

Promoting the Health and Wellbeing of Looked After Children - revised statutory guidance

Consultation Response Form

The closing date for this consultation is: 3 August
2009

Your comments must reach us by that date.

department for
children, schools and families

THIS FORM IS NOT INTERACTIVE. If you wish to respond electronically please use the online or offline response facility available on the Department for Children, Schools and Families e-consultation website (<http://www.dcsf.gov.uk/consultations>).

The information you provide in your response will be subject to the Freedom of Information Act 2000 and Environmental Information Regulations, which allow public access to information held by the Department. This does not necessarily mean that your response can be made available to the public as there are exemptions relating to information provided in confidence and information to which the Data Protection Act 1998 applies. You may request confidentiality by ticking the box provided, but you should note that neither this, nor an automatically-generated e-mail confidentiality statement, will necessarily exclude the public right of access.

Please tick if you want us to keep your response confidential. ☐

Name	The Children in Safeguarding Proceedings Committee
Organisation (if applicable)	Family Justice Council
Address:	Room E201, Royal Courts of Justice, Strand, London WC2A 2LL

If your enquiry is related to the policy content of the consultation you can contact Sarah Lewis on:

e-mail: Consultationlachealth@dcsh.gov.uk

If you have a query relating to the consultation process you can contact the Consultation Unit on:

Telephone: 01928 794888

Fax: 01928 794 311

e-mail: consultation.unit@dcsh.gsi.gov.uk

Please tick the box that best describes you as a respondent.

<input type="checkbox"/> Local Authority	<input type="checkbox"/> Primary Care Trust	<input type="checkbox"/> Strategic Health Authority
<input type="checkbox"/> Professional Body	<input type="checkbox"/> Voluntary Organisation	<input checked="" type="checkbox"/> Other

Please Specify:

The Children in Safeguarding Proceedings Committee of the Family Justice Council. The Family Justice Council is a Non Departmental Public Body sponsored by the Ministry of Justice. It was established in the summer of 2004, following a public consultation. Its main remit is to promote an interdisciplinary approach to the needs of family justice and through consultation and research to monitor the effectiveness of the system and advise on reforms necessary for continuous improvement. One of its main terms of reference is the provision of advice and the making of recommendations to Government on changes to legislation, practice and procedure, which will improve the workings of the family justice system. Its members and those of its committees and working groups are drawn from the professions involved in the family justice system and include lawyers, social workers, medical professionals and government officials.

1 When the guidance is published after consultation is complete, would it be helpful for the "Evidence" section to be left in full as in this Consultation draft?

X Yes

☐

No

☐

Not sure

Comments:

It is quite clear why the health of children looked after (CLA) should be addressed as a priority. However, the evidence is informative and should be included as it provides the rationale for the revision.

2 Do you think that the idea of an "email box" is the right way forward for improving notification?

x Yes

☐

No

☐

Not Sure

Comments:

Agreed, it will simplify the present system whereby notifications are sent by letter and effort is required to establish who the letter should reach. It will also ensure that there is no ambiguity as to whether the information has been sent. There should also be a system for advising the relevant professional and agencies when a child has been subsequently moved away from the Local Authority as this continues to be quite a problem.

3 Do you agree that the question of which PCT carries out health assessments for children placed out of authority should be left for local determination?

☐ Yes☒ No☐ Not sure

Comments:

Too many CLA do not receive timely and appropriate health care due to a lack of clarity about who has responsibility. There is a need for ground rules. If this is known to be a short-term e.g. one month placement, the placing authority's PCT could be responsible for the health assessment. Thereafter it should be the PCT local to the child, as the purpose of these health assessments is, part to identify the child's unmet health needs. If these are to be attended to and communicated to others e.g. education, this is far better done locally. Moreover, the child would otherwise have to travel back to the placing PCT's area.

4 We have received differing views on whether the Government should publish paperwork for documenting the Health Assessment. Do you think the Government should publish paperwork and make it mandatory for all local authorities and PCTs to use the same forms?

☒ Yes☐ No☐ Not sure

Comments:

It would be useful for Health professionals to have a structured framework for recording Health Assessments. However, it is not useful, as we have found in other cases, to overwhelm Health professionals with unwieldy and complex forms. Guidance would be useful as to the areas that need to be covered by the assessments. In addition, it would be useful to provide guidance as to what information should accompany the request for the assessment so that the Health professionals are aware what to "look out for".

5 Do you think that provision of dedicated CAMHS services for looked after children will improve the health and wellbeing of looked after children?

☒ Yes☐ No☐ Not sure

Comments:

Some children who are looked after are extremely troubled in a number of complex ways which are not captured by an SDQ and are the resultant of possible pre-natal factors, abuse and neglect, exposure to violence, frequent changes of caregiver and instability, and uncertainty about their future placement being some of the predisposing factors. The child may, in addition, have innate difficulties such as ADHD or difficulties in the autism spectrum. Many have difficulties with affect/arousal regulation. For that reason, a dedicated CAMHS which is experienced in recognising and dealing with this complex range of difficulties is needed. However, it is important not to group all children looked after as one entity. The difficulties and needs of children in transition i.e. recently placed or those awaiting decisions about their future placement are very different from the treatment needs of children placed long term. Moreover, for the latter group, although this consultation only refers to the needs of children looked after, the needs of all children placed with permanent alternative parents – be they foster parents, kinship carers, special guardians or adoptive parents, are similar. There is therefore good reason for there to be dedicated CAMHS services for this group of often very troubled children and their often very stressed and unsupported parents.

