

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 Fiona Smith
Organisation (if applicable) Royal College of Nursing
Address: 20 Cavendish Square
London
W1G 0RN

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

e-mail: Consultationlachealth@dcsf.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@dcsf.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 checked="" type="checkbox"/> Professional Body	<input type="checkbox"/> Voluntary Organisation	<input type="checkbox"/> Other

Please Specify:

With a membership of almost 400,000 registered nurses, midwives, health visitors, nursing students, health care assistants and nurse cadets, the Royal College of Nursing (RCN) is the voice of nursing across the UK and the largest professional union of nursing staff in the world. The RCN promotes patient and nursing interests on a wide range of issues by working closely with Government, the UK parliaments and other national and European political institutions, trade unions, professional bodies and voluntary organisations

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:

The national profile is very useful. It should be noted however that the Thomas Coram researchers did not engage with all stakeholders and refused to speak to some practitioners when contacted – hence inclusion of some outdated evidence.

Many members felt it is important that an evidence section is contained within the main body of the text and not as an appendix. Inclusion within the main text is more likely to result in evidence based clinical practice by providers and enhance commissioners understanding of broader issues (PCTs, SHAs, LAs and joint commissioning arrangements).

However members noted that DCSF must be able to keep this section up to date, particularly in view of NICE guidance due out in 2010.

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:

The majority of members felt that the present system is very irregular and ad hoc so a new solution that is standardised across the country would be beneficial. The notification process by email therefore sounds like a good way forward. There are however concerns about how secure the 'email box' would be, who would be responsible for passing on the information and who would have access to this information. There needs to be a standardised format and process.

There also needs to be wider discussion about the practicalities to assure confidentiality and access issues. It was felt the system must have a mechanism to acknowledge receipt of information i.e. received/reply. There needs to be an emphasis on notification in advance of placement. The notification process should not be confused with a referral for a health assessment.

Members felt that the placing local authority would inform the host local

authority and the host local authority would inform the local PCT Child Health Team.

It was noted that there is a need for a directory of key professionals and contacts for children in care in each Local Authority.

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:

There are numerous issues entailed in ensuring appropriate and timely health assessment. These include the best interests of the child and individual situations. The importance of ensuring a quality health assessment is the key issue. While some members felt that it was a local decision to determine whether the health assessment should be undertaken by the Primary Care Trust (PCT) in which the child lives due to local variations across the country, the majority of members felt there should be a national agreement by commissioners. Members overwhelmingly stated that there ought to be national guidance stipulating who should undertake a health assessment for children placed out of PCT. It was noted that Children in Care teams are the hub for all children and young people in care in relation to the health of both children originating from PCT and out of area children, thereby informing the profile of the PCT/Local Authority (LA) area and enabling appropriate signposting. The professional undertaking health assessments must have the necessary skills and competencies to be able to do so.

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:

The majority of members have stated that there needs to be mandatory national paperwork determined by the Government in conjunction with designated professionals. This would in effect enable improved communication and documentation of assessments. In due course this should become an electronic system to enable speed of communication and appropriate information sharing. Members advise tailored age splits: 0-4 years (pre-school), 5-11 years (primary school) and 11-18 years (secondary school)

The form needs to be comprehensive and reflect the holistic health aspects of children and young people in care, addressing issues of health promotion including sexual health, substance misuse, sport and leisure activities and more in depth prompts in relation to emotional health and well-being. Members felt that there needed to be a section for the child/young person to fill in about themselves i.e. 'pen picture' and the potential to add local information where appropriate.

Some members currently use British Association for Adoption and Fostering (BAAF) forms. However those that do feel strongly that the form needs revision, that it is repetitive and does not lend itself well to a holistic health assessment for Children in Care and Looked After Children. These forms are also noted to be costly to purchase.

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

X Yes

No

Not sure

Comments:

The emotional health and well-being needs of children and young people in care is well evidenced as being poor and without such a service it further impacts on placements, a child's educational attainment, their general confidence and self-esteem, and reduced likelihood of reaching their full potential. It was noted that emotional and psychological support needs to be flexible and provided early in a preventative and proactive manner. There needs to be increased mental health knowledge and skills of general paediatricians and other practitioners working with children in care.

Specific mental health service provision will enable greater focus on the needs of Looked After Children, thereby improving consistency, as well as access and would enable open communication with and support for other professionals working with these vulnerable children and young people. Members highlighted that such provision would require specific funding, to be accessible for local Looked After Children and out of borough placements, and be based on need. In particular the need for crisis intervention was required to maintain

placements and the instigation of a multi-agency team around the child approach.

Members felt that there was a need to extend such service provision to include young people up to 21 years of age and access for children of asylum seekers.

It was noted that there was currently a high degree of inequity in service provision and access across the country.

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

X Yes

No

Not sure

Comments:

Many members indicated support for a statutory lead professional for looked after children. However many felt there was a need for greater clarity as to who/what is the lead health professional? Members felt that every child and young person ought to have a named nurse. Some members felt this individual did not need to be a dedicated Looked After Children's Nurse but could be the child's school nurse or health visitor, while others clearly felt there was a need for Looked After Children's nurse specialists working under the guidance of a Designated Nurse for Children in Care. The team approach was felt to lead to enhance service provision and improved outcomes for children and young people. It was noted that the Lead Health Professional role must be linked to competencies underpinned by knowledge and skills.

