



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

### **A response from The Fostering Network to the Children, Young People and Education Committee's call for evidence.**

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#### **About The Fostering Network**

The Fostering Network is the UK's leading fostering charity. We are the essential network for fostering, bringing together everyone who is involved in the lives of fostered children. We support foster carers to transform children's lives and we work with fostering services and the wider sector to develop and share best practice.

We work to ensure all fostered children and young people experience stable family life and we are passionate about the difference foster care makes. We champion fostering and seek to create vital change so that foster care is the very best it can be.

#### **Preface**

The Fostering Network welcomes the opportunity to provide evidence to the Welsh Government's consultation on the emotional and mental health of children and young people in Wales and to highlight the need to focus on looked after children and care leavers, as a specific and vulnerable group of great relevance to this consultation. This response draws upon the broad, collective experience of The Fostering Network, including discussions with a range of professionals in health, social services and education, and also the outcomes of a specially convened focus group of foster carers and birth parents of fostered children to explore the issues raised in the terms of reference.

The terms of reference of the call for evidence form three of the sub-headings in this summary report but there are other related issues which have a bearing on CAMHS support, funding and school links which, if we are to see the fuller picture, cannot be ignored. These are dealt with in the final section and are elaborated in the full report. This response conforms to the request for a limitation on length and is, therefore, a summary of the main points raised in the full, accompanying report. Such are the extent and seriousness of the issues relating to the emotional and mental health needs of children and young people who are looked after, that a fuller report is, we believe, essential to the concerns being raised by foster carers and the children themselves.

## 1.0 Introduction and context

- 1.1 While it is recognised that approximately one in 10 children and young people have a diagnosable mental health disorder, that figure is closer to five in every 10 for children and young people who are looked after. It is even higher for those in residential care homes, nearer 70 Per cent. The very latest research<sup>1,2</sup> shows that the mental health issues for looked after children are growing and that services are inadequate to meet those needs. We are also aware that children must now fall deeper into crisis before getting help.
- 1.2 Anti-social, self-harming and even excessively passive behaviours have a detrimental effect on a child or young person's life, in particular their relationships and their education. Early trauma can be the trigger for many diagnosable mental health disorders later on, including different psychoses. One foster carer participant said: 'From the time a child is born, and even before it is born, its mental health is affected by what is going on in the family. By the time they reach placement, mental health issues have been compounded by the difficulties in their family's life.'
- 1.3 The Fostering Network has undertaken, and continues to run, projects and programmes to help both foster carers, the carers' own children, those in care and care leavers improve their own emotional wellbeing. Currently the Fostering Wellbeing Programme and Confidence in Care programme in Wales and the Mockingbird project in England are aiming, among other things, to improve emotional wellbeing and mental health through social pedagogic methodologies and accompanying systemic change. Only a holistic approach to assessing and meeting the needs of the children and young people who are looked after can bring about the necessary and urgent improvements required.

## 2.0 CAMHS support for children and young people who are looked after

- 2.1 Foster carers feel current mental health services for children and young people who are looked after are poor or very poor. In the common experience of foster carers there have been no discernible improvements in meeting the needs of the children and young people in their care. There is a heartfelt call for "faster access to CAMHS". While social workers and looked after children nurses have a sense that CAMHS is more responsive than previously when a crisis requires their intervention, looked after children need access to mental health services as soon as they enter care. Foster carers argue that since looked after children are more likely to suffer mental health issues, the sense of loss, instability and anxiety of entering care would inevitably add to these issues: 'This should be recognised and mental health support should be made available on the move into placement, and throughout their care.' Looked after children nurses complete a statutory health assessment within three months of a child going into care but the assessment of emotional health is not standardised through the use of any diagnostic tools e.g. the Strengths and Difficulties Questionnaire. The uniqueness of each child's response to early adversity is one reason for the importance of ensuring a comprehensive assessment is undertaken and that any ensuing action meets the actual needs: 'Often the things that are offered tick the box but are not tailored to the child's needs.'
- 2.2 One foster carer commended CAMHS for the quality of support received, although it was through her own determination and persistence that she was able to get help. Frustration in getting an assessment is not unusual: 'It took four years to get an assessment. It affected his mental health.... There was mention that he could sue the authority when he was an adult for not picking up on concerns – action followed.' Some, though far from all, services are felt to be very good once accessed but there are serious barriers to access, with thresholds of need being too high and waiting times often lengthy. Failure to provide the right services at the right time can and does lead to further problems e.g. drug

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<sup>1</sup> Patalay P & Fitzsimons E. Mental ill-health among children of the new century: trends across childhood with a focus on age 14. September 2017. Centre for Longitudinal Studies: London.

