

Response to Scottish Government consultation on 'Supporting children and young people with healthcare needs in schools: Draft guidance for NHS boards, education authorities and schools'

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CELCIS (Centre for excellence for looked after children in Scotland), based at the University of Strathclyde in Glasgow, exists to make positive and lasting improvement in the wellbeing of Scotland's children living in and on the edges of care. This is a group of children which, while varied in their individual characteristics and histories, have all experienced major difficulties in their lives. Experiences that, if public services like schools responded in the right way and at the right time, could be significantly ameliorated, or prevented all together. Moreover, schools, NHS Boards and local education authorities are all 'corporate parents', publicly funded organisations under specific, explicit duties to assess and support the wellbeing of looked after children (as set in Part 9 of the Children and Young People (Scotland) Act 2014). Considering the priority which must be afforded to looked after children by schools and others, we therefore welcome this opportunity to comment on '*Supporting children and young people with healthcare needs in schools: Draft guidance for NHS boards, education authorities and schools*' (the Draft Guidance). When healthcare needs are met, children are more able to fully participate in school life, and this guidance is an important opportunity to consider how partnership between local authorities and health boards can strengthen the ability of schools to identify and respond to the healthcare needs of some of Scotland's most vulnerable and disadvantaged children.

Our key observations and recommendations are:

- The Draft Guidance should more clearly articulate how it reflects the principals and structures of Scotland's national framework for children's services and practice, Getting It Right For Every Child.
- Clarity is required on the interaction of different planning frameworks to meet children's wellbeing and healthcare needs within the Draft Guidance.
- The need for consistent and robust practices should be emphasised, particularly where children experience transitions (such as changes in school).
- Children (and their families) must be central in decision-making and the sharing of information relating to their health.

- Children’s mental health should be afforded greater recognition, to both reflect need, and to align the Draft Guidance with Scottish Government’s recently published [Mental Health Strategy: 2017-2027](#).

Context

As of July 2016, there were 15,317 looked after children in Scotland. In addition, a total of 2,723 children were on the child protection register (of whom 691 were also ‘looked after’). Approximately 35% of looked after children live with foster carers, and 10% live in residential homes or schools. 30% live with their extended family or friends in formal kinship care arrangements, and 25% live at home with one or both of their birth parents. Over half of all looked after children in Scotland live within their own family – either in kinship care or ‘at home’. There are 5,659 primary school aged (5-11) children who are looked after in Scotland, and 6,330 looked after children and young people who are secondary school aged (12-17).¹

The backgrounds of many of these children feature multiple, serious adversities, including socio-economic disadvantage, parental drug and alcohol misuse, and domestic violence.² Experiences of neglect, abuse and pre-birth trauma are common. These are children in need of public services’ conscientious support and understanding. But, taken as a group, looked after children do not enjoy comparable experiences and outcomes as other children in school. This is evidenced in lower rates of attendance, attainment and inclusion. Last year in Scotland, looked after children were excluded from school at a rate eight times that of all children. 73% of looked after children left school at the earliest opportunity (compared to 27% of all children). 14% of looked after children left school with no qualifications (compared to 2% of all children).³

In terms of the health needs of looked after children, literature acknowledges diversity within the population, but indicates clearly that they are significantly more likely (than a child in the general population) to have particular physical health conditions (such as dental carries and vision problems), poorer mental health (even when poverty and disadvantage are accounted for), and face multiple barriers when it comes to addressing such difficulties.⁴ Although there are limitations to the data, it is recognised that disabled children are over-represented in the looked after child population across the UK.⁵ Of the 15,317 looked after children in Scotland, 1,797 are known to have a disability, with a further 2,489 children whose disability status is recorded in national statistics as ‘not known’.⁶

Getting It Right For Every Child

The draft guidance acknowledges the national [Getting it Right for Every Child](#) (GIRFEC) policy framework as the national approach to supporting wellbeing of children and young people. Whilst we understand the Draft Guidance is largely technical in its style, and is intended as a guide for professionals in administering medication and healthcare support in school settings, it is concerning that the holistic ethos of the GIRFEC approach appears absent from much of the document.

Through GIRFEC, a child or young person's holistic wellbeing is viewed in terms of eight [wellbeing indicators](#), of which 'Healthy' is just one. The impact of healthcare needs on a child or young person's overall wellbeing should form a central part of the assessment, plan and ongoing support for the individual child and their family, and this ethos should underpin the guidance. Research by Scotland's Commissioner for Children and Young People and WithScotland, into the administration of medications and health care at school, highlights the importance of the attitudes of administering adults where unsympathetic attitudes can have a negative impact on children's wellbeing.⁷

The draft guidance refers to the role and responsibilities of the Named Person, for example para 86 states:

"If staff in school notice any deterioration in the health of an individual child or young person, they should inform the named person or another representative in the school management team"

It should be noted that the statutory implementation of the Named Person Service has been delayed, and whilst it is welcomed that many education services and health boards are operating the approach, this is not always the case and caution should be exercised in delegating responsibilities to a service not operating with consistency in every school. Coordination of guidance documents (prepared by Scottish Government and its agencies), to ensure consistency of focus and language, is critical at this complex time for schools and other children's services, with many changes being introduced simultaneously.

Planning frameworks

Where there is a need for one or more targeted interventions to meet the wellbeing needs of a child, [Part 5 of the Children and Young People \(Scotland\) Act 2014](#) specifies the need for a statutory Child's Plan. Amongst others, all children and young people who are looked after are required to have a Child's Plan to ensure their wellbeing needs are coordinated and met. Under the [Looked after children \(Scotland\) Regulations 2009](#), and in line with Scottish Government [guidance](#) issued in 2014, all looked after children must undergo a comprehensive health assessment within 4 weeks of a health board receiving notification that the child has become looked after. Any health needs (and the required response to these) should form an integral part of their child's plan.

