

Public Document Pack

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To: Members of the Social & Health Care Overview & Scrutiny Committee

21 May 2021

Dear Sir/Madam

NOTICE OF REMOTE MEETING
SOCIAL & HEALTH CARE OVERVIEW & SCRUTINY COMMITTEE
THURSDAY, 27TH MAY, 2021 at 10.00 AM

Yours faithfully

Robert Robins
Democratic Services Manager

Please note: This will be a remote meeting and 'attendance' will be restricted to Committee Members and those Members of Council who have asked the Head of Democratic Services for an invitation. Such attendees may only speak at the Chair's discretion.

The meeting will be live streamed onto the Council's website. A recording of the meeting will also be available, shortly after the meeting at <https://flintshire-public-i.tv/core/portal/home>

If you have any queries regarding this, please contact a member of the Democratic Services Team on 01352 702345.

A G E N D A

1 **APPOINTMENT OF CHAIR**

Purpose: At the Annual Meeting, Council will determine which Group will chair this Committee. The Committee will be advised of the Chair of the Committee for the municipal year.

2 **APPOINTMENT OF VICE-CHAIR**

Purpose: To appoint a Vice-Chair for the Committee.

3 **APOLOGIES**

Purpose: To receive any apologies.

4 **DECLARATIONS OF INTEREST (INCLUDING WHIPPING DECLARATIONS)**

Purpose: To receive any Declarations and advise Members accordingly.

5 **MINUTES** (Pages 5 - 12)

Purpose: To confirm as a correct record the minutes of the meeting held on 4 March 2021

6 **FORWARD WORK PROGRAMME AND ACTION TRACKING** (Pages 13 - 22)

Report of Social and Health Care Overview & Scrutiny Facilitator

Purpose: To consider the Forward Work Programme of the Social & Health Care Overview & Scrutiny Committee and to inform the Committee of progress against actions from previous meetings.

7 **DIRECTORS ANNUAL REPORT** (Pages 23 - 84)

Report of Chief Officer (Social Services) - Cabinet Member for Social Services

Purpose: To consider the draft report prior to consideration at Cabinet.

8 **REBALANCING CARE & SUPPORT WHITE PAPER** (Pages 85 - 106)

Report of Chief Officer (Social Services) - Cabinet Member for Social Services

Purpose: to consider the White Paper, note the consultation response submitted from Flintshire and approve the report

9 **NORTH WALES ADOPTION SERVICE UPDATE** (Pages 107 - 348)

Report of Chief Officer (Social Services) - Cabinet Member for Social Services

Purpose: To receive a progress report.

10 **AROSFA** (Pages 349 - 354)

Report of Chief Officer (Social Services) - Cabinet Member for Social Services

Purpose: To provide details of the new service model and the difference it will make for children and young people.

11 **DEVELOPING IN HOUSE RESIDENTIAL CARE FOR CHILDREN** (Pages 355 - 362)

Report of Chief Officer (Social Services) - Cabinet Member for Social Services

Purpose: To support the move to become a direct provider of Residential Care for Children

12 **MENTAL HEALTH SERVICES IN FLINTSHIRE** (Pages 363 - 386)

Report of Chief Officer (Social Services) - Cabinet Member for Social Services

Purpose: To highlight the challenges faced within Mental Health Services and the impact that Covid-19 is having on the mental health of the local population.

Please note that there may be a 10 minute adjournment of this meeting if it lasts longer than two hours

Procedural Note on the conduct of meetings

The Chair will open the meeting and introduce themselves.

The meeting will be attended by a number of Councillors. Officers will also be in attendance to present reports, with Democratic Services officers acting as hosts of the meeting.

All attendees are asked to ensure their mobile phones are switched off and that any background noise is kept to a minimum.

All microphones are to be kept muted during the meeting and should only be unmuted when invited to speak by the Chair. When invitees have finished speaking they should go back on mute.

To indicate to speak, Councillors will use the chat facility or use the electronic raise hand function. The chat function may also be used for questions, relevant comments and officer advice and updates.

The Chair will call the speakers, with elected Members addressed as 'Councillor' and officers addressed by their job title e.g. Chief Executive' or name. From time to time, the officer advising the Chair will explain procedural points or suggest alternative wording for proposals, to assist the Committee.

If and when a vote is taken, the Chair will explain that only those who oppose the proposal(s), or who wish to abstain will need to indicate, using the chat function. The officer advising the Chair will indicate whether the proposals are carried.

If a more formal vote is needed, this will be by roll call – where each Councillor will be asked in turn (alphabetically) how s/he wishes to vote

At County Council and Planning Committee meetings speaker's times are limited. A bell will be sounded to alert that the speaker has one minute remaining

The meeting will be live streamed onto the Council's website. A recording of the meeting will also be available, shortly after the meeting at <https://flintshire.public-i.tv/core/portal/home>

SOCIAL & HEALTH CARE OVERVIEW & SCRUTINY COMMITTEE **4 MARCH 2021**

Minutes of the meeting of the Social & Health Care Overview & Scrutiny Committee of Flintshire County Council held remotely on Thursday 4 March 2021

PRESENT: Councillor Hilary McGuill (Chair)

Councillors: Mike Allport, Marion Bateman, Paul Cunningham, Jean Davies, Carol Ellis, Gladys Healey, Cindy Hinds, Mike Lowe, Dave Mackie, Michelle Perfect and David Wisinger

CONTRIBUTORS: Councillor Christine Jones (Cabinet Member for Social Services); Chief Officer (Social Services); Senior Manager – Integrated Services and Lead Adults; Senior Manager – Children and Workforce; Senior Manager - Safeguarding and Commissioning, Wellbeing and Partnership Lead Officer, and Resources Service Manager

IN ATTENDANCE: Overview & Scrutiny Facilitators and Democratic Services Support Officer.

31 DECLARATIONS OF INTEREST (INCLUDING WHIPPING)

None were received.

32. MINUTES

The minutes of the meeting held on 21 January 2021 were submitted.

Accuracy

Page 7: Councillor Dave Mackie referred to a typographical error in the third paragraph and said the word “crease” should read “increase”.

The minutes were moved by Councillor Paul Cunningham and seconded by Councillor Jean Davies.

RESOLVED:

That subject to the above amendment the minutes be approved as a correct record and signed by the Chair.

33. FORWARD WORK PROGRAMME AND ACTION TRACKING

The Overview & Scrutiny Facilitator presented the current Forward Work Programme. She referred to the items for consideration at the next and future meetings of the Committee. She drew attention to an All Member Seminar to discuss Out of County Placements to be held on 22 March at 2.00 pm, and to the further items to be scheduled on the FWP from September 2021.

The Facilitator referred to the action tracking report which was appended to the report. She advised that a response was still awaited from the Welsh Government to the joint letter sent from the Chair of Social & Health Care and Chair of Education, Youth and Culture Overview & Scrutiny Committees concerning home schooling. She reported that all actions had been completed and gave an update on progress on the Committee's request for a report on disability discrimination to be submitted for consideration to a future meeting. She invited members to raise any items they wished to be included on the forward work programme.

The Chair asked that an item on hospital meals service be scheduled.

In response to a question from Councillor Paul Cunningham, the Chief Officer (Social Services) confirmed that a Member had been nominated to represent the Council on the North Wales Adoption Service.

The recommendations in the report were moved by Councillor Gladys Healey and seconded by Councillor Mike Lowe.

RESOLVED:

- (a) That the Forward Work Programme be noted;
- (b) That the Facilitator, in consultation with the Chair of the Committee be authorised to vary the Forward Work Programme between meetings, as the need arises; and
- (c) That the Committee notes the progress made in completing the outstanding actions

34. MOCKINGBIRD FOSTERING PROJECT – UPDATE ON THE PROGRAMME

The Senior Manager – Children and Workforce introduced a report to provide an overview of the implementation of Mockingbird. He commented on the Council's ambition to support looked after children locally and provide an effective fostering service for children and foster carers. He provided background information and invited Steph Martin, Mockingbird Liaison Officer, to provide an update on the Mockingbird Fostering Project.

The Liaison Officer advised that in January 2021 the Council launched its first Mockingbird constellation in Flintshire (the name given to each group comprising between 6-10 fostering families supported by one experienced foster carer or Hub carer). She reported on the positive progress made and said children within the groups were developing good relationships and accessing community programmes. A second constellation was launched in February 2021 which has 5 satellite families, 8 looked after children, 10 birth children and 2 children in 'When I'm ready'. She commented on how the service was being expanded through the encouragement and support provided by experienced foster carers to new foster carers. The Council's ambition was for a

further Mockingbird constellation in 2021 along with an intensive campaign to recruit more general foster carers.

The Liaison Officer commented on the impact that the COVID 19 pandemic had on the Mockingbird project and the fostering community but said it had remained on track for progression and implementation. Referring to the Welsh Government's loan to establish innovative social programmes she advised that following consultation the WG had agreed to extend the loan repayment period due to ongoing COVID restrictions. The Liaison Officer also explained that as part of the loan arrangement it had been agreed to delay the external evaluation phase of Mockingbird in Flintshire by 12 months to enable the evaluation to cover a period when the project was fully operational.

Members commented on the high standard of the report and spoke in support of the Project and congratulated officers on their work.

In response to a comment from the Chair the Liaison Officer explained the planning and activities to maintain relationships for sibling groups within constellations.

Councillor Carol Ellis asked if some scenarios could be provided in the future to demonstrate how the Mockingbird programme was improving the foster care service.

The recommendations in the report were moved by Councillor Paul Cunningham and seconded by Councillor Gladys Healey.

RESOLVED:

- (a) That the Committee notes the implementation of constellation one and two and that number three is set for Autumn 2021; and
- (b) That the effectiveness of the model in terms of a social and cost benefit analysis be noted.

35. AROSFA REFURBISHMENT - UPDATE

The Senior Manager – Children and Workforce introduced a report to provide an update on the Arosfa refurbishment. He provided background information and explained that an unused wing of the building had been refurbished to provide two additional bed spaces. He reported that the building work was completed and work on the internal furnishings in progress. Action for Children are working to extend staff capacity and secure the requisite approval from CIW to expand the service. He advised that an assessment was currently being undertaken to identify the children/families that would most benefit from the provision and associated support model. The Resources Service Manager commented that the work undertaken was of a high standard and designed to meet the complex needs of the children who used the service.

In response to a question by Councillor Paul Cunningham on out of county placements, the Senior Manager explained that timely and appropriate support could help families stay together and reduce the risk of breakdown. The Service was actively seeking to identify those families where such support would help avoid out of county placements.

The recommendation in the report was moved by Councillor Mike Lowe and seconded by Councillor Jean Davies.

RESOLVED:

That the Committee notes the refurbishment that has been achieved and supports progress to the next phase of service modelling and the opening of the provision once the appropriate regulatory conditions have been met.

36. NORTH WALES DEMENTIA STRATEGY AND THE FLINTSHIRE LOCAL STRATEGY

The Cabinet Member for Social Services introduced a report to give an update on the development of a strategy for care and support services for people living with dementia in Flintshire. She provided an overview of the support and numerous activities carried out in Flintshire to improve the lives of people living with dementia and their carers. She also reported on the collaborative work, awareness raising, and training, that the Council undertook with local organisations, businesses, churches, schools, care and nursing homes. The Cabinet Member referred to the challenges of the Covid-19 pandemic and said that new and innovative ways of working and maintaining contact had been embraced to ensure people and their carers were not isolated and continued to be involved and received care and support..

The Senior Manager Integrated Services and Lead Adults made reference to the regional dementia strategy and Betsi Cadwaladr University Health Board (BCUHB) action plan and said it was intended to incorporate some elements of those strategies into the local action plan for Flintshire. She reported that the dementia action plan funding which was part of the Integrated Care Fund programme would continue. She introduced the Wellbeing and Partnership Lead Officer who presented the report.

The Wellbeing and Partnership Lead Officer commented on the future and priorities going forward, commencement of new projects and ideas, opportunity for a regional strategy and sharing of best practice with other authorities. He said the Council was committed to having its own dementia strategy for Flintshire and said that the priorities would be regularly reviewed and updated and set by Social & Health Care professionals, people with experience of dementia, and community groups, and third sector organisations. He reported on the key themes in the Regional Strategy which were health and community and social care focussed (as detailed in the report).

The Lead Officer also referred to the key priorities for the Flintshire Dementia Strategy which were detailed in paragraph 1.04 of the report. He said the

Strategy was currently in draft stage and consultation and collaboration was being undertaken with key stakeholders. The completed Strategy would be validated with the Regional Dementia Strategy Steering Group in March 2021 to enable publishing and implementation of the key actions from April 2021.

The Senior Manager Integrated Services and Lead Adults commented on a new priority concerning night-time support for carers looking after people with dementia, the wrap around service, and support for end of life care.

In response to a comment from the Chair around the confusion a person with dementia might experience due to the number of care workers involved in their care, the Senior Manager Integrated Services and Lead Adults explained that the Council and some agencies had introduced measures to help build a relationship between the service user, their carer, and the care worker. She referred to the use of photographs of the care workers and brief one-page profiles to develop familiarity and build a person centred approach.

Councillor Carol Ellis commented on the increased pressure on services due to the pandemic and the anticipated surge in demand when restrictions came to an end, citing an increase in requests for assessment and respite as examples. The Chair also commented on a back-log of people waiting for diagnosis. The Wellbeing and Partnership Lead Officer acknowledged the concerns raised and said that recovery and restart would be the main focus during the first 6 months.

In response to a question from the Chair around the support provided for carers, the Senior Manager Integrated Services and Lead Adults explained that support was provided through respite care services and referred to the night-time service to enable the carer to have rest/sleep, and an increase in direct payment to the carer via NEWCIS to assist the carer. She also advised that carers would be part of the Steering Group for the Dementia Action Plan and that the Council worked closely with NEWCIS and FLVC to ensure that carers views were heard.

Councillor Dave Mackie reported that in 2017 13% of all deaths were due to dementia and it was a leading cause of death, however, research showed that 40% of people who had dementia did not have this recorded on their death certificate. He said diagnosis could take an average of 2 - 4 years and most people were not diagnosed until the condition was well advanced. He said the problem was increasing and spoke of the need to raise awareness to attract more funding.

The recommendations in the report were moved by Councillor Paul Cunningham and seconded by Councillor Dave Mackie.

RESOLVED:

- (a) That the Committee notes the progress made to develop a Dementia Strategy for Flintshire in collaboration with Health and Social Care providers, to meet the Council Plan objectives; and

- (b) That the further development and implementation of a detailed strategy and action plan to support people living with dementia in Flintshire and their families and carers, in alignment with the North Wales Regional Dementia Strategy that was published in 2020, be supported.

37. RECOVERY STRATEGY UPDATE

The Chief Officer (Social Services) introduced the report to provide an oversight on the recovery planning for the Committee's portfolio areas. An update on the portfolio risk register and risk mitigation actions were appended to the report. He provided background information and said the pressure on Social Services due to the pandemic had improved recently. The Chief Officer referred to the main considerations as detailed in paragraph 1.05 of the report.

The Chief Officer referred to the risk register which was appended to the report. Referring to risk SS01 concerning expenditure on out of county placements, he reported on the complexities involved. Referring to risk SS11 concerning unpreparedness to meet the needs of clients discharged from hospital, he said the service had much improved and officers had worked hard to find quick and responsive solutions to the problem.

The Chief Officer advised that many services had been maintained throughout the pandemic and cited as examples continuation of safeguarding services, services for vulnerable and looked after children, children's services, Mockingbird, development of DMST, development of Marleyfield, and mental health services.

The Chair thanked the Chief Officer and asked that the Committee's thanks also be passed to his team for their work and commitment throughout the pandemic.

Referring to the Covid-19 vaccination programme the Chair asked if a supply of vaccine was available in care and nursing homes to enable the appropriately qualified staff in the homes to give a second vaccination to residents and staff. The Chief Officer spoke of the success of the supply and implementation of the vaccination programme in Wales and locally in Flintshire. The Senior Manager – Safeguarding and Commissioning advised that statistics for the second dosage of the vaccine to residents in care homes was already 85% plus. She explained that the drive was to get the second dose to all health and social care staff, the remaining residents in care and nursing homes, and the remaining priority groups. She commented that the vaccination programme was progressing well.

Councillor Carol Ellis expressed concerns that there was a shortage of vaccine in Wales and discrepancies in the vaccination programme. The Chair said there were discrepancies between GP surgeries and the vaccination centre in Deeside Leisure Centre and asked if this could be fed back to the Strategic Vaccination Group. The Senior Manager – Safeguarding and Commissioning advised that there had been a planned interruption of the vaccination supply in the last two weeks but next week South Flintshire would be providing 5000

vaccinations per week, North East Flintshire would provide 10000 and North West Flintshire 3000.

In response to a concern by Councillor Dave Mackie on risk SS08 (failure of the Clipper Finance System due to the age of the software and its incompatibility with new server technology) the Chief Officer explained that work was progressing to replace the current system which was out of date with an alternative system linked to a WCIS system.

The recommendation in the report was moved by Councillor Dave Mackie and seconded by Councillor Gladys Healey.

RESOLVED:

That the latest updated risk register and risk mitigation actions within the Social Services portfolio which were appended to the report be noted.

38. MEMBERS OF THE PUBLIC AND PRESS IN ATTENDANCE

There were no members of the press in attendance.

(The meeting started at 2.00 pm and ended at 15.30 pm)

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Chairman

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SOCIAL & HEALTH CARE OVERVIEW & SCRUTINY COMMITTEE

Date of Meeting	Thursday 27 th May 2021
Report Subject	Forward Work Programme and Action Tracking
Report Author	Social & Health Care Overview & Scrutiny Facilitator
Type of Report	Operational

EXECUTIVE SUMMARY

Overview & Scrutiny presents a unique opportunity for Members to determine the Forward Work programme of the Committee of which they are Members. By reviewing and prioritising the Forward Work Programme Members are able to ensure it is Member-led and includes the right issues. A copy of the Forward Work Programme is attached at Appendix 1 for Members' consideration which has been updated following the last meeting.

The Committee is asked to consider, and amend where necessary, the Forward Work Programme for the Social & Health Care Overview & Scrutiny Committee.

The report also shows actions arising from previous meetings of the Social & Health Care Overview & Scrutiny Committee and the progress made in completing them. Any outstanding actions will be continued to be reported to the Committee as shown in Appendix 2.

RECOMMENDATION

1	That the Committee considers the draft Forward Work Programme and approve/amend as necessary.
2	That the Facilitator, in consultation with the Chair of the Committee be authorised to vary the Forward Work Programme between meetings, as the need arises.
3	That the Committee notes the progress made in completing the outstanding actions.

REPORT DETAILS

1.00	EXPLAINING THE FORWARD WORK PROGRAMME AND ACTION TRACKING
1.01	Items feed into a Committee's Forward Work Programme from a number of sources. Members can suggest topics for review by Overview & Scrutiny Committees, members of the public can suggest topics, items can be referred by the Cabinet for consultation purposes, or by County Council or Chief Officers. Other possible items are identified from the Cabinet Work Programme and the Improvement Plan.
1.02	<p>In identifying topics for future consideration, it is useful for a 'test of significance' to be applied. This can be achieved by asking a range of questions as follows:</p> <ol style="list-style-type: none">1. Will the review contribute to the Council's priorities and/or objectives?2. Is it an area of major change or risk?3. Are there issues of concern in performance?4. Is there new Government guidance of legislation?5. Is it prompted by the work carried out by Regulators/Internal Audit?6. Is the issue of public or Member concern?
1.03	In previous meetings, requests for information, reports or actions have been made. These have been summarised as action points. Following a meeting of the Corporate Resources Overview & Scrutiny Committee in July 2018, it was recognised that there was a need to formalise such reporting back to Overview & Scrutiny Committees, as 'Matters Arising' was not an item which can feature on an agenda.
1.04	It was suggested that the 'Action tracking' approach be trialled for the Corporate Resources Overview & Scrutiny Committee. Following a successful trial, it was agreed to extend the approach to all Overview & Scrutiny Committees.
1.05	The Action Tracking details including an update on progress is attached at Appendix 2.

