to explore participants' perceptions of feasibility and acceptability of ROMs using semi-structured interviews.	Participants reported ROMS assisted clinical judgement, service users seeing a visual change helped highlight improvements, helped engage the service user in the sessions and useful to track progress. Clinicians and service-users identified that ROMs were best completed outside of the session and noted ROMs cannot encapsulate all the information about a young person and were not suitable for all, for example, young children.
Sundet (2014). Norway	15 parents and 11 children from intensive family therapy unit	Aimed to explore families' views on ROMs, using semi-structured interviews.	Participants reported lots of positives including ROMS helping service users express their views, helps prioritise goals and facilitate progress tracking. Participants also highlighted they preferred verbal feedback over scales.
Fullerton et al. (2018). UK	41 child mental health clinicians who were UPROMISES[3] training attendees	Aimed to assess the impact of training on using PROMs in clinical practice. Mixed-methods, observational design.	After UPROMISES training, supervisors' positive attitudes and self-efficacy related to using PROMs increased.

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[3] Using PROMs to Improve Service Effectiveness for Supervisors

Edbrooke-Childs, Wolper & Deighton (2016). UK	Child mental health clinicians who were UPROMISES attendees Sample 1: 28 clinicians Sample 2: 12 clinicians	Aimed to assess the impact of training on positive attitudes and self-efficacy in regards PROMs using a structured questionnaire.	Participants held more positive attitudes and higher levels of self-efficacy regarding administering PROMs and using feedback from PROMs after training. Clinicians who attended the three-day training vs those who attended the one-day training had greater increases in PROM self-efficacy.

Results

Descriptive summary of studies

Table 3 outlines the characteristics of the papers included in this review. One paper included data from both a mental health service and a diabetes service, but in line with the purpose and inclusion criteria only the data from the metal health service was included.

The literature search yielded 14 studies from three countries: 12 from the UK, one from Norway and one from New Zealand. The studies were published from 2012 to 2022 by Bear et al. (2022) and Moran et al. (2012) respectively. Overall, most studies focused on professional perspectives/parent views, but four out of the 14 papers included the views of young people and children (Hall et al., 2014; Stasiak et al., 2013; Sundet, 2014; Wolpert et al., 2016). It should be noted however, that Moran et al. (2012) originally tried to include adolescents' views of ROMs but responses were so limited they had to exclude this data. Additionally, three of the 14 studies also investigated the impact of pre- and post-ROMs training on clinicians' attitudes to using ROMs (Edbrooke-Childs et al., 2016; Fullerton et al., 2018; Waldron et al., 2018)

Evaluation of quality

To evaluate the quality of the papers included in this review, the quality criteria was adapted from Solstad, Castonguay and Moltu (2019). In this way, the criteria were based on how well the studies were able to describe the children/adolescents', families' or professionals' experiences of ROM. Like Solstad et al. (2019), we recognise that this may not have been the studies' objective, and stress that these evaluations are not evaluations of the papers beyond the purpose of our aims. The criteria were as follows: transparency and rigour (are all parts of the research process described and presented in a clear and precise manner?), appropriateness of methods (specifically for our study purposes, are service users'/clinicians' attitudes/views outlined?) , validity checks, reflexivity (context, analysis of results, generalisability, limitations, and implications), and usefulness (provide detailed information of service users'/clinicians' views of ROMs, results provide contribution to clinical practice). Results of the papers' quality evaluations are presented in Table 4.

Table 4: Quality evaluation of studies

Paper	Transparency and rigour	Appropriateness of methods	Validity checks	Reflexivity	Usefulness
Batty et al. (2013)	High	High	Notes collected/summarised by independent researcher. Themes from both data sets were compared to make sure consistency was achieved across the whole data set. This also ensured initial findings from the online survey could be confirmed.	High	High
Norman et al. (2014)	High	High	Transcribed interviews. ROM questions were coded using an open coding system. Coding scheme then independently coded and assessed by a second researcher.	High	High
Bear et al. (2022)	High	Some	Developed items using the COM-B Model. Took data from five child and adolescent mental health sites. Used the full information maximum likelihood procedure (FIML) to account for the presence of missing data. The sample size to variable ratio was 1–8, which exceeds sample size recommendations.	Acceptable	Some
Stasia et al. (2013)	High	High	Independent analyses, group discussion, participant feedback.	Some	High
Waldron et al. (2018)	High	High	Used James et al.'s (2015) 12 item survey which they reported to have a Cronbach's alpha of .89 for the negative subscale and .91 for the positive subscale, suggesting good internal consistency.	High	High

