

## 2 Children and young people

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## 2.0 About this chapter

This chapter focusses on the care and support needs of children and young people. It is organised around the following themes:

- 2.1 Population overview**
- 2.2 Children and young people who have a need for care and support: previously 'child in need', including refugees and asylum seekers**
- 2.3 Children and young people on the child protection register**
- 2.4 Looked-after children and young people (including fostering, adoption, care leavers and children in children's homes placed by other local authorities)**
- 2.5 Children involved in crime, anti-social behaviour and who are victims of crime**
- 2.6 Children with disabilities**
- 2.7 Children and young people's mental health**
- 2.8 Early intervention and prevention**

There is more information about the needs of children and young people in other chapters of the report.

- Health, physical disabilities and sensory impairment
- Learning disabilities and autism
- Carers
- Mental health
- Violence against women, domestic abuse and sexual violence
- Secure estate
- Veterans
- Homelessness

Specific information can be found on:

- Transition: included in all other relevant chapters
- Young carers: included in the carers chapter
- Child poverty: there is a link between child poverty and the needs for care and support which are highlighted in this chapter. This is an issue that needs to be tackled at a local, regional and national level. For more information please see the regional vulnerable families' needs assessment produced for the North Wales Families First Programmes (appendix 2a) and the Wellbeing Assessments being produced by the Public Service Boards.

- Young people in the secure estate: included in the secure estate chapter

## **How will the Social Services and Well-being (Wales) Act 2014 (the act) change things?**

The principles of the act are:

- People: putting the individual at the centre by giving them a stronger voice and control over services they receive.
- Well-being: supporting people to achieve their own well-being building on a person's circumstances, capabilities, networks and communities.
- Earlier intervention: more preventative services supporting people before their needs become critical.
- Working together: stronger partnership working between all parties involved.

There is an overarching duty in the act to promote well-being. The definition of well-being includes: physical and mental health and emotional well-being; protection from abuse and neglect; education, training and recreation; family and personal relationships; involvement in the local community; securing rights and entitlements; social and economic well-being (including not living in poverty); and living in suitable accommodation.

### **Change to concept of 'child in need'**

The concept of a 'child in need' in the Children Act 1989 is not replicated in the new act (Welsh Government, 2016). The act refers to children and young people who have a need for care and support, which is defined around ability to achieve the well-being outcomes outlined in the act around education, health and so on.

## Assessments and processes

*Care and support planning and review (Care Council for Wales, 2015a)*



Under the new act every child who needs care and support will have a care and support plan, which will replace the children in need plan, child protection plan and looked after children plan. Local councils are currently moving towards this system.

If a referral is received for child who needs a service then they will be assessed. If they need a social care service they will have a care and support plan. If the case then becomes a child protection case, the care and support plan will be kept but the content would change to focus on child protection. Eligibility will consider the family as a whole with children's services providing support only where the family cannot meet the child's needs and achieve the outcomes outlined in the act around education, health and so on.

There will be a focus on 'what matters' conversations, a proportionate seamless assessment from lowest to highest levels of need, a broader focus on information, advice and assistance and a strength-based approach.

## Child protection

*Children's pathway (Care Council for Wales, 2015b)*



There is a new definition of a 'child at risk'

'A child at risk is a child who is experiencing or is at risk of abuse, neglect or other kinds of harm, and has needs for care and support (whether or not the local authority is meeting any of those needs).'

There is a new duty to report a child at risk for all relevant partners of a local council. There is a duty for a local council to make enquiries (linking into section 47 of the Children Act) if they are informed that a child may be at risk; and to take steps to ensure that the child is safe.

There is also a change to the assessment process. Previously there were two assessments: an initial assessment (that would be completed and closed) then a further assessment if needed. Under the act the aim is to have one single, comprehensive, portable assessment. Local councils in North Wales are working towards a template for the region. The case may still be closed after an initial assessment if there are no needs identified but if support is needed the assessment would continue.

### Early intervention and prevention

The act encourages a focus on prevention and early intervention.

### Information, advice and assistance

Information, advice and assistance (IAA) is an important element of the new act.

The Code of Practice (Welsh Government, 2015a) states that:

'It [IAA] should be considered to be a preventative service in its own right through the provision of high quality and timely information, advice and assistance.'

All efforts should be made to reduce duplication and ensure the information and advice is offered by the most appropriate and skilled staff. Local authorities **must** ensure that they take account of what other information, advice and assistance services are available when designing and developing their service. Other information and advice services should not be duplicated and should either be integrated with the information, advice and assistance service or easily accessible via the service. Local authorities, working with their regional partners, **must** ensure that advice services and helplines, such as MEIC and the family information service, are linked and used effectively to develop reliable coverage for all people.

Family Information Services already contribute to this duty as part of their functions outlined in Section 27 (Information Duty) of the Childcare Act (2006) delivering an IAA service to parents and professionals. North Wales FIS work in partnership with BCUHB Paediatric & Neonatal Service Manager to provide information outreach for families in the 3 neonatal units, supporting new parents to find services and support relevant to their situation.

There can be a perception with families and professionals that there is a lack of information and services in their locality. IAA services should be geared up to help enquirers to find information and services relevant for families' individual needs.

A focus on early support and preventative services may result in a family's needs being met through help with access to universal services such as a childcare setting, a leisure activity or social activity. The FIS will have a comprehensive database which is regularly updated and the skilled staff who can help identify a family's information and support needs.

There is a regional project looking at models across North Wales including how to monitor how effective the support is.

### **Family Information Services**

Family Information Services already contribute to the IAA duty in the act as part of their functions outlined in Section 27 (Information Duty) of the Childcare Act (2006) delivering an IAA service to parents and professionals.

Information from Family Information Services should be used to inform the population assessment. Some Family Information Services provided information in response to the organisation survey distributed but it is recommended a more systematic approach is taken in future.

### **Looked after and accommodated children and young people and those leaving care**

Part 6 of the act is specifically about looked after and accommodated children and young people and those leaving care and replaces most of Part III of the Children Act 1989 (Care Council for Wales, 2015a). It aims to de-escalate the need for formal intervention in the lives of children and young people and strengthen the capacity of families to care for their children wherever it is safe to

do so. Where it is necessary to look after a child, it seeks to achieve greater stability for children by increasing the choice of placements locally, supporting continuation of important relationships and school life, and finding the right permanency solution sooner.

The principal duty of the Act in relation to looked after children (section 78) is to safeguard and promote the child's well-being.

### **When I am Ready**

The act creates a new duty for local councils towards young people in foster care who wish to continue living with their foster parents beyond the age of 18 called 'When I am Ready'. The new duty came into force on 1 April 2016. The six North Wales councils worked together to develop the new policies, communication and training materials to implement the scheme. There is also a regional project to improve the recruitment of foster carers to help mitigate the impact of the new scheme on the number of foster placements available.

### **Disabled children**

Disabled children were classified as 'children in need' under the Children Act 1989. They were therefore entitled to services under the 1989 Act, but also to extra services because of disability, under schedule 2 part 1 paragraph 6 of the Act. Provision of section 17 services was discretionary. This has changed under the new act and disabled children and their carers who need care and support will be assessed under Part 3.

In addition to the new act the Additional Learning Needs and Education Tribunal Bill 2015, expected to be introduced this December 2016, will reform the way the education and health sectors provide for children and young people with additional learning needs. The bill will reform the current system which does not always support children and young people with additional learning needs to achieve their full potential. The bill introduces and gives a legal foundation to the wider concept of 'Additional Learning Needs' (ALN) which aims to shift away from a reliance on statements of special educational need.

### **Children's Rights**

Welsh Government has adopted the United Nations Convention on the Rights of the Child (UNCRC) as the basis for policy making for children and young people in Wales. There are 54 articles in the convention. Articles 1-42 set out how children should be treated which can be broadly grouped into articles around participation, protection and provision. Articles 43-45 are about how adults and governments should work together to make sure all children are entitled to their rights (Welsh Government, 2015b).

### **Play sufficiency duty**

Play is a fundamental part of a healthy childhood and it is every child's right to be able to play. This is enshrined within article 31 of the United Nations Convention on the Rights of the Child (UNCRC) and further defined within General Comment 17. Each local council in North Wales has produced a play sufficiency assessment as part of their play sufficiency duty. These are available in the document library collated to inform the population assessment.

### **Childcare sufficiency assessments**

The Childcare Act 2006 requires local councils in Wales to: undertake childcare sufficiency assessments; ensure sufficient childcare; and provide information, advice and assistance to parents, prospective parents and those with parental responsibility or care of a child, relating to childcare. The North Wales child care sufficiency assessments are available in the document library collated to inform the population assessment.

### **Further information**

For more information about the Social Services and Well-being (Wales) Act 2014 and the Well-being of Future Generations (Wales) Act 2015 please see <http://www.ccwales.org.uk/getting-in-on-the-act-hub/> and <https://futuregenerations.wales/>

## 2.1 Population overview

### Definitions

The children and young people chapter includes those aged 0 to 18 as well as those eligible for services until they are 25 including children with disabilities and care leavers.

### What do we know about the population

In 2015, there were around 124,000 children aged 0-15 in North Wales (Office for National Statistics, 2016). There has been very little change in the number of children between 2011 and 2015 across North Wales or in each county as shown in Table 2.1. This trend is likely to continue over the next 25 years as shown in Figure 2.1 with an overall increase of around 1% (280 children).

There are some small differences within the counties. Denbighshire's population of children aged 15 and under is projected to remain the same by 2039, while Anglesey, Conwy and Flintshire will see a decrease of around 6%. Gwynedd is the only county where the projections estimate an increase in the number of children of around 9% (1,800 children).

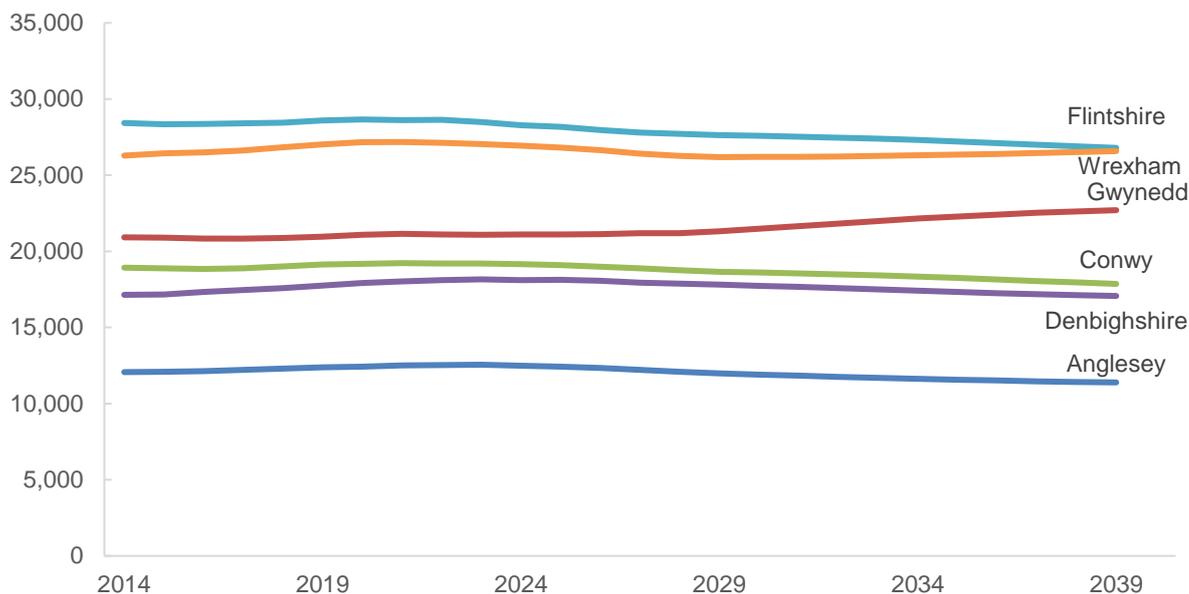
**Table 2.1** Number of children aged 0-15

	2011	2012	2013	2014	2015
Anglesey	12,000	12,000	12,000	12,000	12,000
Gwynedd	21,000	21,000	21,000	21,000	21,000
Conwy	19,000	19,000	19,000	19,000	19,000
Denbighshire	17,000	17,000	17,000	17,000	17,000
Flintshire	29,000	28,000	28,000	28,000	28,000
Wrexham	26,000	26,000	26,000	26,000	26,000
North Wales	123,000	124,000	124,000	124,000	124,000

*Numbers have been rounded so may not sum.*

Source: Welsh Government Mid-year-estimates, StatsWales

**Figure 2.1** Population projections, children aged 15 and under (2014 based)



Source: Welsh Government, StatsWales

## The health of children and young people in North Wales

- The majority of children and young people are healthy and satisfied with their lives.
- Around 5% of babies in North Wales are born with a low birth weight (under 2500g) putting them at risk of health problems in childhood and throughout life. Possible causes include smoking, poor diet, obesity, teenage pregnancy, and sexual infections.
- North Wales has the second highest infant mortality rate (deaths under 1 year old) across Wales and is just above the Welsh average. Infant mortality rates range from 4.1 per 1,000 live births in Wrexham to 5.4 per 1,000 live births in Conwy. Neonatal mortality rates (deaths under 28 days old) range from 2.9 per 1,000 live births in Wrexham to 3.8 per 1,000 live births in Anglesey and Conwy.
- Only 58% of new-born babies are breastfed, an intervention which provides extensive health benefits including prevention of obesity and respiratory infections.
- Not all 4 year olds in North Wales are up to date with their routine immunisations, leaving many older children still susceptible to vaccine preventable diseases such as measles. There has been a recent dip in immunisation rates across the country.
- A quarter of children in North Wales aged 4-5 years are overweight or obese: a significant cause of chronic illness in childhood, with potentially profound impacts on future health and wellbeing. Preventative interventions include breastfeeding, delayed weaning, cooking skills, physical activity and enough sleep.

