

# NSPCC Cymru/Wales

**Response to:**

**Consultation on *proposed Mental Health (Wales) Measure***

**May 2010**

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## **About us:**

The National Society for the Prevention of Cruelty to Children (NSPCC) is the UK's leading charity specialising in child protection and the prevention of cruelty to children. The NSPCC aims to end cruelty to children in the UK over future generations. In pursuit of our vision we will:

- Create and deliver services for children which are innovative, distinctive and demonstrate how to enhance child protection most effectively
- Provide advice and support to ensure that every child is listened to and protected
- Provide advice and support for adults and professionals concerned about a child and if necessary take action to protect the child
- Work with organisations which work with children to ensure they effectively protect children and challenge those who do not
- Campaign for changes to legislation, policy and practice to ensure they best protect children
- Persuade everyone to take personal responsibility for preventing cruelty to children
- Inform and educate the public to change attitudes and behaviours towards children
- Use our statutory powers as necessary to protect children.

## **Introduction**

NSPCC Cymru/Wales welcomes the opportunity to respond to the call for evidence in relation to this proposed Measure. We are responding to the consultation questions with a view to enabling the Committee to acknowledge and address the need to expand the proposed Measure to include children and young people, as well as adults.

In April 2008, NSPCC Cymru/Wales responded to the call for evidence in relation to the proposed Legislative Competence Order (LCO) on Mental Health Services. We sought clarification that the proposals would relate to children and young people and were encouraged by the fact that the approved LCO provided for this.

We are disappointed that the proposed Measure in its current form does not include consideration of children and young people who are experiencing mental health problems. In 2008/09, more than 8,000 (8,474) children and young people were counselled by ChildLine, a service provided by the NSPCC, for mental health issues. In addition to the 8,474 children and young people who were counselled for mental health issues, an additional 11,328 were counselled by ChildLine for mental health issues as an additional problem. A total of 19,802 children and young people were therefore counselled by ChildLine about mental health issues (among other subjects) in 2008/09.

In ChildLine's caller record system, there is a variety of classifications for mental health issues. Some mental health matters – suicide, self-harm and eating problems – are categorised individually. Other issues – including anxiety, phobias, obsessive behaviour and clinical depression – are classified under the category “depression and mental health problems”. The total number of children and young people counselled above includes all of these issues and is a strong indicator of the considerable impact these issues have on children and young people today.

## **Consultation Questions**

*1. Is there a need for a proposed Measure to deliver the following aims:*

*a) providing local primary mental health services at an earlier stage for individuals who are experiencing mental health problems to reduce the risk of further decline in mental health, and in some cases, reduce the need for inpatient treatment and compulsory detention;*

*b) ensure that all individuals accepted into secondary mental health services in Wales have a dedicated care coordinator and receive a care and treatment plan, and that service users previously discharged from secondary mental health services have access to those services when they believe their mental health may be deteriorating;*

*c) extending mental health advocacy provision beyond current arrangements?*

NSPCC Cymru/Wales welcomes the proposals to place a statutory duty on local mental health partners to work together to provide assessment, treatment and advocacy for those who are experiencing mental health problems. Whilst we understand that children and young people will benefit from Part 4 of the current proposed Measure, relating to the provision of independent mental health advocacy, we are disappointed that they will not benefit from the duties to provide assessment and treatment.

We consider that all children and young people should be able to have access to assessment, and where necessary, treatment, for any mental health problem. Children and young people who have experienced abuse have an increased risk of mental health problems and it is important that this should be recognised at all tiers of child and adolescent mental health services.

The NSPCC produced a research briefing earlier this year (February 2010) detailing the impact of abuse and neglect on the health and mental health of children and young people<sup>1</sup>. Below we set out the context and rationale for our position on the proposed Measure.

During the past 30 years, the focus on the extent and nature of child abuse and neglect has been coupled with an increasing interest in its impact on children's development, health and mental wellbeing. Our research briefing identified a sizeable body of literature on the relationship between types of child maltreatment and a variety of negative health and mental health consequences. All types of maltreatment can affect a child's emotional, psychological and mental wellbeing, and these consequences may appear immediately or years later. The immediate and longer-term impact of abuse can include mental health problems such as anxiety, depression, substance misuse, eating disorders, self-injurious behaviour, anger and aggression, sexual symptoms and age-inappropriate sexual behaviour (Lanktree et al, 2008).

