

Cofnod y Trafodion The Record of Proceedings

[Y Pwyllgor Plant, Pobl Ifanc ac Addysg](#)

[The Children, Young People and Education
Committee](#)

10/02/2016

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Motion under Standing Order 17.42(ix) to resolve to Exclude the Public
from the Meeting for the Remainder of the Meeting and the Meetings
to be held on Wednesday 2 March and Wednesday 16 March

Cofnodir y trafodion yn yr iaith y llefarwyd hwy ynnddi yn y pwyllgor. Yn ogystal, cynhwysir trawsgrifiad o'r cyfieithu ar y pryd.

The proceedings are recorded in the language in which they were spoken in the committee. In addition, a transcription of the simultaneous interpretation is included.

Aelodau'r pwyllgor yn bresennol
Committee members in attendance

Angela Burns Bywgraffiad Biography	Ceidwadwyr Cymru Welsh Conservatives
Suzy Davies Bywgraffiad Biography	Ceidwadwyr Cymru Welsh Conservatives
Ann Jones Bywgraffiad Biography	Llafur (Cadeirydd y Pwyllgor) Labour (Chair of the Committee)
Lynne Neagle Bywgraffiad Biography	Llafur Labour
David Rees Bywgraffiad Biography	Llafur Labour
Aled Roberts Bywgraffiad Biography	Democratiaid Rhyddfrydol Cymru Welsh Liberal Democrats
Simon Thomas Bywgraffiad Biography	Plaid Cymru The Party of Wales

Eraill yn bresennol
Others in attendance

Alistair Davey	Dirprwy Gyfarwyddwr, Cyflawni Polisiâu ar gyfer Plant ac Oedolion Deputy Director, Delivering Policy for Children and Adults
Mark Drakeford	Aelod Cynulliad (Llafur), Y Gweinidog Iechyd a Gwasanaethau Cymdeithasol Assembly Member (Labour), Minister for Health and Social Services
Yr Athro/Professor Sally Holland	Comisiynydd Plant Cymru Children's Commissioner for Wales
Jo Jordan	Cyfarwyddwr Iechyd Meddwl – Llywodraethiant a Gwasanaethau Corfforaethol y GIG Director of Mental Health – NHS Governance and Corporate Services
Elizabeth Lockwood	Pennaeth y Gangen Lleoli Plant ac Oedolion, Llywodraeth Cymru Head of Children and Adults Placement Branch, Welsh Government
Rachel Thomas	Swyddog Polisi, Swyddfa'r Comisiynydd Plant Cymru Policy Officer, Office of the Children's Commissioner

for Wales

Dr Sarah Watkins Uwch–swyddog Meddygol
Senior Medical Officer

Swyddogion Cynulliad Cenedlaethol Cymru yn bresennol
National Assembly for Wales officials in attendance

Sarah Bartlett	Dirprwy Clerc Deputy Clerk
Marc Wyn Jones	Clerc Clerk
Sian Thomas	Y Gwasanaeth Ymchwil Research Service

Dechreuodd y cyfarfod am 09:06.
The meeting began at 09:06.

Cyflwyniadau, Ymddiheuriadau a Dirprwyon
Introductions, Apologies and Substitutions

[1] **Ann Jones:** Good morning, everybody. Welcome to the Children, Young People and Education Committee. We've had apologies from John Griffiths, Keith Davies and Rhodri Glyn Thomas. There are no substitutes for those. I think other Members will join us very shortly, I would have thought, or I would hope.

Ymchwiliad Dilynol i Wasanaethau Mabwysiadu yng Nghymru—Sesiwn
Dystiolaeth 3

Follow-up Inquiry into Adoption Services in Wales—Evidence session 3

[2] **Ann Jones:** We've got quite a packed agenda this morning. We're doing the follow-up inquiry into adoption services in Wales, and this is our third evidence session. We're delighted to have with us the children's commissioner, Professor Sally Holland. I've got your name right, Sally, this time; I do apologise. Perhaps you'd introduce your colleague as well for the record, and then, if you like, we'll go into some questions.

[3] **Professor Holland:** This is Rachel Thomas and she's my policy lead on all social services issues.

[4] **Ann Jones:** Okay, thanks very much. As I say, we're doing a follow-up inquiry into the adoption service in Wales. You'll remember that the committee did quite a comprehensive report, and to form part of the legacy for the end of this Assembly session we're looking at what differences have been made, if any, and whether we can strengthen the report. So, we'd be interested to hear your views on that. We've got four areas we're going to look at. We're going to look at the National adoption service, then post-adoption support, then life-story work and then progress on some of the other committee recommendations around recruitment, assessment, transition support and workforce. So, those are the four areas and we've got about an hour, and no doubt I'll have to remind Members that we've got to move on, but we'll see how we go. David, you're going to start with the National adoption service.

[5] **David Rees:** Thank you, Chair. Good morning. The previous inquiry of the committee highlighted that the independent National adoption service should be put into place, but obviously the Welsh Government decided to actually produce a National adoption service but following the Welsh Local Government Association model, under the local authorities. As a consequence, we have 22 local authorities, five regional areas and one national director. There's evidence from stakeholders that progress is being made, but that there are regional variations, possibly as a consequence of what we're seeing. What are your views on the progress of the National adoption service in that model?

[6] **Professor Holland:** In many ways we've come such a long way since the last inquiry—since you did your inquiry. I think we have seen some real progress, and these are the things that I think we've seen under that adoption service. First of all, the quality and consistency of data collection—so we actually have a much stronger picture of the adoption scene. I know that in the inquiry the committee actually had to work really hard to get accurate data on how adoption was playing out at all stages, from recruitment to matching to placements et cetera, all the way through to get a consistent picture of what was happening right across Wales. We are starting to have that now—some consistent data that's being collected in the same way right across Wales. It's all in one place and it's easy to access, which helps us make those regional comparisons, which are important.

[7] I think we've also seen the National adoption service showing us some leadership in terms of highlighting, I think, some of the needs of children who are waiting to be adopted, and once they've been adopted. There's been

some work done around the workforce and parents' needs as well.

[8] I think we've seen better and more systematic links with the third sector. There's been a strong third sector in adoption for some time, but I feel that the links between the National adoption service and the regions and the third sector are stronger and becoming more systematic and better planned.

[9] I understand we're going to come on to looking at differences between regions, but I do think that the regionalisation does seem to have led to improved outcomes in a number of key areas, but not all of them, which I know we'll come on to as well.

[10] I think the last point about the National adoption service, as a positive, is that it's really raised the profile of adoption in terms of some of its social media campaigns; just the launch of it, really, and the documentaries, the involvement of celebrities who have been adopted—that kind of thing—and actually what adoption means, so to give a sort of broad view of adoption. You know, the different needs of children that might be waiting for adoption, and the types of people who can adopt—the varied family forms who can all be suitable adopters.

[11] So, they are, I think, some of the real progressions that we've made since the National adoption service came in. I do think there's still quite a long way to go in terms of getting things right for adopted families and for adopted children, and I'm sure we'll come on to those.

[12] **David Rees:** Does it worry you that, you know, the first set of figures we had indicated that there was quite some variation in the regions—north Wales, for example—and that the initial visit to an application was down to 37 per cent, but in south-east Wales it was up to 80-odd per cent? The set of figures we received for 2015-16 data seems to have put a reverse to that, and north Wales has gone up to 80-odd per cent, but the Welsh average has actually dropped from 62 per cent to 37 per cent, so it's gone down somewhere else. So, clearly, there's chaos in one sense across Wales in that situation. Does that give you cause for concern for the future?

[13] **Professor Holland:** I think we need to be a little bit careful when we're comparing regions because of the variation in numbers. So, some of the regions are dealing with much bigger numbers than others, so percentages can get quite distorted sometimes when we're comparing one region with

another, especially around numbers of children being adopted. One large sibling group who are waiting for a long time, for example, can really change the percentage of children who wait for a long time in one region, if they're one of the smaller regions. So, we do need to have a little bit of caution when we're looking at percentages, but clearly children across Wales and families who are adopting across Wales are not getting the same service. I think that's something that was highlighted by the inquiry, and we clearly aren't getting there yet. As commissioner, you know, one of my key concerns is to make sure that wherever a child lives in Wales, they get a really good service and they get their rights fulfilled. So, of course it's a concern, although I just think we should have a little bit of caution when we look at percentages.

[14] **David Rees:** You've got to wait a bit longer for some trends.

[15] **Professor Holland:** Pardon?

[16] **David Rees:** You've got to wait a bit longer to see the trends.

[17] **Professor Holland:** And we're new; so many things that I think we might discuss today are part of a changing picture and quite new, so we do need to look at the overall trends as well, although that's hard for individual children and families to hear because they're the ones who might need help now.

[18] **David Rees:** Okay.

[19] **Ann Jones:** Aled, do you want to just—

[20] **Aled Roberts:** Rwyf jest eisiau gofyn ynglŷn â'r data, achos rwy'n derbyn beth rydych chi'n ei ddweud ynglŷn â bod yn rhaid i ni fod yn ofalus ynglŷn â'r data craidd, ond fe wnaeth y Cadeirydd a minnau gynnal sesiwn dystiolaeth yn y gogledd wythnos diwethaf, ac yn amlwg roeddem yn awyddus iawn i ddeall pam roedd ffigurau y gogledd, yn y lle cyntaf, wedi dirywio, achos pan gawsom ni yr ymchwiliad gwreiddiol mi roedd y gogledd yn cael ei gynig

Aled Roberts: I just want to ask about the data, because I accept what you say that we have to be careful about the core data, but the Chair and I held an evidence session in north Wales last week and we were clearly eager to understand why the figures in north Wales had deteriorated, because when we had the original inquiry, north Wales was put forward as a good example of collaboration. What surprised me, truth to be told— . You have talked about consistency,

fel esiampl dda o gydweithio. Beth oedd yn fy synnu i, i ddweud y gwir— . Rydych chi wedi sôn bod yna gysondeb, ond yn amlwg nid oes gysondeb o achos—.

09:15

[21] **Aled Roberts:** Rwy'n derbyn bod y data ar gael rŵan mewn un lle, ond nid oes yna dempled cenedlaethol. Nid oes yna gysondeb ynglŷn â beth y maen nhw'n ei fesur. Felly, a oes gennym ni wasanaeth cenedlaethol, neu a oes gennym ni wasanaeth ar gyfer nifer o ranbarthau? Buaswn i wedi disgwyl, os oedd gwasanaeth cenedlaethol yn cael ei greu er mwyn inni allu gweld y gwahaniaethau o ranbarth i ranbarth, mai'r cam cyntaf buasai cael templed fel bod pawb yn cynnal yr un broses a bod pawb yn mesur yn union yr un perfformiad. Mae'n amlwg nad yw hynny'n digwydd.

but clearly there is no consistency, because—.

Aled Roberts: I accept that the data are available now in one place, but there is no national template. There is no consistency with regard to what they measure. So, do we have a national service, or do we have a service spread across a number of regions? I would have expected, if we had a national service being created so that we could see the differences from region to region, that the first step would be to have a template so that everyone adopts the same process and everyone measures the same performance. That clearly isn't happening.

[22] **Professor Holland:** Clearly, we need to be concerned where there are regional variations. I agree that it has been quite surprising to see changes in regions on a year-by-year basis—so data being strong in one year and not so strong in another. I'm not sure what explanation you were given in north Wales—whether it was about turnover of staff or reorganisation or—

[23] **Aled Roberts:** No, it was that they were measuring things in a different way to other regions.

[24] **Professor Holland:** Okay. One thing I will go on to talk about when we talk about support and life-story work is that, while I do think it's encouraging that we are collecting data on a national basis, the data that we have so far really tell us about speed of process, and numbers who have gone through certain processes. They don't tell us actually about quality of experience, and I think that's got to be the next step of the National

adoption service: to show some leadership on investigating and then driving forward improvements in quality of experience.

[25] **Ann Jones:** Can I ask: does it worry you, then, that the quality of the process in some areas obviously is lacking? Is there anything we can do, then, to strengthen the recommendations, or through the legacy report, so that we get a consistent quality across Wales, really?

[26] **Professor Holland:** As I say, I don't think we've got good enough systematic data on quality of experience right across Wales. But there is lots of casework, as you'll know as AMs, and also that comes into my office, which suggests that, on the ground, some families have not experienced the kind of shift of experience, especially in post-adoption support, that we might have hoped for under a national service. I do think that that's an area in which we still have a long way to go.

[27] **Ann Jones:** Shall we move on to post-adoption support? Aled, you've got the first set of questions.

[28] **Aled Roberts:** Rydych chi wedi sôn am yr arweiniad y mae'r gwasanaeth cenedlaethol yn ei gynnig. Wrth ystyried y gwendidau a oedd yn amlwg yn yr ymchwiliad cyntaf, a ydych yn credu ei bod yn dderbyniol i'r gwasanaeth cenedlaethol gael y baich o wella'r sefyllfa, neu a fuasech chi wedi disgwyl i Lywodraeth Cymru gynnig mwy o arweiniad er mwyn cyflwyno, yn arbennig, y newid sylweddol sydd ei angen o fewn cymorth ar ôl mabwysiadu? **Aled Roberts:** You've talked about the leadership that the national service offers. Considering the weaknesses that were clear within the first inquiry, do you believe that it is acceptable for the national service to shoulder the burden of improving the situation, or would you have expected the Welsh Government to offer more leadership in this regard, especially in introducing the significant change that's required within post-adoption support?

[29] **Professor Holland:** I think we still are in a moving situation, which I understand is not very helpful for a family that feels desperate at this minute. But I think there's still a lot to be worked out in the relationship between the national drivers for post-adoption support, be that the Welsh Government or the National adoption service. I think the relationship between those two is crucial. The National adoption service is increasingly having the data and the evidence on what's needed. It has a relationship with the Welsh Government

where the head of the National adoption service can go to Welsh Government and present the data and the evidence on behalf of the regions. So, I think that is a crucial relationship. But the relationship between the national level, the collaboratives, the local authorities and the health authorities and other public services that should be delivering these services has not been worked out in terms of planning and commissioning of post-adoption support. There are some pockets of encouraging new moves and Welsh Government have funded some new third sector initiatives, which are promising and which will be coming in from April. But I think there's still a lot to be worked out in that area.

[30] The other important parts of the moving picture, I think, are the whole raft of changes that this committee's been involved with over the last few years, really. So, we've got the implementation of the Social Services and Well-being (Wales) Act 2014, which could present some really strong opportunities for adoptive families, especially in terms of the new rights around carer assessments, and we've got the ALN Bill coming through, the Together for Children and Young People programme, and the Donaldson reform, where I hope we might see much stronger whole-school approaches to wellbeing. All of these things present quite a moving picture in how we respond to some of our more vulnerable children. They all present an opportunity to get things right. But, along with local government reform, possibly, in terms of footprints, I think that there is a sense of a real moving picture and a real need for post-adoption support not to miss out in the meantime, because, obviously, families are waiting for help now. So, there's a lot of potential to get things right. Those things all need to join up for these children and their families.

[31] At the moment, I would suggest that many adoptive families are not necessarily experiencing support that is citizen-centred or child-centred, which of course has been the real drive of some of these reforms, like the social services and wellbeing Act. Families are still feeling that they're having to fit into services that are there, rather than services meeting their needs. Thresholds for things like clinical mental health services still don't often work for adoptive families where, for attachment problems, for example, there may be no local service for those. As you know, they may have a range of difficulties, none of which individually reach the threshold of clinical services, but, together, present that child and their family with lots of challenges, yet families are sometimes told there's no service there that quite meets their needs. That's not been the intention, as I understand it, of the social services and wellbeing Act, or of the reforms that are expected under

the ALN Bill. But, at the moment, that's what families often report that they're experiencing. I think that the provision of post-adoption support can be almost regarded as a test case for the effectiveness of all of those kind of measures.

[32] As this committee well knows from its first inquiry, children who are adopted are some of the most vulnerable members of our society. It's a really drastic step, isn't it, when we decide to make a legal change to the situation of a child? The children and the birth families from which they come are some of the most vulnerable members of our society. If we can't get these reforms to work for these children—. They're almost like a test case for me—. The social services and wellbeing Act—. When they come, the reforms of our mental health services, of our education services and of our additional learning needs have got to work for these families. But I feel that this is the one area where really we haven't seen a change. We have seen some promising change around things like recruitment and assessment, speed of matching and speed of moving things through the courts. But I haven't seen any strong evidence yet that there's been a step change in post-adoption support for families.

[33] **Aled Roberts:** I ddweud y gwir, roedd y dystiolaeth yr wythnos diwethaf, ac mae'ch tystiolaeth ysgrifenedig chi, i ryw raddau, yn dangos pa mor bwysig yw'r cyswllt rhwng addysg, dyweder, gwasanaethau iechyd meddwl a'r gwasanaeth mabwysiadu. A ydych chi'n synnu felly bod nifer o'r byrddau rhanbarthol yma'n adrodd eu bod wedi cael problemau hyd yn oed yn cael cynrychiolydd addysg i fod yn aelod o'u bwrdd? Ac a ydych yn ymwybodol o unrhyw gais gan y gwasanaeth cenedlaethol i Lywodraeth Cymru i geisio rhoi tipyn bach mwy o bwysau ar lywodraeth leol i dderbyn eu cyfrifoldebau?

Aled Roberts: Truth be told, our evidence last week, and your written evidence, to some extent, show how important the link between, say, education, mental health services and the adoption service is. Are you surprised, therefore, that some of these regional boards report that they've had problems even in getting a representative from education to be a member of their board? And are you aware of any application from the national service to the Welsh Government to put additional pressure on local authorities to shoulder their responsibilities?