- More than a quarter of 16-24 year olds smoke. Among 11-16 year olds in North Wales, 3% of boys and 4% of girls smoke.
- 43% of 16-24 year olds have drunk above the recommended guidelines at least one day in a week. Among 11-16 year olds, 17% of boys and 14% of girls drink alcohol at least once a week (Public Health Wales, 2016c).

## 2.2 Children and young people who have a need for care and support

### Definition

Under the Social Services and Well-being (Wales) Act 2014 the eligibility criteria for children with needs for care and support is:

The need of a child... meets the eligibility criteria if –

(a) Either –

- (i) the need arises from the child's physical or mental ill-health, age, disability, dependence on alcohol or drugs, or other similar circumstances; or
- (ii) the need is one that if unmet is likely to have an adverse effect on the child's development;

(b) the need relates to one or more of the following –

- (i) ability to carry out self-care or domestic routines;
- (ii) ability to communicate;
- (iii) protection from abuse or neglect;
- (iv) involvement in work, education, learning or in leisure activities;
- (v) maintenance or development of family or other significant personal relationships;
- (vi) development and maintenance of social relationships and involvement in the community; or
- (vii) achieving the developmental goals;

(c) the need is one that neither the child, the child's parents nor other persons in a parental role are able to meet, either –

- (i) alone or together,
- (ii) with the care and support of others who are willing to provide that care and support, or
- (iii) with the assistance of services in the community to which the child, the parents or other persons in a parental role have access; and

- (d) the child is unlikely to achieve one or more of the child's personal outcomes unless –
- (i) the local authority provides or arranges care and support to meet the need; or
  - (ii) the local authority enables the need to be met by making direct payments (National Assembly for Wales, 2015).

This is a change to the previous definition and concept of a 'child in need'. As data is not yet available that uses the new definition, for the purposes of this population assessment we have used data about 'children in need' as a proxy.

## What we know about the population

Although there has not been much change in the overall number of children in North Wales, the number of referrals to children's services shows a more mixed picture. In North Wales overall there was a fall in referrals from 10,000 in 2011-12 to 8,000 in 2015-16. There was considerable variation year to year within and between counties too as shown in 2.2 below.

**Table 2.2** Number of referrals to children's services received during the year

	2011-12	2012-13	2013-14	2014-15	2015-16
Anglesey	1,388	1,111	1,463	1,596	1,317
Gwynedd	2,064	1,656	1,476	1,435	1,471
Conwy CB	682	686	868	723	519
Denbighshire	853	799	773	670	625
Flintshire	821	709	1,220	1,825	2,492
Wrexham	4,213	3,076	3,272	3,567	1,866
North Wales	10,021	8,037	9,072	9,816	8,290

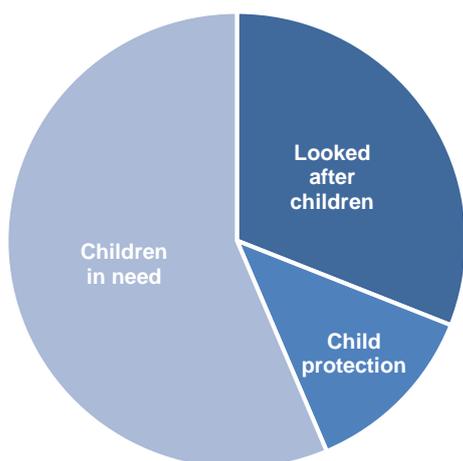
Source: Welsh Government, StatsWales

The number of referrals reflects the demand on children's services. However, it does not necessarily reflect a change in the need for care and support. The number of referrals is affected by staff awareness, attitudes to risk and reporting as well as initiatives that aim to intervene earlier with families to prevent the need for a referral to children's services. Feedback from staff suggests there can be high numbers of referrals where no further action is needed. In 2014-15 around 43% of referrals did not proceed to allocation for initial assessment.

We cannot tell at the moment how referrals may change after the new act widens the eligibility for an assessment.

Figure 2.2 shows the proportion of children in need that are looked-after, under child protection and other children in need, which includes disabled children.

**Figure 2.2** Proportion of children in need by looked-after status, North Wales, 2015



Source: Welsh Government, Stats Wales

In 2015, there were around 3,300 children in need across North Wales. This is 200 children in need for each 10,000 children in the population which is slightly lower than the rate for Wales as whole of 260 children in need for each 10,000 children in the population. Table 2.3 shows that the numbers vary across North Wales and over time with no clear trend.

**Table 2.3** Number of children in need, North Wales, 2011-2015

	2011	2012	2013	2014	2015	Rate per 10,000 2015
Anglesey	330	380	330	300	260	170
Gwynedd	650	670	720	760	730	240
Conwy	580	540	630	720	690	260
Denbighshire	570	610	390	380	390	170
Flintshire	490	430	450	600	500	130
Wrexham	960	650	850	760	700	210
North Wales	3,600	3,300	3,400	3,500	3,300	260

*Numbers have been rounded so may not sum.*

Source: Welsh Government, StatsWales

All local councils used the same definition of a ‘child in need’ from the Children Act 1989 although the interpretation of this definition and recording of cases can vary in practice which may explain some of the differences above. For example, the drop in number of cases in Wrexham between 2013 and 2014 was due to a change in processes rather than a change in the need or demand for services. Recording data for the children in need census has been a difficult process to automate which partly explains the differences year to year and between

counties. There may also be differences in service structures between the counties which may affect the figures, for example, a family with particular needs may be supported by children’s services in one county but by a team aiming to intervene earlier with families in another county such as the Team Around the Family. The data has therefore been used in this assessment to give an overall picture for North Wales rather than to compare counties, but this information is available on Stats Wales <https://statswales.gov.wales/Catalogue>. There is more information about looked-after children and children in need of protection in sections 2.3 and 2.4

Table 2.4 shows the number of children in need by age group across North Wales. The age groupings are helpful for showing the amount of age-appropriate services needed, although it should be noted when comparing them directly that the groupings are different sizes, for example age 10-15 covers six years while age 16 to 17 covers two. There are proportionally more 16-17 year olds than any other age group.

**Table 2.4** Number of children in need, by age, North Wales 2015

	Under 1	Age 1 to 4	Age 5 to 9	Age 10 to 15	Age 16 to 17	Age 18+
Anglesey	15	50	80	70	30	15
Gwynedd	30	120	190	230	85	70
Conwy	20	100	155	220	75	120
Denbighshire	30	105	90	115	35	0
Flintshire	25	110	125	140	55	50
Wrexham	30	155	195	225	75	0
North Wales	150	640	835	1000	355	255

Source: Welsh Government, Stats Wales

The primary issues affecting each age group may vary, for example, for 0-5 year olds the issues may be neglect whereas for teenagers behaviour may be the symptom of underlying issues at home. More information about this could be included in future population assessments. It may be possible to use this as a baseline for monitoring the impact of prevention and earlier intervention services in reducing the numbers of children needing care and support from children’s services.

Table 2.5 shows that the greatest number of referrals came from the police and within council’s own social services departments, 21% each in 2015. This was closely followed by other council departments (including other local councils) making 18% of referrals and primary or community health 15%.

**Table 2.5** Referrals by agency, North Wales, 2015

	<b>Number of referrals</b>	<b>Percentage</b>
Police	690	21
Social services department (own)	690	21
Council department (own or other council)	580	18
Primary or community health	500	15
Other agency	290	9
Family, friend or neighbour	250	8
Secondary health	110	3
Other individual	80	2
Independent provider	50	1
Central government	20	0
Housing	10	0
Self-referral	10	0
<b>Total</b>	<b>3,300</b>	<b>100</b>

Source: Welsh Government, StatsWales

The reasons for referrals into children’s services are listed in Table 2.6. Nearly half of referrals to children’s services were due to abuse or neglect. The next most frequent reasons given were the child’s disability or illness (21%), family dysfunction (15%) or family in acute stress (9%). Families may be referred for more than one reason, so this list reflects the main reason recorded.

Police referrals are made using Form CID 16 that officers complete after attending domestic abuse, child abuse and vulnerable adults incidents. Domestic abuse referrals make up the largest proportion of these and can range in severity.

**Table 2.6** Reasons for referral, North Wales, 2015

	<b>Number of referrals</b>	<b>Percentage of referrals</b>
Abuse or neglect	1,600	49
Child's disability or illness	670	21
Family dysfunction	490	15
Family in acute stress	280	9
Parental disability or illness	110	3
Absent parenting	60	2
Socially unacceptable behaviour	60	2
Adoption disruption	10	0
Low income	0	0
Total	3,300	100

Source: Welsh Government, StatsWales

### **Children in need census data summary**

Overall in North Wales the percentage of children in need from Black, Asian or Minority Ethnic (BAME) backgrounds is 2%, which is slightly lower than the percentage of BAME children in the population as a whole at 4%.

Around 11% of children in need were recorded as having mental ill health in the children in need census 2015.

The children in need census collates a lot more detailed information, but due to the small numbers and inconsistencies in collation we have only included summary information here. The full data is available on <https://statswales.gov.wales/Catalogue>.

### **Refugees and asylum seekers**

Information has been sought relating to the number of children and young people in refugee and asylum seeking families but as yet is not forthcoming or robust. This will need to be included and analysed in future to ensure there is a clear understanding around the needs of this cohort of children and young people within each local authority and across the region generally.

Wrexham is the only dispersal centre in North Wales for asylum seekers, but all areas are currently in the process of receiving refugee families from Syria. There are currently 56 child asylum seekers attending nursery or school in Wrexham, including children who are part of the Syrian Refugee Programme and living in Wrexham. Once families have had their asylum status confirmed

they become refugees and are no longer are required to stay in Wrexham. At this point they can move wherever they wish in Britain.

Statistics on and feedback about these groups and their needs for support would be useful to establish the extent of service provision needed to accommodate these families and individuals successfully.

## 2.3 Children on the child protection register

### What do we know about the population

In 2015, there were 570 children on the child protection register in North Wales. Although the numbers vary year to year, overall there has been an increase of 28% (125 children) since 2011. The picture is more mixed within counties. Due to the small numbers involved it is not possible to identify clear trends as, for example, a dramatic change from one year to the next may be due to one family moving to or from an area.

**Table 2.7** Number of children on the child protection register 31 March, North Wales

	2011	2012	2013	2014	2015	Rate per 10,000 2015
Anglesey	35	75	100	70	60	44
Gwynedd	50	50	80	85	85	35
Conwy	40	55	75	80	100	45
Denbighshire	75	80	90	85	80	40
Flintshire	90	95	60	135	75	23
Wrexham	155	70	135	130	170	58
North Wales	445	425	540	585	570	

*Numbers have been rounded to the nearest 5 to avoid disclosure*

Source: Welsh Government, StatsWales

Table 2.8 shows the number of children on the child protection register by age group across North Wales. The age groupings are helpful for showing the amount of age-appropriate services needed to although it should be noted when comparing them directly that the groupings are different sizes, for example age 10-15 covers six years while age 16 to 17 covers two.

