

Establishing Local Healthwatch

Engaging with children and young people



Establishing local Healthwatch (LHW) is a series of briefings produced by the LGA to assist local authorities and their partners in local communities and the NHS to support the commissioning, setting up and early development of local Healthwatch. The briefings are intended as a general introduction to what is involved and a brief summary of issues and questions which local authorities and others may wish to consider.

The full suite of briefings can be found at: www.local.gov.uk/health

Information in the briefings has been compiled from a document review, web-based research and information from LHW leads from around the country. It should not be regarded as a comprehensive picture or as statutory or non-statutory guidance, which is provided by the Secretary of State for Health and the Department of Health. Case examples show a range of different ways in which local authorities and partners are setting up, developing and supporting LHW – they reflect local ideas and solutions which may stimulate thinking about options, rather than being recommendations for general good practice.



Key messages

- Local Healthwatch's duties extend to involving children and young people in their work. It needs to develop strategies for effectively involving children and young people, and particularly those who are most disadvantaged. It will need to: secure the equal voice that children and young people want; include their views in communications with commissioners; and involve them in monitoring health and social care services at all levels.¹
- Children and young people should be involved in the development of their local Healthwatch's priorities and work plan to ensure the agenda is not dominated by adult issues. They should be well represented in local Healthwatch membership and all spokespeople (for example on Health and Wellbeing Boards) should be sufficiently knowledgeable to speak on their behalf.
- Local Healthwatch organisations need to have access to the capacity and skills to work with children and young people, exploiting good practice from current Local Involvement Networks (LINKs) and other voluntary sector organisations where it exists. There are already models, methods and expertise for developing children and young people's engagement in use within the children and youth sector on which LHW can draw.
- The 'Enter and view' power will not be extended to a power to visit premises that provide social care to under-18 year-olds, such as children's homes and foster care, but the power to request information from the local authority and the NHS will be extended to include information on health, wellbeing and care services for children and young people. In the absence of an Enter and view power, local Healthwatch will need to be imaginative in keeping in touch with young people's views and experiences of social care facilities commissioned for them, for example on how well integrated they are with health services.
- It is vital that Healthwatch works collaboratively, with existing representatives, groups and organisations, in the statutory and voluntary sectors, that are intelligence and data-rich because they already gather information from children and young people; this will help to inform the collective local intelligence LHW will present through its seat on the health and wellbeing board. In addition, Healthwatch can present this information to Healthwatch England to inform national support.
- In engaging with children and young people, LHW may want to consider making use of social media – young people themselves are the best people to advise on ways of doing so. This should not, however, take the place of face-to-face activities which are valued by young people.
- The LHW Board and volunteers will need to understand the local safeguarding arrangements for children and young people between the local authority, the police, the local children's safeguarding board, Ofsted and CQC both in order to know how to raise concerns and also to increase their understanding of the impact of failed safeguarding on children and young people and the importance of advocating for them. There should be appropriate training for LHW members in identifying and raising concerns about safeguarding.

Introduction

Local Healthwatch is under a duty to involve the public in the design, commissioning and delivery of health and care services, and this applies as much to children and young people as to adults. The Department of Health has made clear its expectation that Healthwatch will be “a strong voice for children and young people, as well as adults, in both health and social care”.² It is worth noting, in this context, that the recent report of the DH Children and Young People’s Health Outcomes Forum said that it is “extraordinary ... that, in so many parts of the NHS and wider health system, adults fail to take account of children and young people’s views or to measure their health outcomes. We found too many examples where only adults’ views or health outcomes were measured.”³ (NB: this refers only to health services; the picture may be different for social care, since each local authority now has a participation lead who works with children, their families and carers in order to ensure that their views help shape commissioning priorities and future service delivery.)