We note the draft guidance recommends the use of Individual Healthcare Plans in schools (para 89). Whilst the need for comprehensive, accessible plans to meet the need of individual children and young people is clear, the interaction of the Individual Healthcare Plan with the Child's Plan (and other plans which may exist in relation to the child's learning needs, such as a Co-ordinated Support Plan under the Additional Support for Learning (Scotland) Act 2009) requires clarification. As noted previously above, this guidance must make clear and explicit how it fits

within the broader GIRFEC framework, and in particular, Part 4 & 5 of Children and Young People (Scotland) Act 2014.

The need for clear, consistent communication between schools, children with healthcare needs and their families, is essential.⁸ Looked after children are vulnerable to the experience multiple transitions, between different care settings, addresses and schools, and it is particularly at these times that communication and planning mechanisms must be robust. We would recommend that any guidance emphasises this point clearly and repeatedly, to ensure that there can be no ambiguity about the importance of the involvement of children in decision making and the sharing of information relating to their health.

Additional policy and legislative context

In addition to the legislation and policy noted as underpinning the draft guidelines, the document could better reflect the responsibilities towards looked after children through explicit recognition of the duties and responsibilities of various public sector agencies (including local authorities and health boards) as corporate parents under [Part 9 of the Children and Young People \(Scotland\) Act 2014](#). Corporate parents must uphold particular responsibilities in all areas of their work. They must promote the interests of looked after children, and enable them to make use of supports and services they provide. As such, high quality healthcare which meets the needs of individual children within schools must be fully accessible, if required.

We welcome the acknowledgement of children's rights within the draft guidance, where the rights of children to achieve the highest standards of health and education, and for disabled children (under Articles 23, 24 and 29 of the [United Nations Convention on the Rights of the Child](#) (UNCRC)) to "enjoy a full and decent life in conditions which ensure dignity, promote self-reliance and facilitate the child's active participation in the community" are explicitly stated (para 22). A further point which we feel it is important to explicitly recognise is that Article 2 (non-discrimination) of the UNCRC makes clear that these rights apply equally to all children, regardless of their circumstances, including their status as looked after children.

It is of concern that Article 12 (respect for views of the child) of the UNCRC can be overlooked for children who use a range of communication strategies to express their views, and presumptions are made about their competency. For looked after disabled children and young people, we highlight the importance of respecting their right to be assisted in appropriate ways. As highlighted in the work of Scotland's Commissioner for Children and Young People, children and young people described feeling embarrassed, undignified and excluded due to moving and handling difficulties.⁹ All looked after disabled children and young people have a right to respectful and appropriate medical treatment and healthcare.

Mental Health

Evidence strongly indicates that looked after children are vulnerable to mental health difficulties, and barriers to accessing an appropriate service or response exist at a number of system levels.¹⁰ The draft guidance notes reference to the potential relevance of “psychological services” to children and young people with healthcare needs (para 61), further explanation of this would provide clarity about what is meant, and what responsibilities are expected in the context of this guidance. There is recognition that support for the mental health of children is in need of improvement, including support within schools.¹¹ As such, mental health should have a clearer and more central position in any guidance relating to health and schools. Mental health is much broader than psychological services, and schools should be ‘mental health promoting’ places, with the right ethos, and access to support and services within school. It is important that the Draft Guidance is aligned more closely to the Scottish Government’s recently published [Mental Health Strategy: 2017-2027](#), where the ambition for every child and young person to have appropriate access to emotional and mental well-being support in school is clearly articulated.

Thank you for providing us with this opportunity to respond. We hope the feedback is helpful; we would be happy to discuss any aspect in further detail.

CELCIS Contacts:

Lizzie Morton
Policy Associate
lizzie.morton@strath.ac.uk
0141 444 8504

¹ Scottish Government (2017). [Children's Social Work Statistics Scotland 2015/16](#). Edinburgh: Scottish Government.

² SWIA (2006). *Extraordinary Lives: Creating a positive future for looked after children in Scotland*. Edinburgh: Social Work Inspection Agency.

³ Scottish Government (2016) [Education Outcomes for Looked After Children 2014/15](#), Edinburgh: Scottish Government

⁴ Priestly, A. and Kennedy, L. A. (2015). *The health of looked after children and young people: a summary of the literature*. Glasgow: University of Strathclyde

⁵ Hill, L., Baker, C., Kelly, B. & Dowling, S. (2015). Being counted? Examining the prevalence of looked-after disabled children and young people across the UK. *Child and Family Social Work* 2017, 20(3)

⁶ Scottish Government (2017). [Children's Social Work Statistics Scotland 2015/16](#). Edinburgh: Scottish Government.

⁷ Stone, K. & Doyle, S. (2013) *No barriers to medication at school*, Stirling: University of Stirling

⁸ Stone, K. & Doyle, S. (2013) *No barriers to medication at school*, Stirling: University of Stirling

⁹ Scotland’s Commissioner for Children and Young People (2008) *A Report on the Moving and Handling of Children with Disabilities*, Edinburgh: SCCYP.

¹⁰ Priestly, A. and Kennedy, L. A. (2015). *The health of looked after children and young people: a summary of the literature*. Glasgow: University of Strathclyde

¹¹ Scottish Youth Parliament (2016) *Our generation’s epidemic: Young people’s awareness and experience of mental health information, support, and services*, Edinburgh: SYP