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Y Pwyllgor Plant, Pobl Ifanc ac Addysg | Children, Young People and Education Committee
Ymchwiliad i Gwella Iechyd Emosiynol ac Iechyd Meddwl Plant a Phobl Ifanc | Inquiry into The Emotional and Mental Health of Children and Young People
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Response from: The Fostering Network

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[1],[2]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

[1] 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.

[2] 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.

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

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Preface

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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. The 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 of the full report. The summary response conforms to the request for a limitation on length; however, 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, we believe that this fuller report is essential to convey the concerns being raised by foster carers and the children themselves.

Contents

1.0 Introduction and context

1.1 While it is recognised that approximately one in ten children and young people have a diagnosable mental health disorder, that figure is closer to five in ten for children and young people who are looked after. It is even higher for those in residential care homes, nearer 70 per cent. Young people leaving care in the UK are five times more likely to attempt suicide than their peers. They are also more likely to enter the criminal justice system.

1.2 A new report from the National Children's Bureau produced by researchers at UCL[1] shows that, based on a sample of 10,000, when children reported their own symptoms, 24 per cent of girls at age 14 and nine per cent of boys were suffering from high symptoms of depression. It provides the strongest evidence yet that a significant number of young people are experiencing mental health issues. Given that the prevalence of mental health issues is that much greater for children who are looked after, the latest figures indicate that the problems are growing or, at least, finally being recognised. When set alongside research into demand for specialist services, the need for urgent action becomes even stronger. Recent evidence shows that child and adolescent mental health services (CAMHS) are, on average, turning away nearly a quarter of children referred to them for treatment by concerned parents, GPs, teachers and others[2]. Half of all cases of adult mental illness start by the age of 14, meaning prevention and early support for children are vital.

1.3 In England, very recent research indicates that children must fall deeper into crisis before getting help. In a survey of over 1,600 social workers, 70 per cent said that the threshold for qualifying as a 'child in need' had risen over the last three years. (National Children's Bureau, September 2017). Current anecdotal evidence suggests that the position in Wales is little different. Although now dated, the report, '*The mental health of young people looked after by local authorities in Wales*' published by The Office of National Statistics, showed higher levels of mental disorder amongst 5 to 17 year olds who are looked after than in England or Scotland, 49 per cent compared to 45 per cent.

1.4 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. Such behaviours usually have preventable causes and, for most children and young people who are not in care, parents will be the first source of support and healing. Where birth parents, in whatever circumstances, are unable to offer that emotional support and the child becomes looked after, any underlying mental health issues will be exacerbated by their sense of loss and the added trauma, as they have to come to terms with major change in their lives. Participants in The Fostering Network's consultative group recognised that looked after children were more likely than other children to suffer from mental health issues because of their life history, which had led them to be taken into care. One 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.'

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[1] 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.

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

1.5 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. This means agencies working together as one and demonstrating a readiness to invest in and share needs assessments, provide the essential therapeutic interventions in a timely and effective way, and bring about the structural changes which will enable this to happen.

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

2.1 Overall, foster carers feel current mental health services for children and young people who are looked after are poor or very poor**.** Participants in the consultation were asked to score current service provision, overall, on a linear, five point graded scale running from 'very poor' to 'very good'. All participants graded services as being between 'poor' and 'very poor'.

Assessment by and access to services

2.2 While not in a position to comment on what the statistics are showing about the extent to which new or reconfigured services are helping to reduce waiting times in specialist CAMHS, it is apparent that, 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'.

2.3 Research indicates that trauma in the early years of life, in any of its various forms (Adverse Childhood Experiences - ACEs), will have long-term effects on not just brain development but also social and emotional wellbeing and that these will present as mental health issues sooner or later. Looked after children, therefore, need access to mental health services as soon as they enter care, even more so if they have suffered trauma in those critical early years. Foster carers argue that because 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; it, therefore, means that appropriate services should be made available from the moment they enter care.

'This should be recognised and mental health support should be made available on the move into placement, and throughout their care.'

'…. why can't they have therapy throughout?'

2.4 In separate discussions with social workers and looked after children nurses, there is a sense that CAMHS is more responsive than previously when a crisis requires their intervention.

2.5 One foster carer did commend CAMHS for the quality of support received, although it was through her own determination and persistence that she was able to get help. Those able and motivated to be advocates on behalf of the children and young people in their care may be more successful in accessing services, but the issues of equity and prioritising need, when resources are finite are not then being addressed. Frustration in getting an assessment of need is not unusual, especially when a foster carer has recognised issues, but professionals have not taken their concerns seriously enough.

'It took four years to get an assessment. It affected his mental health. He was hiding in different places in school, but his behaviour was 'good' so that put him under the radar. School missed the first three meetings but joined the fourth. They voiced concern that the child was slipping backwards. There was mention that he could sue the authority when he was an adult for not picking up on concern – action followed. No one had been taking notice of the concern we had voiced over the four year period.'

2.6 One foster carer spoke of the relief they felt when their views were finally acknowledged:

*'*There is nothing better than having someone recognise what you have known. In school, a teacher expressed shock at the behaviour of our foster child – she'd not seen anything like it before. We had seen it regularly and were hugely relieved when someone else recognised how extreme the behaviour was.'

2.7 Professionals, including foster carers, expect no two children in care to have the same needs following maltreatment and neglect, because of the range of individual factors at work e.g. genetic, as well as environmental factors such as experiences before and in care. The uniqueness of individual responses to early adversity is one reason for the importance of ensuring a comprehensive assessment is undertaken, however the child may present.

'Often the things that are offered tick the box, but are not tailored to the child's needs.'

'We had two young people whose adoption had broken down. The one child was constantly looking out of the window as he was in constant fear and anxiety that the social worker would be coming to take him away again. The underlying cause of his behaviour was never addressed, just the surface all the time.'

2.8 Foster carers strongly stated and re-stated the view that, children in care need to be offered fast track, early assessment and diagnosis, leading to an appropriate and bespoke response.

'Children need services now, not in six months' time'.

'Children in care need to be able to fast track mental health services. These children (are) neglected and so is their mental health'.

2.9 While foster carers maintain that accessing services is difficult and the thresholds are very high, a distinction is drawn between the way foster carers might score access to services, and the quality of services once accessed. Some, though far from all, services are felt to be very good once accessed, but that there were serious barriers to access, with thresholds of need being too high and waiting times often lengthy. One foster carer gave the example of their child who had been offered support they felt was quite superficial and did not tackle the underlying issues. The child, who had previously offended, went on to commit a second offence. This foster carer said:

'A child has to do something really bad before specific support is offered.'

2.10 Failure to provide the right services at the right time can and does lead to further problems in the future.

'If they don't have appropriate mental health services, teenagers can use other coping mechanisms, getting drunk, using drugs, and this presents another layer of difficulty to deal with.'

'Yes, my fifteen-year-old daughter got drunk last weekend, she told me she wanted to take away the pain of losing her father seven years ago. To be fair, she had been offered counselling but had not engaged. It's about getting support to them at the right time.'

2.11 Looked after children in out of county placements experience particular difficulties in accessing mental health services. Several foster carers said that looked after children who moved from one local authority area to another were likely to find it particularly difficult to access mental health services. They said that communication across local authority boundaries was poor, creating a further barrier to accessing services.

*'*Out of county, it's so difficult to get mental health services.'