In some cases, children may not appear to exhibit significant effects from maltreatment. This may be because they have certain protective qualities and are more resilient to negative consequences, buffered by personal characteristics such as optimism, high self-esteem or a sense of hopefulness despite their circumstances. Furthermore, there are individual differences in the timing of manifesting symptoms; some victims may display few symptoms initially but evidence 'sleeper effects'<sup>2</sup> later in their development (Finkelhor and Baron, 1986; Trickett and Putman, 1998)<sup>3</sup>.

While the negative effects on health and development can often, though not always be reversed, this requires timely identification of the maltreatment and timely, appropriate intervention. NSPCC Cymru/Wales provides therapeutic services for the most vulnerable and isolated children to help them overcome the psychological and emotional harm caused by abuse. Children and young people who have experienced abuse who do not receive help are believed to be less resilient and confident and may be at risk of further harm. We believe these services help to prevent and reduce the extent of abuse whilst allowing children and young people to reach their full potential.

The proposed Measure as it stands will not meet the needs of these children and young people. However, NSPCC Cymru/Wales believes that if it were expanded to include children and young people, and with further careful consideration throughout the amendment process, this could help to ensure that access to assessment and if necessary, treatment is made available to children and young people who have experienced abuse.

## *2. How will the proposed Measure change existing arrangements, and what impact will such changes have?*

As the proposed Measure currently stands, children and young people in Wales who experience mental health problems will not experience any improvement to services from the changes proposed, except in relation to the

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<sup>1</sup> [http://www.nspcc.org.uk/Inform/research/briefings/impact\\_of\\_abuse\\_on\\_health\\_pdf\\_wdf73369.pdf](http://www.nspcc.org.uk/Inform/research/briefings/impact_of_abuse_on_health_pdf_wdf73369.pdf)

<sup>2</sup> The 'sleeper effect' is a psychological phenomenon whereby a highly persuasive message or event (such as child abuse), paired with a discounting cue, causes an individual to be more rather than less persuaded by the message over time: time does not heal but rather adds to the symptomatology.

<sup>3</sup> As Reference 1.

provision of independent mental health advocacy (Part 4 of the proposed Measure). We provide details under question 3 with regard to how we believe the expansion of parts 1-3 to include children and young people would affect existing arrangements.

In relation to Part 4 and the expansion of qualifying patients to include those who are compulsory patients under the Mental Health Act 1983 and those in hospital on a voluntary basis (i.e. not under compulsion), we believe that this will help to secure the provision of independent advocacy for qualifying patients, including children and young people.

Ideally children and young people should be involved in every decision that affects their lives, as laid out in Article 12 of the United Nations Convention on the Rights of the Child (UNCRC). Unfortunately it is still the case that many children and young people are not being provided with the support or opportunities to have a say over their lives. In principle, this proposed Measure would help to secure the current statutory duty on Local Authorities in Wales to provide independent advocacy for children and young people who are in need, and are experiencing mental health problems. This duty is detailed within the Children Acts of 1989 and 2004 yet we consider that the proposed Measure would ensure that more young people who come into contact with secondary mental health services would gain access to an advocate. We provide further detail on this under question 3.

### *3. Are the sections of the proposed Measure appropriate in terms of achieving the stated aims?*

*In considering this question, respondents may wish to consider the nature of the provisions in the proposed Measure that:*

*a) Provide that there will be local primary care mental health services throughout Wales delivered by local health boards and local authorities working in partnership (part 1, sections 1-10)*

*b) Provide for care and treatment plan for individuals receiving secondary mental health care (part 2, sections 11-17)*

*c) Provide an entitlement to assessment by the providers of secondary mental health services for previous service users in particular circumstances (part 3, sections 18-28)*

*d) Make provision in relation to Independent Mental Health Advocacy schemes in respect of patients subject to the compulsory powers of the Mental Health Act 1983, and 'informal patients' (part 4, sections 29-37).*

NSPCC Cymru/Wales will respond to this question section by section, as suggested.

#### **Part One of the proposed Measure**

With regard to the provision of local primary mental health services, we are aware that the proposed Measure as it currently stands will not apply to children and young people. We are disappointed with this; however, if it were expanded this proposed Measure could help ensure that already limited services for children and young people experiencing mental health problems, which could be in danger of disappearing within the current economic climate, could be appropriately safeguarded.

