Senedd Cymru Y Pwyllgor Plant, Pobl Ifanc ac Addysg

Ymchwiliad i effaith argyfwng Covid-19 ar blant a phobl ifanc yng Nghymru

COV - 63 Ymateb gan: Unigolyn Welsh Parliament Children, Young People and Education Committee

Inquiry into the impact of the Covid-19 outbreak on children and young people in Wales

COV - 63

Response from: Individual

Our son XXXXX is age 15, adopted & vulnerable

He has a diagnosis of adhd, autism & attachment disorder & was placed with us (together with his half sister then age 4) by Neath Port Talbot LA together with XXXXXXX LA when he was age 5 & we were his 6th set of parents.

His half sister XXXXX who celebrated her 15 th birthday XXXXXX is at home with us, is very much missing her brother, especially now that she is the only child at home & she is adhering strictly to lockdown, not even leaving the house & garden to go to the local park for exercise, only seeing her friends on social media.

Up until 24/3/20 this has included visits on at least a weekly basis, &, more recently, collection from hospital or at a mid way meeting point for home leave.

XXXXX has been having home leave since 17/12/19 which was supervised by hospital staff for the first 3 home visits but then supervised by us for day home leaves. I would get up at 5 a m on a Saturday to catch the train to collect XXXXX from XXXXXXXXX & return him the same day.

After a multi disciplinary meeting at CAMHS Trehafod Swansea on 27/1/20 the home leave plan was created with Swansea Community Professionals input including overnight home leave for the first time from February 2020 onwards. XXXXXXX XXXXXXX XXXXXXX Forensic Mental Health Specialist FCAMHS/TIER 3 took a lead & was helpful in this.

Discharge was first discussed between the hospital & community teams in March 2019 when XXXXX XXXXXX Family Therapist & Hospital Care Coordinator contacted the local Swansea professionals to start the process. A Multi Disciplinary discharge planning meeting then took place in July 2019 in Swansea.

Home Leave

XXXXXX last home leave occurred from Friday 20th March at 10 a m to Monday 23rd March at 8:15 pm. This 3 night 4 day home leave went well (see e mail below, previously sent to XXXXXXX XXXXXXXX, Children in Need Social Worker, Swansea).

We confirmed when asked by the hospital before leaving home on 23/3/20 that we did not have any symptoms of coronavirus as a family & were practicing self isolation & social distancing. Before I returned XXXXX to the hospital that day I phoned the hospital to ask if he could remain in Swansea with us because of our Fear of XXXXX getting Coronavirus at XXXXXXXXX or a hospital lockdown. I was eventually told that this was not possible because XXXXX was on Section 17 leave.

Thankfully, we continue to be symptom free as a family & this has been confirmed by us randomly checking our temperatures with an accurate ear thermometer.

Cancellation of home leave due to Coronavirus

We were hugely concerned on 24/3/20 when we were told by phone that XXXXX weekend home leave for Friday 27 March to Monday 30 March was cancelled, to be reviewed in 3 weeks, due to a "blanket policy" - I was told:

- "the NHS trust & hospital is following the Coronavirus advice of Boris Johnson"
- <u>yet Essential Travel Was allowed by the PM to support vulnerable individuals on medical grounds,</u> & XXXXX, as a child placed for adoption with us at age 5, with a diagnosis of ADHD & autism on mental health section, is vulnerable.

His medical plan was for home leave on the weekend of 27-30 March & the chance to prove, along with other future weekend leaves, that he is ready for discharge home.

This medical plan for home visits leading to discharge has now been placed "on hold", although I understand that, from yesterday, the hospital are now willing to forward home leave, linked to Swansea community teams resuming suitable support on the home leaves & legislation in Wales allowing us to travel to England to collect our son. XXXXXX XXXXXXX XXXXXXXX at Trehafod has been contacted about this.

XXXXX has now been in psychiatric hospital In England for 1 year 5 months & 11 days today.

Mental Health Tribunal XXXX

At the health tribunal in May the plan Proposed by the hospital was for XXXXX to be supported to return home to us to Complete a programme of increasing home leave - up to a period of 3 weeks home leave - before the hospital would support

discharge home. However, they were continuing to stop home leave due to their blanket Coronavirus Policy.

