



## Ymateb i Ymchwiliad / Inquiry Response

Date / Dyddiad: 20<sup>th</sup> May 2020

Subject / Pwnc: Health, Social Care and Sport Committee - Inquiry into the impact of the Covid-19 outbreak, and its management, on health and social care in Wales

Background information about the Children's Commissioner for Wales

The Children's Commissioner for Wales' principal aim is to safeguard and promote the rights and welfare of children. In exercising their functions, the Commissioner must have regard to the United Nations Convention on the Rights of the Child (UNCRC). The Commissioner's remit covers all areas of the devolved powers of the Welsh Parliament that affect children's rights and welfare.

The UNCRC is an international human rights treaty that applies to all children and young people up to the age of 18. The Welsh Government has adopted the UNCRC as the basis of all policy making for children and young people and the Rights of Children and Young Persons (Wales) Measure 2011 places a duty on Welsh Ministers, in exercising their functions, to have 'due regard' to the UNCRC.

This response is not confidential.

Dear Chair,

Thank you for the opportunity to contribute to this inquiry.

This current crisis presents a serious challenge to children's enjoyment of the Human Rights to which they are entitled under the United Nations Convention on the Rights of the Child (UNCRC). For most children, the current restrictions impact upon their daily lives in a way not experienced before.

Several of children's human rights are potentially affected by this situation, and include the right to protection from violence, abuse and neglect (article 19); the right to the best possible health care (article 24); the right to an adequate standard of living which meets their physical and social needs (article 27); the right to access to education (article 28); and the right to relax and play (article 31) among many others.

Across Health and Social Care services, we have seen dedicated professionals adapting to incredibly difficult circumstances while putting children and young people's best interests at the forefront of their work. Welsh Government has in several areas issued guidance quickly which has helped to formulate responses in health and social care settings. I would like to pay tribute here to the incredible efforts and dedication of our public servants.

The current situation does, though, provide adults caring for children with challenging decisions to make in relation to article 3 – acting in the child's best interest. This response will relay issues which have been raised with me by families and professionals during the Lockdown period relevant to the health and social care of children and young people.

I have separated out these concerns for ease of reading. Of course, families may be dealing with several of these issues all at once, and it is not the intention of this response to disconnect these often overlapping circumstances.

I have submitted a full response to the Senedd's Children, Young people and Education Committee covering a range of areas that cut across all areas of children's lives, but have focused on relevant areas for this Committee within this response.

## **Health**

### *Mental Health*

During this period, concerns have been raised with us over the impact of the current crisis on children and young people who already experience mental ill health, and for those children and young people for whom

the experience of lockdown and anxiety in relation to the global pandemic will impact negatively upon their mental health, meaning that they will require support now or in the future.

At this stage, it is difficult to build a picture of the impact on children and young people's mental health and wellbeing across Wales, specifically, as data is not available from studies which have heard directly from children and young people in Wales upon which we can draw. However, we have some UK-wide indications of the concerns of children and young people around accessing mental health support, through the [YoungMinds report](#) for example. We also have evidence of [increased contact to ChildLine around mental health issues](#) over this period. Although not a survey of children, Public Health Wales has been conducting [weekly surveys](#) over the last few weeks of over 500 adults which show between 59% and 65% of respondents with children in their households said they were worried 'a lot' about the wellbeing of their children. A [survey by Adoption UK](#) of 660 parents/ carers of care-experienced children (which included parents from Wales) who would normally be in school. 50% of those children were said by their parents / carers to be experiencing emotional distress and anxiety.

We have been working with the Youth Parliament for Wales / Senedd Ieuenctid Cymru, Children in Wales and Welsh Government to produce a [survey](#) to help children and young people to tell Welsh Government how they've felt about lockdown: how it's impacted on their health; any worries they've had; how they think it might affect their education; and also any positives they've had from it. We hope that this survey will provide an important insight into the experience for Welsh children and young people. In the first few days since being launched over 10,000 children and young people aged 7-18 have taken part. As project lead, we will be providing immediate findings to Welsh Government from the survey to play a role in policy development for current and longer-term support needs of children.

