

# National Institute for Health and Clinical Excellence

## PUBLIC HEALTH PROGRAMME GUIDANCE – LOOKED AFTER CHILDREN

Consultation on the Draft Scope from  
Wednesday 25<sup>th</sup> June – 23<sup>rd</sup> July 2008

Comments on the Draft Scope to be submitted  
no later than 5pm on 23<sup>rd</sup> July 2008

### Stakeholder Comments

Please use this form for submitting your comments to the Institute.

1. Please put each new comment in a new row.
2. Please insert the **section number** in the 1<sup>st</sup> column. If your comment relates to the document as a whole, please put '**general**' in this column

<b>Name:</b>	<b>Susan Sherwin-White, Chair</b>
<b>Organisation:</b>	<b>Association of Child Psychotherapists</b> 120 West Heath Road London NW3 7TU Tel: 020 8458 1609 Fax: 020 8458 1482 <a href="http://www.acp-uk.eu">www.acp-uk.eu</a>
<b>Section number</b>  Indicate <b>section number</b> or ' <b>general</b> ' if your comment relates to the whole document	<b>Comments</b>  Please insert each new comment in a new row.
<b>General</b>	<b>Introduction</b>  The Association of Child Psychotherapists (ACP) is the independent professional body for the training and regulation of child and adolescent psychotherapists in the UK. It is recognised by the Department of Health (see Appendix A for more details).  The ACP welcomes the National Institute for Health and Clinical Excellence (NICE) and the Social Care Institute for Excellence (SCIE) Draft Scope on developing joint guidance on improving the physical and emotional health outcomes for looked after children and young people.  We believe it is crucial that there is understanding and treatment of the mental health and emotional difficulties that can prevent children and young people in care from taking up the opportunities they are offered.  This response is informed by child psychotherapists' extensive experience of work with children, young people and the professional networks around them.

Please add extra rows as needed

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*NB: The Institute reserves the absolute right to edit, summarise or remove comments received on during consultation on draft scope where, in the reasonable opinion of the Institute, they may conflict with the law, are voluminous or are otherwise considered inappropriate.*

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<p><b>Section 3: The need for guidance</b></p> <p><b>3c, 3d and 3f</b></p>	<p><b>Emotional Understanding</b></p> <p>The ACP welcomes the Draft Scope's recognition that 'early care experiences have long-term consequences for children's health and social development'.</p> <p>All looked after children have experienced family breakdown and many have suffered neglect or abuse. The ACP believes that understanding the impact of this on children's mental health and emotional well-being should be central to this investigation. Untreated mental health difficulties and psychosocial problems can lead to learning difficulties which prevent children from accessing opportunities and can lead to difficulties in later life.</p>
<p><b>3d and 3f</b></p>	<p>Many children survive adverse early experiences by forming psychological defences. They may retreat behind a protective shell or they may become hyperactive, sometimes engaging in risk-taking behaviour. Some children become identified with the person who hurts or deprives them, which can in turn lead to abusive behaviour. The ACP believes that this investigation should focus on approaches which help the child to make meaning of their disturbed behaviour, enabling them to connect with others and reconnect with their own minds. Such approaches may help prevent the kinds of outcomes noted in section 3d.</p>
<p><b>4.2</b></p>	<p>We note and welcome the Draft Scope's commitment that measures and indicators of mental health and emotional wellbeing are among the wide range of short, medium and long-term outcomes which will be considered, including those that have been identified by looked after children as important to them.</p>

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<p><b>3c</b></p>	<p><b>Stability</b></p> <p>As the Draft Scope acknowledges, ‘negative experiences in care, including frequent change of placements, increase a child’s risk of poor outcomes’.</p> <p>The ACP believes that stability and predictability in relationships are fundamental to ensuring positive outcomes for children in care. We need to ensure that children have stability so that they are able to form supportive emotional attachments with their carers and make use of educational provision and opportunities. The quality and continuity of relationships with carers and social workers is central to recovery and future development.</p>
<p><b>3c continued.</b></p>	<p>The ACP believes that stability and continuity should be central to the scope of this investigation. Services for children in care need to be stable and sustained so that children have enough continuity in their relationships to form a secure base from which to develop and thrive. At a stage when continuity is what is most needed, many children in care have to manage repeated and damaging endings, such as frequent changes of placements.</p>
<p><b>4.2: Activities/Interventions</b></p>	<p><b>Specialist services</b></p> <p>The ACP welcomes the inclusion of multi-disciplinary and specialist interventions in the scope of the investigation. The ACP believes that the complex mental health needs of looked after children are best met by specialist multi-disciplinary teams of highly qualified, experienced professionals working alongside social services and mainstream Child and Adolescent Mental Health Services (CAMHS).</p>
<p><b>4.2 continued</b></p>	<p>Following the recommendations of Lord Laming, many local authorities have set up designated multi-disciplinary mental health teams for looked after children<sup>1</sup>. These services provide fast response multi-disciplinary assessment; placement support; treatment including psychotherapy for children in transition; consultation to carers, social workers and professional networks; training, audit and research. These specialist services are responsive to local contexts and work within or alongside social services.</p>

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<b>4.2 and 4.3</b>	<b>Access</b>  There is substantial variation across regions in the provision of mental health services for looked after children. The ACP believes that NICE should examine good practice in this area, which needs to be built on <sup>2</sup> so that there is equity of opportunity for children irrespective of location.
<b>General</b>	<b>Appendix A</b>  The Association of Child Psychotherapists (ACP) is the independent professional body for the training and regulation of child and adolescent psychotherapists in the UK. It is recognised by the Department of Health.  Its main objectives are to achieve excellence in child psychotherapy education, training and research, and to increase the availability of child and adolescent psychotherapy throughout the UK.  Founded in 1949, the Association has 765 members who work in a wide range of public settings including schools, hospitals, Sure Start, CAMHS, and specialist CAMHS for looked-after children and young people, as well as in private practice. Most child psychotherapists work in multi-disciplinary teams and many provide training and supervision for colleagues in social services, education and health.  The six-year practice-based doctoral level training of child and adolescent psychotherapists gives them a unique insight into the emotional and psychological world of children. Their training is based on the detailed observation and study of child development and of conscious and unconscious communication. Their work is informed by a broad evidence base, multi-disciplinary teamwork and specialised clinical experience.

<sup>1</sup> Lord Laming (January 2003) *The Victoria Climbié Inquiry*

<sup>2</sup> DoH 2004, *What's New: Learning from the CAMHS innovation projects*; Youth Minds 2006, *Looking after the mental health needs of looked-after children: sharing emerging practice*

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