2.00	RESOURCE IMPLICATIONS
2.01	None as a result of this report.

3.00	CONSULTATIONS REQUIRED / CARRIED OUT
3.01	In some cases, action owners have been contacted to provide an update on their actions.

4.00	RISK MANAGEMENT
4.01	None as a result of this report.

5.00	APPENDICES
5.01	Appendix 1 – Draft Forward Work Programme Appendix 2 – Action Tracking for the Social & Health Care OSC.

6.00	LIST OF ACCESSIBLE BACKGROUND DOCUMENTS
6.01	Minutes of previous meetings of the Committee as identified in Appendix 2. Contact Officer: Margaret Parry-Jones Overview & Scrutiny Facilitator Telephone: 01352 702427 E-mail: Margaret.parry-jones@flintshire.gov.uk

7.00	GLOSSARY OF TERMS
7.01	Improvement Plan: the document which sets out the annual priorities of the Council. It is a requirement of the Local Government (Wales) Measure 2009 to set Improvement Objectives and publish an Improvement Plan.

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Forward Work Programme

Date of meeting	Subject	Purpose of Report	Scrutiny Focus	Responsible / Contact Officer	Submission Deadline
17 June 2.00 pm Joint with Education Youth and Culture OSC	Looked After Children	To provide Members with an update on the provision for and outcomes of Looked After Children	Assurance	Chief Officers	
	Corporate Parenting	To review the Corporate Parenting Strategy	Assurance	Chief Officers	
	Intensive Assessment and Therapeutic Support	To provide an update on bringing health and social care staff together to provide intensive assessment and therapeutic support for young people who don't meet the thresholds for CAMHS.	Assurance	Chief Officers	
	Multi Systematic Therapy Project	To provide an update on the Project.	Assurance	Chief Officers	
	Safeguarding in Education	To provide Members with an update on the discharge of statutory safeguarding duties in schools and the Education portfolio.	Assurance	Chief Officers	
	Additional Learning Needs Transformation	To provide Members with an update on the Authority's implementation plan and any national/regional	Assurance	Chief Officers	

	Corporate Parenting	updates To review the Corporate Parenting Strategy	Assurance	Chief Officer	
1 July 10.00 am	Year-end Council Plan Monitoring Report	To enable members to fulfil their scrutiny role in relation to performance monitoring.	Assurance	Facilitator	
	Directors Annual Report	To consider the final draft	Assurance	Chief Officer	
	Overview of Early Years – Key Achievements	To provide members with an update	Assurance	Gail Bennett	
	Socio Economic Duty	To provide members with an overview of the Socio Economic Duty	Awareness raising	Fiona Mocko	
	Disability & Discrimination	To receive a report as requested at the January meeting.	Assurance	Fiona Mocko	

Regular Items

Month	Item	Purpose of Report	Responsible/Contact Officer
Nov/Dec	Safeguarding	To provide Members with statistical information in relation to Safeguarding - & Adults & Children	Chief Officer (Social Services)
May	Educational Attainment of Looked After Children	Education officers offered to share the annual educational attainment report with goes to Education & Youth OSC with this Committee.	Chief Officer (Social Services)
May	Corporate Parenting	Report to Social & Health Care and Education & Youth Overview & Scrutiny.	Chief Officer (Social Services)
	Comments, Compliments and Complaints	To consider the Annual Report	Chief Officer (Social Services)
	Betsi Cadwaladr University Health Board Update	BCUHB are invited to attend on an annual basis – partnership working.	Facilitator

Suggestions for reports to be tabled at a BCUHB Scrutiny when convened:-

- General Mental Health services (including Workforce Mental Health)
- Perinatal Mental Health

Items to be scheduled:-

Sept - Glan y Morfa Court - supporting independence for people with a disability – Susie Lunt

November - **Transition** Programmes – Update on Achievements – Susie Lunt

January 2022 - Young Carers Contract (NEWCIS) Review of budget risk

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ACTION TRACKING FOR THE SOCIAL & HEALTH CARE OVERVIEW & SCRUTINY COMMITTEE

Meeting Date	Agenda Item	Action Required	Action Officers	Action taken	Timescale
21/01/21	Forward Work Programme	Report on disability and discrimination requested.	Facilitator	Contact made with Strategic Policy Advisor regarding report. On Forward Work Programme for July meeting.	Completed
03/03/21	Forward Work Programme	Hospital to home meals	Facilitator	Information provided by Jen Griffiths circulated to the Committee.	Completed

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SOCIAL SERVICES OVERVIEW AND SCRUTINY COMMITTEE

Date of Meeting	27 th May, 2021
Report Subject	Social Services Director's Annual Report
Cabinet Member	Cabinet Member for Social Services
Report Author	Chief Officer (Social Services)
Type of Report	Operational

EXECUTIVE SUMMARY

The Statutory Director of Social Services is required to produce an annual report summarising their view of the local authority's social care functions and priorities for improvement as legislated in the Social Services and Wellbeing (Wales) Act 2014 and the Regulations and Inspections Act (Wales) 2015.

The purpose of the Social Services Annual Report is to set out the improvement journey and evaluate Social Services' performance in providing services to people that promote their wellbeing and support them to achieve their personal outcomes.

RECOMMENDATIONS

1	Members to view the report and feedback on the draft content considered for inclusion, which include the key developments of the past year and our priorities for next year.
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REPORT DETAILS

1.00	EXPLAINING THE DIRECTORS ANNUAL REPORT
1.01	This is the fifth year of a new format for the Social Services Annual Report which is prepared under the requirements of the Social Services and Wellbeing (Wales) Act 2014 and the Regulation and Inspection of Social Care (Wales) Act 2016 (RISCA).
1.02	The format is closely aligned to the National Outcomes Framework and demonstrates our performance in meeting the wellbeing outcomes of the people of Flintshire.
1.03	<p>All improvement priorities set sit under one of the six National Quality Standards (NQS) and everyone's personal wellbeing outcomes will relate to one of these, they are:</p> <ul style="list-style-type: none"> • NQS 1 Working with people to define & co-produce personal well-being outcomes that people wish to achieve • NQS 2 Working with people and partners to protect and promote people's physical and mental health and emotional well-being • NQS 3 Taking steps to protect and safeguard people from abuse, neglect or harm • NQS 4 Encouraging and supporting people to learn, develop and participate in society • NQS 5 Supporting people to safely develop and maintain healthy domestic, family and personal relationships • NQS 6 Working with and supporting people to achieve greater economic well-being, have a social life and live in suitable accommodation that meets their needs
1.04	An draft of the report is attached as Appendix 1, and a mock-up of the cover and format is attached as Appendix 2
1.05	The report is intended to provide the public, the regulator and wider stakeholders with an honest picture of services in Flintshire and to demonstrate a clear understanding of the strengths and challenges faced.
1.06	The Report illustrates how services have met the challenges presented by COVID-19.
1.07	The report will form an integral part of Care Inspectorate Wales' (CIW) performance evaluation of Flintshire Social Services. The evaluation also informs the Wales Audit Office's assessment of Flintshire County Council as part of the annual improvement report.
1.08	The draft Social Services Annual Report has been prepared following an in-depth review of current performance by the Social Services Senior Management Team, Service Managers and Performance Officers. The improvement priorities contained within the report are aligned to the priorities contained within our Portfolio Business Plan and the Council Plan.

1.09	<p>The report is scheduled to be presented at the following meetings:</p> <table border="1" data-bbox="320 181 1331 427"> <tr> <td data-bbox="320 181 1123 241">Social Care and Health Scrutiny Committee</td> <td data-bbox="1123 181 1331 241">27th May</td> </tr> <tr> <td data-bbox="320 241 1123 302">Informal Cabinet</td> <td data-bbox="1123 241 1331 302">29th June</td> </tr> <tr> <td data-bbox="320 302 1123 362">Social Care and Health Scrutiny Committee Scrutiny</td> <td data-bbox="1123 302 1331 362">1st July</td> </tr> <tr> <td data-bbox="320 362 1123 427">Formal Cabinet</td> <td data-bbox="1123 362 1331 427">13th July</td> </tr> </table>	Social Care and Health Scrutiny Committee	27 th May	Informal Cabinet	29 th June	Social Care and Health Scrutiny Committee Scrutiny	1 st July	Formal Cabinet	13 th July
Social Care and Health Scrutiny Committee	27 th May								
Informal Cabinet	29 th June								
Social Care and Health Scrutiny Committee Scrutiny	1 st July								
Formal Cabinet	13 th July								
1.10	<p>The style of previous reports will be adopted again this year, and the report will be produced in an electronic friendly style by Double Click. The report will also be translated into Welsh and be made available on the Flintshire County Council website</p>								
1.11	<p>The draft Annual Report also outlines the improvement priorities identified for 2021/2022, including:</p> <ul style="list-style-type: none"> • Contribute to the Regional Population Needs Assessment and Market Stability Report • Move Micro-care from a pilot programme to part of the ongoing Social Services offer. • Developing a Strategy and Action Plan to support people living with Dementia and their cares and continue to be recognised as a Council ‘Working Towards Becoming Dementia Friendly’ • Implement the new model of care and support at Arosfa • Encouraging employees to complete the Welsh Government’s e-learning module “Domestic Abuse and Sexual Violence Against Women” to achieve 100% completion rate. • Implement the Liberty Protection Safeguards • Further develop Project SEARCH • Developing opportunities for Autistic individuals to access services locally. • Continue to work to safely reduce the numbers of children in care and improve outcomes for those in care. • Further roll out of Mockingbird model of Fostering • Completion of the Extra Care Programme • Progress in-house residential care expansion schemes • Launch a short term residential service to inform the most appropriate move-on placement and support package for young people • Develop the ‘Small Homes’ scheme for children 								

2.00	RESOURCE IMPLICATIONS
2.01	<p>The priorities identified within the report are aimed at delivering service improvements, improving outcomes and meeting local needs within the context of achieving challenging financial efficiencies and value for money. The improvement priorities contained within the report have been identified for delivery within existing resources.</p>

3.00	IMPACT ASSESSMENT AND RISK MANAGEMENT
3.01	The report is to be published by September 2021.

4.00	CONSULTATIONS REQUIRED / CARRIED OUT
4.01	Work began with Social Services Managers in September 2020 to identify the emerging priorities from their areas of work.
4.02	The views of Scrutiny Members will be sought where the proposed content of the report will be discussed.
4.03	The draft Social Services Annual Report will also be discussed at Social Services Programme Board, Informal Cabinet and Cabinet.

5.00	APPENDICES
5.01	Draft Social Services Annual Report 2020/21
5.02	Mock-up of the format of the report

6.00	LIST OF ACCESSIBLE BACKGROUND DOCUMENTS
6.01	Contact Officer: Dawn Holt Telephone: 01352 702128 E-mail: dawn.holt@flintshire.gov.uk

7.00	GLOSSARY OF TERMS
7.01	CIW - Care Inspectorate Wales ensure that services meet the standards the public expect. They register, inspect and take action to improve the quality and safety of services for the well-being of the people of Wales.

Flintshire County Council

Social Services Annual Report 2020/21 and 2021/22

Priorities

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Foreword

I am so proud that the Council has continued to uphold its reputation as a leading light in the social care sector.

It says so much about the commitment and dedication of our internal teams, and of our commissioned providers and partners, that we have not only come through such a seismic pandemic but have gone from strength to strength.

Our social care colleagues have been local heroes over the past year and should have our absolute respect. A glimmer of hope from these darkest times is that social care will finally be given the national recognition, and the funding, it rightly deserves.

We continue to innovate - for example in Micro-care and support services for Looked After Children; to invest - for example in Hwb Cyfle and Marleyfield Residential Care Home; and to lead the way - for example in foster care, the Early Help Hub (EHH) and Dementia friendliness.

Flintshire is built on shared social values. Our social care workforce has been a beacon of light over the past year, being there and caring for the most vulnerable throughout. This will be my final year with Flintshire and I look back with pride on all that we have achieved together.

I wish you well for the future in the knowledge that Flintshire will continue to light the way for others to follow.

Colin Everett
Chief Executive
Flintshire County Council

1. Introduction

This Annual Report is prepared under the requirements of the Social Services and Well-being (Wales) Act 2014 and Regulation and Inspection of Social Care (Wales) Act 2016, both of which place a statutory requirement on the Council to report annually on its social services functions.

The focus of this legislation is on well-being, and our report summarises the key things that we are doing in Flintshire to support our most vulnerable residents. It describes our challenges, provides our stakeholders with a picture of how we have performed and improved over the last year, and sets out our priorities for the coming year.

Stakeholders include the people using our services, our staff, elected members, the general public, our partners, regulators and Welsh Government. Engagement with stakeholders is fundamental to what we do, and informs the development of our services and future plans.

In the report we evaluate our performance against last year's improvement priorities and set out our priorities for next year. These focus on well-being and are linked to the six National Outcomes Standards, which are:

NQS 1 Working with people to define and co-produce personal well-being outcomes that people wish to achieve

NQS 2 Working with people and partners to protect and promote people's physical and mental health and emotional well-being

NQS 3 Taking steps to protect and safeguard people from abuse, neglect or harm

NQS 4 Encouraging and supporting people to learn, develop and participate in society

NQS 5 Supporting people to safely develop and maintain healthy domestic, family and personal relationships

NQS 6 Working with and supporting people to achieve greater economic well-being, have a social life and live in suitable accommodation that meets their needs

2. Director's Summary of Performance

Welcome to the Social Services Annual Report. The purpose of the report is to reflect on how we have performed during 2020/21, and to highlight our priorities and intentions for 2021/22.

There is no doubt that our plans for this year have been disrupted by COVID-19, which has had a significant impact on our planned work. You will see in this report, that some of the priorities for our work will have carried over from last year. However, we have been able to progress a number of things alongside the response to COVID-19.

To echo the words of our Chief Executive, we must first recognise the courage, commitment and resilience of our staff and those in the independent sector and partners, as they continue to improve the health and wellbeing of Flintshire's residents.

On 23 March 2021, we observed a minute's silence as part of a day of reflection to mark the Anniversary of the United Kingdom's first lockdown, when those who have died in the pandemic were remembered. The pandemic, and especially the early months of 2021 were challenging, and will no doubt leave a lasting impact on all of those working to support individuals and the sector for many years to come.

In tackling COVID-19 locally, new work streams emerged, including:

- The community approach with third sector partners to deliver a coordinated response to the pandemic locally.
- The establishment of the PPE hub by NEWCES, which enabled the distribution of Personal Protective Equipment (PPE) to over 80 settings across Flintshire.
- The partnership work between Social Services staff and Environmental Health Officers in providing support to social care providers affected by COVID-19.
- The financial support we have been able to facilitate from Welsh Government's Hardship Fund to social care services.
- The creation of a temporary care home, Ty Treffŷnnon, to supply additional beds.
- Supporting an independent sector to develop a temporary 'step down' facility, which enabled people to move out of hospital beds as their health returned to them. This home is now moving to long-term model of EMI residential.

The challenges of COVID-19 has not stopped us deliver on our priorities and progress with as much 'business and usual' as possible. The report will go in to more detail, but some additional successes from the last year include:

- The implementation of Micro-care, with 12 Micro-carers delivering services in the county.
- Further developing our actions to support people living with Dementia.
- Taking a stand to end all male violence against women by becoming White Ribbon Accredited.
- Recognition of our Learning Disability Services in the Social Care Wales Accolades and shortlisted for the APSE Awards.

- The employment of two graduates, young people with Learning Disabilities from the Project SEARCH programme, in our own services, with others entering in paid employment.
- The implementation of Foster Carer support Model – ‘Mockingbird’.
- The progress made with the extensions at Marleyfield House.



As we move forward, we know that COVID-19 will continue to impact our community and services in to 2021/22, and a theme running through this report is our continued response to this, and the recovery of services when safe to do so.

As a final note from myself and Cllr Jones, we would like to say again, as ever, how proud we are of our workforce when we have all faced unprecedented challenges, and yet were still able to continue to support our most vulnerable residents. This is testament to the hard work and dedication of our wonderful employees.

THE ODE OF A KEY WORKER

We give you our hearts. Although they are broken, they are still beating
 We give you our souls. Although they are lost, we are still breathing
 We give you our light. Although they are dimming we are still shining.
 We give you our sunshine. Although there is rain, there are still rainbows

We give you our smile. Although there is hurt, there is still laughter
We give you our calm. Although there's a storm there is still peace
We give you our hope. Although moments fade we still have faith.
We give you our hands. Although we are apart, we can still hold together.

By Carol Morgan, whilst working as a Senior Support Worker at Llys Raddington Extra Care, Flint.

3. How are People Shaping our Services?

It is a priority to **ensure that the voices of people are heard and that we learn from them.**

Officers have kept in constant contact with the providers we work with, to ensure they are supported by answering their enquiries and hearing feedback on the impact that COVID-19 has had on their services and the people who use them.

Going forward, investment will be made in reviewing and redeveloping user surveys and methods of engagement with a view to making them more relevant, accessible and targeted to specific service areas.



The Contracts and Commissioning Team have facilitated **regular meetings with residential care, domiciliary care and Supported Living providers.** Whilst these meetings took place before the pandemic, their frequency increased. The support and networking became a vital resource for providers. The meetings were also attended by colleagues from the Environmental Health Team, Health and Safety Officers and BCUHB officers so partners could advise and support when needed.

Alongside these meetings, a dedicated email address has been established where providers could pose COVID-19 related questions and queries where they could be responded to in a timely manner.

'Virtual coffee mornings' have been held to support manager of services who may be working in isolation during this period. This event is more relaxed, with no agenda, but a chance to network and perhaps have some peer support.

The team have also had daily phone contact with providers to collect data, enquire about PPE supplies, discuss any arising issues or just to be there to listen and support in this difficult time.

Senior Managers and Environmental Health Officers are available daily, including weekends, to provide support and to liaise with colleagues in Public Health Wales.

“Thank you and your team for the ongoing support over the past twelve months you have all been amazing”. (Independent sector provider)

“I want to take this opportunity also say thank you to each of you for the continued support, guidance and collaborative working we’ve shared over the last 18 months. It’s been a pleasure and a privilege to have worked with some amazing people and, such a brilliant, forward thinking and innovative Local Authority.” (Independent sector provider)

Young Voices Speak Out (YVSO) is a group of young people that are looked after or leaving care aged between 13 and 18 years old. The group have continued to meet online to represent the voices of looked after children in Flintshire. Workshops and discussions have taken place covering health and relationships, and models of fostering.

Representatives from the National Assembly for Wales and the Children’s Commissioner for Wales have also attended their meetings to seek the views of the group. In May a Welsh Youth Parliament member approached YVSO about how they would like Flintshire and Wales to look like once out of lockdown. This was fed back to Hannah Blythyn (MS) to take to Welsh Government.

Members of the group regularly attend the Children’s Services Forum, which is made up of Elected Members, Senior Managers and representatives from Children’s Services and Education. At these meetings they share their views on topics which have included Housing, education and sexual health advice for young people. The group attended the first virtual Children’s Services Forum in September, and spoke about how the pandemic has affected them. Some of their comments included:

“It’s impacted on me mostly in a good way because it’s given me time to work on myself and my attitude towards things like school, friends and family. It’s made me appreciate them and appreciate things like going outside. It’s obviously been hard but the good outweighs the bad.”