My team and I have been in regular contact with the Deputy Minister, Welsh Government officials, the Together for Children and Young People Programme and third sector organisations in Wales over this period. We have also been liaising weekly with the two NHS inpatient units in North and South Wales.

With regards to general CAMHS services, I have received assurances that core CAMHS services continue to function in all parts of Wales, and that if children and young people require help they will be able to access it, even if the way they interact with mental health services might look and feel different. It is of course concerning that the usual referral mechanisms across mental health and social care (such as school, GP visits, youth services) are not being accessed in the way they ordinarily would, and we understand referral numbers have been significantly down over this period.

My understanding is that for those children and young people who prefer face-to-face contact, this may not be available to them in all parts of Wales. The concern here is that those children and young people who may otherwise have benefited from face-to-face contact may require inpatient provision where otherwise they may have managed with regular face-to-face therapeutic sessions.

In terms of staffing, my understanding is that while there has been some redeployment of CAMHS staff in particular parts of Wales, this has not been widespread, and where there have been staffing issues these have largely been related to staff members needing to self-isolate.

Health Boards across Wales have been working very hard to ensure their communications channels relay important public health information during this time. I have some concerns, however, over the communications of Health Boards, both through their websites, and through their other online communications channels, in relation to CAMHS services. Families may assume that this service is not available during this time in the same way, and I would like to see more done to ensure CAMHS services are advertised clearly as being 'open for business'. From our own in-house research, we have found all LHBs to be lacking in having a clear webpage detailing CAMHS services and how to access them on their websites. I wrote to all Chairs and Chief Executives of Health Boards on this matter on 29<sup>th</sup> April.

At the time of writing, I understand that the two inpatient units in North and South Wales, while facing challenges during this period, are both functioning, with some changes to how they operate. This includes some of the young people who had previously received care on the unit being discharged into the community where they receive support from mental health professionals remotely. In the South Wales unit, it has been reported to us that there have been issues with the IT system, meaning that video calling sessions with the young people have had to be abandoned and that several of the young people receive sessions by telephone only. I have raised this several times with the Chief Executives and Chairs of Cwm Taf and Swansea Bay health boards, as this is one of the areas where the contract is run by Swansea on behalf of Cwm Taf. It has been difficult to resolve this issue unfortunately, although it is fair to say that a positive response was received last week, including on-site visits by technicians. Nonetheless, I have been assured that telephone support for young people has continued.

Clearly, families will be concerned over the remote arrangements for young people, and a family has contacted our Investigations and Advice service with concerns over the safety of their child in the family home following a period staying within one of the units. We receive assurances from the units that any remote arrangements are made on a clinical basis, taking into account the young person's wider circumstances, and are kept under review.

The units reported some concern over a lack of PPE at the very beginning of the lockdown period, but the units report that they have the PPE that they require since those first few days.

I am pleased that contingency arrangements for the two inpatient units have been put in place. This includes training of additional staff should the numbers of staff drop to an unsustainable level, and extra beds commissioned from the independent sector for any surge in required admissions. I have asked Welsh Government for assurances over the suitability of the newly commissioned beds, and assurances over quality monitoring and inspection arrangements. While not having been used throughout this period, at the time of writing (13<sup>th</sup> May), I understand that the surge beds are now being considered for use to free up capacity at the south Wales unit.

I have been encouraged by the swift establishment of a Mental Health Incident Group (MHIG), my team and I liaise with regularly, and the National Mental Health Coordinating Centre providing 24-hour advice for health professionals, and an information dissemination function, which reports into the MHIG. I am also encouraged by the establishment of the Wales-wide CALL Helpline, for emotional advice and support for all ages.

I believe that some innovative responses to the crisis may prove promising for longer-term arrangements.

