

Senedd Cymru | Welsh Parliament

Y Pwyllgor Plant, Pobl Ifanc ac Addysg | Children, Young People and Education Committee

Gwasanaethau i blant sydd wedi bod mewn gofal: archwilio diwygio radical | Services for care experienced children: exploring radical reform

Ymateb gan Bwrdd Iechyd Prifysgol Hywel Dda | Evidence from Hywel Dda University Health Board

1. Before care: Safely reducing the number of children in the care system

Please outline a **maximum of three** top priorities for radical reform of services for safely reducing the number of children in the care system:

Priority 1:

Integrated and community focused early years intervention. Due to funding cuts the community "hubs", which comprised of multi-disciplined services have declined. This provision enabled early identification of ACES (Adverse Childhood Experiences) and targeted support where required. Parents need access to parenting strategies that help understand children's behaviour as they go through different developmental stages.

Priority 2:

All primary and secondary services to be trauma informed – Perinatal/Paediatric/Primary & secondary mental health services/ Education etc.

Priority 3:

Direct screening of ACES and targeted support. This can be undertaken through front line services – Primary Care, Health visitors/Perinatal/, education etc.

This will enable early identification of adverse childhood experiences, targeted support and early intervention.

In instances where there are multiple adverse childhood experiences or the impact is very apparent this should trigger a multi-agency response. The focus needs to be on the individual needs of the child/family which will enable a targeted response that is built upon the resilience and systems of support around the family.

In addition, the development of specialised teams to support families in areas such as "attachment", "child development", "parenting skills", "risk management", "positive behaviour plans" etc.

2. In care: Quality services and support for children in care

Please outline a **maximum of three** top priorities for radical reform of services for children in care:

Priority 1:

Quality, suitable and trauma informed care provision for children and young people. Currently there is not enough suitable placements for young people, which prevents the possibility of appropriate compatibility and matching to the specific needs of the child. Equitable access to support and not a postcode lottery that occurs due to the Health Board/Local Authority area they live in.

When considering "Maslow's hierarchy of needs" - we need a solid foundation to grow, without suitable placement provision there is little to build upon.

Priority 2:

Suitably qualified and supported staff structure and restorative supervision. Social services, mental health services, etc. are under resourced and overwhelmed with the volume of referrals. A focus on staff wellbeing, training and support is a priority. This will prevent burn out and increase work capacity and uptake. Therapeutically trained foster carers

Priority 3:

Cohesive strategic multi-agency working with complexity. Currently this is single service led with an invitation to partner agencies. There should be closer collaboration with joint planning and service delivery.

Mental health services and social services working in a unified manner with the addition of education and other partner agencies where appropriate. It currently falls down when the "care plan" is contained within one agency as it is governed by their measures, funding constraints and outcomes objectives.

If there was a specific focus on the adverse childhood experiences, this would enable a more appropriate and targeted response. Removal of a child from their birth family, should be classed as an Adverse Childhood Experience (ACE).

This will help to build their resilience and increase their opportunity to overcome and recover from these experiences.

This should not be done in isolation of the family. The support needs to be systemic, with a focus on the ongoing needs of the family and carers.

Consistent and available placement support, that is trauma and attachment informed to support the resilience of the placement to prevent placement breakdown and blocked care developing.

One of the primary outcomes of the ACE's study was the need for a child/young person to have an "invested person" in their lives. A primary focus of service support should be to identify, guide and support this process. The outcomes of this research is vital as it provides a footprint upon which to guide recovery from ACE's, which not only impacts that young person life span but the future generations that follow.

3. After care: On-going support when young people leave care

Please outline a **maximum of three** top priorities for radical reform of the on-going support provided when young people leave care:

Priority 1:

Appropriate supported housing provision. The current accommodation options are often limited and inappropriate. Many young people are leaving their placements homeless and have to move into bed and breakfast accommodation or shared provision, which is not appropriate to their needs.

Priority 2:

Mental health services to fall in line with our partner agencies and support care experienced young people until the age of 21 years old or 24 years old if in further education and training.

Priority 3:

Multi-agency planning in preparation for when the young person transitions to adult provision. There needs to be a clear focus on their mental health and wellbeing as well as their social and physical needs. Leaving care passports, that hold all of their information in one place.

Support should be available 24 hrs not just 9-5pm. The majority of young people do not go into crisis until the evening/night time when they are alone.

The current "pathway plan" is not robust enough to ensure that care leavers are suitably protected.

Case example:

In July 2022, a care experienced young person (previously in residential care) found herself on her 18th birthday alone, homeless in a B & B. There was no celebration of a birthday cake, cards or gifts. It was spent alone in her room. The young person's social worker had ended her involvement the day before and her personal assistant who took over the case, also transferred her over to a new worker.

CAMHS should have also transferred her over to adult services but remained in contact during this period. This young person had a history of multiple suicide attempts and high risk taking behaviours.

From the moment a young person enters the care system there should be an ongoing focus on the planning and preparation for their next steps. This will ensure that appropriate accommodation provision is identified and sourced earlier and hopefully preventing such high rates of homeless care experienced young people.

Whilst financial assistance is helpful what they need more is practical and available support and guidance. They need that "invested other" who will help them fulfil their potential. This is what positive parenting looks like, as parents we want the best for our children. We guide them towards their goals and aspirations, we are invested in their future. As corporate parents we need to be truly invested.

4. Anything else

Do you have anything else you would like to tell us?

In meeting targets, measures and funding constraints there is often a focus on presenting a "good picture" on service delivery and meeting these demands.

A helpful suggestion maybe to hold regular reviews on:

What has not worked?

What could we do better?

How can we improve?

These questions should not be viewed as a failure but as a means to help guide and improve service delivery with a focus on the service users. They do not have to deflect from the points above but can assist in a way that is also helpful for the service and care experienced young people and their families.

Systemic trauma informed services need to understand the experiences and behaviours of care experienced young people.