Edbrooke-Childs et al. (2017)	High	Low	None	Some	Some
Wolpert et al. (2016)	High	High	Interviews audio-recorded and transcribed verbatim.	High	High
James et al. (2015)	High	??	Study 1: groups were audio-recorded and transcribed. Transcribed data was individually reviewed by four researchers. Study 2: questionnaire items developed from themes identified from study 1 were reviewed by all clinicians separately. The 24 items, had a high internal consistency (Cronbach's α = 0.938).	High	High
Moran et al. (2012)	High	Acceptable	Independent coding of one transcript.	Some	Some
Sharples et al. (2017)	High	High	At Phase 4 a section of the data was checked by the interviewer to ensure consistency in coding.	High	High
Hall et al. (2014)	High	High	Independent coding.	Some	High
Sundet (2014)	High	High	Participant feedback.	High	High
Fullerton et al. (2018)	High	Some	Video-recorded supervision sessions after training. This was used for accreditation of/ triangulating the questionnaire and interview data. Used the 23-item Routine Outcome Assessment which has been demonstrated to have reliability.	High	Some

Edbrooke-Childs et al. (2016)	High	Some	Used the 23-item Routine Outcome Assessment which has been demonstrated to have reliability.	Some	Some

Discussion

This systematic review aimed to gather professionals', families' and child service users' views and attitudes of ROMs. A total of 14 studies met the specified inclusion and exclusion criteria for the review, and they all highlighted ways in which psychological therapies can be helped and hindered through the use of ROMs in specialist children's mental health services. In general, the papers included highlighted that the attitudes of participants were mainly positive. However, a reoccurring theme was suspicion as to the usefulness of ROMs and the ability of this method to encapsulate the complex lives and needs of service users in order for them to access the correct care. Concerns regarding a 'one-size fits all' approach, and ROMs simply being used as a 'paper exercise', are not new and have been well documented across all mental health services in regard to service users (Beresford & Branfield, 2006; Crawford et al., 2011; Gordon et al., 2004; Graham et al., 2001) and clinicians (Stedman et al., 2000; Unsworth, 2011).

Three of the studies investigated the impact of pre- and post-ROMs training on clinicians' attitudes, which provides an insight into whether the negative attitudes regarding ROMs can be explained via lack of understanding/education and be modified and become increasingly positive through focused training. The studies reported an increase in positive attitudes and self-efficacy following training when compared to pre-training (Edbrooke-Childs et al., 2016; Fullerton et al., 2018). This is encouraging and illustrates that clinicians and health care staff in general should have the opportunity to access targeted ROMS training, to get the most out of ROMs and to ensure they engage with the process. However, one paper noted no changes in attitudes, but despite this, clinicians found ROMS were helpful if used meaningfully, and noted that they encouraged discussion between the clinician and young person (Waldron et al., 2018). It would appear reasonable to assume that this finding should help inform how ROMs are introduced within looked after children's services and should serve as a reminder that when residential care settings use measures to assess and track children's progress, all staff who are involved in the monitoring need robust training on how to use the measures. This is especially pertinent as whilst many practitioners working within CAMHS settings are likely to have exposure to using measures within their professional training, we should not assume healthcare workers within residential children's homes will have any prior knowledge around measures and their application, even though they will often be involved in completing and administrating measures.

The strengths highlighted by Waldron et al. (2018) were mirrored by the majority of the other papers included in this review, with a common advantage in these papers citing that ROMs allow for: (1) the ability to monitor change, and (2) to tailor care and encourage collaborative care.

The research also highlighted a concern that collecting ROMs is time consuming for the clinician, and adequate administrative support is needed to allow for their successful implementation and use. Low return rates were also cited as a noticeable issue in services, although interestingly, the return rates were noted to be higher the more the practitioner used ROMS. It is not clear if this indicated that greater enthusiasm, belief and commitment to using ROMs is associated with a better return rate, and further research could be helpful to consider why return rates improve with increased practitioner use.