In 2010, the National Children’s Bureau (NCB) began a 3-year project on Healthwatch, funded by the Department of Health, ‘Getting it right for children and young people’. The NCB has also gathered the views of children and young people on the health reforms and on how they would like to be involved with local Healthwatch and Healthwatch England. Some of the suggestions and examples in this briefing are based on the NCB’s reports of its consultations with children and young people (see resources section below).⁴

Local authority commissioners and some voluntary sector organisations, some LINKs hosts and LINKs members will have experience and knowledge of involving young people and will be able to inform the development of local Healthwatch in this area. The discussion below is not intended to be fully comprehensive or to substitute for local knowledge and expertise, but it and the resources listed may help to provide a starting point for thinking about the complex issue of engaging respectfully and meaningfully with children and young people.

The legislative framework

It is important for local Healthwatch members to understand the legislative framework for giving children and young people a voice about matters which affect them. From time to time, LHW may need to invoke this legislation to make a point about the requirement for children and young people to be involved. It is also important for LHW members to understand that supporting children and young people to be heard is not an optional concession, but is a question of entitlement and human rights.

The United Nations Convention on the Rights of the Child to which the UK is a signatory, requires a commitment to “enable children and young people to have their say about matters affecting their lives”.

- The Children Act 1989 requires that social workers always consult a child or young person who is in care, or who might come into care, before making any decision about them.
- The Children Act 2004 amended this Act so that now children involved in child protection inquiries or children in need assessments must be consulted.

- The Children Act 1989 requires that, in family law proceedings, the court must consider the child's wishes and feelings.
- Section 7 of the Education Act 2005 requires Ofsted to have regard to the views of school students, as well as other stakeholders, when carrying out school inspections.
- Section 3 of the Child Care Act 2006 says that local authorities must have regard to the views of young children where relevant and available.
- The Disability Discrimination Act requires local authorities to encourage the participation of disabled people in public life.
- provide children with a platform for learning about and demonstrating their capacities for good citizenship
- provide children with space in which they can articulate their needs but also demonstrate their resources
- help keep children safe – protection and participation are mutually reinforcing rights
- be important for children's self-reflective processes and identity constructions both at a personal and a collective level
- accord children the rights of respect and dignity as equal human beings (United Nations Convention on the Rights of the Child, 1989)⁵.

In addition to the specific requirements above, general duties on local authorities, health and wellbeing boards (HWBs), clinical commissioning groups (CCGs) and the NHS Commissioning Board (NHS CB) to involve patients and the public in decision-making apply as much to children and young people as they do to adults.

The existing body of knowledge confirms that, when done well, children's participation and involvement can:

- help children to develop a range of social and communication skills, including confidence-building and the capacity to participate in more sophisticated decision making
- help children become politically aware and active
- help parents, carers, policy makers and service providers improve their support for children

So involving children and young people can not only help improve services, but it is also a good in itself – and, from the point of view of local Healthwatch, can help to build future leaders. LHW will want to work with local organisations and networks already involving young people, including local authorities' participation leads and groups of children and young people looked after by the authority, schools, children's centres, colleges and youth clubs, who may carry out some forms of involvement on behalf of LHW. But it will also be important for LHW boards and adult members to find ways of meeting with and hearing the views of young people face-to-face. As local authority commissioners and LHW members will know, there is no substitute for hearing about people's experiences and aspirations directly from them.

What can local Healthwatch do to involve children and young people?

In its vision for Healthwatch based on its consultation exercises, NCB includes the following recommendations:

- every local Healthwatch effectively involving children and young people in its work, including those who are most disadvantaged
- every local Healthwatch having access to the capacity and skills to work with children and young people
- children and young people being well represented in local Healthwatch
- local Healthwatch representatives sitting on health and well-being boards being sufficiently knowledgeable to champion local children and young people's views
- Healthwatch England and other national partners working to champion children and young people's voices and support good practice locally.

What these recommendations mean in operational terms will differ from one LHW to another, depending, for example, on relationships with the director of children's services at the local authority and with local voluntary and community sector organisations which involve children and young people in their own work and advocate on their behalf. Nonetheless, there are some elements which will be common to all.