The group have also interviewed candidates for the new staff for the Multi Systematic Therapy project and the Permanency and Court Team Manager position.

People living with dementia and their carers worked with the Council and NEWCIS to develop an **interactive map** and a user guide as part of the Council’s commitment to further develop dementia awareness and support across the county.

The map shows the locations of Dementia Friendly Communities, memory cafés and organisations and services which are part of a local dementia friendly businesses programme run through NEWCIS.

Users will be able to search the map to find dementia friendly locations in their area, alongside bus stops and other community facilities which may help them to plan their journey.

The map and user guide has been developed as a result of an idea by officers in the IT department, after attending an awareness session run by a Dementia Friends champion for County Council employees.



Chris Roberts, a person living with dementia, said:
“This project is very innovative and will be so helpful for folk to know where and which establishments will make them feel safe and understood, especially in a time where we are all feeling very alone and isolated.”

This work builds on the development of the existing [Dementia Webpages](#), which bring together a range of information in to one place, acting as a directory of support services.

Young Carers have also been involved in the development of a new service specification to help in the commissioning of a new service for [Young Carers](#). The engagement was informal, via social media and meetings. Four young carers were also involved in the procurement process.

The young carers interviewed all bidding organisations by asking questions they had chosen, had an equal say on the outcome of the procurement exercise. As result, NEWCIS were successfully selected to deliver the service in Flintshire, now offering all carers in Flintshire an equitable service.

In the words of one young carer who interviewed the successful organisation, “they are amazing”.

There have been new service changes in Learning Disability services with the relocation of the Castle Connections work opportunities site to new premises in Greenfield Business Park. Families and individuals were invited to view the space and give their input in to how they feel the site should be developed.

The site began as two workshops which were partitioned in to 4 separate activity rooms – one for general use, one for furniture repair and recycling, one is a salon area to teach beauty skills and the last is an IT suite for the people supported. In addition, a changing areas was installed creating a large changing area for personal care and adapted toilet.

The building works finished December, ready for activities to begin once restriction allow. After consultation, the new premises are named **Hwb Dyffryn**, or Abbey Hub, in reference to the Basingwerk Abbey located in Greenfield Valley Heritage Park.

Families of individuals with Learning Disabilities have been part of **commissioning a new supported living service** for their loved ones. Two families agreed to be part of the commissioning process and attended several online meetings, provided feedback over email and were members of the interview and evaluation panels.

The families voice influenced the service that was being commissioned and were part of selecting the provider that they believed would provide the best care to their loved ones. They also assisted in developing a transition plan that was right for them and their family member. The families felt informed, valued and involved throughout the process, and had an insight in to the processes a local authority goes through when developing services. The officers supporting the process gained a better understanding of the well-being outcomes of the individuals requiring care and support.

4. Promoting and Improving the Well-being of Those We Help

Quality Standard 1 - Working with people to define and co-produce personal well-being outcomes that people wish to achieve

COVID-19 continues to have an impact on **people living in their own homes** and those who deliver services to them through domiciliary care and reablement services. Where possible, services have maintained business as usual, with some adaptations to ensure people and staff are safe.

Visits have continued using full PPE and with full risk assessments in place and other face to face meetings have continued, albeit virtually.

The services have needed to be flexible to changing demand and circumstances, such as an increase in support needed as family members returned to work after furlough and when lockdown restrictions eased. Direct Payments were also utilised, for example, to enable a carer to take someone out for a walk.

The teams have received so many wonderful compliments, from people in receipt of care and support, their families and carers.

“I would like it be known that the Flintshire team have without exception always provided exceptional care, and compassion to my Dad, taking the time to understand his needs and ensure his whole person is cared for. They treat him with dignity, respect, patience and good humour. His mood visibly lightens when he knows the Flintshire team are attending.”

“The carers are so thorough, professional and people who really care about my Mum and I’m sure so many other vulnerable people too. (Mum) has improved 100%, her confidence is back which has helped her wellbeing... Adult Social Care who are unsung heroes, deserve to be recognised for the fantastic work they do for the residents in Flintshire.”

The Council’s **Hospital Social Workers** played a key role in supporting people to return to their homes and worked with individuals, providers and families to ensure people were discharged safely. Working with each acute hospital in the area, this resulted in hundreds of people returning home in a safe and timely manner, shortening the time the needed to spend in hospital.

Teams across the Council also worked to **prevent hospital admission**, such as the Dementia Support Workers, who provided emotional support to families and piloted a ‘dementia sitting service’, giving carers a break from their caring role. This made a significant difference for people who needed it as many carers had not been able to access their usual support structures due to COVID-19 restrictions.

In November 2019, Flintshire County Council introduced **Micro-care**, which was designed to promote social care as a career option and help develop micro-care enterprises to support vulnerable people across Flintshire.

[Micro-care](#) was a new concept in Flintshire. The aim was to encourage people to become micro-carers who were either:

- Interested in providing social care services to older people but may have no experience.
- Currently working in the care sector but interested in being their own boss.
- Actively supporting people in their local communities.

- Wanting to do something that support others and makes a difference.

Two Micro-care Development Officers, have been working with individuals to:

- Support them develop their business or idea.
- Provide information on training, funding and other available support and resources.
- Support individuals to develop and deliver a quality service in line with current Welsh Government legislation and regulations.
- Providing links to a network of other micro-care providers for mutual support.
- Over the last year, the development officers have been busy promoting the project and supporting interested parties to start their own businesses and as a result, they have eight new micro-care enterprises currently offering services across Flintshire, with another six people currently working through the Micro-care Programme.

There are now 12 Micro-care enterprises delivering services in Flintshire, all of whom are helping people to either remain in their own homes longer or supporting a person's ongoing wellbeing.



More information about Micro-care, how to become and Micro-carer and who is delivering services can be found on the [Care@Flintshire](https://www.flintshire.gov.uk/care@flintshire) website.

In 2020/21, the **Progress for Providers Programme** has been introduced to providers within learning disability services, where person-centred practice has long been a feature of care and support within this sector. Working with Helen Sanderson Associates once again, providers were engaged to review and adapt the existing [Progress for Providers](#) self-assessment tool to ensure it was aspirational and reflective of existing high standards within the sector.

Representatives from in-house and independent provider services worked with the Council to create a new, bespoke version of Progress for Providers, a version that acknowledges the particular importance of digital communication for people with learning disabilities. The programme supports the implementation of both the North Wales Learning Disability Strategy and Welsh Government Improving Lives Programme.

12 independent sector providers an out in-house services have signed up to the part of the programme.



By law all local authorities in Wales must have advocacy services for children and young people to use, and that an **Active Offer for Advocacy** must be made. Advocacy services can help by speaking up for children and young people, making sure that the rights of the child or young person are respected.

When children and young people need services, sometimes an advocate need to meet with them to explain what these services are. This helps them to understand what's on offer and how the service is able to help them. This is called an active offer. An active offer must be made to:

- Children in care.
- Young people leaving care.
- Children and young people who need extra support.

A regional contract has been in place commissioning already in place and Tros Gynnal Plant provide advocacy services to children and young people looked after by Flintshire County Council.

The take up of the active offer can now be monitored. 13 children have received an active offer of advocacy since April 2020, 9 of which went on to work with an Independent Professional Advocate.

One young person said:

"I have a right to be listened to. Thank you for making me understand this."

In March 2021, the new [North Wales Young Carers ID card](#) was launched to give recognition to the amazing young carers in North Wales. The card will provide photo-

identification for any young carer aged 18 or under who would like one. This will enable them to easily identify themselves to professionals without having to share personal details about their caring role.

Young Carers have asked for an ID card so that teachers, health professionals and retailers know that they carry important responsibilities. In response the Deputy Minister for Health and Social Services, Julie Morgan, outlined her commitment to this initiative in rolling out a national young carers identification card in response to the National Assembly's Health, Social Care and Sport Committee Inquiry into the Social Services and Well-being Act 2014 and its impact on carers, as well addressing the three national priorities for carers in Wales.



Flintshire has been instrumental in achieving this unique regional approach in North Wales and ensuring its success. Young carers provide essential support to their families and loved ones and the Council greatly values them for their commitment and selflessness. The Council will

continue to support young carers and provide opportunities for education and employment that other young people have access to.

There will be a phased roll-out of a national ID card, with all local authority areas in Wales having launched their card by April 2022.

Children's Social Services have been working to **embed outcomes based approaches** in their work. An investment has been made in workshops to support practitioners to develop their knowledge of assessments and eligibility as well as giving practical support to case recording and the role supervision and management play in embedding outcome focused care planning.

This has resulted in changes to practice and inspired staff to work in an outcome focused way, which is making a real difference to children and families.

North Wales Together, the Regional Transformation Programme for Learning Disabilities (LD), have reviewed their [website](#) and populated it with good practice regionally and beyond, lessons learnt and resources.

Over the past year, the team have implemented a small projects fund, and over 50 small projects have been awarded funding, including:

- I-Team aims to help people to build their own I-Teams, made up of friends, family and associates, who can be there to support the individual. This has been adapted to be delivered virtually.
- [Outside Lives](#) runs various working groups which coproduce activities and events (e.g. theatre, music, wildlife, conservation etc.) around particular themes. Their proposal involved specific outreach (and associated training) to people with LDs, to join in inclusive groups and develop inclusive community activities.
- [Gig Buddies](#) is a befriending scheme that matches people with a learning disability with a volunteer who shares the same interests, so they can go to gigs and events together. The project was formally launched 20th November at the Learning Disability Wales Annual Conference.
- Love to Meet U. Funding was awarded to Hft to host a relationships and dating Network across the east of the region although increased use of virtual means has enabled their reach to cover most of the central area and East.

The Additional Learning Needs (ALN) work stream is working to develop a resource for young people and their families to help with decision making on leaving school and entering adult services. The team are also looking in to an innovative app that will support the development of Active Support plans for people with learning disabilities.

The programme also set up a Provider Forum in the wake of the COVID-19 pandemic where partners have collaborated well and shared good practice and pooled resources to meet the needs of people with learning disabilities across North Wales.

Through the **Regional Transformation Programme for Mental Health**, the Flint 'ICAN' Community Hub opened in April 2020 at Flint Library. The Hub is designed to assist people to link in with support and activities which are most relevant to them with the aim of provide early intervention to prevent issues escalating.

The Hub team consists of two MIND Community Wellbeing Coordinators, a Flintshire County Council Wellbeing and Recovery Social Worker and will be expanded with volunteers.

Due to the COVID-19 situation it was not possible to have a physical presence in the library, which was closed. The service was adapted to the new situation to provide

much needed programmes of support, which explore a person's strengths, build confidence and life skills and support people to approach difficult situations.

The Flintshire Father Figures group also began in March 2021, giving any male care giver support with parenting and improving their mental health, with the aim of developing a peer support network.

As a result of the pandemic, the **Regional Transformation Programme for Community Support** was paused for a number of months. The team delivering the programme were diverted to support the opening of two additional care to provide additional beds to accommodate the anticipated surge in demand.

At the start of the global pandemic, team members also undertook preparation work for the development of a deployment pathway for volunteers and took a central role in the development of the first iteration of a recovery plan for social services in Flintshire.

As the team members were stood down from their emergency response, work resumed across the East area to develop the model of care and support for the new short term care beds at Marleyfield House, to develop some additional support for people living with dementia and the expansion of multidisciplinary working to meet the needs of residents with complex needs.

Our priorities for 2021/22 will be to:

Contribute to the Regional Population Needs Assessment and Market Stability Report

Move Micro-care from a pilot programme to part of the ongoing Social Services offer.

Quality Standard 2 - Working with people and partners to protect and promote people's physical and mental health and emotional well-being

Throughout the pandemic, the Council have been working closely with the independent sector to support the social care workforce across the county. This has included working with Welsh Government to administer the **£500 scheme** to recognise and reward the hard work and commitment of social care staff who provided essential care to our most vulnerable citizens during the most challenging period of the COVID-19 pandemic. The scheme was aimed at staff within registered care homes and domiciliary care services and included Personal Assistants (PA's).

The total paid out is £2,131,230 and this was for about 3,208 claims which is broken down as 442 Council employees, 319 PAs, 56 Newydd staff and 2391 staff from independent care settings.

The Council also supported the administration of the COVID-19 Statutory Sick Pay (SSP) Enhancement Scheme. The scheme supports social care workers who are required to stay off work due to actual or suspected COVID-19, enabling employers to pay eligible workers at full pay if they cannot work due to COVID-19. This removes the financial disadvantage to social care workers of staying away from work.

Additional funding was also provided to establish safe testing spaces in care homes and to support the testing programme.

Finally, the Welsh Government's **Hardship Fund** provided additional financial support to the sector which included:

- Support towards the cost of void beds in care homes, plus an additional £50 per week per resident.
- An additional £1 per hours for domiciliary care staff.
- Additional £37 per week per individual for Supported Living providers.
- Other support, for example, funding for additional staff capacity to support individuals who found it difficult to isolate in care homes.

[Flintshire Local Voluntary Council](#) (FLVC) has been an active and valued member of the Flintshire County Council's and Welsh Health Board's tactical response groups in their efforts to combat the COVID-19 crisis.

To enable this support FLVC assigned two **Social Prescribers** in Flintshire's Single Point of Access Service (SPoA) and one in the Early Help Hub Support Service.

The SPoA received a 700% increase of calls for assistance during the first lockdown, compared to an average number of referrals a month prior to the COVID-19 pandemic. In April 410 new referrals were received.

The calls covered many areas requesting support, from support with food parcels and prescription collections alongside a noticeable increase of calls for emotional support and help to ease people's loneliness.

The Social Prescribers have been playing a vital role by signposting people to local, self-organised and volunteer run community groups, food deliveries and third sector organisations such as Flintshire Food Bank, Age Connects, the Well-Fed programme and Homestart.

The Council has been working with registered day care settings, Aura and Theatr Clwyd to put together a programme of **support for vulnerable children, young people and their families over holiday periods**. The schemes provided children and young people with a much needed break following the lockdown, where they were able to make new friends and be involved with activities that they might not have tried before.

As part of the additional support to vulnerable families through the pandemic, the Early Years Support Team has worked hard to arrange for 20 children aged between 5 and 8 to be supported in registered day care settings over the summer period.

[Aura](#) provided 'Summer Multi Sports Camps' which were set up in various locations across the County. Children who attended the camps could take part in sport activities and work on their individual skills. During the sessions a range of different sports and activities were offered within guidelines, including football, hockey, basketball, athletics, gymnastics, cricket, golf, foot golf, throw golf and tennis.

Both children and parents gave very positive feedback and the coaches reported that they saw the confidence of the children steadily increase during the 5 weeks of activities.

[Theatr Clwyd](#) set up a four week programme for children and young people which could be attended five days a week. The scheme was designed to be a fun-filled creative experience with music, dance, drama and craft.



Gwennan Mair, Director of Creative Engagement at Theatr Clwyd, said

“We feel privileged to have been able to open our doors once again to some incredible young people. We watched them grow in confidence and develop their performing skills and on the final day perform on our huge AHT stage. Everyone had such an inspiring time this summer. It was evident that the arts can make a huge difference to people’s lives”.

[Double Click](#) continues to flourish as a Social Enterprise supporting people with mental health problems to achieve their personal outcomes. Double Click achieve the

perfect balance of operating a design and print service whilst offering opportunities for people to learn new skills and continue on their recovery journey.

Mental Health support services have been very creative during lockdown, adapting and developing safe ways to continue to support people. Examples included online training and learning sessions and craft kits delivered to people in the community.

The Council has been working closely with partners in the community to deliver a pilot project, to improve **community resilience and wellbeing**. This focus of the pilot is to deliver a 'Community Resilience framework' in two communities in Flintshire, Flint and Holywell (Holway) where there had been comparatively low health and wellbeing outcomes for a 12-month period. The purpose of the pilot is to develop an evidence base to support a case for wider systems change, demonstrating the effectiveness of this approach in improving community resilience levels and the wellbeing of children and young people within the local area.

The methodology of Systems Leadership, with its participatory based approaches, building on community assets, developing partnership working built around coproduction, is ideally suited to addressing the challenges of improving community resilience. A number of community members and organisations have been engaged.

The project has supported access to both a Community Centre and 'Community House' in the Holway. These can be places of contact with services as well as with other members of the community, where local people can take pride in their area. A community garden has also been installed at the Holway community centre which has already had a positive impact on the local aesthetic and attracted wildlife. As the pandemic recedes, the project will be able to be more visible within the community and engage with more local residents and schools.

Supporting people living with Dementia, their families and carers remains a key priority area within the Flintshire's Council Plan, and there is much progress to build on.

The [Regional Dementia Strategy](#) was published in March 2020 to set out how services will work towards integrated dementia services in North Wales. It has been developed jointly by the six North Wales councils and Betsi Cadwaladr University Health Board (BCUHB) supported by Public Health Wales, Bangor University and other partners.

In response to this strategy, the Council will be working with local partners to develop a Flintshire Strategy to meet the outcomes on the regional strategy, alongside local actions that will be defined by the community and partners. This will encompass much

of the work already taking place in Flintshire, alongside new areas for development which have been influenced by engagement with Flintshire network of Dementia Friendly Communities and people with lived experience.

The Council, have again, been recognised by the Alzheimer's Society as an organisation 'moving towards becoming Dementia Friendly'. The Council remains committed to raising awareness of the impact of dementia through regular Dementia Friends sessions with in-house Dementia Friends Champions. This work will further be strengthened by the development of a local Strategy.



Further information on services for people living with dementia and their carers can be found on the [Council's Dementia webpages](#).

Alongside support for Dementia Friendly Communities, a number of Age-Friendly Communities are developing following the Older People's Commissioner for Wales' work towards making Wales a nation of Age-Friendly Communities under the Ageing Well priority of her Strategy.

Following a series of workshops on Age-Friendly community development and presentations to Community Councils, Leeswood & Pontblyddyn became the first community to work towards being Age-friendly. It is now in its third year of Age-Friendly Community development and two further communities, Alyn Villages (Hope, Caergwrlle, Abermorddu) and Holywell & district, are working towards being Age-Friendly alongside Dementia-Friendly development.

Children and families have benefitted from **flexible and creative respite support**, in partnership with Action for Children (AFC) and other third sector organisations. **Arosfa** is a well-established service providing short term breaks / respite for children with disabilities. The unused left wing at Arosfa has been refurbished to provide two additional bed spaces at the facility. The two new beds, are in addition to the current short break respite provision for up to three children.

The new rooms enable a maximum of five children to be supported at any one time, reducing reliance on expensive out of county placements, with local children being supported in their own county.

Our priorities for 2021/22 will be to:

Developing a Strategy and Action Plan to support people living with Dementia and their cares and continue to be recognised as a Council 'Working Towards Becoming Dementia Friendly'

Implement the new model of care and support at Arosfa

Quality Standard 3 - Protecting and safeguarding people from abuse, neglect or harm

Safeguarding is supported by Council employees across services and the workforce have been accessing training throughout the year to embed the [All Wales Safeguarding Procedures](#) introduced in 2019.

The implementation of the [Liberty Protection Safeguards](#) has been delayed, with a new implementation date of April 2022. A draft Code of Practice is to be issued for consultation in 2021, following which a detailed plan for staff training and system changes will be implemented.