**Table 2.8** Number of children on the child protection register, by age, North Wales 2015

	Under 1	Age 1 to 4	Age 5 to 9	Age 10 to 15	Age 16 to 17
Anglesey	5	20	15	15	
Gwynedd	10	25	20	20	5
Conwy	5	30	25	35	5
Denbighshire	10	25	25	15	
Flintshire	10	25	20	20	5
Wrexham	10	50	60	45	
North Wales	50	175	165	150	15

*Numbers have been rounded to the nearest 5 to avoid disclosure*

Source: Welsh Government, Stats Wales

## What are people telling us

### Safeguarding

The North Wales Safeguarding Children Board provided the following feedback.

Safeguarding children involves protecting them from maltreatment and preventing impairments to their health and development and ensuring that they grow up in a safe environment. The NSPCC report 'How Safe are our Children' provides an overview of the Child Protection Landscape across the UK.

- Between 2010/11 and 2014/15 Wales has seen a 48% increase in Police Recorded Child Sexual Offences against under 18s (76% increase across UK)
- Between 2010/11 and 2014/15 in Wales there has been a 19% increase of children becoming subjects of child protection plans (24%) across UK
- Between 2010/11 and 2014/15 Wales has seen a 48% increase in police recorded cruelty and neglect offences (26% increase across UK)

An emerging theme for all staff working in safeguarding children is the use of technology to manipulate, exploit, coerce or intimidate a child to engage in sexual activity. Young People told us during Child Sexual Exploitation (CSE) week in March 2016 that they and their friends were concerned about sexting and online bullying (North Wales Safeguarding Children's Board).

All counties are still adhering to the All Wales Child Protection procedures.

### Further information

There is more information about trafficking and child sexual exploitation in the *violence against women, domestic abuse and sexual violence* chapter. We have identified that we need to include more information about these areas when the population assessment is reviewed.

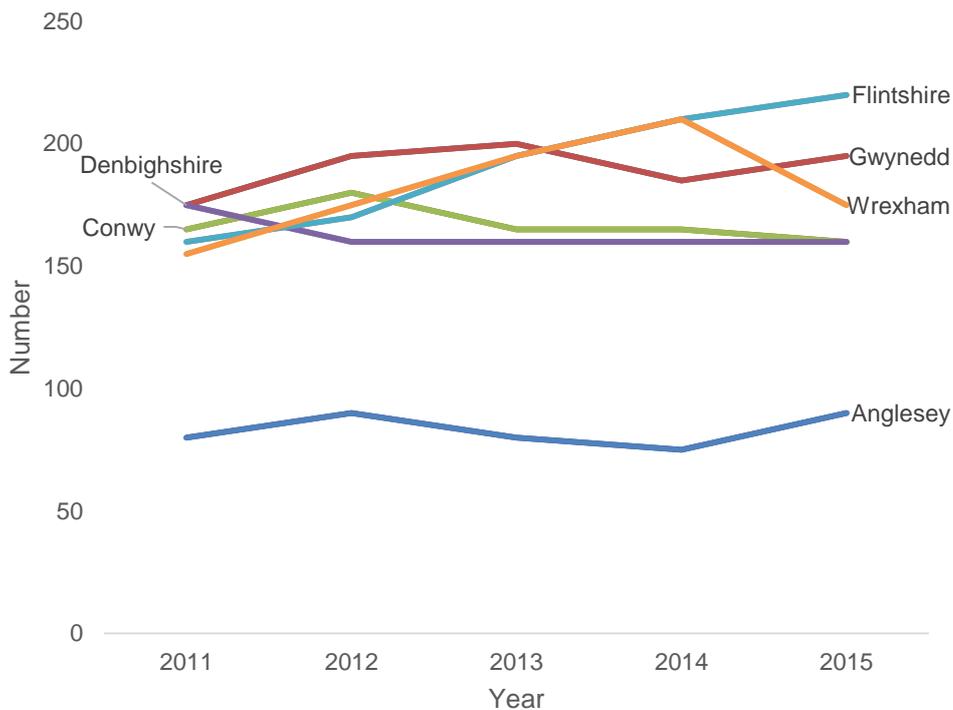
## 2.4 Looked after children and young people

### What do we know about the population

#### The number of Looked After Children in North Wales is increasing

In 2015 there were 1,000 local children and young people looked-after by North Wales councils. Of these 1,000 children and young people, 54% were boys and 46% girls, a trend which mirrors the national picture across the whole of Wales. The number of children looked after in North Wales has increased during the last 5 years, a 9% increase on the level in March 2011. In March 2015, just over 70% of these children were placed in foster placements.

**Figure 2.3** Number of children looked after by local authority, 2011 to 2015



Source: Welsh Government, Stats Wales

**Table 2.9** Number of children looked after by local authority, 2011 to 2015

	2011	2012	2013	2014	2015
Anglesey	80	90	80	75	90
Gwynedd	175	195	200	185	195
Conwy	165	180	165	165	160
Denbighshire	175	160	160	160	160
Flintshire	160	170	195	210	220
Wrexham	155	175	195	210	175
North Wales	910	970	995	1005	1000
Wales	5,410	5,720	5,765	5,745	5,615

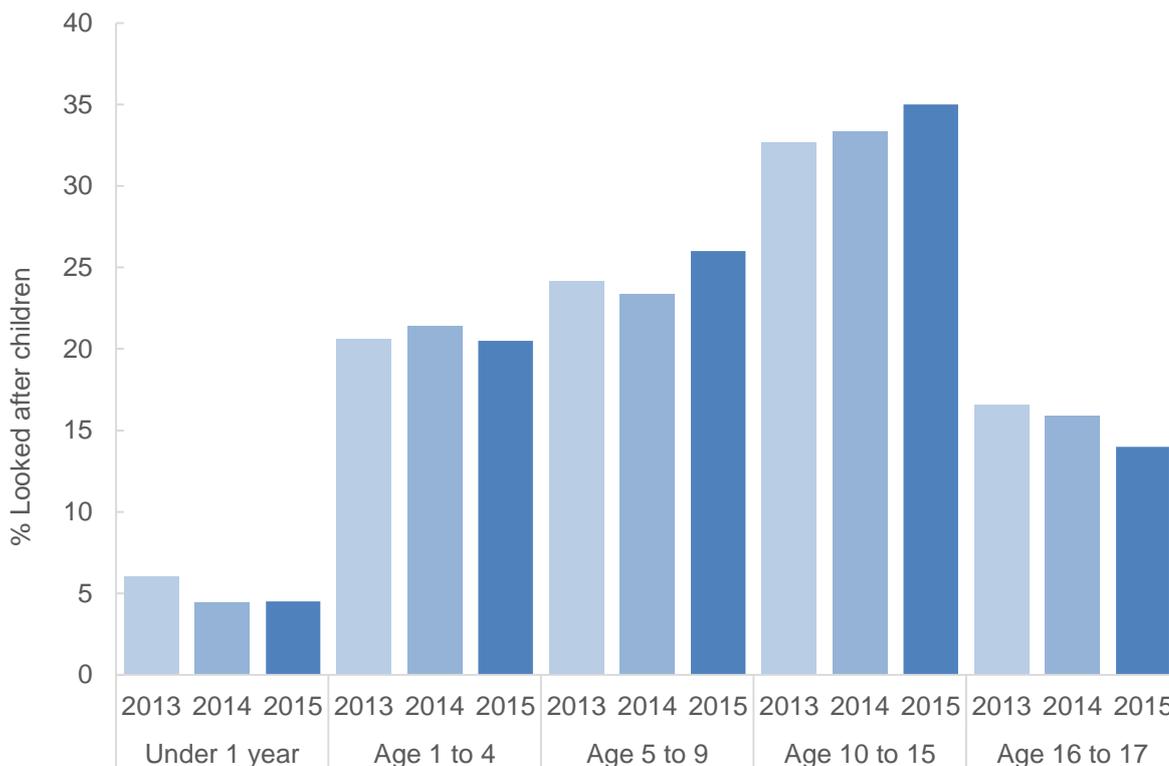
Source: Welsh Government, Stats Wales

All councils in North Wales have shown an increase during this time. The age group with the largest increase in the last 5 years was children aged 5 to 9 years.

North Wales has a lower number of children looked after per 10,000 population than the rest of Wales, however there are significant variations across the region, from 59 in Wrexham to 82 in Gwynedd.

In terms of the ages of these children and young people, the trend appears to be fairly similar over the last three years, with the percentages increasing with the ages of the children, with the highest proportion of looked after children being aged between 10 and 15 years old. It should be noted when comparing them directly that the groupings are different sizes, for example age 10-15 covers six years while age 16 to 17 covers two. As this age bracket includes key transitions for these children, in terms of health, education, social and emotional development, a wide range of service provision and support services are required to support this population.

**Figure 2.4** Percentage looked after children by age range for North Wales



Source: Welsh Government, Stats Wales

### The ‘Looked After’ experience

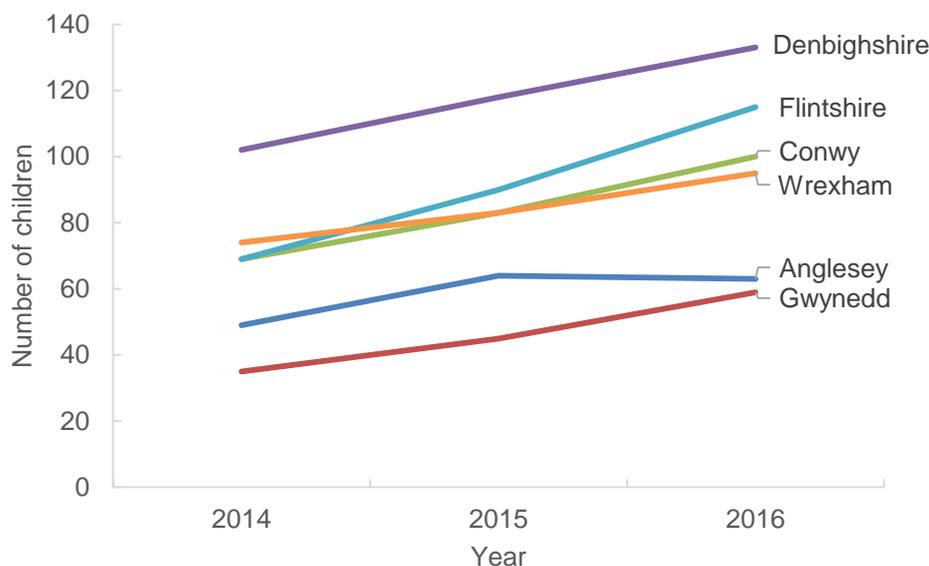
The organisation survey carried out for the population assessment, highlighted the impact being looked after can have on a child’s health, personal relationships and educational attainment. Many young people also have poorer outcomes when leaving care including poverty, housing and employment (Children in Wales, 2016).

It is difficult to compare the experience between counties as the numbers involved are small so the data tends to vary year-to-year depending on specific children and families included in the figures at that time. In terms of placement experiences, there is a fluctuating picture. In respect of stability of placements, the picture is a mixed one; while Wrexham has shown improved placement stability and Conwy has seen a decline in 2015, while the other local councils appear fairly static although the numbers involved are small. In terms of stability of educational settings (changes not due to transitional arrangements), with the exception of Denbighshire and Flintshire, the picture appears to indicate that educational settings were more stable in 2015 than 2014. In terms of educational achievements, children in Gwynedd and Denbighshire achieve the most, with Denbighshire showing an increase in achievement levels between 2013/14 and 2014/15, while conversely children in Conwy achieved less during the same period.

## Children looked-after from local councils outside North Wales

In addition to those local children who are looked after, North Wales has a high number of children from outside of the region who are looked after locally and this number is increasing as shown in Figure 2.5.

**Figure 2.5** Number of looked after children from out of county placed in North Wales local authorities



Source: Local authority data

These children equate to an additional 40% across North Wales in 2015 and include placements in foster care and residential units. While these placements are funded externally, these numbers of children place additional demands on local services such as health, education, police and support services, all of which are funded locally. For example the Youth Justice Service in Wrexham estimates that 25% of their work involves looked after young people placed in Wrexham by other local authorities. This in part accounts for the high figures relating to youth crime in Wrexham.

