



**NSPCC**   
**Dim mwy o greulondeb i blant. DIM.  
Cruelty to children must stop. FULL STOP.**

**NSPCC CYMRU/WALES  
RESPONSE TO:**

**Wales Centre for Health Review into  
the role and function of Health  
Commission Wales**

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- 1.0 NSPCC Cymru/Wales welcomes the opportunity to respond to this consultation on the review of Health Commission Wales (HCW).
- 1.1 The NSPCC's purpose is to end cruelty to children. Our vision is of a society where all children are loved, valued and able to fulfil their potential.
- 1.2 We seek to achieve cultural, social and political change – influencing legislation, policy, practice, attitudes and behaviours for the benefit of children and young people. This is achieved through a combination of service provision, lobbying, campaigning and public education.

## **2.0 Current NSPCC Cymru/Wales experience of Health Commission Wales (HCW):**

- 2.1 From our experience to date, we would like to take this opportunity to highlight a few issues that we have come up against which touch on the commissioning of services for children and young people in Wales.
- 2.2 In May 2007, NSPCC Cymru/Wales completed a briefing paper on the experience of our service users and practitioners around the local provision of Child and Adolescent Mental Health Services (CAMHS). We attempted to highlight the relevant literature and research already available. However, due to the difficulties in gathering information around current service provision, we decided to concentrate our efforts on building an internal perspective. We identified many issues which included both positives and challenges in this area. Outlined below are those issues we believe relate to this review.
- 2.3 Any information on CAMHS is hard to find. In particular, it has been difficult to identify who the key people in the commissioning process are and what services are being commissioned in a local area. We are concerned about the lack of transparency around the commissioning process as information on local structures and delivery is so difficult to obtain. This is particularly concerning when thinking about the accessibility of such information for children and young people who are not always aware of the services that can help them. In 2006/07, ChildLine, a service provided by the NSPCC, received 2,500 calls across the UK specifically about mental health issues. This figure has increased since 2005/06 when ChildLine received almost 2,100 around the same issue. The need for services for these young people is apparent from such calls but often ChildLine will be the only service available to them.

### **Recommendation for Health Commission Wales (Specialist Services) (HCW(SS)):**

*As commissioners of tier four and aspects of tier three CAMHS provision, information and guidance should be more transparent not only amongst professionals, but also with children, young people and their families being able to easily access and understand information on local provision.*

- 2.4 A number of our services believed better awareness raising practice and training from CAMHS teams around its four-tier structure and its function would contribute greatly to other agencies engagement with the service and to the promotion of a multi-agency approach to responsibility.

### **Recommendation for HCW(SS):**

*In their capacity to provide advice and guidance to NHS Wales on the commissioning of specialised secondary and regional services, NSPCC Cymru/Wales would like to see HCW(SS) actively provide*

*further training to all professionals from a variety of agencies, responsible for the mental wellbeing of vulnerable children and young people in their care around the processes involved in the more specialist aspects of CAMHS.*

- 2.5 Many of our practitioners highlighted the lack of a child-centred and needs-led approach to CAMHS. It was understood that CAMHS were often provided on the basis of the child/young person 'fitting in' with the criteria/pre-requisite of access. Assessments were believed to be medically dominant with specific models and frameworks governing the need(s) of the individual child/young person. Inaccessible and unsuitable environments, appointments and actual intervention methods were also highlighted. Such an adult-dominant approach highlights the need to consider better how decisions are made and to what extent children and young people themselves participate here. 'Everybody's Business'<sup>1</sup> does note how children and young people should be involved within the partnership ethos of CAMHS.

**Recommendation for HCW(SS):**

*As a primary objective of Health Commission Wales is to place the needs of patients, their families and friends and the public at the forefront of HCW(SS) business, NSPCC Cymru/Wales believes that there is a duty upon the commissioning body to ensure a strong association between what services are being commissioned and the delivery of such services. NSPCC Cymru/Wales would welcome clarity around the extent of a needs-led, holistic and participatory approach to service delivery.*

- 2.6 CAMHS facilities in some areas are also of such limited capacity that children and young people have been known by our services to be placed on adult wards. This is an area of real child protection concern and does not reflect the child-centred and age-appropriate response required of CAMHS by 'Everybody's Business'. This practice is completely inappropriate for young people who are vulnerable and have specific needs that cannot be met in this environment. Such practice cannot continue.