NSPCC Cymru/Wales believes that children and young people who have experienced abuse should as a matter of course be assessed to determine whether they require therapeutic support. Without timely, appropriate

assessment and the therapeutic support they need, many children who have experienced abuse are at greater risk, ultimately, of social exclusion. It is therefore vital that these children should not only be protected from further abuse, but also be helped to overcome the effects of their abuse. This vision is clearly laid out within Articles 19 and 39 of the United Nations Convention on the Rights of the Child (UNCRC)<sup>4</sup>:

#### *Article 19*

*1. States Parties shall take all appropriate legislative, administrative, social and educational measures to protect the child from all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse, while in the care of parent(s), legal guardian(s) or any other person who has the care of the child.*

*2. Such protective measures should, as appropriate, include effective procedures for the establishment of social programmes to provide necessary support for the child and for those who have the care of the child, as well as for other forms of prevention and for identification, reporting, referral, investigation, treatment and follow-up of instances of child maltreatment described heretofore, and, as appropriate, for judicial involvement.*

#### *Article 39*

*States Parties shall take all appropriate measures to promote physical and psychological recovery and social reintegration of a child victim of: any form of neglect, exploitation, or abuse; torture or any other form of cruel, inhuman or degrading treatment or punishment; or armed conflicts. Such recovery and reintegration shall take place in an environment which fosters the health, self-respect and dignity of the child.*

More recently as part of the UNCRC reporting process, the Concluding Observations were published in October 2008 by the UN Committee set out the extent to which law, policy and practice in Wales (as part of the UK State Party) has progressed in the realisation of children's rights<sup>5</sup>.

Paying particular regard to these two Articles, we are aware that many of the Committee's observations relate to the limited development of and need for progress around the provision of care, recovery and integration for victims of ill-treatment and abuse. The Committee remains alarmed at the continued high prevalence of violence, abuse and neglect affecting children and young people and the lack of a comprehensive nationwide strategy to address this. It also notes with regret that "mechanisms of physical and psychological recovery and social integration for victims are not sufficiently available across the state party"<sup>6</sup>. As part of its conclusion, the Committee recommends that the State party:

*(d) Provide access to adequate services for recovery, counselling and other forms of reintegration in all parts of the country.*<sup>7</sup>

Assessment and treatment at primary care level is vital to ensuring that children and young people do not endure mental health problems longer than necessary. Professionals working within Tier 1 of the Child and Adolescent Mental Health Services (CAMHS)<sup>8</sup> structure, as detailed within the all-Wales strategy, *Everybody's Business*<sup>8</sup>, are identified as key frontline services to which the public have direct access. The strategy goes on to identify these professionals as "well placed to recognise, assess and intervene with

<sup>4</sup> <http://www2.ohchr.org/english/law/crc.htm>

<sup>5</sup> <http://www2.ohchr.org/english/bodies/crc/docs/AdvanceVersions/CRC.C.GBR.CO.4.pdf>

<sup>6</sup> Ibid:12

<sup>7</sup> Ibid.

<sup>8</sup> <http://www.wales.nhs.uk/publications/men-health-e.pdf>

children's mental health problems" and recognises that "These staff require basic skills in assessment and intervention practices"<sup>9</sup>. Tier 1 or primary mental health support services have a pivotal role to play in ensuring that the negative consequences that can be associated with maltreatment (as noted earlier) can be assessed and treated as soon as possible. This point is also made clear within *Everybody's Business*: "Within health services, there is a clear need to consider the role of primary care and the function of primary care professionals in relation to CAMHS...Early and accurate intervention is proven as key to good services"<sup>10</sup>.

CAMHS in Wales is a key service and underpins many other Children's Services at a local level. Without a strong CAMHS in policy and practice, other strategies and service developments are weakened. It is vulnerable children, young people and their families who are ultimately affected by this.