In addition, if, as these children leave the care system, they decide to settle in the local area, this can place a strain on housing departments, which are already under pressure.

## Adoption

On average, adoption services work with between 15% and 19% of looked after children (National Adoption Service, 2016b). Up to 25% of children placed for permanent adoption have experiences in childhood that need specialist or targeted support (National Adoption Service, 2016b).

The National Adoption Service (NAS) was developed in response to the Social Services and Well-being (Wales) Act 2014. It is structured in three layers, providing services nationally, regionally and locally. They have produced a

framework for adoption support which aims to make it easier for adopters and children and young people to get support when they need it (National Adoption Service, 2016a). Part of implementing the framework will involve mapping need, demand, services and resources.

The North Wales Adoption Service is a partnership between local council adoption teams in Anglesey, Gwynedd, Conwy, Denbighshire, Flintshire and Wrexham, hosted by Wrexham County Borough Council. The service aims to make the adoption process more efficient and effective through widening the pool of adopters for the children in North Wales (North Wales Adoption Service, 2016).

## **What are people telling us?**

### **Looked after young people and care leavers**

Workshops carried out for the population assessment with looked after young people and care leavers found:

- The things that are important to them are friends, being active, healthy, family, hobbies and interests, feeling included, phone/Wifi
- The things they find hard to do are: motivation, getting a job, staying healthy, socialising, feeling confident, fitting in, being independent, talking about what you want in life, challenges associated with disability.
- They felt things would be better if they had: more money; a job; better mental and/or physical health; better sleep; better able to talk about feelings; breaking unhelpful behaviour patterns; support to socialise; good education; being safe and feeling loved.
- They were currently receiving support from: professionals (social worker, personal advisor, foster carers, youth workers, counsellors, school support workers), family, friends and groups. They had mixed views on how well it was working – some very well, some not well. They also had mixed views on how helpful friends and family, the local community and third sector or public services could be. Some said charities could provide support, help families get back together and help get jobs. Others that the public sector could be more accessible, helpful and provide more information.

### **Care leavers / young homeless people**

A workshop with care leavers and young homeless people carried out for the population assessment found some were happy with the support they were receiving. Others highlighted their needs as: improved communication between staff (young people receiving mixed messages), need support with reading and writing, staying out of trouble, money, employment, managing anger, living circumstances, drugs, better accommodation maintenance, support to deal with ADHD. These young people didn't have good relationships with their family and

when asked how friends, family and the local community could support them they mentioned the following organisations: MIND, Barnardos, Cais, Nacro, Nant y Glyn, church, CAMHS, HOST and North Wales Training Agency

### **Independent providers**

Feedback from the Care Forum Wales Looked After Children Network (care provider forum) was about the difficulties of early intervention, effective planning and matching the needs of children and young people with the most appropriate resource. This includes planning for transition from residential care to 'When I'm Ready' placements or out of custody placements.

Suggestions for improvements included considering more social services staff available at weekends (or to match the need for emergency support) and working with independent providers more effectively as partners in finding solutions for a young person. Engaging with providers about plans for next 5-10 years would be useful for business planning as with enough notice, providers can develop the services that are needed to meet future need.

### **Placement stability**

Stability is one of the most significant factors associated with the wellbeing of children in care and their outcomes (Hannon, C., Bazalgette, L., Wood, C., (2010). *In Loco Parentis*. DEMOS). Stability of placements shows a strong correlation with educational attainment and emotional wellbeing.

In the most recent year 9% of looked after children have had 3 or more placements in the previous 12 months and 13% had experienced one or more changes of school, during a period of being looked after, which were not due to transitional arrangements.

### **Fostering**

Engagement with staff highlighted the main pressures facing fostering services in North Wales as:

- Additional preventative work to help stop children coming into care.
- Recruitment of foster carers to reduce the number of out of county placements
- Additional specialist support and training to foster carers
- The additional demands placed on the service from kinship care or connected persons.

The North Wales councils work closely together on a number of regional fostering projects to address these issues.

## **Kinship fostering / connected persons**

‘Kinship care means that relatives or friends look after children who cannot live with their parents... Sometimes this type of care is called family and friends care because this more accurately describes what it is, and kinship foster carers are sometimes called connected persons... Kinship fostering... is an arrangement whereby the local authority have legal responsibility for a child and place them with a family member or friend who is a foster carer for that child.’  
(CoramBAAF, 2016).

Councils have a responsibility to try to place a looked-after child with family or friends before any other kind of placement is considered. The increasing focus on kinship carers is changing the demands on fostering services. A national paper produced highlighted differences in the nature of kinship fostering, current issues affecting practice in the field; differences from the assessment and support of mainstream foster carers (National Fostering Framework, 2016). Local councils in North Wales are working together to try to address this issues, for example, by developing a single assessment form for kinship carers. There is also work planned nationally under the National Fostering Framework.

## 2.5 Children involved in crime, anti-social behaviour and who are victims of crime

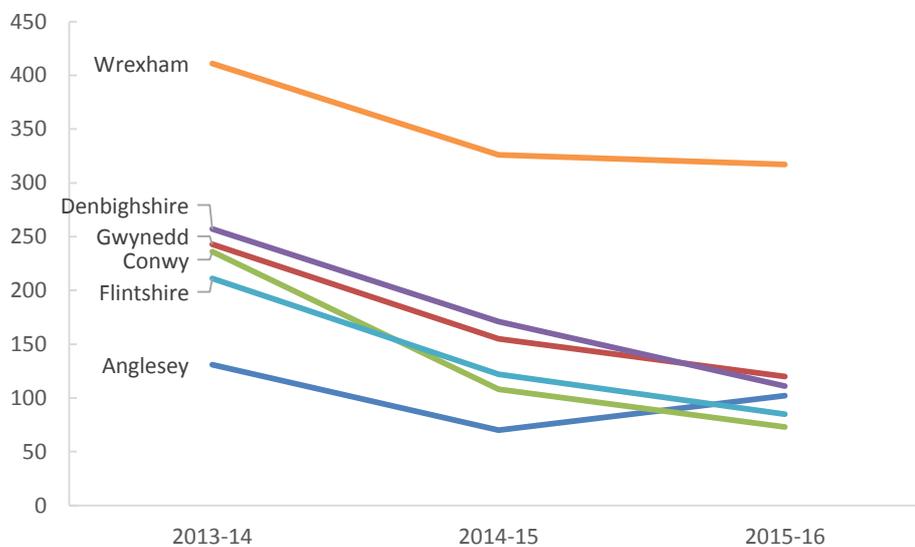
### The population

There are two elements for consideration in terms of children and young people's involvement in crime, those who offend and those who are victims of crime. Each element requires a range of services and support and should be considered as part of this report.

### Offenders

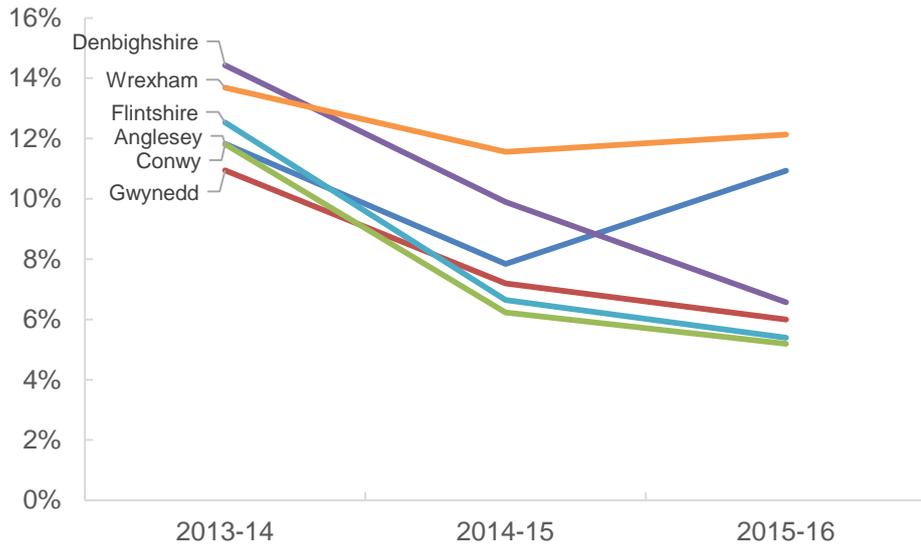
Over the last 3 years, Wrexham has had the highest number of young offenders across North Wales but also the highest crime rate across the region. With the exception of Anglesey, all local authorities have seen a reduction in the number of young offenders over the last 3 years.

**Figure 2.6** Number of young offenders aged under 18 years



The number of young offenders as a percentage of overall offenders has declined during the last 3 years with the exception of Anglesey and Wrexham, where the proportion has increased. Wrexham has the highest proportion of offenders who are under 18 years old, equating to 12.1% in 2015/16, closely followed by Anglesey where 10.9% of offenders are under 18 years.

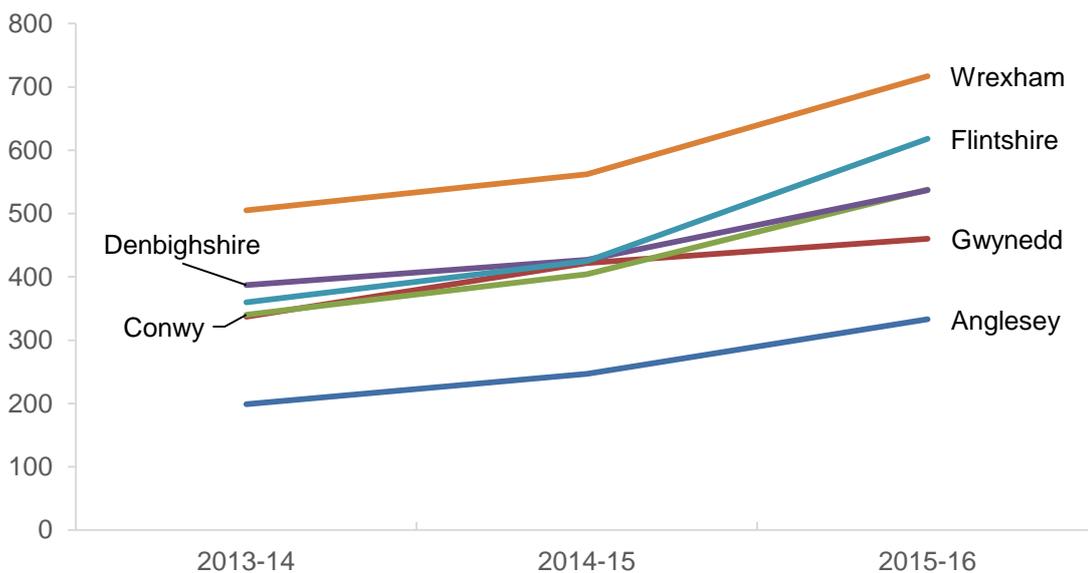
**Figure 2.7** Percentage of overall offenders who are under 18 years old



### Victims of crime

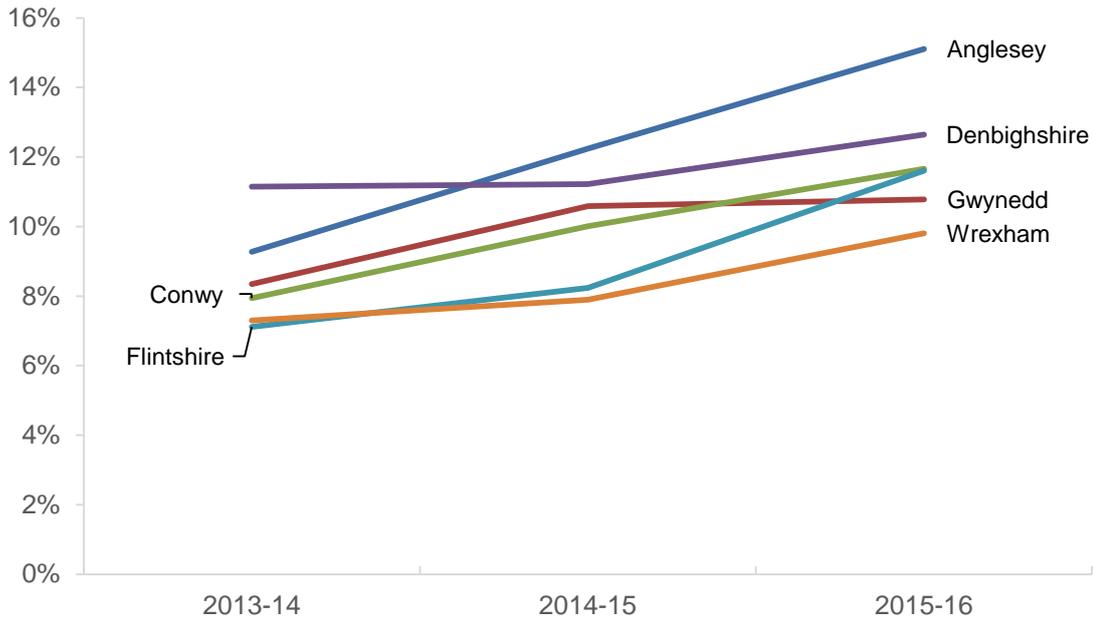
Without exception, the number of children and young people reported as falling victim of crime has steadily increased year on year across all North Wales local authorities. This could be due to a number of reasons including increased ability/ willingness to report; increased number of crimes committed or increase in particular types of crime such as cyber-crime.