**Recommendation for HCW(SS):**

*In order to achieve the aim of securing an appropriate range of high quality, best value specialised services for the people of Wales, NSPCC Cymru/Wales believes that HCW(SS) could have a stronger influence on the ending of placing vulnerable children and young people on adult wards. We would urge HCW(SS) to explore their role here.*

- 2.7 Our service experience to date has highlighted the lack of CAMHS access for disabled children and young people. It is often these

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<sup>1</sup> Welsh Assembly Government (2001) Everybody's Business: Child and Adolescent Mental Health Services – Strategy Document, Cardiff.

children and young people who are in most need of such services. This practice is despite 'Everybody's Business' (2001)<sup>2</sup> acknowledging that CAMHS provision should be available to all children and young people in need of such services, though particularly those with disabilities. The focus of activity promised was not evidenced by our services.

**Recommendation for HCW(SS):**

*In order for HCW(SS) to ensure high quality specialised services for the people of Wales which place their needs at the forefront, NSPCC Cymru/Wales believes HCW(SS) has a responsibility to be aware of service delivery and to promote the best interests of service users, who may be potentially vulnerable children and young people. We would also encourage HCW(SS) to continually map service development, monitor and evaluate progress as to how far service users' needs are being met. Key stakeholders, which includes children and young people, should be involved in each stage of the decision making process. Such practice needs to be embedded within organisation's work ethos and must not be seen as one-off and tokenistic exercises. Advocacy support must also be a consideration here.*

**3.0 North and South Wales Transfer and Development of CAMHS Consultations:**

- 3.1 Between August and September 2007, NSPCC Cymru/Wales took the opportunity to respond to both the North Wales and South Wales Transfer and Development of CAMHS consultations, proposed by HCW(SS) and the Welsh Assembly Government.
- 3.2 NSPCC Cymru/Wales' key principle for responding to the above consultations was to ensure a child protection and safeguarding agenda is prioritised throughout the National Health Service (NHS), along with partner agencies, in Wales.
- 3.3 NSPCC Cymru/Wales wished to highlight at the outset of both responses our disappointment around the limited reference throughout the proposals to a child protection and safeguarding agenda. We subsequently urged HCW(SS) alongside the Welsh Assembly Government (WAG) to address this as a matter of urgency. We believe this is another opportunity to highlight the dangers here.
- 3.4 We presented many issues within both our responses and urged HCW(SS) to take action on their own and partner agencies' safeguarding practices. Please see the recommendations made in each by the following links:

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<sup>2</sup> Ibid.

North Wales Response:

[http://www.nspcc.org.uk/Inform/policyandpublicaffairs/Wales/Consultations/CAMHS\\_north\\_wales\\_wdf50420.pdf](http://www.nspcc.org.uk/Inform/policyandpublicaffairs/Wales/Consultations/CAMHS_north_wales_wdf50420.pdf)

South Wales Response:

[http://www.nspcc.org.uk/Inform/policyandpublicaffairs/Wales/Consultations/south\\_wales\\_camhs\\_wdf50943.pdf](http://www.nspcc.org.uk/Inform/policyandpublicaffairs/Wales/Consultations/south_wales_camhs_wdf50943.pdf)

- 3.5 Despite the fact that we do very much support the extension of service provision proposed in both consultations, we hoped our responses would prove helpful in providing a child protection perspective and highlight areas for further consideration. We expressed our willingness to discuss any issue further, and offered any relevant support or consultancy as appropriate.
- 3.6 Further to responding to both consultations, NSPCC Cymru/Wales received an acknowledgment in relation to the South Wales developments only. We are now aware that the proposals outlined will be taken forward. We have not yet received such correspondence in relation to the North Wales developments and await to hear of progress here.

#### **4.0 Conclusion:**

- 4.1 NSPCC Cymru/Wales welcomed the opportunity to respond to this consultation and hope that the Wales Centre for Health (WCH) will take into account the issues we have addressed above. We would welcome feedback on how WCH intend to take forward these points and would be happy to meet with representatives to discuss this.

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