We had hoped that at tribunal On XXX XXXXX would be discharged home sooner based on his progress, the therapy he has done & community & home leaves he had already successfully completed - no absconding or breaking the law at all since his leaves began in XXX 2019.

However, the outcome of the mental health tribunal on XXX was that XXXXX was not discharged home, but, more positively, Tribunal Judge XXXXXXX recommended that XXXXXX cancelled leave be reinstated "within 14 days" and XXX referred to the need for a proportionate response by the hospital.

Impact of different legislation between England & Wales - Coronavirus

We are now deeply concerned about the impact of different legislation of England & Wales upon our son s discharge plan as discharge will not be agreed without him having increasing periods of successful home leave & Home leave will not be permitted by the hospital if it involves breaking Welsh law.

I understand from XXXXXX hospital care coordinator, Occupational Therapist XXXX XXXX, that the hospital have now sought clarification from the Swansea local community team (XXXXXX XXXXXXXX XXXXXXX) as to what support they can offer XXXXX on his leaves If they are resumed next weekend & if the different legislation will allow us to travel to XXXXXXXXXXX to collect him or for us to collect him from XXXXXXX Service Station South of XXXXXX

We would be so very grateful if you could support us in the reinstatement of our son s discharge plan from now on, in relation to the current Coronavirus situation, including allowing us to travel to collect & return our son to & from XXXXXXXXXXX & from XXXXXXXX XXXXXXXX South XX XXXXXXX. The hospital do not always have the resources to bring him to XXXXXXX, so, rather than his leave being cancelled due to possible staff shortage- as has happened once previously- we need permission to collect XXXX from XXXXXXXX XX XXXXXXXXXXX.

Coronavirus Risk Management

The hospital have suggested that they give XXXXX a swab test before he leaves & one when he returns to make sure we & other patients in the hospital are kept safe.

We have a large & spacious home where XXXXX has his own bathroom so we could keep 2 metres apart in the home, if required.

I could collect him in our 7 seater car so that he would be 2 metres away from me if necessary

It would be Very hard but we could agree not to give him a hug.

We would only collect him ourselves if symptom free;

We have suggested that we could have a temperature check before collecting XXXXX & on returning him to the hospital

We are happy to agree to an updated community & hospital risk management plan e g We could phone or Skype professionals daily or as required & abide by any additional conditions of an updated hospital & community coronavirus & mental health risk management plan.

Doorstep visits from the Youth Justice Team can continued every other day, we understand, plus phone calls from XX XXXXXXX Tier 4.

We understand a face to face consultation could take place at Trehafod if necessary - only X minutes away from our home in the car.

Human Rights & Impact of attachment related issues

In the case of our son who was so close to discharge after being detained in XXXXXXXXX hospital since 5/13/18, who has issues associated with trust linked to his pre adoption history & with a previous diagnosis of attachment disorder (made by XX XXXX XXXXXX) - the cancellation of XXXXXXX leave home, all hospital visits from family & with the possibility of this situation being extended for further unspecified time - this is, in our opinion, a breach of Article 3 Human Rights Act which protects us from:

- torture (mental or physical)
- inhuman or degrading treatment or punishment,

It is akin to mental torture for XXXXX to have his visits home stopped suddenly when he behaved well during the previous weekend leave & was expecting leave the next weekend according to a written plan & when his behaviour was positive overall on other leaves & his discharge plan is then placed on hold indefinitely, & mental torture for myself, as XXXXXX mum, as I am not able to sleep for a complete night as I wake up worrying about the lockdown situation & impact on his discharge.

We have visited XXXXXX on at least a weekly basis since he was detained on 5/12/18 - which has involved travelling over 150 miles each way from our home in Swansea to XXXXXXXXXX. We have gone to huge lengths to spend time with our son face to face, travelling for sometimes 7 - 10 hours to see him in one day spending at least 30 days X 24 hours travel 300 miles per return trip home hospital to home since his detention & often staying overnight in XXXXXXXXXXX to see him over 2 days to sustain & build on the critical attachment he has with us - secure attachment being linked to positive conscience development & emotional well being.