Involving children and young people in local Healthwatch

Each LHW will need to consider how children and young people can be involved in various ways, including governance, representative roles, advice and information. It hardly needs saying that involving parents carers and organisations which represent the interests of and advocate for children and young people, although essential, is not the same as involving children and young people themselves. Some options for the latter include:

- having a place for a young person on a LHW board (whether appointed or elected from LHW members or by or through community or voluntary organisations will no doubt depend on LHW's approach to board membership as a whole) – this may mean thinking about how the board carries out its business so as to ensure it is understood and enjoyable for young representatives (and old!)
- having a sub-committee and/or standing working group specifically looking at issues for children and young people, with young people as members and making recommendations to the board
- having board members and/or staff with a specific remit for ensuring the inclusion of issues relating to children and young people in work plans and ensuring and reporting on the involvement of children and young people
- nominating a young person or people to represent the LHW in partnerships with various stakeholders (eg the health and wellbeing board which may have more than one LHW or third sector representative)

- involving young people in Enter and view visiting – although this power does not extend to premises providing social care to children and young people, they could still be involved in visiting health care premises and premises providing social care to adults. It will be particularly important to involve young people in the planning, delivery and monitoring of adult services to which young people leaving the children’s social and health care system will be moving on – this period of transition is known to be a difficult one for young people, during which they need support which has not always been available. The Participation Works partnership based at NCB has developed a Young Inspectors Package to support young people in carrying out inspections of local services.⁶ Each local authority is encouraged by the Department for Education’s Positive for Youth policy statement⁷ to develop a programme of inspections by young people – these could be important sources of information for local Healthwatch as well as providing a model for its own involvement of young people
- involving young people on specific issues, for example by introducing research led by young people, or setting up a young advisor commission
- involving young people in the information and advice function – for example in developing strategies for using social media and in information campaigns on specific issues
- developing relationships with young people in leadership roles – some local authority areas have a young mayor who often has an advisory group or cabinet of other young people; many areas have a young people’s parliament, youth council or other group in which young people come together as part

of their civic engagement; all local authorities have a participation lead for young people and many local authorities already have reference groups of young people with whom they consult and to whom they provide or commission support, for example children and young people looked after by the local authority and groups of young people with learning disabilities.

Newham Council has carried out some initial consultation with Newham’s Young Mayor and is planning further engagement with the youth council being involved in the evaluation of the local Healthwatch tender.

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Following consultation with young people, the National Children’s Bureau identified some practical principles for the operation of Healthwatch to maximise engagement with young people:

- communication: using young-person friendly advertising, and staying in touch through social media and schools
- providing a respectful, inclusive environment
- ensuring meetings are accessible: time, format, location, clarity about purpose of meetings
- providing creative and social activities
- ensure children’s issues are on the agenda
- offering access to decision-makers
- giving feedback on impact.

The Strategic Network for Child Health and Wellbeing in the East of England has proposed a model for engaging children and young people in local Healthwatch, through the creation of Young Health Ambassadors for Children and Young People.

In this model, each local authority/health and wellbeing board/local healthwatch would have one young person acting as an Ambassador, as well as forming a virtual team to provide cover for one another and work across organisational borders. These Ambassadors would become the voice of children and young people to feed back findings to LHW, health and wellbeing boards and CCGs. The model would also enable the development of individual expertise for Ambassadors in specific age groups such as younger children or children from marginalised groups.

The Young Health Ambassadors would be recruited from young people who have completed The Prince's Trust employment-based Health and Wellbeing Programme. These unemployed young people, aged between 16 and 25, would represent the more disadvantaged in the community and would undertake the Royal Society of Public Health's qualifications in improving health and receive public speaking training to prepare them for the role.

The Young Health Ambassadors would be employed, initially on a 12-month apprenticeship, through the local authority or another host partner. They would meet directly with existing and new local children and young people's groups and would present their amalgamated views to LHW, health and wellbeing boards and the East of England Strategic Network for Child Health and Wellbeing. There would also be regular opportunities for the Young Health Ambassadors to meet up regionally.

Good progress has been made, with 5 local authorities keen to take a young person on and others considering this option. Each local authority is consulting on how best to position this young person within their structures: some will become part of their children and young people's teams and in one partnership with a youth-focused charity. Other options being explored are to host the young person within GP practices. All are keen to ensure that real career progression is provided for the Young Health Ambassador. This might be through employment within LHW itself.