The nature of support

2.12 The most important issue for foster carers regarding current service provision is that many services being offered, not just by CAMHS, are inappropriate to the issues being experienced by themselves and the children and young people in their care. There is a strongly held view among foster carers that many mental health issues experienced by looked after children need a bespoke, specific response, which is geared to addressing the underlying issues. In their experience, many services which are offered are 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.

'We had a lot of input from CAMHS but it was inappropriate. The consultant recommended treatment but CAMHS were not prepared to take it on board.'

There are also concerns about the nature of the support offered:

'Specific expertise is required for some of the children. Some of the support provided – well, they're more like befrienders, whereas the child needs specialist expertise, even a specific department.'

'We experienced workers coming to the house with strategies to teach us how to cope, but if they didn't work, they left and we were left with the extremely challenging behaviour to deal with on our own.'

2.13 The fact that inappropriate referrals are being made to CAMHS strongly indicates that there is a gap in service provision below the level at which specialist CAMHS will accept referrals; this leaves no alternative but to refer to CAMHS, even though it is known that the thresholds will probably debar access to the service. If CAMHS cannot respond to the level of demand put upon its services, because of thresholds being set too high or inadequate resourcing or both, the options for receiving the necessary level of specialist help are limited.

2.14 The restricted range and availability of therapeutic services is clearly a concern. Therapeutic services have an important role to play and must be made more accessible, but this support must be provided in a range of different ways across social care, health and education. The Tier 1 services e.g. social workers, GPs, school counsellors, will often be the ones working directly with foster carers and the children and young people in care and, therefore, be making the referrals. 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 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'

and/or:

'A looked after children CAMHS department with specialist services.'

2.15 Interestingly, The Fostering Network's Mockingbird Project, following early and positive outcomes, has recently had its pilot funding from the Westminster Government extended to cover 17 services across England. In some areas, there are now plans to include a CAMHS worker in the team which supports the hub and satellite foster homes. It is this sort of system change, reconfiguring services, which may offer ways forward.

2.16 It was also revealing to hear that one foster carer proposed that 'local authorities should have their own educational psychologists' when that is already the norm. Foster carers also proposed that there should be 'a specialist looked after children mental health team', given the prevalence of mental health and emotional wellbeing issues amongst those in care.

These views are similar to those found, and supported, in the 2016 House of Commons Committee report on the Mental Health and Well-being of Looked-after Children':

'We recommend that each local area employ a senior, designated mental health professional to oversee provision.'

2.17 Looked after children nurses complete a statutory health assessment within three months of a child going into care. This covers both physical and emotional health. In discussions with looked after children nursing teams, it is apparent that the assessment of emotional health is not standardised through the use of any diagnostic tools e.g. the Strengths and Difficulties Questionnaire, and relies on the professional judgement of staff, based on how the child who is looked after presents and evidence in the form of attachment issues, incontinence, the nature and extent of interests, risky behaviours.

2.18 Looked after children nurses report that CAMHS do not recognise attachment issues or behavioural difficulties as reaching their threshold to access the service. There is a perceived gap between what is available at school level e.g. counsellor or emotional literacy support assistant, and CAMHS. There is a view that children and young people who are looked after generally don't like going to counsellors, as they find it difficult to talk about themselves. This is not untypical and is evidenced by the tiered approach taken in the Trauma Recovery Model, where disclosure by the child is stage four of a seven stage process. Access to play or drama, or music therapies is limited, as are therapies for ADHD and ADS, apart from medication. Looked after children nurses believe that CAMHS is responding more quickly to urgent cases, once accepted, and regular meetings with a CAMHS consultant are now in place. 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.

2.19 This evidence underpins the call for sufficient specialist and expert services that will be able to respond appropriately to the mental health issues experienced by looked after children.

3.0 Funding for interventions

3.1 The additional funding of £7.6m announced in 2015 was to improve the CAMHS service and make it more responsive to the needs of young people by:

- Providing the ability to respond out-of-hours and at times of crisis.
- Expanding access to psychological therapies for young people.
- Improving provision for children and young people in local primary mental health support services.
- Ensuring that services intervene early to meet the needs of young people who develop psychosis.

3.2 Two professional sources indicate that CAMHS do respond more quickly at times of crisis. Our consultative group of foster carers was unable to comment on this aspect of the service.

3.3 The access to psychological therapies for young people is still not easy and when therapies do become available they are not sufficiently timely. Foster carers, and The Fostering Network, recognise that in order to provide quicker access to more and better services, more funding will be needed. While our foster carers did not comment on the prevalence of the use of medication, one medical professional did believe that medication is still too widely administered for looked after children and young people with ADHD and ASD.

3.4 As stated earlier, foster carers are not aware of any improved provision for children and young people in local primary mental health support services. It is at this 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, with transparency in the pathways for addressing those needs and the tracking of progress.

3.5 Foster carers make the point that failing to address the real needs of a child would inevitably add to the problems of the child, and 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 foster carers and deterioration of the young people’s mental health.’

It is also clear that a superficial response will eventually lead to additional costs for service providers as a child’s condition likely deteriorates.

3.6 Foster carers believe that their insights could help achieve earlier diagnoses, but that these are often not taken into account. They emphasised the point that they did not feel listened to, and that if their insights were heard and acted upon there could be positive consequences for all involved, including earlier diagnosis and a more appropriately tailored response.

3.7 With regard to the extent to which the funding has been used to meet the needs of vulnerable children and young people, in particular children who are in care, the statistical evidence to demonstrate any change on outcomes will not be yet available. According to the House of Commons Education Committee report, recent UK statistics tell us that:

- Children in care and care leavers are more likely to experience poor health, educational and social outcomes.[3]
- Young people leaving care in the UK are five times more likely to attempt suicide than their peers.[4]
- They are also more likely to enter the criminal justice system. 23 per cent of adult prisoners have been in care, as have 40 per cent of prisoners under 21.[5]
- Research by Loughborough University and the NSPCC suggested that the consequences of a lack of support for looked after children's mental health and wellbeing can be more expensive than investing in specialist services[6]. Their analysis showed that one child's unstable and unsupported experience of care cost £22,415 more per year (including health, social care and criminal justice costs) than another child's stable and well-supported care journey.

3.8 The same House of Commons report also found that a significant number of services fail to identify mental health issues when children enter care and services are turning away vulnerable young people for not meeting diagnostic thresholds, or being without a stable placement.

3.9 Additional funding alone will not bring about the change that is essential to improve the emotional wellbeing and mental health of children and young people who are looked after. Systemic change, with far better assessment of needs and subsequent integration of services, to meet those needs is required.

3.10 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.

[3] Essex County Council (MHW 25) para 1.5
[4] Children and Young Peoples Health Outcomes Forum, Report of the Children and Young People's Health Outcomes Forum Mental Health Sub-Group (July 2012), p2
[5] The Who Cares? Trust, 'The statistics', accessed 6 April 2016
[6] NSPCC, Achieving Emotional Well-being for Looked After Children (June 2015), p 5

4.0 Links with education

This section looks at the work being done to ensure children and young people are more resilient and better able to tackle poor mental wellbeing when it occurs.

4.1 School nurses have not, in the past, been viewed as a source of support

Children and young people who are looked after will have access to a school nurse in the same way that those have who are not looked after. There is nothing to suggest that, currently, school nurses have the capacity or specialised training to support children who are looked after and have emotional wellbeing and mental health issues i.e. a significant number. Building trust and stable relationships is a critical step in starting to address those issues and school nurses will not be in the position to create that environment given the spread of responsibilities set out in the new guidance.

