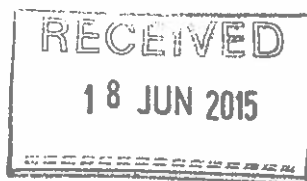




Department
of Health



Rt Hon Alistair Burt MP
Minister of State for Community and Social Care

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Ms J. Leeming
Senior Coroner
H.M. Coroners Court
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16 JUN 2015

Dear Ms Leeming

Thank you for your letter of 8 April following the inquest into the death of Aleysha McLoughlin. I was sorry to hear of Ms McLoughlin's death and wish to extend my sincere condolences to her family.

I note that you sent your report to the Department for Education (DfE) and the Department of Communities and Local Government (DCLG). Officials have discussed this case and I hope that you will accept this reply on behalf of each of the departments concerned.

You raise the following matters of concern:

(1) That it should be considered that the system of training for those working with young people, including teachers, school nurses, foster carers, social workers, mental health workers and medical nurses and doctors should be reviewed so as to ensure that these professionals should be alert for signs of self-harm and should take opportunities to discover themselves so that those harming themselves can be offered help and support. By way of example evidence was given at the Inquest that the annual health check offered to looked after children did not include a blood pressure check. If a blood pressure check was included this would provide an opportunity for signs of self-harm to be revealed.

(2) That it should be considered that additional information and encouragement could be offered to young people to inform those able to help for example teachers, nurses, health professionals etc. when a young person becomes aware that another young person is self-harming. The shocking self-harm to which Aleysha Martine Karla McLoughlin had subjected herself was only

revealed when a school friend brought it to the attention of a teacher. There was no evidence that there was any system in place to encourage the passing of such information.

(3) That it should be considered that systems such as those now being developed in Bolton should be further developed so as to ensure that multi agency discussions involving all relevant agencies are held urgently for those at risk of self-harm and particularly for those who do not engage. Evidence was given that meetings concerning Aleysha Martine KarlaMcLoughlin did not include the Child and Adolescent Mental Health Services although evidence was given that their input would have been valuable.

(4) That it should be considered that a particular pathway of help for young people who resist engagement should be developed. There was no evidence that any such formal pathway had been shared at the present time.

(5) That a review of the capacity of the agencies involved in helping young people who are self-harming to address those matters appropriately should be considered.

Your concerns focus on those who have a role working with children and young people and who are therefore in a position to protect those children and young people who are vulnerable and at risk. You rightly raise issues concerning the professional training of staff, the effectiveness of current services and the sharing of information between individuals and agencies.

Many of the matters of concern you raise have been considered by the work of the Children and Young People's Mental Health Taskforce (jointly chaired by the Department of Health and NHS England). The Taskforce has tackled the particular issue of highly vulnerable children and young people such as Aleysha who do not use services, and made a series of proposals. These include, for example, making sure that children and young people who do not attend appointments are not then discharged from services. Instead the reasons for not attending are actively followed up so contact is maintained and offers of further support continue.

The Government's report on the work of the Taskforce, '*Future in Mind*' (published in March 2015), establishes a clear and powerful consensus about how to make it easier for children, young people, and those who care for them to access high quality mental health care when they need it. It sets out a national ambition to transform the design of services for children and young people with mental health needs.

NHS England is leading a service transformation programme to reshape the way mental health services for children and young people are commissioned and



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delivered over the next 5 years. In addition NHS England will prioritise further investment in areas that can demonstrate robust action planning. This will be done through the publication of Local Transformation Plans based on the overarching principles described in the Taskforce report.

NHS England's current planning guidance '*Forward View into Action*' also emphasises the importance of joint work. To support this, NHS England has published a model service specification for Child and Adolescent Mental Health services, targeted and specialist services to enable local commissioners to commission robust services with clear multiagency care pathways. In addition, NHS England's Children and Young People's "Improving Access to Psychological Therapies" programme will support the delivery of evidence based, outcomes focussed treatments including a Systemic Family Therapy module that incorporates treatment and avoidance of self-harm.

Provision exists under Section 14 of the Children Act 2004 for Local Safeguarding Children Boards (LSCBs) to have responsibility for safeguarding and promoting the welfare of children and ensuring the effectiveness of local agencies in this respect.

DfE has forwarded a copy of your letter to [REDACTED] of the Association of Independent LSCB Chairs asking him to consider the points you raise. DfE has also introduced a number of reforms of social work practice to protect vulnerable people.

In November 2014, DfE published a statement of the knowledge and skills required for child and family social work. This was produced by the Chief Social Worker for Children and Families, shaped by feedback from nearly a thousand social workers. It is the definitive statement of what social workers need to know, and what they should be able to do, to make the right decisions for vulnerable families. The statement will help deliver the highest level of protection and will be used:

- as a cornerstone for university social work courses, including the "Step Up to Social Work" training programmes, and what will be utilised in plans for teaching partnerships;
- for development of an effective and robust assessment and accreditation system for child and family social workers to ensure absolute public confidence in the quality of practice undertaken by social workers.

The accreditation system will be built around three new statuses: approved child and family practitioner; practice supervisor; and practice leader. Obtaining one of these statuses will be dependent upon completion of a rigorous 'pass or fail' assessment. These new accreditations will provide a national, practice focused career pathway based on the highest levels of skill and knowledge.

DfE is developing the assessment and accreditation processes. Decisions about implementation will be made in consultation with the social work sector.

Lastly, DCLG is focussed on supporting local services to provide early, integrated support for people who need the most help. Central to this is a need to ensure effective sharing of information between agencies and developing effective multi-agency approaches. The department supports the Public Service Transformation Network and the Early Intervention Foundation to help councils and their local partners in the co-design and co-production of better outcomes for vulnerable people. DCLG also supports local authorities on the delivery of the expanded troubled families programme. This aims to directly help up to 400,000 families over the next five years, transforming lives by improving the way local services operate, crucially joining up and co-ordinating the support they offer these families. The criteria that determine whether a family might be helped by this programme cover issues such as children or young people who have been identified and assessed as needing support, who are not attending school regularly or family members with a range of physical and mental health problems.

I am grateful to you for bringing the sad circumstances of Ms McLoughlin's death our attention.

Yours sincerely

AJB

ALISTAIR BURT