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Having access to the right capacity and skills

In addition to direct involvement of children and young people in the organisation, each LHW will need to decide how it wishes to have ongoing access to people with the knowledge and experience of engaging with children and young people of all ages, abilities and backgrounds. This means knowing about the relevant local networks of and for children and young people and understanding different means of effective engagement. Ways of accessing the right capacity and skills could include some or all of the following:

- having board members with this expertise (e.g. the chief executive of an organisation that advocates for children and young people)
- having LHW members who act as 'champions' for children and young people – this could involve several members with a brief to ensure the views and interests of different groups of young people are represented, eg young people from different ethnic backgrounds and faith communities, young lesbian and gay people, children and young people with mental health problems, young carers, children with disabilities, children looked after by the local authority, etc. (The last two groups on this list are key as particular users of social services.)
- having staff with designated responsibility for engaging with young people
- agreeing with the local authority and/or CCG ways in which LHW will work with them, drawing on their expertise of engaging children and young people – as part of their own engagement duties local authorities and/or CCGs may consider investing in support for young people to participate in LHW activities⁸
- having a formal contract and service level agreement with another organisation that has the capacity and expertise to ensure appropriate engagement
- having an agreement or memorandum of understanding with a local network of organisations representing the interests of children and young people
- ensuring that all those Healthwatch members and staff who are engaged with children and young people have an understanding of safeguarding arrangements.

Children and young people being well represented, including on health and wellbeing boards

This is a similar point to the previous one, in that representing children and young people well requires certain skills and capacity. But it also requires a systematic means of understanding what is important to children and young people and of gathering their views. This will usually mean communicating through different routes with different groups in order to ensure that their views are known and that methods for gathering them are appropriate: younger children and older, disabled children, children from different communities, children in the care system etc.

As part of its engagement strategy, LHW will need to think about how it is going to ensure that it:

- knows what matters to children and young people in relation to their health and wellbeing and the services they use
- has arrangements (through members, staff, other organisations and local networks etc) for gathering the views of different groups of children

- is clear about who is going to act as a representative of the perspectives of children and young people in the different forums in which it has a presence
- has a means of systematically seeking and presenting the views of children and young people on the work of the health and wellbeing board, including involving them in development of the joint strategic needs assessment and the joint health and wellbeing strategy.

Knowsley has established a local involvement network for young people, 'LINKed-Up' to ensure equity of engagement, in recognition that adult issues tend to dominate the health agenda, and that young people are often not given the same opportunity to be heard. LINKed-Up has been set up by young people and is part of a recognised children and young people's governance structure that feeds into the work of the health and wellbeing board and supports continuous involvement, beyond consultation. The health and wellbeing board has established a health and wellbeing engagement board - a network of community networks, including young people, carers, Knowsley LINK and patient participation groups. A member of LINKed-Up has direct representation on the health and wellbeing engagement board and has been nominated to be the health and wellbeing engagement board representative on the health and wellbeing board itself.

LINKed-UP members use different approaches to engage and involve other young people in thinking about their health and wellbeing. When young people identified social media as their preferred way of getting information LINKed-Up responded and set up a Facebook group and website so that young people who do not attend meetings can still get involved and gain information.

Activities in which LINKed-UP has been involved include:

- supporting the development of the CAMHS Tier 2 Commissioning Framework – young people took part in every stage of the tendering process, from the design of the specification to being part of the panel making decisions on which services were commissioned
- working with other LINKs to on the Alder Hey Children's Hospital Quality Accounts – Alder Hey was impressed with the contribution given by LINKed-Up and young people are now involved in developing plans for a new building at Alder Hey
- working with a leading media company to create the 'Get Wise 2 Health' DVD – a training tool for healthcare professionals and frontline staff to help deliver young-people-friendly services
- undertaking 'mystery shopper' visits to pharmacies and sexual health clinics to check out how services are responding to patient views and improving users' experience.

