

Response from Care Inspectorate Wales
(formerly Care and Social Services Inspectorate Wales)

Inquiry into the Emotional and Mental Health of Children and Young People

Thank you for your invitation for Care Inspectorate Wales to contribute to this Inquiry.

We note the terms of reference and lines of enquiry which focus on the role performed by Child and Adolescent Mental Health Services (CAMHS).

Care Inspectorate Wales has not undertaken any direct evaluation of CAMHS since 2009 when there was a joint evaluation undertaken with Healthcare Inspectorate Wales (HIW) and the Wales Audit Office. We note that HIW has already provided evidence of the 2009 review to your inquiry.

More recently, Care Inspectorate Wales published a report of a national inspection of looked after children and care leavers who exhibit vulnerable or risky behaviours (report published: January 2015).

The full report, and the reports for the 22 local authorities, can be found at:
<http://cssiw.org.uk/our-reports/national-thematic-report/2014/safeguarding-and-care-planning-of-looked-after-children-and-care-leavers/?lang=en>

The report's conclusions in relation to emotional and mental health were:

- Despite some very committed work by individuals within health, the employing health services did not give sufficient priority to the emotional and mental health needs of children in care and care leavers. This resulted in the burden of responsibility being placed on local authority children's social services.
- There was recognition of a long standing disconnect between the access threshold applied by CAMHS and the presenting emotional resilience needs of looked after children and care leavers.
- The issue of looked after children and care leavers' rights to an appropriate range of provision to meet their psychological and emotional health needs, when they need it and for as long as they require it, including the transition into adulthood, needs to be urgently addressed on an all Wales basis.

Clearly children who are looked after are at higher risk of longer term mental health problems, many of whom will have experienced emotional and other abuse or attachment problems prior to becoming looked after. Investment in appropriate, high quality therapeutic treatment and support whilst children are looked after should be seen as a preventative measure which can reduce dependency on mental health services in later life.

As the report says:

“In most of the cases reviewed, the biggest gap in services identified by inspectors and highlighted by all staff, including specialist health staff, was the limited availability of resources to meet the emotional mental health and wellbeing needs of children on the edge of care, looked after children and care leavers. Despite the shortfall in these services being highlighted over a number of years and identified as blighting the life chances of vulnerable young people, these concerns remain largely unresolved.”

The evidence in the report included the following comments from social workers:

“Many of our care leavers have deep seated emotional problems which in adults would be described as mental health problems. They need specialist and skilled help – they have had some really bad experiences which they have to carry round with them for years.”

“CAMHS does not work with vulnerable looked after children . You have to work hard to get a therapeutic service for a young person. If there is a diagnosed mental illness the CAMHS service is inflexible, wanting appointments during school time and it means hours of travel for the young person to get to the appointment.”

“I refused to leave the young person’s placement until someone from CAMHS finally agreed to come out to see her... even then it was like they were doing me a favour ... it just shouldn’t be that hard for young people to get a service.”

The report stated that the disconnect between the access threshold applied by the CAMHS and the presenting emotional resilience needs of looked after children and care leavers was an issue. Inspectors identified a number of cases where the delay in accessing services to meet the young person’s emotional needs directly contributed to the instability of the placement and the escalation of the individual’s own risky behaviour.

There were some positive practice examples highlighted in the report:

- In Torfaen, the Multi Intervention Service Torfaen (MIST) project run by Action for Children provides a long term therapeutic service, for children with traumatic experiences, jointly funded by health, education and social services. MIST provides a joint funded CAMHS service for children aged eight and over. The service is well used and weekly updates are provided to social workers on the work being undertaken. The MIST project also supports staff and foster carers, who they train and provide a 24-hour on call service. *“I’ve changed loads, they were amazing, they helped me through very dark times.”* (Care leaver).

- A number of children's social services (Newport, Gwynedd, Carmarthenshire) had been proactive in trying to compensate for the shortfall in the availability of therapeutic services by establishing and funding in-house therapeutic provision, which included access to psychologists and play therapy.
- Flintshire developed support services to help young people who had experienced loss and uncertainty.
- In Pembrokeshire, the CAMHS team developed a training DVD for schools to support children and young people with emotional problems, which they were also rolling out to social workers.

Boundary issues between CAMHS services for looked after children placed out of area are still an issue and have been a feature of frustration for many years. This means children placed out of areas often struggle to access appropriate mental health services. It is also felt by some that CAMHS tends to work at the periphery rather than work alongside and with other agencies.

Clearly inspectors are more likely to hear about concerns rather than services which are performing well. However, since 2014 when the inspections took place little appears to have changed. Our local authority inspectors are currently reporting that many Local Authorities are using their own budgets to fill gaps that should really be CAMHS services. Inspectors also report some Local Authorities are employing their own psychology services for their looked after children.