TOWARDS A STABLE LIFE AND A BRIGHTER FUTURE

Analysis of responses to the Welsh Assembly Government’s consultation on Measures to strengthen arrangements for the placement, health, education and wellbeing of looked after children

The consultation period ran from 18 September to 13 November. Sixty-three responses were received and the main points raised are outlined below. Some respondents submitted a ‘free standing’ response and did not answer the questions set out in the consultation document. In these circumstances every effort has been made to link responses to specific questions where appropriate. Where this was not possible the essence of such responses have been fully considered and added under “additional points”. Numbers in brackets after each question indicate the number of responses addressing that particular question.

In general the tone of the responses was very positive. Most organisations welcomed the changes and considered that they would provide better outcomes for Children in Care. What is not demonstrated here, due to the framework of the answers, is that many respondees expressed an interest in getting their organisations more involved, and other organisations were supportive of the cost increase to their business believing that the initial costs would bring savings in the long run. Many organisations did ask for more clarity surrounding particular areas and these are reflected under the relevant headings, but in the main the majority of respondees welcomed the proposed changes.

General

Q1 - Is the principle of this guidance clear? (46)

38 said the principal of this guidance is clear, but 4 said there was a need for more clarity about who these changes would apply to, and 8 felt there needed to be more clarity generally.

Q2 - Are the proposed changes within a framework which local authorities and their statutory partners can work within? (39)

31 said that local authorities could work within the framework given. Only 3 responses felt the framework to be unworkable but 7 said that there might be
difficulties implementing the framework. 6 wished for more clarity around the framework.

Q3 - Will the changes give rise to difficulties that may not have been anticipated? (39)

37 said that there would be difficulties that were not anticipated. The major difficulties that people expected to face were resource based. 13 raised the issue of lack of funding and financial issues and 22 said there was a lack of resources, especially dentistry, specialist nurses and CAHMS. 6 felt that the processes involved would cause difficulties.

Additional Points (30) The major themes of the “additional points” again related to resources. 12 said there is a need to recognise issues around CAMHS following assessment and referral and 12 said that there are capacity issues throughout the guidance, especially regarding the workload of LAC nurses and funding streams for this work. 8 thought that finance related issues required further consideration. 4 felt foster carers should have been considered more in this guidance. 1 felt that this guidance did not put children at its centre. The Welsh Language Board highlighted that there needed to be more provision for Welsh speaking children in the regulations.

Specific

Chapter 1: The Placement of Children (and Miscellaneous Amendments) Regulations 2007

Section 1 – Placement Panels pages 12-17

Q1 - Are the panel requirements clear? (44)

32 said yes, but 11 said that the requirements of the panel need further clarity surrounding operation, implementation, structure and accountability. Only 4 felt that the requirements were unclear

Q2 - Is the 20 days by which a panel must convene following an emergency placement reasonable? (43)

19 said the timescales were reasonable but 9 added that for this to happen there needed to be flexibility around “convening”, e.g. virtual meetings, telephone pathways. 12 said the timescales were unreasonable and 3 thought that 10 working days was more reasonable. 1 felt more clarification was needed.

Comment: In response to issues raised regarding timing of panels following an emergency placement, the timescale has been extended to 25 working days in the regulations. Guidance will reflect the fact that different types of Panel may operate dependent on the particular circumstances of the child and will seek to provide good practice examples.
Q3 - Is the suggested core membership and senior level of panel members clear and reasonable? (38)

23 said yes, and 16 suggested that additions are made, such as senior CAMHS representatives, fostering agencies, voluntary organisations, LAC nurses and so on being represented on the panel. 7 people felt that more clarity was needed around this and 9 felt that the senior level of people involved would make calling a panel at short notice difficult.

Comment: We have not been prescriptive about the make up of Panels recognising that this will depend on the particular circumstances of the case.

