

**Cases for CYPE Committee in follow up to oral evidence from Children's Commissioner for Wales on 22<sup>nd</sup> November 2017**

Re. Inquiry into Emotional and Mental Health of children and young people

As committee members will be aware, families generally contact my office when they have tried many other options already. Although it is not possible for us to conclude how representative these cases are, it is very likely that other families face similar situations but do not have the confidence or knowledge to contact my office. It should also be noted, however, that children and their families who have received good or excellent services do not contact my office to inform me about their experiences.

**1. Child with complex needs and mental health issues**

**ISSUE:** Children's Commissioner for Wales (CCfW) Investigation and Advice team were contacted as a 'last resort' by a parent whose child was in crisis due to complex needs and mental health issues. No support was reported to be forthcoming from CAMHS. The parent reported that their child was receiving just additional medication without assessment.

**ACTION:** CCfW contacted CAMHS. No return call was received from the psychiatrist in charge of young people with learning difficulties but they did ring the parent late the same day night and agreed a course of action. The Learning Disability CPN was called to do an observation of the young person. CCfW tried to establish if the CAMHS critical support team would come out and see the young person but were informed they will only support young people without a learning disability.

**OUTCOME:** The young person has had a change of medication and has an appointment with the psychiatrist.

**COMMENTARY:**

This highlights a difficulty in eligibility criteria for CAMHS. In this case children with severe learning difficulties were not able to access the critical support team. Without support in the home that can be adapted to an individual child's needs, it can become more likely that children will need to be admitted to residential care or hospital.

2.

**ISSUE:** A highly distressed parent contacted CCfW looking for help in coping with their daughter who was severely autistic and non-verbal. The child's behaviour had become increasingly violent over the course of the summer holidays resulting in the police having to be called on more than one occasion. The mother had reached crisis point. The child's brother had moved out of the family home for his own safety and the local authority were struggling to find appropriate respite care. A suggestion had even been made to section the child as a way of providing the family with some form of respite and



the family had considered requesting the child was taken into care as they felt unable to continue to care for her.

**ACTION:** CCfW contacted CAMHS and individuals within the Children with Disabilities team to ensure that appropriate action was taken to find respite care for the child and to enable her brother to return to the family home.

**OUTCOME:** An urgent Multi Agency meeting was arranged within the time frame of CCfW being involved. The child was provided with increased speech and language and occupational support therapy in school and was being transported to school by minibus which she was happier about. This had led to improved behaviour.

The child had an assessment by the CAMHS psychiatrist and her paediatrician reassessed her medication; her behaviour is now manageable. Professionals have agreed that in the long term the child will need a specialist, residential autism placement. The child is now back in school, her brother has returned to live at home and the family feel more able to cope.

**COMMENTARY:** In this situation an appropriate multi-disciplinary response has prevented family separation. However, the family felt that they had reached crisis point before this was forthcoming.

### 3. Ongoing case, not yet resolved

**ISSUE:** A parent contacted CCfW concerned that his adopted daughter was not getting the support she needs from CAMHS and seeking clarity as to future plans for where she will be living. The child had been accommodated in two different private residential care homes, neither of which met her needs.

**ACTION:** Contact was made with social services and health. Initially the child did not meet the threshold for CAMHS involvement but was later sectioned and placed in a low secure hospital setting. The issue was then the need to locate appropriate residential provision as it was felt that the placement was not ideal to meet her needs. An extensive search continued for several months with no success.

**OUTCOME:** The case went to a mental health tribunal recently and it was agreed to maintain the section. Agreement has been reached to “reframe” the approach towards the current placement to look more positively to see if it can meet the child’s needs and an improvement has been noted. The child has begun to have community leave with staff and has had an unescorted visit with her parents. The parent believes the situation is now improving.

**COMMENTARY:** In the first three cases highlighted here, parents of children with high levels of need have struggled to receive satisfactory communications from professionals in CAMHS and other services. In the first two cases there appeared to be an issue that children’s needs did not fit with current service provision, rather than services being adapted to meet children’s needs.



#### **4. Ongoing case, with CCfW for 12 months and the placement issue for this child is not resolved.**

**Issue:** CCfW contacted about a child being 'contained' inappropriately. The child has a life limiting condition, with a serious risk of self-harm.

CCfW were contacted by a consultant paediatrician who had serious concerns about a child whom it was felt was being inappropriately held in various health establishments when his social care placements broke down. He had been placed in a Tier 4 psychiatric ward which is not suitable for young children, and was held there for quite some time until an appropriate placement could be found.

He was eventually accommodated in a residential educational provision. However, when this closed for refurbishment, the child was placed in a children's home. Whilst there his behaviour deteriorated resulting in an ambulance being called and he was contained once more, this time on a paediatric ward. The health professional advised that once again this child had been inappropriately placed and the hospital were being used as a venue to contain the child. His level of supervision and the nature of his condition meant that other children could not be admitted to the hospital ward.

The child has returned to residential educational provision but the case is still ongoing as there are still concerns about how his needs can best be met. Funding is not and has not been an issue with the agencies involved, rather the issue is there appear to be no placements for children and young people who need secure provision to meet health and social care needs. The level of support in his current placement continues to increase to try and maintain the placement. There is no possibility of him returning home as he needs a bespoke package providing 24 hour supervision to keep him safe.

#### **COMMENTARY:**

This is a difficult case which has presented serious challenges to health and social care services regarding how to meet the child's needs. The case highlights the challenges that agencies can face when trying to meet the needs of a child with complex problems that straddle both social and medical care and which do not clearly fall to one agency or the other.

#### **5. Looked after child with serious emotional issues without appropriate placement in education.**

**Issue:** The case was brought to CCfW as this child has been through a very traumatic childhood which is being played out in his behaviour. The child has had several placement breakdowns as the foster carers struggle to manage his needs. He had not been in education for several months as the schools identified could not meet his needs even with support. Education had been unable to identify a placement where they could keep him safe. On one occasion he managed to scale a very high fence and was eventually found by police close to the M4 motorway some miles away.

The foster carer gave notice as they could not manage this child and education were unable to locate and consider a safe placement until social care had identified where this child was to be placed. This case is still unresolved as finding a suitable semi secure placement remains an issue.



## **COMMENTARY:**

The third, fourth and fifth cases highlight the difficulties faced by local authorities in securing highly specialised residential placements for children with serious emotional and mental health difficulties.

### **6. English child being detained in Wales under the Mental Health Act.**

**Issue.** CCfW received a call from a private secure establishment that had a young person who had been detained under the Mental Health Act. The order was due to run out at midnight and no plans had been made as to what to do should this young person decide to up and walk out as legally they would be unable to stop her. This professional felt strongly that she would indeed leave as soon as the order was up at midnight.

**Action:** The call came in at 4.59pm on a Friday – too late for our adviser to contact the young person's social worker. The worker was advised to call the emergency out of hours teams in England and the county in Wales where she was residing. In addition the worker was advised that if they were unable to keep her safely at home and the young person were to leave, they should call the police as there would be a young vulnerable person wandering about with nowhere to go at midnight.

## **COMMENTARY:**

This case serves as a reminder that children with mental health difficulties are placed across the border in both directions which can lead to additional complications in terms of communications and policy and legislative frameworks. In this case it is also an example of how a young person can be left vulnerable due to a lack of planning and communication between a local authority (in this case an English one) and a care provider.