

**BAAF response to
Consultation on Draft Guidance:
Schools' Role in Promoting Pupil Well-being
September 2008**

About BAAF

The British Association for Adoption and Fostering (BAAF) is pleased to respond to this consultation. BAAF is the leading charity and membership organisation for fostering and adoption in the UK. We:

- promote the highest standards of child-centred policies and services
- speak out on behalf of looked after children
- influence UK-wide policy and legislation
- provide much-needed information and advice
- promote greater public understanding of adoption and fostering
- support our members in their work

BAAF's main activities are the development, promotion and advocacy of best policy and practice; the provision of advice and information to our members and to the general public; training, consultancy and seminars; child placement services including *Be My Parent* online. We also publish a quarterly professional journal, *Adoption and Fostering*, books and guides for professionals, academics, parents and carers and research studies. The main users of our services are our members comprising local authorities across the UK, voluntary adoption agencies, independent fostering agencies and also individual social care, legal and health professionals, and carers.

We are submitting this response in respect of general aspects of this consultation, and primarily from the perspective of the needs of looked after and adopted children, and are therefore not submitting the response form.

General Comments

BAAF welcomes the high aspirations expressed in the draft guidance concerning the role of schools in promoting the well-being of all children in school, and the opportunity to respond to this consultation. However, we believe that further clarity and elaboration are needed to define 'well-being', and without the use of the term 'well-being',

We are also concerned at the general lack of evidence that the formation of Children's Trusts, and the key role of schools within them, is truly effective in improving services for all children and in particular vulnerable children such as those in public care.

We support the recognition that improved nutrition is essential. However, we believe that attention should also be given to improving other basic aspects of health, such as good hygiene in school toilets, and stressing the importance of drinking enough water in school, as dehydration, which impairs concentration, affects a significant number of

children. There is also no mention of sleep difficulties, yet it is well recognised that a variety of sleep difficulties are common in looked after children, related to their emotional and behavioural problems. Arriving in school rested is essential for maximum performance academically, to make the most of social and extracurricular activities, and to assist in overcoming emotional and behavioural difficulties.

Members of the BAAF Health Group, which includes medical advisers for adoption and fostering, specialist nurses for looked after children, and representatives from psychiatry and psychology, expressed grave concern that schools are not organised in ways which facilitate achievement of the expressed aspirations. Although the aspirations are laudable, there are doubts about how they will be realised in practice. For example, teachers lack training to understand, recognise and address the emotional and behavioural development and needs which impair the ability of many looked after and adopted children to fully access education. And when these needs are identified, schools generally lack sufficient resources to adequately address the issues. Considerable investment is needed in both training and capacity, for example, to train teaching staff in emotional literacy, to provide specialised mental health professionals and to equip schools to work in partnership with parents and carers; this is essential to effectively addressing emotional and behavioural issues and to support these children in school.

In addition, we have concerns that social care involvement in schools is currently limited to child protection; much broader involvement will be required to achieve the stated aspirations. Health provision in schools is also highly variable across the UK with some areas noting a decline in provision compared to a decade ago when all schools had a school doctor. Other areas have increased health resources in schools, with nurses taking on an increasingly important advisory role as well as health promotion. One effective model used in a Scottish local authority has a designated team, consisting of a social worker and a mental health professional, who provide links between the secondary school and the family.

In summary, two key barriers to implementing this guidance are the current structures within the school systems and the lack of sufficient resources. Overcoming these will require considerable investment in training, increased capacity within health and social care, and development of effective systems for inter-agency working.