



Department
for Education

Consultation Response Form

Consultation closing date: 9 January 2015
Your comments must reach us by that date

Promoting the health and welfare of looked-after children

If you would prefer to respond online to this consultation please use the following link: <https://www.education.gov.uk/consultations>

This guidance will replace the version published in 2009. It reflects changes made to the NHS following the Health and Social Care Act 2012.

Information provided in response to this consultation, including personal information, may be subject to publication or disclosure in accordance with the access to information regimes, primarily the Freedom of Information Act 2000 and the Data Protection Act 1998.

If you want all, or any part, of your response to be treated as confidential, please explain why you consider it to be confidential.

If a request for disclosure of the information you have provided is received, your explanation about why you consider it to be confidential will be taken into account, but no assurance can be given that confidentiality can be maintained. An automatic confidentiality disclaimer generated by your IT system will not, of itself, be regarded as binding on the Department.

The department will process your personal data (name and address and any other identifying material) in accordance with the Data Protection Act 1998, and in the majority of circumstances, this will mean that your personal data will not be disclosed to third parties.

Please tick if you want us to keep your response confidential.	<input type="checkbox"/>
Reason for confidentiality:	

Name: Chloë Cockett	
Please tick if you are responding on behalf of your organisation.	<input checked="" type="checkbox"/>
Name of organisation (if applicable): The Who Cares? Trust	
Address: The Who Cares? Trust, 15-18 White Lion Street London, N1 9PG	

If your enquiry is related to the DfE e-consultation website or the consultation process in general, you can contact the Ministerial and Public Communications Division by e-mail:

consultation.unit@education.gsi.gov.uk or by telephone: 0370 000 2288 or via the department's '[Contact us](#)' page.

Please specify the category which best describes you as a respondent. If other, please specify.

<input type="checkbox"/> Local Authority Senior Manager (please specify service)	<input type="checkbox"/> Children's Services Social Worker	<input type="checkbox"/> Health Service Organisation Non-Clinical Manager (please specify type of organisation)
<input type="checkbox"/> Designated Health Professional for Looked-After Children (please specify doctor/nurse)	<input type="checkbox"/> Named Health Professional for Looked-After Children	<input type="checkbox"/> Other Health Professional (please specify)
<input type="checkbox"/> Virtual School Head	<input type="checkbox"/> Independent Reviewing Officer	<input checked="" type="checkbox"/> Voluntary Sector Children's Organisation
<input type="checkbox"/> Other (please specify)		

Please Specify:

1 a) Is the guidance clear about the responsibilities of local authorities?

<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
---	-----------------------------

1 b) Is the guidance clear about the responsibilities of the NHS?

Yes

No

2 Please tell us if there are any paragraphs in the guidance which are unclear, unhelpful or unnecessary.

Comments:

We do not think that any paragraphs are unnecessary. We do think that in some cases the guidance has been stripped back too far and there isn't enough detail or information (see our response to 4a).

General comments

While not part of the guidance, we are concerned about statement on page five, which states that the guidance will only be revised if considered no longer fit for purpose. While we appreciate this is to ensure that guidance is only revised where necessary, we are concerned that there is not clear date when a review of the guidance will take place to ensure that the guidance is still fit for purpose. There should be a review date listed, even if no revision date listed.

This guidance is very process-based. It is driven by linear processes and assessments. In reality practice needs to be more flexible and allow for the idiosyncrasies of each individual child's experiences and how they react, which is unpredictable. Guidance should be written to enable this and should indicate areas where a flexible approach would be appropriate. Planning is important, but there also need to be allowances for where life doesn't follow processes or set lines. Reflection and assurance should be encouraged so that the processes being followed are in the young person's best interests and there is not a better alternative. For example, it may not always be appropriate that the carer takes a child to the doctor's – if they are new in placement, or if the problem is of a sensitive nature and they would prefer to be accompanied by their social worker, or an older sibling. Similarly, it may be more appropriate for a previous carer to undertake the SDQ questionnaire, if a child is new in placement. This is an important principle to bear in mind, particularly given the sensitive nature of a person's health.

Specific comments

Paragraph 7: As it is written, the first sentence does not currently make sense. We think that 'if' is missing from between 'they' and 'cooperate'.

Paragraph 18, bullet four: We think that this bullet is unclear and the two sentences should be separated into two separate bullet points as they address two different points. The first sentence deals with children already receiving services moving CCGs. We are concerned that this sentence allows children to be placed second from bottom

on a waiting list, and that as it currently reads, does not meet the intention that children receive a continued service. We would therefore suggest the following rewording: 'when looked-after children move placement or move into another CCG area and are currently receiving, or on a waiting list for services, their treatment continues uninterrupted. Where there is any break in receiving services, this delay is minimised and children are not disadvantaged by having to return to a waiting list.'

