

National Assembly for Wales

Children, Young People and Education Committee

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Inquiry into Child and Adolescent Mental Health Services (CAMHS)

Evidence from : Public Health Wales

## **SAFEGUARDING CHILDREN SERVICE**

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### **Purpose and Summary of Document:**

The Children, Young People and Education Committee have agreed to undertake an Inquiry into Child and Adolescent Mental Health Services and have invited submissions from individuals and organisations.

This is the response of the Safeguarding Children Service, Public Health Wales, based on the experience of Team members gained from producing Health Management Reviews when Serious Case Reviews have been commissioned in respect of young people who died by their own hand. The response also includes observations from the Child Death Review Team Manager and the Project Lead: Safeguarding Adults at Risk for the Safeguarding Children Service.

- **The extent to which CAMHS is embedded within broader health and social care services.**

The number of cases reviewed by the service is small, however a significant number indicate a lack of understanding of the role of CAMHS both by other agencies and by parents.

One practitioner noted a 'ping pong' effect as a young person was passed back and forwards between Social Services and CAMHS when a co-ordinated multi-agency approach was required to meet their needs.

Another author stated that parents did not understand what was being sought to achieve and therefore did not engage and bring their child to appointments.

Parent's not taking children to appointments appears to present

ongoing concerns.

Also, consideration should be given to the hosting arrangements for CAMHS, as CAMHS services in parts of South Wales, in particular, are hosted out of area. This may result in communication problems, including referrals and ongoing care, within health and between health services and partner agencies e.g. CAMHS service based in St David's Hospital, Cardiff, hosted by Cwm Taf University Health Board.

- **Access to community specialist CAMHS at tier 2 and above for children and adolescents with mental health problems, including access to psychological therapies.**

Response to challenging behaviour was found to be inconsistent, particularly in cases where there was no diagnosis of mental illness.

Intensive early and multi-agency intervention before a child reached adolescence may have been helpful in some cases however none of the cases presented evidence of this taking place in a co-ordinated manner.

One young person with a learning difficulty was described as not having the social skills to engage following non attendance. This raises a question as to whether this group of young people require a specialist service.

- **The extent to which the current provision of CAMHS is promoting safeguarding, children's rights, and the engagement of children and young people.**

Some Safeguarding Boards have developed protocols to manage 'Risky Behaviour' which may have the potential to address the complex relationship between social needs and mental health needs and encourage a multi-agency approach to working with young people and their families, which in turn would better safeguard young people.

Implementation of a Safeguarding Quality Outcomes Framework for the Health services in Wales indicates that children are still being admitted to adult wards (all services). Further work is required to gain understanding of how many are admitted to adult mental health wards which is clearly undesirable in respect of safeguarding.

NHS organisations are committed to the implementation of training standards set out in the *Royal College of Paediatrics and Child Health 2010, Safeguarding Children and Young People: roles and competences for health care staff, Intercollegiate Document*, which requires all NHS staff to have Safeguarding training in accordance with

their role and responsibilities. CAMHS professionals will be expected to comply with this.

The Safeguarding Children Service has commissioned Dr Alison Mott, Designated Doctor Safeguarding Children to undertake a piece of work to enable the service to develop an understanding of the health needs of vulnerable adolescents and the health response to meeting those needs in NHS Wales currently. Dr Mott's work includes the development of a GP survey questionnaire to assess whether health services are youth friendly with the aim of contributing to a strategic development. The survey will shortly be sent out to GP practices across Wales. The outcome of this work may have relevance for the Inquiry at a later date.

The Safeguarding Children Service (SCS) recently established a Project Lead role for Safeguarding Adults at Risk with the aim of developing an understanding of the interface between safeguarding adults at risk and safeguarding children and to provide proposals on how the SCS may usefully contribute to this area of work. The project role has already identified general concerns sourced from a broad representation of views from safeguarding leads in health, social care and the third sector in particular. Other concerns relate to the inadequate arrangements for communication between CAMHS and Adult Mental Health services for those young people in transitional care.

The results of this scoping exercise may also have relevance to the Inquiry.

## Reference

- Clin Child Psychol Psychiatry, October 2006 vol. 11 no. 4 591-605