Wellbeing and “Difficult-to-Diagnose” Conditions

My relation with the subject is as the parent of a child with additional support needs. However, I am writing not to relate our particular case, but to draw attention to a class of difficulties with the scheme in general, and with information-sharing in particular.

Reading the experiences collated by No2NP on their website, of those opposed to the scheme, there is a pattern which recurs many times.

The pattern is where a child has a difficult-to-diagnose condition which is initially dismissed (often by education staff) until eventually identified by a medical or mental health professional.

At this point, it is worth emphasising that these parents are not opposed to the Named Person scheme because of what they’ve read in the press, as has been suggested, but because of their experiences with some of the professionals who will be tasked with implementing it, which a “charm offensive” on the scheme will not alter.

On the “Stories” and “Blog” pages of the No2NP website, the pattern can be seen a number of times particularly with high-functioning autism, and also with ME (The Tymes Trust being one of the groups forming No2NP), but even in the case of a child with cerebral palsy, the parent is left furious that “privacy means nothing to these people”:

I am not suggesting that teaching staffs are being malicious in these cases simply that they are just that: teaching professionals, who, in order to get these sorts of judgements right, would need to have a paediatrician and psychiatrist (as well as a lawyer) on speed dial.

To correctly attribute a wellbeing concern (e.g. regarding challenging behaviour) in such cases, and determine what information sharing was appropriate, would require the Named Person to be an omniscient master-of-all-trades. Of course, in reality, even the professionals are human, with one teacher reported by No2NP noting that her colleagues: “…might know Biology, or German or PE, but they are not trained counsellors”

Another recurring theme is a difference of opinion between education and CAHMS professionals even after diagnosis. With apologies to Monty Python: “He’s not got a condition, he’s just a very naughty boy”.

The point being: even the professionals can disagree on the causes and remedies of wellbeing issues.

And because such cases are often complex and evolving, families are quite happy to tell their stories multiple times without a ”single point of contact”, otherwise what is passed on is the out-of-date result of a game of “whispers”