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

Comments:

Many members felt responses to this question could lead to confusion depending upon how the concept of the lead health professional was interpreted – for example whether this is a single person as lead health professional for all Looked After Children or a lead health professional per child according to the child’s needs. It was felt that the commissioning and provider split may also confuse responses to this section and wondered why this question was included in the consultation. Generally speaking most nurses working as lead professionals for Looked After Children were on Agenda for Change (AfC) Band 7 supported by a Designated Nurse. In some areas the Designated Nurse focused purely upon Children in Care and Adoption and in others the remit of the Designated Nurse encompassed the entirety of Safeguarding. Designated Nurse posts are placed within the AfC Band 8 range.

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).

<input type="checkbox"/> Assumption A	<input type="checkbox"/> Assumption B	<input type="checkbox"/> Assumption C
<input checked="" type="checkbox"/> Other	<input type="checkbox"/> Not Sure	

Comments:

It was felt that the issue of complexity needed to be clarified to better scope the scenario options. Many members highlighted that locally they were striving for C but on reflection felt they were probably working at A. Others reported that funding was primarily focused on A and B.

9

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

Comments:

Members felt that nurses would undertake the role of lead health professional. This individual could be the child's health visitor, school nurse or specialist nurses for Looked After Children/Children in Care. Many members however clearly felt there was a definite need for these nurses to work under the guidance of a Designated Nurse for Children in Care. The team approach was felt to lead to enhance service provision and improved outcomes for children and young people.

10

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

Yes

No

X Not Sure

Comments:

Members felt there was a need for greater clarity and expanded scope.

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

Very helpful

X Helpful

Not very helpful

Not at all helpful

Comments:

Although many members felt that it would be helpful and will support the inspection of services for Looked After Children others however felt that with the new structures and joint inspections between Ofsted and the Care Quality Commission it was difficult to see how/if the guidance would be helpful with the inspection of children and young people in care. The background of the inspector undertaking the inspection of health components was felt to be critical.

Members stressed discrepancies in provision of services for care leavers and felt that 'Promoting the Health of Children in Care' should extend to include the vulnerable cohort of young people until at least 21-25 in education.

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:

The guidance was felt to be somewhat helpful however members felt the guidance was not clear enough about responsibilities and left room for misinterpretation and local interpretation. In particular members felt that there was vagueness around what must be done in relation to achievement of health provision. Several members reported that greater clarity could be provided in the guidance in relation to the commissioner/provider split. It was noted that the Responsible Commissioner guidance (2007) relates wholly to children in care, especially those children placed from other LAs/PCTs and emphasises the importance of dialogue between providers and commissioners.

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

Very helpful

X Helpful

Not very helpful

Not at all helpful

Comments:

Some members felt that greater clarity is required about who is responsible for what. However it was noted that there was improved direction when compared to previous guidance. It was felt further clarity was required in relation to payment and a focus upon outcomes for children in care.

14 Is there anything missing from the draft statutory guidance?

Yes

No

Comments:

Many members felt that the draft guidance lacked a clear definition of lead professional, Looked After Children and Children in Care. In particular it was noted that:

- Post 18 care leavers were not addressed
- There was a lack of timescales for implementation

Members felt there was a need for better/more robust detail in relation to commissioning of dental/oral health provision, the role of the general practitioner, disabled children, black and minority ethnic groups and children from asylum seekers.

Members questioned the impact the Strengths and Difficulties Questionnaire (SDQ) as performance indicator would have on health assessments, plan of care and health input.

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

Yes

No

Not Sure

Comments:

The practice guidance was noted to be fairly comprehensive in relation to access and engagement. However members felt that there needed to be more detail in relation to access to dentistry in particular. There were queries as to whether children in care councils were ready for engagement as outlined in the guidance.

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

Comments:

Members felt that areas which could be encompassed in the Health Promotion section included:

- Self-harm
- Emotional health
- Foetal alcohol syndrome
- Smoking
- Role of general practitioners
- National health promotion programme (Child Health Promotion Programme and 5-19 Health Promotion Programme currently being developed)

It was felt that reference ought to be made to the content of the NICE guidance expected in 2010.

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:

Members felt that inclusion of a revised version of the flowchart would be extremely helpful.

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?

Yes

No

Not Sure

Comments:

Overwhelmingly most members felt that there was a need for a national template for health assessments which was set by the Government and referenced to core health programmes. The boxes are therefore felt to be useful but only as an aide memoire to a national template.

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:

- *Should the document reflect the Care Matters: Time for Change White Paper, title for Children in Care?*
- Need clarity in relation to the nature of the document – statutory or guidance? Certain sections are identified as being statutory, whereas practice guidance uses the phrase ‘may wish to bear in mind’ or as stated in relation to health assessments, lists of contents are ‘recommended’.
- Page 53 – the box finishes mid sentence.
- Terminology used should be updated to reflect common language i.e. STDs or STIs (page 13)
- Should abbreviations be used?
- It is noted that provision within London is different to the rest of England/the UK. London may therefore need a different model
- Service provision and statutory guidance is a long way behind that related to child protection

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

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?

XYes 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
DCSF
1FL, Sanctuary Buildings
Great Smith Street
London
SW1P 3BT

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