Violence Against Women, Domestic Abuse and Sexual Violence (VAWDASV) is an incredibly important area of work for the Council, across all directorates and the Council host the regional VAWDASV team. Since the start of the pandemic, Flintshire based specialist services have seen a 40% increase in referrals for support, despite the obvious difficulties in providing this during lockdown restrictions.

During the last year, the Council have worked hard to acquire [White Ribbon accreditation](#), the only Local Authority in North Wales to do so. This means that the Council recognise that male violence in all its forms has a negative impact on the well-being of staff as well as their safety and wish to promote a workplace culture of respect for all, by improving safety and morale.

The Flintshire VAWDASV Forum has been established and is attended by frontline workers from across the council, as well as partners from the statutory and third sectors. The forum feeds into the regional MARAC steering group to ensure more consistent provision across North Wales.

The Welsh Government established the National Training Framework in 2015, to ensure that all public sector workers had an awareness of VAWDASV and those working with vulnerable people at risk of abuse, had more enhanced training. The awareness programme for all staff (Group 1 E-Learning) has been made available to staff. The Group 2 (Ask and Act) programme has been embraced by the Council, with 9 staff undertaking 'Train the Trainer' module, ready to roll out the programme across the authority in 2021/22.

An initiative launched by the Home Office in January, [Ask ANI](#), involves training pharmacy staff to listen to, and signpost victims of domestic abuse. Those seeking help are advised to “Ask for Ani”, where they will be taken to a confidential space within the pharmacy, and signposting services will be offered. Information about the scheme was disseminated via the Intranet in January 2021 to all Council staff.

The **Families First Programme** in Flintshire has led the way in delivering key services to parents, young people and families with disabled children. The innovative delivery of the programme over the last three years, with its unique arrangement of being embedded in Flintshire’s multi-agency Early Help Hub has been a real success.

Flintshire established a multiagency Families First Management Board (FFMB) to oversee local delivery of this Welsh Government funded programme and a plan was agreed with focus on:

- Early identification and engagement of families at more risk of escalating problems;
- More ‘whole-family’ approaches to work with young people and families with multiple needs; and
- Embedding inclusive practices across early support and prevention services for families with children with disabilities and for families preferring support in the Welsh language or language of choice.

During the lockdowns and fire breaks, pupils eligible for free schools meals and unable to attend school full-time have received a secure **Direct Payment** to give families more flexibility to buy food for children. Parents/carers have been able to sign up to the service through a secure portal on the Council’s website.

The Tier 4 restrictions in place across Wales have been especially difficult for the most vulnerable residents, people living alone and those who have been identified as Clinically Extremely Vulnerable, particularly over the Christmas and New Year period.

During this time, the Council circulated information of key contacts who can help and can arrange for food and medicine to be delivered to homes.

[‘Well-Fed’](#), in partnership with Flintshire County Council, Clwyd Alyn and Can Cook, has been delivering meals, slow cooker bags and safety boxes to hundreds of vulnerable households in Flintshire free of charge - ensuring that residents in difficulty, residents who are self-isolating and unable to get out and residents in need in sheltered schemes and supported housing will receive good, fresh food.

Over the pandemic, the service has been able to support shielded and most vulnerable tenants with nutritious healthy meals and provide fresh provisions in the form of Well-Fed shielding boxes. These consist of freshly prepared meals as well as provisions such as bread, milk, eggs and other fresh produce as well as any kind donations we have received to keep residents nourished. The deliveries reduced the need to visit supermarkets and are often the only food some residents, forced to shield, will receive.



“I am so thankful to your service for the excellent meals and produce delivered to me and my partner ... I am eternally grateful to you for the gift of your food package and it was delicious too. I just wanted to say THANK YOU.”

In addition, [NEWCIS](#) supports over 9,000 unpaid carers in Flintshire, in partnership with Social Services. They offer a wide range of support to unpaid carers, ranging from information, advice, carers assessments, counselling, grants, social opportunities and respite.

COVID-19 has had a massive impact on **unpaid carers**, who were suddenly unable to access the normal types of support they needed to look after themselves and their loved ones.

As a result, NEWCIS adapted the way they support unpaid carers, by providing information and support over the telephone and online, whichever is best for the carer. They have also helped with practical support, such as access to food and ‘busy boxes’, increasing their access to on-line support, emotional support and keeping in touch with them throughout this uncertain period.

NEWCIS delivering supplies to carer



NEWCIS' **Bridging the Gap** respite service won a Social Care Accolade 2020 for the category 'Improving care and support at home together'. Bridging the Gap was developed in partnership by the Carers Strategy Group, NEWCIS and Flintshire Social Services in recognition of the gap in short term, flexible and accessible respite for carers. A short video about the award winning programme can be found [here](#).

Since its inception in 2013, the service has continued to evolve and work with over 40 different providers of replacement care and support. Recent additions to the service include the use of the new micro-carers and family support to offer greater flexibility for respite during the recent pandemic.

'Bridging the Gap' service enables carers to take a break from their caring role at times to suit them and to do the things that matter to them, offering truly person-centred respite. Carers can access the service following a Carers Needs Assessment where respite is identified as a well-being outcome for the carer. The carer is then allocated a respite code to the value of £300 to use as they choose over a 6 month period.

The Council are proud to have acted as the lead employer for the new [North Wales Contact Tracing Service](#), and recruited tracing teams aligned to each of the six North Wales councils, working to keep people informed and safe during the pandemic.



Our priorities for 2021/22 will be to:

- Encouraging employees to complete the Welsh Government's e-learning module "Domestic Abuse and Sexual Violence Against Women" to achieve 100% completion rate.**
- Implement the Liberty Protection Safeguards**

[Quality Standard 4 - Encouraging and supporting people to learn, develop and participate in society](#)

The partnership with **Hft** to deliver Learning Disability Services has continued to go from strength to strength, despite the challenges of the pandemic. During this time, individuals have continued to be supported through a blended approach, including virtual activities provided online, socially distanced visits at people's homes, socially distanced walks, support at home for people living in Supported Living and regular phone calls. Plants, compost and pots have also been delivered to those who access Tri-Ffordd so they can continue with their horticultural activities.

The service now has a digital library of 87 tablets which have been purchased through charitable grants and donated from the Council. The online activities, delivered as part of a 'virtual day centre' have been extremely popular and have enabled people to feel connected whilst at home, combating loneliness. To support the virtual day centre, activity packs have also been given out for people to take part in on the Zoom sessions or to complete themselves. These include salt dough kits, dreamcatcher sets, art packs and sunflower growing packs.



The service has continued to make improvements to their facilities. As well as the developments of **Hwb Dyffryn**, Hft received £15,000 for the Postcode Lottery to enhance the garden at Hwb Cyfle. The people supported now have access to wheelchair accessible raised beds, grass sofa's, outdoor musical instruments and a Wheelchair swing.



Activities are also changing at Abbey Meta, following a review of the tasks. Now renamed **Abbey Up-Cycling**, the workshop space is being redesigned to upcycle bikes. A short campaign on Facebook provided the service with over 35 bikes in various conditions all ready to be worked on. 5 stations for bike stands and a painting booth have been installed. In addition the upstairs

area will be allocated for electrical working. There will also be an area for refurbishing larger pieces of furniture and the front of the building will be redesigned in to a shop front to display items for sale.

Hft have been successful in launching [Luv2meetU](#). Luv2meetU Flintshire, is focused on supporting people with learning disabilities and their families to develop and sustain relationships, improve their health and wellbeing and extend their social networks. Now more than ever, people need support to enable them to strengthen their social connections which are critical for everyone's wellbeing and happiness.



The Council and Hft were also recognised by the Social Care Wales Accolades as 'Highly Commended' for their work in providing meaningful daytime activities for more than 250 people with learning disabilities. A short video on the project can be found [here](#).

The 19/20 **Project SEARCH** interns have graduated from the programme, with 3 young people from the programme are now working at more than 16hrs a week, 2 of whom have secured positions in the Council. Follow on job coaching is still taking place through job club for those not currently in employment.

Owen said

"Being a part of Project SEARCH was very good I got to make new friends and got to know what working independently feels like. Working for Flintshire County Council is brilliant the staff are nice to work with and it keeps me busy throughout the day".

7 interns have now begun the next Project SEARCH programme, which is run as a partnership between the Council, Hft, Clwyd Alyn Housing Association and Coleg Cambria. The interns are all enjoying the programme and their volunteering, however, they are keen to get out of the classroom and into their work placements.



Letitia on her first day working at Llys Raddington

To help prepare young people for adulthood, and following a review of the current transition services for young people with disabilities, the new **Child to Adult (C2A) Team** have been established.

The team have invested in training to embed principles and actions required in the Social Services and Well-being (Wales) Act 2014 in relation to children with disabilities. This includes a focus on hearing the voice of the child, the child's lived experience and working to achieving personal outcomes.

An action plan records the many achievements to date, and the developmental actions which are constantly evolving from this dynamic and developing service. The service changes are having an impact, with one young person reporting:

If it wasn't for X, I wouldn't have got through this. She has made my life easier during lockdown, sometimes with actions or sometimes just a phone call. When I heard that schools were closing from March to Sept, it was awful. X was there to talk me through this".

Flintshire County Council has been awarded £4,890,000 by Welsh Government to improve childcare provision near or on school premises, referred to as, '**the Childcare Offer Large Capital Grant Schemes**'. There are currently ten primary school sites that will benefit from this funding.

This is a significant amount of funding for Flintshire and will benefit many working parents in need of pre-school childcare and for children to have modern facilities in which to play, learn and develop. After a period of planning and working with colleagues in childcare and education, Wynne Construction won the contract to carry out this work. Challenges presented by COVID-19 had to be overcome to ensure the work stayed on schedule and through a great team effort, significant progress has been made with this ambitious programme of works. The Council has worked closely with Wynne Construction to design what will be a modern airy space for children to play and flourish. It is hoped that construction will start in Spring 2021, with a finish date by March 2022.

After a successful bid, Flintshire County Council has been also awarded £622,000 by Welsh Government to provide capital support to childcare settings, referred to as, the '**Childcare Offer Small Capital Grant Schemes**'. This grant supported the provision of quality childcare settings in Flintshire with improvements to childcare rooms, kitchens, outdoor space, furnishings and digital capability. It also supported settings

impacted by COVID-19 carrying out works, such as improving ventilation, and to purchase item to improve their outdoor provision.

The [North Wales Integrated Autism Service \(NWIAS\)](#) has modified consultation procedures for clients and staff to remain safe during the pandemic. The team are running training and groups online, such as 'Understand Autism' for newly diagnosed Autistic Adults.

The service continues to receive compliments for their work and have been complimented on the number of excellent 'lifestory' outcomes submitted to WLGA for making a difference to everyday lives of Autistic Adults.

One service user said:

"Without over-egging the pudding, you have provided me with the first step on an entirely new path in my life, and I am sure I will be thanking you again in the future for the success I am sure I can achieve now that I have a greater understanding of who I am, and who I have always been."

To further support Autistic individuals, the [Autism.Wales](#) website (previously ASDinfoWales) has been launched by the National Autism Team.

Our priorities for 2021/22 will be to:

Further develop Project SEARCH
Developing opportunities for Autistic individuals to access services locally.

[Quality Standard 5 - Supporting people to develop safely and to maintain healthy domestic, family and personal relationships](#)

Children's Services continue to work towards the ambitions set out in the Support & Placement Strategy to work to **safely reduce the numbers of children entering care and improve outcomes for those in care**, with a number of interventions in place including:

- The Targeted Support Team
- The Adolescent Strategy Team
- Family Support Team Officers put in place bespoke programmes of support, which are monitored and reviewed.
- The Missing Exploited Trafficked (MET) panel meets to keep children safe from trafficking, Child Sexual Exploitation (CSE), Child Criminal Exploitation (CCE)

and County Lines and provides a forum to bring professional together or to escalate to relevant agencies.

- Direct Payments support families to implement preventative approaches and are administered through the Support and Resource Panel
- Support for families through the Team Around the Family (TAF) and Family Group Meetings (FGM).



The **Early Help Hub (EHH)** received 2641 referrals between April 2020 and end of March 2021 and the team have adapted to meet needs during the pandemic. All EHH members quickly reverted to having discussions online and agencies adapted well during lockdown and there was no interruption with meetings. Referrals slowed down slightly during April/May but started to pick back up again from June.

Following a rise in referrals for **parents with low to moderate Mental Health difficulties** in the EHH, a dedicated worker has been employed to work with parents to give advice and guidance, 1:1 support and to signpost to other services available locally, including the ICAN hub in Flint, and statutory mental health services.

The services feel that there is much to learn from the time during COVID-19 and should continue to implement different ways of contact and virtual meetings as staff feel they are less stressful for families.

During the year, local authorities were provided greater flexibility in the use of the **Flexible Funding Programme** to respond to COVID-19. Flexible Funding is the approach developed by the Welsh Government that enables local authorities to adopt a more strategic way of delivering early intervention, prevention, and support to families.

Together partner agencies continued to support children and families through digital channels and adopted new approaches to meet the needs of families and support their resilience. As required by Welsh Government a 'Lessons Learnt' report was produced reflecting the learning during the pandemic. A revised Delivery Plan was also submitted to Welsh Government reflecting priorities for the Programme from 1st October 2020 – 31st March 2021.

In 2017 the Fostering Team began partnering with Y Lab through the 'Innovate to Save' project to develop a model that could spark a new way of doing things in fostering services. The **Mockingbird Family Model** (MFM) replicates an extended family in 'Constellations' of 6-10 fostering households. The Constellation is supported by a 'Hub carer' who provides planned and emergency sleepovers, as well as advice, training and support.

The model provides a more 'normal' experience for foster children, including interaction with a wider range of children and trusted adults and gives foster families a wider support network. This leads to placements becoming more stable as the children and carers are more supported, reducing placement breakdown and the need for high cost emergency placements and residential care.

Following testing, development and feasibility stages Flintshire Council was awarded £1.15million innovation funding to roll-out Mockingbird to 50 families in North Wales. The Flintshire project has the potential to save £2.4 million over 6 years by avoiding costs for the Local Authority.

The first Constellation was launched in Flintshire in January 2020 which now supports one Hub carer and 6 satellite families comprising 6 looked after children, 1 birth child and 2 young people in 'When I'm Ready' arrangements. Over the last 12 months the constellation has provided a range of:

- Emergency and planned sleepovers/short breaks.
- Monthly social activity events.
- Peer Foster Carer support and training opportunities.
- Family and sibling contact.

Although concerned about the impact COVID-19, the families involved have found new ways to communicate in order to stay in touch and offer support to each other.

The second constellation recently launched in February 2021 and consists of one Hub Carer and 5 Satellite families comprising 8 looked after children, 10 birth children and 2 young people part of the [‘When I am Ready’](#) scheme.



Flintshire are planning five additional Constellations by the end of 2022, directly supporting up to 80 young people and 50 fostering households.

Since the onset of the coronavirus pandemic, care home managers and staff have worked tirelessly to keep residents physically safe and well, but there is so much more to well-being than physical health, and one of the most painful aspects of the pandemic has been restrictions on face-to-face **visits to care homes** by families and loved ones.

The Older People’s Commissioner for Wales captured the deep impact of these restrictions recently, saying that ‘the trauma of not being able to visit relatives in care homes will stay with people for years’.

Under Welsh Government policy, care home visits were cancelled in March 2020, although end-of-life visits were allowed regardless of any local restrictions or national lockdown. Local care homes have worked hard to facilitate permitted outdoor visits, rising to the challenge of keeping residents connected with their families.



Facilitating these much-needed visits has involved extensive planning, effort, innovation and creativity on the part of our care homes, and we are extremely proud of what is being achieved in Flintshire.

Services were happy to welcome visitors back from 12th March 2021.

Our priorities for 2021/22 will be to:

Continue to work to safely reduce the numbers of children in care and improve outcomes for those in care.

Further roll out of Mockingbird model of Fostering

Quality Standard 6 - Working with and supporting people to achieve greater economic well-being, have a social life and live in suitable accommodation that meets their needs

January 2020 saw the introduction of a new **Policy for ‘Adaptations to Foster Carers’ Homes’**. Flintshire is supporting foster carers in making necessary adaptations to their home to provide adequate space for children and young people to live and thrive in their care. This policy supports siblings to be placed together, to meet the needs of children with multiple disabilities, secure extra capacity for current or potential fostering placements and to meet health and safety requirements which would otherwise result in a child being moved.

The grant funding will complement the existing range of support provided to foster carers, and this funding is another step forward in securing local and stable placements for children. Applications for granting funding will be considered up to a maximum of £36,000, with a £20,000 maximum grant for the relocation to a more suitable property. In order to access the grant, the carers and social worker must first exhaust all other options and resources to increase capacity at the placement.

The grant is not only available to approved foster carers, but also to also available to others including existing or prospective adoptive families, Family and friends / carers of children who are under a Special Guardianship Order and carers who are committed to their caring role for the long term, or at least until the child reaches 18.

Theatr Clwyd and Flintshire County Council together with members of the local community put out a public call for donations of **shoe boxes full of fun**, colourful treats to make the world a brighter place for a young person in Flintshire.

The appeal saw the public donate over 300 shoeboxes over 2 days which have now been distributed by Flintshire County Council to the most vulnerable young people in the county.



Completed in Autumn of 2020, **Llys yr Iarll / Earl Street** was developed by Wales and West Housing Association in partnership with the Council to provide accommodation for adults with learning disabilities, Autism and physical disabilities. The development consists of 12 individual apartments suitable for independent living and, where support is required, a two bedroom apartments allow for carers to live-in.

The Council has nomination rights for the four ground floor apartments, of which two are bariatric and two are adapted for wheelchairs. The remaining eight 'general needs' apartments are being retained by Wales and West Housing Association.

One new resident put her thumbs up in the air and stated 'It's brilliant, I love it here'. Her Mum also said how well her daughter is doing and has settled in much better than they could ever have anticipated.

Another resident said,
"I was a bit nervous at first, but now I am used to it and I like my neighbours who are also my friends. I like how work is only across the road. I also like that my mum can't nag me to tidy up all of the time now I am in my own flat".



In addition, **Glan y Morfa** house is a temporary step up / step down shared accommodation for people who have a physical disability. The people accessing the house may be homeless, or temporarily unable to return home due to planned adaptations being made to their existing home. Whilst at the house, the individuals will be supported to improve their wellbeing and independence, so they are able to live as independently as possible when they have returned to their own or more permanent accommodation. This is a joint initiative between Social Services and Housing Services and commenced in February 2021.



Flintshire Social Services and Wales & West Housing Association will be opened Flintshire's fourth extra care scheme in Holywell, [Plas yr Ywen Extra Care Scheme](#), on the 22nd March 2021, welcoming it's first tenants.

The new £8.5m Plas yr Ywen extra care scheme offers 55 one and two bedroom apartments for people aged 50 and over living in Flintshire who have a care and support need.

The scheme will follow the successful 'housing with care' model, with an on-site care and support team and a range of facilities to promote and support independent living. In addition, it will have seven apartments on its memory floor to support individuals living with dementia or memory loss.

Plas yr Ywen benefits from new smart digital system which features a digital emergency alarm, voice and video calling, video door entry, telecare compatibility and smart home connectivity. This is a positive step forward which will enable individuals to be more empowered to lead independent and fulfilled lives through a blend of support and technology.



Embracing innovative, construction firm Willmott Dixon and Flintshire County Council are on schedule to complete the major expansion of the **Marleyfield House Care Home** in Buckley.

The £8.4 million redevelopment project will double the number of beds at Marleyfield House from 32 to 64 and increase communal outdoor spaces and accessibility to support residents' well-being, reaffirming the Council's commitment to quality services, investing money in critical services.