[34] **Professor Holland:** Well, I'm not aware of what the Welsh Government's done about difficulties in getting local services to engage. As

you'll be aware, there is a bit of an issue around regional footprints not matching up to the national adoption service. The collaborative footprints don't necessarily match up with other regional footprints, which, I imagine, causes some problems with—

[35] **Aled Roberts:** [*Inaudible.*]—isn't it? I mean, if you can't get an education lead to actually even sit on a regional board, then what hope have we to actually improve the education services for these youngsters?

[36] **Professor Holland:** Yes, it cannot be seen as a social services issue—adoption. I think that we've done far too much of that around our services for children. Mental health is often just seen as a health service issue, whereas we know it's not. We know that all services have got to engage in promoting the mental health and wellbeing of our children. Similarly, on adoption, unless education, health and social services work together on this, it's always left to the families to be the ones fighting to make sense and make those links across services.

[37] **Aled Roberts:** Jest dau gwestiwn i orffen. Nid wyf yn gwybod a ydych wedi cael cyfle i ystyried y gronfa cymorth mabwysiadu yn Lloegr, lle mae arian penodol yn cael ei anelu at wasanaethau cymorth ôl-fabwysiadu; felly, hoffwn glywed eich barn chi ar hynny, os ydych wedi cael cyfle i'w ystyried hefyd. Mae yna bwynt wedi'i godi yn y dystiolaeth hefyd: ar hyn o bryd, mae swyddogaeth asesu anghenion cymorth ar ôl mabwysiadu yn dal i fod o fewn yr awdurdodau lleol unigol. Mae yna dystiolaeth mai timau cyffredin sydd yn delio â'r asesiad hwnnw, yn hytrach na thimau mabwysiadu. Felly, a ydych chi'n credu bod yna le i unai gwasanaeth cenedlaethol neu Lywodraeth Cymru ystyried trosglwyddo'r cyfrifoldeb am asesu o'r awdurdodau lleol unigol i mewn i'r gwasanaeth cenedlaethol?

Aled Roberts: Just two questions to conclude. I don't know whether you have had an opportunity to consider the adoption support fund in England, where specific funding is targeted towards post-adoption support services; therefore, I would like to hear your opinion on that, if you've had an opportunity to consider that also. There is a point that has also been made in the evidence that, at present, the function of assessing post-adoption support needs remains within the individual local authorities. There is evidence to show that it is general intake teams that are dealing with that assessment rather than adoption teams. So, do you believe that there is a place for either a national service or the Welsh Government to consider transferring the responsibility for assessment from the individual local

authorities into the national adoption service?

[38] **Professor Holland:** Yes, I am aware of the adoption support fund in England, and I think there are probably pros and cons to delivering finances in that way. What we have seen, I think—. It's quite hard to distinguish exactly how much funding is going into adoption support in Wales—and in England because, obviously, a lot of support is provided by universal services or health services specifically. So, it's quite hard to distinguish exactly where we're at with funding, but we do seem to have had a significant extra boost of funding for post-adoption support in England that we haven't seen in Wales.

[39] The adoption support fund in England does have great value in terms of families really seeing that there is funding for them, and local authorities having a way of identifying money to provide the support that the families desperately need. I think, in Wales, many on-the-ground practitioners would want to provide more support for the families they're in contact with, and it's often difficult. It's often very expensive and highly specialised support that's needed. I think the downside of an adoption support fund, working in the way it is in England—. We don't really know yet what the implications are going to be because it's so new, and I think I would hesitate to say anything too definitive about the advantages or disadvantages until we see how it plays out in England. It may lead to more difficulties in terms of regional planning and regional commissioning, for example, to make sure that the right services are there for the range of needs that there might be. It relies on there being local providers and, of course, in large parts of the rural areas of Wales, even if a family has agreed to have a service, they may have difficulty accessing the service that they need because there isn't a local provider that can provide that. It may rely on the individual family to have the drive to come forward and make sure that they get the service they need.

09:30

[40] So, I don't think it's necessarily the way forward for Wales, but what I think we have seen is some identifiable extra money in England, and that's not only important in itself in terms of what it can provide, but also symbolically, I think, for the adoption community in England in seeing some specific money coming in. Whether there could be something in Wales that is more a kind of combination of regional and national planning and some access to individual funds, I don't know, but I do think we need to step up. If

we're not going to get an individual fund—and I do think, as I say, there are some disadvantages to an individual fund—then we do need to step up the availability of funding for post-adoption support, anyway.

[41] In terms of who does the assessments of families, if we can get it right, I think the right place is probably in the local authority, where you'll have local workers who know local services, who know families and who can build that kind of local relationship with them. But, if it's not working, then we may need to look at other solutions. Did you have anything to add on assessment, Rachel?

[42] **Ms Thomas:** It might be something that we come on to in talking about life-story work, but in terms of assessing families, there probably is a need for wider training on the understanding of the issues around trauma and attachment and those sorts of things, so that they're not categorised into a box that just doesn't fit a particular service. So, perhaps a greater awareness and training of professionals at all stages in the local authorities, such as intake teams.

[43] **Ann Jones:** Angela, before we go on to life-story work, you've got a question on post adoption.

[44] **Angela Burns:** Yes. Thank you, Chair. Good morning, Sally. We talk about post-adoption support as one of the key changes that are required to improve the process of adoption in Wales, but I'd actually like to take it back one step further and make an argument for pre-adoption transparency, because whether it's the cases in my constituency, or, for example, the people we heard last week in our evidence session, the witnesses who came forward and witnesses who've come in in the old inquiry that we did, so many of them have actually taken on a child or a young person, and this particularly applies to those who aren't immediate babies, but perhaps a couple of years older or onwards, and they haven't been told about significant issues that have happened to that individual child before that child has got to them. So, suddenly, there they are with an eight-year-old and something manifests itself and only then will social services say, 'Oh, well, this is in the file or that's in the file.' We've heard this time and time and time and time again, and that's got nothing to do with the provision of post-adoption support, it's got nothing to do with matching, because particularly with older children—if I'm brutal—you're desperate to get them off the books, to find them a family, to find somebody to take them on. But the adoption breakdowns that I've been involved in have always centred

around the fact that the families have not been told key information about either the child or the life experiences or family issues that that child has come from. I wanted to know what your opinion was on that and how we can get those data better held in one place and more available to adoptive parents.

[45] **Ann Jones:** We've moved into life story, really.

[46] **Angela Burns:** Sorry. I think of life story as the story of the child. I beg your pardon.

[47] **Ann Jones:** No, no. It's alright.

[48] **Professor Holland:** I think it's not unconnected to some of the issues around life-story work.

[49] **Angela Burns:** Whoever's story question I just pinched; I'm sorry.

[50] **Professor Holland:** I agree that it's a slightly different issue, but it's not unconnected, because later on the adoptive parent needs to help the child to understand what's happened to them as well. But, I do understand your point.

[51] **Angela Burns:** Sorry, can I just say that you're not necessarily going to put in the life-story book a trauma that's happened to a child, are you? You're going to need to tell the parent.

[52] **Professor Holland:** Absolutely. No. We'll come on, I think, to talk about some of that in life-story work, but I think if we're going to trust parents to take on full, legal parental responsibility for the children they adopt, they need to know, at the stage when the match is agreed, everything that's happened to the child and they need to understand that. I find it hard to understand why key information like that would be held back at that stage. I remember it being told to this committee in the original inquiry, but I'd be saddened to think that was still carrying on.

[53] **Angela Burns:** We took the evidence last week and it was there. People, even fairly recent adopters, were saying that they'd found out after the adoption quite critical things that might have impacted on a view or a thought or even their preparation process, before they went into that.

[54] **Ann Jones:** Shall we move into life story? Lynne, do you want to take yours, and then we'll develop it as we go?

[55] **Lynne Neagle:** Okay. One of the main concerns you've expressed in your written evidence is about life-story work, and I think all Members of the committee would agree that, in the recent evidence we've taken, and in our full adoption inquiry, we took really worrying evidence, mainly about the absence of any life-story work. I think it is very striking, because that's a child's history, isn't it? That's their roots, and they're being denied that if that work isn't happening. I just wanted to ask you to expand on your concerns, really.

[56] **Professor Holland:** Yes, the data that I've seen from the national adoption service suggest that it's still only a minority of children who are receiving life-story information, which is worrying in itself, and of course it's only one measure. It's only a measure of whether something has been given to the family about the child, or something has been delivered, and we don't know anything from those data about the quality, either, which is obviously something we now need to understand a lot more about.

[57] I think it's really important to think about life-story work in terms of not just being a one-off thing, where we can tick a box and say that it's happened; it's quite a complex issue. There's a sort of technical side, and someone needs to have collated all the facts and made sure that they're all together in one place, and collected key things that anyone would want to have about their early childhood, like photographs and things as well as information. So, we need to make sure technically that that sort of work is happening and it's there, but there's also the subjective side of who writes and tells a narrative to the child about what's happened to them, which is, as Angela touched on, quite a skilled process, really, in thinking about what to share with the child and when.

[58] Obviously, the average age is very young, when most children are placed, so they need access to some very simple and age-appropriate material at that point, but over the years they're going to need access to a more complex understanding of what's happened to them, and that's going to be a very individual process, because obviously some people who are adopted never really want to know much about their background—they're much more here and now type of people—and some people, whether it's in their adolescence or even in their adulthood, when they themselves become parents, will want to know much more detail about their background. So,

there needs to be the ability for that to be delivered by whoever is the right person to do it, in different ways and at different times.

[59] So, who delivers life-story work is also, of course, a key issue, and very often it will be the adoptive family who'll be the best people to share information with a child, in the right way at the right time, in response to a child's wish to know. But they can't do that unless they have been given the right materials and information, and they can't do it unless they're given the right support. For some, it will be a fairly straightforward process. It might be a fairly straightforward story—the child's coming to live with them, and the child may ask quite straightforward questions—but for others it will be a very complex process, and sometimes the family will need specialist help, and the child may need therapeutic help with their life story.

[60] So, I suppose the overall picture of what I'm trying to say is that, to me, it's a much more complex issue than us just achieving 100 per cent ticks in the box that something's been done. But, on the other hand, the fact that we can't even achieve that is worrying to me; that placing authorities aren't able to even tell us that they've given basic life-story information to 100 per cent of children being placed is, to me, just an absolute basic of a service that we should expect in adoption. I found the statistics really quite staggering, to be honest. When I say that, they're only being asked, as far as I understand, whether the basic work has been done, whereas for some children it's going to be a lot more than basic work that's needed. It's part of post-adoption support, of course—it can't be taken away from it—but as a specific aspect of post-adoption support, it's something that we absolutely need to get right.

[61] I am encouraged by the gradual expansion of support groups for children and young people through the TALKadoption network, because, for some children and young people, peer support at different stages of their lives may also be very important. We know that the TALKadoption groups are very helpful for the children who take part, but they've been a very small provision in Wales up until now. Until recently, I think there was only a group running in Cardiff, but I believe it's now expanding to, or has expanded to, Swansea and Wrexham, but that still doesn't meet the needs of children, perhaps, living in Ceredigion or Pembrokeshire or Gwynedd. I think that we need to find a range of helpful ways of helping children understand their identity throughout their life course. It's not a one-off event, it's not just a technical issue, and it's the least we can do for these children, I feel.

[62] **Lynne Neagle:** Thank you. Can I just ask, then: clearly, we've got a big problem here, and I think everybody recognises that; what do you think we need to do to put it right?

[63] **Professor Holland:** I assume it's not happening because of pressures of work and of staff turnover, and perhaps a lack of organisation in terms of keeping records together. I don't imagine it's not happening because people don't think it should happen or that it's not important. So, it strikes me that probably it needs to be given some prioritisation—whether that's in terms of funding or staffing, or both.

[64] I'm a little bit wary about the thought of it being necessarily taken out of the local area and put nationally. It could be one answer, if we really can't get it right—or even being put regionally—but I've seen some quite powerful testimonies from parents who've had a stranger coming into the house and delivering difficult material to the children, and going away again, for example. That was actually in a book, rather than casework that's come into my office. I think we need to be wary of thinking that it's something technical and it can just be bought in and done by somebody. It needs to be done by the right people, and probably adoptive parents are amongst the best sources of saying who that might be. Sometimes it will be that they need someone else to come in; sometimes they'll just need the right support. If it's just a case of providing expert support, training and, perhaps, materials, then perhaps that could be delivered by a specialist service regionally or nationally, but if it's going to be done properly, then we need to make sure that it's locally sensitive, and it might be someone with whom the child has had an ongoing relationship—perhaps the social worker who worked with them and placed them with a family.

[65] **Lynne Neagle:** Can I just ask one final question?

[66] **Ann Jones:** Yes.

[67] **Lynne Neagle:** To what extent are the challenges around life-story work explored during the training and preparation process for a family who are going to take on an adoptive child? Is there that kind of discussion to identify who would do that work and, if the family can't do it, who else might be appropriate to do it, or is it just left out of the process?

[68] **Professor Holland:** I'm not sure that I know the answer to that. Do you know, Rachel? It might be something to ask people in charge of training.

[69] **Lynne Neagle:** Okay.

[70] **Ms Thomas:** I think there is a trialling of talking about potential issues that might arise on a generic basis as part of the preparation training. I think one region—I think it's Western Bay—are trialling an additional day's training around those sorts of issues, but it's nothing that's tailored to the individual families, as far as I'm aware, in terms of what might arise for them with a match that they've got and how they can take that forward.

[71] **Lynne Neagle:** Okay; thanks.

[72] **Ann Jones:** Okay? Suzy on this, and then you want to move into your area.

[73] **Suzy Davies:** Yes, they slide nicely one into the other.

[74] **Ann Jones:** Yes.

09:45

[75] **Suzy Davies:** Before we move on from life stories, you mentioned in a response earlier on that you don't think that the life-story disclosure is happening simply because somebody doesn't think it should happen—there are other answers as well. But we got a sense, certainly in the evidence that we took last week, that nondisclosure to the adoptive families is sometimes deliberate, and the reason we were given is that it might compromise the identity of birth parents, for example. So, I'm not saying it's being done in any kind of malicious way at all, but we have had evidence that disclosure is being kept from potentially adoptive parents. I've got two questions around that general principle. One we've just talked a little bit about, about preparing adoptive parents for what lies ahead, which would include, in my view, information about the longer term history of the birth family, not necessarily their identity—obviously not—but where there have been generations of problems rather than a child who was adopted in particular circumstances on this occasion. And I wondered if you knew that was being incorporated into the training of social workers at all.

[76] And, secondly, just more generally on the upskilling and training of social workers—all right, the National adoption service has only been there for a year, but a year's long enough to get some decent training in on the

issues we've been talking about today, as well as others. So, first of all, do you have any concerns that there are deliberate nondisclosures, which is actually preventing adoptive parents getting a realistic picture of what they're lining themselves up for, and then, secondly, how much of that can be resolved by training—quick training now, not an hour or a day, whatever it was, but something a bit more systemic in the training of social workers?

[77] **Professor Holland:** Okay. As I said previously, I think that if we're going to trust adoptive parents to parent these children the best way that they can, then they need all of the information that they need, which is everything that's known to have happened to that child. Any adoptive parent I've come across, although it's going to be very, very hard for them to hear about trauma experienced by a child that they love, it's important for them to know that, really important.

[78] **Suzy Davies:** Beforehand as well.

[79] **Professor Holland:** Yes. I think when perhaps social workers are discussing with families the potential of placing a child, they may hesitate from disclosing too much of their discussion perhaps with more than one family, because, occasionally, cases may lead to identification of birth parents—they may be notorious cases that have been in the news or whatever—but I think once we know that a likely match is happening with one particular family, then I think they do need to know. I think they should have received a good enough assessment that they will be able to—. You know, in their assessment, they'll have been able to work out what kind of things they will find difficult to hear, they'll have discussed that with their assessing social worker, so they'll have been prepared for the fact that there will be some difficult things to hear. I don't think we can ask them to parent a child properly if they don't know about some traumatic experience they may have received, or even perhaps some genetic issues that might be there.

[80] Sometimes people assume that because a child was removed from a family very young, at the age of one or something, there'll be no residual memory. I think that we're coming to understand much more that, whilst the child may not be able to verbally articulate a memory, it will have had—. Experiences will have had a strong impact on them, and that might manifest itself later on. Even if there's been trauma whilst they've been in the womb, we know now that that can have quite an impact—. We think now that that may have an impact on children later on—the stress that the mother may have been under, perhaps if there's been violence, for example. I think that a

parent who is well armed with information will find it much easier to reach an understanding of why their child might be responding to them in a certain way. I can't see any justification for holding back information on a child who is definitely being placed with a family, as long as, obviously, they're legally allowed to share it and it's done sensitively.

[81] In terms of training, I think it's really important that—. It's going back to some of the issues that were covered in the first inquiry, really, that not just social workers, obviously, but teachers and health visitors, and any other professionals who may be helping the child, have a really strong understanding of the impact of early trauma and separations on children. As you may know, I was a social work educator until last April, and, over the last few years, we have seen a lot more emphasis—certainly in Cardiff University, where I was delivering it—on attachment, child development, et cetera, and communication with children; a much stronger emphasis was being placed. I think that would have been replicated across other higher education institutions in Wales. However, the very specific issue that you raise about adoption, and whether social workers might be withholding things because they think it's the right thing to do, may require more thought and training.

[82] **Suzy Davies:** So, there's still work to do.

[83] **Professor Holland:** I would imagine so.

[84] **Suzy Davies:** Okay. That's a fair answer in the circumstances, I think. You mentioned earlier on that recruitment and assessment and matching have speeded up a little bit, and you thought that progress there was quite encouraging, shall we say. Again, I appreciate the service has only been up and running for about a year, but, in the first two quarters of this financial year, only two more adopters were approved compared to the same period last year. That doesn't strike me as massive progress. Is this down to the patchiness of it, as Aled was talking about earlier, or is there still, in your view, an underlying lack of ambition in a particular area—within the service, sorry, not geographically?

[85] **Professor Holland:** I'm just going to find my notes on that.