The second sentence deals with children who are placed on a waiting list and are awaiting services. We suggest this rewording: 'Looked-after children should be seen without delay or wait no longer than a child in a local area with an equivalent need who requires an equivalent service. The length of a placement should not affect a child's access to service.' We have added the second sentence to this bullet point because we hear of children who are denied access to (mental health) services because they have not been in a placement long enough.

Paragraph 19, bullet point three: it is not clear what training is referred to. This should be clarified. If it is in other guidance, we suggest that this is referenced here.

Paragraph 21: This paragraph is unclear, particularly from 'The "originating CCG" is the CCG that makes such an arrangement...' It is unclear because the phrasing and sense is difficult to understand.

Paragraphs 24, 35 and 48: These paragraphs are at best unclear and at worst contradict each other. It needs to be made clearer as to the difference between the health assessments that are mentioned in each paragraph. It is not clear what is meant by the statutory health assessments that the CCG is responsible for in paragraph 24 and the health assessments that the local authority is responsible for in paragraphs 35 and 48.

Information sharing: it is not clear how the NHS and local authorities should work with children and young people to help keep as much confidential as possible and enable them to feel comfortable with what is shared. We suggest that a further bullet point is added regarding this. Confidentiality in review meetings, and unnecessary information sharing is something that the young people we work with often talk about, and how there is often oversharing of information.

Paragraph 34: This statement could be misinterpreted. It could be read to suggest that the GP-held record is the central health document for looked after children, and more important than the health plan (as part of the care plan). We would like it to be clearer as to its relationship with the health plan. Or, there needs to be a further paragraph outlining the role of the health plan to help NHS staff who may not know about the health plan.

Paragraph 40: This paragraph is unclear and needs to be clarified. While we appreciate that all information possible should go in to the child's health plan, we are concerned that by listing so many documents, it may cause a delay to the information

being gathered, and may prevent professionals from being able to be comprehensive. In paragraph 34, the GP-held record is stated as the main record. Therefore, all other information should also be held in this record, and we wonder if only the GP-held record needs to be consulted.

Mental health services: We do not think that there is enough guidance on mental health services. While we appreciate that it is referenced in other places and implicit in others, we don't think that the current paragraph gives sufficient weight to an issue that is often talked about by care leavers we work with.

The role of social workers and others in promoting health: It is not clear within this section that there are responsibilities for both children's social workers and supervising social workers of carers. We think that it should be made clearer where it is a responsibility of the supervising social worker, the child's social worker, and both.

3 a) Does the structure of the guidance work for local authorities?

Yes

No

3 b) Does the structure of the guidance work for NHS organisations and professionals working with looked-after children?

Yes

No

3 c) If no, please specify how it could be improved.

Comments:

4 a) Is there any essential information missing?

Yes

No

4 b) If so, please specify.

Comments:

We particularly welcome paragraphs 2, 11 and 12 in the overarching principles. However, we do not think that the principles of paragraphs 2 and 12 are sufficiently reflected throughout the rest of the document. Therefore the majority of our comments are related to how these principles can be strengthened throughout the document.

Paragraph 39 bullet point two: this should include a reference to including children and young people in making decisions about where the reviews are held, and ensuring that children and young people feel comfortable and able to participate at their reviews.

Paragraph 51: We would like to see wording similar to Ofsted's single inspection framework (see page 18 of the framework) regarding access to CAMHs. We would like to see that there is an addition to paragraph 51 stating that 'Child and adolescent mental health provision, is available when needed and for as long as they are required.' It should not be sufficient that children and young people are offered time-limited support.

Paragraph 59: We would like to be clear that the second bullet point of this paragraph includes financial access, rather than just activities being available.

The contribution of primary care teams: in the previous guidance, one of the roles of primary care teams was listed as acting as advocates for looked after children. We think that this is an essential role for primary care staff and one that should be stressed.

Care leavers: While we appreciate that this is guidance for looked after children, all looked after children will become care leavers and as such the aspiration of this guidance should not only be to promote the health and wellbeing of looked after children but also to ensure that they are able to continue to do so for themselves as adults. As such, we do not think that there is not sufficient information in this section.

Paragraph 84: This is an aspiration for professionals to work towards to ensure that care leavers are able to manage their own health needs by the time that they come to leave care. We feel that this should be referenced throughout the document so that health and social care professionals know what they should be working towards when working with looked after children. We would also like an addition that care leavers are 'supported to understand the information contained within their health records, where appropriate.' It may be distressing to be given health records that contain information about family health issues without being supported to understand what it means, particularly if the information contained in the records are to do with serious health conditions.

As such, there should be more information about the skills that young people, by the time they leave care, should be able to do. For example, young people should be able to book doctors' appointments, register themselves at a practice, and know where other services are such as sexual health services. Young people we work with tell us that care leavers can often leave care without learning vital life skills.

We also hear from care leavers who struggle to access services when they move home. We think it is very important that guidance states that care leavers should be supported to access services if they move out of authority, or at least know how to re-access services.