Each room will have personal outdoor space either through a balcony on the first floor or a patio on the ground, while the extension will also see the creation of new communal areas, medical facilities, offices and store-rooms, extended car parking facilities and extensive sensitive landscaping.

This is an example of the local authority's pro-active approach to addressing the current significant pressures and fragility in the care sector across the country, the project is set to complete in summer 2021, with work having continued amid the challenges of the global pandemic.

During COVID-19, the home entered into lockdown and Willmott Dixon adjusted its construction practices to make sure the site was separated from the existing home at all times. This included a dedicated site access, the construction of additional parking bays for the home and deliveries.



To continue the improvement of the Council's care home provision, it has been agreed to look at the feasibility of developing a new residential care home at the old Flint Community hospital site. This building will have approximately 55 beds and will include moving residents from the current Croes Atti residential care home into the new building. The project will be in close partnership with health colleagues to delivery on some of the health needs of the community as well as increasing capacity within Flintshire's in-house residential care sector. The feasibility is estimated to be completed by early summer 2021.

Following feasibility, an options appraisal is to be completed for the council to consider which option will best meet the needs of the authority and the local residents of Flint. Once an option is agreed it is estimated that the building will be completed in 2023.

A similar approach to Marleyfield and Croes Atti will be taken in due course with Llys Gwenffrwd in Holywell. The council will consider whether a new site is required or whether improvements to the existing site should be made.

Children's Services continue to work with Housing through the Integrated Young Person's Service (IYPS) for young people aged 16+, and two officers have been employed to support **young people presenting as homeless**, or families requiring additional support. An additional officer works within housing to support young people ages 18+.

Families will be supported to keep the young person at home or having a planned or managed moved involving other agencies, such as Supported Living, hostels and the Quay project. During this time the IYPS service can provide emotional support through this time, to ensure young people are safe and their well-being is improved. Funding needs to be secured to support sustainability of this service.

A **Children's Residential Assessment Centre** will provide short term (up to 20 week) residential assessment and support provision for children and young people up to the age of 18 years. The centre will provide the time and space to undertake an

intensive assessment and support to meet the needs of young people whilst seeking family reunification, or a longer term local fostering/residential placement.

The Centre will be able to accommodate up to 8 children or young people at any one time across all 3 buildings, including emergency placements. The staff team will be trained in the Multi Systemic Therapy (MST). As outlined in in Quality Standard 1, MST is an intensive family and community based clinical intervention for children and young people aged 11-17, where young people are at risk of out of home placement in either care or custody. MST teams focus on the whole world of the young person - their homes and families, schools and teachers, neighbourhoods and friends. MST staff go to where families live and work with them intensively for three to five months, including being on call to families 24 hours a day, seven days a week.

Flintshire County Council will take ownership of the building by the end of March 2021 and will then be going out to tender to appoint a contractor to undertake the refurbishment work. It is envisaged that the refurbishment of three properties should be fully complete by Autumn 2022.

To further support children, the Council are looking to establish **small registered homes**, supporting one or two children. The model has a strong community and family feel to support children who would succeed in a smaller setting with more intensive levels of support. This model is being delivered successfully in other areas in the UK and will be adapted for Flintshire. It is intended that the first of two small homes will be operational during 2021/22.

Our priorities for 2021/22 will be to:

Completion of the Extra Care Programme
Progress in-house residential care expansion schemes
Launch a short term residential service to inform the most appropriate move-on placement and support package for young people
Develop the 'Small Homes' scheme for children

6. How We Do What We Do

6.1 Our Workforce and How We Support their Professional Roles

The Workforce Development Team's core business is broad and covers both a planned and re-active approach to supporting the social care workforce training needs

The annual training directory has once again been developed based on sound analysis of a needs analysis from colleagues within the department and from external Care providers; reviewed against the new qualification frameworks; and through evaluations of previous courses. The courses are delivered through both internal and external providers and this year, more than ever before, has seen the strengthening of partnerships in order to meet and overcome the challenges the pandemic has presented.

Despite the challenges that last 12 months have presented, the team have achieved a great deal:

- Successfully transitioned a number of training courses to delivery on a range of virtual platforms
- Facilitated 313 training sessions on 87 subject matters.
- Development of an induction training programme for volunteers who were 'recruited' as part of the COVID-19 response. This was completed by 77 volunteers, most of whom went on to volunteer for the Council during the first stage of the pandemic.
- Continue to work in partnership with many internal and external training providers who kindly offer their training to us free of charge.
- In partnership with Communities for Work, the 'Pathways in to Social Care' has been offered virtually. This comprehensive intensive programme provides unemployed people with a pathway into working in social care and is closely aligned with both the All Wales Induction Framework and for the purposes of registration for support staff.
- A revised distribution of the Training Voucher Scheme went ahead this year, although there were limited opportunities for the vouchers to be utilised.
- A number of Digital Champions were trained, sharing of a wide range of information supplied by Digital Wales.
- Devised and delivered a programme of teaching and learning for the core qualifications in social care, that is fit for purpose and meets the awarding body requirements
- The Centre had a very positive European Quality Assurance (EQA) report from the November 2020 remote visit
- Supporting 38 Social Work students across teams in the statutory, independent and voluntary sectors this year across North Wales. 16 Social Workers have completed their Consolidation award to enable them to re-register in their 1st period of practice after qualifying which is now a requirement of Social Care Wales.
- In response to feedback from both internal and external managers, the team have developed an 'induction programme' of mandatory training that new

starters are able to complete within a 3-week period, enabling them to meet a number of competencies essential for delivering quality care.

Behind the scenes, the Council's IT department have played a vital role in supporting the continued work of Social Services and undertook a major operation to **ensure staff are able to work remotely** and that services were not disrupted by the new ways of working. The team have :

- Researched and implemented Video Conferencing facilities for 780 people working in Social Services
- Responded to 140 orders from Social Services for additional IT equipment, much of which was required for the move to home working
- Responded to 400 requests for remote access tokens to be set up
- Researched and implemented an eSignature solution for the Foster Service to minimise the need for face to face contact.
- Provided alternative methods of engagement with clients use of WhatsApp and deployed to Social worker phones
- Donated 39 recycled iPad to service users at Hwb Cyfle
- Provided telephony facilities for Social Care contact centre staff to operate from home
- Development of a range of online forms including enhancements to the Child Care offer and well-being evaluations

In response to ongoing recruitment challenges and difficulty recruiting experienced social workers, it was agreed to take a different approach to **recruitment of social workers** and a new pathway for social work students to join teams has been developed. The pathway created a link between their university learning and the first year of practice. All of this happened during the pandemic and was supported by a robust induction plan, including weekly virtual group sessions where there was the space for peer support, discussion and learning.

Induction processes for Social Workers joining Children's Services have been strengthened through a partnership with Community Care Inform (CCI). CCI is a well established online portal for social care staff working with children and families, housing a wealth of information and resources to support them with their practice.

The Council now have dedicated pages within CCI to act as a hub, with information about each team and links to relevant documents and policies to support staff in their development and practice.

Newly qualified staff also meet virtually each week for peer support and learning and induction sessions. Infrastructure in place to support development. One newly qualified social worker said:

“I have been very blessed in my experience working for Flintshire. I have been in two team TAF and the Targeted Support Team. Each team has massively supported me as a new employee who started during the COVID-19 world and as a newly qualified social worker, they were each very warm and welcoming.”

To support recruitment in to the sector, Communities For Work (CFW) are working in partnership with Flintshire County Council’s Workforce Development Team to continue to deliver the ‘Pathway into Social Care’ training programme.

This programme gives local people an opportunity to gain the training and skills necessary to work in the Social Care, providing care and support to the most vulnerable in our society.

The training which will take place virtually involves accredited training on a variety of subjects including; first aid, health & safety and infection control, food safety and safeguarding. At the end of the programme local care employers will be on hand to provide information on available vacancies for participants to apply.

The Council has also embarked on an exciting journey to challenge and change their traditional recruitment processes to recruit people with the right values in to social care roles.

The [WeCare Wales](#) campaign states that ‘Wales needs around 20,000 more people to work in care by 2030’, and in order to meet this demand, more needs to be done to showcase and promote working in care as a rich and fulfilling career.

A small team of Social Services officers has been trained by Helen Sanderson Associates and Well-being Teams in **Values Based Recruitment**, and have since been working to develop their own new approaches to recruit people in to social care.

Our values and beliefs drive the way we behave, and people tend to thrive in places where they are able to demonstrate their values. Social Services needed to understand their own values, before they could look for those values in others, and are now looking to recruit people who share the services values.

Before COVID-19, Flintshire County Council began a series of recruitment days with a focus on encouraging participant to demonstrate the values they live by. These session included a team, listening and communication exercises and ‘what if’

scenarios. For part of the day, the candidates also took afternoon tea with people they may be providing care and support for. The workshops are observed by staff and individuals receiving services, who will look out for the ways in which the candidates interact with individuals and demonstrate their personal values.

In excess of 20 workshops for direct care and support workforce have been held, appointing over 60 people across services, some of whom have come from previous care roles, and others who have had no care experience but wanted to make a change.

Feedback from candidates has been positive with some feeding back that it was the 'best interview I have ever attended' and that they 'didn't feel like I was being interviewed'. Candidates enjoyed meeting the tenants and left with a feeling of knowing more about the role.

The Council continues to work closely with the national [WeCare Wales](#) campaign, promoting opportunities to work in social care during WeCare Wales week in November 2020. The campaign has also relaunched their [jobs portal](#), where providers from across Wales can advertise vacancies for free, and candidates can search for social care jobs in their area.

The Council recognised that working in social care over the past year has often been a difficult and emotional experience. **Care First** is an Employee Assistance Service which is available to Council employees, which provides emotional and practical support for issues at home or in work. The services are available online, and via a Freephone number 24 hours a day, 365 days of the year.

Every call is answered by a Care First counsellor, accredited to the British Association for Counselling and Psychotherapy (BACP) and support is available in Welsh, via a translation service, if required. Following an assessment with a telephone counsellor, Face-to-face or online CBT counselling may be suggested. In July 2020, the Council extended access to Care First to all staff in independent sector care providers.

The Council have also worked with Mind in North East Wales to provide extra support for social care workers. Information, talking therapies and activities designed to support wellbeing during this difficult time were available.

Essential to tackling COVID-19 locally has been the effective supply of **Personal Protective Equipment (PPE)**. The North East Wales Community Equipment Service was identified in the early stages of the pandemic as the main platform to distribute the Welsh Government's provision of Personal Protective Equipment (PPE) in North East Wales.



Preparation work began in March 2020 to adapt NEWCES in Hawarden to cope with the stock management for both Flintshire and Wrexham Counties. The first delivery of PPE arrived on the 24th March 2020 and was distributed within days to protect care staff across Flintshire.

As stock levels and demand increased significantly, grateful assistance soon came from valued volunteers who gave up their own time to get the PPE packs out to over 80 locations a week throughout Flintshire.

The allocated space at Hawarden could not accommodate the amount of stock coming in, so a second unit in was opened. Three days later, after some challenging work, the new stores was operational.

Since the service started in March last year, in Flintshire, we have issued approximately:

- 4 million gloves
- 3.5 million masks
- 60,000 visors
- 2.5 million aprons

The British Army Logistics Team were visiting all distribution sites across Wales to give advice, guidance and support. NEWCES received a glowing report with no key recommendations. The Military Team promoted our Flintshire systems and approaches across other areas in Wales, which led to presentations on our systems of work to other Authorities.



NEWCES are proud to have linked in with Project SEARCH, and have welcomed Owen into the NEWCES Team. Owen is involved with the front line service of the PPE Hub, in all aspects of stock management and delivering stock to Wrexham Social Services and is a real asset to the team.

NEWCES staff were praised:

"...they are playing a blinder with supporting at the moment. They could not be more helpful. Deliveries are very quick and accurate. If there's an issue they are very helpful in problem solving."

A small supply of equipment was also available from Preswylfa in Mold, which could be distributed quickly to where it was need most.

The **recruitment of volunteers** began at the start of April, initiated by colleagues in FLVC. In mid-April, FLVC handed over a group of around 70 volunteers to the Social Services Deployment Team.

The Workforce Development Team, supported by FLVC, provided some basic training to volunteers, relating to safeguarding, food hygiene, health and safety, consent, data protection, dignity, principles of care and confidentiality. By the end of April 2020, following the training and required DBS checks, a group of 64 volunteers were available for deployment to volunteering opportunities across the county.

The volunteer group provided support from April to August to a number of activities and initiatives including twice-weekly delivery of PPE for staff at older people's care homes and domiciliary providers and schools, weekly shopping deliveries to 2 Supported Living Homes, delivery of donates chocolate eggs, 1:1 telephone support, Well Fed project and Food Bank Food parcel delivery; and delivery of iPads and Codgers Quarterly Newsletter to reduce isolation in care settings. Volunteers also

supported the opening of Ty Treffŷnnon care home and transported an employee to shifts at an independent sector care home.

In August, with many volunteering activities either ceased or reduced greatly, the coordination of the volunteer group was handed over to FLVC's third sector coordination team. The Social Services team remain in close contact with FLVC to collaborate on any future volunteering activities.

There have been a number of **digital** developments. A Contract Management System has been developed within our Paris system to hold provider details, which is with contract information and stored confidentially.

Flintshire County Council Direct Payments Support Team have launched a new [Direct Payments Homepage](#). These pages include information on what are Direct Payments alongside information on how to employ a Personal Assistant (PA) and other useful links.

A new [Personal Assistant Portal](#) also provides a register of Personal Assistants (PAs) available for employment for Flintshire Direct Payment recipients. The register aims to help citizens and their families search for PAs and find the best PA for them, but also to help PAs find suitable employment in this growing and rewarding sector.

Social Services are continuing to move forward to implement the finance module of the **Welsh Community Care Information System** (WCCIS). The system will improve the way we are able to pay social care providers.

6.2 Our Financial Resources and How We Plan For the Future

The **Social Value** Development Officer has worked with partners to make a [video](#) to explain what Social Value is and how the Council is looking to get the best value for local citizens, out of every pound that the council spends.

The new Social Value Procurement Policy was approved by cabinet in March 2020, and to compliment this, a new system, IMPACT, has also been introduced to support measuring, monitoring and reporting on social value outcomes. This assists suppliers to report on a quarterly basis against their social value commitments. Inclusion on IMPACT will be part of procurement moving forward.

The Council's social value website is now live to promote the outcomes of this work stream through interactive videos, case studies, events and blogs. The website will

also support Council staff, the Council's current suppliers and other external businesses with a further understanding of social value, the Council's Social Value Policy, procurement process and Impact Reporting System.

The Council continues to support **Social Enterprises** linked with a wellbeing function who are contribution to the social value sector as defined by the Social Services and Well-being (Wales) Act 2014. These groups have been supported to become COVID-19 compliant so they can work towards reopening.

The Council developed a **Corporate Recovery Strategy** for the pandemic emergency situation. The strategy covered the following:

- The chronology of the emergency response phase and transition to recovery
- The handover arrangements for recovery
- The organisational recovery of the Council
- Community recovery of the communities we serve
- The Council's strategic priorities and performance for the remainder of 2020/21
- The roles the Council will play in regional recovery
- The democratic governance of recovery

Aligned to this strategy, Social Services developed a Recovery Plan, setting out the objectives and timeline for the recovery of services, any risks and their planned mitigations, our contribution to any Council strategic priorities for 2021/22, and performance indicators to measure how well we are progressing towards full recovery.

Social Services will also look at how new ways of working can continue to be embedded, which have resulted in efficient use of time and contributed to a reduced carbon footprint.

The Welsh Government's **Integrated Care Fund (ICF)** programme has supported the delivery of revenue and capital based projects under four structured themes:

- Early Intervention
- Learning Disabilities, Children with Complex Needs and Carers
- Older People
- Dementia Action Plan

Although the ICF programme was due to come to an end in March 2021, Ministers have agreed a 12 month extension until March 2022. This will allow time for a new approach to regional resourcing to be developed in readiness for April 2022. The scope and scale of future resourcing for three themes - Early Intervention, Learning Disabilities, Children with Complex Needs and Carers, and Older People - will be

reviewed as part of this process. The Dementia Action Plan theme will have recurrent funding, but will be subject to an ongoing evaluation to inform the content of future action plans and its subsequent outcomes.

Flintshire Social Services worked with care providers and the internal workforce to ensure that services were well prepared for **Brexit**. A number of meetings were held with care providers to share key information around Brexit preparations and the EU Settled Status scheme. Business Continuity Plans were also prepared and information shared on business preparations regarding medical devices, clinical consumables, food and medication.

6.3 Our Partnership Working, Political and Corporate Leadership, Governance and Accountability

Who we are

Elected Members represent the residents of Flintshire and play an important part in the governance of the Council. They agree the Council's priorities and approve policies to deliver its continuous improvement. Flintshire Council has 70 [Elected Members](#) who represent their ward interests and participate in full Council meetings to oversee the performance of all aspects of the Council. One Member is elected by their peers to represent each portfolio area. These are known as Cabinet Members and together with the Leader and Deputy Leader, Chief Executive Officer and Chief Officers, they form the Council's Cabinet.

How we make decisions

Each Cabinet Member is supported by Overview and Scrutiny Committees, and for Social Services this is the Health and Social Care Overview and Scrutiny Committee. Because of the close working relationship with the Education and Youth Portfolio, the Council also holds joint Health and Social Care and Education and Youth Scrutiny Committee meetings, to discuss services for children and young people that cut across both social services and education. The Council Leader, Deputy Leader and Cabinet Member for Social Services are also involved in the social services work programme through the Social Services Programme Board and the Cabinet Member also attends the Social Services Management Team meetings, which have continued virtually every month.

The officers of the Council are led by the Chief Executive Officer who is supported by Chief Officers responsible for each of the portfolio areas. The Chief Officer for Social Services has the statutory "Director of Social Services" role. The Council's structural arrangements for both members and officers are clearly laid out. The constitution details how the Council operates, how decisions are made and the procedures that are followed to make sure that these decisions are efficient, transparent and

accountable to local people. The Council also has its own internal governance through a system of internal audit. The outcomes of audits are monitored by the Audit Committee and officers can be called to give evidence to the committee should concerns be raised regarding their service areas.

Our partnership working

Flintshire has a strong record of partnership working, and in Section 4 we describe some of the services and initiatives that we have developed with other bodies and agencies. At the heart of our collaborative culture is the Flintshire Public Services Board. Established in April 2016, this statutory body is made up of senior leaders from public and voluntary sector organisations. It aims to ensure that statutory and third sector partners work together to manage shared priorities through collaboration, and these priorities are set out in the Well-being Plan for Flintshire 2017- 2023.

The North Wales Regional Partnership Board was also established in 2016 and has a membership representing statutory bodies, third sector partners, carers and users of services. The Board works to enhance the integration, efficiency and effectiveness of outcomes-focused care and support services in North Wales, and has been successful in its bid for a new Welsh Government fund made available to transform health and social care services in Wales.

The Council and Health Board continue to work closely together, with strategic meetings between the chief executives and leaders taking place bi-annually. Many joint operational meetings happen throughout the year, including a six monthly special scrutiny meeting where health colleagues are invited to attend and take questions from elected members.

Relationships with the voluntary sector continue to be strengthened by our involvement with the Voluntary Sector Compact. This three-way partnership between the Council, Health Board and voluntary sector facilitates mutual understanding in respect of roles and responsibilities, and enables opportunities for partnership working to be fully utilised. Membership comprises the Chief Officer and Chair of Flintshire Local Voluntary Council, other voluntary sector members, the Chief Executive and Leader of the Council, and a senior manager from the Health Board.