6 Will a new statutory role of lead health professional improve the health care for looked after children?

X Yes

☐

No

☐

Not sure

Comments:

The important distinction is that the lead health professional will have a different function to the Designated Doctor and Nurse and that it is spelt out in the guidance. This will free up the Designated Doctor and Nurse to develop the service. This as a whole will improve matters for CLA. It is crucial to ensure that the lead health professional has the administrative support to carry out their duties and that the lead professional also communicates effectively with the child's GP.

7 Can you tell us what current staff (profession, pay-band and WTE) you deploy to the role of lead health professional?

Comments:

We have no comment in this area

The Impact assessment is based on several different assumptions.

8 Of the three assumptions outlined in the Economic Impact Assessment that was published alongside this guidance, which assumption most accurately reflects the current situation in your PCT A, B, C or other (please give details).

☐ Assumption A

☐ Assumption B

☐ Assumption C

☐ Other

☐ Not Sure

Comments:

We have no comment in this area.

Which staff group would you see undertaking the proposed role of the lead health professional?

Comments:

A consultant nurse with some knowledge of CAMH. The person would require experience to negotiate themselves with both the Health Service as well as the local authority. They would also need to be at a level to have the authority to challenge both the Local Authority and Health.

10

Are the responsibilities outlined for lead health professionals the right ones?

☒ Yes

☐ No

☐ Not Sure

Comments:

They appear to be appropriate. There is one additional thought:

Guidance may be useful in relation to how the role of the lead health professional complements the Designated Doctor and CLA Nurse. For example, who and how it is determined which CLA are responsible for the Designated Doctor and CLA Nurse for a direct clinical service

11 Is the guidance helpful in informing the **inspection** of health services for looked after children?

☐ Very helpful

☒ Helpful

☐ Not very helpful

☐ Not at all helpful

Comments:

It is helpful in that it outlines areas of responsibility. However, without the benefit of the full details of what Ofsted will consider in their inspection, it is difficult to say in with complete confidence that every area has been covered by the guidance

12 Is the guidance helpful in informing the **commissioning** of health services for looked after children?

☐

Very helpful

X Helpful

☐

Not very helpful

☐

Not at all helpful

Comments:

It would be helpful to specify who commissions what; the statutory role; including governance arrangements and financial arrangements

13 Is the guidance helpful in informing the **delivery** of health services for looked after children?

☐

Very helpful

☐

Helpful

☐

Not very helpful

☐

Not at all helpful

Comments:

Please see responses to questions 5 and 12

14 Is there anything missing from the draft statutory guidance?

☒ Yes

☐ No

Comments:

Please see response to question 5 and additionally it would be helpful for the guidance to clearly state the statutory responsibility of the PCT to ensure that the medical advisor to Adoption Panel has sufficient time and administrative support. It would also be useful to provide sufficient time to provide the same service to children who are matched for long term foster placements as their health requirements can be as complex.

15 Would the Practice Guidance benefit from further information about access and engagement?

☒ Yes

☐ No

☐ Not Sure

Comments:

CLA require a variety of strategies in order to be engaged. "I am available to see me if they want to come to my clinic" is not sufficient
Further guidance around reaching out by Health professionals, particularly CAMHS would be helpful. Similarly, it would be helpful to "relax" the criteria for direct work by CAMHS to ensure that CLA going through acute emotional times are seen.

16 What further information, if any, should be included in the Health Promotion section of the Practice Guidance?

Comments:

Children do not want to be looked after by 'carers' but by parent persons, biological or alternative. The term foster parent or kinship parent, like adoptive parents is preferable and far more personal.

Sleeping well should also be added.

17 Would a revised version of the health care flowchart which is Appendix 5 in the current guidance (Promoting the Health of Looked After Children, 2002) be a helpful Annex for this guidance?

X Yes

☐

No

Comments:
Yes, and to incorporate any new guidance

18 Are the boxes in the Practice Guidance on the suggested content of Health Assessments the best way for the guidance to advise on content?

☒ X Yes

☐ No

☐ Not Sure

Comments:

Additionally for the under 5s sleep and feeding/eating should be added.

19 Please use this box to tell us about any further thoughts you have on the Guidance, not covered by the previous consultation questions.

Comments:

This is a very comprehensive guidance which would benefit further from being linked to the current NICE guidance being developed.

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 ☐

Here at the Department for Children, Schools and Families we carry out our research on many different topics and consultations. As your views are valuable to us, would it be alright if we were to contact you again from time to time either for research or to send through consultation documents?

☐

Yes

☐

No

All DCSF public consultations are required to conform to the following criteria within the Government Code of Practice on Consultation:

Criterion 1: Formal consultation should take place at a stage when there is scope to influence the policy outcome.

Criterion 2: Consultations should normally last for at least 12 weeks with consideration given to longer timescales where feasible and sensible.

Criterion 3: Consultation documents should be clear about the consultation process, what is being proposed, the scope to influence and the expected costs and benefits of the proposals.

Criterion 4: Consultation exercises should be designed to be accessible to, and clearly targeted at, those people the exercise is intended to reach.

Criterion 5: Keeping the burden of consultation to a minimum is essential if consultations are to be effective and if consultees' buy-in to the process is to be obtained.

Criterion 6: Consultation responses should be analysed carefully and clear feedback should be provided to participants following the consultation.

Criterion 7: Officials running consultations should seek guidance in how to run an effective consultation exercise and share what they have learned from the experience.

If you have any comments on how DCSF consultations are conducted, please contact Phil Turner, DCSF Consultation Co-ordinator, tel: 01928 794304 / email: phil.turner@dcsf.gsi.gov.uk.

Thank you for taking time to respond to this consultation.

Completed questionnaires and other responses should be sent to the address shown below by 3 August 2009

Send by post to: Sarah Lewis
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Great Smith Street
London
SW1P 3BT

Send by e-mail to: Consultationlachealth@dcsf.gsi.gov.uk