The New School Nursing Framework for Wales (2017) states that:

School nurses will provide and co-ordinate health intervention and public health programmes on a range of issues, including:

- Physical health (education on obesity, smoking, alcohol and drug related harm).
- Promotion of emotional wellbeing and supporting the mental health needs of school age children.
- Delivery of the national screening, surveillance and immunisation programmes in the school setting.
- Safeguarding.
- Early identification and assessment of pupils' needs.
- Additional support and/or signposting to local or specialist services for children and young people who are identified as having additional needs.

4.2 Foster carers did engage with issues around the role of the school nurse and had an awareness that some school nurses had responsibility across several schools for looked after children. As a universal service, school nurses were not identified by foster carers as a group of professionals who had, in the past, supported the children and young people in their care when they were in need of specialist help.

4.3 The role of the looked after children nurse is not widely known

There seemed to be a lack of awareness or understanding about this role. Only one foster carer said she was aware of the role. Others said, rightly, that the looked after children nurse undertook medicals. See also sections 2.17 and 2.18 on looked after children nurses.

4.4 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. However, few interventions take the mixed approach needed to target the child, the foster family and

the system supporting them. Involving the child or young person being looked after, foster carer, health professional, teacher and social worker in a joint enterprise to bring about system change is a start. The Fostering Wellbeing programme in Wales and the Mockingbird project in England have the potential to do this.

4.5 There is a strong feeling that the circumstances of children who are looked after, 'the nature of care' as one foster carer put it, are likely to make worse any pre-existing mental health conditions. The argument is that children and young people need stability in order to thrive and that, while in care, they are likely to experience frequent change.

'People with autism need certainty and routine, not change. Any child would experience anxiety with disruption into care but for a child with autism, continuous uncertainty is a major difficulty.'

Two specific types of changes mentioned by foster carers were changes in social workers and changes of placement:

'….moving from placement to placement: foster carers moving children on too quickly….'

'Changes in social workers every few months ….'

'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.'

4.6 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. Three main reasons for this were given:

i. Mental health needs were generally not taken as seriously as more visible physical problems or even educational needs. One foster carer argued that social workers are more focused on dealing with crises and, for this reason, long term issues may be left un-addressed for too long.

'The social worker's role is to manage the crisis, but the sense of loss and other issues like autism are not managed….(when a child comes in to care).'

The same person said:

'If a child had rotten teeth or a broken arm they would receive immediate medical treatment. Children coming into care with symptoms of attachment disorder or autistic behaviour are in need of immediate assessment, diagnosis, and treatment, not to be told it will take two years. Social workers don't take mental health as seriously as physical health.'

ii. The second reason given was that mental health issues are difficult to identify and that many people, including some professionals, are not sufficiently experienced or skilled to diagnose them. One participant gave the example of their foster child and their school:

'There is a general lack of awareness in schools about attachment. An eleven year old I cared for had four weeks preparation for secondary school. Everyone thought he was getting upset about missing his friends, the reality was he could not make friends. He

was missing the building, moving was another upheaval for him, like another placement. None of us got it, not even us, for a while.'

Participants felt that teachers needed training and support in identifying issues such as this and also in teaching children with autism and attachment difficulties.

iii. A third reason was simply that some professionals did not understand a child's background and did not appreciate sufficiently that a looked after child was likely to experience mental health issues.

4.7 Several foster carers maintain that the fact they are not treated as 'professionals', which can result in them not being given sufficient information about their foster children.

'Foster carers need the child's story, important information to support the child.'

One foster carer, formerly a senior local authority social care professional, had not appreciated that the views of foster carers are not given sufficient weight until becoming a foster carer himself.

4.8 One foster carer, in acknowledging the pressures social workers are under, recognised that they would sometimes not have the information available themselves because they would not have time to read the papers. There is a general concern that more information is required, especially when there may be specific sexual risks from a foster child to the children in the fostering family.

'We need the full picture of the child; the assessment of him was inadequate. I'm not sure we would have taken him on if we'd had the full picture

4.9 The emotional impact on foster carers and their families living with children and young people who display emotional and mental health difficulties must not be disregarded; it is considerably emotionally demanding work. Foster carers and all those affected, including other children and young people living in the fostering home (both birth family and those in care), should be adequately supported to meet their own wellbeing needs.

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Particular emphasis should be on foster carer support, as looking after children or young people who display mental health difficulties can be both frightening and emotionally distressing. At its worse, it can be overwhelming for adults both on a personal and professional level. Organisations should have a responsibility to provide emotional containment for all those involved in dealing with children and young people with emotional and mental health problems. Regular training should be made available to foster carers, coupled with reflective supervision that addresses the impact of this demanding roll. Following any significant events, for example, where a young person has self-harmed, a debriefing session should take place as soon as possible after the event. Nobody should work in a policy vacuum around such issues.

It is imperative that foster carers own mental health and wellbeing is supported to enable them to act as role models in taking care of self, and also to ensure they are in a better position to support children and young people's mental health and wellbeing. This will also help in placement stability and avoid unwanted placement breakdown.

4.10 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 or those who already have diagnosable mental health issues

A range of early intervention services are available to children and young people in need, many through the Families First programme. However, these are not necessarily accessible by children and young people who are looked after because, in the case of Families First, they are already live cases with social services and do not qualify as 'early intervention.' In schools there is not this barrier and school counselling services and programmes, such as emotional literacy support assistants (ELSA), can and do help some children who are looked after. Funding for school counsellors means that secondary aged children and those in year six can usually access the service, but a school or local authority must find its own resources to support other primary aged children. Government funding for the pilots to extend provision to all primary aged children in four local authorities in Wales was withdrawn several years ago, despite the successful outcomes seen in some of those initiatives.

4.11 School counselling is available to children and young people who are looked after but, for most, the ACEs already suffered will have given rise to mental health issues which are well beyond the level which can be addressed by a school counsellor. The recent Welsh Government Guidance document: 'Collaborative working between CAMHS and the Counselling Service' (2016) offers a number of appropriate ways forward and The Fostering Network would wish to see the ideals contained in that guidance made a greater reality for children and young people who are looked after.

4.12 Even where emotional wellbeing issues are recognised early, it can be too late to employ 'low level' interventions. In one example, a four-year-old who had come from a birth family where abuse and domestic violence were rife, was provided with play therapy by social services; the therapist was totally unable to engage with the boy because of his level of aggression and lack of self-regulation.

4.12 Services for children in out of county placements are inadequate

The lack of out of county support for mental health is a particular concern. Poor communication between the different authorities and services does not serve the interests of the child.

'Our foster child had to see a psychologist before she could come to us. Physical health care is immediate, but out of county fostering is not well supported in terms of appropriate mental health and emotional wellbeing support services.'

'There should be no borders for treatment and services should work together.'

This underpins the call for local authorities and health boards to recognise this issue and work together to improve access to appropriate mental health services for children in out of county placements.

4.13 Foster carers have a good knowledge of their children's needs yet their views are not sufficiently taken into account

There is a strong feeling that foster carers 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. They see them '24/7', observe them closely and work with the child in

endeavouring to help them in their struggles. However, they feel their views are not listened to or, when they are, given sufficient weight. They feel that they have to speak out loud and long to achieve an appropriate response to a child's needs. One foster carer reported attending a multi-agency child protection meeting and the foster carer was the only person in the room who had met the child.