7. Accessing Further Information and Key Documents

Accessing Further Information and Key Documents

Social Care Legislation & Information Links:

[National Outcomes Framework for people who need care and support and carers who need support](#)

[Regulation and Inspection of Social Care \(Wales\) Act 2016](#)

[The Social Services and Well-being \(Wales\) Act 2014](#)

[Well-being of Future Generation \(Wales\) Act 2015](#)

[North Wales Population Needs Assessment](#)

[North Wales Safeguarding Board](#)

Flintshire County Council's Key Strategic Documents Links:

[Council Plan 2018-23](#)

[Corporate Parenting Strategy 2018-2023](#)

[Digital Flintshire 2017 - 2022](#)

8. Glossary of Terms

Adverse Childhood Experiences (ACEs) - a term used to describe a wide range of stressful or traumatic experiences that children can be exposed to when growing up. ACEs range from experiences that directly harm a child to those that affect the environment in which a child grows up.

Advocacy - the act of speaking on the behalf of or in support of another person.

Betsi Cadwaladr University Health Board (BCUHB) - The largest health organisation in Wales, with a budget of £1.3 billion and a workforce of over 17,000 staff. Providing primary, community, mental health and acute hospital services for the population of North Wales.

Children Looked After - a child is looked after by a local authority if a court has granted a care order to place a child in care, or a council's children's services department has cared for the child for more than 24 hours.

Deprivation of Liberty Safeguards – provide a legal framework that protects people living in care homes or hospitals who are vulnerable because of mental disorder and who lack the mental capacity to make decisions about their own accommodation and care needs.

Direct Payments - give users money directly to pay for their own care, rather than the traditional route of a Local Government Authority providing care for them.

Extra Care – housing designed with the needs of service users in mind that provides varying levels of support which is available on site and promotes independent living.

Flintshire Local Voluntary Council (FLVC) - the umbrella and support organisation for over 1200 voluntary and community groups based in Flintshire.

Integrated Care Fund (ICF) - a Welsh Government fund that “aims to drive and enable integrated working between Social Services, Health, Housing, the third and independent sectors.

Multi Systemic Therapy (MST) - MST is an intensive family and community based clinical intervention for children and young people aged 11-17, where young people are at risk of out of home placement in either care or custody.

Outcomes-focused - the definition of outcomes is the impact or end results of services on a person’s life. Outcome focused services and support therefore aim to achieve the aspirations, goals and priorities identified by service users (and carers) – in contrast to services whose content and/or form of delivery are standardised or determined solely by those who deliver them.

Personal Protective Equipment (PPE) - PPE is equipment that will protect the user against health or safety risks at work.

Person-centred Care - an approach that moves away from professionals deciding what it best for a patient or service user, and places the person at the centre, as an expert in their own experience. The person, and their family where appropriate, becomes an equal partner in the planning of their care and support, ensuring it meets their needs, goals and outcomes.

Respite – a short period of temporary care in order to provider rest or relief for carer’s who require a break in their role

Responsible Individual - someone in charge of providing the service at an organisation or local authority.

Safeguarding - a term used to denote measures to protect the health, well-being and human rights of individuals, which allow people to live free from abuse, harm and neglect

Social Enterprise - an organisation that applies commercial strategies to maximise improvements in human and environmental well-being - this may include maximising social impact alongside profits for external stakeholders.

Social Value - Social value looks beyond the financial cost of a service and considers what wider additional benefits to the community can be generated. Implementing the Social Value Strategy will be a key element in delivering the Well-being of Future Generations Act.

Statutory Services – services provided by the Local Authority as a matter of course, examples of these types of services are domiciliary care and respite breaks.

Step up / step down – This provision enables professionals to support an individual's return to independence, as an alternative to hospital admission or to support discharge from hospital. Sometimes called 'discharge to assess'.

Third Sector - the part of an economy or society comprising non-governmental and non-profit making organisations or associations, including charities, voluntary and community groups, co-operations etc.

Well-being - the state of being comfortable, healthy or happy.

'When I am Ready' scheme - The overall outcome of the 'When I am Ready' is that a young person leaving foster care will have the time and support to develop the necessary skills and resilience to make a successful transition to independent living.

9. Stats and Data

Compare local data to national picture

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FLINTSHIRE COUNTY COUNCIL

SOCIAL SERVICES ANNUAL REPORT 2020/21

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& 2021/22 PRIORITIES



Gyda'n gilydd gallwn ni i gyd helpu i gadw **Sir y Fflint** yn ddiogel
Together we can all help to keep **Flintshire** safe



Working with and supporting people to achieve greater economic well-being, have a social life and live in suitable accommodation that meets their needs.

January 2020 saw the introduction of a new Policy for ‘Adaptations to Foster Carers’ Homes’. Flintshire is supporting foster carers in making necessary adaptations to their home to provide adequate space for children and young people to live and thrive in their care. The grant funding will complement the existing range of support provided to foster carers,

and this funding is another step forward in securing local and stable placements for children.

This supports foster carers to enable siblings to be placed together, to meet the needs of children with multiple disabilities, secure extra capacity for current or potential fostering placements and to meet health and safety requirements which would otherwise result in a child being moved.

Applications for granting funding will be considered up to a maximum of £36,000, with a £20,000 maximum grant for the relocation to a more suitable property. In order to access the grant, the carers and social worker must first exhaust all other options and resources to increase capacity at the placement.

The grant is not only available to approved foster carers, but also to also available to others including existing or prospective adoptive families, Family and friends / carers of children who are under a Special Guardianship Order and carers who are committed to their caring role for the long term, or at least until the child reaches 18.

Tŷ Treffynnon Residential Care Home has been opened urgently by Flintshire Social

Services to support our local NHS hospitals during the Covid-19 pandemic. This care home has been designed to ensure people, who can safely be discharged from hospital, can receive the care and support they need before they return home, ensuring only patients in need of specialist care remain in hospital. As a result our local hospitals will have more capacity to deal with those who are acutely ill, including patients suffering from Covid-19.

The planning for Tŷ Treffynnon began at the beginning of April 2020 and in just two months, the building has been extensively refurbished and is now open and providing essential support for residents of Flintshire and Wrexham. Flintshire County Council, Betsi Cadwaladr Health Board and Wrexham County Council have pooled resources and worked closely together to fund and support the development of Tŷ Treffynnon.





Getting the Home up and running in such a short space of time is a demonstration of the passion and commitment that exists within our organisations and the community, to work together to respond to this pandemic and mitigate its impact.

Tŷ Treffynnon will be in place for a temporary period during the pandemic and Flintshire Council will be reviewing the need for this additional residential provision regularly, to adjust to the changing landscape of the pandemic.

Theatr Clwyd and Flintshire County Council together with members of the local community put out a public call for donations of shoe boxes full of fun, colourful treats to make the world a brighter place for a young person in Flintshire.

The appeal saw the public donate over 300 shoeboxes over 2 days which have now been distributed by Flintshire County Council to the most vulnerable young people in the county.

Embracing innovative new ways of keeping our people safe, construction firm Willmott Dixon and Flintshire County Council are on schedule to complete the major expansion of the Marleyfield House Care Home in Buckley.

The £8.4 million redevelopment project will double the number of beds at Marleyfield House from 32 to 64 and increase communal outdoor spaces and accessibility to support residents' well-being, reaffirming the Council's commitment to quality services, investing money in critical services.

Each room will have personal outdoor space either through a balcony on the first floor or a patio on the ground, while the extension will also see the creation of new communal areas, medical facilities, offices and store-rooms, extended car parking facilities and extensive sensitive landscaping.

An example of the local authority's pro-active approach to addressing the current significant pressures and fragility in the care sector across the country, the project is set to complete in summer 2021, with work having continued amid the challenges of the global pandemic.

During Covid-19, the home entered into lockdown and Willmott Dixon adjusted its construction practices to make sure the site was separated from the home at all times. This included a dedicated site access, the construction of additional parking bays for the home and coordinated deliveries.

Children's Services continue to work with Housing through the Integrated Young Person's Service (IYPS) for young people aged 16+, and two officers have been employed to support young people presenting as homeless, or families requiring

additional support. An additional officer works within housing to support young people ages 18+.

Families will be supported to keep the young person at home or having a planned or managed move involving other agencies, such as Supported Living, hostels and the Quay project.

The IYPS service can provide emotional support through this time, to ensure young people are safe and their well-being is improved. Funding needs to be secured to support sustainability of this service.

A Children's Residential Assessment Centre provides short term (up to 20 week) residential assessment and support provision for children and young people up to the age of 18 years. The purpose is to undertake intensive assessment and support to meet the needs of young people whilst seeking family reunification, or a longer term local fostering/residential placement.

The Centre will be able to accommodate up to 8 children or young people at any one time across all 3 buildings, including emergency placements.

The Centre will include a Registered Manager and a number of residential care staff, who will be trained in the Multi Systemic Therapy (MST) approach to supporting the children / young people. As mentioned earlier MST is an intensive family and community based clinical intervention for children and young people aged 11-17, where young people are at risk of out of home placement in either care or custody. MST teams focus on the whole world of the young person - their homes and families, schools and teachers, neighbourhoods and friends. MST staff go to where families live and work with them intensively for three to five months, including being on call to families 24 hours a day, seven days a week.

Flintshire County Council will take ownership of the building by the end of March 2021 and will then be going out to tender to appoint a contractor to undertake the refurbishment work. It is envisaged that the refurbishment of three properties should be fully complete by Autumn 2022.



Priorities

Our priorities for 2021/22 will be to:

Completion of the Extra Care Programme

Progress in-house residential care expansion schemes

Launch a short term residential service to inform the most appropriate move-on placement and support package for young people?

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SOCIAL SERVICES OVERVIEW AND SCRUTINY COMMITTEE

Date of Meeting	27 th May 2021
Report Subject	Rebalancing Care & Support White Paper
Cabinet Member	Cabinet Member Social Services
Report Author	Chief Officer (Social Services)
Type of Report	Strategic

EXECUTIVE SUMMARY

The Welsh Government were seeking Local Authority views on proposals to introduce new legislation that addresses the complexity of current local commissioning processes and refocuses priorities for the commissioning of care and support.

From the case for change, three critical areas emerge where Welsh Government believe focused action is needed to deliver system-wide improvement to secure the vision for social care:

- refocusing the fundamentals of the care market – away from price towards quality and value;
- reorientation of commissioning practices – towards managing the market and focusing on outcomes; and
- evolution of integration mechanisms – focusing on joint planning and delivery.

Through actions in these three areas, the White Paper seeks to rebalance the care and support market based on a clear national framework where services are organised regionally and delivered locally. In doing so they aim to rebalance social care so that there is neither an over reliance on private sector, nor a monopoly in the other direction.

The proposals outlined in the White Paper are intended to strengthen the arrangements of the Social Care sector and improve quality of care. They are based on analysis of the weakness in the market for care and support, and limitations in current partnership structures. They aim to reduce complexity, increase sustainability and strengthen integration. The focus is on the way the system is arranged, but the clear purpose is achieving the vision for social care through improving outcomes for people who need care and support and carers who support them.

The overarching issue is whether what is proposed in the white paper will achieve the intended outcomes and it is felt that this is not the case. Further change is

needed but not the change that is being suggested in the White paper. We feel that there should be a commitment to resources rather than funding towards new structures. There is the need for major, sustainable investment in social care, from a revenue and capital perspective. Increased investment would enable some of the identified challenges to be addressed without any of the significant changes proposed. The inadequacy of the current funding model has been well known and there is a real need to invest time and resources to bring coherence to the long-term funding question and to design a system which is able to effectively meet any new and the additional demands which social care will face in the future.

The White Paper needs to be explicitly underpinned by a focus on ensuring the workforce are paid fairly and appropriately within all sectors. This will need additional funding. Lack of availability of resources and funding the true cost of quality care can often hinder service improvement. Protected funding invested into the social care market will enable innovation and quality service improvement.

The creation of a national office for care could unintentionally create more bureaucracy and cost more. It is unclear what level of responsibility and accountability RPB's would have from the White Paper. We need to consider how we keep local accountability and fulfil our statutory duties when elements of the process will be managed on a national or regional footprint.

The focus should be on how we best deliver integrated health and social care systems rooted in local communities, developing more integrated community-based arrangements could deliver real benefits including efficiency, a focus on holistic wellbeing approach, prevention and early intervention as well as delivering outcomes. Building on this we believe that the focus needs to be on developing future models of community based care which take a whole person approach, addressing peoples physical health, mental health and social needs together.

Democratic accountability is believed to be a strength of the current system and must be retained. There remains a need for us to preserve a social care system which is led, commissioned and delivered close to local communities, enabling decisions taken about funding to be made with local people meaning that what is commissioned is what really matters to people.

Finally the paper does not consider the role of direct provision (which is not covered by commissioning) and should grow as part of Welsh Government current policy and local authority intentions/local market needs.

RECOMMENDATIONS

1	That members consider the White Paper, note the consultation response submitted from Flintshire (see appendix 1) and approve the report.
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REPORT DETAILS

1.00	REBALANCING CARE AND SUPPORT WHITE PAPER – The case for change
1.01	<p>The purpose of the paper is to examine the effectiveness of social care arrangements in the context of current and future challenges, and to develop proposals about how the system can be strengthened to achieve the vision set out in the Social Services and Well-being (Wales) Act 2014.</p> <p>At its broadest, the term care and support market refers to the context within which local authorities, the NHS or individuals purchase care and support to meet an individual’s needs and help them achieve their personal well-being outcomes and providers of care and support seek to win contracts or otherwise arrange to provide care and support for those individuals. The social care market is diverse, reflecting the wide range of care and support needs and the many ways in which they may be met.</p>
1.02	<p>The Social Services and Well-being (Wales) Act 2014 is still relatively new, and its implementation, including the shift to a new way of working to support people to achieve well-being, continues to be a journey.</p> <p>The Welsh Government’s evaluation of the Act findings suggest that the ethos and principles of the Act are supported and have led to real change in social care, even despite austerity, but it is still very much regarded as an ongoing process. Often progress in achieving the vision of the Act can be inconsistent.</p> <p>Care and support should build on people’s strengths to support them to achieve their well-being outcomes.</p> <ul style="list-style-type: none"> • For older people this means living longer, healthier and happier lives, being able to remain active and independent, in their own homes, for as long as possible. • For adults this means being able to exercise control over their lives and participate in work and other activities that are important to them. • For children and families this means being supported to stay together, where this is in the best interests of the child.
1.03	<p>The case for change sets out important challenges facing care and support in Wales:</p> <ul style="list-style-type: none"> • Population change and increase in need • The funding challenge • The care and support market • Commissioning and complexity • Workforce sustainability • Children • Public services working together • Prevention
1.04	<p>From the case for change, Welsh Government has identified three critical areas for action, drawing on framework set out in the Well-being of Future Generations (Wales) Act 2015 and A Healthier Wales. These areas are:</p>

	<ul style="list-style-type: none"> • Refocusing the Fundamentals of the care market – away from price-orientation market structure and towards a value measure based upon service quality and overall cost • Reorientation of commissioning practices – away from task management and towards managing the market and focusing on outcomes, and social based commissioning. Establishing a common framework to enable a greater degree of joint commissioning; progressing towards a diverse provider based and rebalancing the market by supporting alternative models of care; and encouraging small providers to work together • Evolution of integrating mechanisms – simplifying joint planning and delivery by reducing barriers. Strengthening the current design of RBP functions to enable them to better facilitate integrated working.
1.05	<p>Through action in these three areas, this White Paper seeks to rebalance care and support. The White paper defines ‘rebalancing’ broadly as:</p> <ul style="list-style-type: none"> • Away from complexity, towards simplification. • Away from price, towards quality and social value. • Away from reactive commissioning, towards managing the market. • Away from task-based practice, towards an outcome-based practice. • Away from an organisational focus, towards more effective partnership. • To co-produce better outcomes with people.

2.00	PROPOSALS and CONSULTATION RESPONSE
2.01	<p>National framework for care and support</p> <p>A national framework for commissioning care and support for children and adults will be developed to rebalance the market of provision with the aim of improving quality. It aims to set fee methodologies, develop more standardised commissioning processes, and increase transparency of service performance.</p> <p>The paper suggests that Local authority commissioning functions will continue to be accountable locally however based on the proposals in the paper, in future local authorities and local health boards will exercise these functions in accordance with the national framework, ensuring the full and fair use of its methodologies.</p>
2.02	<p>Flintshire’s Response</p> <p>A National Framework will require significant cross agency agreement between statutory bodies and an acceptance from providers to agree with these principles.</p> <p>Our experience of National Frameworks in social care has at times been challenging with complications at a local level when looking at implementation. Examples include lack of appropriate placements, lack of ability to develop and integrate new providers, existing providers wanting to increase fees to the maximum framework price, responsibility and accountability for monitoring quality and our ability on a local level to work with providers to develop local services close to home.</p>

Fee methodologies at a national level don't take into account limitations at a local level with the funding formula which is currently used. This is of a particular issue for Flintshire being one of the low funded Council's in Wales. What is more important is a long term strategic reliable funding formula for social care for both children and adults and specifically for care homes. If the funding formula is underpinned by regional methodologies then that could be useful.

As well as the above, regionally care fees vary to such an extent that it is difficult to conceive how the difference might be justified by 'size and location and the resourcing of providers at the different stages of their own business cycle' it appears that historical payment levels / funding availability must play a role rather than actual cost.

Lack of availability of resources and funding the true cost of quality care can often hinder service improvement. Protected funding invested into the social care market will enable innovative and quality service improvement.

The focus should be on how we best deliver integrated health and social care systems rooted in local communities, developing more integrated community-based arrangements could deliver real benefits including efficiency, a focus on holistic wellbeing approach, prevention and early intervention as well as delivering outcomes. There is a risk that policy and legislative drivers will again be narrowly focused on social care and the duties of local government instead of utilising the capacity across our public services.

If all services are based on a National Framework this could result in pooling of budgets, which may offer a solution to challenges faced at present, but would also still raise issues about the correct allocation of responsibility in order to ensure that partners to the pooled fund contribute the appropriate level of funds/enough funds to meet their obligations.

There is the need for major, sustainable investment in social care, from a revenue and capital perspective. Increased investment would enable some of the identified challenges to be addressed without any of the significant changes proposed. The inadequacy of the current funding model has been well known and there is a real need to invest time and resources to bring coherence to the long-term funding question and to design a system which is able to effectively meet any new and the additional demands which social care will face in the future.

Consideration needs to be given to how we achieve a workforce who are truly valued, have parity of esteem with NHS workers and are appropriately rewarded for the invaluable work that they do including remuneration and career opportunities/progression. This will need additional funding.

Improving quality of care starts at the local level due to local variation in the markets and local needs. It should build on the strength of local authorities in their role in place and community, addressing the needs of individuals and families, building resilience and focusing on wellbeing.