NSPCC Cymru/Wales believes that primary mental health services, described as Tier 1 of CAMHS have a significant role to play in the identification of early mental health issues. Children and young people who have experienced abuse, whether this has been disclosed or not, come into contact with many of these professionals. We identify the important role such professionals play in child protection and in ensuring that the needs of children and young people are identified and addressed appropriately. As we are only too aware, child abuse does not escape any community and incidences of abuse can often remain hidden and unreported. The responsibility for safeguarding children and young people extends across society yet professionals in direct contact with children, young people and their families play a critical role in identifying and protecting those who are experiencing abuse. These professionals must work in a culture that allows and secures the identification of any possible underlying issues of abuse. The number of children and young people in these circumstances will be in the minority, but if professionals are aware and are well trained in child protection and children's rights, such issues can be identified in a timely and appropriate manner, with the correct onward referral understood and acted upon. In addition, we must stress that local primary mental health support in relation to CAMHS is far wider than GPs or Social Services. We would urge the Committee to ensure that all relevant stakeholders are involved in the identification and assessment process so that we do not limit the accessibility of these services to one or two referral routes only. Children and young people who have experienced abuse and who are in need of a mental health assessment and treatment must be identified across all Tier 1 professionals.

In relation to assessment of children and young people who have experienced abuse and their potential need for a CAMHS services, particularly a therapeutic response, NSPCC Cymru/Wales has attempted to highlight and summarise (chronologically) the commitment made to such services from the Welsh Assembly Government's strategic direction. We refer to the most applicable below in an attempt to evidence that despite these services identified in policy, NSPCC Cymru/Wales' experience of service delivery suggests a clear implementation gap.

*A Framework for the assessment of children in need and their families*<sup>11</sup> was produced in 2001 to provide a systematic way to analyse, understand, and record what is happening to children and young people within their families and the wider context of the community in which they live. This guidance was produced primarily for the use of professionals and other staff who are involved in undertaking assessments of children in need and their families under the Children Act 1989. Social services departments have lead responsibility for assessments of children in need including those children who may be or are suffering significant harm but, under Section 27 of the

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<sup>9</sup> Ibid:26.

<sup>10</sup> Ibid:44.

<sup>11</sup> <http://wales.gov.uk/topics/childrenyoungpeople/publications/assessing/?jsessionid=310PLHyfQfQJdfCwt2C9pGy2NZv05f1tBT1yzP2ZvKvXbyJhrNtW!200562741?lang=en>

Children Act 1989, other local authority services and health authorities have a duty to assist social services in carrying out this function. These other agencies should be aware of the Assessment Framework and understand what it might mean for them.

With regard to post-abuse therapeutic services, this Framework reflects the Welsh Assembly Government's belief that the effectiveness with which a child's needs are assessed is key to the effectiveness of subsequent actions and services and, ultimately, to the outcomes for the child. It also acknowledges that children and families who have been able to engage in therapeutic work have "better prospects of achieving good outcomes"<sup>12</sup>. The Framework also identifies the role of voluntary agencies in providing a number of different types of services for children and families. It notes how a knowledge and use of the Assessment Framework across such sectors when undertaking an assessment will enable information to be organised within a common framework, using a common language.

With the publication of *Everybody's Business* we were encouraged by the commitment made within the strategy to providing services for children and young people post-abuse. A "particular focus of activity as we move forward" was promised to enable these children and young people to access "a range of forms of support and professional help at the time, at intervals thereafter and in the long term" (2001:55). The provision of post-abuse therapeutic services falls under the remit of CAMHS in Wales yet we were encouraged that this comprehensive strategy identified that all professionals "have a part to play and all are vital to the joint endeavour to tackle mental health problems which affect young people, their families and carers, and which contribute significantly to wider problems in society" (2001:3).

In 2000 the Minister for Health and Social Services established a multi-disciplinary panel to consider the safeguards for children and young people treated by or cared for by the NHS in Wales. The group produced their report in 2002 under the title of '*Too Serious a Thing: The Carlile Review*' which contained 150 recommendations for improving standards and increasing safeguards for children and young people in Wales. Its findings and recommendations were aimed at the Welsh Assembly Government, health professionals and partner agencies in social care. Of particular relevance in this significant review is recommendation 33; we urge the Committee to consider how the proposed Measure, if amended, could help ensure that recommendations such as this, from previous high-level reviews, can be fully realised:

*We [the Review Team] recommend that the National Assembly for Wales should review urgently the adequacy in Wales of therapeutic services for sufferers of abuse in the light of the current knowledge, skills and thinking on this topic and encourage the Minister for Health and Social Services to set this as a high priority within the agenda created by the All Wales CAMHS Strategy.*

This recommendation, as the Welsh Assembly Government highlighted within its response to the Carlile Review, is consistent with the promise made within *Everybody's Business* yet we continue to be aware that children and young people experience a clear implementation gap. The Children's Commissioner for Wales made this point clearly within his recent Annual Report (2009)<sup>13</sup>, challenging those with responsibility for developing and delivering such services to focus on closing this gap.