[86] **Ms Thomas:** We do know from some of the regions that they've almost paused slightly in terms of their recruitment and looked at the profiles of the children who are waiting to be adopted and the profiles of the adopters that are already approved in their regions, and there isn't a match up,

unfortunately. The general picture is that there are more older children and sibling groups waiting to be adopted, and there are more prospective adopters who want to adopt a single or younger child. So, there's information coming from the regions that they are perhaps doing some more targeted recruiting. So, rather than an increase in recruitment generally, they're looking to target the recruitment at those particular areas of need. So, it may not be a numbers game, but it may be that they're trying to address the problems that they are finding with their groups that they're working with at the moment.

[87] **Suzy Davies:** All right. Yes, I suppose that would explain it. That's the sort of information that gets lost in the data that we hear generally, I suppose. And—

[88] **Ms Thomas:** There is, obviously, the caution that the messaging around adoption is not that they don't want other people to come forward for adoption. So, there is a caution there, really, that it's not the case that we've got plenty of adopters for a certain group; there's still work to be done around that.

[89] **Suzy Davies:** So, you've got a bank of adopters and a bank of children that don't match, effectively?

[90] **Ms Thomas:** Yes.

[91] **Suzy Davies:** Well, that, potentially, could run on, couldn't it? Are you aware of the specific work the NAS is doing on that? I know you say there's some targeting, but—

[92] **Professor Holland:** In the last National Adoption Week, they ran a campaign around adoption of older children and needing adopters for those. There is still a real shortage of adopters for older children, children with complex needs, and large sibling groups of children, which is larger than two. I think that we do need to do a lot more work on trying to find families for those children specifically.

[93] **Suzy Davies:** In view of the Munby judgment, do you think there's more pushing for guardianship orders for slightly more difficult to place children? Have you seen any—?

[94] **Professor Holland:** Sorry, do you mean that there should be or that

there are?

[95] **Suzy Davies:** Well, no. Is there any evidence that there's an increasing number of guardianship orders rather than adoption orders for more difficult to place children now? Is that kind of being used as a sort of plan B—rather than having on your books that these children are not being dealt with?

[96] **Professor Holland:** Well, we know that there are fewer children having placement orders made, aren't there? The downturn in England, I think, was first, as far as we know, but we have seen quite a change in Wales over the last year, and I think there's probably a number of reasons for that, including some judgments that there have been in the family courts. But, also, perhaps, the whole court process of the public law order, where there's been more of an encouragement for pre-care order work to be done, pre-proceedings work to be done, and more work done on finding extended family to care for children. So, I think we are seeing an increase in special guardianship orders.

[97] **Suzy Davies:** I just wondered whether that contributed to the figures, that was all.

[98] **Ms Thomas:** I think there isn't a great deal of data—. I think, anecdotally, a lot of people talk about an increase in special guardianship, particularly, taking children away who would perhaps have been adopted previously, but I don't think there are sufficient data to make that a totally reliable point—but I think it is relevant.

[99] **Professor Holland:** It has been interesting that, over the period of the National adoption service coming in and, obviously, trying to increase the profile of adoption, we have actually seen quite a shift in the numbers of children who are being approved for adoption. It's been a kind of surprising—

[100] **Suzy Davies:** A sort of pre-coincidence.

[101] **Professor Holland:** Yes. It's been a surprising shift. It wasn't something I think we would have predicted two or three years ago that the numbers would suddenly change so dramatically. I think it's something that's taken people in England and in Wales by surprise.

[102] **Ms Thomas:** There are also some other data to keep an eye out for

that wouldn't perhaps immediately be flagged up on that. For example, it's seen as a positive that there are fewer children having their placement plan changed from adoption to a different type of placement. Whilst that's good for those individual children that they're not having delays by changes in their plans, it may mean that fewer placement orders are being sought in the first place—whether they're even being asked for by local authorities or whether they're thinking that they're not going to meet the legal criteria for an adoption so they're not going to ask—but I think more data around that would be needed to make that link.

[103] **Suzy Davies:** Okay. Just finally, on that, I appreciate what you say that these aren't solid data backed by evidence at the moment, but one of the recommendations made by this committee during the primary inquiry is that there should be more emphasis on concurrent planning, but I'm wondering if what we've just been talking about might be a reason why concurrent planning doesn't seem to be surging ahead as a way of doing things.

[104] **Professor Holland:** I think concurrent planning was always going to be suitable for only a small number of situations, and I haven't seen recent data on how often it's being used in Wales, if at all. I'm not sure whether the committee's heard that from anybody else, but I think it's always going to be suitable only in a small number of cases. There are a number of risks involved, obviously, in concurrent planning, but, where it could work, I think we should be looking at it.

[105] **Suzy Davies:** All right. Thank you.

[106] **Ann Jones:** Okay, everybody? Okay. Thanks very much. Thank you. As usual, you know that we'll send you a copy of the transcript to check, and then that will form part of our follow-up inquiry report when we do it. So, thanks very much. And thanks for all your work previously as well in getting the adoption inquiry report done. So, thanks very much. Thank you.

[107] We'll take just a quick five minutes, so be back dead-on the five minutes—just if you want to go and get a cup of tea.

*Gohiriwyd y cyfarfod rhwng 09:58 a 10:03.
The meeting adjourned between 09:58 and 10:03.*

**Ymchwiliad Dilynol i Wasanaethau Mabwysiadu yng Nghymru—Sesiwn
Dystiolaeth 4
Follow-up Inquiry into Adoption Services in Wales—Evidence Session 4**

[108] **Ann Jones:** Okay, then. Shall we reconvene just after that very short break? This is the final evidence session on the follow-up inquiry into adoption. So, we're delighted to have the Minister, Mark Drakeford, with us. Minister, would you like to introduce yourself—well, I've said you're here—and your team, for the record? And then, if you like, we'll go into some questions.

[109] **The Minister for Health and Social Services (Mark Drakeford):** Thank you very much, Chair. So, with me this morning I have Alistair Davey, who is the deputy director on delivering policy for children and adults, and Elizabeth Lockwood, who is head of the children and adult placement branch in the Welsh Government.

[110] **Ann Jones:** Okay. Thanks ever so much. Thank you as well for your written paper. As I say, this is a follow-up inquiry into adoption services in an attempt to see whether the extensive piece of work that the committee have done on adoption—. We've been out and we've taken evidence. So, we've now got to present some of that evidence that we've collected to you to see where we are and what we can do for the future.

[111] So, four areas, really, Minister, and the first one is on the national adoption service, and then post-adoption support, life-story work and then progress on the other committee recommendations around recruitment assessment, transition support et cetera, and the workforce. So, those are the four brief areas. So, David, you take the first one on national adoption.

[112] **David Rees:** Good morning, Minister.

[113] **Mark Drakeford:** Good morning.

[114] **David Rees:** Obviously, in the previous work done by the committee in its inquiry into adoption, one of its recommendations was a national adoption service, but the model that was put forward in the recommendation was more of an independent service and the model adopted by the Welsh Government was one more led by local authorities—regional consortia, in one sense—to look at regional issues, and one national director. That's now in operation, but, as a consequence, even though the data now being

collected, obviously, is better, we now see greater variations across—. I think you even quote in your evidence,

[115] ‘a great deal of work to do, not least in tackling disparity between the regions’ performance’

[116] You then say,

[117] ‘it would take some time to address all the relevant issues’.

[118] Do you have any indication or belief as to what type of timescales you’re talking about to get a greater consistency across the regions in Wales?

[119] **Mark Drakeford:** Well, I think consistency will be one of the top priorities for the adoption service during this second year of its operation. David is absolutely right: we only really know about the levels of regional variation because we have a national service that’s been able to collect the data to expose some of those variations. The National adoption service is still very early in its work and it’s had some successes in its first year, but a first year, inevitably, is about establishing yourself and making sure that you’ve got the necessary tools to do the job.

[120] In terms of when we can expect to see some regional variations ironed out, there are still some data issues to be tackled. We’re not always completely certain whether this first year of data is a snapshot and we should be wary of building huge policy castles on snapshot data, or whether we are seeing trend data. Trend data is what you have to have if you’re going to make a real difference to outcomes, so we’ll have to look at the data this year, but where there is variation—and it’s been a surprise, I think, to some local authorities, to see where they are in relation to some of their comparators—they themselves didn’t necessarily realise that there were other parts of Wales that were doing better on some things than they were. But the fact that that’s been exposed in the initial data, I think, provides a lever to make sure that we can make a difference in that in this coming 12 months.

[121] **David Rees:** And you’re confident that the advisory board and the governance arrangements that are in place at the moment will be able to iron out those inconsistencies across the regions.

[122] **Mark Drakeford:** I think the governance arrangements have settled

very well. We've a strong chair of the advisory board, we have a senior council leader chairing the national board, and I meet them every six months to make sure that we go over together the key emerging themes in their work and their priorities. I think the people who are doing the job are very, very committed to making sure that the national service delivers on its promise, and I think they are, as individuals, making a difference and I think they've got the structure they need to help them to do that.

[123] **David Rees:** Can I just make one final point and have clarification on the input of the advisory board? Obviously, in July, you appointed for CAMHS on to the advisory board, eight months after the National adoption service was actually established. Does it have the sufficient input into the advisory board that you think it needs now?

[124] **Mark Drakeford:** The pattern that I think we've seen in the first 12 months is that, at a national level, we now have around the table the interests from health, from education, from the third sector, who are very important in the adoption field, and that we've got the necessary people with the necessary seniority around the national table. We now need to make sure that we replicate that at the regional level as well. I couldn't say this morning that we are absolutely there, yet. There are still some interests; we are having to make sure that we can explain to them why they need to be at that table, why it's in their interests and, certainly, in the interests of adopted children and their parents to have them there.

[125] **Ann Jones:** Okay. Aled, you wanted to come in on this bit.

[126] **Aled Roberts:** Rwyf i eisiau gofyn ynglŷn â'r anghysonderau hyn, i ryw raddau. Rydych chi wedi dweud, o ran patrwm y trefniadau cenedlaethol, rŵan, eich bod chi'n eithaf bodlon efo nhw—bod pawb o gwmpas y bwrdd—ond rydych chi wedi cyfeirio at y ffaith, hwyrach, nad yw hynny'n cael ei adlewyrchu ar lefel ranbarthol.

Aled Roberts: I want to ask about these inconsistencies, to some extent. You've said that the pattern in terms of the national arrangements, now, that you're quite satisfied with them; that everyone is around the table, but you've referred to the fact that perhaps that's not reflected on a regional level.

[127] A gaf i hefyd ofyn ichi ynglŷn â'r anghysonderau ynglŷn â data? Mi oedd yna awgrym yr wythnos

May I also ask you about the inconsistencies regarding data? There was a suggestion last week in north

diwethaf yn y gogledd, hwyrach—ac mae hyn yn rhywbeth yr oedd gen i brofiad ohono fo o fewn llywodraeth leol—a chwestiwn yn codi hefyd, ai'r un data sy'n cael eu casglu neu a ydyn nhw'n mesur yr un peth. A ydych chi'n fodlon erbyn hyn fod yna ddealltwriaeth sydd wedi cael ei chyflwyno o'r lefel genedlaethol rwan fod pawb yn mesur yr un peth ar lefel ranbarthol, a hefyd bod y prosesau'n union yr un fath o fewn y rhanbarthau yna? Neu a ydy o'n dal i fod yn fuan yn eich tyb chi?

[128] **Mark Drakeford:** Diolch. Rwy'n mynd i droi at Liz i fy helpu i gyda'r manylion. Yn fy marn i, nid ydym yn gallu bod yn hollol hyderus eto bod bob awdurdod lleol yn rhifo popeth yn yr un man ac yn casglu'r data yn yr un man eto. Mae job o waith i'w wneud yna i fod yn glir dros Gymru gyfan ein bod ni'n rhifo pethau yn y ffordd iawn.

[129] Un peth arall: nid wyf yn siŵr eto ein bod ni i gyd yn deall y data yn yr un ffordd. So, mae'n un peth i gael y data, ond mae'n rhaid inni wneud synnwyr mas o'r data. Nid wyf yn hollol siŵr eto os ydym ni i gyd yn gallu tynnu'r casgliadau mas o'r data yn y ffordd iawn. Mae hynny'n rhan o'r ffaith fod gennym y gwasanaeth cenedlaethol newydd, lle mae lot o bobl yn dysgu lot o bethau trwy sefydlu'r gwasanaeth cenedlaethol, a dod â phobl a'i gilydd i gael y sgwrs,

Wales—and this is something that I had experience of in local government—where a question arises as well as to whether these are the same data that are being collected or whether they measure the same thing. Are you satisfied now that there's an understanding emerging from a national level that everybody is measuring the same thing on a regional level, and also that the processes are exactly the same within those regions, or is it still too soon to say, in your opinion?

Mark Drakeford: Thank you. I'm going to turn to Liz to help me with the details on this. In my opinion, we can't be entirely confident yet that every local authority is counting everything in the same place, and doing it in the same way, and collecting the data in the same way. There is a job of work to do in that regard to be clear across the whole of Wales that we are counting things in the right way and in the same way.

One other thing: I'm not entirely sure yet whether we all interpret the data in the same way. So, it's one thing to have those data, but we have to make sense of those data. I'm not entirely sure yet whether all of us can draw the conclusions out of the data in the right way yet. That's part of the new national system that we have, where a lot of people are learning a lot of new things through the establishment of that service. So, we need to draw people together to have

i ganolbwyntio ar y data ac i ofyn y cwestiwn: beth ydym ni'n gallu tynnu mas o'r data? Beth sydd gyda ni i'w ddysgu mas o'r data? Nid wyf cweit yn siŵr eto os ydym i gyd yn tynnu'r un gwersi mas o'r data sydd gyda ni.

the discussion, to focus on the data, and to ask the question: what can we draw out of those data? What do we have to learn from those data? I'm not entirely sure yet whether we're all drawing the same lessons from the data that we have.

[130] Ond jest ar bwnc a ydym ni'n meddwl, ar lefel yr awdurdod lleol, eu bod nhw'n casglu'r data yn yr un ffordd—Liz, a ydych chi'n meddwl ein bod ni'n llwyddo i gael pethau'n well yno?

But on the issue of whether we believe that, at a local authority level, they're collecting the data in the same way, Liz, do you think that we're succeeding to do things better there?

[131] **Ms Lockwood:** Bore da. Yes, I think this is something that has been an ongoing discussion from the time that the performance framework was drawn up. That was drawn up in consultation with all the stakeholders, including the people who would be collecting the data. So, we had a first go round, 'Does everyone understand the same thing by these categories?' and I think in some cases there are some elements that are still being discussed, as you've alluded to, and I know the National adoption service is working very hard to have those conversations with people, to make sure the understanding is common, because if you want to compare the data, obviously, you need to be sure you are talking about the same things. But, in general, I think we are getting there. It is becoming ever more stable and comparable. There's a little bit further to go, but I think in general, yes, we are being able to put those two together.

[132] **Aled Roberts:** Fe ddywedwyd wrthym ni yr wythnos diwethaf fod yna weithgor o fewn y gwasanaeth cenedlaethol sy'n delio efo perfformiad ac sydd hefyd yn edrych ar y data. A ydych chi wedi rhoi unrhyw fath o amserlen iddyn nhw erbyn pryd rydych chi'n disgwyl iddyn nhw gwblhau'r gwaith, er mwyn inni gael rhyw fath o sylfaen lle, o ran yr anghysonderau yma yn y ffordd y mae'r data yn cael eu

Aled Roberts: We were told last week that there was a working group within the national service that deals with performance and is also looking at data. Have you given any sort of timescale to them in terms of when you expect them to fulfil that work, so that we have some sort of base, so that, where there are these inconsistencies in the way that the data are interpreted, there is no excuse for that?

dehongli, hwyrach, nad oes yna esgus dros hynny?

[133] **Mark Drakeford:** Nid wyf yn gwybod os oes amserlen gyda ni; mae jest yn waith y maen nhw'n bwrw ymlaen i'w wneud. Nid wyf yn siŵr y byddan nhw'n gwybod eto pryd fyddan nhw'n gallu dweud yn glir ein bod ni wedi dod at ddiwedd y daith yna.

Mark Drakeford: I don't know whether a timetable has been set. It's just work that they are continuing to do. I'm not entirely sure whether they would know yet when they'll be able to say clearly that we've come to the end of that particular journey.

[134] Chair, I wonder if it would be worth me giving just one example of a point I was making about how we understand the data when we've got them. So, to take the north Wales service, we know that the north Wales service has very good figures for responding to initial enquiries from prospective adopters. They get very quickly to them, they meet every one of them individually—they don't just send a pack out, or something like that; they go and they meet and they talk to them. They have a relatively, compared to some other regions, low level of conversion from those conversations into people who want to go ahead and be adoptive parents. But they have a relatively high rate of placing children with those people who become adoptive parents. Now, what sense do we make—? You could say, 'Oh, this isn't good, is it? They have a lot of people interested and not many of them go on to be adoptive parents'.

10:15

[135] You could say that they do a very good job of making sure that people understand what would be involved in being an adoptive parent, and only those people who understand the current nature of adoption go on to take a longer interest and they get a high rate of those people becoming adopters. Do you know what I mean? You can look at a figure, and you can say, 'Oh, that doesn't look good', but you can interpret in a different way and say that, actually, maybe they're doing the right job in making sure that they explain to people early on what an adoptive parent these days is likely to be doing and only those people who understand what's on offer go on to take up the offer. We're not yet at a stage where we've got a full understanding of what the data really are telling us is what I mean. It's more complicated that it looks.

[136] **Ann Jones:** Okay. Do you want to move on to post-adoption support?