'We are experts on the foster child, but we are not seen as such.'

'We need to be treated like professionals. We have 24/7 care, we have to be part of the working group around the child and be listened to.'

'We are not part of the team, or the discussion.'

'If social workers and foster carers could work together more as a complete unit, it would help the child more, it feels like we are on opposite sides so often.'

'Independent Reviewing Officers (IROs) should hold social workers and other professionals to account. Foster carers' voices must be heard and taken seriously. We are professionals too.'

'Need to be part of the group.'

4.14 Foster carers say they feel disempowered in relation to other professionals and if their insights are taken into account these could help achieve earlier and more accurate diagnoses of mental health issues. Foster carers, therefore, call for professional service providers to engage with them more and take their views into account, as the people who are usually best placed to provide information and insights about their foster children.

'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. I presented my arguments and changed their minds. She is a prefect now.'

4.15 Foster carers feel disempowered in relation to other professionals

Foster carers speak of the limited power they have as foster carers. The local authority is in the role of corporate parents and foster carers have to go through social workers with requests for help for a child. They report:

- Feeling that they are not recognised as professionals and that their views are not respected. They are told they are 'doing well' with the child but the foster carer wants the corporate parenting role to be even better at meeting the child's needs.
- Being unsure that those views are represented at important meetings where foster carers do not have a role.
- Feeling that their requests are too often refused because of lack of resources, which is then detrimental to the emotional wellbeing of the child.
- The need for their concerns about the lack of response by statutory services to be minuted: 'If I did my job as badly as the corporate parents, I'd be struck off.'

4.16 Several foster carers believe, from experience, that it is only by exhibiting strong and assertive behaviour can they make their views heard.

'I need to be his voice. I have to shout loud and often to be heard on his behalf.'

4.17 However, one foster carer who was also a school governor gives an example of good practice in his own school which seeks to involve foster carers in a more inclusive and meaningful way.

'I am a governor in our school and I have responsibility for looked after children. We look at each child's needs individually. I think it is important to be involved with the school and ensure they can understand and meet the needs of the foster children.'

4.18 There is not enough support for the emotional wellbeing of foster families, particularly the birth children

There is no support for the birth children within a foster household. Whereas children who are young carers for parents will receive support from social services and voluntary agencies, there is nothing comparable for young carers in foster families. One foster carer describes her birth daughter as a carer who builds a relationship with the children being looked after and has to deal with her own feelings when the placement ends, which can be without notice and when there is no opportunity even to say goodbye:

'My daughter is 16 and has been a carer since she was seven. There has been no help available for her to deal with the loss of each foster child who has moved on.'

This point is echoed by other foster carers:

'Yes – there is no support for foster carers' children – they become siblings after all, and then experience loss. They expect foster carers to be able to handle that.'

4.19 Better support for transition to adult services is needed

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. This can arise because of inadequate communication between the services and an unwillingness to 'own' the provision of care during transition.

'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.'

One health professional with both CAMHS and adult mental health experience describes a difference in culture between the services, with the latter focussing on developing independence in the young person but, crucially, the level of support is that much lower, committing 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.

The Fostering Network endorses the NSPCC position on support for care leavers:

'This priority access to adult mental health services should be extended to all care leavers, with all local authorities and health agencies putting arrangements in place to ensure care leavers, including those in 'When I'm Ready' placements, can still access therapeutic

support up to the age of 25, with smooth transitions from CAMHS for young people who are already accessing services.'[7]

[7] Achieving emotional wellbeing for looked after children – a whole system approach' NSPCC, June 2015

5.0 Key issues affecting the emotional wellbeing and mental health of children and young people who are looked after, and ways forward

5.1 Inadequate assessment of needs

The assessment of a looked after child's emotional needs and mental health is too often superficial and too late. Foster carers argue strongly that all looked after children need an assessment as soon as they enter care, because they are five times more likely to experience mental health issues than other children. A standardised and criteria-referenced approach to assessment of need, agreed and understood by all relevant services, would help greatly, especially if it allowed progress to be tracked over time. A full mental health assessment by a qualified mental health professional should be undertaken for every child entering care.

Priority should be given to children and young people who are looked after in accessing CAMHS provision.

5.2 Delay to, and inappropriateness of, response by specialist services

A rapid and appropriate response is required when issues become apparen, 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. This should happen before a crisis point is reached, when serious self-harm or suicide may be the end result. Foster carers call for faster access to specialist CAMHS at whatever tier is necessary above the Tier 1 primary level service.

5.3 Support tailored to individual needs

Foster carers report that there is inadequate provision of specialist support for children and young people who are looked after and are experiencing mental health issues. There is a need for named mental health workers, CAMHS or otherwise, to be dedicated to children and young people who are looked after, and to their foster families. This would help to build relationships, better inform mental health practitioners of the individual needs of both those in care and their foster carers, and lead to interventions which are more targeted to actual need.

Much is made of the need to develop resilience in children who are looked after and, while helpful as a shorthand term, there are health professionals who prefer to talk of 'capabilities' which enable children and adults to face their fears and challenges. These capabilities might include adaptability, persistence, optimism, emotional management and building courage – mental, emotional and moral. A more co-ordinated approach, including training, is needed to developing resilience in children who are looked after, and in their foster carers.

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 children and young people who are looked after and have mental health difficulties. However, systemic change is needed as, currently, collaborative efforts are too slow and cumbersome. A holistic approach to the needs of children and young people who are looked after means designing integrated services to meet those needs. The roles and responsibilities of looked after children nurses, CAMHS, school nurses, schools, social

workers and youth justice workers need ‘shaking down’; the role of the judiciary in making care orders should not be exempt from review. Current legislation and guidance is not an impediment to structural change in services, indeed it encourages it (for example: Social Services and Wellbeing Act (Wales) 2014; Mental Health (Wales) Measure 2010; Wellbeing of Future Generations (Wales) Act 2015; A curriculum for Wales, a curriculum for life 2015).

Problems in gaining support for children and young people in out of county placements is indicative of fault-lines also existing in communication and corporate responsibilities across local authorities and regions.

5.5 Foster carers are not always listened to and yet they have the closest knowledge of the child being looked after

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 foster carers to avoid placement breakdown

Some young people receive loving and nurturing care from consistent foster carers and are pleased with the quality of support they receive. Others do not have their emotional needs met. In the worst cases, young people 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 foster carers. As a result, they may experience many breakdowns in their placements. Foster carers and their families need to be sufficiently skilled, trained and supported to handle very challenging behaviours but, also, they need to have the emotional intelligence and resilience which goes beyond what can be taught but can be nurtured with peer support (e.g. both informal and formal networks of foster carers) and help from other, such as the supervising social worker.

5.7 Stability

Children need the stability which comes from consistent and caring relationships with adults. However, some young people will not experience this stability unless the right support is put in place for them and their foster carers. This requires services that take an individual approach to understanding children’s and carers’ needs, that give children opportunities to shape their own care, and provide proactive support rather than allowing problems to get worse.