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Obtaining intelligence and information without the use of ‘Enter and view’

If LHW has a good engagement strategy and is part of a good local network with links to organisations that relate to and represent the perspectives of different groups of children and young people, their parents and carers, it should be possible to gather information about social care provision to a certain extent without the ability to exercise the Enter and view function. For example, a LHW might want to have regular contact with children in foster care and their parents to seek their views and this could be done through an intermediary organisation at suitable meeting places outside their homes.

LHW should also have a working relationship with Ofsted and with the local representative(s) of the Care Quality Commission, which does have the power to visit premises where social care is provided to children and young people. This working relationship can provide a two-way channel for the exchange of information and the CQC is keen to foster this (see references to its publications in the resources section).

As suggested above, it will also be important for LHW to be in touch with young people leaving the care system who are either going to receive care in the adult system or leaving the system altogether. Local authorities have specific duties in relation to this group of young people and should be in contact with them and able to assist LHW in seeking their views of their previous and present care (or lack of it).

Forms of engagement

There are a number of models of engagement with which local authority commissioners, LINKs and local Healthwatch may be familiar, some of them using the metaphor of a ‘ladder of participation’ with greater involvement, autonomy and empowerment as participants ascend the ladder.

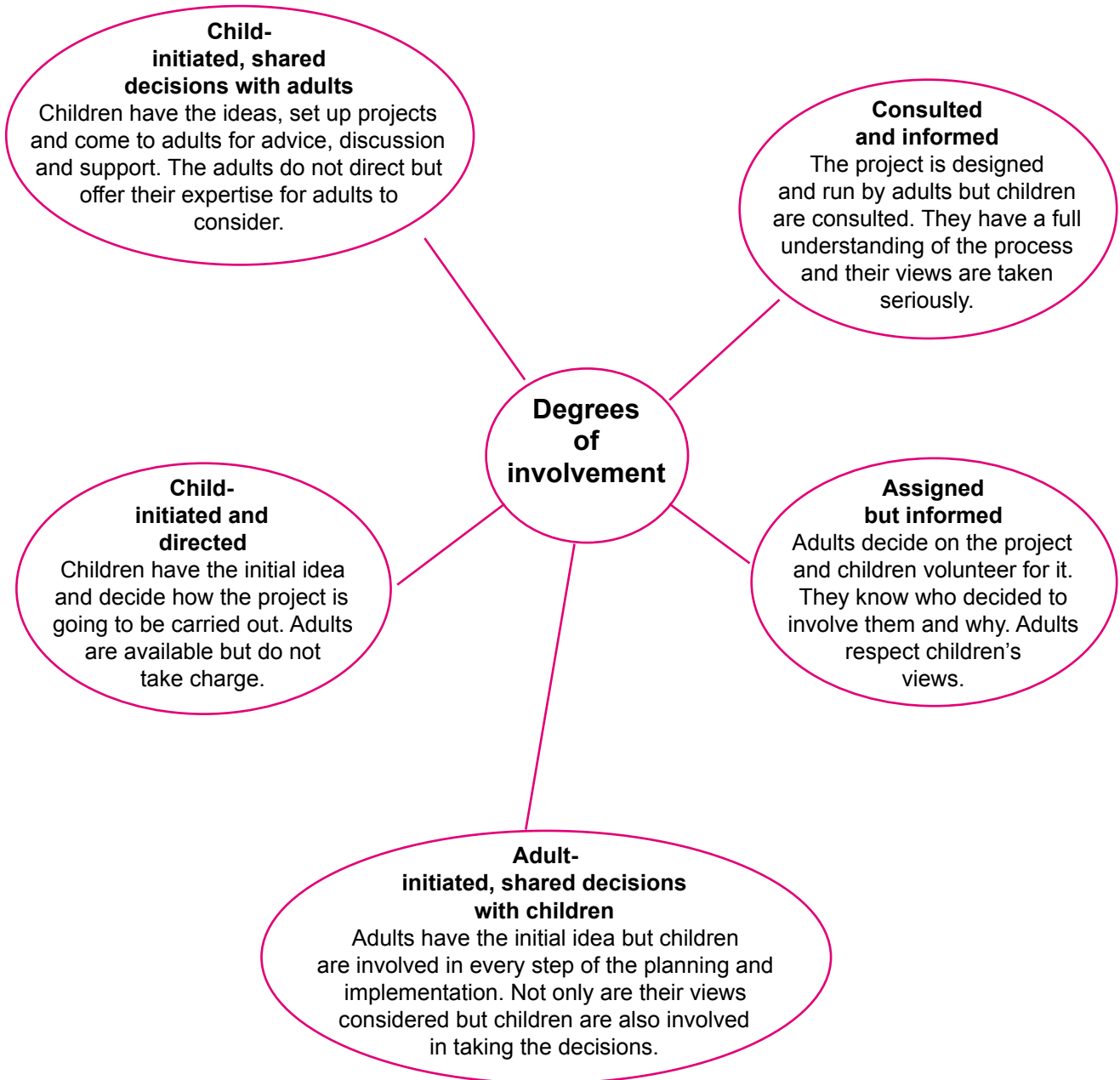
One influential model of children’s engagement is this one by Phil Treseder (overleaf).⁹