The systematic literature review also highlights that services need to allocate adequate administrative support to enable practitioners to effectively use and embed ROMs in their practice, and if ROMs are going to be used meaningfully within a service, adequate resources are needed. Future research could further explore what administrative support clinicians find most useful, and whether there is a need to develop IT infrastructure around all ROMs to allow for quick data input and analysis. The administration demand is relevant to all children's services, but research has specifically highlighted that a high administrative workload within residential children's homes can be a barrier to carers successfully managing challenging behaviour (Abraham et al., 2021)

What is disappointing from the literature review is that no studies involved looked after children's services specifically, and only four sought the views of children accessing mental health services. The majority of the studies focus on the beliefs and attitudes of clinicians and parents rather than of the young people themselves. This suggests that future research should seek to address this and put the child's beliefs more at the heart of ROMs research, and that research is needed to specifically address the looked after children population, including those living in residential care.

Strikingly, the studies which included the views of adolescents and children saw that the potential to collaborate in their care was considered empowering (Wolpert et al., 2016) and young people wanted more autonomy in the choice of measures and how feedback was given (Stasiak et al., 2013). This highlights a key strength in the use of ROMs, especially in children's services, which is their ability to give children a voice. This is in line with Article 12 of the Convention on the Rights of the Child (1989), which stipulates that children have the right to have their opinions accounted for when adults are making decisions affecting them.

Accordingly, ROMs should be applied in a flexible, transparent, and non-hierarchical manner (Boswell et al., 2015). Service users in children's services should be consulted during the construction and modification of ROMs, and work collaboratively with clinicians in a 'shared decision-making context' (Wolpert et al., 2016). Indeed, consulting with children and adolescents, and gaining their opinions in contexts in which they are affected, promotes belonging (Baumeister and Leary, 1995) and increases wellbeing (Riley, 2019). This review clearly highlights that, when measures are used to give children a voice, ROMs foster collaboration and allow for a concentration of person-centred care. ROMs enable service users in children's services to be involved in defining their own outcomes, and also promotes engagement in the treatment planning process. This view is supported by studies investigating ROMs in general mental health settings, as long as it was used within the context of a trusting clinical relationship (Black et al.,2009; Callaly & Hallebone, 2001; Happell, 2008; Perry et al., 2013). Trusting clinicians was a key theme in the implementation and completion of ROMS, as highlighted by Stasiak et al.'s (2013) adolescent participants. It seems clear that the implementation of ROM should be based on, and optimally foster, a positive therapeutic relationship.

This issue of trust being a potential barrier for children engaging with ROMS is particularly relevant to the looked after children population, as children in care significantly struggle with issues of mistrust (Furnivall, 2011; Hepp et al., 2021). However, we know that looked after children have a greater likelihood of having experienced adverse circumstances (Meltzer et al., 2003; Simkiss, 2019), and as a result have increased vulnerability to poorer life outcomes such as unemployment and links to the criminal justice system (Jones et al., 2011). There is substantive evidence that the use of ROMs, particularly within this population, allows for early detection of socio-emotional difficulties (Jee et al., 2011), diagnosis of hyperkinetic disorder (Foreman and Ford, 2008), and identification of risk and protective factors for mental health issues (Aguilar-Vafaie et al., 2011; Richards et al., 2006). Therefore, it is paramount that this group receives regular monitoring via ROMS, as delays in identifying and meeting their emotional wellbeing and mental health needs impacts all aspects of their lives, and decreases their future potential (McAuley & Davis, 2009). Additionally, the use of ROMs during intervention programmes has enabled the potential for better care practice. Golding and Picken (2004) studied the use of receiving support and psychoeducation for foster carers over 18 months. Their results indicated a reduction in total difficulties on the Strengths and Difficulties Questionnaire, carer-rated peer difficulties and hyperactivity, supporting the use of foster carer group interventions to promote better care for looked after children.

Furthermore, gaining looked after children's views in terms of their wellbeing and the care they are receiving is vital in order to empower them. Adults need to provide looked after children with more opportunities to have their say and their voices heard (Dixon, Ward & Blower, 2019) as they are the 'experts' on their own experiences (Alderson et al., 2019). It is important that future research seeks to engage looked after children in research, actively asks for their thoughts on the use of ROMs, and addresses the barrier of mistrust in terms of successful engagement of service users. Looked after children are most likely to be able to help us understand how to increase trust in the ROMs process, and this could include absolute transparency over how the 'data' collected will be used, with information being presented as to why the child's voice is being sought, and why this matters.