### *Shielding arrangements*

There has been some confusion during this period about the situation whereby shielding letters have been distributed by the Chief Medical Officer, with GPs then compiling their own shielding lists from their records. There has been particular confusion for families of children with relevant medical needs who have been issued shielding letters by their GP but were not on the original Welsh Government issued list. On a practical basis, where the shielding person is a child, the parents may also need to isolate as they cannot put the child in a separate room for mealtimes, for example, as suggested by Public Health Wales' guidance. A parent contacted us concerned as they were unable to access priority supermarket delivery despite receiving a shielding letter from their GP. This issue was eventually resolved, but the parent was unable to find any answers to her questions until our office eventually received updated information.

I am concerned that families have been unaware of the process that the individuals added by GPs to the shielding list are then submitted to the Chief Medical Officer weekly, meaning there is a delay until those names appear on supermarket systems. While of course all of these processes have had to be put in place quickly and there will be issues, this demonstrates that better transparency over the process of reporting GP lists into the CMO list and then on to supermarkets would have benefited families like that which contacted my office. I understand that GP surgeries in Wales use a range of different IT systems rather than one common system, which could be contributing to some of the problems.

### *Access to and use of health services for non-Coronavirus related issues*

It has of course been well reported that there has been a decline in numbers accessing health services through A&E and across health services for non-Covid 19 related issues.

We have heard from bodies which represent medical professionals who share concerns that contact with children has reduced over this period. Although some services like health visiting remain in contact with families, this isn't operating exactly as it usually would. Paediatricians are also not seeing children presenting as regularly as they would have done, despite clinics largely continuing using methods such as video consultations. This will affect child protection referral rates as well as health screening. As professional bodies look towards the recovery phase, they have shared concerns with us about the potential for multiple pressures coming together: a backlog of patients who they are not seeing through a

combination of delays at the clinical end, and families not coming forward; an increase in new cases coming in to health services across the board; potential further waves of Covid-19 which could be among winter pressures; and reduction in vaccinations take-up potentially leading to an outbreak of conditions such as measles.

It is absolutely essential that we focus on maintaining levels of vaccinations.

Related to these issues, concerns have been raised with us by professionals that children and young people might not be receiving diagnoses as quickly as they should be because of the current situation. For example, I have heard anecdotally from professionals that the numbers of diagnoses of type 1 diabetes for children appears to be significantly down during this crisis period. I am concerned that this could be replicated across other conditions where families appear not to be accessing health services in the way that they would ordinarily.

This again highlights the need for, as well as the extremely important 'Stay Home, Save Lives' message, public messaging which encourages families to seek medical help if they have any concerns for their child's health. On April 23rd I joined with the Royal College of Paediatrics and Child Health and Public Health Wales to urge parents to seek health care for their children as needed.

The Royal College of Paediatrics and Child Health have published [useful data](#) which includes information on the impact on staffing and inpatient bed capacity.

#### *Visiting arrangements for inpatient settings*

As well as writing to all Health Boards on 29<sup>th</sup> April concerning the visibility of CAMHS services for families in their communications channels, I also raised the issue of the advertisement of the revised [visiting arrangements for inpatient health settings](#). I am concerned that the important message that one parent or guardian is able to visit a child in paediatric inpatients and neonatal settings could be lost in the general messaging around visiting being suspended. Health Board's websites vary on how visible this information is, with some websites being difficult to navigate when attempting to find this information. I have encouraged all Health Boards to look at their current advertising of the exemptions to the visiting suspension. I have published the visiting arrangements information on my [online information hub](#), which has information and resources for children, young people and their families.

#### *Dentistry*

I have concerns over the application of the [Red Alert status for dentistry in Wales](#). While we accept that this is an extremely vulnerable profession, and that both patients and professionals are at high risk due to the necessities of the work, we believe that decisions such as this should be subject to a Children's Rights Impact Assessment so the consequences for children and young people are properly thought through, and those considerations formally recorded.