There is evidence (deriving from the NSPCC report ‘What works in preventing and treating poor Mental Health in looked after children’ 2014) that many of the children who are in care do better if they remain there and are not returned home. Some of the relevant findings are:

- The earlier children are placed in any kind of permanent placement, the more likely that placement is to succeed.
- Measures of wellbeing tend to be better among children who remain in care compared with apparently similar children who return home.
- The ‘success rate’ of children who do return home is not high; around half return to care.
- Those who return to care do not fare as well as those who have not experienced failed attempts at reunification.

5.8 Better support for transition to adult services is needed

Care leavers who have been receiving support to address emotional wellbeing and mental health issues can experience a gap in provision as they migrate from children's to adult services. If the new independent development plan, when finally implemented, does include health provision and run through to age 25 and is faithfully followed, then the issue of smooth transition to adult services should be better addressed.

5.9 More training for all

Foster carers recognise the need for more training as an important issue. Some foster carers expressed the case for training in general terms.

'You need the right kind of training for each child.'

'It would make such a difference if we were trained to recognise symptoms, given attachment training, and how to respond effectively.'

From their own experience, foster carers believe that training would have helped them deal with a range of challenging behaviours they have had to face.

'I have not been able to access training in positive behaviour management or restraint, but if you have a child about to run off a balcony you have to restrain them somehow.'

'My child grabs my finger and bends it back.'

'If I hadn't had training I wouldn't be here; a two year old beat me black and blue until I recognised it as a mental health issue. I would have left.'

'If you have a fifteen-year-old running at you with fists flying, what do you do?'

The training on offer may be what is needed, but eligibility criteria and/or times and venues can make it impossible to access, given the commitments of foster carers.

'In order for me to access training for my foster child, she had to score highly enough on a learning disability assessment. She has no learning disability so I could not be provided with the training. Her violence has resulted in bruises and scars on my arms.'

More experienced foster carers who are more highly trained and better able to handle difficult situations could be a resource for social workers, as well as the children and the foster carers themselves. Such peer support is being piloted in the Champions' role as part of the Fostering Wellbeing programme in Wales.

'Social workers have massive caseloads. It would be helpful all round, for the child, for foster carers and for social workers, if we were trained in mental health and helpful responses.'

Foster carers would welcome more access to good quality training to help them respond to mental health issues of foster children. Confidence in Care training was appreciated by a large number in the group and one foster carer had benefited from training from a private provider.

The Fostering Network would advocate that Welsh Government should develop and fund learning modules for foster carers and other professionals on mental health and emotional wellbeing.

5.10 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 times, provided in a holistic way, and which makes sense to the child who is looked after and to the fostering family.

5.11 Corporate responsibility

Promoting looked after children's emotional wellbeing is the responsibility of everyone connected with the care system. We must recognise that children and young people have individual experiences and listen to, understand, and act upon their views on what good emotional wellbeing means to them. Looked after children and care leavers need an integrated approach to meet their many and varied needs, one in which professionals work together flexibly.

Too often, the emotional wellbeing and mental health of looked after children is thought of as something that is the responsibility of specialist mental health services alone. This must not be the case; we need a coherent and integrated system that prioritises the emotional wellbeing of children in care, across social care, education and health. Given the numbers of young people in the youth justice system who are or have been in care, this service too must share the responsibility and be an integral part of the solution.

5.12 The concept and practice of sharing corporate parenting responsibility across services, going beyond the parameters set in legislation, is the way forward. Health, together with the local authorities' education and social services, should take the lead in care planning, and with the authentic involvement of foster carers and voluntary agencies, ensure that a spectrum of accessible, evidence-based therapeutic services is provided, and the mental health and wellbeing needs of all children and young people who are looked after are routinely met.

5.13 Early intervention and preventative work with children and young people

There is a clear need for more preventative work and training for children themselves, by, for example, bringing them together in groups to work on communication and relationship skills, resilience, confidence and self-esteem. Funding of such skills group/work programmes for children and young people is needed, and should be offered as a matter of course for all children in care. Young people talk positively about the benefits of coming together and this in itself is seen as supportive, strengths-based and provide the opportunity for reciprocal relationships.

Preventative work with children and young people needs to start in primary school, pre adolescence (before difficulties become entrenched) and in preparation for the often difficult transition to secondary school.

It would seem important that when a placement breaks down some type of transitional stability/relationship exists for the child (as they will have lost their foster home, carer, often changed their school, friends, peers etc, in addition to the loss of their original birth family).

Given social workers also change so frequently there needs to be some bridging/stability service arrangements put in place at these times.

5.14 Young people's voice and child-centred planning

The voice of children and young people is also vital in developing all services, including mental health, hence The Fostering Network's recruitment of Young Ambassadors as part of its Fostering Wellbeing programme and Young Champions within the Fostering Wellbeing programme. It is important to promote a system that listens to, and works in partnership with, children and young people, to avoid them being regarded as 'subjects of interventions' as opposed to empowering and including them.

6.0 Recommendations

6.1 Assessment of needs

The Fostering Network recommends that:

6.1.1 the assessment of emotional and mental health needs is standardised through the use of a criteria-referenced, diagnostic tool;

6.1.2 a specialist mental health and emotional wellbeing assessment, by a qualified mental health professional, is available for all children when entering care;

6.1.3 if children and young people who are looked after have an assessed clinical need they should have timely access to appropriate mental health services;

6.1.4 the Welsh Government should measure and report annually on looked after children and care leavers' mental health and wellbeing. This reporting should use available data and should drive improvements in service development, strategy and commissioning around mental health.

6.2 Access to services

The Fostering Network recommends that*:*

6.2.1 appropriate services be made available immediately following the assessment of need;

6.2.2 more specialist provision, including access to therapeutic services, is made available as a matter of urgency;

6.2.3 looked after children in out of county placements should not have to begin the assessment process again;

6.2.4 the criteria and thresholds for accessing mental health services is clearly communicated to children, young people and foster carers;

6.2.5 foster carers should be able to make direct referrals to appropriate mental health services on behalf of their fostered children and young people.

6.3 Range and forms of provision for children and young people who are or have been looked after

The Fostering Network recommends that:

6.3.1 looked after children receive a bespoke, specific response which is geared to addressing their individual needs and the underlying issues;

6.3.2 Tier 1 services recognise when children who are looked after require more specialist services, beyond those which offer forms of prevention and early intervention, and have the authority to make priority referrals;

6.3.3 therapeutic services be further developed in scope and form; these may be part of the CAMHS service or work in partnership with them to provide such interventions as play, music and talking therapies;

6.3.4 therapeutic services, where appropriate, be taken to the home and/or school and involve the foster family and other support services, including education and social services;

6.3.5 every Local Health Board should appoint a lead person to co-ordinate support for looked after children's mental health, similar to the role of the virtual school head in education in England and those that are emerging in some Welsh Local Authorities;

6.3.6 school counselling provision is available for children of all ages who are looked after and the Welsh Government revisits the successful initiatives that emerged from the primary school pilot to make those therapies more widely available;

6.3.7 the new independent development plan, when implemented, includes mental health provision, runs through to age 25 and is consistently implemented.

6.4 Range and forms of provision for foster carers

The Fostering Network recommends that:

6.4.1 all professionals take proper account of foster carers' insights into the needs of the children in their care and involve them fully in decision making about the children's wellbeing;

6.4.2 foster carers are provided with the full range of information about the child being looked after to help them reach their potential and keep them and those around them safe;

6.4.3 foster carers are well supported by other professionals, to avoid the breakdown of placements when foster carers experience particular difficulties in coping with very challenging behaviours;

6.4.4 the birth children within a foster household are respected and supported to meet their own wellbeing outcomes;

6.4.5 mental health professionals regard and include foster families as part of the solution to meeting the needs of the child who is looked after, and work with and support them in extending therapies into daily routines;

6.4.6 foster carers are sufficiently trusted and empowered to make everyday decisions about the wellbeing of their child.