A key limitation of the studies included in this review is that they do not describe enough demographic details of participants. With the exception of Staisiak et al. (2013), who selected four locations in New Zealand to include urban and rural locations and ensured input from Māori people. The remaining reviews do not appear to make efforts to strive for a diverse participant pool. Additionally, participants in all studies were categorised as male and female participants, representing a lack of inclusivity for non-binary people. This finding made us look closer into the measures routinely used for monitoring outcomes. Many measures, including the Strengths and Difficulties Questionnaire (Goodman, 2001) and the Assessment Checklist for Children (Tarren-Sweeney, 2007) and Adolescents (Tarren-Sweeney, 2013) are not inclusive of gender identity. How do parents or carers completing measures that ask questions about 'males' or 'females' respond when the child is non-binary, and what unconscious biases does this create? Furthermore, if we use measures that do not allow for non-binary children, how does this invalidate this population?

An interesting finding of the research reviewed is that young people prefer ROMs to be visually engaging. Future research needs to explore further how to increase accessibility for all children accessing mental health services but, given the vulnerability of the looked after children population, it is essential that ROMs are particularly accessible to this client group, and ways to present and feedback ROMs needs consideration. The Outcome Star (Triangle Consulting Social Enterprise, 2013) and Well-being Web (Angus Council, 2012) are two measures that are designed to capture the voices of looked after children and seek to be visually engaging, but research needs to seek feedback from children and young people as to whether these measures are perceived to be user-friendly and meaningful. Could future research ask children within looked after children's services to design and develop their own measures, based on what is important to them, or helps them evaluate existing tools? This is consistent with the comments from Porter, Mitchell and Giraldi (2020, p.5) who stated,

> There remain significant gaps in the research literature around outcomes […] the clearest of these is the lack of research looking specifically at the experiences of children and young people within, or with experience of, residential facilities. In particular, studies which allow the young people themselves to highlight the outcomes that they feel residential care has provided for them, and the components of care which they felt facilitated, or inhibited, positive outcomes.

Where efforts have been made to seek the views of children accessing looked after children's services, their perspectives have been insightful. For example, when vulnerable children, including looked after children, were listened to about their healthcare, they identified the importance of improved planning and resources, as well as age-appropriate facilities and good communication (Curtis et al., 2004). Likewise, in a review of mental health and looked after children, children provided meaningful comments about treatment and service provision (Davies and Wright, 2008). Similarly, looked after children have reflected on their experiences of social care. In early work in the West, adolescents in care articulated they want to be involved in decisions but felt this was rarely an option (Cashmore, 2002); yet they emphasised their desire to exercise choice and control when seeking support (Stanley, 2007). Failure to listen can leave them feeling helpless and impact on their confidence as they realise the lack of decision-making opportunities available (Leeson, 2007). Future research should ask children about their experience of ROMs, including what it looks and feels like to have ROMs collected about you. Special consideration should be paid to what types they have been subject to, how often they are required to engage in ROMs, awareness of why ROMs are being collected regarding them, and how these outcomes are fed back.

In conclusion, it is apparent from this literature review that despite concerns regarding their inappropriate use, in general attitudes to using ROMs in children’s services are favourable. It is therefore surprising they are not more widely used by settings or services, particularly in residential childcare. However, this review does more in terms of highlighting that children and adolescents are not being involved in research that directly affects them. Future research needs to address this, with particular emphasis on including marginalised groups such as the looked after children population. It is important to note that there could be additional papers investigating the attitudes of children and adolescents regarding the use of ROMS outside of this review, that did not fit within the inclusion/exclusion criteria employed. Despite this, it is clear from the current review that there still needs to be a shift in research in terms of including this age group when investigating something that directly affects them.

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Matilda Steele, assistant psychologist, and Dr Sarah Elgie, clinical psychologist, work for a large provider of children's residential care. They are passionate about improving the outcomes for children in residential homes and in particular ensure looked after children get a voice.