<sup>2</sup> Frith, E (2016). Centre Forum Commission on Children and Young People's Mental Health: State of the Nation

and alcohol abuse and criminal behaviours. Looked after children in out of county placements experience particular difficulties in accessing mental health services.

- 2.3 Many services being offered, not just by CAMHS, are inappropriate to the issues being experienced by foster carers and those in their care. Many services which are offered are described as “inadequate” and often, “superficial”. While CAMHS comes into this category, the difficulties of accessing CAMHS provision mean that related services, such as educational psychology services and school counsellors, are being expected to fulfil roles for which they do not necessarily have the relevant expertise or sufficiency of resource. There are also concerns about the nature of the support offered: ‘Some of the support provided – well, they’re more like befrienders, whereas the child needs specialist expertise, even a specific department.’
- 2.4 There is a gap in service provision below the level at which specialist CAMHS will accept referrals. The restricted range and availability of therapeutic services is clearly a concern. The Tier 1 services e.g. social workers, GPs, school counsellors, will often be making the referrals, but the Tier 2 services, including primary mental health workers, appear to be the ones which are not visible to fostering families. If they were, foster carers would not be suggesting, for example, the need for: ‘An in-house, qualified psychiatric nurse who can assess right at the beginning and direct to the appropriate services instead of the cheapest.’
- 2.5 There is a gap between what is available at school level e.g. counsellor or ELSA support, and CAMHS. Access to play or drama or music therapies is limited, as are therapies for ADHD and ADS, apart from medication. The view of one medical professional is that foster carers are often the therapists but, however committed to the care and wellbeing of the child, they are not always skilled up to provide therapeutic treatments.

### **3.0 Funding for interventions**

- 3.1 Appropriate interventions which are sufficiently early save not just distress for those in care and for their foster families, but also are more cost effective in the longer term. Foster carers and The Fostering Network recognise that in order to provide quicker access to more and better services, more funding will be needed. It is at the Tier 2 level that it is felt either greater investment and/or significant system change is needed to offer far better assessment of emotional and mental health needs and intensive, joined-up services for addressing those needs and tracking progress.
- 3.2 Failure to address the real needs of a child would inevitably add to the problems of the child, and also have a detrimental effect on the foster carers. This can and does result in placement breakdowns which are expensive in economic terms but, more importantly, are damaging for the child: ‘Early diagnosis and rapid treatment would avoid abuse of carers and deterioration of the young people’s mental health.’ Services across the statutory sectors of health, social services and education and those provided by the voluntary and private sectors may provide pockets of excellence. But, the overall effect on the experience of foster carers and those children and young people in their care is one of piecemeal provision which fails to address their needs in a holistic way.

### **4.0 Links with education and other services**

- 4.1 School nurses and looked after children nurses have not, in the past, been viewed as a source of support. There is nothing to suggest that, currently, school nurses have the capacity or specialised training to meet looked after children’s mental health needs. The work of the looked after children nurse is not widely known or understood.
- 4.2 Systems and structures do not always allow health, education and social care services to work together effectively: ‘Why can’t all social and educational services across counties work together for a child?’ Looked after children have complex histories and needs. It is unlikely that a single intervention

or one that focuses only on the child will address all of these needs. Few interventions take the mixed approach needed to target both the child and the system around them. The Fostering Wellbeing Programme in Wales and Mockingbird Project in England have the potential to do this.

