

Cynulliad Cenedlaethol Cymru / National Assembly for Wales
Y Pwyllgor Cyfrifon Cyhoeddus / Public Accounts Committee
Ymchwiliad i blant a phobl ifanc sydd wedi bod mewn gofal / Inquiry into care
experienced children and young people
PAC(5) CECYP - 10
Ymateb gan Y grŵp polisi iechyd meddwl plant a phobl ifanc / Evidence from
Children and young people's mental health policy group

A number of organisations in Wales have recently come together to form a children and young people's mental health policy group to press for better prevention measures and early intervention for children and young people who have, or are at risk of developing poor mental health. We recognise the potential of working collaboratively on common goals, rather than pursuing individual pathways on shared concerns.¹

We welcome the Committee's inquiry into Children in Care because this is an area of significant financial investment but little improvement in outcomes for these children and young people. We are pleased that this inquiry constitutes a series of inquiries to take place during the course of the 5th Assembly.

The group was formed in the summer 2017, after the Committee's original announcement regarding its plans to look into children in care. This submission is a response to the Committee's overall plans and highlights a collection of our views regarding looked after children and the need for early intervention and prevention to tackle the growing demand on services.

British Association of Social Workers

Chartered Society of Physiotherapy

NSPCC

Royal College of General Practitioners Wales

Royal College of Psychiatrists in Wales

Royal College of Speech and Language Therapists

Welsh NHS Confederation

Looked after children are more likely to be disadvantaged in most aspects of life. Although for many, being taken into care is the best possible outcome and can be a positive experience, the care system is overstretched and cannot guarantee

¹ Children and Young People Mental Health Policy Network Position Statement, August 2017.

consistency and stability. Many children will be cared for by a number of foster carers, moving schools frequently. Of those children who do return home, 30% are taken back into care.² Figures obtained by the NSPCC in 2014 show that 27% of children who had left care in 2008–9 had returned into care by 2014. In some Local Authorities, this was as high as 47%. Looked after children are more likely to under achieve in schools, struggle with addiction, develop mental health and/or physical conditions, and end up in the criminal justice system.

Research suggests that many looked after children have unidentified and/or unmet communication needs. A study published in 2011 in the *International Journal of Language and Communication Disorders* found high levels of communication impairment amongst children and young people in residential care; much of which was severe, pervasive and largely unidentified³. The recent Prison Reform Trust report 'In Care, Out of Trouble' also highlights how young people, with a range of conditions and needs, including communication difficulties are overrepresented in the care and criminal justice system⁴.

Safeguarding needs are the main reasons for a child to be placed into care with over 60% of children in care.⁵ Children can also be placed into care if their parents are unable to cope due to illness or disability, if a family is in acute stress, or if the family is "dysfunctional".⁶ In Wales in 2016 this accounted for 24% of all looked after children.⁷ Twenty two per cent of looked after children in Wales were taken into care because they had a disability or illness.⁸

Our Network of health and social care organisations believes that early intervention and preventative approaches are crucial in keeping families together, saving the trauma associated with breakup and removal. Placing children in care should be the last resort, with careful consideration regarding safeguarding, risk, human rights and wellbeing of the child and of its family. We know that looked after

² Department for Education (DfE) (2013) [Data pack: improving permanence for looked after children \(PDF\)](#).

³ McCool S and Stevens I,C (2011). Identifying Speech, Language and Communication Needs among children and young people in residential care. *International Journal of Language and Communication Disorders*. 46 (6). pp.665–74

⁴ 'In Care, Out of Trouble'. Prison Reform trust (2016)

⁵ <https://www.nspcc.org.uk/preventing-abuse/child-protection-system/children-in-care/statistics/>

⁶ <https://statswales.gov.wales/v/CF98>

⁷ Ibid.

⁸ Ibid.

children are five times more likely to develop a childhood mental disorder⁹ and four to five times more likely to attempt suicide as an adult¹⁰.

In Wales there are 50% more children in care per population than England. This is a significant difference that we would like the Committee to investigate. The consequences impact on a higher percentage of families and children in Wales than across the border, and there are greater pressures on the services that care for them. Charities have called the situation a 'crisis' and have been asking the Welsh public to take up fostering to meet current demand.

Not only is this figure significant it is also growing. More and more children are being taken into care in Wales and this trend must also be investigated. What has become clear is that women who have their children taken into care will often continue to have babies to replace those that have been taken away, only to have them taken into care.¹¹ Infants can be subject to interim care orders and removed from their mothers from birth. This is not healthy for the child or the mother.