[137] **Aled Roberts:** Ydw. Rwy'n derbyn hynny'n hollol. A gaf i jest ofyn i chi, wrth symud at gymorth ar ôl mabwysiadu: rydym ni wedi bod yn trafod, yn ystod hyd yn oed yr ymchwiliad blaenorol, y diffyg yn y berthynas rhwng gwasanaethau iechyd, gwasanaethau iechyd meddwl, ac addysg, ac mi wnaethoch chi grybwyll y ffaith eich bod yn dal i fod yn anfodlon efo'r sefyllfa ar lefel ranbarthol. Roedd eich ymateb gwreiddiol yn awgrymu eich bod chi, erbyn hyn, yn meddwl hwyrach mai'r Llywodraeth fydd yn gorfod sicrhau bod hynny'n digwydd, yn hytrach na'r gwasanaeth mabwysiadu cenedlaethol.

Aled Roberts: Yes. I accept that completely. May I just ask you, in moving to post-adoption support: we've been discussing, during even the previous inquiry, the deficiencies in the relationship between health services, mental health services, and education, and you mentioned the fact that that you were still not satisfied with the provision on a regional level. Your initial response suggested that you now, perhaps, think that the Government will have to ensure that this is now happening, rather than the national adoption service.

[138] **Mark Drakeford:** Wel, mae'n rhywbeth rŷm ni'n ei wneud gyda'n gilydd, rwy'n meddwl. Mae rôl i'r Llywodraeth o ran siarad â phobl ar y lefel ranbarthol i'w cynorthwyo nhw a'u cael nhw i mewn at y bwrdd, ond mae rôl gan y bobl sy'n arwain y gwasanaeth cenedlaethol hefyd. Maen nhw, bob dydd, yn siarad â phobl ar lefel ranbarthol. Felly, maen nhw yna ar y lefel yna. Felly, mae'n rhaid i ni ei wneud gyda'n gilydd, rwy'n meddwl. Nid ydyw dim ond i'r Llywodraeth neu jest i'r gwasanaeth cenedlaethol. Rŷm ni'n gweithio gyda'n gilydd ar yr un agenda. Mae Gwenda Thomas yn dal i fynd o gwmpas o dan Ddeddf Gwasanaethau Cymdeithasol a Llesiant (Cymru) 2014, a dyna un o'r pethau y mae

Mark Drakeford: Well, it's something that we do together, I believe. There's a role for the Government to speak to those people on a regional level and to assist them and to bring them to the table, but there's also a role for those people who lead the national service as well. They, on a daily basis, speak to people on a regional level. So, they're there at that level. So, we have to do all of this together, I think. There's not just one role for the Government or just for the national service. We do work together on the same agenda in this regard. When Gwenda Thomas, who still is working under the Social Services and Well-being (Wales) Act 2014, visits people, that is one of the things that she asks people at a local

hi'n gofyn i'r bobl leol: a ydyn nhw'n hyderus bod y bobl gyda nhw i wneud y gwaith ar y byrddau sydd gyda ni yn y maes mabwysiadu.

level: are they confident that they have the people to do this work on the boards that we have in the area of adoption.

[139] **Aled Roberts:** Mi oedd un o'r argymhellion o fewn ein hadroddiad gwreiddiol yn awgrymu y dylid diwygio rheoliadau o ran cymorth ar ôl mabwysiadu. Rydym wedi cynnal sesiynau yn y de a'r gogledd, lle mae yna awgrym bod yn dal i fod problemau. A ydych chi wedi ystyried erbyn hyn yr argymhelliad hynny?

Aled Roberts: One of the recommendations within our original report suggested that regulations should be amended in terms of post-adoption support. We have held sessions in north and south Wales, where there has been a suggestion that problems remain. Have you now considered that recommendation?

[140] **Mark Drakeford:** Rwy'n fodlon parhau i fod yn agored o ran yr agenda yma.

Mark Drakeford: I'm willing to maintain an open mind with regard to this agenda.

[141] My own view probably still is that post-adoption support is best provided at the local level by those people who have been involved in the whole business, who are able to see the family face to face, hear from them directly what is needed, and they are best placed to carry out post-adoption support. I think the risk of it going to the national level is it becomes remote from the people who actually need the service and that we weaken the level of responsibility that ought to be there by those people who have been involved in the process from the beginning to see it through to a conclusion. But I understand that there is more than one point of view still at play here. I definitely took the view that this was not the point in the Assembly term at which I should be seeking to bring forward a change in regulations, because if that were to be the decision, you'd want to consult on them, you'd want to have them in draft, you'd want to make sure that an Assembly committee had a proper opportunity to take evidence and consider them. So, my position is that I've not turned my back on that recommendation, I remain open-minded about it. It remains there for the next Assembly and, should an incoming administration feel that the balance of argument—and you can argue this more than one way—switches in the opposite direction, then a change to the regulations is still there to be brought forward.

[142] **Aled Roberts:** Mi oedd eich diweddariad ysgrifenedig chi ym mis

Aled Roberts: Your written update in July last year mentioned the fact that

Gorffennaf y llynedd sôn am waith roedd angen ei wneud ynglŷn â CAMHS yn benodol—ac rwy'n meddwl eich bod yn sôn am waith pellach roedd ei angen er mwyn sicrhau bod plant yn elwa'n llawn o'r gwasanaethau hynny. Mae yna, wrth gwrs, adolygiad o wasanaethau CAMHS beth bynnag; mae yna arian ychwanegol wedi cael ei roi i'r gwasanaeth. A ydych chi'n gallu dweud wrthom ni y bore yma beth yn union, o ran gwasanaethau ôl-fabwysiadu, sydd wedi newid, neu rydych yn bwriadu ei newid, ynglŷn â'ch datganiad chi?

[143] **Mark Drakeford:** Chair, I think it's important—. I recognise that the histories of some young people who end up being adopted will have been disrupted, and that there will be attachment issues that have arisen as a result of those histories, and that compared to the population in general, there may be a higher need for extra help for people beyond adoption, including some aspects of CAMHS. However, I am very keen to be clear that being adopted is not by itself a sign that someone will need a specialist mental health service. What people who have been adopted, and who need a specialist mental health service need, is to make sure that their clinical needs are considered alongside anybody else's, and if their needs are more urgent, that they get the help that they need more quickly than someone whose need is less urgent.

[144] And, as I guess we will talk later during the morning, our strategy for CAMHS is to make sure that we have a properly stratified service, in which those whose needs are urgent are able to access it quickly, and those many people who are referred to CAMHS who turn out not to need a specialist mental health service of that sort get their help in other parts of a system. And that will be true of adopted children and their families, too. They also need to make sure that their needs are properly recognised and understood by other parts of public services, including schools and education and including primary health services, so that their needs are met, but are met in the right way, and then that those young people who have a need of a specialist mental health service, who happen to be adopted, can get the help

that they need there in a timely way as well.

[145] **Aled Roberts:** Un o'r **Aled Roberts:** One of the barriers, rhwystrau, mae'n debyg, o'r apparently, from the evidence that dystiolaeth rydym ni wedi'i chlywed, we've heard, is the resources on a ydy adnoddau ar lefel leol o ran y local level in terms of those services, at times. I did ask the children's gwasanaethau hynny, ar adegau. Fe commissioner—. You've mentioned Rydych chi wedi sôn am yr angen i the need to balance which route is gydbwyso pa un o'r llwybrau sydd best, and I think, in fairness to you, orau, ac rwy'n meddwl, i fod yn deg i the children's commissioner, when I chi, i'r comisiynydd plant, pan wnes i asked a question about the post-ofyn cwestiwn ynglŷn â'r gronfa ôl- adoption fund in England, said that fabwysiadu yn Lloegr, ddweud bod there were two ways of looking at the dwy ffordd i edrych ar y sefyllfa. Ond situation. But your written evidence mae'ch tystiolaeth ysgrifenedig chi talks about undoubted successes in yn sôn am lwyddiannau pendant yn England. Have you therefore Lloegr. Felly, a ydych chi wedi considered introducing the same sort ystyried cyflwyno'r un math o gronfa of fund in Wales, or do you think that yng Nghymru, neu a ydych chi'n there is a need, perhaps, to stand meddwl bod angen, hwyrach, sefyll back a little and see exactly what the yn ôl ychydig a gweld beth yn union situation is? yw'r sefyllfa?

[146] **Mark Drakeford:** Chair, I recognise, as I did in my written evidence, that there are some successes that have been achieved by the fund in England, and we should—. I'm never shy of wanting to learn from good things that happen, wherever they happen. In the end, I have a more general objection to the way that the fund in England operates. It operates, as you know, by individuals making applications to it, and if their applications succeed, they end up with funding. My objection to that, always, is that that means that those people who are well resourced, well informed and well able to navigate the system in the first place find that they get the help they need, and those people who are furthest away from needing help do the least well out of individualised and relatively atomised systems of providing help.

[147] Now, what I have wanted to do, and what I hope we will succeed in doing, is strengthening the post-adoption services that are available to all families who need them, regardless of their own ability to navigate the system. So, that's why, in the third sector grant scheme that I was able to announce just after Christmas, there is more than £1 million going into post-

adoption services here in Wales, but it won't be on an individual bidding basis—it will be because we've provided £564,000 to After Adoption and Adoption UK, because we've provided nearly £700,000 to the St David's Children's Society, to provide these services, right across Wales, which all families will be able to draw on.

[148] So, where there are lessons to learn, I'm keen to learn them. But our investment in this area, over the next three years, will be very substantial, and it will be done in ways that grow services in local areas, primarily through the third and voluntary sector, which provides a great deal of important work in the post-adoption field, so that that service is available to all those young people and families who might want to draw down.

[149] **Aled Roberts:** Roeddwn i'n mynd i ofyn cwestiwn ar hynny, achos mi oedd y grŵp y gwnaethom ni eu cyfarfod yn y gogledd yr wythnos ddiwethaf ddim yn ymwybodol, ac, i ryw raddau, roedden nhw'n cwyno am waith rhai o'r cymdeithasau yma yn y gorffennol yn y gogledd. Sut ydych chi'n sicrhau bod y gwaith yna'n cael ei gyflawni ar draws Cymru, yn cynnwys yn y gorllewin, achos mae'r mudiadau yma, i ryw raddau, wedi cael eu canoli yng Nghaerdydd?

Aled Roberts: I was going to ask a question on that, because the group that we met in north Wales last week weren't aware, and, to some extent, they were complaining about the work of some of these organisations in the past in north Wales. How would you ensure that that work is being completed across Wales, including in the west, because these organisations, to some extent, have been centralised in Cardiff?

[150] **Mark Drakeford:** Wel, rwy'n hyderus—. Un o'r pethau yr oedd pob grŵp a oedd yn rhoi cais i mewn i gael yr arian i gyd yn gallu ei ddangos oedd eu bod nhw'n gallu rhoi gwasanaethau ar y lefel genedlaethol. Ac os nad oedden nhw'n gallu dangos hynny, nid oedden nhw'n mynd i lwyddo i gael yr arian. Felly, rŷm ni yn glir mai gwasanaethau cenedlaethol rŷm ni'n mynd i'w cael fan hyn.

Mark Drakeford: Well, I'm confident—. One of the things that every group that applied for the funding could all show was that they were able to offer services at a national level. And if they couldn't show that, they weren't going to be successful in receiving that funding. So, we've been clear that we're going to have national services here.

[151] Wrth gwrs, rwy'n gallu deall pam nad yw pobl yn ymwybodol eto, achos mae'r arian yn dechrau o fis Ebrill y flwyddyn yma. So, maen nhw'n paratoi. Roedd cyfarfod gyda ni, yma yn y Cynulliad ddydd Llun, gyda'r asiantaethau i gyd, i baratoi am fis Ebrill. Ac maen nhw'n gwybod, ac maen nhw'n awyddus hefyd, i wneud beth bynnag y maen nhw'n gallu ei wneud i hysbysebu'r gwasanaethau newydd y maen nhw'n mynd i'w darparu, a chael yr wybodaeth i gyd i'r teuluoedd.

[152] Un o'r pethau sy'n mynd i helpu hynny yw ein bod ni fel Llywodraeth wedi rhoi arian i bob teulu newydd sy'n mabwysiadu plant yma yng Nghymru, dros y flwyddyn nesaf—rŷm ni'n mynd i'w hariannu nhw i fod yn aelodau o Adoption UK. A thrwy fod yn aelod o Adoption UK, maen nhw'n cael pethau drwy'r post ac maen nhw'n cael pethau drwy'r e-bost. So, mae lot o bethau maen nhw'n gallu ei wneud fel hynny i roi'r wybodaeth i bobl am y pethau eraill rŷm ni'n trio eu sefydlu yng Nghymru.

[153] **Aled Roberts:** Jest un cwestiwn olaf: mae'r adran ymchwil wedi ein cyfeirio ni at ymateb rhyddid gwybodaeth gan y Llywodraeth ym mis Awst 2015, a oedd yn cadarnhau bod Llywodraeth Cymru wedi derbyn rhyw £854,000 o arian ôl-ddilynol, o dan fformiwla Barnett, o'r newidiadau o fewn gwasanaethau mabwysiadu yn Lloegr. Felly, a ydy'r arian yma ar

Of course, I can understand why people aren't yet aware of this, because the funding will begin in April of this year. So, they're preparing. We had a meeting here in the Assembly on Monday with all of the agencies to prepare for April. And they know, and they're eager too, to do all that they can do to promote the new services that they're going to provide, and to gather all of the information, and pass it on to the families.

One of the things that's going to help that is that we as a Government have given funding to every new family that adopts children here in Wales, over the next year—we're going to fund them to be members of Adoption UK. And by being members of Adoption UK, they will receive things through the post and they will receive things through e-mail. So, there is a lot of things that they can do like that to inform people of the other things that we're trying to establish in Wales.

Aled Roberts: Just one final question: the Research Service has referred us to a freedom of information response from the Welsh Government in August 2015, which confirmed that the Welsh Government had received about £854,000 of Barnett consequentials, as a result of the changes to adoption services in England. Therefore, has this funding

gyfer y trydydd sector wedi cael ei for the third sector been used for
ddefnyddio ar gyfer y pwrpas yna, that purpose, or can you tell us how
neu a allwch chi ddweud wrthym ni that funding has been spent, or how
sut y mae'r arian yna wedi cael ei it will be spent, in the year to come?
wario, neu sut y bydd yn cael ei
wario, ar gyfer y flwyddyn sydd i
ddod?

[154] **Mark Drakeford:** Well, of course, Chair, in a way, the question doesn't understand the way that the system works in Wales, because we don't get money from the UK Government that says, 'You're getting two and six for this, and you're getting three and six for that'. We get a block grant, and it's then for the National Assembly for Wales to decide, through the budget-making process, how that money is dispersed amongst the services. And that's a really, really important principle of devolution, that we don't make the assumption that because an administration somewhere else decides to spend money on one purpose, we are then answerable in saying, 'Why did we, or did we not, spend money that comes to Wales in the same way?'

[155] By the time you take into account the money that we are spending through the third sector grant, and all the other money that we as a Welsh Government are providing to the national adoption service, and the money that we spend on research in adoption, through the Welsh Government, we will be spending well in excess of the sum of money that was identified in that paper. But we are not doing it because we know how much somebody else has decided, and then think we have to measure ourselves against that decision. We don't. That's not the way we should do it.

10:30

[156] **Aled Roberts:** Roeddwn i jest **Aled Roberts:** I just wanted to make
eisiau gwneud yn siŵr nad ydych yn sure that you weren't spending less.
gwario llai.

[157] **Mark Drakeford:** Nid ydym— **Mark Drakeford:** We're not—more not
mwy nid llai. less.

[158] **Ann Jones:** Are you finished? Okay, thanks very much. We'll go on to life-story work then—Lynne.

[159] **Lynne Neagle:** Thanks, Chair. Minister, you referred to life-story work

as a shared concern in your evidence. We have taken a lot of evidence from parents about inadequate life-story work, and the children's commissioner has just spoken to us prior to you coming in and expressed a lot of concerns about the fact that, first, it isn't happening and secondly we don't know, where it is happening, what the quality of that work is. Can I just ask you to expand on your concerns and the situation as you see it?

[160] **Mark Drakeford:** Thank you, Chair. Can I just say, in general, that the three things that the committee is focusing on—variation, post-adoption support and life-story work—are the shared priorities that we agree, from a Government perspective, are the things that, as the national service moves on, it needs now to focus its attention on?

[161] As far as life-story work is concerned, I think we would have to recognise—wouldn't we—that this is difficult work. We are often—people in the adoption field will be working with families who don't agree with adoption. There will be families whose children are being adopted who you rely on to get the material for a life story who won't be willing to provide you with that information because they will be disputing the whole adoption process through the courts. So, it is not as easy as thinking that you're always going to be working with people who are going to be keen to participate in the work that you need to do.

[162] I think the second thing we have to recognise is that some children who come forward for adoption have very difficult life stories. Life-story work is not a sort of chocolate-box exercise in which you're just putting together happy photographs and fluffy toys. You are trying to find a way of explaining to a very young child some things that would be very difficult for any one of us to hear about our own histories. So, life-story work is challenging in very many ways.

[163] In terms of your two specific questions, I think we do know some of the figures now and we know that the proportion of children who have life-story material available to them within a fixed number of months of adoption taking place is well below the 75 per cent target that the national adoption service provides for itself. The figures are volatile. It's the point I was making earlier on about waiting until we're sure that we've got a proper story. We have some regional areas who are reporting 100 per cent of children having life-story work completed at that point; and we have others who are reporting very, very low numbers. I think we'll need a little bit more of a data run to make sure that we've got a settled view of it. But, at least that data is

now emerging and will be available.

[164] On the quality front, one of the encouraging things, I think, is that the research that Cardiff University did—which I know this committee has had—its conclusion was that, when life-story work is completed, the quality is good. So, we're not getting enough of it, and we're not getting enough consistency in it, but, when it is done, by and large, it's done well. I think my message to committee is: we shouldn't underestimate some of the challenges to people on the ground in getting this work done. The national service is trying to draw together a sort of agreed national specification for what you'd expect life-story work to include. Because there is variation, not just in completing it, but in what it involves as well—what you would want to make sure that a young person had available to them. I think part of the national framework for all of this will also help to increase activity.