Q4 - Are the panels reporting requirements and accountability clear? (41)

29 said that they thought that the reporting requirements of the panel were clear and 18 said that the accountability was clear. 10 thought that the reporting requirements were unclear and 8 thought that the accountability was unclear. 1 thought that the panel should have the responsibility of allocating placements that take language into account.

Q5 - What will be the impact and cost implication on your business? (29)

3 said that there would be no cost implications to their business. 11 felt that there would be a business impact due to the need to provide staff at senior levels and administration to such as system. 10 felt that there would be a cost impact for generally the same reasons. 9 said that they were unable to quantify the cost and business impacts in advance.

Additional Points (14)

Issues were raised about how this applies to existing placements, about how CAMHS could be included, about capacity and about how SEN statements could be considered. The biggest theme from 6 respondents was that sometimes a child with complex needs could not have all those needs met in one place. 2 were cautious about the use of the CCSR, feeling that it did not provide the panel with enough information. 1 felt that “out of area” did not have enough meaning as some areas are very large and a child can be placed 80 miles away in area, while in other areas a child can be out of area 10 miles away.

Section 2 – Placements and Health Assessment page 17 –24

Q1 - Is the time limit of 10 working days of placement in which responsible authorities must notify relevant agencies of placement arrangements reasonable? If not, what do you consider a reasonable timescale? (42)

29 said that they felt the timescales were reasonable, but 5 said that they felt a maximum of 5 working days to be more realistic if the 28-day timescale for completing health assessments was to be viable. 3 felt that this timescale was unworkable. 1 suggested 3 working days was appropriate and 1 suggested 15 working days.
Comment: The regulations are clear that notifications should take place prior to placement wherever practicable. The 10 working day deadline is the new timescale imposed by which notifications must be made in any event.

Q2 - Are the arrangements regarding transfer of the child’s health records and the involvement of various professionals clear and reasonable? (40)

21 said that this was reasonable, but 13 said that they felt the arrangements were unclear. 9 said that the CNS LAC should not be responsible for the transfer of GP records as the GPs already have a robust system in place and the CNS could only liaise.

Comment: Transfer of GP records will remain the responsibility of the GP Practice. The CNS LAC will have a monitoring role in this regard.

Q3 - Will extending responsibility for undertaking initial health assessments to a registered nurse sufficiently safeguard the health needs of looked after children? If not, what additional measures are needed? (40)

30 said that extending responsibilities for initial health assessments to CNS was a good thing. 6 raised issues around the capacity of the LAC nurse and their caseload. 10 said that they felt a CNS could not properly undertake specialist assessments (i.e. CAMHS), only refer on to specialists, and often there is no capacity to ensure specialist assessments are undertaken and needs are met. 9 reported that nurse led health assessments were more popular amongst LAC as many LAC felt that they do not need to see a doctor when they are not ill. Only 1 felt that safeguarding measures were needed. 9 asked for clarity around the role of the RMP, especially about their responsibility for the CNS. 1 felt that the child should be given the choice as to who does their health assessment and 1 felt that the child’s preferred language should be taken into account as part of their health assessment

Q4 - Is the timescale of 14 days for ensuring the child has access to a dentist and arranging a dental assessment reasonable? If not, what would you consider a reasonable timescale? (42)

24 that the great shortage of dental facilities in Wales meant that getting a dental assessment within 14 days would be challenging, although 7 suggested that registering within 14 days was possible. 3 suggested a fast tracking system for LAC to get their initial dental assessment. 8 said they felt the time scales were reasonable but 6 suggested a 28-day timescale for getting LAC registered, with a recognition that actually getting an appointment would take longer.

Comment: Based on responses received the deadline for ensuring the child has access to a dentist has been extended to 25 working days.

Q5 - Is the requirement for the child to be registered with a GP within 14 days of the placement date reasonable? If not, what would you consider a
reasonable timescale? Should there be a time limit on temporary registration with a GP? If yes, what should this be? (42)

33 said they felt the time scale to be reasonable, but 2 said 10 days was reasonable. 12 felt that temporary registration with a GP was not suitable for LAC, with 16 saying that they felt a LAC should be permanently registered with a local GP within 3 months at the very latest. 4 felt that temporary registration was acceptable for short periods. 1 felt that the child should have access to a Welsh speaking GP if they wish it.