6.5 Training

The Fostering Network recommends that:

6.5.1 all those involved in supporting children and young people who are looked after, including foster carers, social workers, teachers, health professionals, youth justice workers, receive the necessary training to identify possible emotional wellbeing and mental health issues and know the referral routes open to them;

6.5.2 training is available for all relevant professionals, including foster carers, on what 'resilience' means in the case of children and young people who are looked after, and how they might be supported to manage the many challenges they face on a daily basis;

6.5.3 foster carers are provided with the skills to improve the emotional wellbeing of the children

in their care;

6.5.4 more experienced and expert foster carers are trained in managing challenging behaviour and made available as a resource to social workers and the foster carers themselves.

6.5.5 fostering services should support foster carers own mental health and wellbeing to allow foster carers to act as role models in taking care of themselves and also to allow foster carers to be in a better position to support their fostered children's mental health and wellbeing.

6.6 Funding

The Fostering Network recommends that:

6.6.1 in order to provide quicker access to more and better services, more funding is targeted to the very vulnerable cohort of children and young people who are looked after;

6.6.2 greater investment is made at the Tier 2 level to offer far better assessment of emotional and mental health needs, create more effective pathways for addressing those needs and improve the tracking of progress;

6.6.3 Welsh Government develops and funds learning modules for foster carers and other relevant professionals on mental health and emotional wellbeing.

6.7 System reform

The Fostering Network recommends that:

6.7.1 a holistic approach to assessing and meeting the needs of the children and young people who are looked after should be the norm. Only this approach can bring about the necessary and urgent improvements required. This means agencies working together as one and demonstrating a readiness to invest in, and share, needs assessments, provide the essential therapeutic interventions in a timely and effective way, and bring about the structural changes which will enable this to happen;

6.7.2 services should be truly integrated and co-located, with the foster family as the key player. Despite the pockets of excellence in various services and because the overall effect on the experience of foster carers and those children in their care is one of piecemeal provision, more radical reform of how the different services operate as one is required. Co-ordination of services is often not enough, hence the need for integration and co-location;

6.7.3 Welsh Government considers the learning points from the Fostering Wellbeing programme in Wales and the Mockingbird project in England to consider how system reform might create the right climate and ways of working for improving the mental health and emotional wellbeing of children and young people who are looked after;

6.7.4 local authorities and health boards recognise and address the issues in accessing appropriate mental health services, for children who are looked after in out of county placements.

6.7.5. Welsh Government fund five-yearly prevalence surveys on children and young people's mental health.

6.7.6. local authorities and Local Health Board should take into account the views of children and young people who are accessing mental health services and these views should be considered in the development and commissioning of mental health services.

6.8 Corporate responsibility

The Fostering Network recommends that:

6.8.1 health boards, together with the local authorities' education and social services, share corporate responsibility and:

- take the lead in care planning;
- involve foster carers and the third sector in authentic partnerships;
- ensure that a spectrum of accessible, evidence-based therapeutic services is provided;
- as a matter of course, meet the mental health and emotional wellbeing needs of all children and young people who are looked after;
- learn from each other;
- be transparent and accountable, not just to regulators.

Our recommendations listed here would provide vital opportunities for this group of children and young people. Supporting the mental health and wellbeing of children and young people in care and care leavers should be an important element of the Welsh Government's agenda and The Fostering Network are keen to support ongoing improvement to this vital work.

The emotional and mental health of looked after children in Wales

Report of a consultation with foster carers for The Fostering Network Wales

September 2017

Foreword by Colin Turner – Director – The Fostering Network Cymru/Wales

Most children and young people who come into care have experienced serious neglect or been physically, emotionally or sexually abused, but, as this report suggests, there remains an insufficient focus on helping looked after children and young people to recover from the psychological impact of abuse and neglect, and promoting their resilience, mental health and emotional wellbeing.

Feedback from foster carers also suggests that the primary importance of providing looked after children with stable, warm and affectionate relationships with trusted adults can easily be undermined when there is an absence of prompt and effective support and treatment for those who present with emotional and mental health difficulties.

We know that looked after children are significantly more likely to develop a mental health disorder than children in the general population; yet the messages that have emerged from this consultation exercise, suggests that looked after children do not always receive the support they require and at the right time. When they do, foster carers report having to navigate a through a minefield when attempting to access assessment, support and interventions for the child or young person they look after. Consequently, foster carers in Wales are strongly advocating for prompt availability of robust assessments of looked after children's mental health needs, clear pathways for accessing mental health support and sufficient provision of effective mental health interventions.

Further, the consultation has highlighted the need for foster carers to receive specific and targeted training. Helping these children and young people with problem solving skills, such as self-control, self-esteem and positive thinking will be preventative, and foster carers recognise they should be trained in these skills as part of their core training.

1.0. Introduction

1.1. Purpose

The main purpose of the consultation was to elicit the views of foster carers to contribute to an inquiry by the National Assembly for Wales around the emotional and mental health of children and young people.

1.2. Method

The consultation took the form of a Focus Group discussion. A total of fifteen people took part in the discussion. Fourteen were foster carers and one was the birth parent of a child who was fostered by another participant. Participants came from different parts of south and mid Wales.

Most participants were very experienced foster carers with a good understanding of the topic under discussion. A few were newer foster carers and, as mentioned, one was a birth parent. A range of experience and perspective was therefore represented.

The discussion was structured by four open questions:

Q1. Based on your own knowledge and experience, what particular issues do looked after children have that can affect their mental health and emotional well-being?

Q2. Overall, how would you rate the current services as a whole, which aim to assure the mental health and emotional well-being of looked after children.

Q3. What are the two or three most important changes to any aspect of service provision that would make the greatest positive difference to the mental health and emotional well-being of looked after children?

Q4. Is there anything else at all you want to say relating to improving the mental health and emotional well-being of looked after children in Wales?

Open questions allowed participants to make the points they felt were most important without the constraint of a more structured and detailed agenda. Open questions were appropriate because participants were experienced and knowledgeable, and past experience of consultations with foster carers suggested they would be keen to offer their views. This proved to be the case.

1.3. This report

This structure of this report follows the first three questions above. Responses to question four are included under the question they relate most closely to.

2.0. Particular issues for looked after children in relation to mental health and emotional well-being

2.1. Looked after children are more likely to experience mental health issues

Participants recognised that looked after children were more likely than other children to suffer from mental health issues because of their life history which had led them to be taken into care. One 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.

2.2. Instability while in care is likely to make existing mental health conditions worse

There was a strong feeling that the circumstances of looked after children, "the nature of Care" as one participant put it, were likely to make worse any pre-existing mental health conditions. The argument was that children need stability in order to thrive and that, while in Care they are likely to experience frequent change.

"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".

Two specific types of changes mentioned by participants were changes in social workers and changes of placement:

"….moving from placement to placement: foster carers moving children on too quickly…."

"Changes in social workers every few months …."

"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".

2.3. Looked after children need access to mental health services as soon as they enter care

Participants argued that the fact that looked after children were more likely to suffer mental health issues and that the nature of Care would inevitably add to these meant that appropriate services should be made available from the moment they entered care.