[165] **Lynne Neagle:** Thank you. That was my second question, actually, because parents had suggested to us that an all-Wales good-practice model would help tackle some of these problems. So, it's very encouraging to hear that that work is happening. Have you got any idea when that work will be completed and when it's going to start to be implemented?

[166] **Mark Drakeford:** Liz will correct me if I'm wrong, but I think that work is quite well developed and it's very much part of the current agenda of the national adoption service. I'm sure that, during the next 12 months, they will hope to have a national specification for this that they will be able to promote then through the regions and at the local authority level itself.

[167] **Lynne Neagle:** Can I just ask one final question? This is something I asked the children's commissioner, but she didn't have the information. It's about the pre-adoption preparation that prospective families go through. I asked her to what extent that covers any preparatory work for life-story issues, but she didn't know. I don't know whether you might have that information.

[168] **Mark Drakeford:** I don't, no, I'm sorry.

[169] **Lynne Neagle:** Okay. That's fine.

[170] **Ann Jones:** Okay. Shall we move on, then, to some of the other committee recommendations from the original report? Suzy and then Simon.

[171] **Suzy Davies:** That's fine, thanks. Just to finish off with a last question on life stories from the children and young people's perspective, we took some evidence from parents last week—just for noting for the inconsistency side of things—that there may be a very good life story even for the three and four-year-olds but that, often, they were just left with that life story for a three or four-year-old even though they grew up and became eight and nine and 10; there were no updates on their life stories. So, they were pleased with the quality of what they got, but then they didn't get any follow-up. So, for them, that became an issue because, as the child got older, they began to learn that the child used to exhibit responses to things that, perhaps, should have been revealed a little bit earlier on.

[172] That leads me to my main question, which Lynne's alluded to a little bit. We did take evidence that adoptive parents are still not getting full disclosure before agreeing to adopt. In some cases, that'll be because nobody knows what the child went through. In other cases, there is evidence that social services did know but didn't disclose that to parents. The reason given is that it would help to identify the birth parents in particular circumstances. I find that to be a slightly weak answer because there are ways of hiding identity. What work do you think the national adoption service needs to do now, particularly as its focus is on finding adopters, to make sure that they have the full story before they proceed to adoption or agree to adoption? And this is now—it's not just five years ago.

[173] **Mark Drakeford:** Thank you for the question. It's a very interesting question, and I think it takes us to the heart of a dilemma that you face as a social worker or a social services department because we have ambitions to grow the number of adoptive parents. When you're having that first conversation and as conversations go on, you are walking a tightrope between wanting to continue to nurture the motivation that has brought people through the door in the first place and not put them off by painting a picture that lies in front of them that looks so difficult and so discouraging that they'll decide that they're going to take themselves away from this very, very important work while, on the other hand, not wanting to paint a falsely optimistic picture of the particular experience and histories that some young people who need adoptive parents are going to bring with them. So, I just think it's a matter of us trying to assist people at the front line with how they have those conversations and probably to recognise that you are always at risk of falling off that tightrope in one direction or another.

[174] You will have some people who fall out of the adoption system early

on who tell you that they were put off because they were told that there are no babies to be adopted these days and that they'll be asked to take on a sibling group and that those people will have had all sorts of experiences before them and to be prepared for all sorts of difficulties that lie in front of them. And they'll say, 'We decided not to go on because they discouraged us from the very beginning.' Then, you will have other people who feel that they should have been given a more sober understanding of what the child might bring with them. So, it's a very skilled job that we ask the people at the front line to do. The national adoption service has a part to play in making sure we provide them with those skills. I don't think there's any evidence that I have seen of a sort of systematic bias in the system to try and not give people the information that they need, but I can easily see why, in some individual cases, people will feel that they only come to know things later on which they should have known earlier.

[175] **Suzy Davies:** I'm sure we'll have a question about training from Simon shortly, but I want to go back to where you started with your evidence, when we were talking about the disparities between potentially adoptive parents being approved and while, in north Wales, the number is comparatively low—. You used that as an example of, 'Well, it may well be that they were on the put off side of things and, actually, rightly so'. Does that cause you any concern, then, for the south Wales figures, where 86 per cent of people are assessed and approved virtually instantaneously, it looks like to me? Are you worried that perhaps they're falling off on the other side of the tightrope in this particular part of Wales, and we're then going to end up with either mismatched parents and children or some adoptive parents who are going to be really disheartened after adoption and need more post-adoption support?

[176] **Mark Drakeford:** Well, Chair, all I'm saying is that there is a tightrope to be travelled here, and that the system is always going to struggle to stay right on the middle of it. There may be some areas where people are approved without them having their eyes fully open to the job of work that lies in front of them. I go back to what I said in the beginning, really: you know, we're not yet at a place where we can fully be confident that we understand the best lessons to draw from the data. Because you could equally say that, in south Wales, they are very good indeed at capturing the enthusiasm of people who respond to an initial inquiry, help to build on that enthusiasm, and try and prepare those people so that they will be willing to go on the journey that's in front of them. We don't have any information that would give us active cause for concern that those adoptions break down more often or need levels of support beyond what would happen elsewhere.

We're still sort of interrogating and learning, I think.

[177] **Suzy Davies:** I accept that, actually, but can I ask you, then, whose responsibility is it ultimately going to be to make sure that the tightrope isn't fallen off? Is that going to be the national adoption service or should that responsibility lie elsewhere?

[178] **Mark Drakeford:** Well, the front-line responsibility has to lie, in the end, with the individual worker who is prepared to do it, but that person needs to be properly prepared, properly supported, and with a national adoption service that is alert to this issue and is asking some of the questions that the committee has explored this morning, and then provide guidance to any part of Wales where it might appear that, you know, that tightrope is being fallen—

[179] **Suzy Davies:** Wobbly.

[180] **Mark Drakeford:** Yes, wobbly in one direction or the other.

[181] **Suzy Davies:** Okay. Thank you for that answer. Just finally, Chair, one solid figure that we have is the adoption service's target of increasing the number of adopters by 25 per cent. I'm not quite sure where that figure came from, but rather spectacularly, last year there was only an additional net increase of two whole adopters—in the first half of this financial year. Can you tell me a little bit about what that 25 per cent is all about, particularly as it's got—? You know, it's the best matches we're looking for, not raw figures.

[182] **Mark Drakeford:** Chair, first of all, let me say that the figures—. This points up some of the stuff we've been saying about figures because, in the third quarter, the figure has gone up by 100.

[183] **Suzy Davies:** Does that come to 25 per cent, then? It may not.

[184] **Mark Drakeford:** I can't work out immediately whether that's 25 per cent, but the first two quarters give you two, and the third quarter gives you 100. But where does the 25 per cent come from? Is 25 per cent a sensible figure today? I think those are good questions. I have a feeling that the 25 per cent ought to be looked at again because the number of children being placed for adoption has fallen so significantly over recent years. The Munby judgment—the president of the family courts' judgment—is undoubtedly

having an impact on the number of children who are being brought forward for adoption, as other forms of potential substitute care, particularly kinship care, is looked at in greater detail by local authorities than they may have done in the past. So, if you have fewer children coming into the system for adoption, is a 25 per cent increase in the number of adopters a sensible target? I think that's a very good question.

10:45

[185] I think the National adoption service will want to look at that. Then, very much to agree with Suzy Davie's point, it isn't the number necessarily, but it's the nature and the match between people who want to be adopters and the children who we have who need to be adopted. So, I thought the National adoption service's campaign towards the end of last year, Too Old at 4?, was a fantastic campaign, because we know that the children we have in Wales who are looking for permanent families are four and older and come in sibling groups. So, we need to recruit adopters who are interested in taking on those sorts of families.

[186] In terms of regional variation, we know again that some regions—the Western Bay region, for example—have made a particular effort to try and make sure that the adopters they recruit are people who are looking for families from children who are waiting to be placed in those circumstances. So, I tend to agree that the raw number may be out of date and may not be the best guide in the first place.

[187] **Suzy Davies:** Okay, thank you.

[188] **Ann Jones:** Simon.

[189] **Simon Thomas:** Yn dilyn yr hyn rydych chi newydd ei grybwyll, yn yr adroddiad gan y gwasanaeth cenedlaethol, gwnaethom ni weld yr amrywiaeth yma, gyda rhai, fel rydych chi wedi'i ddweud, yn recriwtio'n benodol ar gyfer grwpiau o frodyr a chwiorydd. Roedd hi jest mor amlwg bod hynny mor wahanol, ac yn amrywio dros Gymru. Rydych chi wedi sôn sawl gwaith y bore yma

Simon Thomas: Following on from you have just mentioned, in the report from the national service, we can see this variation, with some, as you have said, recruiting specifically for sibling groups. It was just so clear that that was so different and varied so much across Wales. You have mentioned several time this morning this variation. I accept these are early days for the service, but what I am

am yr amrywiaeth yma. Rwy'n derbyn eu bod yn ddyddiau cynnar, ond yr hyn rwyf am drïo ei ddeall yw: beth yw'r cam nesaf i'r gwasanaeth cenedlaethol o ran ceisio unioni hyn dros Gymru? Y cwestiwn cyntaf yw: a ddylwn ni drïo unioni hyn? Ai dyna yw pwrpas y gwasanaeth cenedlaethol? Yr ail gwestiwn yw: beth sydd yn digwydd rhwng y gwahanol ranbarthau i gysoni, o leiaf, y recriwtio sy'n digwydd a'r paratoi sy'n digwydd, o ystyried eich ymateb gynnau fach eich bod chi'n hyderus bod y lefel genedlaethol yn cynnwys yr holl bartion, ond nad ydych chi cweit mor hyderus bod hynny'n digwydd eto ar y lefel ranbarthol?

[190] **Mark Drakeford:** Wel, mae'n bwysig, rwy'n meddwl, i gael rhai pethau ar lefel genedlaethol, lle rydym yn gallu bod yn hyderus bod hyfforddiant i bobl, a bod y ffordd rydym yn recriwtio a'r wybodaeth rydym yn ei rhoi i bobl yn cael eu gwneud yn yr un modd ym mhob rhan o Gymru. Ar yr ochr arall, mae rhai pethau nad ydynt yr un peth yng Ngheredigion ag y maent yng nghanol Caerdydd. Felly, nid ydym eisïau cael jest un ffordd o'i wneud, chwaith; mae'n rhaid inni fod yn ddigon hyblyg i allu addasu beth rydym yn ei wneud mewn un lle i'r sefyllfa y mae pobl yn ei hwynebu yn lleol. Felly, yn ail flwyddyn—a dim ond yr ail flwyddyn yw hi—y gwasanaeth cenedlaethol, maen nhw'n canolbwyntio ar bethau lle rydym yn gweld pethau nad ydynt yn

trying to understand is what the next step is for the national service in trying to ensure consistency across Wales. The first question then is: should we try to ensure that consistency? Is that the purpose of the national service? The second question is: what is happening between the different regions to ensure that consistency between, at least, the recruitment that happens and the preparations that happen, considering your earlier response that you're confident that the national level includes all parties, but you are not quite as confident that that is happening yet at the regional level?

Mark Drakeford: It is important, I think, to have some things on a national level, where we can be confident that the training for people, the way we recruit and the information we give people is being done in the same way in all parts of Wales. On the other hand, there are some things that aren't the same in Ceredigion as they are in central Cardiff. So, we don't want to just have one way of doing it, either; we have to be flexible enough to be able to adapt what we're doing in one place to the situation that people are facing at a local level. So, in the second year—and it's only the second year—for this national service, they are focusing on those things where we see that things aren't happening in one part of Wales and we think, 'Well, that works and

digwydd mewn un rhan o Gymru, ac rydym yn meddwl, 'Wel, mae hynny'n gweithio ac mae tystiolaeth gyda ni sy'n dangos ei bod yn gweithio a, nawr ei bod yn glir, rŷm ni eisiau gweld hynny ledled Cymru'.

[191] Trwy gael gwasanaeth cenedlaethol, rydym wedi llwyddo i gael pobl ar y lefel ranbarthol gyda'i gilydd. Felly, maen nhw yn rhannu gwybodaeth mewn ffordd nad oeddent yn ei gwneud yn y gorffennol. Felly, nid ydym yna eto, ond mae'r agenda sydd gyda'r pwyllgor yr un peth â'r agenda sydd gyda ni fel Llywodraeth, a'r un peth â'r agenda sydd gyda'r gwasanaeth cenedlaethol hefyd. Felly, trwy weithio gyda'n gilydd ar y blaenoriaethau sydd o flaen y pwyllgor, rwy'n hyderus y bydd yn bosib, mewn blwyddyn arall, i ni allu dod yn ôl a dweud eu bod nhw wedi llwyddo i wneud gwahaniaeth o ran y pethau lle nad ydym am weld gwahaniaeth rhwng un lle a'r llall.

[192] **Simon Thomas:** Wel, dyna'r hyn nad wyf i cweit yn siŵr yn ei gylch ar hyn o bryd. Rydych chi'n iawn, wrth gwrs, ei bod yn amrywio o le i le, ond a ydym ni wedi meddu ar weledigaeth sy'n cael ei rhannu gan bawb ar bob lefel o ran beth ddylai fod yn gyson ym mhob lle yng Nghymru a beth sy'n briodol i'w adlewyrchu'n lleol? Un o'r peryglon—ac rydym newydd drafod un o'r peryglon—yw gosod targed o 25 y cant a wedyn rydych yn canfod bod

we have evidence that shows that that is working and, now that that's clear, we want to see that across Wales'.

By having a national service, we have succeeded in bringing people on a regional level together. So, they are sharing information in a way that they weren't doing in the past. So, we are not quite there yet, but the committee's agenda is the same as the one that we have as a Government, and the same as the agenda that the national service has as well. So, by working together on the priorities that are in front of the committee, I'm confident that it will be possible, in another year, for us to be able to come back and say that they have succeeded to make a difference with regard to those things where we don't want to see a difference between one area and another.

Simon Thomas: Well, that's what I'm not quite certain of yet. You're right, of course, that it does vary from place to place, but have we achieved that vision that is shared by everyone at every level of what should be consistent in all parts of Wales and what it's appropriate to reflect on a local level? One of the dangers—and we've just discussed one of the dangers—is setting a target of 25 per cent and then finding that that is meaningless almost because of

hynny yn ddiystyr bron oherwydd newidiadau eraill yn y system—dyfarniad Munby yn eu plith. Felly, pan fyddwch chi'n cwrdd â'r gwasanaeth bob chwe mis, a ydych chi yn gosod y cynsail cenedlaethol yma, neu a ydy e'n fwy o broses lle rydych chi'n gwrandao ar beth maen nhw'n ei roi i chi ac yn holi, neu a oes gyda chi unrhyw beth rydych chi'n gyrru drwyddo iddyn nhw?

[193] **Mark Drakeford:** Ie. Mae pethau ar yr agenda rydw i'n eu rhoi ar yr agenda, ond maent yr un peth â'r pethau y maen nhw'n eu rhoi ar yr agenda hefyd. Felly, rydym yn siarad â nhw am *post-adoption support* bob tro. Rydym yn siarad am baratoi pobl am beth maen nhw'n mynd i'w wneud. Rydym yn siarad am *life-story work* bob tro. Rwy'n rhoi pethau ar yr agenda; mae bob tro rai pethau rwyf eisiau canolbwyntio arnyn nhw, ond, i ddweud y gwir, yr un peth y maen nhw'n eu rhoi nôl i fi. Dyna flaenoriaethau'r gwasanaeth cenedlaethol hefyd.

[194] **Simon Thomas:** Un o'r pethau rwy'n credu ein bod ni i gyd yn rhannu fel delfryd fan hyn—ac roedd yn argymhelliad yn adroddiad cyntaf y pwyllgor hefyd—yw hyfforddiant a chysondeb hyfforddiant, a pharatoi'r gweithlu ar gyfer hyn. Rydym wedi cael peth tystiolaeth yn yr ymchwil dilynol yma fod pryder bod yr hyfforddiant sy'n cael ei ddarparu ar hyn o bryd efallai'n rhy gul, neu efallai ddim yn paratoi'r gweithlu yn

changes in the system—the Munby judgment being one of those. So, when you meet the service every six months, do you set that national precedent, or is it more a process of listening to what they tell you and then questioning them, or is there anything that you drive through to them?

Mark Drakeford: Yes. There are things that I place on the agenda, but they're the same as what they put on the agenda as well. So, we talk to them about post-adoption support every time. We talk about preparing people for what they're going to do. We talk about life-story work every time. I put things on the agenda; there are some things that arise all the time that I want to focus on, but, in all honesty, they tell me the same things back. Those are the priorities of the national service as well.

Simon Thomas: One of the things that I think we all share as an ideal here—and it was one of the recommendations in the first committee report as well—is training and the consistency of training and workforce preparation for this. We have had some evidence in this follow-up inquiry that there are concerns that the training that is offered at present is perhaps too narrow, or does not perhaps fully

gyfan gwbl ar gyfer yr heriau newydd yma. Er enghraifft, mae'n ymddangos i fi, o'r dystiolaeth rydych chi wedi ei rhoi y bore yma, fod angen hyfforddiant ar y gweithwyr ynglŷn â dehongli sut maen nhw fod i ddehongli'r ffigurau yma, ac addasu'r gwaith yng ngoleuni'r ffigurau. Felly, a fedrwch chi ddiweddarau beth yw'r camau y mae'r gwasanaeth yn eu cymryd nawr i wneud hynny ar lefel genedlaethol, ac a ydych chi'n hyderus bod beth sy'n cael ei wneud ar y lefel genedlaethol yn cael ei adlewyrchu yn yr hyfforddiant drwyddi draw?