Comment: The guidance will be amended to ensure that the child has permanent registration with a GP by the time of the first review (3 months).

Q6 - Will the requirement on LHBs to appoint a designated person to co-ordinate the health services for looked after children and care leavers improve the health of these children and young people? What are the practical implications of this proposal bearing in mind that this is also a core action of the NSF? (38)

28 said that it should bring improvements, but 7 said that this was not sufficient. 8 said the role needs clarification of function and purpose. 15 people said that funding would need to be made available for this to happen.

Q7 - What will be the impact and cost implication on your business? (29)

19 said that there will be cost implications, with attributes being LAC nurse, paediatrician time, admin support, community dental services, CAMHS support and intervention. 3 said that the impact would be in the time required to fulfil new duties. 2 said that there would be little to no cost to their business and 4 were unable to quantify the impact at present.

Additional Points (16)

5 said that policy must address the need to develop local capacity and better manage the market, with 3 of them saying that current staffing levels are inadequate. 4 welcomed the proposals of an LHB list of LAC but 4 were strongly opposed to it. 2 wanted clarity of titles for the CNS. 1 did not see the point of making healthy children have a health assessment.

Section 3 – Review of Children’s Cases – IROs pages 25-26

Q1 - Are the IRO’s extended duties clear in relation to the additional matters to which they must have regard in respect of the review of the child’s case for example; to consult the children’s home “link worker”; to ensure the transfer of health and education records takes place and so on? (42)

30 said they thought this was largely clear, but 19 wanted more clarity around the IRO’s role such as how they monitor GP record transfers, how they work with the Link worker and what powers they would actually have. Only 3 felt that the role was unclear. 2 felt the IRO should have more independence.
Q2 - What will be the impact and cost implication on your business? (19)

8 thought that there would be cost impacts, but 7 thought that there would be no cost to their business. 3 were unsure how the costs would affect them.

Additional Points (0)

Chapter 2 – The Children’s Homes (Amendment) (Wales) regulations 2007

Chapter 2 – Children’s Homes pages 52-57

Q1 - Is 1 July 2007 deadline by which all (existing and new managers) must have the relevant qualifications (and be registered with the Care Council) reasonable? Should it be later for existing managers of Children's Homes? (18)

16 felt that this is reasonable. 2 felt it to be unreasonable and a 12 month extension should be granted.

Comment: We have extended the time by which staff in children's homes must register with the Care Council for Wales by six months to allow them to complete the induction process.

Q2 - Is it practical for all staff to be registered with the care council by 1st July 2007? (16)

11 said this was reasonable, but 4 felt that this would not be possible. 1 suggested that May 2008 might be more sensible so the managers were qualified before their staff.

Q3 - Is allowing 3 years for all existing staff (by July 2010) to qualify too long, should it be 2 years? (17)

12 said that 3 years was reasonable, 4 said 2 years was achievable. 4 felt that even three years may be impossible with such high turnover. 1 said that three years was too long.

Q4 - Is the proposed threshold of 90% of care staff working in the children’s homes having a permanent contract reasonable and achievable? (13)

9 said they thought this was reasonable, but 5 said there were wider difficulties with this. 1 thought that 97% was reasonable.

Q5 - Are the proposed new training requirements clear? Will they lead to a better understanding of the qualifications needed by managers in residential services for children and young people? (11)
9 said that they thought this was reasonable but 1 thought it could cause difficulties. 1 thought that having Welsh language skills was an essential attribute to providing adequate care for Welsh speaking children.

**Q6 - Will the introduction of a trainee/qualifying category for registration lead to clearer career progression for new staff and contribute to improved standards and stability? (11)**

9 said yes, 1 didn’t know and another thought that this would not be possible. 1 wanted more clarity about what the trainees duties would be.