There should be a reference to ensuring that pathway plans contain information to ensure that young people are able to manage their health when they are living independently.

Other missing information:

- Annex B from the 2009 guidance on confidentiality has not been included in this version. Children who are not in care would have rights of confidentiality and decision-making if deemed Gillick competent. It is important that looked after young people are given the same rights as their peers and therefore we consider it important that this information is included in the guidance, at least as an annex.

- There are no references to supporting children to live in a healthy way, with no references to social workers, health care staff and other professionals having to work with children and young people to ensure that they understand how to maintain a healthy lifestyle as adults.
- There is no reference to children feeling that they own their own plans and are able to contribute. The IRO section should be expanded to at least signpost to information about the IRO's responsibility to ensure that young people are able to feed in to plans and have their wishes and feelings heard and respected.
- There are no references to ensuring that the carer is able to manage their own health, in particular their emotional health in response to that of the child's. We suggest that there is an addition to the section including paragraphs 57 – 61 to ensure that supervising social workers are required to support and give information to carers about managing their own health.
- It is unclear from the guidance how the health plan and assessment fits in with the child's looked after child reviews. We think that there should be some context given to ensure that those who are unfamiliar with the reviews and plans of looked after children understand how the work that they do with looked after children fits in to the wider context. This may be the only guidance that some health professionals read in relation to the care of looked after children.
- There is no reference to ensuring that professionals look out for signs of eating disorders and self-harm. We have heard from one young person that no one picked up on signs of not eating, and we think that it should be made clear that these are things that need to be looked out for. There are also no references to drugs and ensuring that young people understand about drug use and addiction.
- Annex B: there are no references to ensuring that the child's health needs are met in custody, in particular their emotional and mental health needs. While we appreciate that there will be other guidance to cover this, we think that there should be a reference to remind professionals, that given the rate of suicide in prison and the risk of exacerbation of health issues, that particular attention should be paid to the physical and mental health of young people who are in custody.

5 Whilst this guidance is not a vehicle for including examples of good practice, are there any areas where you believe it would be helpful to include more detail and context?

Comments:

It would be helpful to include more detail and context for all the overarching principles, for example, how and why to have high aspirations as a corporate parent; how local authorities and NHS staff should have effective channels of communication; how looked after children should participate in decisions about their health. All twelve of these principles are really important and more context and detail is needed to ensure that everyone reading this guidance understands the importance of these principles.

It would be helpful to include more detail about how the NHS/CCGs should work with social care teams. For example, paragraph 24 states that the originating CCG should make arrangements for statutory health assessments to be undertaken, but doesn't explain how this fits in with any social work/IRO responsibility to ensure that reviews are carried out.

6 What other terms would you find helpful to be explained in Annex C?

Comments:

This document will be used by a wide variety of people, including health professionals, social care professionals, voluntary agencies, carers and young people. As such, the terms explained should include a wide variety of terms. Some may be understood already by health professionals, but may not be understood by social care professionals, and vice versa. As such we have suggested a list of terms that appear in the document that we think are important to understand, and so should be included.

- Relevant care leaver
- CCG
- Originating CCG
- Secondary healthcare services
- Primary care team

7 Are there other useful resources that should be included in the section on 'Further information' at end of the guidance?

Comments:

Young Minds website should be included: <http://www.youngminds.org.uk/>

Thank you for taking the time to let us have your views. We do not intend to acknowledge individual responses unless you place an 'X' in the box below.

Please acknowledge this reply.

x

Email address for acknowledgement: chloe.cockett@thewhocarestrust.org.uk

Here at the Department for Education we carry out our research on many different topics and consultations. As your views are valuable to us, please confirm below if you would be willing to be contacted again from time to time either for research or to send through consultation documents?

Yes

No

All DfE public consultations are required to meet the Cabinet Office [Principles on Consultation](#).

The key Consultation Principles are:

- departments will follow a range of timescales rather than defaulting to a 12-week period, particularly where extensive engagement has occurred before

- departments will need to give more thought to how they engage with and use real discussion with affected parties and experts as well as the expertise of civil service learning to make well informed decisions
- departments should explain what responses they have received and how these have been used in formulating policy
- consultation should be 'digital by default', but other forms should be used where these are needed to reach the groups affected by a policy
- the principles of the Compact between government and the voluntary and community sector will continue to be respected

Completed responses should be sent to the address shown below by 9 January 2015

Consultation responses can be completed online at:

www.education.gov.uk/consultations,

by emailing: HealthLookedAfterChildren.consultation@education.gsi.gov.uk,

or by downloading a response form which should be completed and sent to:

Michael Allured
Department for Education,
Floor 1 Sanctuary Buildings
Great Smith Street
London
SW1P 3BT.

If you have any comments on how DfE consultations are conducted, please contact Aileen Shaw, DfE Consultation Coordinator, tel: 0370 000 2288 / email: aileen.shaw@education.gsi.gov.uk.

Thank you for taking time to respond to this consultation.