## Social Care

During this crisis period, my team and I have been in regular contact with the Deputy Minister, Welsh Government officials, and other organisations involved in the delivery of social care services for children and young people, such as Care Inspectorate Wales, foster care providers and third sector organisations to continue to understand and monitor how services have been impacted. It has been our assessment that following an initial “crisis response” period, whilst services adjusted to new ways of working, we have continued to be assured that statutory duties under the Social Services and Well-being (Wales) Act 2014 remain largely unchanged as a result of the Coronavirus Act and services continue, using adapted methods. Welsh Government Guidance has since been issued on the [delivery of Social Services for Children during the COVID-19 pandemic](#). Following publication, my team shared comments with Welsh Government on the guidance in order to make it clearer for families and professionals and the guidance is currently being updated.

### *Child Protection*

Whilst duties regarding the provision of social services and associated statutory responsibilities remain the same at present for children, the ways in which those services are delivered and accessed may look and feel very different. For example, statutory meetings and visits may be delivered remotely, and often only the most vulnerable or “high risk” visits will go ahead face to face. As aforementioned, the number of referrals to social services for support has seen a significant reduction during this time, as the traditional services for referral, such as schools, community groups and health services are seeing less children.

I have very real concerns over the impact of this period on vulnerable children and young people who are now unable to escape difficulties in their home environment and may be going “under the radar” of universal services. I am also concerned that families who previously hadn’t experienced difficulties at home may begin to as a result of strains related to Covid-19. In respect of this, I have written to Wales’ Police Forces to seek assurances that if they are coming across children and young people outside of their homes, they will act in a trauma-informed way to determine why it may be that children are not at home. I have received written reassurances regarding this. I also have welcomed the Welsh Government’s intention to increase the number of “vulnerable children” attending school and am aware that Welsh Government guidance for local authorities and education on how to promote this, free from stigma, is imminently due.

I am highly concerned about the reported [20% increase in calls](#) from adults to the NSPCC helpline, where an adult is concerned about potential emotional abuse of a child. I have also been made anecdotally aware that independent advocacy providers who have recognised an increase in the severity or intensity of the content of their calls from care experienced young people. NYAS Cymru in particular is undertaking comparative work to explore this issue in more depth. I was also made aware that Llamau have seen a 50% increase in the number of calls to their youth homelessness helpline, with some partner organisations for the End Youth Homelessness Campaign seeing a significant increase in the number of young people being referred for support due to family breakdown.

I am encouraged that, in social services, the right to advocacy for children in care as set out in the Social Services and Wellbeing Act has helped give certainty and continuity to children and their rights to participate in decisions. Advocacy providers and access to Independent Advocates is a valuable asset in terms of ensuring children's experiences of the crisis are heard and listened to. I am aware that this service is being well used by children and young people at this time and is providing an additional safeguard at this time for care experienced young people and vulnerable young people. I would also like to see advocacy services available to children and young people in health settings across Wales, and would encourage Welsh Government to consider the good practice on advocacy provision that we see in social services, and how this can be applied elsewhere.

### *Disparity between the issuing of guidance for children and young people's and adult's social services*

Draft guidance for adult social services was issued for rapid engagement with relevant stakeholders at the beginning of this period, but guidance for children and young people's social services did not follow the same format. This resulted in some confusion for local authorities, staff and those receiving services as to what format social services support and service delivery would take in line with social distancing guidelines. This included, for example, child protection visiting for families, contact arrangements and statutory visiting for children in care and support for care leavers. Guidance has now been issued, without the brief rapid engagement consultation exercise followed for adults. However, Welsh Government officials were open to suggestions for additional clarity on certain elements and agreed to incorporate suggestions from my team in updated guidance, which is due imminently.