[195] **Mark Drakeford:** Mae dau le, rwy'n meddwl, ble mae'n bwysig i ni feddwl am hyfforddiant. Mae'r rhan fwyaf o bobl sy'n gwneud y gwaith wyneb wrth wyneb gyda'r bobl sy'n dod i fewn i fabwysiadu, wrth gwrs, yn bobl sy'n gweithio yn y maes cymdeithasol. Ac, yna, fel arfer, nid yw pobl sydd jest yn dod i fewn i'r gwaith yn mynd mewn i'r maes yma. Maen nhw'n dod i fewn i faes mabwysiadu ar ôl cael profiadau eraill yn y gwaith. Clywais y comisiynydd plant yn dweud am ei phrofiadau hi yn y maes, ble roedd hi'n dweud bod angen mwy o bwyslais, wrth baratoi pobl i weithio fel gweithwyr cymdeithasol, ar *attachment theory* a phethau fel yna. Ond, ble mae'r hyfforddiant yn fwyaf yn dod i fewn yw o dan y fframwaith sydd gyda'r cyngor gofal am bobl sydd yn y gwaith am dair blynedd, neu fwy na hynny. Felly, mae

prepare the workforce for these new challenges. For example, it appears to me, from the evidence that you've given this morning, that training is needed for workers on interpreting how exactly they're meant to interpret this figure, and to adapt the work in light of the figures. So, could you give us an update on the steps that the service is now taking to do that on a national level, and are you confident that what is being done on the national level is being reflected in the training throughout Wales?

Mark Drakeford: There are two areas, I think, where it's important for us to consider training. The majority of people who do the face-to-face work with people who come to adoption, of course, are those people who work in the social work field. And, then, usually, people who are new to the work don't go into this area. They come into the adoption field after gaining other experience in the field. I heard the children's commissioner talking about her experiences in this field, where she said that more emphasis was needed, in preparing people to work as social workers, on attachment theory and things like that. But, where the training mainly comes in is under the framework that the care council has with regard to those people who do this work for three years, or more than that. So, the council has a new framework, and people are coming through that

fframwaith newydd gyda'r cyngor gofal, ac mae pobl yn dod trwy'r fframwaith newydd yna—wel, mae cannoedd o bobl yn dod i wneud y gwaith. Rwyf i fwy neu lai yn hyderus, yn y maes yna, fod gyda ni gynllun a phobl sy'n brofiadol, a bod hyfforddiant yno iddyn nhw gael beth mae'n rhaid iddyn nhw ei gael i wneud y gwaith. Ond mae un lle arall ble rwy'n meddwl y mae'n rhaid i ni wneud mwy, ac mae hynny gyda nifer o bobl eraill—

[196] **Simon Thomas:** Addysg, er enghraifft.

[197] **Mark Drakeford:** Ie, addysg, er enghraifft, a phobl mewn gofal sylfaenol. Felly, mae mwy o waith i ni, rwy'n meddwl, i feddwl am beth fydd yn rhaid i ni ei wneud ar lefel genedlaethol i fod yn glir bod pobl sy'n cysylltu plant â theuluoedd yn ddigon ymwybodol ynghylch y maes—os nad ydyn nhw'n gallu rhoi'r cyngor eu hunain, maen nhw'n gwybod ble i fynd, a phethau fel yna.

[198] **Simon Thomas:** A ydy hi'n glir i chi fod gan y gwasanaeth cenedlaethol rôl i'w chwarae i arwain—nid o reidrwydd ei wneud e, ond arwain yn y maes yna? Un o'r pethau sydd yn fy mhoeni i yw nad yw addysg yn cael ei adlewyrchu ar bob lefel eto, o ran y gweithio mwy rhanbarthol a lleol.

[199] **Mark Drakeford:** Mae yna rôl i arwain y peth. Mae yna rôl i godi

new framework—well, hundreds of people are entering this area of work. I am more or less confident, in this field, that we have a plan, we have people who are experienced and that the training is there to give them what they need to undertake this work. But there is one other area where I think we need to do more, and that is in relation to a number of other people—

Simon Thomas: Education, for example.

Mark Drakeford: Yes, education, for example, and people in primary care. So, there is more work for us, I think, to consider what we would have to do on a national level to be clear that people who are linking children with families are sufficiently aware of the field—if they can't provide the advice themselves, they know where to go, and so forth.

Simon Thomas: It is clear to you that the national service has a role to play in leading on this—not necessarily doing it, but leading in that field? One of the things that concerns me is that education isn't reflected on every level yet, in the more regional and local work.

Mark Drakeford: There is a role to lead on this. There is a role to raise

ymwybyddiaeth. Mae yna rôl i ddod yn ôl atom ni fel Llywodraeth i ddweud, 'Mae mwya i'r Llywodraeth ei wneud i dynnu pobl i mewn, a meddwl am hyfforddiant i bobl eraill sydd gyda rôl i'w chwarae yn y maes yma'. Rydym yn dysgu yn y flwyddyn gyntaf am yr agenda yna, ond mae'r agenda yno i weithio arni.

[200] **Simon Thomas:** Jest i droi at rywbeth gwahanol, lle efallai nad oedd argymhellion y pwyllgor yma wedi cael eu gweithredu gennych chi fel Llywodraeth, achos fe wnaethom ni argymhell, rwy'n meddwl, fel pwyllgor fod angen edrych yn ofalus ar gynllunio cydamserol, fel mae'n cael ei alw. Nid wyf i cweit yn siŵr beth yw hynny yn Saesneg, i fod yn onest. Rwy'n credu eich bod chi'n gwybod beth yw e. Rydych chi wedi ymateb drwy gynllun ychydig bach yn wahanol, sef maethu ar gyfer mabwysiadu. Ond, er enghraifft, mae'r gymdeithas maethu a mabwysiadu yn dweud nad yw'r cynllun yna yn darparu llawer o fantais i'r plentyn. Rwy'n siomedig o ddarllen rhywbeth fel yna, achos holl bwrpas hyn oedd ceisio cyfoethogi'r cyfleoedd ar gyfer plant sydd yn debyg o gael eu mabwysiadu neu, yn wir, eu maethu yn y cyd-destun yna. Mae hwnnw hefyd yn gynllun newydd, ond beth yw'r adborth rydych chi wedi ei gael am y cynllun hyd yma, ac a ydych chi'n dal i fod o'r farn nad yw y cynllun cydamserol, sydd efallai yn fwy amlwg yn Lloegr, yn gynllun sy'n addas ar gyfer

awareness. There is a role to report back to us as a Government and to say that there is more for the Government to do to draw people in, and to think about training for other people who have a role to play in this field. We are learning in the first year about that agenda, but that agenda is there to be worked on.

Simon Thomas: Just to turn to a different issue, where perhaps the committee's recommendations weren't implemented by you as a Government, because we as a committee recommended that we needed to look very carefully at concurrent planning, as it is called. I'm not quite sure what that is called in English. I think you know what I'm talking about there. You have responded through a different scheme, namely fostering to adopt. But, for example, the association for fostering and adoption has said that that scheme provides little advantage to the child. I'm a bit disappointed to read that, because the whole purpose of this was to try and enrich the opportunities for children who are likely to be adopted or, indeed, fostered in that context. That is also a new scheme, but what feedback have you had on that scheme, and are you still of the opinion that this concurrent plan, which is perhaps more prominent in England, isn't appropriate for Wales?

Cymru?

[201] **Mark Drakeford:** Chair, I believe we came to the right conclusion on this in Wales, and I wouldn't be intending to change our policy on it at this point. In the end, it boils down just to a matter of timing more than anything else, and the numbers involved would be pretty small who are affected one way or the other. The system that they have in England is that before the local authority has even come to a decision about whether or not adoption is a possibility for the child, a child is placed with people who are prospective adopters.

[202] I think that does run the risk for those children and for those families of prematurity, really, and as we know, the Munby judgment means that more of those cases turn out not to be adoptive cases in the future, and a lot of heartache is created along the way by people who have looked after a child, maybe with an expectation that they would become that child's permanent parents, who find that that wasn't going to be the plan at all.

[203] So, in Wales, what we do is we allow local authorities to make that move at the point where they have decided that adoption is the preferred course of action. That's before they go to court, and that's before they get the agreement of a court to that course of action, and some of those cases won't turn out to be adoption either. But I think that is the more sensible place in the process for a child to be placed with people on the basis that that will be that child's permanent family. It's possible to argue it the other way and I'm not saying for a minute that all the arguments are on one side of that judgment or the other, but that's why we came to the position we've come to, and I still think that, on balance, that is the right point in the timetable.

[204] **Simon Thomas:** Ac a oedd **Simon Thomas:** And was the Munby dyfarniad Munby yn bwysig yn eich judgment important in your ystyriaeth chi? consideration?

[205] **Mark Drakeford:** Absolutely definitely, because I think the Munby emphasis on local authorities being able to demonstrate to the court that they have explored all the other options that are genuinely available within a child's own extended family means that for some of those children who've been placed, even before the local authority had decided on adoption, alternatives will have emerged more strongly as a result of the Munby judgment. And some of those families will find that that isn't the outcome

that they may have been hoping for.

[206] **Ann Jones:** Okay? Everybody okay? Thank you very much for that. We'll send you a copy of the transcript, as you know, to check, and then that will form part of our response to the inquiry. You're with us now, but can we be back by 11:05 on child and adolescent mental health services? Okay, thank you.

*Gohiriwyd y cyfarfod rhwng 11:00 ac 11:08.
The meeting adjourned between 11:00 and 11:08.*

**Gwasanaethau Iechyd Meddwl Plant a'r Glasoed yng Nghymru
—Y Wybodaeth Ddiweddaraf
Child and Adolescent Mental Health Services in Wales—Update**

[207] **Ann Jones:** Welcome back. Welcome back to the Minister again. This is, again, Minister, a scrutiny session around an inquiry that we've been carrying out, and, as you know, you've been before to the committee on the inquiry around the provision of child and adolescent mental health services. So, welcome. And I see you've had a change of officials. So, do you want to introduce your officials and then we'll go into questions?

[208] **Mark Drakeford:** Thank you very much, Chair. With me for this session I have Jo Jordan, who is the director of mental health, NHS governance and corporate services in the Welsh Government, and Dr Sarah Watkins, who is a senior medical officer with the Welsh Government and head of the mental health and vulnerable groups division.

[209] **Ann Jones:** Okay. Thanks very much. And thanks to the officials for coming and thank you for your paper. There are three areas that we are going to try and touch on. One is the current review of CAMHS, and then waiting times and criteria for assessing CAMHS, and then the funding structure and delivery of CAMHS. I'm sure Members have got questions as well that they'll come in with. So, Lynne and Aled. Lynne, do you want to take the first set of questions and then I'll come to Aled after?

[210] **Lynne Neagle:** Okay. Thanks, Chair. How confident are you that this current review of CAMHS is going to be the one that sorts everything out?

[211] **Mark Drakeford:** Well, thank you for that. [*Laughter.*] Well, look, Lynne, I imagine that behind the question lies the fact that there have been a series

of reviews of CAMHS throughout the whole of the history of devolution. I am very keen myself that this is the review that puts CAMHS in a different place, and in a different direction for the future. Why am I optimistic about that? Well, one reason is that it's a review of a service that is being led by and owned by the NHS itself. Many of the previous inquiries have been by external bodies reporting to the health service and then providing it with a set of recommendations. This review is actually led by the NHS, with Carol Shillabeer, who I know you've heard from, leading it.

[212] But my second, and, I think, in some ways more significant reason, is that I believe that we have a stronger sense of strategic intent for CAMHS than we have had over the previous period. When I looked at some of the earlier reports, which I did in preparation for today, I sometimes thought to myself, when I read them, that it was like the Wanless review had never happened, because they focus almost entirely on supply and never ask any questions about demand. The Wanless message, you remember, is that, in the health service, if you're ever going to get to a steady state, then you can't just think that by ratcheting up supply that you will get to that.

[213] So, this review is very much focused on understanding better the nature of demand and making sure, at the end of it, that those young people who need a specialist mental health service are able to get it and get it quickly. Part of that will be about attending to other parts of demand that are there in the system and that get in front of those young people at the moment and delay them getting to where they want to be—that we attend to their needs in different ways. So, Chair, that's in two essential ways. One is that you will see that we are developing a new neurodevelopmental service. An awful lot of young people who are referred to CAMHS are young people who have neurodevelopmental needs. They don't need an urgent on-the-spot crisis-type intervention. They need a service that has a different skill mix, operates to different timescales, and provides a different response. We're providing £2 million to create that new service.

[214] The second thing we have to do is that we have to recognise that anything up to 70 per cent of young people who are in the queue to see a CAMHS service, when they get to the front of the queue, what they are told is, 'You joined the wrong queue. This isn't the right place for you to be.' So, we have to find other ways in which the needs of those young people can be attended to. That's partly through the new crisis intervention teams that we now have right across Wales. It's by strengthening primary care mental health services, it's by making sure that school counselling does the job we

want it to do, and it's by maximising the contribution from the third sector so that those young people don't need to be referred to CAMHS, because that isn't the service that they need—but the fact that they don't need that service doesn't mean they don't need a service at all—and we put things in place to make sure that those young people are attended to.

[215] Finally, Chair, if I could say—because this is probably my best chance to make the big picture pitch to you—in terms of national strategic intent, I think we have four key themes that we are pursuing. We are pursuing a de-escalation strategy in CAMHS, and we are doing it very successfully at tier 4, which has been an interest of this committee. We now have very few young people being placed outside Wales, and we're bringing people back from outside Wales to Welsh facilities. We're using the money that's released by doing that to strengthen our crisis services, and we need that de-escalation sense right through. We need to diversify the staff involved in this area. One of the reasons why there are long waiting times in some places is that everybody is being funnelled to a relatively small number of professional players. We know that we can diversify the number of people who are able to offer a clinical service to young people in this area. Part of the 130 extra posts that we are creating in Wales will be about that. The third strand is investment. We've provided in this financial year an 18 per cent uplift to the CAMHS service. It's of a completely different order to any previous additional investment. You'll have heard in the budget yesterday, Chair, that there is £30 million set aside in next year's budget for mental health and older people's services, and I intend to use some of that mental health money to further strengthen investment in child and adolescent mental health.

11:15

[216] Finally, in terms of the strategic intent, there are some things we need to do better nationally: so, referral criteria, pathways through the system. There's too much variation across Wales in some of the ways that CAMHS services are run, and part of a new way of doing it will be to create these national requirements that I think will be the fourth and final way in which we will make sure that this review has a different level of grip and impact than some of the ones in the past have managed.

[217] **Lynne Neagle:** Thanks, Minister. I do welcome what you were saying, and I particularly welcome the funding for the neurodevelopmental aspect of things, and that's something that I'm starting to see a positive impact from locally. I also recognise what you're saying, which is a consistent theme that

you've raised, which is that too many people are inappropriately referred in. One of the questions this committee has always had is, 'Well, that's great, but where are the rest of the children going?'

[218] You mentioned primary mental health care services. Can I just ask you to expand on that a bit, and how you see any improvements that are coming in primary mental health services impacting on this review?

[219] **Mark Drakeford:** Thank you, Chair. Well, one of the things that has changed in Wales during the lifetime of this Assembly has been the impact of the Mental Health (Wales) Measure 2010. It was very much a cross-party initiative in this Assembly, and it's widely regarded as having done some very significant things to strengthen and change the way that we provide services for people with a mental health condition, and the primary mental health care service is key to that.

[220] I think that there may have been some legitimate concerns in the early days of the primary mental health care service that the people who came in to work in it came primarily from adult backgrounds and experience, and that the confidence to respond to some of those less clinically significant, but nonetheless real challenges that young people can face wasn't there in the primary care service from the very beginning. But that has grown, as it is clear that young people do use the primary mental health care service in large numbers.

[221] One of the things that has happened as a result of this committee's inquiry is that, since April of this year, we've been collecting data in the primary mental health care service by age of user, which we didn't do across Wales in the early days of the service, but, since this committee has taken an interest in the primary care service, we've been collecting those data. As you know, during the year, we changed the target times for being seen in the primary care service. We were able to reduce target times from 56 to 28 days. I've got some figures that the committee might find useful. They're figures for between April and November of last year. What they show is that, at the start of that period, 39 per cent of young people were seen within 28 days, and, by November, that had risen to 52 per cent. So, we've made a really significant inroad into making sure that young people are seen, and seen in a timely fashion.

[222] Of the £7.65 million additional funding for CAMHS services in this financial year, a significant part of that is going to create 17 new posts within

primary mental health care services in Wales, dedicated to providing services for young people. So, those will be people who are recruited and trained to have a particular background in providing services for young people at that primary care level. The ambition has to be that, instead of some of those young people being accelerated straight to CAMHS, that they get the help they need through this new strengthened primary care level support.

[223] **Lynne Neagle:** Okay. Thank you. Just one final question: one of the other areas of concern that the committee's had is the overreliance on medication as a means of managing children with mental health issues or emotional support needs. Have you got any further insights as a result of the CAMHS review into how that problem can be tackled?

[224] **Mark Drakeford:** Okay. Well, Chair, here's another example where I think the work of the committee has been genuinely influential. I'm very grateful to the committee for the way in which it has highlighted this issue. Since you first raised it, as you know, we've spent £25,000 on specific research in this area, and you've heard from Professor Ann John, I know, who has led the work at Swansea. So, there were three strands in the work. We asked her to look at antidepressant prescribing; we asked her to look at prescribing for ADHD; and we've asked her to look at antipsychotic prescribing. You've heard on the first two; the third report is just coming to the end of its peer review process. It will be available shortly and I'll make sure that the committee sees that. What have we learned from it? Well, on the positive side of the ledger, I think we've learned that prescribing patterns in Wales are not out of line with prescribing patterns anywhere else in the UK, and probably beyond. Although we undoubtedly do have now, as a result of this work, the best set of data on prescribing in this area, probably in Europe. So, we've got a depth of knowledge and understanding.