Different degrees of engagement will be appropriate and/or possible in relation to different issues and different groups of children and young people.

The examples in this briefing illustrate only a few of the many possible ways of involving and seeking the views of young people.

Children and young people themselves will be one of the greatest sources of advice on how to engage with their peers in a local Healthwatch area.

Treseder's circle: degrees of participation



Examples of methods used by the Care Quality Commission in consulting children and young people about their experiences of GPs and dentists

- Clay faces and speech bubbles: 7 to 10 year-olds at Gasgoine Children's Centre during an after school drop-in workshop. Children were asked to use the clay to create a face depicting the expression of the way they feel when they visit the doctors or the dentist. They were then asked to fill in a speech bubble to explain their feelings and give detail. They were able to take home the clay faces they had made and the speech bubbles were collected so feedback could be recorded.
- Ideal visit photo stories: 11 to 14 year olds at Jo Richardson School during a two-hour workshop with 20 students. Young people were introduced to the method of image work, which consists of making still pictures with their bodies to display a situation or idea. They were then asked to discuss what would happen during their ideal visit to the doctor or dentist. In small groups they created three images depicting their perfect visit. Each story was performed for the other groups and photographs taken. As a final step, each group provided captions or explanations of each image.

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In April/May 2012, commissioned by the Transition Alliance Warrington LINK, through its host, the Black Health Agency, undertook a consultation with children and young people to formulate recommendations for developing local Healthwatch so that it is responsive to their needs. Twenty four activities, which included focus groups, after school clubs and one to one consultation with children and young people in Warrington, took place. Over 200 children and young people aged between 10 – 25 contributed their views. A questionnaire was also compiled which was disseminated to over 500 children and young people. One hundred and forty three young people participated in completing this questionnaire. A strong message from the consultation was the need to make use of social media in communicating with young people. A significant number of participants said they would access information and advice from their GP; therefore the need to ensure GPs' awareness of Healthwatch was highlighted.

Following the consultation a children and young people's reference group has been developed in Warrington, with interested children and young people signing up to be involved in a range of engagement activities relating to improving health and social care services.

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A recent programme in Luton carried out a consultation exercise around people's awareness of health provision in their community.

The young people were responsible for creating a questionnaire and were trained in how to engage with members of the public, including how to deal with conflict.

As well as completing the questionnaire, the group also helped to signpost people to NHS services. The group spoke to over 300 people over a 4-day period and provided valuable data for the NHS services.

Three graduates from these programmes are now Young Ambassadors for The Prince's Trust and have recently represented the views of young people in a Strategic Network for Child Health and Wellbeing 'Model of Care' meeting; giving the perspective of a young person's experience of the NHS.

Their views have directly impacted on the design of future services.

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Safeguarding

Any engagement with children and young people and representation of their perspectives and interests needs an awareness of safeguarding issues, how to identify them and when and where to raise concerns.

Local Healthwatch staff and members, including young members, should understand the concept of safeguarding and be aware of the correct reporting arrangements for and the safeguarding practice of their local authority and should have a relationship with the local safeguarding children board.