The Royal College of Psychiatrists called on the Government to invest in parenting programmes, in order to improve the life chances of children and the well-being of families.¹² Becoming a parent can be a daunting experience, but may be a further challenge to those who suffer with poor mental health.¹³ Up to 15 out of 100 new mothers will experience anxiety or depression. They are more likely to worry that they cannot cope with being a good parent, particularly if they struggle with everyday life.¹⁴ The Royal College of Speech and Language Therapists have called for an increase in parenting support with a focus on early language development

⁹ Meltzer, H., Corbin, T., Gatward, R., Goodman, R., Ford, T. (2003). The mental health of young people looked after by local authorities in England. London: Office for National Statistics

¹⁰ Vinnerljung, B., Hjern, A., Lindblad, F. (2006). Suicide attempts and severe psychiatric morbidity among former child welfare clients: a national cohort study. *Journal of Child Psychology and Psychiatry* 47(7), pp. 723–733.

¹¹ <https://www.theguardian.com/society/2015/apr/25/are-we-failing-parents-whose-children-are-taken-into-care>

¹² RCPsych (2014) *Making Parity a Reality – six asks for the next Government to improve the nation's mental health*, London: RCPsych

¹³ <http://www.rcpsych.ac.uk/healthadvice/problemsdisorders/postnataldepression.aspx>

¹⁴ Mind, How might my mental health problem affect me? <http://www.mind.org.uk/information-support/tips-for-everyday-living/parenting-with-a-mental-health-problem/#.WJRWg6Z4iUk>

and attachment. Over 50% of children in socially deprived areas may start school with impoverished speech, language and communication skills.¹⁵

Figures from the Early Intervention Foundation¹⁶ show that in Wales, the cost of late intervention is £1.1bn per year, which equates to £343 per person. This money is spent on the problems that affect children and young people such as domestic violence and abuse, child neglect and maltreatment, mental health problems, youth crime and exclusion from education and the labour market. While this figure is substantial, it is only the immediate fiscal so does not capture any lasting effects into adult life and sometimes into the next generation, nor the wider social and economic costs. Early intervention is key to reducing the prevalence of these experiences.

As part of a project carried out in 2015 on the emotional wellbeing of LAC, the NSPCC asked the University of Loughborough to carry out cost modelling using their cost calculator for children's services and it concluded that child's unstable and unsupported experience of care costs £22,415 more per year than another child's stable and well-supported care.¹⁷ This costing exercise was carried out in an English context but it can be helpful in illustrating the need to ensure support is put in place at an early stage to avoid problems escalating and leading to placement breakdown and multiple moves.

Results from the Public Health Wales NHS Trust "Welsh Adverse Childhood Experience (ACE)" study show that suffering four or more harmful experiences in childhood increases the chances of high-risk drinking in adulthood by four times, being a smoker by six times and being involved in violence in the last year by around 14 times. The survey revealed around one in every seven adults aged 18–69 years in Wales had experienced four or more Adverse Childhood Experiences during their childhood and just under half had experienced at least one. The report also estimates the burden of health-harming behaviours on the NHS that could have been avoided if Adverse Childhood Experiences were prevented across Wales.

Linking in with looked after children, this evidence shows that children who experience stressful and poor quality childhoods are more likely to develop health-harming and anti-social behaviours, more likely to perform poorly in school, more

¹⁵ Locke A, Ginsborg J, Peers I. (2002) *Development and disadvantage: Implications for the early years and beyond*, International Journal of Language and Communication Disorders, 37(1), pp. 3–15

¹⁶ <http://www.eif.org.uk/publication/the-cost-of-late-intervention-eif-analysis-2016/>

¹⁷ <http://www.lboro.ac.uk/research/ccfr/research/exploring/project---the-cost-calculator-for-childrens-services.html>

likely to be involved in crime and ultimately less likely to be a productive member of society.

We are pleased that the impact of Adverse Childhood Experiences on future outcomes is clearly recognized as a priority for action. Public bodies across Wales, including Health Boards and NHS Trusts, are committed to addressing ACEs and their impact in Wales by responding effectively to prevent and mitigate the harms from ACEs, and by building protective factors and resilience in the population to cope with ACEs that cannot be prevented.

We are also delighted to see that the recent Population Needs Assessments and Wellbeing Assessments clearly acknowledge the vulnerability of LAC and the heightened risk of poor mental health outcomes. However, the Population Needs Assessments and Wellbeing Assessments vary in their format: Some just list local issues, others offer more in the way of analysis about what the future direction of service development should be. It will be important for the Committee to monitor the development of Regional Plans and Wellbeing Plans to ensure that an appropriate service response is put into place to address the needs of LAC.

We were also pleased to see the guidance on part 6 of the Social Services and Wellbeing (Wales) Act 2014 recognise the importance of emotional wellbeing and reiterate the need for initial health assessments to include an assessment of looked after children's mental and emotional health. However, there is no prescription on who should carry out those assessments: without a specialist health professionals carrying out assessments, there is a risk that some issues could be missed and subsequent care and support plans developed that do not address all of a young person's needs.

The last eight years of austerity and the retrenchment of local authority budgets has greatly impacted on early intervention and preventative programmes. The increase in the number of those deemed eligible for support has placed huge pressures and restrictions on local services, impacting the level of care that can be afforded. It is important that this is acknowledged whilst conducting the Committee's inquiries related to children in care.