**Figure 2.8** Number of victims of crime aged 17 and under in North Wales



As with the number of young offenders, Wrexham has the highest number of young victims of crime in North Wales. However as an overall proportion of all victims of crime, Wrexham has the lowest percentage of young victims due to the high overall crime rate in Wrexham.

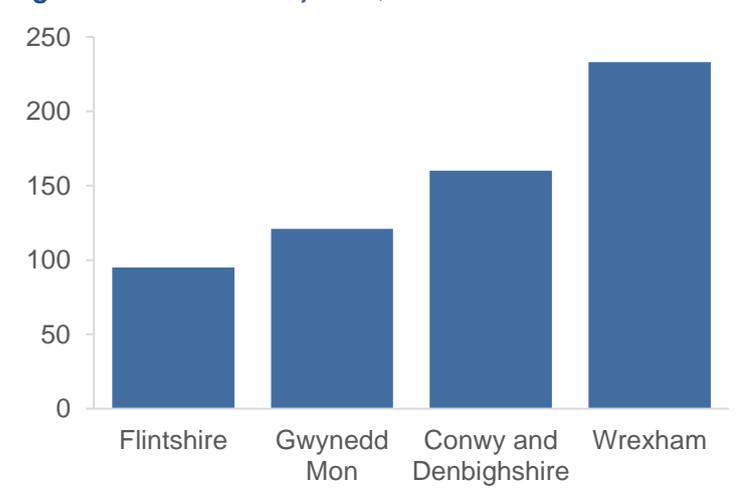
**Figure 2.9** Percentage of all victims who are aged 17 years and under



### Restorative justice

There are a number of services and a range of provision which are supporting young people who are either offenders or victims of crime. In terms of restorative justice across North Wales, the number of Court orders issued varies across the local authorities, with Wrexham having the largest number issued by a significant margin. Restorative justice involves communication between those harmed by a crime and those responsible for it to find a positive way forward.

**Figure 2.10** Restorative justice, number of orders issued in North Wales



### Resettlement work

Information contained within the Llamau Report (2014) gives details in relation to resettlement services for North Wales young people who have been in custody. The conclusions contained within the report highlight the areas of

good practice per region together with areas for improvement. The recommendations and actions will be taken forward as part of the work of the North Wales Resettlement Broker Co-ordinator Project, with particular focus on the following:

- General principles and practices around resettlement
- Accommodation
- Education, training and employment
- Health and well-being
- Substance use
- Families
- Finance, benefit and debt
- Case management and transitions
- Outcomes

## 2.6 Disabled children

### Definition

The Equality Act defines a disability as a physical or mental impairment which has a substantial and long-term adverse effect on your ability to carry out normal day- to- day activities.

The Education Act 1996 states that children have Special Educational Needs (SEN) if they have a learning difficulty which calls for special educational provision to be made for them.

Other aspects of disability that would also be included under the Equality Act definition would be; children with a limiting long term illness, physical disabilities, learning disabilities, mental health problems, children with neuro-developmental problems (including children with Autism Spectrum Conditions who do not have a learning disability and children with chronic conditions (diabetes, epilepsy, asthma and so on). Children with challenging behaviour and attachment disorders may also be in need of support but may not be picked up by services or identify as being 'disabled'.

### Safeguarding

“The available UK evidence on the extent of abuse amongst disabled children suggests that disabled children are at increased risk of abuse and that the presence of multiple disabilities appears to increase the risk of both abuse and neglect.” (HM Government, 2006)

Often as a result of their disability, disabled children are more vulnerable to abuse and neglect in ways that other children and the early indicators of abuse or neglect can be more complicated than with non-disabled children.

### What do we know about the population

The number of disabled children in North Wales has increased steadily over the last 5 years. The figures in Table 2.10 suggest that there are currently approximately 5,000 children in North Wales with a disability that has a substantial and long-term adverse effect on their ability to carry out normal day-to- day activities who are known to local councils.

**Table 2.10** Headline statistics relating to children with additional needs in North Wales

	2011	2012	2013	2014	2015
Under 16s in receipt of DLA <sup>(Nov)</sup>	4,110	4,210	4,450	4,665	5,010
Physical/sensory disabled Children Under 17 <sup>(Oct)</sup>	4,720	4,508	4,324	4,411	4,549
Children in Need with a Disability <sup>(March)</sup>	790	800	735	785	760
Children with a SEN Statement <sup>(July)</sup>	20,121	20,436	20,855	21,757	21,546

North Wales has also seen an increase on the number of pupils given a statement of special educational need, a learning difficulty which requires that special educational provision is made to support them in school. However, not every child or young person who has a statement of educational need will be disabled or see themselves as such.

These trends reflect the national increase in the number of disabled children which is believed to be due to increased survival rates, multiple births and older mothers. There will be an increasing impact on parents and carers as their children get older and larger in terms of manual handling, behaviour management and safety which can put a further strain on parent's resilience and ability to care for their children.

The number of children in need with a disability supported by social services has fluctuated during the last 5 years and there are clear differences between local councils, which could be due to differences in recording processes or the application of eligibility thresholds.

**Table 2.11** Number of children in need with a disability, 2011 to 2015

	2011	2012	2013	2014	2015
Anglesey	95	95	85	65	70
Gwynedd	210	225	220	240	260
Conwy	125	130	150	140	140
Denbighshire	115	200	60	70	55
Flintshire	175	90	120	190	155
Wrexham	70	60	100	80	80
North Wales	790	800	735	785	760

Source: Welsh Government, Stats Wales

**Table 2.12** Percentage of children in need with a disability, 2011 to 2015

	2011 (%)	2012 (%)	2013 (%)	2014 (%)	2015 (%)
Anglesey	29	26	26	22	27
Gwynedd	33	34	31	32	36
Conwy	21	25	24	20	20
Denbighshire	20	33	16	19	15
Flintshire	36	22	27	32	31
Wrexham	8	9	12	11	11

Source: Welsh Government, Stats Wales

### Poverty in families with disabled children

Research carried out by the Children's Society in 2011 found that disabled children living in the UK are disproportionately more likely to live in poverty.

Disabled children living in low income families that lack the resources they need to engage in the kinds of normal social activities that other children take for granted.

Welsh families with disabled children are facing new pressures on their incomes, due to changes to the benefits system introduced by the UK Government's welfare reforms. Some Citizens Advice officers have reported that over the last three years they have witnessed an increase in the number of people who rely on the children's Disability Living Allowance to be part of the household income, rather than to provide the extra support that a disabled child needs. There is a risk that disabled children living in poverty will be further disadvantaged where their DLA is used for food, heating or rent.

Research carried out by the Disability Benefits Consortium found that, since government benefit cuts came into play, more and more disabled people in Wales are turning to foodbanks to feed their families. Of those affected by changes to benefits, 12% have used foodbanks, and in families affected by both bedroom tax and council tax changes, this figure jumps to 15%.

## **What are people telling us?**

Feedback from engagement sessions with parents highlighted the following common themes:

- The time taken for assessments to take place and delays in accessing support was considered to be too lengthy. Need to "be quicker when a cry for help is given". Support while waiting for assessments or confirmation of diagnosis was also cited as important.
- Concern about the lack of available help to care for their child(ren), particularly for those who are full time carers and single parents, if they are ill and in the school holidays.
- Felt they needed more support to maintain their own emotional wellbeing – including extra help, respite/short-breaks, learning more coping strategies, baby sitters and support for emotional wellbeing. This was a concern when juggling work and caring for a disabled child and professionals who listen was suggested as being important. The physical and emotional impact of managing behaviour problems on parents was also significant. Including; temper, difficulties communicating and safety concerns.
- The impact of social isolation and support to get out of the home for both children and parents. Including direct payments for family outings, suitable afterschool clubs or day care was needed.
- Parents reported that it would help them to cope if there was better understanding from the wider community regarding disabilities and more acceptance of disabilities that you can't see.

- Better facilities for families of disabled children.
- More support from voluntary and charity sector.
- Issues managing their children's anxiety when in public or not in their care.

Feedback from engagement sessions with children highlighted the following common themes;

- The children talked about the difficulties that they have meeting with friends outside school time. When you are younger there are special needs play scheme, they are not suitable if you are older. The children said they would like a club where they can meet their friends.
- Some children said they found noisy environments difficult such as going into large shops, swimming pools or sports centres.
- Some children would like to go out alone but parents are worried about other children bullying or taking advantage of them.
- The children said how difficult it was for them to make decisions.
- One child said because their mobility was not good they had difficulty getting around especially going downhill. This inhibits his social and leisure activities.
- The children said that they rely on their parents to help them with the things that they find difficult and one child had a social worker who took him out.
- The children would like a greater range of activities to do outside school such as art workshops, outdoor activities, trips to activity parks and somewhere to have fun, meet friends, to do cycling music and dance.
- The teachers said that they would like more information about what is available for children now that some of the play schemes have closed down.

Feedback from staff highlighted the complexity and interdependency of issues facing disabled children and young people and their families, including difficulties around transition from children's services to adult's services. They also highlighted an increase in the number of disabled children with very complex needs. More information needs to be included in the population assessment review.

## **Review of services provided**

Services available for disabled children and their families through local councils following an assessment of needs include:

- Emotional support and counselling
- Advice and information

- Help with finances
- Short break care including foster carers to care for children for short periods as well as play schemes and activities for children and young people.
- Home care
- Occupational therapy
- Equipment and adaptations
- Direct payments

There are also a wide variety of services available from the third sector and community groups. Family Information Services (FIS) are available to help address the lack of awareness of information and services that can help these families. FIS should be the first point of contact for information on services and support for disabled children and this includes universal services, leisure activities, holiday clubs, childcare, sports and so on.

Families First includes a disability element, which is expected to continue when the programme guidance is revised in 2017. The services delivered vary from county to county but include support with benefits, advice and childcare services.

## 2.7 Children and young people's mental health

### What is meant by the term mental health?

The World Health Organisation (2014) has defined mental health as:

“a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community”

Public Health Wales (2016a) use the term mental well-being as defined above; mental health problems for experiences that interfere with day to day functioning; and, mental illness to describe severe and enduring mental health problems that require treatment by specialist mental health services.