"…. why can't they have therapy throughout".

"This should be recognised and mental health support should be made available on the move into placement, and throughout their care."

2.4. Looked after children in out of county placements experience particular difficulties in accessing mental health service.

Several participants said that looked after children who moved from one local authority area to another were likely to find it particularly difficult to access mental health services. They said that communication across local authority boundaries was poor creating a further barrier to accessing services.

"Out of county, it's so difficult to get mental health services"

"Why can't all social and educational services across counties work together for a child?"

2.5. The mental health needs of looked after children are not sufficiently recognised.

A strong and consistent view emerged that the mental health needs of looked after children were not sufficiently recognised. This was another factor likely to make pre-existing conditions worse.

Three main reasons for this were given. One was that mental health needs were generally not taken as seriously as more visible physical problems or even educational needs.

One foster carer argued that social workers are more focused on dealing with crises and, for this reason, long term issues may be left un-addressed for too long.

"…. The social worker's role is to manage the crisis, but the sense of loss and other issues like autism are not managed….(when a child comes in to care)".

The same person said:

"If a child had rotted teeth or a broken arm they would receive immediate medical treatment. Children coming into Care with symptoms of attachment disorder or autistic behaviour are in need of immediate assessment,

diagnosis, and treatment, not to be told it will take two years. Social worker's don't take mental health as seriously as physical health".

The second reason given was that mental health issues are difficult to identify and that many people, including some professionals, are not sufficiently experienced or skilled to diagnose them. One participant gave the example of their foster child and their school:

"There is a general lack of awareness in schools about attachment. An eleven year old I cared for had four weeks preparation for secondary school. Everyone thought he was getting upset about missing his friends, the reality was he could not make friends. He was missing the building, moving was another upheaval for him, like another placement. None of us got it, not even us, for a while".

Participants felt that teachers needed training and support in identifying issues such as this and also in teaching children with autism and attachment difficulties.

A third reason was simply that some professionals did not understand a child's background and did not appreciate sufficiently that a looked after child was likely to experience mental health issues.

2.6. Foster carers have a good knowledge of their children's needs yet their view are not sufficiently taken into account.

There was a strong feeling that foster carers 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. They see them 24/7, observe them closely and handle the child's struggles. Yet they felt their views were not taken on board or given sufficient weight. They felt that they had to speak out loud and long about a child's needs, instead of their observations being taken seriously and responded to. A foster carer reported attending a multi-agency child protection meeting and the foster carer was the only person in the room who had met the child.

"We are experts on the foster child, but we are not seen as such".

"We need to be treated like professionals. We have 24/7 care, we have to be part of the working group around the child and be listened to".

"We are not part of the team, or the discussion".

"If social workers and foster carers could work together more as a complete unit, it would help the child more, it feels like we are on opposite sides so often".

2.7. Foster carers do not always have access to all the information that is available about their foster children.

Several foster carers said that the fact they were not treated as "professionals" could result in them not being given sufficient information about their foster children.

"Foster carers need the child's story, important information to support the child".

One participant who was formerly a senior local authority social care professional said they had not appreciated that the views of foster carers were not given sufficient weight until they became a foster carer themselves.

This point re-emerged at other times during the focus group.

"We need the full picture of the child the assessment of him was inadequate. I'm not sure we would have taken him on if we'd had the full picture"

One foster carer acknowledged the pressures social workers were under and said that they would sometimes not have the information available themselves because they would not have time to read the papers.

A discussion also developed about whether foster carers were made aware of specific sexual risks from a foster child to the children in the fostering family. There was a general concern that more information was required.

2.8. Foster carers feel disempowered in relation to professionals.

Participants also spoke of the limited power they have as foster carers. The local authority is in the role of Corporate Parents and foster carers have to go through social workers with requests for help for a child. They reported:

- Feeling that they are not recognised as professionals and that their views are not respected. They are told they are "doing well" with the child where the foster carer wants the corporate parenting role to be even better at meeting the child's needs.
- Being unsure that those views are represented at important meetings where foster carers do not have a role;
- Feeling that their requests are too often refused because of lack of resources – resulting in implications for the child
- - feeling the need for their concerns about the lack of response by statutory services to be minuted: *"If I did my job as badly as the corporate parents, I'd be struck off."*
-

Several foster carers gave examples of standing up and making their views heard in different ways which suggests that strong and assertive behaviour by

individual foster carers is the approach which most feel to be necessary at present if their views are to be heard.

"I need to be his voice. I have to shout loud and often to be heard on his behalf".

However, one foster carer who was also a school governor gave an example of good practice in his own school which seeks to involve foster carers in a systematic way.

"I am a governor in our school, and I have responsibility for looked after children. We look at each child's needs individually. I think it is important to be involved with the school and ensure they can present the needs of the foster children".

3.0. Assessment of the current services which aim to assure the mental health and emotional well-being of looked after children.

3.1. Overall, foster carers feel current mental health services for looked after children are poor or very poor.

Participants were asked to score current service provision, overall, on a linear, five point graded scale running from "very poor" to "very good". All participants graded services as being between "poor" and "very poor".

3.2. Accessing services is difficult and the thresholds are very high.

However, a distinction was drawn immediately between the way foster carers might score access to services, and the quality of services once accessed. The point was made that some (though far from all) services were felt to be very good once accessed but that there were serious barriers to access with thresholds of need being very high and waiting times often lengthy. One foster carer gave the example of their child who had been offered support they felt was quite superficial and did not tackle the underlying issues. The child, who had previously offended went on to commit a second offence. This foster carer said:

"A child has to do something really bad before specific support is offered".

3.3. Many services are superficial and do not address the underlying issues effectively.

The most important issue which emerged regarding current service provision was that foster carers felt that many services being offered were inappropriate to the issues being experienced. There was a strongly held view among foster carers that many mental health issues experienced by looked after children needed a bespoke, specific response which was geared to addressing the

underlying issues. In their experience many services which were actually offered were inadequate and often superficial. They said things like:

"Specific expertise is required for some of the children. Some of the support provided – well, they're more like befrienders whereas the child needs specialist expertise, even a specific department."

"Often the things that are offered tick the box but are not tailored to the child's needs."

"We had 2 young people whose adoption had broken down. The one child was constantly looking out of the window as he was in constant fear and anxiety that the social worker would be coming to take him away again. The underlying cause of his behaviour was never addressed, just the surface all the time."

"We had a lot of input from CAMHS but it was inappropriate. The consultant recommended treatment but CAMHS were not prepared to take it on board."

"We experienced workers coming to the house with strategies to teach us how to cope, but if they didn't work, they left and we were left with the extremely challenging behaviour to deal with on our own".

3.4. Failing to address underlying mental health issues leads to more serious problems later.

The point was made that failing to address the real needs of a child would inevitably add to the problems of the child, and have a negative impact the foster carers.

"Early diagnosis and rapid treatment would avoid abuse of carers and deterioration of the young people's mental health."

It is also clear that a superficial response will eventually lead to additional costs for service providers as a child's condition deteriorates.

3.5. Foster carers' insights could help achieve earlier diagnosis but these are often not taken into account.

Foster carers emphasised the point they had already made strongly in response to the previous question; that they did not feel listened to, and that if their insights were heard and acted upon there could be positive consequences for all involved including earlier diagnosis and a more appropriately tailored response.

