Royal College of Paediatrics and Child Health
Leading the way in Children's Health

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Department for Education
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Sent via email: CIN.REVIEW@education.gov.uk

Thursday, 31 May 2018

To whom it may concern,

Re: Children in need of help and protection: call for evidence

As paediatricians with expertise in supporting vulnerable children, we welcome the Department for Education's call for evidence on educational outcomes for children in need of help and protection, however we would like to acknowledge that the consultation document fails to reference or directly invite responses from paediatrics, which we feel is a significant oversight. Paediatricians play a vital role, alongside wider health, social care and education professionals in ensuring the educational outcomes of vulnerable children and young people are met.

A comprehensive paediatric assessment generates a biopsychosocial profile of the child, family and wider environment which can then support accurate diagnosis of any underlying conditions (e.g. neurogenetic conditions, visual impairment, hearing impairment, foetal alcohol syndrome, ADHD, attachment disorder, post-traumatic stress disorder etc.); facilitate links with appropriate local services; and, as required, contribute to the safeguarding process. Through early diagnosis, as well as identification of unmet health needs and co-morbidities, paediatricians can facilitate appropriate early intervention, allowing for better access to education and improvements in school attendance.

Additionally, the health needs of children and young people with a disability can have significant implications for their ability to access education. Paediatric services can support these children through early discharge where appropriate, enabling them to return to education quicker. In some areas paediatricians will have a direct role in supporting schools (both mainstream and SEN) as well as school nursing teams by seeing children in school as opposed to in the health setting.

Child protection medical assessments also present an opportunity for paediatricians to identify unmet health needs for children and young people which have significant implications for a child's educational outcomes. For looked after children, paediatricians have an important role in contributing to their education plans through collaboration with social care. This can provide an excellent mechanism for ongoing feedback between education, social care and health, which can otherwise be a barrier for maximising a child's educational outcomes.

As an example of how paediatric services support the educational outcomes of children in need, we have attached a case study from the Lambeth Community Paediatrics Team which addresses the specific consultation questions in **Appendix 1**. Please note that this is just one example of many across the country.

Finally, although not specifically within the scope of the consultation, we would also like to highlight the importance of adverse childhood experiences and social deprivation on educational outcomes. The earlier vulnerable children and their families are identified and provided with appropriate support, the greater chance we have in ensuring they maximise their educational potential.

If you have any further questions, or would like to speak with a representative of the RCPCH, please contact Alison Firth, Policy Lead, 020 7092 6093.

Yours sincerely,

Dr Max Davie
Officer for Health Promotion
Royal College of Paediatrics and Child Health

Dr Alison Steele
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Appendix 1: Case study from Lambeth Community Paediatrics

Priorities and focus

1. *Describe your priorities in what you do to support Children in Need to improve their educational outcomes.*

As the committee is aware, there is a very high prevalence of underlying special educational needs and disability (SEND) among children in need. Our experience is that the precise nature of this need is not always clear in individuals, and difficulties are often ascribed solely to the social circumstances when a more nuanced picture incorporating biological and psychological, as well as social factors would yield better results.

We aim, in our vulnerable children's clinic (under 5s) and our educational paediatric clinic (over 5s) to provide the holistic assessment necessary to provide this understanding.

Therefore, our priorities are:

- Generate a biopsychosocial profile of the child, family and wider environment
- Make accurate diagnosis of underlying conditions (learning difficulties, autism spectrum disorder (ASD), ADHD, language disorder) in liaison with other professionals
- Facilitate engagement with appropriate local support services (CAMHS, charities, parent groups)
- Contribute to the safeguarding process in partnership with the Local Authority

We also offer the facility for the examination of children referred by social care with possible abuse. In the course of these assessments we also examine the child's developmental profile, and underlying SEND is a frequent result of this process, very often noted for the first time.

Theories and research

2. *To what extent do you agree with the following statement? I/My organisation has a strong evidence base that underpins our work with Children in Need. 9 3.*

Very strongly. We work in compliance with NICE guidance, specifically those regarding the assessment of ASD[1] and ADHD[2]. It should be noted that both guidelines advocate the kind of holistic assessment that we aim to provide.

3. *What theories or research do you rely on to inform a plan of how to support a child?*

Our work rests on decades of research into child development and psychopathology, which has resulted in the following evidence-based tools:

[1] Autism spectrum disorder in under 19s: recognition, referral and diagnosis – NICE guideline CG128. https://www.nice.org.uk/guidance/cg128

[2] Attention deficit hyperactivity disorder: diagnosis and management – NICE guideline NG87 https://www.nice.org.uk/guidance/NG87

- DSM-5[3] and ICD-10[4] diagnostic systems
- NICE guidance for ASD[5] and ADHD[6]
- Schedule of growing skills II[7]
- Coloured progressive matrices, beery visuo-motor battery, Crichton vocabulary scale and digit memory span
- The Autism Diagnostic Observation Schedule (ADOS) and Autism Diagnostic Interview (ADI) diagnostic tools for Autistic spectrum disorder
- Conner's questionnaire for ADHD

Rather than follow a specific theory of child development, we prefer to follow practice that is scientifically evidenced, and that shows evidence of benefit, whatever the theoretical basis.

Other assessment tools are also available including the ADHD-Rating Scale, the Vanderbilt Assessment Scale, the Strengths and Difficulties Questionnaire.

Direct contact and building relationships

4. *To what extent do you agree with the following statement? I have effective approaches and skills to build relationships with Children in Need.*

We work very hard to make children welcome in our centre, and engage them with the process.

A feedback process specifically for children is underway.