Healthwatch members and staff, including young members, who are engaging with young people will need some training in the issues and an understanding of current local safeguarding issues.

Safeguarding legislation and government guidance says that safeguarding means:

- protecting children from maltreatment
- preventing impairment of children's health or development
- ensuring that children are growing up in circumstances consistent with the provision of safe and effective care.

and

“undertaking that role so as to enable those children to have optimum life chances and to enter adulthood successfully.”¹⁰

The LINK Vice Versa young advisers are a group of young people aged up to 19 who are trained to work with organisations and services in Bedford Borough Council to provide ideas and recommendations on making their publicity/publications child and young people friendly.

To support the development of local Healthwatch in Bedford, LINK Vice Versa has been speaking with children and young people about their experiences of health and social care services finding out what they want in a new organisation and helping the steering group to make sure that the people of Bedford Borough get the best possible service.

So far they have spoken with over 30 young people about their experience of health settings and how they want to get information, developed a series of posters for children and young people to let them know that Healthwatch is coming and will be at the Bedford River Festival speaking with children and young people face to face to find out their ideas.

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Safeguarding at its most extreme is about protecting children, young people and adults from serious abuse and even death, as recent horrific cases have made clear. But experienced professionals and policy makers emphasise that effective safeguarding involves a continuum of activities and individuals and is the responsibility of whole communities. Even involving children and young people in the work of local Healthwatch can be seen as a safeguarding activity, since at its best it will:

- empower young people to understand their own interests and act on them
- give them information they need to identify and report issues to people who can help
- involve those who have been excluded and unprotected in the past
- contribute to improving and integrating services and therefore making them safer.

The information below briefly summarises formal responsibilities for local safeguarding and inspection. For more information, see the resources section and the briefing on dignity, quality and adult safeguarding in this series.

Safeguarding and promoting the welfare of children is the responsibility of the local authority, working in partnership with the police, other public organisations, the voluntary sector, children and young people, parents and carers, and the wider community. Health professionals and organisations (CCGs and the NHS CB) also have a duty to safeguard and promote the welfare of children.

The local safeguarding children board is the key statutory mechanism for agreeing how the relevant organisations in each area will co-operate to safeguard and promote the welfare of children.

The Care Quality Commission inspects children's health services. However, it only inspects children's social care services as part of a joint inspection programme with Ofsted. From June 2013, CQC will begin a new joint inspection programme with Ofsted and other inspectorates (eg of police, probation and prison services) of child protection arrangements.

These inspections will be carried out over three years and will look at the multi-agency arrangements for the protection of children in all local authority areas around England. CQC's role will focus on the contribution of health to child protection arrangements. CQC has worked with LINKs to produce a number of documents with learning for Healthwatch (see resources).

Although the Department of Health has indicated that it does not intend to give LHW 'Enter and view' powers in relation to children and young people's social care, it may nonetheless receive information about facilities used by children and young people which raises concerns.

Concerns about safeguarding issues in relation to health and social care facilities or anywhere else should be reported in the first instance to the local authority social care or children's services department, and the police where necessary – each authority will have its own name for the correct department or team to report to and emergency procedures for doing so.

The safeguarding team and/or the police will pass any safeguarding concerns to CQC and Ofsted if they relate to services they regulate. Information from LHW that tells CQC and/or Ofsted about people's experiences of the care provided for children and young people may help to inform a scheduled inspection or to trigger a responsive inspection.

All staff and local Healthwatch members who are coming into contact and working with children and young people will need to undergo a Criminal Records Bureau (CRB) check to confirm their identity and that there is nothing in their record that would make it unsafe for them to work with children and young people.

This is the same check that LINKs members have undergone for working with vulnerable adults.

East Sussex LINK has developed a LINK legacy enter and view package as part of its transition year work programme as a Healthwatch pathfinder. The core training module includes an understanding of child protection and safeguarding procedures; as well as an understanding of the regulatory framework for children's services.