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<sup>12</sup> Ibid:62.

<sup>13</sup> <http://www.childcom.org.uk/uploads/publications/209.pdf>

The revision of Safeguarding Children: Working Together under the Children Act 2004<sup>14</sup> was published in 2006 by the Welsh Assembly Government. This provides guidance detailing the roles and responsibilities of agencies in promoting welfare and safeguarding children and young people, including Local Safeguarding Children Boards (LSCBs), as detailed in the Children Act 2004.

With regard to post-abuse therapeutic services, this significant piece of guidance makes reference to the following intentions. The role and responsibility of the NHS in Wales to safeguard and promote the welfare of children and young people (under section 28 of the Children Act 2004) includes the provision of therapeutic help to children who have experienced abuse and their parents/carers (2006:58). It also recognises the role of the NSPCC and other voluntary organisations in undertaking assessments of need and providing therapeutic and other services to children who have experienced abuse. The guidance then details each stage of the process undertaken if there are concerns about the welfare of a child, and in particular, concerns that a child may be suffering, or may be at risk of suffering, abuse or neglect. Expectations of each responsible agency are set out, rather than detailed guidance. However, in relation to the child protection plan, based on the findings from the assessment, this should set out what work needs to be done, when, why and by whom. The plan should also “describe the identified developmental needs of the child and what therapeutic services are required” (2006:204). It also highlights the need to consider how to intervene and what services to offer, based on evidence about what is likely to work best to bring about good outcomes for the child. Interventions should be provided irrespective of where the child is living, and should specifically address (amongst others) therapy for an abused child (2006:206).

NSPCC Cymru/Wales is more than aware of the current difficulties faced by these services and we are not confident that the assessment process often identifies the need for therapeutic services for children and young people who have experienced abuse to help them overcome its effects. We are also keenly aware that the provisions of such services are in particularly short supply. This remains a great concern of ours.

In 2009 the NSPCC published research undertaken with the University of Edinburgh that looked specifically at ‘Sexual abuse and therapeutic services for children and young people: the gap between provision and need’<sup>15</sup>. The aim of the research was to report on the availability and accessibility of therapeutic services for children and young people who have experienced sexual abuse in England, Wales, Northern Ireland and Scotland. Our research findings indicate, amongst other major concerns, that there is a significant shortfall in provision for children and young people who want or need services having suffered sexual abuse. The research team highlighted the particular difficulty they had in gaining information on therapeutic services in Wales. This in itself is a concern for us. One of the recommendations, which is particularly pertinent for Wales, was the need to extend the information currently collected through any Child and Adolescent Mental Health Service (CAMHS) mapping process to include information about sexual abuse assessment and provision of services. This information would help to inform local and national planning and enable commissioners to identify an appropriate level of service provision. In addition, this would enhance the quality of information currently available.

NSPCC Cymru/Wales’ Therapeutic Service based in Swansea provides therapeutic support for children and young people up to the age of 17 years, who have experienced abuse of any kind. Young people can then be re-referred until the age of 25. We would like to highlight the experience of our service in the number of referrals received. Prior to 2007, our Therapeutic Service in Swansea received a large number of referrals from the surrounding

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<sup>14</sup> <http://wales.gov.uk/publications/circular/2007/1637402/?lang=en>

<sup>15</sup> [http://www.nspcc.org.uk/Inform/research/Findings/sexual\\_abuse\\_therapeutic\\_services\\_wda67007.html](http://www.nspcc.org.uk/Inform/research/Findings/sexual_abuse_therapeutic_services_wda67007.html)

local authorities. This service was free of charge. Our children service practitioners were working with a high caseload and the service also operated a large waiting list of more than 50 children and young people. In 2007, NSPCC Cymru/Wales decided that the service could no longer function effectively with such a waiting list and that caseloads needed to be limited. Our service has found that referrals now mostly come from social workers who have evidenced the positive impact our service has on the lives of children and young people and who are willing to fight to ensure the system provides the resources required for the child or young person to gain access to our therapeutic service and for this to be commenced and sustained appropriately. It is of great concern to us that we are now unsure as to what other services are being offered to those children and young people in need of a therapeutic response who are not referred to our service.