	<p>Local authorities commissioning services has worked very well and by allowing more local control it provides clearer accountability to deliver care services.</p> <p>There is a risk of losing very locally based providers if we move towards a large national model, small business may miss out on opportunities that are available. We would need to make processes proportionate and appropriate. We would be concerned that a National Framework would limit innovation at a local level and prevent third sector / social enterprise delivery of care and support, especially given that this is a fundamental part of the Social Services and Well-being Act.</p>
2.03	<p>A National Office for social care</p> <p>The paper proposes that a national office for social care should be established to develop the national framework. This may be either through developing a function within government, or setting up a small arms-length body of the Welsh Government. In both options, the paper proposes that governance arrangements will ensure full engagement with local authorities, health boards, the independent sector and other key partners.</p> <p>It is proposed that the national office will maintain an overview of the stability of the market for care and support, and be a basis for driving national policy initiatives. It will consolidate activity of some national fora, including the National Commissioning Board, working with Social Care Wales, the workforce regulator with responsibility for supporting service improvement in Wales.</p>
2.04	<p>Flintshire's Response</p> <p>We are not convinced there is a case for a national office due to the fantastic role of current civil service delivered at national, regional and local levels.</p> <p>It is not clear how the vision in the white paper will link in with and support local delivery and increase accountability. Local Authorities have evidenced they can be trusted to deliver and it has been necessary to respond and innovate at the local level in order to reflect the circumstances and needs of local communities.</p> <p>We are not confident that proposals being put forward will build on current strengths and may add further complexity to the social care sector. The creation of a national office for care could unintentionally create more bureaucracy and cost more. It is unclear in relation to where the Care Inspectorate Wales and Social Care Wales role would fit into a proposed, national office for social care.</p>
2.05	<p>Regional Partnership Boards (RPBs)</p> <p>RPBs will be provided with a sharper set of tools to deploy to deliver their core aims of jointly assessing and planning for population needs. This responds to external reviews, and to the feedback from RPB members about how the current configuration of these partnership arrangements can sometimes limit their ability to act collectively and decisively. Specifically, it is proposed that RPBs should be established as corporate legal entities. Re-shaped RPBs, with functions to employ staff and hold budgets, would</p>

	be expected to undertake significant joint health and care commissioning and more directive market shaping.
2.06	<p>Flintshire's Response</p> <p>It is unclear what level of responsibility and accountability RPB's would have from the White Paper. We need to consider how we keep local accountability and fulfil our statutory duties when elements of the process will be managed on a national or regional footprint.</p> <p>There is a chance formalising RPB's would add another level of bureaucracy and contribute to further complexity in the system. We need to be minded we are not setting up a new system that becomes overburdened by bureaucracy and administration, it needs to be agile and flexible to the nature of change and the continued complexities that come with all services and needs. How would this body be swift and agile in a large Region with a significant number of partners, in North Wales there would be 7 statutory partners before adding any additional structures.</p> <p>Like any partnership – the differences are made by the individuals who support and work within it.</p> <p>Further change is needed but not the change that is being suggested in the White paper. From a resources point of view, having a sustainable financial plan will make more difference and have a greater impact.</p> <p>We feel that there should be a commitment to resources currently in place rather than funding towards new structures. The White Paper needs to be explicitly underpinned by a focus on ensuring the workforce are paid fairly and appropriately within all sectors. This will need additional funding.</p>

3.00	IMPACT ASSESSMENT AND RISK MANAGEMENT
3.01	<p>The Welsh Government is preparing an integrated impact assessment on the proposals outlined in this White Paper, including the social, economic, cultural and environmental effects represented in the Well-being Goals of the Well-being of Future Generations (Wales) Act 2015. A Regulatory Impact Assessment (RIA) will also be developed and this consultation is being used to gather evidence to inform that assessment.</p> <p>Annex 1 (page 37) of the consultation document includes a summary of some of the impacts of the proposed changes on people, the workforce and social care services in Wales.</p> <p>https://gov.wales/sites/default/files/consultations/2021-01/consultation-document.pdf</p>

4.00	CONSULTATIONS REQUIRED/CARRIED OUT
4.01	The consultation period has now closed and the full response is attached in (appendix 1). Senior managers from Social Services were consulted

	with to develop this response. The summary and response was also shared with Chief Officer Team, Social Services Programme Board and Informal Cabinet prior to submission.
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5.00	APPENDICES
5.01	Appendix 1 – Council Consultation Response
5.02	Appendix 2 – WLGA Draft Response to White Paper

6.00	LIST OF ACCESSIBLE BACKGROUND DOCUMENTS
6.01	https://gov.wales/sites/default/files/consultations/2021-01/consutation-document.pdf

7.00	CONTACT OFFICER DETAILS
7.01	Contact Officer: Dawn Holt/Katrina Shankar Telephone: 01352 702128/01352 701469 / 07789934125 E-mail: dawn.holt@flintshire.gov.uk / katrina.shankar@flintshire.gov.uk

8.00	GLOSSARY OF TERMS
8.01	<p>1. Care Inspectorate Wales (CIW)</p> <p>The inspectorate for Care and Social Services formally known as Care and Social Services Inspectorate Wales (CSSIW).</p> <p>2. Commissioning</p> <p>The process of specifying, securing and monitoring services to meet people's needs at a strategic level.</p> <p>3. Commissioning of Services</p> <p>Commissioning of Services – The development of service provision that includes the specifying of requirements and procurement of organisations other than the Council to deliver services.</p> <p>4. Contract Procedure Rules (CRP)</p> <p>Rules and procedures that ensure that contracts are awarded based on open and transparent competition</p> <p>5. Co-Production</p>

Co-production: An asset-based approach that enables people providing and people receiving services to share power and responsibility, and work together in equal, reciprocal and caring relationships.

6. Direct Payments (DP)

Are as payment made by a local authority social services department to an individual who has been assessed as having care and support needs who wish to arrange their own care and support services

7. North Wales Population Needs Assessment

This report is an assessment of the care and support needs of the population in North Wales, including the support needs of carers. It has been produced by the six North Wales Councils and Betsi Cadwaladr University Health Board (BCUHB) supported by Public Health Wales, to meet the requirements of the Social Services and Wellbeing Act (Wales) 2014

8. North Wales Regional Partnership Board (NWRPB)

North Wales Regional Partnership Board: the Board was established to meet the requirements of Part 9 of the Social Services and Well-being (Wales) Act 2014 to oversee Partnerships and Integration of Services. The North Wales Regional Partnership Board was established in April 2016 and met in shadow form until the Board became fully operational in September 2016. Flintshire is represented by the Cabinet Member for Social Services and the Chief Officer for Social Services.

9. Social Services and Wellbeing (Wales) Act 2014 (SSWA Wales)

The latest Act which is a national driver for social care service delivery and service commissioning shaping.

10. Statutory Duty

This is something the Council must do by law.

11. Wellbeing of Future Generations (Wales) Act 2015

The well-being of Future Generations Act requires public bodies in Wales to think about the long-term impact of their decisions, to work better with people, communities and each other, and to prevent persistent problems such as poverty, health inequalities and climate change.

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Appendix 1 - Consultation response form

**Consultation
Response Form**

Your name:

Organisation (if applicable): Flintshire County Council

email / telephone number:

Your address: Ty Dewi Sant

Question 1: Do you agree that complexity in the social care sector inhibits service improvement?

Agree <input type="checkbox"/>	Tend to agree <input type="checkbox"/>	Neither agree or disagree <input type="checkbox"/>	Tend to disagree <input checked="" type="checkbox"/>	Disagree <input type="checkbox"/>
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Please explain your answer

- There is complexity in the social care sector however we do not believe it inhibits service improvement. Local initiatives such as our Progress for Providers Programme demonstrates the ability to develop service improvement across a range of settings. If provider's and commissioners are willing to work together to make improvements complexity in the system doesn't necessarily hinder progress.
- Lack of availability of resources and funding the true cost of quality care can often hinder service improvement. Protected funding invested into the social care market will enable innovative and quality service improvement.
- Local authorities commissioning services has worked very well and by allowing more local control it provides clearer accountability to deliver care services.
- Complexity in the system can create complex demands upon services. A balanced approach needs to recognise these demands and processes need to be developed to avoid duplication, inter agency disagreement and all agencies must agree to the principles of funding
- Regional approaches to areas such as Escalating Concerns has been positive whilst allowing a consistent co-ordinated approach with local implementation and accountability across a range of partners.
- Regional commissioning can be more complex and time consuming due to the number of partners' co-ordinating regionally.
- A national standard could potentially help to make things clearer and more consistent across Wales.

Question 2: Do you agree that commissioning practices are disproportionately focussed on procurement?

Agree <input type="checkbox"/>	Tend to agree <input type="checkbox"/>	Neither agree or disagree <input checked="" type="checkbox"/>	Tend to disagree <input type="checkbox"/>	Disagree <input type="checkbox"/>
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Please explain your answer

- There can be an over emphasis on procurement within commissioning practices, however as an Authority we are able to overcome this by using more flexible and partnership ways of working.
- Procurement regulations can often be seen to limit the development of innovative solutions with trusted local providers including the third sector and social enterprise sector. Where long standing, positive relationships and outcomes are consistently being met we risk losing this partnership working and service development by having to go out to tender for contracts due to procurement regulations. This is often against the wishes of users and conflicts with the co-production process. We need more flexibility to work locally with trusted providers in sectors where often they are not experienced in writing complex bids and tenders and end up being at a disadvantage in the process.
- Contract Procedure Rules are often not tailored to social care and support contracts.
- When the market is limited e.g. Children's Services, often the opportunity to follow procurement best practice is limited, and as such commissioning practices focus on the specialist service required and level of needs.
- There is a risk of losing very locally based providers if we move towards a large national model, small business may miss out on opportunities that are available. We would need to make processes proportionate and appropriate.
- The procurement process can often have an impact on the services that are selected, for example, some being chosen based on finances rather than quality.
- The procurement regulations often contradict choice and control.

Question 3: Do you agree that the ability of RPBs to deliver on their responsibilities is limited by their design and structure?

Agree <input type="checkbox"/>	Tend to agree <input type="checkbox"/>	Neither agree or disagree <input type="checkbox"/>	Tend to disagree <input checked="" type="checkbox"/>	Disagree <input type="checkbox"/>
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Please explain your answer

- No we do not agree as it is about culture and trust rather than design and structure.
- Progress is more about who (on an individual basis) is involved rather than the design and structure. Having capacity to take things forward on behalf of all partners and from a governance perspective the authority and accountability is key. Clarity on responsibilities is an essential element and the new structures could be a duplication of current structures within LA's. We need to consider how we keep local accountability and fulfil our statutory duties when elements of the process will be managed on a national or regional footprint.
- It is unclear what level of responsibility and accountability RPB's would have from the White Paper.

- In North Wales there are 6 local authorities and a large Health Board and a one size fits all approach does not work for local elected member of local councils.
- If Welsh Government is looking to sharpen the role of the RPB a key role could be the population needs assessment and market stability oversight, but would not include holding budgets or undertaking a commissioning role this must remain within the gift of a the local authority .
- Like any partnership – the differences are made by the individuals who support and work within it. Flintshire takes these roles seriously in terms of regional leadership and plays a pivotal role across North Wales – an example being our portfolio member for social services in Flintshire taking on a regional role as autism champion.

Question 4: Do you agree a national framework that includes fee methodologies and standardised commissioning practices will reduce complexity and enable a greater focus on service quality?

Agree <input type="checkbox"/>	Tend to agree <input type="checkbox"/>	Neither agree or disagree <input checked="" type="checkbox"/>	Tend to disagree <input type="checkbox"/>	Disagree <input type="checkbox"/>
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- A National Framework will require significant cross agency agreement between statutory bodies and an acceptance from providers to agree with these principles.
- Our experience of National Frameworks to date is that on paper it looks very positive however there are complications at a local level when looking at implementation. Examples include lack of appropriate placements, lack of ability to develop and integrate new providers, existing providers wanting to increase fees to the maximum framework price, responsibility and accountability for monitoring quality and our ability on a local level to work with providers to develop local services close to home.
- Fee methodologies at a national level don't take into account limitations at a local level with the funding formula which is currently used. This is of a particular issue for Flintshire being one of the low funded Council's in Wales. What is more important is a long term strategic reliable funding formula for social care, both children and adults and specifically for care homes. If the funding formula is underpinned by regional methodologies then that could be useful.
- Complexity will not be reduced in the first instance as it will take a great deal of unpicking of current arrangements to feed into the National Framework. Once established for a period of time this could ease.
- The creation of a national office for care could unintentionally create more bureaucracy.
- It is unclear in relation to where the Care Inspectorate Wales and Social Care Wales role would fit into a proposed, national office for social care.
- Work to develop consistent service specifications etc. can be difficult and we have concerns regarding a one size fits all approach.

Question 4a: - What parts of the commissioning cycle should be reflected in the national framework?

- It would be difficult to isolate any part of the commissioning cycle to be included in a National Framework as a stand-alone element. Wider population

needs assessments and market stability reports could form an element however other parts of the cycle require a localised approach. As an example relinquishing responsibility for certain elements of the commissioning cycle such as quality monitoring poses a risk to the Local Authority as we have a duty of care that placements are safe and of good quality. If we do not have assurance processes in place with local oversight and management we may be at risk of failing on these duties or not responding in a timely manner.

Question 5: Do you agree that all commissioned services provided or arranged through a care and support plan, or support plan for carers, should be based on the national framework?

Agree <input type="checkbox"/>	Tend to agree <input type="checkbox"/>	Neither agree or disagree <input type="checkbox"/>	Tend to disagree <input type="checkbox"/>	Disagree <input checked="" type="checkbox"/>
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- We would be concerned that a National Framework would limit innovation at a local level and prevent third sector / social enterprise delivery of care and support, especially given that this is a fundamental part of the Social Services and Well-being Act.
- Regionally care fees vary to such an extent that it is difficult to conceive how the difference might be justified by 'size and location and the resourcing of providers at different stages on their own business cycle;. It appears that historical payment levels/funding availability must play a role rather than the actual cost.

Question 5a- Proposals include NHS provision of funded nursing care, but do not include continuing health care; do you agree with this?

- No – there needs to be an honest and transparent dialogue about Continuing Care and Continuing Health Care which remains an unresolved area in the field of joint commissioning.
- Direct Payments – as one of the leading authorities in Direct Payment, this approach would limit our ability innovate with this service.
- There is significant work required to improve future practice, and the experiences of children and young people who require the support of Continued Healthcare Funding. There needs to be a clearer commitment and focus on an equitable solution between health and social care and this needs to be clearly articulated in the Paper.
- Pooling budgets may offer a solution to some challenges faced at present, but would also still raise issues about the correct allocation of responsibility in order to ensure that partners to the pooled fund contribute the appropriate level of funds/enough funds to meet their obligations.

Question 5b- Are there other services which should be included in the national framework?

- As stated above we do not think there should be a national framework.
- Current experiences when using National Frameworks have not always been positive. Local examples include information on the framework not being up to

date, providers not responding to referrals through the framework, providers requesting elevated fees due to the framework fee methodologies and concerns and issues not being dealt with appropriately. Adding further services when the existing ones are not working correctly would be a concern.

Question 6: Do you agree that the activities of some existing national groups should be consolidated through a national office?

Agree <input type="checkbox"/>	Tend to agree <input type="checkbox"/>	Neither agree or disagree <input type="checkbox"/>	Tend to disagree <input type="checkbox"/>	Disagree <input checked="" type="checkbox"/>
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- **No** - We are not convinced there is a case for a national office due to the fantastic role of current civil service delivered at national, regional and local levels.

Question 6a- If so, which ones?

N/A

Question 7: Do you agree that establishing RPBs as corporate legal entities capable of directly employing staff and holding budgets would strengthen their ability to fulfil their responsibilities?

Agree <input type="checkbox"/>	Tend to agree <input type="checkbox"/>	Neither agree or disagree <input type="checkbox"/>	Tend to disagree <input type="checkbox"/>	Disagree <input checked="" type="checkbox"/>
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- What legal statutory responsibilities would they be given and how does that coincide with our local liability.
- It is unclear if the RPBs would have powers to supersede Local Authority determinations in the identification of services and what budget would this constitute.
- LAs in North Wales have ensured personnel are there already to support RPBs so it could be seen as duplication and costs which are not required.
- There is a chance that this would add another level of bureaucracy and contribute to further complexity in the system.
- How would this body be swift and agile in a large Region with a significant number of partners? In North Wales there would be 7 statutory partners before adding any additional structures.

Question 7a- Are there other functions that should be considered to further strengthen regional integration through RPBs?

- **No**

Question 8: Do you agree that real-time population, outcome measures and market information should be used more frequently to analyse needs and service provision?

Agree	<input checked="" type="checkbox"/>	Tend to agree	<input type="checkbox"/>	Neither agree or disagree	<input type="checkbox"/>	Tend to disagree	<input type="checkbox"/>	Disagree	<input type="checkbox"/>
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- We feel we should be aspiring to a live market system that will provide real time data and allow us to respond rapidly to a changing situations e.g. COVID-19. A real time system could also support providers with more opportunities.
- Any use of such demographic and population information provides a base line to developing service provision with appropriate funding.

Question 8a- Within the 5 year cycle, how can this best be achieved?

- We feel a 5 year cycle is limiting and the ideal would be a live real time system.

Question 9: Do you consider that further change is needed to address the challenges highlighted in the case for change?

Agree	<input type="checkbox"/>	Tend to agree	<input type="checkbox"/>	Neither agree or disagree	<input checked="" type="checkbox"/>	Tend to disagree	<input type="checkbox"/>	Disagree	<input type="checkbox"/>
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- We need to be minded we are not setting up a new system that becomes over burdened by bureaucracy and administration, it needs to be agile and flexible to the nature of change and the continued complexities that come with all services and needs.
- Further change is needed but not the change that is being suggested in the White paper. From a resources point of view, having a sustainable financial plan will make more difference and have a greater impact.
- Community services in North Wales are arranged on a local or sub-regional (area) basis. A focus on more regional services is more challenging for a large region. We need to retain the flexibility to deliver services that blend local, area and regional approaches.

Question 9a- what should these be?

- These need to be driven by excellent local knowledge about services and trends and patterns of need to the local area.

Question 10: What do you consider are the costs, and cost savings, of the proposals to introduce a national office and establish RPBs as corporate entities?

Agree <input type="checkbox"/>	Tend to agree <input type="checkbox"/>	Neither agree or disagree <input type="checkbox"/>	Tend to disagree <input type="checkbox"/>	Disagree <input type="checkbox"/>
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- It is unclear from the white paper what the costs may be to implement its proposals. It would be beneficial to receive a fully costed document which sets any cost benefit analysis.
- We currently contribute to regional structures and it is unclear whether this will be a cost saving or whether we would need to contribute more to the new system.
- Is the expectation that certain functions within local authority would be reduced or redundant which will be used to pay for the structures?
- We feel that there should be a commitment to resources currently in place rather than funding towards new structures.

Question 10a- Are there any particular or additional costs associated with the proposals you wish to raise?

- The new proposals could incur infrastructure costs that could take away from the front line work.
- Is the premise that the creation of the a National Framework and delivered by the RPBs will result in cost saving outcomes, by creating a new system we are more likely to create new costs for its function and staffing and as noted in the point above is there a cost benefit analysis available.

Welsh language

Question 11: We would like to know your views on the effects that a national framework for commissioning social care with regionally organised services, delivered locally would have on the Welsh language, specifically on opportunities for people to use Welsh and on treating the Welsh language no less favorably than English.

What effects do you think there would be? How could positive effects be increased, or negative effects be mitigated?

- Local Authorities are currently working towards the current Welsh Language policy, we would hope the effects would be neutral.

Question 12: Please also explain how you believe the proposed policy to develop a national framework for commissioning social care with regionally organised services, delivered locally could be formulated or changed so as to have positive effects or increased positive effects on opportunities for people to use the Welsh language and on treating the Welsh language no less favourably than the English language, and no adverse effects on opportunities for people to use the Welsh language and on treating the Welsh language no less favourably than the English language.

- There would be more consistency across Wales through the use of one system.

