



Dr. Mike Davies

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Re: Invitation to give evidence to the Children and Young People Committee

Introduction

The basis for this short paper is my experience of working with adoption agencies and families in a post-adoption context and as an independent expert in legal proceedings during the last 10 years. In that time I have seen many families across South, Mid and West Wales where the age of the adopted child ranges from infancy to 17 years of age. My involvement ranges from providing consultation to agencies, and or families; training on attachment to professionals and carers; or direct work with children and families. Because I am independent and therefore incur cost I am often referred to as a last resort. I therefore see the cases that often have greater complexity where child and family difficulties have been compounded by:

- An inability on the part of professionals to understand the nature of attachment problems of maltreated children and the consequences for the child and adoptive family
- Limited or sometimes very poor post-adoption support
- No meaningful therapeutic support

Adoptive parents I see are often exasperated with the lack of timely support and intervention and desperate to understand their circumstances, especially their child.

Provision of specialist (post-adoptive) CAMHS and specialist therapeutic services

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CAMHS varies across Wales in terms of resources and provision but to my knowledge there is no special post-adoptive service. Moreover, where referrals are made they have very little priority and spend long periods on waiting lists. Arguably there is little interest in this work or attachment -based difficulties generally due to the predominant medical model adhered too in most CAMHS. Increasingly, from my experience, because CAMHS is occupied with other client groups, it does not necessarily have the expertise (let alone the inclination or resources) to provide the quality of assessment and intervention required especially in the more complex cases.

Outside of CAMHS there are some independent practitioners such as myself who may be accessible but this naturally involves cost to the local authority or families themselves. At present there is little to no opportunity for adoptive families to access timely consultation, assessment and or intervention for their child and family across Wales. Sometimes at a very much later stage some families access some help serendipitously while there are many examples tragically - of adoption breakdown. I have been involved in several cases where the adoption has broken down in weeks or months because the adopters are completely unable to cope because of the child's severe attachment problems.

We need specialist services for the whole range of adopters some of which will have relatively mild problems of adjustment, then across the continuum to those children with severe attachment problems. Some families will require just advice or relatively low level support. Others will need to access more expertise and consultative services that enable them to understand the nature of the child's (attachment) problems and how best to adjust to meet their needs.

Some families at the more extreme end, that have a child who perhaps should not have been placed for adoption in the first place, need a combination of interventions and high levels of expertise: Including consultation, assessment, as well as therapeutic support.

Range of attachment difficulties

Attachment problems in 'looked after children' are often a result of poor nurturing, abuse and neglect and other forms of maltreatment during early years. The nature, severity and extent of the problems relate to the child's formative experiences and how well its needs are met once it is made safe with alternative carers. There appears to be an assumption in social work agencies that younger children i.e. babies, infants, toddlers and even young children - who have suffered considerable adversity, can by virtue of the fact that they are still very young, have their needs best met in an adoptive family. I challenge this view and am very concerned about the lack of screening of the child's potential (attachment) problems prior to deciding its future placement. Most adopters have very limited experience of caring for ordinary children never mind children with severe attachment problems who will challenge the skills and expertise of the most experienced foster carers.

Attachment problems range from mild anxiety and separation problems to severe challenging behaviours, as well as an absence of empathy and severe temper outbursts. Some children will be unable to be close and relational in the usual way preferring to be 'avoidant'- almost as if they are a lodger. Others will be very attention seeking (ambivalent) oscillating between closeness and distance in a way that is very demanding and wearing on the relationship between the child and parent. Some children will be controlling and coercive in their social behaviour and only able to relate with peers who are much younger than themselves.

The more severely affected child has significant innate developmental damage (disorganised attachment) as a result of severe early life adversity. Arguable some of these children, as a result of neuro-developmental problems - originating in the first 2 years of life, will have additional significant difficulties with their psychological functioning in the long term. Of concern here is the child's potential to develop empathy and be relational in the usual way. Some of these children can appear superficially to be fine but in the context of their day to day care the experience for their families is very different; the worst of attachment behaviour is manifested in their routine care and with whom the child is closest. As the child grows and matures there are frequently difficulties in school with their ability to concentrate, learn, behave and relate to peers.

Summary

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During the last decade or so many children who may have previously remained in foster care, have been placed for adoption. Many agencies will see this as a success as it aims to reduce its 'looked after child' population and associated costs. Unfortunately much of the burden of caring for some of these children has fallen on adoptive families who have not been provided with the consultation, assessment and therapeutic support they have often required. This has resulted in a great deal of stress and unhappiness for many of these families as well as inevitable placement breakdowns.

I hope an outcome of this inquiry will be the provision of resources so that specialist services can be developed. I would be very concerned at this stage about locating these services in CAMHS unless there was some autonomy for the new service and ring-fencing of resources. The prevailing medical model and lack of current expertise in this area in CAMHS will prevent the families getting the best out of any resources that may be allocated. In fact there is a real danger any new resources may be swallowed up in developing CAMHS rather than benefitting families. If new resources are allocated I strongly recommend that attention is paid to the development of expertise on attachment issues amongst the professional community as well as therapeutic practice in this highly neglected area of work.



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Short Biography: *Dr Mike Davies, Consultant Psychotherapist and Trainer.*

Mike is a registered UKCP Psychotherapist who for the last 11 years has worked as an Independent Consultant and Trainer specializing in child mental health and Child Care matters. He worked in CAMHS for more than twenty five years as a clinician and Operational Manager where he was instrumental in setting up specialist services for abused children and refugee families. He has published articles on subjects such as child abuse, refugee mental health, and 'looked after children,' and has contributed to numerous conferences and training initiatives. He has been producing independent assessments and 'expert opinion' for Courts for nearly 20 years and in over 400 cases. He is consultant to several fostering and adoption agencies where he runs surgeries for carers as well as providing assessments and direct work in a post-adoption context. His predominant clinical interest is in the use of attachment in therapeutic work with maltreated and or traumatized children and their families/carers. He is currently developing a new counselling service for the University of Wales in Newport where he is the clinical lead.