The delay in issuing guidance for local authorities, while understandable due to the nature of the crisis, did contribute to some confusion for young people in receipt of services and those delivering them. It was within this period that we were made aware of inconsistent approaches being taken in response to visiting, support and contact.

In regards to the proposed changes for adult social services, I have raised my concerns that changes to eligibility for adult services must not impact any young people due to transition to adult services either. I am also particularly concerned about young carers, who have had very little information or specific guidance on how they are to be supported during this time. Whilst young carers can access school provision, little is known at present as to how many young carers will be taking up this offer of support.

### *Accessing Support*

We have had reports from professionals of delays when making child protection referrals, who tell us that it has proven difficult to get through to local authority social services departments in the first instance, or that they have experienced delays in hearing back from the relevant local authority. I am raising these issues regularly with Welsh Government.

We have also had concerns raised with us by third sector organisations that some children in care struggle to access Duty lines. Some children in care are reported to have had unclear guidance on how to access support.

### *Education provision*

I am concerned over the low number of 'vulnerable children' accessing education provision through school hubs. While there has been a recent improvement in the numbers following the Easter Break period to an average of [3.9% of vulnerable children attending](#) in the week commencing 4<sup>th</sup> May, this very low figure is still highly concerning. Welsh Government have issued a letter on the need for take up to be promoted in a way that does not bring stigma, but I will monitor closely whether Welsh Government's actions will see an improvement.

### *Financial security of those caring for children and young people*

We have been contacted about support for Shared Lives carers. Carers are not eligible for support measures announced for self-employed people as they receive payment from individual service users and local authorities, but do not register a profit. Some Shared Lives carers, including those who provide Short Term and Day Support and respite for family and other carers, have had to stop providing care due to the measures introduced to slow the spread of Covid-19, so their income has reduced or stopped altogether.

In terms of childcare, if concerns about financial stability continue, many settings/providers will struggle to operate again if the situation remains unchanged. The Welsh Government should be advocating for sector support at a UK Government level as well as considering what can be delivered here in Wales. It is important that this sector is accounted for in decisions around financial support offers here in Wales so that when appropriate there are sufficient, well support and quality settings for children to return to.

There have been several contacts to my office from parents about access to childcare provision and paying for provision that they are not permitted to access.

### **Issues across Health & Social Care**

While health services and social services are pulling together during this crisis, we continue to see disagreements over responsibility for a child or young person's care, for example in making arrangements for children and young people who require a social care placement with mental health input but where funding of that placement is disputed. This is concerning, particularly in this crisis situation, where swift decision making over a child or young person's care is essential.

I have concerns over the impact of strict isolation measures on vulnerable young people already living in closed settings. Clearly, it is important that testing is made available where possible in settings such as

these so that children and young people are able to move around freely as far as possible, rather than being locked in their room all day over fears of spreading the virus.

### *Moving into a 'recovery phase'*

Several of the issues highlighted in this response are related to the visibility of children, and the accessibility, advertisement and referral mechanisms of health and social care services. We must respond to the new reality we find ourselves in, where the institutions upon which we rely – our schools, primary health services, community facilities – are either no longer accessible as they were, or are deemed to not be as accessible by children and their families concerned about exposure to the virus, or who are uncertain over whether they are able to access them. Vulnerable children are, in this time of crisis, less visible, and we need to do all we can to encourage them and their families to reach out for help and support when they need it.

As we move into the 'recovery phase', there will be any elements of our health and social care system which have changed, and the process of 'recovering' will need to take account of all the innovations, and all of the issues laid bare. For some children and young people, for example, therapy sessions via video link in their home setting could be an improvement for them, for others it could be a detriment to their mental health and wellbeing. There may be lessons to learn here around providing a range of options of care in the longer-term.

If we have passed the peak of this virus, we should count ourselves very lucky as our services have been stretched paper thin. We will need to rebuild a health and social care system responsive to children and young people's needs, with the capacity to care properly for them when they need it.

Submitted by:



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Children's Commissioner for Wales