We are disappointed that the proposed Measure does not consider the potential impact the proposals could have on the experience of children and young people experiencing mental health problems. However, with careful consideration, the proposed Measure, if expanded, could help to ensure that the provision of assessment and treatment for children and young people in need of mental health services can be made a reality. We urge the Committee to consider this carefully as any expansion will need to be appropriate and meet the particular needs of children and young people, including those who have been abused. We would be happy to assist with this process should the Committee find this helpful.

NSPCC Cymru/Wales believes that the meaning of local primary mental health support services, if expanded to include children and young people within the proposed Measure could go some way to ensure that our concerns above are addressed and that more children and young people would be able to access assessment and treatment in a more timely and co-ordinated way. In this regard, NSPCC Cymru/Wales would urge the Committee in its scrutiny of the general principles of the proposed Measure to consider its expansion to include children and young people. However, we also urge the Committee to acknowledge and address, without delaying the legislative process, what the expansion of CAMHS will mean in practice and the further consideration needed to the context of these services for children and young people. For far too long, children and young people who have experienced abuse and are in need of a therapeutic service by a strong CAMHS have in practice been neglected. The proposed Measure is a key opportunity for the Welsh Assembly Government to address these issues and we are concerned that there is only a limited amount of time to fully consider the proposals from a children's, young people's and CAMHS perspective. Despite the fact that we would encourage the Committee to consider this expansion, we also urge them to involve key stakeholders, including the voluntary sector and children and young people themselves (as appropriate) in any development.

### **Part Two of the proposed Measure**

NSPCC Cymru/Wales considers that the proposed duty on service providers to ensure that individuals receiving secondary mental health services have a care and treatment plan and access to a care-coordinator is a positive step forward. Despite this, we are again disappointed that this provision, in its current form, will not apply to children and young people.

Any care and treatment plan should be needs-led and ensure involved consent from the child, young person and their family as appropriate. This would allow information to be appropriately shared with the child or young person and their family and that they are kept informed.

If expanded to include children or young people, this proposed Measure could ensure that any care and treatment plan for children and young people receiving care within secondary mental health settings would be made clear and communicated effectively to and between other providers of services to the child or young person as appropriate.

If the proposed Measure is expanded, any care and treatment plan developed must be accessible to all relevant professionals as and when necessary, with the consent of the child or young person, and/or their family, as appropriate. We are more than aware that children and young people who have experienced abuse and who are in need of mental health services do not always present themselves between 9am and 5pm. This will allow professionals to be aware of needs as and when they arise.

### **Part Three of the proposed Measure**

NSPCC Cymru/Wales is aware that children and young people should be entitled to this within CAMHS currently yet we are unsure of how far this is applied in practice. We believe that the number of children and young people, if this proposal were to be expanded, who would take up this entitlement would be small, yet we believe this is a major element of the therapeutic process.

NSPCC Cymru/Wales believes that children and young people who have already accessed our Therapeutic Service based in Swansea should have the safety net of being able to return to the service at a future point in their lives when they may need further support. For example, this may be when they have their first relationship, when they have a child themselves, when they start college or when an abuser is being released from prison. These are all life experiences which can stir up past trauma for children and young people who have experienced abuse. As the young people have already been through the therapeutic process, when they re-refer the intervention is usually much briefer and with an issue-based focus to the work.

If the proposed Measure is to be expanded, we believe that it must ensure good lines of communication between all professionals involved with the child or young person. The co-ordination of care and treatment at secondary mental health level may go some way to help with this.

### **Part Four of the proposed Measure**

NSPCC Cymru/Wales understands that the current provision of advocacy services for children in need is a statutory requirement rooted in the Children Acts of 1989 and 2004<sup>16</sup>. The Welsh Assembly Government's guide to the new Model for Delivering Advocacy Services for Children and Young People<sup>17</sup>, published in 2009, also makes reference to the provision of advocacy for children and young people in need, and in particular those with mental health problems. Despite this, we are aware that a lack of capacity and expertise are prevalent amongst such services across Wales; we consider that this proposed Measure may go some way to enable such vital services to be safeguarded for some of the most vulnerable children and young people.