**Q7 - What are the main obstacles for introducing the changes to qualification requirements? (14)**

9 said that training and facilities for training would need to be available. 5 said that the high level of staff turnover would prove an obstacle and 3 raised the need for casual staff who are not employed often enough to get trained.

**Q8 - Do the proposed changes to the list of relevant qualifications safeguards standards of competence for those managing residential childcare services? (15)**

12 said they do, but 2 felt that there was a need to include previous experience and qualifications of current managers and 1 said that previous experience would need a more quantifiable measurement. 1 thought that equivalent qualifications recognised by the Care Council for Wales should be included.

**Q9 - Are all the predecessor qualifications listed appropriate for inclusion in the revised list of relevant qualifications? (11)**

8 said they were appropriate, but 3 said that getting 80% of staff qualified to those levels was impossible. 1 felt that qualifications pre-dating 1971 should be disregarded

**Q10 - Should staff with deputising responsibilities hold a level 4 care qualification as recommended for managers in order to ensure secure and safe management and to assist with succession planning? (10)**

9 said yes, they should. 1 said they should have level 3 and be moving towards level 4.

**Q11 - Do you agree with the proposal for a link worker in post by July 2007? Is this achievable? (18)**

10 said that they thought this was reasonable, but 8 said that more clarity was needed around the role of the link worker. Only 1 thought that this was not possible. 1 wanted to know how much choice the young people had in their link worker. 2 were worried that this may disempower other staff who have a good relationship with the child. The Welsh Language Board commented that it was
essential that a Welsh speaking child has a bilingual link worker who understands the importance of Welsh medium education and health care.

Q12 - What will be the impact and cost implication on your business? (11)

11 said that there would be a significant cost implication to their business with one from Landsker Child Care stating that the regulations could cause his Children’s Homes to close.

Additional Points (7)

1 raised HR concerns: difficulties in recruiting social workers; issues of supporting staff who were no longer adequately qualified and options for them; a lack of NVQ assessors; difficulties training night staff and the need for shared training across sectors. 1 said that generally the timescales may not be practical. One wanted to know how respite units mapped into these regulations. 1 welcomed the 80% qualified requirement, but 2 said that it would not be possible. 1 wanted to know if children’s homes offering treatment should be registered with HCW. 1 felt that the emphasis should be on foster care. 1 thought it was unreasonable for the LAC nurse to supervise registration with GP and Dentist, that should be responsibility of Children’s Home or Foster Carer.

Chapter 3 – Promotion of Education pages 68-71

Q1 - Will the requirement on local authorities to designate a specialist education practitioner (the LAC Education Co-ordinator) to co-ordinate the child’s education plan and address the education needs of Looked After Children and Care Leavers ensure that the educational needs of these children and young people as required by section 52 of the Children Act 2004 are met? (32)

29 felt that this would help, but 9 said that there was more to be done. 8 said that there are funding and capacity issues surrounding this role.

Q2 - Are the roles and responsibilities of this nominated post clear? Is the relationship with other key practitioners clear? (25)

17 said it was clear, but 6 said that they felt this post needed clarification, especially surrounding accountability, levels of qualifications and interfacing across services.

Q3 - Is the time limit of 10 working days of placement in which responsible authorities must notify the relevant education authorities of arrangements to place the child reasonable? If not what do you consider a reasonable timescale? (24)

21 said that this is reasonable, but 3 of them said exemptions should be made in school holidays and genuine emergencies. 3 thought that 5 days was more reasonable and 1 thought 15 days was appropriate.
Comment: The regulations are clear that notifications should be made prior to placement wherever practicable. The 10-day deadline imposes a timescale by which notifications **must** be made in any event.

Q4 - Are the arrangements regarding transfer of the child's education records and the roles and responsibilities of the relevant professionals clear and reasonable? (23)

14 said yes, but 9 wanted more clarity about this issue

Q5 - What will be the impact and cost implication on your business? (16)

12 said that there will be a cost impact and 3 were unsure. 1 said none as they already employ such a person.