[225] So, we're not out of line with elsewhere, but that doesn't mean that there are not some concerning issues that have emerged, particularly in prescribing to a relatively small number of children still—but some very young children—of drugs that are not approved by NICE for this purpose. As a result, we have issued a Welsh health circular in October, drawing on the results of the research so far and reinforcing with GPs and others what the NICE guidance is in this area, and to reinforce where prescribing decisions of a significant nature are made in the system. They should be made by a consultant who is a genuine expert in that field.

[226] Chair, there's lots more information, which Dr Watkins particularly

could give you on the outcomes of that work, but I think it's been a significant outcome of the inquiry that you've conducted. I'm very glad that we've been able to do that work.

[227] **Ann Jones:** Is it possible that we could have that information in writing? Because that will form part of our follow-up to the inquiry.

[228] **Dr Watkins:** Yes, shall we send you a copy—?

[229] **Lynne Neagle:** And a copy of the circular.

[230] **Dr Watkins:** Yes, we'll send you a copy of the circular. As I say, shortly, we'll have the antipsychotic work available too.

[231] **Ann Jones:** Okay. That would be helpful for the committee.

[232] Right, everybody wants to come in on the current review of CAMHS, which is not surprising. So, I'll just take them in the order of how people indicated. So, it's Aled, David, Simon and Suzy, and then we'll go back to the questions.

[233] **Aled Roberts:** Jest i aros ar feddyginiaethau am eiliad, rwy'n falch iawn clywed eich bod chi'n teimlo bod gwaith y pwyllgor wedi bod o fudd. Rwy'n deall ynglŷn â'r cylchlythyr, ond a gaf i jest ofyn—? Roedd yr athro, pan roddwyd tystiolaeth yn wreiddiol, yn dweud bod yr ymchwil wedi cael ei gyfeirio at wasanaethau sylfaenol. Roedd hi'n dweud mai ei thystiolaeth hi oedd mai bach iawn oedd y meddyginiaethau a oedd yn cael eu rhoi allan gan ymgynghorwyr. Ond, yn bendant, fe ddes i ar draws sefyllfaoedd yn y gogledd lle nad oedd y meddyg teulu, felly, yn cael llawer iawn o ddylanwad. Roeddwn i jest yn cwestiynu a oedd y data hwnnw yn cael ei gasglu, oherwydd

Aled Roberts: Just to stay on medicines for a second, I'm very pleased to hear that you feel that the work of the committee has been beneficial. I understand regarding the circular, but could I just ask—? The professor, when evidence was given initially, said that the research had referred to primary services. She said that her evidence was that very little of these medicines were prescribed by consultants. But certainly, I came across situations in north Wales where the GP did not have much influence. I was just questioning whether those data were being collected, because she said that it was very difficult to obtain any sort of information back from the secondary services regarding the

roedd hi'n dweud ei bod yn anodd level of medicines that were being
iawn cael unrhyw fath o wybodaeth provided.
yn ôl gan y gwasanaethau eilradd
ynglŷn â lefel y meddyginiaethau a
oedd yn cael eu rhoi allan.

[234] **Mark Drakeford:** Wel, **Mark Drakeford:** Well, Chair, I'd
Gadeirydd, mae'n well imi droi at Dr better turn to Dr Watkins for the
Watkins am y manylion hynny. detail on that.

[235] **Dr Watkins:** I think the problem is that the SAIL database can look in
some detail and analyse anonymised data by age, whereas data in the
hospital system are collected by individual drug. What they don't do is collect
that by age. So, in order to see—. Because a lot of the drugs, such as
antidepressants, are used in adults and children, it wasn't possible to do that
sort of analysis. I think it will take some time until IT systems really develop,
so that you can dig down into that detail—before that would be available
anywhere, actually. It wouldn't just be a problem for Wales.

[236] **Aled Roberts:** Is there any understanding, though, as to the level of
prescribing by CAMHS consultants in the secondary sector?

[237] **Dr Watkins:** I suppose my comment there would be that I think all
CAMHS consultants would take a developmental and psychological holistic
approach, but if a child does really need, for example, an antidepressant, or
medication for attention deficit disorder, which is part of that NICE pathway,
they would initiate that and I would expect—. I mean, in some ways, I don't
think we should say that young people should never have medication,
because we know that, actually, outcomes for—. Many parents will tell you,
actually, 'The medication's made a big difference to my son or daughter's
ADHD; our relationship's improved'. For some children, carefully monitored,
who have significant depression, particularly in older adolescents, they do
need antidepressants. So, I wouldn't expect there to be no prescribing there,
and I think that understanding in psychiatry has increased over time, but it
does need to be done carefully and the assumption mustn't be, 'A young
person: oh, they're complaining of depression today, treat them', because
actually, we know that adolescents' moods can vary, so there should be that
careful assessment, checking that there's a prolonged period.

[238] **Aled Roberts:** I understand fully that point. I'm just concerned as to
practice in some regions, perhaps, where repeat prescribing is actually done

through contact with the CAMHS office. I'm just wondering, on that basis, how we would pick up those data, because, although we can be confident now that our data are perhaps a bit more conclusive than they were as far as GP prescribing is concerned, if that's widespread within certain regions, we may not be getting a full picture as far as prescribing at secondary level is concerned.

[239] **Dr Watkins:** No. Well, I think it would be difficult for antidepressants. Possibly, we could discuss with Dr John whether we could do any more for ADHD, because, of course, the drugs are also used in conditions like narcolepsy in adults—when you fall asleep all the time—so there are a few confounding things that do make it a little bit difficult.

[240] **Mark Drakeford:** We'd be very happy to pick up the point, though, Chair, and see whether there are any ways in which we can get a better handle on the data.

[241] **Aled Roberts:** A gaf i jest ofyn dau gwestiwn penodol? Mae eich strategaeth chi ar gyfer pob oedran, 'Law yn Llaw at Iechyd Meddwl', a gyhoeddwyd yn 2012, yn strategaeth 10 mlynedd. Mae yna, rwan, strategaeth ar gyfer plant a phobl ifanc yn benodol, 'Law yn Llaw at Blant a Phobl Ifanc'. Rydych chi'n sôn bod hynny'n rhaglen tair blynedd. Rwyf i jest eisiau deall yn union—. Mi roedd eich datganiad chi ym mis Tachwedd yn sôn eich bod chi'n gobeithio cael deilliannau clir ac amserlen benodol o fewn y rhaglen dair blynedd yna. Ble yn union mae cael gafael ar beth ydy'r deilliannau o ran mesur llwyddiant yn eich tyb chi o fewn y rhaglen tair blynedd yna?

Aled Roberts: Can I just ask two specific questions? Your strategy for all ages, 'Together for Mental Health', which was published in 2012, is a 10-year strategy. Now, there is a strategy for children and young people specifically, 'Together for Children and Young People'. You talk about that being a three-year programme. I just wanted to understand exactly—. Your statement in November mentioned the fact that you were hoping to have clear deliverables and a specific timetable within that three-year programme. Where exactly can we get hold of those deliverables in terms of measuring success in that three-year programme?

[242] **Mark Drakeford:** Diolch am y cwestiwn.

Mark Drakeford: Thank you for the question.

[243] Chair, there are some things that have been identified and published

as very tangible results of the work, already. For example, we have amended the targets for urgent and routine referrals within the CAMHS service. We published those revised targets just before Christmas, from memory. But, the work of the board that is chaired by the chief executive of Powys wasn't concluded by the end of December, as I'd originally hoped. It was concluded in January. So, they've now published their key work streams and the timescales against which they will complete that work. So, I think some very tangible things have emerged already and we've got a very secure work programme to make sure that some of the detailed work streams that are being led by Carol and others will also come to fruition during the three-year cycle. I could probably ask Jo to—. There are four of them that are identified in the January report and I'm sure she could tell you them.

[244] **Ms Jordan:** Yes, certainly. First of all, just to make the links between the various documents, yes, we've got our high-level strategic plan for mental health services, 'Together for Mental Health' and that exists.

11:30

[245] What we've been doing is publishing three-year delivery plans that give more of the detail about the action we're going to take, and the services to deliver that plan across the range of all ages. You may know that we've just recently published our consultation on the next three-year delivery plan on mental health, and that includes some of the higher-level actions on CAMHS in that.

[246] But underpinning each of those there's a whole load of programmes of work to deliver this. There's a huge scope to it, and part of that is the 'Together for Children and Young People' programme, which delivers the big strategic change that we're aiming to deliver in CAMHS. That board's been in place since April of last year and has work streams sitting under that, involving all key stakeholders. They have put together their detailed programme of work now. Some of the things are already happening, but there are other things we're set to deliver over the next few months—a quality and delivery framework for some of the key elements of the CAMHS programme will be out for discussion within months, and launched at an event in June, so that will be a big thing. The baseline review that we've done—that's been undertaken, and actually has given us the richest information and intelligence that we have ever had about the nature of the CAMHS service, the nature of the individuals on the waiting list, why they might be there, and the productivity of the service. So, there's a whole

programme of work there. We can share more of the detail with you if you'd find that helpful, and the timescales for all of those are set out now.

[247] **Ann Jones:** I think we'd find it helpful as part of the follow-up report.

[248] **Aled Roberts:** Fy nghwestiwn olaf—a hwyrach bod hyn o fewn y cynlluniau yr ydych wedi cyfeirio atyn nhw gan y grwpiau; ymddiheuriadau os ydy hynny yn ffaith. Pan gafwyd tystiolaeth gan Carol Shillabeer—. Mae nifer fawr o'r achosion i ni fel Aelodau Cynulliad, hwyrach, yn delio efo plant efo awtistiaeth neu ADHD, ac mi roedd hi yn dweud—ac rwy'n meddwl eich bod chi wedi gwneud y pwynt—bod plant a phobl ifanc yn aros am fisoedd, neu hyd yn oed blynyddoedd mewn rhai achosion, am wasanaeth, ac yn y pen draw maen nhw'n dweud wrthyn nhw, 'Wel, *actually*, dydy'r gwasanaeth yma ddim yn delio efo'r math o ymddygiad'. Fe gyfeiriodd hi at dîm penodol ym Mhowys, tîm cyfathrebu ac asesu cymdeithasol, ac roedd hi'n dweud bod hynny wedi gweld llwyddiannau mawr ym Mhowys. Roeddwn i jest yn cysidro os ydy'r arian ychwanegol yma, neu unrhyw un o'r cynlluniau, yn awgrymu ein bod ni'n edrych ar gyfundrefn o'r fath ar draws Cymru.

[249] **Mark Drakeford:** Wel, rŷm ni yn, Gadeirydd. Dyna'r gwasanaeth niwrolgol yr oeddwn i'n cyfeirio ato—£2 miliwn newydd i sefydlu timau, fel y maen nhw'n eu cael ar hyn o bryd ym Mhowys, ledled Cymru.

Aled Roberts: My final question—and perhaps this is within the plans that you've referred to by the groups; apologies if that's the case. When we received evidence from Carol Shillabeer—. A large number of the cases that we as Assembly Members deal with are in relation to children with autism or ADHD, and she said—and I think you've made the point—that children or young people are waiting for months or even years in some cases for services, and ultimately being told, 'Well, actually, this service doesn't deal with that sort of behaviour'. She referred to a specific team in Powys, a social communications and assessment team, and she said that they'd seen big successes in Powys. I was just considering whether this additional money, or any of these plans, suggest that we are looking at a similar system across Wales.

Mark Drakeford: Well, we are, Chair. That's the neurological service that I referred to—so, £2 million of additional funding has been allocated to establish teams, as they have in Powys, across Wales.

[250] **Ann Jones:** I've got David, Simon and Suzy.

[251] **David Rees:** I'll go back to your response to Lynne Neagle, when you mentioned the Measure in 2012. The Health and Social Care Committee, as you know, undertook the pre-legislative scrutiny of that Measure, and one of the concerns we had was the impact it had on children's services as a consequence of the introduction of the Measure. Could you now perhaps give us an indication of the actions you've taken to address those concerns for children and young people, and could you tell us now: is it really making a difference for young people on the ground? One of the big issues we often get from many of the groups we meet are implementation issues, and whether this is delivering on the ground; not, 'Is the policy right?' but 'Is it delivering?'

[252] **Mark Drakeford:** Well, Chair, I said earlier that I accepted that, in the early days of the primary mental health service, most of the people who came across to work in it were people who had adult mental health backgrounds, and maybe we underestimated the number of young people who would be referred to that service, and the capacity of that service to be skilled enough to respond to those needs. I think the service itself has developed during the period it has been there. It is seeing very large numbers of people. I think over 30,000 people were sent the way of that service in the last year, and seen in a very timely way, as well. That's why we've been able to reduce the referral-to-being-seen time, to halve it during the last year. But what I'm keen to do now is to strengthen the ability of primary mental health care services in the area of children and young people, and that's why a significant slice of the new money will go to employing these new posts, and those posts will be filled by people whose background and special interest will be responding to the needs of children and young people. But we would not be naive, would we? There is research going back many, many years that tells us that GPs are often uncomfortable in dealing with adolescents, that their consultation time tends to be the smallest of any group that is seen, that adolescents themselves are not well tuned to having the sort of conversations that others are able to have in a consultation setting and that, as a result, they don't always get the result that we would wish to see. We're trying to bolster the capacity of the system and the confidence of the system to be able to respond in the right way to a group of young people who may struggle in any case to express their particular needs, and whose ability to do so may be compromised further by some of the struggles they may be experiencing in the mental health field.

[253] **David Rees:** Will this ensure that more children are getting care and treatment plans, then, because that was one of the big issues?

[254] **Mark Drakeford:** Well, I think that when the mental health Measure came in, it would not be unfair to say that the number of children and young people who had care and treatment plans, you could have held them in a couple of hands. Now, 1,000 young people across Wales have a care and treatment plan and the percentage is well into the 80s. So, again, that's been a real success story of the Measure. And maybe more than in some of the adult areas, the evidence is that those care and treatment plans are genuinely being produced by children, their families and the professionals in a joint venture, which is how care and treatment plans are meant to be devised.

[255] **Ann Jones:** Okay. Simon.

[256] **Simon Thomas:** It's just been covered.

[257] **Ann Jones:** Okay, fine. Suzy.

[258] **Suzy Davies:** If I can just take you back to the point you made about the 56-day assessment period being halved, that's impressive and also, in that six-month period, the number of young people who have attained that target is impressive in such a short time. You talked about 70 new posts, but it takes time, obviously, to train people. How did you do that in such a short period of time?

[259] **Mark Drakeford:** Well, Chair, I must make it clear that, when every person is in place, that will be the number that we have. As you know, I talk about the investment and that is very important, but money isn't the only part of this equation—

[260] **Suzy Davies:** No, exactly. So, what happened?

[261] **Mark Drakeford:** So, we are recruiting, and we are confident that the 130 posts that will be created as a result of the money will be filled early in the next financial year. But this year has been the business of going about recruitment or filling those posts. They're not all filled today, but they will all be filled, we are confident, early in the next financial year. What we've done though, Chair, is to—. We haven't given them money that hasn't been spent back to any other purpose—

[262] **Suzy Davies:** No. I'm not sure I'm hitting the point here. I'm impressed by what's happened. It can't be just about throwing money at people because they need to be trained up. So, how have you achieved what you've done so far in such a short period of time?

[263] **Mark Drakeford:** Oh, okay. Sarah will be—

[264] **Ann Jones:** Take it as a compliment. [*Laughter.*]

[265] **Suzy Davies:** I know it's coming from me, but I'm not always the baddie. [*Laughter.*]

[266] **Dr Watkins:** I think the services are trying to look at who has the competency within the clinical team to do that so that they're looking and seeing a whole range of professionals. At the lower levels, for example, they may be using people who have got some psychological therapy training, but they are using those sorts of interventions at a lower tier. So, they're expanding who is working within the workforce. We've also spent quite a bit of money on training because one of the things we know is that we can't improve access to psychological therapies unless we've got enough trained people to do it. People are keen to do it. Nurses are keen to expand their skills; so are occupational therapists; and so are more junior psychologists and counsellors. So, quite a lot of work, both in adult services and in CAMHS. Some of that investment has been in making sure that we have 80 more people trained in eye movement desensitisation, so that more people can be treated with post-traumatic stress disorder and more children have access to therapists trained in working with attachment issues.

[267] Some of it's been about training and some of it is about being sure that we identify all the possible people who can work in that area. I think that that work may need to extend into the third sector in future as well, so that, actually, for people who've perhaps had a psychosis, there's not just a professional to see them for half an hour and check how they're doing, but there's somebody to take them out to go to the cinema, to support them to do the normal things and reintegrate them into their communities. The vision is a holistic vision, and I think it has to be, because that's what children need.

[268] **Suzy Davies:** Thank you. I'll come back to that in my own question, if that's all right—

[269] **Ann Jones:** Do you want to go on to your questions, then, because—?

[270] **Suzy Davies:** Oh, okay.

[271] **Ann Jones:** We'll move on to waiting times and criteria for access, then.

[272] **Suzy Davies:** This is why I flipped it round slightly. I'm sorry about this. [*Laughter.*] Thank you very much for your answer. What I wanted to say is that the information you gave this earlier was all the more impressive because the number of referrals has actually shot up since we've done our last report. I appreciate that there's an ongoing problem about misreferrals, but, you know, for it to go up 41 per cent since we did our initial investigation is quite a lot. So, my question, I guess, has to be, if you're able to come up in those six months with such amazing results, why we hadn't thought of that before.