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Questions to consider

1. Is the involvement of children and young people included in the local Healthwatch service specification and/or constitution? Have young people been involved in developing these – if not, are there still opportunities to involve them?
2. What arrangements will be made to enable children and young people to participate in local Healthwatch governance and membership? What opportunities and support will there be for them to represent local Healthwatch in partnership forums?
3. Has a mapping exercise been carried out or is one planned with statutory and voluntary sector partners on existing local networks and structures which engage with the diversity and age ranges of children and young people, as a preliminary to discussions about future partnership work?
4. How will local Healthwatch ensure that it has access to appropriate skills and capacity to engage with children and young people? Is there a legacy of engagement and good practice from the LINK that should be captured and passed on?
5. How will young people be actively involved in the activities of local Healthwatch? What training and support will they have to enable them to be involved?

6. How will Healthwatch members and staff obtain an ongoing understanding of the priorities and experiences of children and young people of the health and care system so as to represent their views appropriately to commissioners and others?
7. How will local Healthwatch members and staff be trained in local safeguarding arrangements for children and young people and how and when to raise issues of concern?

Resources

CQC (September 2012), 'Links and CQC working together – 3: Working together where we have concerns for people's safety' www.cqc.org.uk

DH (2012), 'Summary Report: Issues relating to local Healthwatch regulations': <http://tinyurl.com/brmryzb>

The National Children's Bureau's Healthwatch page, including reports on children and young people's views on the development of local Healthwatch <http://tinyurl.com/cgh6vq9>

NCB contact for LHW wanting advice and support on involving children and young people: health@ncb.org.uk

Participation Works is a partnership of seven national children and young people's agencies that supports organisation to effectively involve children in the development, delivery and evaluation of services that affect their lives. The website has information about a wide range of relevant publications and resources: <http://www.participationworks.org.uk/resources>

Department of Health (2012), Report of the Children and Young People's Health Outcomes Forum: <http://tinyurl.com/brkjrcr>

National Council for Voluntary Youth Work, Principles of Youth Participation: <http://bit.ly/LEPFAB>

NW regional youth work unit and transition alliance (2012) 'Young People and Local Healthwatch': <http://tinyurl.com/cdqp74u>

British Youth Council (2012), 'Measuring the impact and success of your Youth Voice Vehicle' (useful toolkit): <http://tinyurl.com/cb9bkqs>

The Safe Network is jointly managed by the NSPCC, Children England and Child Accident Prevention Trust (CAPT), and was created as a result of the Government's Staying Safe action plan. It has information, resources and training materials on safeguarding children: <http://www.safenetwork.org.uk/Pages/default.aspx>

A National Voice info on Children In Care Councils mapping project <http://tinyurl.com/cj4qjra>

Endnotes

- 1 This and the next two key messages are taken from the National Children's Bureau's report on children and young people's views of the health reforms in England: <http://tinyurl.com/c2z3zxw>
- 2 DH (2012), 'Summary Report: Issues relating to local Healthwatch regulations': <http://tinyurl.com/8fjjjx9>
- 3 DH (2012), Report of the Children and Young People's Health Outcomes Forum: <http://tinyurl.com/brkjrcr>
- 4 See also the research review NCB carried out, for the Children and Young People's Health Outcomes Forum on cyp views on health services: <http://tinyurl.com/clelkz4>
- 5 For references to these findings see Appendices to East of England Strategic Network for Child Health and Wellbeing proposal for Young Health Ambassadors: <http://tinyurl.com/95uaodq>
- 6 Participation Works website on the Young Inspectors Programme: <http://tinyurl.com/ngenq6>
- 7 The full policy statement can be downloaded from: <http://tinyurl.com/7obn8rw>
- 8 The report of the NW regional youth work unit and transition alliance on Young People and Local Healthwatch discusses this issue in some detail: <http://tinyurl.com/cdqp74u>
- 9 Treseder, P. (1997) 'Empowering Children and Young People. Training Manual: Promoting involvement in decision making' Children's Rights Office and Save the Children.
- 10 HM Government (2010), Working together to safeguard children: <http://tinyurl.com/44stk2o>





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