Additional Points (9)

1 felt that the 20 day time scale for completing the PEP is too short to allow the LAC educational co-ordinator to build up a strong enough relationship with the LAC to get a good enough idea of what they need. 1 felt that clearer reporting frameworks are necessary to ensure that the role of corporate parenting is developed. 1 said that there is a need to replicate requirements in the English Green paper for schools to be required to admit Looked After Children even when full. 1 said that Post ELWa the role of the Department for Education, Lifelong Learning and Skills needs to be clarified. 1 said that the CSSR and panel should support the need to check educational placement availability. 1 said that there needs to be a simplified system needed to recoup SEN costs. 1 suggested an educational co-ordinator being employed by Independent Fostering Agencies to liaise with LAC co-ordinator and Local Authorities. 4 said that the role of foster carers needed to be built and emphasised. 1 raised the issue of how care leavers can be included. 3 felt that the role of the school and the head teachers should be emphasised. 1 felt that the provision of Welsh Language education had been overlooked in this section and LAC who speaking Welsh should be given the opportunity to be educated in their preferred language.

Comments: We intend to issue a new Code of Admissions which will require local authorities to place looked after children in the best school for their education, irrespective of whether this is already fully-subscribed. We could enforce this by way of regulations under the Education and Inspections Act 2006. However at this point we believe it would be preferable to develop a way of working through the Code rather than using powers to direct schools.

*Local Health Boards (Functions) (Wales) (Amendment) Regulations 2007*

Chapter 4 – Responsible Commissioner pages 73-82

Q1 - Do you agree with the principle of the changes i.e., responsibility and resourcing for secondary care costs remain with the originating LHB? (30)
26 welcomed these changes, but 12 said they did not see how they would work in practice, citing funding confusions surrounding how the originating LHB would pay for the secondary care costs.

Q2 - Is this a framework that LHBs can work within? (26)

11 said yes. 17 thought that there were difficulties in the framework that need to be corrected before LHBs could work with it.

Q3 - Are there other groups of children that the new arrangements should be applied to? (17)

14 said yes, and variously suggested UASC, Children of travellers, Children in private fostering arrangements, children up for adoption, children permanently placed, young offenders, young people up to the age of 25, disabled children and children not in care but with complex and continuing needs out of county that isn’t funded by HCW. 3 felt no other children should be included. While these children are already covered, the Welsh Language Board felt that greater Welsh language provisions should be made for children who prefer to use Welsh.

Q4 - Proposals for agreeing new secondary care health needs (and tertiary care health needs where appropriate) are identified. Do you consider that these are reasonable, achievable and workable? (16)

9 said yes, but 6 of them said arrangements would vary from area to area. 1 said no, but 8 wanted more clarity surrounding the issues.

Q5 - Are the arrangements for dealing with children who are placed/accommodated in England clear? Explain any issues? (18)

5 said yes, 6 said no. 9 wanted more clarity in the proposals, especially how the November regulation changes in England will affect placements.

Q6 - Should the new arrangements be applied to children placed out of area before the commencement date – July 2007? If yes, what is the likely impact on your service/ resources? (15)

5 said yes, 6 said the date of July 2007 should be adhered to. 4 did not want the regulations to apply retrospectively. 1 wanted more investigation to be done.

Q7 - Will the changes give rise to difficulties that may not have been anticipated? If so, what are these and how might they be overcome? (14)

13 said yes, 5 specifying funding as a problem. 1 felt unable to say in advance.

Q8 - What will be the impact and cost implication on your business? (12)

7 said that there would be a cost and 7 said that there would be a significant impact. 1 was unsure.
Additional Points (5)

2 said there were issues around capacity, joint training and ongoing medical issues such as notification and administration of medication. 1 felt the timescales for resolving commissioning disputes was too long. 1 was concerned about safeguarding children. 1 felt that this could turn into a cost recovery exercise. 1 felt that the role of the HCW should be emphasised.