The Coronavirus policy is giving insufficient regard to the importance of trust, hope, attachment & our son s emotional bonds with us his parents & with his sister age 14 - which are built & sustained by spending quality time doing things together in the same physical space such as cooking, gardening, building projects in the garden, playing football, playing non competitive games & having hugs - all of which we have been doing since home leave started on 17/12/19 &, to a lesser extent, when visiting XXXXXX in XXXXXXXXXX at hospital & community on at least a weekly basis prior to home leave starting in December 2019.

Negative impact of cancellation of home leaves

I was proved accurate in my prediction (not shared with XXXXX but shared with hospital in my two complaints about the XXXXXXXX X XXXXXXXX NHS trust Coronavirus blanket leave cancellation policy) that XXXXXXX behaviour could regress & he could lose hope of returning home when the plan for discharge was placed "on hold" - which felt like a second period of indefinite detention due to the possibility of restrictions being continued for a further as yet unspecified period & the way the hospital are interpreting government guidance - when XXXXXX had already endured hospital detention for 15 months & 26 days & was so close to discharge.

Thankfully, since the judge recommended that his leave be reinstated in 14 days he has now returned to behaving well & had a very positive report yesterday for his behaviour from Thursday 7 May to 14/5/20.

Finally, as our son is adopted & joined us at age 5 as his 6 th set of parents after suffering from "significant harm" as an infant, we particularly need to be allowed to sustain & build secure attachment bonds through demonstrating that he can rely on us to claim him, support him & for XXXXX to learn through direct experience that we truly are "forever" parents & he is not being abandoned & forgotten within a system where disabled people with complex needs Like him are severely disadvantaged in a climate of austerity.

The cancellation of home leave, which is essential for his discharge home to progress, represents a frightening disregard by XXXXXXXXXX X XXXXXXXX NHS Trust for the importance of building & sustaining trust, meeting emotional needs & sustaining relationships with us his "forever" parents - & his 14 year old adopted sister. Without resuming home leave we are being denied the right to support our son & denied the chance to follow through the medical plan of discharge home from hospital, also at considerable expense to the taxpayer.

We accept the view of Responsible Clinician XX XXXXXX XX XXXXXXXXX that the impact of institutionalisation has probably been reduced for our son since May

2019 by the hospital previously supporting his leave in the community in addition to our weekly hospital visits over 2 consecutive days, then leaves with ourselves in the XXXXXXXXXX area since May 2019 & then home leave from December 17 2019, but now that home leaves & unescorted hospital leaves have been stopped for him to local shops such as LIDL or Costa Coffee, he is likely to be at risk of institutionalisation. The longer he is in the hospital the greater the risk.

We appreciate that the hospital is likely to have better conditions than a detention centre for immigration detention but, in support of our views, Twenty- six studies reporting on a total of 2099 participants have concluded in the study by

- · M. von Werthern,
- · K. Robjant,
- C. Katona BMC Psychiatry

volume 18, Article number: 382 (2018) "The impact of immigration detention on mental health: a systematic review - carried out in 2018 that

"...Overall, adults, adolescents and children experienced high levels of mental health problems. Anxiety, depression and post-traumatic stress disorder were most commonly reported both during and following detention. Higher symptom scores were found in detained compared to non-detained refugees. In addition (and more clearly than was evident in 2009), detention duration was positively associated with severity of mental symptoms. Greater trauma exposure prior to detention was also associated with symptom severity..."

We feel that XXXXXX return home at a time when we are all constantly at home, presents a unique therapeutic opportunity for more quality time with XXXXX with minimal outside distractions where We can continue to restore our walled vegetable garden (the hospital have described how XXXXX enjoys gardening) plant seeds & grow vegetables, & play music plus support of XXXXX in his meccano building, Education & learning of the piano at a time when Mike is also working from home & has more time available due to the Easter holidays.

We would be so very grateful of your support at this very difficult time.

With many thanks in advance for your kind assistance in this matter,

Yours Sincerely