[273] **Mark Drakeford:** Let me start by saying that—

[274] **Suzy Davies:** I am impressed, but I—

[275] **Mark Drakeford:** The referral point is absolutely crucial. This is a system that is running faster than ever before. It is seeing more people than ever before; it is seeing more people more quickly than ever before. But, the number of people coming through the door is still greater than the ability of the system to run that fast. So, that's why I started by saying that we've got to focus on demand, and that's what I think was missing in earlier inquiries. It all focused on supply: how are you going to meet the demand? Actually, we now know that so much of the demand is misdirected—

[276] **Suzy Davies:** I said that.

[277] **Mark Drakeford:** Therefore, we clearly still have a major job of work to do in persuading other parts of the system that they have not discharged their responsibility to that young person simply by referring them to somebody else. I'm afraid, you know, the system has become a bit habituated to that—

[278] **Suzy Davies:** Well, I think we accept that.

[279] **Mark Drakeford:** —whereas I think there are lots of people in the system who are in direct, face-to-face contact with that young person who have to maximise the contribution that they are able to make. And then we have to do more. We have to do better in making sure that there are things available to that person—that they can then, confidently, mobilise to help that young person as well. I still think the primary mental health service is certainly one part of it, but there are many other places as well.

[280] Chair, I might not have a chance otherwise, so, do you mind if I refer to a piece of research that has come in very recently, and which I think that the committee would want to be interested in? This is a report from Hafal, and it's a report that was published at the end of January. It was done alongside the Mental Health Foundation and Bipolar UK, and the detailed work was largely carried out in Swansea University by the observatory on the rights of the child. They have got information from over 500 young people who are themselves users of CAMHS. I think, maybe, you heard from Mair Elliot from Pembrokeshire. Mair and Jake Roberts are two young people who are the primary authors of the report. I just wanted to read a couple of sentences from the front summary,

[281] 'Over-referral to CAMHS is having disastrous consequences for children and young people in Wales'—

[282] they say.

[283] 'Specialist CAMHS should support the much smaller numbers of young people with the highest needs.'

[284] When we talk to young people, they said,

[285] 'they would prefer to receive support from friends, educational counselling services and teachers.'

11:45

[286] I think there's a really important message for us from what young people themselves are saying about the need to strengthen the ability of those parts of the system to respond to their needs. We must not medicalise growing up. That's absolutely been my thought from the very beginning. When young people are going through the struggle of growing up—and for some young people it is a struggle—placing a mental health label too early

and too often for those young people actually does them a disservice, and that's what young people themselves say in return.

[287] **Suzy Davies:** Well, thank you. Actually, I'm going to come back on some of that a little later, if you like, but there are two questions that I really want to ask, myself. I'm very pleased to hear about the neurodevelopmental strand that's coming into this. It's very important because I think, around this table, we will all have had casework from individuals trying to get autistic spectrum disorder diagnoses and waiting for ever for that to happen—well, up to two years, with some of my cases. My question is, though: it's going to take time to shorten that particular queue, isn't it; what happens when you have a child or young person who is likely to be having some sort of diagnosis, but has other mental health issues as well, which are either related or unrelated? We took evidence last week in the particular session I was doing that as soon as a child has been put towards the direction of an ASD diagnosis—and, at the moment, having to wait for two years—CAMHS doesn't want to know about them at all, and then there may be other undiagnosed and other treatable mental health issues that actually CAMHS can help with. Would they still be able to access the 28-day thing, and who makes that decision?

[288] **Dr Watkins:** You're absolutely right: children with autism, people who've been adopted—there are a large number of groups who will have a higher instance of real mental health problems. It's vital that those children do have exactly the same access to services according to clinical need as any other child. One of the products that is being produced, by the end of March in draft for consultation and launch in the next conference in June, is a definition and a pathway of how specialist CAMHS should work. I've heard the same comments, and we are absolutely clear that those children should access that, and that will be made absolutely explicit in that pathway, that children with co-morbid conditions—whether that's a young offender, somebody with ADHD or a learning disability—will have to access that pathway in just the same way.

[289] **Suzy Davies:** Does that mean that specialist CAMHS, in these circumstances, would have an understanding of how an autistic spectrum disorder might affect them and how they interrelate?

[290] **Dr Watkins:** Absolutely. It's a core part of your training as a psychiatrist or as a nurse specialising in that, or a psychologist. So, you would expect them to have the competencies. Specialist CAMHS must deal

with the most complex children. So, by definition, actually, they of all groups have to have those skills, but that will be written into the pathway, because it is a point that a number of people have made.

[291] **Suzy Davies:** Okay; that's really reassuring. Another point that's been raised in evidence elsewhere is that a child can present with a number of needs, not all of which meet the relevant thresholds at the moment—they may meet one, or they may meet none, but the combination of those means that, actually, that family's experiencing a nightmare. Are the changes that you're introducing to assessment criteria likely to cover this case—I can't imagine it's isolated in any way—where a child or young person is just below the threshold on all their co-morbidities, if you like, but together that creates a complicated individual in the household?

[292] **Dr Watkins:** I think CAMHS do deal with a lot of complex families, and that's why, in some ways, a psychological understanding of what's going on in the family and understanding that better is core to what CAMHS do. But, I suppose we'd hope that, actually, the services were there to de-escalate and pull that apart a bit, so that if a child is having problems with being bullied at school, which is one piece of that jigsaw puzzle, that actually that issue was tackled in school, and if there were family issues—perhaps mum's depressed as well, or dad is drinking—that those issues can be disaggregated and addressed at the lowest possible level. So, ideally, that child's needs would not need to be addressed because they wouldn't need addressing in specialist CAMHS. But if they do all come together, and that child is then perhaps acting out, or acutely suicidal and things, then there will come a time that they may need to be seen. But, again, it might be that the crisis service see that and try and help the family, and other services resolve it for the child, without labelling them as having a mental illness, when, actually they don't—what they've got is a perfect storm of problems.

[293] **Suzy Davies:** Okay. Well, that comes to my point, actually, because we've heard that—let's take depression just as a random example—a child or young person would be treated for depression, but whatever else is going on is kind of not material to that treatment, which leads me then to my question about alternative pathways, really. You'll have heard from this committee that psychological therapies are what we wanted to hear more about. I appreciate that a substantial amount of the money that you've identified for the service will go towards psychological therapies, but have you had the chance, at this stage, to identify which sorts of psychological therapies we may need more of, and at what kind of levels they need to be introduced,

bearing in mind what you've just said about, sometimes, it's just something that any child or young person might go through?

[294] **Dr Watkins:** What we're working with is that we expect the services to provide the range of—whether it's a low-level service, so that if somebody has a simple anxiety or school phobia, that actually that can be dealt with ideally in your local—. You go to your general practitioner surgery, you talk to your specialist CAMHS local primary care mental health support worker and actually that's dealt with at that level using low-level interventions. Family and, potentially, schools are given advice on how to manage that better rather than exasperating it—because that can happen—through to the very complicated cases that need more intensive interventions, which are quite a range of interventions that would be considered for the child. It's a bit difficult—. I think that's as about as far as I can—

[295] **Suzy Davies:** Perhaps you can help out with some sort of indication of timescales, though.

[296] **Mark Drakeford:** Certainly, Chair. I'm sure we can provide the committee with a note of the range of psychological therapies that we hope the new money will be able to establish, because CBT is the sort of standard stuff in this, but it's only one example of a wider range of therapies that we hope the money will be able to stimulate.

[297] **Ann Jones:** Is it on this particular point, Aled? Then I'll bring Simon in.

[298] **Aled Roberts:** Fe wnes i ofyn **Aled Roberts:** I asked a question to the First Minister yesterday in relation to educational psychologists, and I was just wondering whether you'd had any kind of discussions on this issue. Clearly, the guidance at present is based on a statement in 2004, where the responsibility was placed on the councils. I am aware, in the north, that there are patterns in terms of the service that is provided to schools and that they vary. There's a kind of quota being used. I believe that there's a problem with recruitment also. But has any kind of

Ond a oes unrhyw fath o ystyriaeth wedi cael ei rhoi i'r ffaith, hwyrach, os ydy'r ysgol yn cydnabod bod achos i'w gyfeirio at wasanaethau seicolegol yr ysgol, fod y gwasanaeth yn amrywio o sir i sir?

consideration been given to the fact, perhaps, if the school acknowledges that there is a case to be referred to educational psychological services, that the service varies from county to county?

[299] **Mark Drakeford:** Fe glywais y cwestiwn ddoe. Mae'r bobl sy'n gweithio yn y maes addysg—nid ydynt yn rhan o dîm CAMHS, ond maen nhw'n rhan o'r tîm ehangach sy'n gallu helpu pobl ifanc gyda'r problemau sydd ambell waith yn dod at CAMHS. Rwy'n gwybod bod Jo wedi bod yn edrych i mewn i'r cwestiwn, felly nid wyf yn siŵr a oes mwy i'w ddweud.

Mark Drakeford: I heard the question yesterday. The people who work in the education field—they're not part of the CAMHS team, but they are part of the wider team that can help young people with problems that perhaps come to CAMHS. I know that Jo has been looking into this question, so I'm not sure whether there is more to say.

[300] **Ms Jordan:** The wider Together for Children and Young People programme is bringing the educational side into the programme. So, it is looking at what support and advice should be given from schools as well as part of the wider system. I'm not sure, before you raised it yesterday, that we quite understood there were particular issues in particular areas. So, that's something, as you know, the First Minister committed to write about, and we will discover what the actual situation is in north Wales. But we see this as being part of the wider programme, actually, and that's why local authorities and educationalists are part of that programme. So, they have to see themselves as part of the wider thing, and have responsibility to provide certain provisions. So, I can't give you an answer today about exactly what the situation is in north Wales.

[301] **Aled Roberts:** And I don't think it's a problem that's particular to north Wales, if I'm honest. It appears that local authorities are setting quotas so that you are actually only entitled to such and such a visit, and that varies from county to county. So, it's just, if we're looking at these alternative pathways, it's not a criticism of policies in different areas, but just so that we get our head around the whole—

[302] **Ms Jordan:** I think that's right. It's got to be part of the overall picture of the services that are available at a lower level of intervention. And that

should come out through the work that's being done through the programme.

[303] **Ann Jones:** Simon.

[304] **Simon Thomas:** Well, that was one of the points. [*Laughter.*]

[305] **Ann Jones:** You're not having much luck today, are you?

[306] **Aled Roberts:** Sorry.

[307] **Simon Thomas:** Just to emphasise, going back to when you quoted from the Hafal report earlier—the young people themselves see teachers and the school system as being part of the solution. So, this really needs to be joined up and I share the concerns that have been raised, because there doesn't seem to be sufficient provision on the ground.

[308] Can I just raise something else, if I may, that's emerged, I think, in the discussion? You've been very keen, in your evidence and in some of the things you've said this morning, about not labelling young people. I understand the point that's made, but we have a wider debate about mental health in Wales where we've been very keen to de-stigmatise mental health issues and to say, 'This is a health thing that you are equally entitled to see a GP about as you are a bad leg or a bad chest.' Is there a slight clash of purposes here, which I've certainly come across in the work that I've undertaken, where young people are actively discouraged by primary healthcare from seeking mental health support on the grounds that this could be bad for them and stigmatise them for the future and a 'You don't want to end up with that label'? And, at a time when we're de-stigmatising mental health, I think we're in potential danger of sending out mixed signals.

[309] **Mark Drakeford:** Well, look, I agree that there is a tension between the two. Our ambition, as a Welsh Government, and a shared ambition across the Assembly, is to de-stigmatise mental health conditions. I'm forever saying to people, 'One in four of us will experience an episode of mental ill health or know someone close to us who does during our lifetime.' We have some significant programmes that we fund to try and make an impact on stigma and for all the effort that we make, those programmes will report to you that stigma in mental health is alive and well out there in the workplace, you know, in people's social lives and things. So, it's a reality, still, and that's why it is important that, at a very young age, people don't get drawn into a

service that is not the right service for them that can have some of those very long-term consequences. But the tension is there, of course, because you don't want, by sending that message, to then discourage people from seeking the help they need and reinforcing a sense of stigma as you do it. So, I recognise the tension very much, but until we reach the point we would like to reach where going to see someone for a mental health condition is no different from going to see them for a cold—

[310] **Simon Thomas:** I hope you don't go to see the GP for a cold, but that's a different matter altogether.

[311] **Mark Drakeford:** Me, too. Definitely. Me, too. [*Laughter.*]

[312] **Ann Jones:** I didn't think men had colds; I thought it was always man flu [*Laughter.*]

[313] **Mark Drakeford:** Thank you very much.

[314] **Simon Thomas:** I have a serious episode of man flu. [*Laughter.*]

[315] I understand the point you're making, and this is just a follow up to the inquiry, but I think there needs to be subtlety in some of this messaging, because we're talking about not accessing the specialist services, but we do want people to understand that you can access more general wellbeing services—let's call them something a bit different, possibly, but, nevertheless, I think the flexion of the stigmatisation does go both ways. But it's present in the health service; the NHS itself is stigmatised against mental health issues—even professionals own this, in the same way as nurses still sometimes smoke. Even professionals still sometimes have a problem with this. So, we need to look at that.

[316] One of the things I specifically wanted to ask, just to go back to an earlier point, is on alternative therapies, if you like, or cognitive and so forth. Another issue that's emerged is that a lot of these are not designed for children and young people. You talked earlier about doctors finding it difficult to deal with adolescents, as adolescents finding it difficult to deal with doctor services. In the same way, when a referral does take place, very often the people who might provide this alternative approach are not themselves at all familiar with dealing with adolescents. Is that going to be something that will be taken account of in the new system that you've tried to describe this morning?

12:00

[317] **Mark Drakeford:** It is certainly very much part of our thinking in it. I started explaining, in answer to Suzy's question, that the fact that you've got to build up recruitment means that we haven't spent all of the £7.65 million on those starting in this financial year, but we have diverted that money into a large-scale training programme. We've literally had hundreds of people in the NHS in Wales trained in some of the new skills they need to deliver mental health services to children and young people. And the point that Simon is making does emerge in that. Right across social welfare services, people who volunteer to focus their time on children and adolescents are in a minority, and we've got to do more to make sure that they can adapt the material that is available and is often written for a different part of the life-cycle—that they can adapt that material to make it properly suitable. It's true in physical medicine as well; you know, very often, formularies are drawn up. Doses are very well drawn up for adults, and doses that are right for children are derived from that, rather than formulated specifically from the child's point of view in the beginning.

[318] **Ms Jordan:** Can I just add something, Chair? One of the things that we're looking forward to is the launch of a new service in Cardiff and Vale—you hope it's going to be successful, and obviously the health board too—which is offering a new model of services, and they're actually calling it 'the emotional health and well-being service for children and young people'. It's out for tender at the moment. They hope the contract will be let from 1 April, and perhaps will start seeing people from July, but the whole ethos of that is giving a different type of support for children and young people who might have multiple issues, but not necessarily reach the threshold for specialist services. And the expectation, I think, is that this will probably be delivered by the voluntary sector which has specific skills and training in this, and it will offer a different type of approach, which works with young people, and that certainly won't stigmatise them in any way, but gives them appropriate support. And that could offer a new model for services, really, that's in our vision for them, and we're hoping that will come online later this year. And that's emotional support and health, rather than a mental health service.

[319] **Ann Jones:** Okay. Minister, there's a couple of questions that we will write to you on because we've run out time—based around the clinic-based nine-to-five model and how people access that; also, for those who have actually accessed it, how the emergency CAMHS, or out-of-hours CAMHS

provision works for them; and then the transition from child to adult, because those were some of the issues that young people raised with us. We will write to you on those, Minister, and we'll send you a copy of the transcript of this session.

[320] **Mark Drakeford:** I'm very happy to provide those.

[321] **Ann Jones:** Can I just say 'thank you' as well, because this is the last time you'll be before this committee? Sorry it's been all morning, but—. And to say thank you for the constructive approach with which you and your officials have taken the committee's inquiries on board and attempted to work with us. I think the aim was, when we got to CAMHS, as you set out firstly, that we didn't want to just keep having a review, and I'll use my famous saying to say that you can do the report and then it props the piano leg up for the next—. We wanted something that would actually make a huge difference, and we've managed to do that. Well, I think we've managed to do that, with constructive help from you and your officials. So, just to say 'thank you very much' for that. As I said, we'll send a copy of the transcript, and the letter is just to help us just to put the legacy together.

[322] **Mark Drakeford:** Of course. Thank you all very much indeed. Diolch yn fawr.

12:04

Papurau i'w Nodi Papers to Note

[323] **Ann Jones:** Thank you. I've got six papers to note, so can we just note those? Okay; thank you very much.

**Cynnig o dan Reol Sefydlog 17.42(ix) i Benderfynu Gwahardd y
Cyhoedd o Weddill y Cyfarfod a'r Cyfarfodydd i'w Cynnal ddydd
Mercher 2 Mawrth a dydd Mercher 16 Mawrth
Motion under Standing Order 17.42(ix) to resolve to Exclude the Public
from the Meeting for the Remainder of the Meeting and the Meetings
to be held on Wednesday 2 March and Wednesday 16 March**

Cynnig:

Motion:

bod y pwyllgor yn penderfynu that the committee resolves to gwahardd y cyhoedd o weddill y exclude the public from the cyfarfod a'r cyfarfodydd i'w cynnal remainder of the meeting and the ddydd Mercher 2 Mawrth a dydd meetings to be held on Wednesday 2 Mercher 16 Mawrth yn unol â Rheol March and Wednesday 16 March in Sefydlog 17.42(ix). accordance with Standing Order 17.42(ix).

*Cynigiwyd y cynnig.
Motion moved.*

[324] **Ann Jones:** If Members are agreeable, we'll go into private session now and for the meeting on 2 March and 16 March—we need to be in private to discuss legacy. Are you happy with that? Okay. Thank you very much.

*Derbyniwyd y cynnig.
Motion agreed.*

*Daeth rhan gyhoeddus y cyfarfod i ben am 12:04.
The public part of the meeting ended at 12:04.*