5. *To what extent do you agree with the following statement? I have effective approaches and skills to build relationships with adults in the child's family.*

We gather regular feedback from families: recently we found that 78% of families rated themselves as 'extremely likely' to recommend our service.

6. *What approaches and skills do you use to build relationships with Children in Need, and how is this supported by your organisation?*

One challenging area has been the approach to children referred with child protection concerns. Families are often reluctant to attend which means building relationships can be difficult. In order to further explore this we conducted a research study looking at the child's view of the Child Protection Medical Assessment and whether it was truly child focused. This gathered responses directly from the children and young people who attend for these medicals, as well as from their

[3] https://www.psychiatry.org/psychiatrists/practice/dsm
[4] http://apps.who.int/classifications/icd10/browse/2010/en
[5] https://www.nice.org.uk/guidance/cg128
[6] https://www.nice.org.uk/guidance/NG87
[7] https://www.gl-assessment.co.uk/products/schedule-of-growing-skills-sgs/

carer's. We have been able to use their responses to develop our service and help build relationships with these extremely vulnerable families.

7. *What approaches and skills do you use to build relationships with adults, and how is this supported by your organisation?*

We have highly trained and experienced staff who have excellent skills, as shown by the parent feedback above.

Assessment and decision-making

8. *How do you identify a child's needs, and make decisions about what support should be in place?*

By assessing holistically their developmental, physical, emotional and social needs, while also bearing in mind the possible utility of diagnostic assessment.

A formulation of strengths and difficulties is produced which leads to a variety of recommendations, be they medical, educational or in the social care realm.

Diagnostic assessment leads to the production of evidence-based recommendations following NICE guidance.

9. *When deciding what support should be put in place for a child, what evidence do you use?*

The strengths and difficulties are arrived at by a combination of observation, parental history and third-party information. For diagnostic assessment these sources are supplemented by specialist assessment tools such as the ADOS assessment, ADI diagnostic tool and Conner's questionnaire. Diagnosis is agreed with parents according to internationally agreed criteria and (perhaps more importantly) when there is agreement that diagnosis would be of benefit.

10. *Where a child is disabled, or has special educational needs, what are your priorities in offering support to improve their educational outcomes? (You may refer to children with disabilities, or special educational needs, or both).*

Our priorities are:

- A shared understanding of the nature and origin of the child's strengths and difficulties
- Optimise function by carefully unearthing unmet need (e.g. hearing, ADHD)
- Participate in co-ordinated agency responses to the family's needs
- Work with schools and education to optimise SEN management.

Working with other professionals

11. *How do you work with other agencies to improve the educational outcomes of Children in Need?*

On an individual child basis, we always involve relevant agencies in our work. Routinely, the social worker would attend for a child protection medical and we would discuss our findings and joint intervention after the assessment. For children attending for developmental assessment we will always gather information from other professionals before reaching a diagnostic conclusion.

As local designated professionals (for safeguarding, SEN, looked after children) we are involved in strategic planning at local authority level, and active in staff training in safeguarding practice, behavioural management and understanding ADHD, to take some examples.

Theories and research

12. *In your experience, how long would you remain working with the same child and family?*

This is very variable. If the child attends for child protection medical we would not usually follow them up. However, some families in need who also have neurodevelopmental conditions have been in our services for years.

13. *What impact does consistency of professional have on the child involved and their outcomes?*

We believe it is very important for several reasons, even if it is not always possible:

- Many of the families we work with are very wary of professionals and it can take some time for barriers to come down.
- Development is a dynamic process and often skills and situations evolve over time- continuity of care allows this to be obvious and more accurate assessment to result.
- It is simply more efficient for someone who knows the family to review the case than for someone else to start all over again.

Supporting the whole family

14. *To what extent do you agree with the following statement? The majority of support I/my organisation offers to Children in Need involves helping the whole family.*

To an extent, although all our work is ultimately about helping the child.

15. *What is the nature of your work with adults in the child's life?*

Support, advice, signposting to other services.

Evaluation

16. *How do you measure and evaluate the impact of your work to address a child's educational outcomes?*

We look at broader functioning and progress at school rather than narrow educational measures. However, this aspect of our work is under-developed.

17. *How do know your work has been successful, including any before and after measures you use?*

We gather information on the family and school's view of the child's function and look for improvement at every review.

18. *Do you have comparator groups?*

No, it would be unethical to identify need and not intervene.

19. *In your view, what are the areas that have a strong existing evidence base in improving educational outcomes for Children in Need?*

There is a strong evidence base for identifying and managing neurodevelopmental conditions in Children in Need.

20. *In your view, what are the areas that need a stronger evidence base in improving educational outcomes for Children in Need?*

A lot of therapies offered in school e.g. art therapy, music therapy, lack an evidence base for this group.

About the RCPCH

The Royal College of Paediatrics and Child Health (RCPCH) is responsible for training and examining paediatricians, setting professional standards and informing research and policy. RCPCH has over 18,000 members in the UK and internationally. We work to transform child health through knowledge, research and expertise, to improve the health and wellbeing of infants, children and young people across the world.

Our key areas of work include:

- Training, exams and professional development – we are responsible for the postgraduate training of paediatrics in the UK, provide career support and run the membership (MRCPCH) and Diploma of Child Health examinations.
- Improving child health – we aim to improve outcomes through research, standards, quality improvement and policy in the UK and globally. We aim to ensure the voice of children, young people and families in our programmes.
- Member services – we support our members with a package of unique benefits. These include access to multidisciplinary educational programmes, including face-to-face courses and e-learning resources.
- News and campaigns – we engage with the media, government, NHS, charities and other stakeholders, working across the UK (Scotland, Wales, Ireland and England).

For further information please contact:

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