Most children and young people will have access to formal and informal advice and support, either through their parents or carers, who will strive to represent their best wishes, or through relationships with trusted others in whom they can confide confidentially. Access to advocacy support is therefore particularly important for children and young people placed in the care system who may not have access to similar formal or informal networks. All children and young people receiving treatment for any mental health problem must, therefore be made aware of their right to independent advocacy and these services must be available to all children *without* needing to have recourse to their parent/carer or other statutory service. They must not be expected to

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<sup>16</sup> [http://www.opsi.gov.uk/acts/acts1989/ukpga\\_19890041\\_en\\_1](http://www.opsi.gov.uk/acts/acts1989/ukpga_19890041_en_1)  
[http://www.opsi.gov.uk/acts/acts2004/ukpga\\_20040031\\_en\\_1](http://www.opsi.gov.uk/acts/acts2004/ukpga_20040031_en_1)

<sup>17</sup> <http://wales.gov.uk/docs/caecd/publications/090803guidedeliveringadvocacyservicesmodelen.doc>

justify or explain their reasons for seeking such a service as this is likely to discourage them from accessing such support.

NSPCC Cymru/Wales believes that Part 4 of the proposed Measure, if it is to have maximum impact on the experience of children and young people will need to take into account the capacity and specialised training required for advocates. Advocacy in mental health is a specialised area for which there is a considerable demand. The Committee must ensure that this capacity has been addressed and that appropriate training will be available to professionals.

We would also like to highlight that independent mental health advocacy for children and young people is considerably different to working with adults. With this in mind, we would urge the Committee to ensure that the detail that follows the proposed Measure includes the importance of child protection training and understanding of all those who will be working as advocates for children and young people. This, in the context of wider children's rights must be an essential part of developments.

NSPCC Cymru/Wales believes that access to advocacy should not only be available to children and young people within inpatient care but throughout their experience of accessing any level of mental health support. We are aware that the current proposed Measure will only allow children and young people receiving inpatient care to have access to independent advocacy if requested. We would question why the proposed Measure will only allow for this above and beyond the inpatient threshold. Independent advocacy is a right of children and young people, as detailed in the Children Acts of 1989 and 2004. We do not believe that the Measure as currently drafted models a needs-led service. Instead, children and young people must comply with the relevant thresholds in order to gain access to vital support. We urge the Committee to consider this part of their scrutiny process and explore the reasons behind this.

*4. What are the potential barriers to implementing the provisions of the proposed Measure (if any) and does the proposed Measure take account of them?*

*5. What are the financial implications of the proposed Measure for organisations, if any? In answering this question you may wish to consider Part 2 of the Explanatory Memorandum (the Regulatory Impact Assessment), which estimates the costs and benefits of implementation of the proposed Measure.*

*6. Are there any other comments you wish to make about specific sections of the proposed Measure?*

It is essential that CAMHS services (including therapeutic services) and the right to an independent advocate are made available to children and young people with mental health problems, including those who have experienced abuse. These should be centred on and be able to follow the child or young person. We do not, for example, believe it is fair or appropriate for the CAMHS service (or indeed any other service) a child or young person is receiving to be interrupted or lost because they move across administrative boundaries. We are aware that children and young people in care are particularly vulnerable to this circumstance and would urge the Committee to acknowledge this and ensure that the proposed Measure, if expanded to include children and young people, addresses this particular issue.

NSPCC Cymru/Wales has addressed these questions in response to question 3 above. Were the proposed Measure to be expanded to included children and young people, careful consideration with relevant stakeholders ought to be given to such issues. As we have stated previously, we are disappointed that an age-blind Legislative Competence Order has unfortunately resulted in an adult-dominant proposed Measure. We believe that in order to address

the significant shortfalls identified within CAMHS and experienced by children and young people in contact with NSPCC Cymru/Wales, this proposed Measure will need to be appropriately and accurately redrafted to include all the necessary policy and practice issues.

### **Conclusion**

NSPCC Cymru/Wales welcomes the opportunity to respond to the proposed Measure yet we would urge the Committee to strongly consider a recommendation to expand the current proposals to ensure that children and young people in Wales can also benefit from its development. We would be happy to discuss further any aspect of our response with members of the Committee.

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