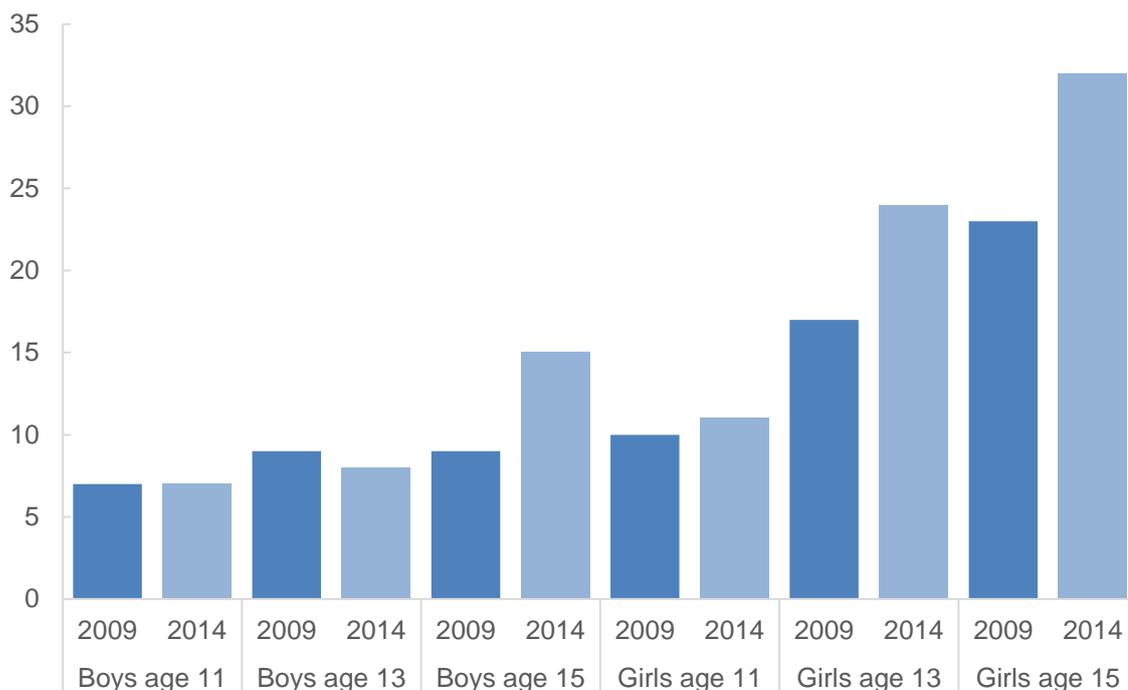
### What do we know about the population

Children's mental health was consistently raised as a concern in the consultation and engagement for the population assessment. In particular, self-harming, depression and anger management issues. Early experiences may have long-term consequences for the mental health and social development of children and young people (Public Health Wales, 2016b).

Overall, around 80% of young people in Wales report high levels of life satisfaction (World Health Organization, 2016). However, out of a survey of 15 year olds in 42 different countries, Wales ranked 39 in this measure above England, Poland and the former Yugoslav Republic of Macedonia (World Health Organization, 2016).

The proportion of children and young people in Wales who report feeling low more than once a week ranges from 7% of 11 year old boys to 15% of 15 year old boys, and 11% of 11 year old girls and 32% of 15 year old girls. In each age group the proportion of respondents stating they feel low more than once a week is greater among girls than boys and increases with increasing age. Among boys age 15 and among girls in all age groups there has been an increase in reported levels of feeling low between 2009 and 2014 as shown in Figure 2.11.

**Figure 2.11** Percentage of children and young people in Wales reporting feeling low more than once a week, 2009 and 2014



Source: Welsh Government, 2015

Predictions from Daffodil show the number of children with mental health needs will remain at around 8,000 between 2015 and 2035 with a peak of 8,400 in 2025. This is because the method used is to apply the rate of children with mental health needs to population projections which do not show a change in number of children and young people by 2035.

Table 2.13 shows the risk and protective factors for child and adolescent health that relate to themselves, their family, school and community. Strategies to promote children’s mental health and wellbeing should focus on strengthening the protective factors and reducing exposure wherever possible to the risk factors.

**Table 2.13** Risk and protective factors for child and adolescent mental health (Department of Education, 2016)

	<b>Risk factors</b>	<b>Protective factors</b>
In the child	<ul style="list-style-type: none"> <li>• Genetic influences</li> <li>• Low IQ and learning disabilities</li> <li>• Specific development delay or neuro-diversity</li> <li>• Communication difficulties</li> <li>• Difficult temperament</li> <li>• Physical illness</li> <li>• Academic failure</li> <li>• Low self-esteem</li> </ul>	<ul style="list-style-type: none"> <li>• Being female (in younger children)</li> <li>• Secure attachment experience</li> <li>• Outgoing temperament as an infant</li> <li>• Good communication skills, sociability</li> <li>• Being a planner and having a belief in control</li> <li>• Humour</li> <li>• Problem solving skills and a positive attitude</li> <li>• Experiences of success and achievement</li> </ul>

	<b>Risk factors</b>	<b>Protective factors</b>
		<ul style="list-style-type: none"> <li>• Faith or spirituality</li> <li>• Capacity to reflect</li> </ul>
In the family	<ul style="list-style-type: none"> <li>• Overt parental conflict including domestic violence</li> <li>• Family breakdown (including where children are taken into care or adopted)</li> <li>• Inconsistent or unclear discipline</li> <li>• Hostile and rejecting relationships</li> <li>• Failure to adapt to a child's changing needs</li> <li>• Physical, sexual, neglect or emotional abuse</li> <li>• Parental psychiatric illness</li> <li>• Parental criminality, alcoholism or personality disorder</li> <li>• Death and loss – including loss of friendship</li> </ul>	<ul style="list-style-type: none"> <li>• At least one good parent-child relationship (or one supportive adult)</li> <li>• Affection</li> <li>• Clear, consistent discipline</li> <li>• Support for education</li> <li>• Supportive long term relationship or the absence of severe discord</li> </ul>
In the school	<ul style="list-style-type: none"> <li>• Bullying</li> <li>• Discrimination</li> <li>• Breakdown in or lack of positive friendships</li> <li>• Deviant peer influences</li> <li>• Peer pressure</li> <li>• Poor pupil to teacher relationships</li> </ul>	<ul style="list-style-type: none"> <li>• Clear policies on behaviour and bullying</li> <li>• 'Open door' policy for children to raise problems</li> <li>• A whole-school approach to promoting good mental health</li> <li>• Positive classroom management</li> <li>• A sense of belonging</li> <li>• Positive peer influences</li> </ul>
In the community	<ul style="list-style-type: none"> <li>• Socio-economic disadvantage</li> <li>• Homelessness</li> <li>• Disaster, accidents, war or other overwhelming events</li> <li>• Discrimination</li> <li>• Other significant life events</li> </ul>	<ul style="list-style-type: none"> <li>• Wider supportive network</li> <li>• Good housing</li> <li>• High standard of living</li> <li>• High morale school with positive policies for behaviour, attitudes and anti-bullying</li> <li>• Opportunities for valued social roles</li> <li>• Range of sport/leisure activities</li> </ul>

For more information about the negative impacts that adverse experiences during childhood have on an individual's physical and mental health see the report produced by Public Health Wales (2015)

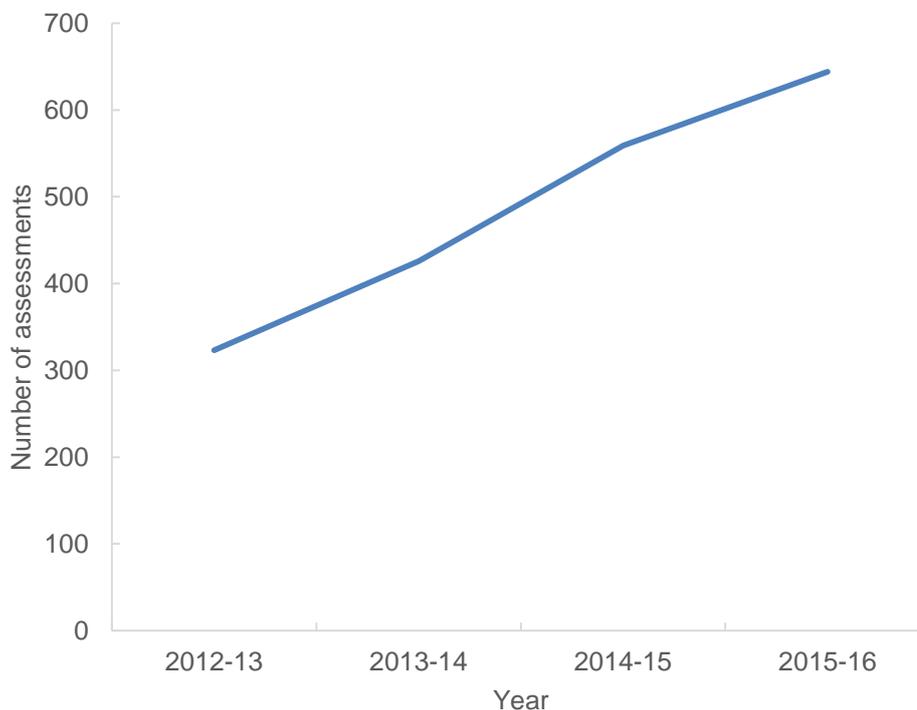
Consultation and engagement carried out for the population assessment suggested that increasingly younger children are being referred to CAHMS and highlighted particular concerns about looked after children and the high numbers referred to CAMHS.

### **Self-harm**

Self-harming was identified in the consultation and engagement as an increasing need. Figure 2.12 shows that the number of self-harm risk assessments carried out in North Wales has doubled between 2012 and 2016. This data includes only those who attended Accident and Emergency so the

need may be even greater within the community. The cost of a hospital episode for children and young people admitted for self-harming could be in the region of £200 to £870 per admission (Public Health Wales, 2016b). This excludes the cost of admission to intensive therapy or high dependency units, which may be required in a small number of cases. There is a self-harm pathway in place between health and education. .

**Figure 2.12** Number of self-harm risk assessments in North Wales, 2012 to 2016



Source: BCUHB

### Eating disorders

Eating disorders are among the mental health problems that cause most anxiety and concern to families. The Eating Disorders Framework for Wales has recently been reviewed and recommendations have been made to ensure that it remains appropriate to the current situation. Estimates of the prevalence of eating disorders in North Wales are shown in Table 2.14 and the proportion of boys and girls is shown in Figure 2.13. National data shows that there was a national rise of 8% in the number of admissions to hospital for an eating disorder between 2013 and 2014 (NHS Digital, 2014).

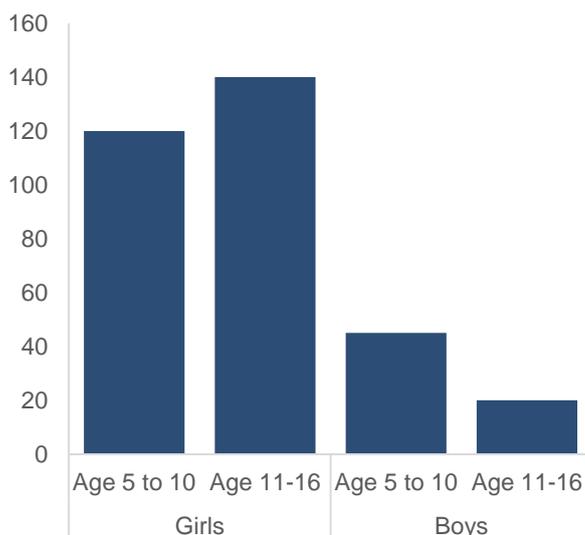
**Table 2.14** Estimated number of children with eating disorders, 2014

	Age 5 to 10	Age 11-16	Total (age 5 to 16)
Anglesey	15	15	25
Gwynedd	25	30	45
Conwy	20	30	45
Denbighshire	20	25	40
Flintshire	35	40	65
Wrexham	30	35	55
Total	120	140	235

*Numbers have been rounded so may not sum*

Source: Public Health Wales Observatory

**Figure 2.13** Estimated number of boys and girls with eating disorders, North Wales



*Numbers have been rounded so may not sum*

Source: Public Health Wales Observatory

For more information please see the Public Health Wales (2016a) children and adolescent mental health needs assessment written to inform the Together for Children and Young People Programme.

### Attachment

'The child's environment after they are born may affect their development, such as developmental trauma caused by abuse or neglect, or both. If they are not properly cared for and stimulated, this affects the growth and development of certain areas of their brain leading to a lack of emotional development. This is often referred to as *attachment difficulties* or *attachment disorders* (NHS Choices, 2016).

Typically, children who have had a poor start in life especially if they have also endured abandonment, neglect and/or abuse struggle with attachment and tend to have behavioural problems making them particularly difficult to parent. Often, these children end up in long-term foster placements or adoption.

Staff report that the attachment issues with children are increasingly cited as a cause of placement breakdowns (including adoption and Special Guardianship Orders). Some support is available from CAMHS to foster carers and adoptive parents and training is provided by local councils.

There are no statistics available on the number of children with attachment disorders either for the whole population of children and young people or for looked-after children. However, feedback from staff highlighted this as a major need and recommended developing a co-ordinated approach between health and social services to addressing needs and widening training on attachment.

## **Review of services**

Public Health Wales (2016a) identified a number of interventions where there is evidence of effectiveness at improving mental wellbeing.

