

Inquiry into the emotional and mental health of children and young people in Wales

1. Introduction

The National Adoption Service for Wales (NAS) welcomes the opportunity to contribute to this inquiry.

- NAS was formed in 2014 following a National Assembly for Wales Inquiry into adoption services across Wales and a Ministerial Advisory Group. This inquiry identified multiple issues related to the delivery of adoption services by agencies across Wales. This included CAMHS services and a sub-section of the Inquiry into Adoption Services in Wales is devoted to CAMHS and other therapeutic services as follows.

Recommendation 11: CAMHS and therapeutic service

The Welsh Government should, as a matter of urgency, work with the Welsh NHS Confederation in respect of provision to adopted children to audit current provision and identify gaps, considering the issues highlighted in our evidence with specific attention to access to specialist therapeutic services. They should subsequently set out a plan, which outlines the specific actions which will be taken to address the current shortcomings in provision for adopted children. As part of this approach, the Welsh Government should also compel local authorities and local health boards to work jointly. Further evidence should be sought from all interested parties including adoptive families. The plan should outline whether therapeutic services will be delivered via the development of a new specialist service or make it clear how they can be delivered in a timely way within CAMHS.

- This recommendation was accepted in principle by the Welsh Government, which in its response to the Inquiry report, outlined a range of actions which it indicated would or potentially could impact positively on the service to adopted children alongside other vulnerable groups.
- These were to be kept under review through the monitoring of the implementation of the Mental Health Measure and by the Delivery Assurance Group.
- In 2014 the then Minister for Health and Social Services announced an independently chaired review of CAMHS services to modernise and re-design it. It is unclear whether the program of work arising from this picked up these actions as originally intended. NAS is aware that this work is still ongoing. Through our links with the work we have been advised that a specific focus on vulnerable children is about to commence.
- NAS has positive links with CAMHS services. The clinical Director for Betsi Cadwallader Health Board sits on our Advisory Group representing his colleagues and over the last year we have also been working with the Welsh Government CAMHS Advisor. We have made efforts to influence the T4CYP programmer: we were initially linked to the 'Transition Work stream' and in autumn 2017 NAS is due to become a member of the re-formed 'Resilience and Early Intervention Work stream'. We are



hopeful that these links will help shape and influence the changes to CAMHS services that adopters, and adopted children and young people want and need

What are adopters, adopted children and young people currently saying about CAMHS services?

7. Adopters and adopted children and young people are yet to see tangible improvements in the service they receive from CAMHS.
8. During 2015 and 2016, NAS held five family events across Wales and visited a number of well-established support groups to meet with adopters, children and young people. Altogether, more than 300 adopters and 250 children and young people were involved in these activities. There was a consistent message at every event / meeting about the lack of support (from all services), with an emphasis on a lack of therapeutic support.
9. A very common theme was the difficulties with accessing a service from CAMHS, linked to lack of therapeutic support and the lack of 'adoption awareness' within the service. Young people echoed this with those that had received a service concerned at having to continually repeat their story to staff who did not really understand their issues. The following quotes exemplify this:

'When we were no longer able to contain.....violence and aggression the CAMHS team promised help but failed to deliver'

'CAMHS don't appear to have heard of attachment problems, and as such are unable to help.'

'CAMHS not recognising adoption as a priority status for referrals'.
10. During the spring of 2017 we worked with the Institute of Public Care at Oxford Brookes University to develop a business case for the delivery of our Adoption Support Framework. More than 250 adoptive families participated in an on-line survey. Again, this looked at all services but within this specific comments about CAMHS were received. This indicates that there has been little improvement in the experiences of adoptive families of the CAMHS service to date.

'CAMHS has been by far the poorest service so far with several rejected referrals and now after a year and a half of waiting we are just about to get an assessment.'

'None. CAMHS discharged.....despite my concerns. Not suicidal so no help.'

11. Adopters have been clear in what they would like to see



'A CAMHS type service which is actually available and not a huge battle'

'Skilled support within CAMHS with knowledge/understanding of adoption'

'A much better response from CAMHS is needed'

