

## Consultation response

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### **The Independent Examination of Proposals for Major Change in NHS Services Consultation ends 25 January 2008**

#### **Introduction**

Children in Scotland welcomes the opportunity to respond to the consultation on *The Independent Examination of Proposals for Major Change in NHS Services*. We support the effort in both the *Kerr Report* and *Better Health, Better Care* to promote greater public involvement in the design and delivery of services and hope this consultation will further this objective. We think that the consultation document should specifically recommend the involvement of children and young people, as well as their parents, carers and families.

This consultation response focuses on ensuring that the views of children and young people (and their parents, carers and families) are sought in the examination of proposals to NHS services. This is in keeping with the United Nations Convention on the Rights of the Child (UNCRC), which states that children's views must be considered and taken into account in all matters affecting them.<sup>1</sup> In making decisions about independent examinations of changes to NHS services, the Scottish Government has the opportunity to facilitate the meaningful involvement of children and young people in important decisions that affect their own (and Scotland's) well-being.

#### **Children's rights**

The health care needs of children and young people differ from those of adults. The way they access and use services and the way that services should respond to their needs are different. The right to the best possible health and to health care is included in the UNCRC, along with children and young people's right to have their views taken into account. The SNP manifesto and the Scottish Government policies support the UNCRC.

Children in Scotland welcomes the support expressed in the consultation document for public involvement in decisions regarding the NHS. However, it is unclear whether the numerous references to 'public' and 'public involvement' fully include children and young people. As a matter of both principle and good practice, the inclusion of children and young people should be ensured. In some cases, young patients would have different and more pressing needs than adult patients. For example, patient waiting times may need to be shorter

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<sup>1</sup> *United Nations Convention on the Rights of the Child (UNCRC)*, 1989

for children and young people with mental health problems, as it is essential to ensure that children's issues are resolved at an early stage. For developmental reasons, children have a different time perspective than adults (and thus, while three months may seem reasonable to an adult, the same period can be deeply distressing and counter-productive in dealing with young people.

Different strategies also may be necessary in securing the rights of children and young people having additional support needs. The Education (Additional Support for Learning) (Scotland) Act 2004 makes it a requirement by law for education authorities to ensure that they provide any extra support that pupils need to enable them to reach their full potential. This extra support may be in relation to health requirements and any changes to NHS services may have implications for their learning.

Whilst direct consultation with, and involvement of, children and young people themselves is the preferable option, there will be instances (e.g., in the case of infants or children who are not able to express their own views) for an adult to speak on their behalf and in pursuit of the child's best interest. Normally, this will be a mother/father/carer, but may be another adult known and trusted by the child or young person.

### **Options for an independent scrutiny approach**

Children in Scotland favours option 3: the expert panel. Expert panels have worked well in the past, for example the Expert Panel on School Meals. This option allows the scrutiny process to take place in a clear and structured way and allows for decisions to be made by people with the necessary knowledge and expertise. It also facilitates public input via evidence sessions.

We urge, however, that the expert panel include children and young people. Not only should there be a designated number of places on the panel for children and young people but the views of an appropriately representative group of children and young people should also be sought when the panel is considering evidence to make their decisions. Given proper training and support, children and young people could be involved in a way that is meaningful and beneficial to the panel, to children and young people themselves, and ultimately, to NHS services. Any training and support should be provided, before, during and after involvement in the scrutiny process, by people experienced and skilled in such work with children and young people.

Children in Scotland strongly recommends that no matter what option for independent scrutiny is chosen, children and young people form part of the process. This should be a core element of all relevant consultations.

### **Families**

Children in Scotland also recommends that the views of parents, carers and wider family members are represented during the independent scrutiny process. The needs of families are complex and the way that they access

services differs from other individuals. Representation of their views, in addition to those of children and young people, on the independent scrutiny panels and during wider public consultation is essential to ensure that services are developed in a way that will meet their diverse needs.

**Wider parental involvement in a child's health care**

Any independent scrutiny process that involves children and young people will need to adhere to the new Gender Equality Duty, which calls for greater equality in the delivery of public services, including health services. It means that unless there is a specific legal or child protection reason for excluding a parent, health services must ensure that all parents (mother and father, biological or non-biological and resident or non-resident) are treated equally with regards to parental involvement in their child's health and healthcare decision-making.<sup>2</sup>

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**To comment upon this consultation response or for further information, please contact Sheona Lawson at 0131 222 2412 or at [slawson@childreninscotland.org.uk](mailto:slawson@childreninscotland.org.uk).**

**Children in Scotland** is Scotland's national agency for organisations and professionals working with and for children, young people and their families. It exists to identify and promote the interests of children and their families and to ensure that policies, services and other provisions are of the highest possible quality and are able to meet the needs of a diverse society. Children in Scotland represents over 450 members, including all major voluntary, statutory and private children's agencies, professional organisations, as well as many other smaller community groups and children's services. It is linked with similar agencies in other parts of the UK and the European Union.

The work of Children in Scotland encompasses extensive information, policy, research and practice development programmes. The agency works closely with MSPs, the Scottish Government, local authorities and practitioners. It is a partner of the Participation Partnership Group for children and young people's mental health. It services a number of groups such as: the Cross Party Parliamentary Group on Children and Young People; the National Children's Voluntary Forum; the National Early Years Forum, and the Rural Advisory Group. Children in Scotland also hosts Enquire; the national advice service for additional support for learning.

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<sup>2</sup> For more information on the Gender Equality Duty see *Making the Gender Equality Duty real for children, young people and their fathers*, Children in Scotland 2007