- Address the impact of wider determinants of health such as inequality and poor housing and reduce likelihood of exposure to adverse childhood experiences, such as exposure to drug use and violence.
- Universal assessment of risk shortly before and after birth followed by targeted interventions for those identified at greater risk.
- Universal and targeted parent support.
- Access to early years educational opportunities.
- Programmes delivered in school that show evidence of improvement in social and emotional well-being, self-confidence and self-control in addition to a reduction in conduct problems, violence and bullying.

The review includes recommendations for the Together for Children and Young People Programme based on the interventions listed.

The approach of children and adolescent mental health services (CAMHS) in North Wales is:

- Early intervention, prevention and primary mental health: promoting good mental health, building resilience and reducing stigma by working with partners, in particular education. Includes promoting the 'five ways to well-being'; North Wales Book Prescription Scheme and the national Better with Books scheme; ensuring early conversations between professionals; targeted interventions for the prevention of anxiety delivered in partnership through 'Friends for Life' suite of interventions; develop a self-harm pathway and protocol; offer care in the service users language of choice.
- Referral based intervention services: re-organise services so that children and young people requiring a routine mental health assessment will be seen for their first appointment within 28 days, and those requiring an urgent mental health assessment will be seen within 48 hours.

- Plans for re-organisation and development of services for: Autism Spectrum Disorder (ASD) and Attention Deficit Hyperactivity Disorder (ADHD), so that Community Paediatrics is at the heart of this service; eating disorders; early intervention in psychosis; early years; paediatrics and mental health; and, tier 4 services.

This approach is being supported by an additional investment of £1.6 million into CAMHS in North Wales from Welsh Government (Gore-Rees, 2015).

In March 2016, 22% of routine mental health assessments were within 28 days and 26% began therapeutic interventions within 28 days. The target for both was 80% (BCUHB, 2016). Table 2.15 shows that by August 2016 the waiting list for mental health assessments had reduced from over 200 to 82 and the longest wait from 32 weeks to 21 weeks. The numbers on the waiting list for ASD and ADHD has increased over the same period. Responses to the organisation questionnaire highlighted CAMHS waiting lists as an issue although this may be because people haven't yet had experience of the service since the improvements. There will also still be a need for universal and targeted support for children not meeting the thresholds for CAMHS.

**Table 2.15** Waiting lists 2016-17, BCUHB

	Mental health assessment		Neuro		ASD		ADHD	
	Total on waiting list	Longest wait in weeks	Total on waiting list	Longest wait in weeks	Total on waiting list	Longest wait in weeks	Total on waiting list	Longest wait in weeks
April 16	222	32	181	35	122	62	107	61
May 16	208	28	175	35	130	66	114	65
June 16	178	24	171	33	151	71	119	71
July 16	148	21	168	33	155	75	122	75
Aug 16	82	21	162	34	161	80	133	80

Source: BCUHB

In addition to services described above all council's commission services to promote family resilience of various kinds and provide a school counselling service. There is also a diverse range of third sector provision of support for children and young people to promote mental and emotional health and well-being.

There is a role for information, advice and assistance services, including Family Information Services (FIS) to coordinate these services. Dewis Cymru is also available as an online directory of services. For example, Wrexham FIS have a partnership approach in supporting families awaiting treatment or diagnosis from CAHMS.

There is a need to carefully manage transition from CAMHS to adult mental health services to maintain continuity of relationships and manage different experiences of services. Services need to be joined up at an earlier stage for young people and their families to be informed and aware of adult services.

## 2.8 Early intervention, prevention and parenting

### Introduction

Foundations for all aspects of human development are laid down before birth and early childhood (0 to five years) (Jones *et al.*, 2016). There is a strong economic case that early interventions pay back costs many times over.

Children who are physically or sexually abused or brought up in households where there is domestic violence, alcohol or drug abuse are more likely to adopt health-harming and anti-social behaviours in adult life. Results from the first Welsh Adverse Childhood Experience (ACE) study show that exposure to four or more harmful experiences in childhood increases the chances of high-risk drinking in adulthood by four times, being a smoker by six times and being involved in violence in the last year by around 14 times (Public Health Wales, 2015). One in every seven adults aged 18-69 years in Wales experienced four or more Adverse Childhood Experiences during their childhood and just under half experienced at least one.

The ACEs most commonly suffered by children in Wales are verbal abuse (23%), parental separation (20%) and physical abuse (17%). Other frequently occurring ACEs include being exposed to domestic violence (16%), mental illness (14%), alcohol abuse (14%), sexual abuse (10%), drug use (5%) and incarceration (5%).

Forty-one percent (41%) of adults in Wales who suffered four or more adverse experiences in childhood are now living with low mental well-being. This compares to 14% of those individuals who experienced no ACEs during their childhood. Adults who experienced four or more ACEs in childhood are four times more likely to develop Type 2 diabetes, three times more likely to develop heart disease and three times more likely to develop respiratory disease, compared to individuals who report no ACEs.

This demonstrates the importance of focusing on early years and reducing the number of children living in families where there is domestic abuse, mental health problems, substance misuse or other forms of abuse or neglect. Providing safe and nurturing environments for every child in Wales is the best way to raise healthier and happier adults.

Early intervention and prevention services can be present across all spectrums of need (see Figure 2.14). Preventing something happening in the first place is more likely to be a feature of universal services whereas in the higher levels of need it may be to prevent a child from being accommodated. In the middle would be the areas that work with families to prevent escalation to more intensive statutory interventions.

Over the last few years Welsh Government have implemented initiatives under the child poverty agenda such as Families First, Flying Start and Communities First. While Flying Start and Communities First have focused on the more deprived areas and have other restrictions such as age for Flying Start, Families First has been open to any family who needed early support to prevent escalation of need to statutory services.

Flying Start supports children between the ages of 0 to 4 years living in deprived areas. They help children become 'school ready' by supporting parents through intensive health visitor service, child care and parenting programmes. In 2015/16 over 7,000 children benefitted from Flying Start services across North Wales.

Families First supports children and families with the Team Around the Family (TAF) approach to supporting families using a strengths based approach to working with the families. In 2015/16 the main referrers to TAF services in North Wales were health visitors and schools.

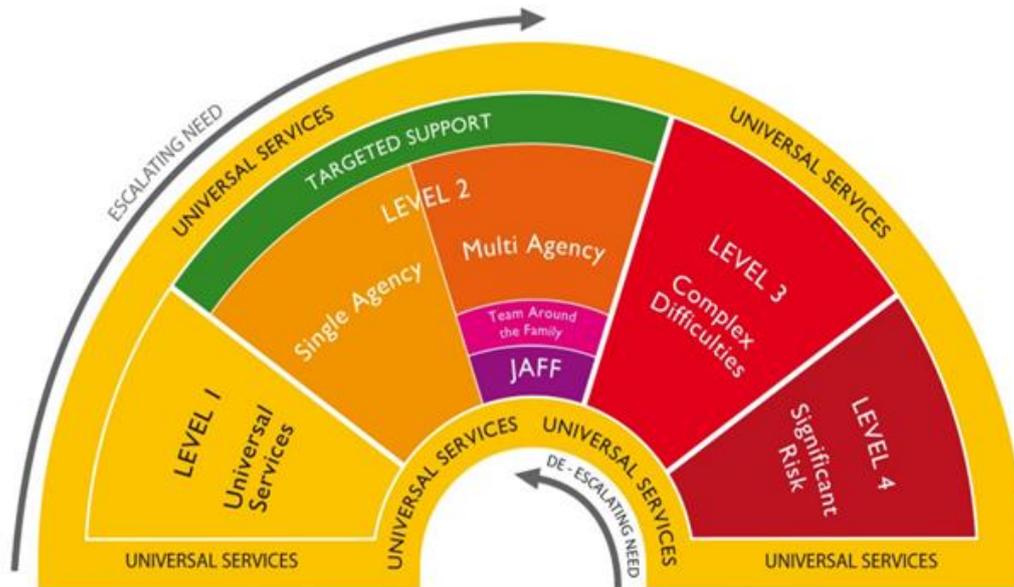
### **What is meant by prevention and early intervention?**

The definition of prevention and early intervention can include:

- Universal access to information and advice as well as generic 'universal services' such as education, transport, leisure / exercise facilities and so on.
- Single and multi-agency targeted interventions, contributing towards preventing or delaying the development of people's needs for managed care and support or managing a reduced reliance on that care and support.

Figure 2.14 shows prevention as a spectrum of need. This section focuses on level 2, single and multi-agency targeted interventions.

Figure 2.14 IPC Windscreen model, 4 levels of prevention



## What is meant by parenting and parent support?

In this report the term **parent** includes: mothers, fathers, foster carers, adopted parents, step parents and grandparents.

The term **parenting** is defined as:

An activity undertaken by those bringing up children and includes mothers, fathers, foster carers, adopted parents, step-parents (Welsh Government 2014)

The term parenting support is defined as: The provision of services and support, which aim to: increase parenting skills; improve parent-child relationships; improve parents' understanding, attitudes and behaviour and increase parents' confidence in order to promote the social, physical and emotional well-being of children.

## Why do we provide support to parents?

'The core purpose of parenting support is about **working with** parents to reduce risks; strengthen parenting capacity; develop and build resilience and sustain positive change' (Welsh Government 2014)

Parenting is also a key factor in a child's behavioural development and mental health. Children who live through Adverse Childhood Experiences (ACEs), such as violence, neglect or living with individuals with substance abuse issues, have higher risks of premature ill health and developing health-harming behaviours (Public Health Wales, 2015).

Parenting skills are normally learnt skills from our own experiences growing up as children. If these experiences lack some of the core elements of bringing up children in a safe and nurturing environment it can have a detrimental effect on the child as they grow and so the cycle of inappropriate parenting continues.

Provision of parenting support is needed to break cycles of inappropriate parenting and raise parents' confidence in their skills to raise their children in a positive and nurturing environment.

In order to meet the diverse needs of parents and children there is a need to provide bespoke parenting support, based on the needs of parents in a particular area or setting.

Local councils across Wales provide a range of parenting support through a wide variety of provision. Provision is delivered through either evidence based programmes or through specific support delivered in group or one to one settings.

Welsh Government have invested resources to develop key documents and initiatives relating to parenting.

Parenting in Wales guidance was developed in line with National Occupational Standards for work with parents. It provides a comprehensive overview and guidance for delivering parenting support across Wales. The guidance states it is primarily to assist those providing parenting support making decision about:

- the type(s) of parenting support to provide;
- how to provide it;
- approaches to supporting and engaging parents;
- workforce development;
- assessment process, signposting and referral; and
- evaluation and monitoring.

In addition to this Welsh Government launched 'Parenting. Give it time' web site in 2015 which promotes positive parenting and provides advice and support around parenting that is accessible to all.

## **What we know about the population**

There are around 124,000 children aged 0-15 in North Wales with around 39,000 aged 0-4. Not all of the families within which the children live will need support.

As part of the preparation for the introduction of the Families First programme in 2012 each council in North Wales carried out a vulnerable families mapping

exercise (Cordis Bright, 2012; Conwy County Borough Council, 2013). This was based asking practitioners about how much they agree with the following statements, based on the Think Family research (Social Exclusion Task Force, 2007) for the number of families for each family they have a relationship with. Conwy County Borough Council used a different method, which found similar results and the comparable numbers are used here.

1. No resident parent in the family is in work
2. The family lives in temporary, overcrowded or poor quality accommodation
3. No parent in the family has any academic qualifications
4. The mother has a mental health problem
5. At least one parent has a longstanding illness, disability or infirmity that limits their daily activities
6. The family has a low household income (below £287 per week)
7. The family cannot afford certain food or clothing items
8. There is evidence of domestic violence in the household
9. There is evidence of substance misuse in the household

The mapping exercise included around 8,000 families in total across North Wales. It found a strong relationship between the indicators and vulnerability/complex needs which implied they could be used to identify families at risk of escalating problems to support with early interventions. There were particularly strong links between vulnerability and not being able to afford certain food or clothing items (or being in receipt of income-related benefits in the Conwy County Borough Council research) as well as evidence of substance misuse.

The research found that although there were some concentrations of need in specific areas, on the whole 'vulnerability is family-specific not location-specific'. This suggests that interventions targeting specific areas would not be enough by themselves to tackle the issues encountered by all vulnerable families.

The Conwy County Borough Council (2013) research included in-depth interviews with families which highlighted the following issues raised by families.

