

Cynulliad Cenedlaethol Cymru | National Assembly for Wales
Y Pwyllgor Plant, Pobl Ifanc ac Addysg | Children, Young People and
Education Committee

Blaenoriaethau ar gyfer y Pwyllgor Plant, Pobl Ifanc ac Addysg |
Priorities for the Children, Young People and Education Committee

CYPE 88

Ymateb gan : Tîm Ymyriadau Teuluol – Gweithredu dros Blant

Response from : Family Intervention Team – Action for Children

Question 1 – Within the remit set out above: what do you consider to be the priorities or issues that the Children, Young People and Education Committee should consider during the Fifth Assembly?

- 1. Early intervention therapeutic work for children and young people with emotional/ behavioural difficulties that are not in need of a Child and Adolescent Mental Health service (CAMHS).**
This includes children with attachment difficulties. There is a need for psychologically informed interventions to be co-constructed with families to take into account that while the child's difficulties may be early emerging, frequently parents have had long standing difficulties with their own mental health, often related to adverse early experiences and trauma in their own childhood and early adulthood. This means that parents can experience difficulties helping their child regulate emotionally, as they, themselves struggle to regulate their own emotions. Therefore services need to be tailored to fit whole families so that parents can receive emotional support as well as individualised parenting support based on an understanding of emotional regulation and child development fitted to the family rather than the family needing to fit to a service. Parental emotional support should offer a range of services including individual therapy and access to a family therapy clinic. In order to engage families, home and community visiting should be offered.

- 2. An understanding of the needs of a child based on a**

psychological formulation rather than a diagnosis of mental disorder. A psychological formulation gives an explanation of the possible reasons for a difficulty, along with current maintaining factors. It also focuses on the child, family and wider network strengths and resilience in order to motivate change or understanding. Increasingly we are seeing children who have received diagnoses such as Attention Deficit Hyperactivity disorder (ADHD) or Oppositional Defiance Disorder (ODD) or Autistic Spectrum disorder from a professional working in the private sector. Occasionally this can also be from a Paediatrician within the health board. Parents can sometimes find themselves in the situation where professionals disagree and therefore a number of diagnoses are considered, or given and taken away. This is very confusing and often frustrating for parents who can then spend time trying to get the “right” diagnosis which can divert focus from the interventions aimed at meeting the child’s needs. This needs a societal approach to emotional wellbeing rather than early diagnosis of developmental disorder (for the majority of children.) This would also mean less strain on the limited resource for assessment of neurodevelopmental disorders as the right children would be referred into these services)

- 3. Schools need support in understanding children’s behaviour within the context of their emotional development, particularly a child’s attachment needs.** This could be in closer working between health and education e.g. clinical and educational psychologists working together and offering training on Attachment to schools. Ongoing supervision is needed to embed new understanding and skills. (There is a project led by Newport Educational psychology Service that has begun this way of working). Some schools have Family liaison/links officers who support parents in their communication with school and developing parental understanding of their child’s emotional and behavioural development. These staff are ideally placed to make links between Education, Health, Social Services and the third sector in order to support the child in their main contexts of home and school. Robin Banerjee’s work on

wellbeing in schools is very important.

4. **Post diagnosis support for children with neuro–developmental difficulties** such as Autistic Spectrum disorders. Currently, following diagnosis local CAMHS are not able to offer any support to families.
5. **A range of universal/ less stigmatising support for children and young people including clubs and activities** which help to develop skills, a sense of pride and self–esteem in achievements as well as social skills and developing attention. These groups need less qualifying criteria so more children and young people can attend. Their qualifying criteria should be strengths based (e.g. enhancing social skills and self–esteem) rather than being based on needing to have a problem to join.
6. **Quicker responses for children not attending school that are based on understanding of the family’s dynamics** that have led to or maintained an absence (or repeated absences) from school (before a court/fine based response).
7. **Parent support groups**, initiated by a co–ordinator (e.g. the Monmouthshire Parent Network) which parents can then take on and run themselves.
8. It should be noted that Third sector **funding for projects** is frequently very short term and that for the stability of staff and service users, the minimum funding period of services for children and families should be 3 years.

Question 2 – From the list of priorities or issues you have identified, what do you consider to be the key areas that should be considered during the next 12 months (please identify up to three areas or issues)? Please outline why these should be considered as key priorities.

1. **Early intervention therapeutic work for children and young people with emotional/ behavioural difficulties that are not in need of a Child and Adolescent Mental Health service (CAMHS).** How can we in Wales offer early intervention to understand and meet children’s and young people’s emotional needs in a relational, contextual, developmental, normalising way that does not mean they need to access a CAMHS service or be considered for

a diagnosis of mental illness in order to receive support. While we recognise that there has been a significant increase in funding into CAMHS by Welsh government, there needs to be increased funding to early intervention projects which can show that they reduce referrals to CAMHS.

While the Primary Care Mental Health support Service (PCMHS) are able to offer assessments, many services are not able to offer ongoing interventions. An Early intervention service such as the Family Intervention team in Caerphilly can work alongside PCMHS offering home-visiting service providing therapeutic interventions for the young person and their parent(s). Trained workers work directly with families and are trained and supervised by a Clinical Psychologists and Systemic Psychotherapist meaning that there is high quality, evidence based input offered to families.

This should be considered a priority as it fits with what the Together for Children and Young People review, it fits with what young people and families say they want (as shown in NHS England 2015 Future in Mind) and links child and adult services into a holistic service (fitting with Social Services and Wellbeing Act).

- 2. An understanding of the needs of a child based on a psychological formulation rather than a diagnosis of mental disorder.** We need to begin to understand children and young people's difficulties in the frame of "What has happened to you in your life?" rather than "What is wrong with you?" The former way means that children and young people begin to understand their context and how events and relationships can affect our development. This is particularly well illustrated in the recent Adverse Childhood Experiences reports produced by Public Health Wales. This would begin to change how people view their own and their children's emotional wellbeing and therefore how they use services—expecting to be partners in making change rather than recipients of services.

New research such as that of Professor Robin Banerjee, speaking about children's emotional wellbeing in schools and Professor Gordon Harold speaking about the effects of unresolved inter-parental conflict on children's emotional development, support

this way of working– considering the home and school context, supporting the family and other adults who can influence a child's development and see wellbeing as relational.