"It took 4 years to get an assessment. It affected his mental health. He was hiding in different places in school, but his behaviour was good so that put him under the radar. School missed the first three meetings but joined the 4th. They voiced concern that the child was slipping backwards. There was mention that he could sue the authority when he was an adult for not picking

up on concern – action followed. No-one had been taking notice of the concern we had voiced over the 4 year period."

One foster carer spoke of the relief they felt when their views were finally acknowledged.

"There is nothing better than having someone recognise what you have known. In school a teacher expressed shock at the behaviour of our foster child – she'd not seen anything like it before. We had seen it regularly and were hugely relieved when someone else recognised how extreme the behaviour was."

3.6. Services for children in out of county placements are inadequate.

The lack of out of county support for mental health was raised once more.

'Our foster child had to see a psychologist before she could come to us. Physical health care is immediate, but out of county fostering is not well supported in terms of appropriate mental health and emotional wellbeing support services."

3.7. There is not enough support for the birth children of foster families

One foster carer pointed out that there was no support for the birth children within a foster household. She described her birth daughter as a carer who had to deal with her own feelings of loss as each foster child moved on. This point was echoed by other foster carers.

"My daughter is 16 and has been a carer since she was 7. There has been no help available for her to deal with the loss of each foster child who has moved on."

"Yes – there is no support for foster carers' children – they become siblings after all, and then experience loss."

"They expect foster carers to be able to handle that"

3.8. The role of the LAC nurse is not widely known

There seemed to be a lack of awareness or understanding about this role. Only one foster carer said she was aware of the role. Others said that the LAC nurse undertook the medicals. There was some discussion about the role of the school nurse and an awareness that some school nurses had responsibility across several schools for LAC children.

4.0. Proposals for changes to make a positive difference to the mental health and emotional well-being of looked after children

Participants were asked to work in pairs or small groups and suggest one or two changes which they felt would make a significant positive difference to the mental health and emotional well-being of looked after children. These were written on post-it notes. There was a good deal of convergence between the seventeen suggestions that were made and seven clear themes emerged. This section is organised under these seven theme headings. The first "quotations" which appear under each heading reproduce the words written on the post-it notes.

4.1. More funding for services

"More services"

"Funding Funding Funding"

"…. Funding for CAMHS"

"Funding"

The brevity of the post-it note comments suggest that the point being made is self-evident; foster carers recognised that in order to provide quicker access to more and better services, more funding will be needed.

4.2. A rapid and appropriate response

"Faster access (to) CAMHS"

"Rapid and appropriate response to early indicators of emotional/mental trauma…."

"Early assessment and intervention".

"Children in care need to be able to fast track mental health services. Children (are) neglected and so is their mental health".

Foster carers argued strongly earlier in the focus group (section 2.3) that looked after children needed access to mental health services as soon as they entered care because they were more likely to experience mental health issues (section 2.1), and because instability while in care was likely to make existing mental health conditions worse (sections 2.2.).

Foster carers strongly re-stated the view that children in care need to be offered fast track, early assessment and diagnosis leading to an appropriate bespoke response.

"Children need services now, not in six months time".

They re-stated their view (section 3.4), and gave examples from their own experience that failure to provide such service would lead to further problems in the future.

"If they don't have appropriate mental health services, teenagers can use other coping mechanisms, getting drunk, using drugs and this presents another layer of difficulty to deal with".

"Yes, my fifteen year old daughter got drunk last weekend; she told me she wanted to take away the pain of losing her father seven years ago. To be fair, she had been offered counselling but had not engaged. It's about getting support to them at the right time".

4.3. Specialist, expert, services

"…. Specialist LAC mental health team".

"LA's to have their own Ed Psych".

"In house, qualified psychiatric nurse who can assess right at the beginning and direct to the appropriate services instead of the cheapest".

"Designated mental health team".

Foster carers had strongly expressed the view that many existing services are superficial, and do not address underlying issues effectively (section 3.3).

This underpins the call for sufficient specialist and expert services that will be able to respond appropriately to the mental health issues experienced by looked after children.

"We need a LAC, CAMHS department with specialist services".

4.4. Making use of foster carers knowledge and experience

"Responding to foster carers' knowledge and experience. Respect".

"RO's (Independent Reviewing Officers) to hold social workers and other professionals to account. Foster carers' voices to be heard and taken seriously. We are professionals too".

"Need to be part of the group".

Foster carers presented a strong argument that they have a good knowledge of their children's needs yet their views are not sufficiently taken into account (section 2.6). They said they felt disempowered in relation to professionals (section 2.8); and they argued that if their insights were taken into account, these could help achieve earlier and more accurate diagnoses of mental health issues (section 3.5.).

Foster carers therefore call for professional service providers to engage with them more and take their views into account as the people who are usually best placed to provide information and insights about their foster children.

"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. I presented my arguments and changed their minds. She is a prefect now".

4.5. Better out of county provision

"Access for out of county placements"

"No borders for treatment and work together".

Foster carers described how looked after children in out of county placements experienced particular difficulties in accessing mental health services (section 2.4.); and, how services for children in out of county placements are inadequate (section 3.5).

This underpins the call for local authorities to recognise this issue and work together to improve access to appropriate mental health services for children in out of county placements.

4.6. Better support for transition to adult services

"Worries around transition from child services to adult services".

Support around transition between child and adult services was not raised an issue earlier during the focus group but it was suggested as an area that needed to change at this stage.

The argument was made that there is insufficient communication between the services and an unwillingness to "own" the provision of care during transition.

One foster carer gave this example from their own experience:

"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 6 weeks during this time."

4.7. More training for all involved

“Training”.

“High quality training for everyone involved with the child”.

The need for more support for foster carers was alluded to only briefly earlier in the discussion. However, during this part of the focus group, foster carers recognised the need for more training as an important issue. This is evidenced by the fact that the topic generated more comment and debate than any other point made at this stage of the focus group.

Some participants expressed the case for training in general terms.

“You need the right kind of training for each child”.

“It would make such a difference if we were trained to recognise symptoms, given attachment training, and how to respond effectively”.

Several participants gave vivid examples from their own experience of the kind of behaviour they had faced where training would have helped them.

“I have not been able to access training in positive behaviour management or restraint, but if you have a child about to run off a balcony you have to restrain them somehow”.

“My child grabs my finger and bends it back”.

“If I hadn’t had training I wouldn’t be here, a two year old beat me black and blue until I recognised it as a mental health issue. I would have left”.

“If you have a fifteen year old running at you with fists, what do you do”?

One participant said that the conditions for the training she needed were inappropriate and made it impossible for her to access it.

“In order for me to access training for my foster child, she had to score highly enough on a learning disability assessment. She has no learning disability so I could not be provided with the training. Her violence has resulted in bruises and scars on my arms”.

Another pointed out that foster carers who were better trained and better able to handle difficult situations would be a resource that could help social workers as well as the children and the foster carers themselves.

“Social workers have massive caseloads. It would be helpful all round, for the child, for foster carers and for social workers, if we were trained in mental health and helpful responses”.

Foster carers suggested some training that they had found helpful. Confidence in Care training was appreciated by a large number in the group. One had benefited from training from a private provider:

“If it hadn’t been for Jonny Mathews Trauma Recovery Model training, I would have got battered.

Foster carers would therefore welcome more access to good quality training to help them respond to mental health issues of foster children.

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