- Housing issues, mental and emotional health, school attendance and engagement with education, aspirations, experiences of social services, parenting skills and support, domestic abuse, money and finances, employment, misuse of drugs and alcohol.
- The particular needs of families with disabled children.
- The importance of information and communication between services and agencies and the importance of the relationship between families and the professionals working with them.

- The crisis or trigger points where things changed for them including: separation and divorce, bereavement, domestic abuse, losing employment, losing accommodation, change in schooling situation or receiving a diagnosis.

Additional data about the need for prevention, early intervention and child poverty is available in the Vulnerable Families Needs Analysis in appendix 2a.

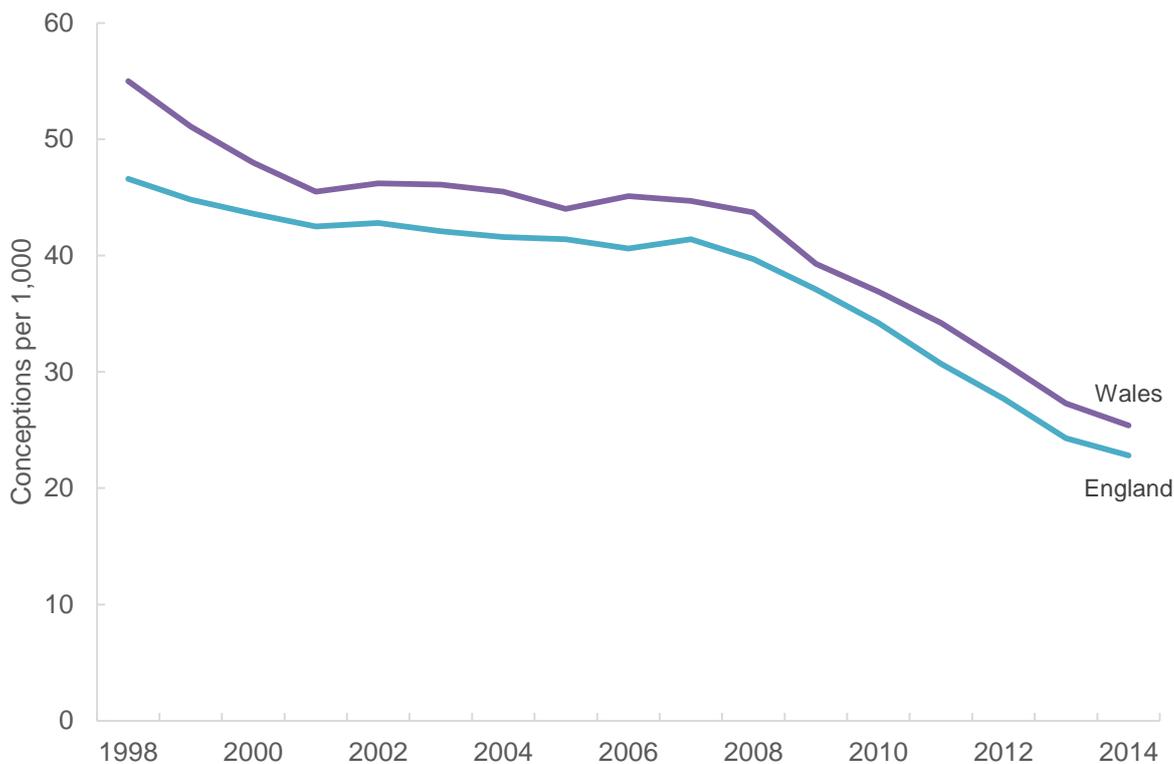
### **Teenage parents**

The parenting ability of teenage parents can be affected by several factors including conflict within family or with a partner, social exclusion, low self-confidence and self-esteem. These factors can affect the mental wellbeing of the young person. The impact of being a teenage parent will be evident on both the mother and father and while the mother will be under 20 years of age many fathers will be between 20 and 24 years.

Teenage conception rates are reducing and there has been a steady decrease across England and Wales since 1998: suggested reasons include the availability of highly effective long-acting contraception, and also changing patterns of young people's behaviour where some go out less frequently. Teenage pregnancy is risk factor contributing to low birth weight and many other poor long-term health and socio-economic outcomes for mother and baby. One in four pregnancies end in a termination, rising to one in two of teenage pregnancies, showing that there is an unmet need for services to educate and help prevent unwanted pregnancy.

Looked after children / young people are at much higher risk of early pregnancy and may miss key school-based education sessions about protecting themselves.

**Figure 2.15** Conceptions per thousand women aged 15-17, England and Wales, 1998 to 2014



Source: Office for National Statistics (ONS)

In the majority of areas across North Wales the number of teenage births has been decreasing as the below table shows:

**Table 2.16** Under 20 births 2010 to 2014

	2010	2011	2012	2013	2014
Anglesey	65	54	49	51	36
Gwynedd	110	51	93	67	58
Conwy	112	81	83	76	48
Denbighshire	89	79	77	69	78
Flintshire	120	87	125	88	81
Wrexham	140	105	100	82	79
North Wales	636	457	527	433	380

Source: Welsh Government, StatsCymru

### Parental separation

Parental separation has been shown to be a risk factor of poor outcomes for children. Protective factors can counter such negative outcomes through good relationship with one parent and wide network of social support (Welsh Government 2014).

The rate of divorce has decreased over the last few years, but this may be due to more couples co habiting which will impact on the number divorcing.

Parental relationships whether parents are separated or together can have an impact on their children’s outcomes as is outlined in the Early Intervention Foundation report (Harold *et al.*, 2016).

## What services are available

Across North Wales there are different forms of parenting support provision some receive general support in the home or in groups and others are evidence based programmes. The main programme delivered across North Wales is Incredible Years which has a strong evidence base. Other programmes include: FAST (Families and Schools Together) and the STEPS programme.

Flying Start provides parenting courses to families who live within the relevant post code areas. Table 2.17 shows how many places were available in the last three years and the percentage of those places that were taken up.

**Table 2.17** Flying Start formal structured parenting courses offered by local authority, 2013-14 to 2015-16

Local authority	2013-14		2014-15		2015-16	
	No. of places	% of places	No. of places	% of places	No. of places	% of places
Isle of Anglesey	53	74%	57	74%	91	62%
Gwynedd	125	69%	199	60%	205	72%
Conwy	69	78%	164	70%	262	63%
Denbighshire	74	46%	117	73%	108	60%
Flintshire	223	78%	252	82%	229	68%
Wrexham	106	82%	96	65%	222	45%

Source: Welsh Government

Families First provision across North Wales includes commissioned evidence based parenting programmes as well as parenting support as part of the support offered to families as an early intervention programme.

Although parenting provision is provided, in the majority of cases families have other issues that need to be addressed before they are able to engage effectively in any evidence based programme. In order for parenting programmes to be effective it should be considered as part of a package of support rather than a stand-alone intervention.

Feedback from the consultation and engagement found that many early intervention and prevention services, such as Team Around the Family, were valued by staff and the people who used them, although more still needs to be done. A lack of resources to invest in prevention and early intervention was

raised as a challenge. There was also feedback that there needs to be more investment in educating parents to find support in the community

## 2.9 Children and young people without care and support needs

Due to time constraints the report has focussed on specific groups of children and young people with care and support needs. The consultation and engagement carried out for the population assessment also included children who do not have care and support needs. This raised the following issues which may also affect the groups of children and young people in the chapter.

- Access to leisure and entertainment particularly for children and young people living in rural areas where services are fewer and tend to cost more due to the distance needed to travel to and from these areas.
- Access to play opportunities.
- Access to affordable transport, particularly for children and young people in rural areas.
- Urdd Gobaith Cymru reported the Welsh language county forums and support don't work as well for young people aged 16 to 18.
- Support with money problems: student loans, paying bills, benefits and knowing who to talk to with regards to money problems
- Having someone to talk to if something should happen and they need support and knowing where to go for help.
- Welfare rights: It can be difficult to get the right benefits to help people stay independent or to live independently. Issues include considerable delays in waiting for initial claim benefit payments and an increase in referrals to the Discretionary Assistance Fund (Wales) to apply for 'Emergency Assistance Payments'. This is a discretionary grant which offers small payments to cover families short term immediate needs for things like gas/electric and food. In addition, many more referrals are being made to local food banks – again as a result of benefit payment delays.

## 2.10 Conclusion and recommendations

### Key findings

- There are around 124,000 children aged 0-15 in North Wales. There has been very little change in the number of children and young people in the past five years and this trend is likely to continue over the next 25 years.
- The majority of children and young people in North Wales are healthy and satisfied with their lives but more needs to be done to: tackle low birth weight; reduce infant mortality rates; improve breastfeeding rates and take-up of immunisations; reduce childhood obesity and smoking and alcohol use.
- There has been a fall in referrals to children's services but it is not yet known how the number of referrals will change in response to the wider eligibility under the new act.
- The majority of referrals to children's services are from the police or within the council's own social services department, and the main reasons for referral are abuse or neglect.
- In the last five years there has been a 9% increase in the number of children on the child protection register and in the number of children looked-after in North Wales.
- There are increasing concerns about sexting and online bullying.
- North Wales has a high number of children from outside the region who are looked after locally and this number has been increasing. This places additional demand on local services such as health, education, police and support services.
- There are changing demands on fostering services due to an increase in kinship fostering / connected persons.
- Wrexham has the highest number of young offenders and the highest crime rate across the region. With the exception of Anglesey all local authorities have seen a reduction in the number of young offenders over the last three years.
- The number of children and young people who are victims of crime has increased year on year. This could be due to a number of reasons including increased ability/ willingness to report; increased number of crimes committed or an increase in particular types of crime such as cyber-crime.
- The number of disabled children has increased over the past five years.

- Children's mental and emotional health was consistently raised as a concern including a rise in self-harm and eating disorders as well as attachment issues.
- There needs to be an integrated approach to the health and wellbeing of children and their families throughout universal services to maximise prevention and promote resilience at the earliest stage. New evidence on the multiple impacts of Adverse Childhood Experiences can bring more awareness and support towards preventing them and minimising their effects.
- Provision of parenting support is needed to break cycles of inappropriate parenting and raise parents' confidence in their skills to raise their children in a positive and nurturing environment.
- Information, advice and assistance services as provided by Family Information Services are an important part of prevention and early intervention services.

## **Recommendations and next steps**

Due to the tight timescales and wide range of needs covered in this chapter the next steps should focus on identifying the further information needed in priority areas. This should include additional consultation and engagement to agree recommendations as part of the area plan. Future work should be based on the UNCRC and include children's right to play.

- **Advocacy:** all children and young people need to have their voice heard in decision making processes, and this is particularly important for looked after children and children on the child protection register. Some information is included in the introduction to the report but more information is needed about the services available and their effectiveness.
- There is further work to be done to implement the new duties under the act and regional projects are in place to support this including assessments and information, advice and assistance.
- There have been concerns throughout the production of this chapter about the quality of data recording. Work needs to be done to standardise the recording of children in need data (and its replacement) as well as threshold and eligibility criteria.
- More information is needed about trafficking and child sexual exploitation to inform the population assessment.
- More information is needed about the increase in complex needs for disabled children and the transition from children's to adult's services.

- Find out more about concerns raised, that increasingly younger children are being referred to CAHMS and the needs of looked after children referred to CAMHS.
- Information about restorative approaches to work with families including everyday interaction, meetings with service users, informal circles, mediation and formal group conferences.
- There are good examples of service provision in all counties, such as the 'edge of care' project, internal therapeutic services, collaborations between social services and CAMHS. Information about these services is already shared informally between counties, but future work on the population assessment needs to look at this further.

## **Equalities and human rights**

The report includes the specific needs of children and young people and disabled children. It also highlights the importance of children's rights. Some information was available about Black, Asian and Minority Ethnic young people but more could be identified. Information about refugees and asylum seekers was highlighted as a gap. Consultation was also undertaken about the needs of Gypsy and Traveller young people. Please see appendix 1 for more information.

Issues affecting people with protected characteristics may not be picked up by this assessment and could be addressed in future population assessment reviews, in the development of the area plan or in the services developed or changed in response to the area plan.

Services for children and young people must take a child-centred and family-focussed approach that takes into account the different needs of people with protected characteristics and this will be a continued approach during the development of future implementation plans and play a key role on the development of services.

We would welcome any further specific evidence which may help to inform the final assessment.

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