Evidence of need

12. The reality of being a child looked after one day and adopted into a family the next does not mitigate the often-higher levels of needs that exist in this group of children and young people. Virtually all adopted children are removed from risky and abusive situations having therefore been exposed to longer term areas of risk and harm e.g. domestic/family violence, substance misuse and parental mental ill health with all the negative impacts on childhood development and attachment.
13. Recent research, now available in a paper written as part of the Wales Adoption Cohort Study by Cardiff University, examined the presence of Adverse Childhood Experiences (ACES) in a cohort of 370 children placed for adoption in Wales in 2014/15. This showed that 47% of children had experienced at least 4 Adverse Childhood Experiences (ACES) before they were placed for adoption compared to 14% in the general population. This places them in the highest risk group for later life difficulties. The work used the very strict interpretation of what constitutes an ACE so doesn't include suspected or in utero experiences so the figure is likely to be higher than 47%. These experiences will often manifest themselves at critical transition points in a child's/young person's life (e.g. physiological changes, or changes in schooling). It is important the right services are in place at these times to build resilience both for the children/young people and their adoptive parents and wider families).
14. Whilst overall numbers of adoption breakdowns/disruptions is low (around 4%), about one-third of children are likely to need ongoing services. The cost both in terms of outcomes for children and financially, of not providing the right kinds of timely adoption support services are well known and well understood. In rare cases the need is such that children return to the care system. Welsh Government statistics for 15-16 indicated there were at least 15 children looked after in Wales who had previously been adopted.

Specialist CAMHS

15. NAS are encouraged that adopted children's needs around trauma and attachment will in future (we understand) be seen under the remit of specialist CAMHS -this will address frustrations that 'attachment' is not something CAMHS can deal with.
16. NAS is encouraged that a 'step change' approach is being sought. However, progress is frustratingly slow.



17. There remains an unmet need for psychological therapies- where this does exist it is not under the remit of CAMHS. There is an example of this type of psychology service offering very positive outcomes for adopted children/ families in SEWAS and we would wish to see this developed and available for looked after children and formerly looked after children. Elsewhere however there is no tangible improvement in the provision of psychological services and we question how the aim of having children's emotional and mental health needs which require psychological therapy will be met within CAMHS.

Transition - to Adult Services

18. Many of the issues relating to problems accessing children's CAMHS services are magnified by the time young people reach adulthood, but emotionally are functioning at a much younger age.

19. The work by the transition work stream thus far has not impacted significantly on the issues for adopted children as they move into adulthood.

20. Children being placed for adoption may experience multiple transitions including new home, new school, loss of contact with birth family and anniversaries of these events known to be trigger points when the need for services or support emerge, is there going to be any focus on these?

Funding

21. There is no current tangible evidence of how additional funding is reaching adopted children or indeed other categories of vulnerable children i.e. those who remain 'looked after'.

22. The prevention / early intervention ethos of the mental health measure and T4CYP appears not to have had an impact on demand for targeted and specialist support for children and young people. The framework for adoption support that NAS has developed works applies the same ethos.

23. Until the above does impact on resources there will be ongoing and even increased demand as awareness and expectations rise. In terms of the current gap in post adoption services it is unclear how this is to be resolved and where these resources will come from.

24. There appears to be a lack of transparency/engagement in how services are being developed and what they will look like. There is growing awareness of the impact of trauma, neglect and attachment problems and the need for therapeutic support, but with a level of resignation from professionals and adopters that this will not be met within CAMHS services, and a frustration that this is an unmet mental health need for the most vulnerable children in society.



25. Some of these could be mitigated by psychological therapies as above but a similar issues about the funding of these exists.

26. Adoption support services delivered regionally and locally are currently providing and funding therapeutic services This is a large, growing and unmet need- the question is why the cost for this is falling to social care- when it is clearly an emotional well-being and in some cases a mental health issue?

27. There may be emerging shoots of some investment in some but this is not consistent across Wales.

Links with Education (emotional intelligence and healthy coping mechanisms)

28. There are examples of good practice in schools who are attuned and responsive to wellbeing and mental health- available to all children, not only adopted children. This is not systematic, and there does not appear to be evidence of how the health and wellbeing agenda will be delivered, or how adopted children may benefit. NAS recognises that the population of adopted children is relatively small, but the issues that that affect their health and welling are similar to all to care experienced children and need to be held in mind when planning for their needs.

29. Throughout NAS' consultation events referred to earlier there were many examples of schools not being able to or willing to manage adoption support needs that were related to children and young people's emotional and behavioural needs. We heard how traditional methods for dealing with behaviour leading to exclusion and/or frequent calls to parents to collect children, impacting on people's ability to work and children's ability to remain in education. School based counselling services have not featured to date as examples of lower level support or interventions.

What we would like to see

30. NAS has consulted widely with adopters and children and young people who have been adopted. Their views, along with the views of regional and VAA adoption services and adoption research, noted above consistently reach the same messages about what NAS would like to see:

- Timely access to an adoption aware CAMHS service
- Access to a range of psychological therapies that help adopted children recover from the result of early trauma or early attachment problems.
- Support in managing children and young people who display challenging behaviours, particularly aggression and violence to adults.
- Adopters having access to consultations with CAMHS
- Improved links between CAMHS and regional adoption services.



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This document is available in Welsh / Mae'r ddogfen hon ar gael yn Gymraeg .