- 4.3 Children need stability in order to thrive and, while in care, they are likely to experience frequent change, in placement and in social worker, which will make attachment disorders even worse: 'People with autism need certainty, routine, not change. Any child would experience anxiety with disruption into care but, for a child with autism, continuous uncertainty is a major difficulty.' 'The person doing life story work, after a long wait, is now on six months sickness leave. No-one has picked up the work and the child is left hanging in the air.' A strong and consistent view emerged that the mental health needs of looked after children were not sufficiently recognised and, where they were, information was not necessarily shared between service providers.
- 4.4 Provision of lower level support and early intervention services can be supportive of children and young people who are looked after but less so for the under 10s, for whom school counselling is rarely available, or those who already have diagnosable mental health issues. Services for children in out of county placements are inadequate: 'There should be no borders for treatment and services should work together.'
- 4.5 Foster carers have a good knowledge of their children's needs, yet their views are not sufficiently taken into account. They have first-hand experience of a child's behaviour and difficulties and can impart important information about the child's emotional wellbeing and mental health: 'We are experts on the foster child, but we are not seen as such.' 'With the right team, a difference can be made. My foster child was about to be referred to a Pupil Referral Unit and I fought this in a multi-agency meeting and changed their minds. She is a prefect now.'
- 4.6 Foster carers have worries around transition from child services to adult services and how this can affect negatively the emotional health of the young person: 'At transition from children's to adult services children can fall through the net because of poor communication between the services and a refusal to hold responsibility for the child. Our foster child was left with no services and no psychiatrist or mental health support for six weeks during this time.'
- 4.7 One health professional describes a difference in culture between CAMHS and adult mental health services, with the latter focussing on developing independence but, crucially, the level of support is that much lower, giving less time to the patient. While some interventions appear to "tick boxes" and "they are cheaper", these are often false economies and fail to deliver the better and longer-term outcomes which a multi-disciplinary approach can achieve.

## 5.0 Key issues and ways forward

- 5.1 **Inadequate assessment of needs:** A full mental health assessment by a qualified mental health professional should be undertaken for every child entering care. Priority access to CAMHS should be given to looked after children and young people.
- 5.2 **Delay in responses by specialist services:** A rapid and appropriate response is required when issues become apparent but this relates back to the timing and quality of assessment and a recognition that if it is too late for preventative work or early intervention, more specialist provision must be made available as a matter of urgency.
- 5.3 **Support tailored to individual needs:** Mental health workers, CAMHS or otherwise, dedicated to children and young people who are looked after, and to their foster families, would help to build relationships, provide better information on the individual needs of those in care, and their carers, and lead to interventions which are more targeted to actual need.

- 5.4 **Effective co-ordination between, if not integration of, services:** Health, education and social services at a local level are at the heart of effective support for looked after children with mental health difficulties. However, systemic change is needed as, currently, collaborative efforts are too slow and cumbersome. Also, problems in gaining support for children and young people in out of county placements is indicative of fault-lines existing in communication and corporate responsibilities.
- 5.5 **Foster carers are not always listened to or empowered:** Not only are foster carers' views not always given due weight when decisions are made about the children and young people in their care, they often feel that they are not sufficiently trusted or empowered to make everyday decisions about the wellbeing of their child.
- 5.6 **Capacity of carers to avoid placement breakdown:** Children need the stability which comes from consistent and caring relationships with adults. Some young people are pleased to receive loving and nurturing care from the same carers. Others suffer from their emotional needs being ignored. In the worst cases, they are let down by a system that does not recognise their behaviour as a sign of distress and has failed to provide them with support to develop secure attachments to their carers. As a result, they may experience many breakdowns in their placements. Also, there is not enough support for the emotional wellbeing of foster families, particularly the birth children; they feel loss too when a foster child is moved on.
- 5.7 **Better support for transition to adult services is needed:** Care leavers with ongoing mental health issues can experience a gap in provision as they migrate from children's to adult services. The new Independent Development Plan should include continuity of health provision, run through to age 25 and be faithfully implemented.
- 5.8 **More training for all:** The Fostering Network would urge Welsh Government to develop and fund learning modules for foster carers, and other professionals, on mental health and emotional wellbeing: 'It would make such a difference if we were trained to recognise symptoms, given attachment training, and how to respond effectively.'
- 5.9 **Funding:** Inadequate funding is not the sole cause of the problems encountered by foster carers in getting support for the children in their care, but it does appear to be a crucial factor. Clearly, there is a shortage of the appropriate types of support which is available, at the right time, and provided in a holistic way which makes sense to the child who is looked after and to the fostering family.
- 5.10 **Corporate responsibility:** Promoting looked after children's emotional wellbeing is the responsibility of everyone connected with the care system and not just that of specialist mental health services alone. We need a coherent and integrated system across social care, education, health and youth justice that prioritises the emotional wellbeing of children in care. Sharing corporate parenting responsibility across services, going beyond the parameters set in legislation, is the way forward, ensuring that a spectrum of accessible, evidence-based therapeutic services is provided, and the mental health and emotional wellbeing needs of all children in care are routinely met.