This box is provided for any other comment(s) you wish to make about the proposal to develop new legislation. Please enter here:

- There needs to be a clearer focus on a shared partnership agenda relating to children, young people and families and how their care and support needs are met.
- The White Paper needs to be explicitly underpinned by a focus on ensuring the workforce are paid fairly and appropriately within all sectors. This will need additional funding.
- The White Paper discusses the contribution care providers can make to reducing carbon emissions. Large scale investment in carbon reduction technology will require future funding certainty so that providers are able to raise finance and borrowing.

Responses to consultations are likely to be made public, on the internet or in a report. If you would prefer your response to remain anonymous, please tick here:



ADSS Cymru

Yn arwain Gwasanaethau
Cymdeithasol yng Nghymru
Leading Social Services in Wales

Rebalancing Care and Support – A consultation on improving social care arrangements and strengthening partnership working to better support people’s well-being

ADSS Cymru Key Issues Paper

Overview

ADSS Cymru is responding to the consultation on the Welsh Government White Paper to ensure that the voice of professional leadership in social care contributes to the thinking around the proposals in this document, offers a view as to what needs to be done and how it should be delivered. This is a significant opportunity to influence the direction of some big strategic issues in the delivery of social care, and the outcome of this work will potentially set the scene for the foreseeable future.

In addition to the ADSS Cymru paper summarising the consultation document the purpose of this paper is to set out the key issues which we will need to discuss and provide a response to. There are standard questions which we need to answer but this is also an opportunity to offer additional views where needed, based on our experiences of the challenges in delivering social care services and what would make the big differences if we are to shape the future.

What does the Welsh Government want to do?

The Welsh Government believes that the changes in our population profile with a growing number of older people living longer with different needs, the public finance challenges and pressure of austerity, the fragility and nature of the care market, and the complexity of commissioning are some of the reasons why Ministers believe there is a case for change.

In their view three critical areas emerge where action is needed to deliver improvement:

1. refocusing the fundamentals of the care market – away from price towards quality and value
2. reorientation of commissioning practices – towards managing the market and focusing on outcomes
3. evolution of integration mechanisms – simplifying joint planning and delivery.

The actions set out in the White Paper will be in these three areas, with the aim of rebalancing the care and support market based on a clear national framework where services are organised regionally and delivered locally. There are clear concerns about the complexity of the market, and the intention is to reduce the risk of an overreliance on any one sector.

The intended outcome by will be a system that is:

- More simplified
- Based on quality and social value, and not on price
- More managed, and not reactive

- Outcome based, and not task based
- Rooted in effective partnership and integration, and not on organisational focus

How does the Welsh Government intend to deliver it?

Essentially the plan is to introduce a new law which creates a new national body to oversee the delivery of a national framework to commission services for children and adults, and places Regional Partnership Boards (RPBs) on a statutory footing, able to hold budgets and employ staff. There is no intention to make structural changes to health boards and local authorities.

Key issues to consider

As a leadership body ADSS Cymru wants to support and influence how reform is taken forward and in doing so offer its' expertise and experience to place social care on a more stable footing as we plan for the future.

In addition to the standard consultation questions which we encourage you to answer (in the table below) there are some issues which ADSS Cymru members might want to consider as we formulate a response to the consultation, such as:

1. Whether we agree with the case for change - has the government missed anything which ought to be included, and are the policy objectives likely to make a big difference to the challenges they have set out?
2. If we were identifying the three biggest strategic issues to resolve for the next 5 to 10 years what would they be and are they covered in the Welsh Government's proposals as set out in the summary paper?
3. The paper talks about delivering an integrated health and care system – what does integration mean, has it been correctly articulated and essentially what should it look like?
4. If you agree that the market needs to be rebalanced, to reduce the risk of the over reliance on one sector, and to ensure that services are better planned are there other ways to do it, other than through a national commissioning route?
5. Partnership working is strongly referenced in the document. If partnership working is essential, is the RPB the vehicle to deliver this, or is there an alternative model that ought to be articulated?
6. Finance – the proposals appear to be about making better use of existing resources, unless more money is available through a specific social care tax for example. With changes to our demographic picture, and the demands placed on services, what view would ADSS Cymru members argue.

Standard questions – please answer as many of these questions as you can and refer to the summary paper for the background.

Question 1	Do you agree that complexity in the social care sector inhibits service improvement?
Question 2	Do you agree that commissioning practices are disproportionately focussed on procurement?

Question 3	Do you agree that the ability of RPBs to deliver on their responsibilities is limited by their design and structure?
Question 4	Do you agree a national framework that includes fee methodologies and standardised commissioning practices will reduce complexity and enable a greater focus on service quality?
Question 4 a	What parts of the commissioning cycle should be reflected in the national framework?
Question 5	Do you agree that all commissioned services provided or arranged through a care and support plan, or support plan for carers, should be based on the national framework?
Question 5 a	Proposals include NHS provision of funded nursing care, but do not include continuing health care; do you agree with this?
Question 5 b	Are there other services which should be included in the national framework?
Question 6	Do you agree that the activities of some existing national groups should be consolidated through a national office?
Question 6 a	If so, which ones?
Question 7	Do you agree that establishing RPBs as corporate legal entities capable of directly employing staff and holding budgets would strengthen their ability to fulfil their responsibilities?
Question 7 a	Are there other functions that should be considered to further strengthen regional integration through RPBs?
Question 8	Do you agree that real-time population, outcome measures and market information should be used more frequently to analyse needs and service provision?
Question 8 a	Within the 5 year cycle, how can this best be achieved?
Question 9	Do you consider that further change is needed to address the challenges highlighted in the case for change?
Question 9 a	What should these be?

Question 10	What do you consider are the costs, and cost savings, of the proposals to introduce a national office and establish RPBs as corporate entities?
Question 10 a	Are there any particular or additional costs associated with the proposals you wish to raise?
Question 11	<p>We would like to know your views on the effects that a national framework for commissioning social care with regionally organised services, delivered locally would have on the Welsh language, specifically on opportunities for people to use Welsh and on treating the Welsh language no less favourably than English.</p> <p>What effects do you think there would be? How could positive effects be increased, or negative effects be mitigated?</p>
Question 12	Please also explain how you believe the proposed policy to develop a national framework for commissioning social care with regionally organised services, delivered locally could be formulated or changed so as to have positive effects or increased positive effects on opportunities for people to use the Welsh language and on treating the Welsh language no less favourably than the English language, and no adverse effects on opportunities for people to use the Welsh language and on treating the Welsh language no less favourably than the English language.



SOCIAL SERVICES OVERVIEW AND SCRUTINY COMMITTEE

Date of Meeting	Thursday, 27 May 2021
Report Subject	North Wales Adoption Service Update
Cabinet Member	Cabinet Member for Social Services
Report Author	Chief Officer Social Services
Type of Report	Operational

EXECUTIVE SUMMARY

This report sets out the work of the North Wales Adoption Service (NWAS) for the period April 2020 – March 2021. This will look at all aspects of adoption from recruitment, assessment, matching of children with adopters, post adoption support and intermediary work.

RECOMMENDATIONS

1	The members are made aware of the activities and work of the NWAS.
2	That those impacted by adoption receive safe, timely and appropriate interventions.

REPORT DETAILS

1.00	EXPLAINING THE NORTH WALES ADOPTION SERVICE
1.01	<p>This report notes the activities of the N.W.A.S for the period 2020/2021 and seeks to update this Scrutiny Committee on the developments of the N.W.A.S during the year 2020 – 2021.</p> <p>The impact and effect of COVID19 cannot be diminished but this report sets the positive activities which have been undertaken and the introduction of new services which have been established during this period.</p>

1.02	<p><u>MARKET & RECRUITMENT</u></p> <p>The N.W.A.S has worked in corporation with the National Adoption Service (N.A.S) and a nationally recognised P.R and communication agency “Cowshed” to promote and advertise via television adverts, social media and local authority communication teams. Cowshed are also completing a series of podcasts during this period and a new N.W.A.S “website” is expected to go live imminently.</p> <p>More conventional activities including attendance at local Food Festivals, the Eisteddfod or local agricultural shows have been postponed due to current circumstances.</p>
1.03	<p><u>TRAINING</u></p> <p>During COVID19 much of the traditional training arrangements have been adjusted to use IT platforms to deliver more training. Extensive training from child sexual exploitation to pre-adoption training has demonstrated a high degree of flexibility and a recognition that learning opportunities are essential to adopters.</p>
1.04	<p><u>PROSPECTIVE ADOPTERS IN ASSESSMENT</u></p> <p>As of March 2021 there were 36 active prospective adopters, of which 10 were Partner of Parent Assessments. As a result of the COVID19 impact the original target has been downgraded from 40 to 32 for 2021/2022.</p> <p>A new method of assessment has been introduced (known as Stage 1 & 2) which seeks to speed up the process and at the same prevent unnecessary applications proceeding.</p>
1.05	<p><u>MEDICAL HEALTH REPORTS OF PROSPECTIVE ADOPTERS</u></p> <p>A number of medical practices had been unable to complete medical reports which is a mandatory part of the process during COVID19. As of May 2021 it is pleasing to note that no further episodes have been recorded.</p>
1.06	<p><u>CHILDREN OPEN FOR ADOPTION</u></p> <p>This section records the number of children who are open to the service and there status in terms of their adoption plans.</p> <ol style="list-style-type: none"> i. There are 37 children (of which there are six siblings groups of children). ii. Seventeen of these children have been linked with potential carers. iii. Six of these are moving towards being placed with adopters. iv. Five children are/have moved into the care of their new families. v. Nine children are still subject to legal and associated matters. <p>The average length of time a child will be waiting for an adoption placement is between 6 – 9 months.</p>
1.07	<p><u>FCC/WXCBC – ADOPTION PANEL</u></p> <p>Due to the impact of COVID19 the Panel have adjusted using IT platforms. The feedback from the Chair of the Panel describes excellent adjustment by Panel members and a continuation of productive outcomes.</p>

	<p><u>STAFFING OF THE SERVICE</u> The service is almost fully staffed with vacancies for a Therapeutic Family Support Worker and a Connect Coordinator at 18.5 hours.</p>
1.08	<p><u>POST ADOPTION SUPPORT SERVICES</u> This has been a significant development with its introduction at the start of COVID19. The service seeks to provide a diverse range of work with families ranging from those experiencing difficulties and requiring expert counselling, to those who need practical assistance in terms of social, leisure and support.</p> <p>I have enclosed a recently published National Evaluation Appendix (b.) which sets out the first comprehensive review of PASS in a Welsh context, some of the main findings are:-</p> <ul style="list-style-type: none"> • considerable progress across the sector at implementing the Adoption Support Framework • better and more innovative programmes of support • better evidence of earlier intervention • there are however inconsistencies in terms of the time/type of support • notable gaps for older children with more complex needs <p>The evaluation identified the main recommendations as being:-</p> <ul style="list-style-type: none"> • better support with education settings • consistency of support • greater access to targeted and specialist support <p>These represent encouraging a response but with the caveat that more is needed.</p>
1.09	<p><u>Life Journey Working (Please see appendix “Life Story Journey News Letter)</u> A new life journey social worker commenced in January 2021. The essence of the working is to provide high quality life story books and a later life letter. The national adoption service have introduced two new measures to capture the completion of work in-line with national targets. It is often said that we are the custodians of a child’s memory and imagination and citing the poem of Lemm Sissary (who was a child looked after) “Memories in care are slippery because no one to recall them as the years pass.”</p>
1.10	<p><u>Intermediary Service</u> This aspect of the work is often seen in the public domain via such T.V programmes as “Long lost families” in effect we are searching and hopefully finding immediate or extended family members to those who have been adopted. A recent example saw a 78 year old be reunited with their 74 year old brother and on further search, their 102 year old mother was alive and living in North Wales. A very good example of the work under taken!</p>

1.11	<p><u>Service Assurance</u></p> <p>In 2020 Social Services asked Internal Audit to review the NWS Service to determine if Flintshire County Council is receiving value for money and service provision from the partnership agreement in place with North Wales Adoption Service (NWS). The audit sought to provide assurance around:</p> <ul style="list-style-type: none"> i) The terms and conditions of the partnership agreement including any performance indicators or benchmarks. ii) Adherence to any statutory or best practice targets. iii) NWS ability to recruit a sufficient supply of adopters to meet the placement requirements for Flintshire children. iv) NWS ability to improve placements, including reducing waiting times and meeting targets. v) Current and projected performance of Life Journey Framework in Flintshire. vi) Progression of post-adoption services for Flintshire families.
1.12	<p><u>Work undertaken during the Internal Audit review confirmed:</u></p> <ul style="list-style-type: none"> i) Annual review of quality of service undertaken in accordance with the Adoption Service (Wales) Regulations. ii) There is challenge and active dialogue around adopter recruitment and 'children waiting' this is demonstrated through quarterly Partnership Board meetings. Flintshire representation on Partnership Board meetings ensures appropriate oversight of governance and work undertaken by NWS. iii) Appropriate management information is provided before Partnership Board meetings. iv) The Quality of Care Report which is produced annually by NWS specifically gives key measures by which performance is tracked and monitored in line with the National Adoption Service (NAS) performance framework. Both adopter recruitment and children waiting measures are reported on. v) Funding provided by Welsh Government for development of in-house adoption support services has been used to fund NWS posts and the NWS Adoption Support Service is now operational.

2.00	RESOURCE IMPLICATIONS
2.01	<p>Flintshire's annual financial contribution towards the cost of the North Wales Adoption Service is £116,444. In addition to the financial contribution Flintshire, in line with all other North Wales authorities, continues to meet the costs of our social workers working within the Service.</p>

3.00	IMPACT ASSESSMENT AND RISK MANAGEMENT
3.01	<p>It is imperative that the Service meets statutory obligations and the ability to meet Welsh Government and National Adoption guidelines and benchmarks. Failure to ensure we have an effective services that recruits</p>

	and supports suitable adopters would result in children unnecessarily remaining within the looked after care system. The Review by Internal Audit has provided assurance in relation to key risks and service delivery. N.W.A.S has been through a phase of remodelling and consolidation to deliver consistency alongside meeting the challenges of adoption.
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4.00	CONSULTATIONS REQUIRED/CARRIED OUT
4.01	This report is based upon key information obtained from the N.W.A.S

5.00	APPENDICES
5.01	Life Journey Work Newsletter (January 2021)
5.02	National Adoption Service for Wales – Evaluation of the Adoption Support Framework, Final Report, February 2011 (Oxford Brooks University)

6.00	LIST OF ACCESSIBLE BACKGROUND DOCUMENTS
6.01	None

7.00	CONTACT OFFICER DETAILS
7.01	Contact Officer: Neil Ayling Telephone: 01352 704511 E-mail: neil.ayling@flintshire.gov.uk

8.00	GLOSSARY OF TERMS
8.01	<p><u>NORTH WALES ADOPTION SERVICE</u> This is a service composed of the six North Wales Local Authority operating out of Wrexham. It has been established since 2010.</p> <p><u>ADOPTION</u> To take on the legal parental responsibilities as parent of a child who is not ones biological child.</p> <p><u>RECRUITMENT & ASSESSMENT OF ADOPTERS</u> This is the process of encouraging potential adopters (via recruitment activities) then the subject of an assessment which leads to the determination of suitability to become a potential adopter.</p> <p><u>MATCHING</u> This is the process where a child and adopters are formally joined or matched as a family.</p>

THE ADOPTION SUPPORT FRAMEWORK & POST ADOPTION SUPPORT SERVICES

This was introduced in 2017 in recognition that adopted children and adoptive families in Wales should receive support across a spectrum of need levels from universal through to more targeted and specialist support. The key message was it is “ok to need and ask for help”.

INTERMEDIARY SERVICES

This helps to reunite people who were separated by adoption. The service will help search for relatives and by getting in touch with Them. Support is provided to build contacts and relationships.

LIFE JOURNEY WORK

This is a way of working that can help children separated from their birth families maintain a good sense of their life journey and identity. A wide range of people can contribute including teachers, foster carers and birth families.

National Adoption Service for Wales

This is the national body which sets out national targets, performance and standards.



Gwasanaeth
Mabwysiadu
Cenedlaethol

National
Adoption
Service

Ionawr 2021

Cylchlythyr Gwaith Taith Bywyd



Cyflwyniad

Mae datblygu a darparu Gwaith Taith Bywyd wedi bod yn flaenoriaeth yn y Fframwaith Cymorth Mabwysiadu ers iddo ddechrau yn 2016. Mae'r elfen hanfodol hon o waith cymorth mabwysiadu yn sylfaenol i blant mabwysiedig a phobl ifanc a'u teuluoedd wrth eu cynorthwyo i ddeall eu 'straeon' a dechrau a pharhau â sgysiau hanfodol am fabwysiadu.

Dyma'r rhifyn cyntaf o'r hyn rydyn ni'n gobeithio bydd yn dod yn gylchlythyr Gwaith Taith Bywyd blynyddol ac mae wedi'i ddatblygu fel rhan o waith grŵp Gorchwyl a Gorffen y Gwasanaeth Mabwysiadu Cenedlaethol. Mae'r grŵp sy'n cynnwys cynrychiolwyr o'r gwasanaethau mabwysiadu rhanbarthol ac Asiantaethau Mabwysiadu Gwirfoddol wedi darparu enghreifftiau ac adnoddau arfer da i'w rhannu ar draws y sector. Prif nod y cylchlythyr yw annog, datblygu a rhannu Gwaith Taith Bywyd 'arfer da' ledled Cymru a byddem wrth ein bodd yn clywed gan unrhyw un sydd â diddordeb mewn darparu gwybodaeth neu enghreifftiau i'w cynnwys mewn rhifynnau yn y dyfodol.

Cyflawni Gwaith Taith Bywyd

Rydym yn gwybod bod angen cyflawni Gwaith Taith Bywyd yn gynnar yn y broses fabwysiadu. Mae mabwysiadwyr wedi darparu adborth ynghylch sut mae gwybod am brofiadau cynnar eu plentyn yn hanfodol i'w helpu i ddeall y ffordd orau i gefnogi eu plant. Mae prydlondeb y gwaith yn cael ei fesur ar ddau bwynt, a'i gasglu bob chwarter:

Mesur 20a

Mae hyn yn mesur nifer y plant lle mae deunydd taith bywyd wedi'i ddarparu erbyn amser y panel paru — yma diffinnir LJW fel:

- Drafft llythyr bywyd diweddarach; a
- Drafft llyfr stori bywyd.

Mesur 20

Mae hyn yn mesur nifer y plant sy'n cael eu mabwysiadu lle mae'r deunydd taith bywyd wedi'u darparu i fabwysiadwyr erbyn yr ail adolygiad mabwysiadu — yma diffinnir GTB fel:

Gwaith paratoi — gwaith uniongyrchol gan ddefnyddio coed teulu, llinellau amser, llyfrau stori, ecofapiau). Byddai hyn yn mynd gyda'r plentyn adeg ei leoliad (ni fyddai darllen llyfr am fabwysiadu e.e. nytmeg ar ei ben ei hun yn ddeunydd taith bywyd) a'r **Llythyr Bywyd Diweddarach**.



Cyflawni Gwaith Taith Bywyd

Hefyd...

Deunydd stori bywyd — llyfr neu ffolder neu gofnod digidol o wybodaeth am deulu genedigol plentyn, y rhesymau dros dderbyn gofal a pham ei fabwysiadu.

Neu...

Gwaith stori bywyd — cynnyrch gwaith uniongyrchol, a ystyrir yn aml fel 'therapiwtig' fel ffordd o adrodd stori hanes bywyd plentyn er mwyn galluogi'r plentyn i ddeall ei orffennol. Yn y mwyafrif o achosion bydd hyn yn cynnwys gwaith uniongyrchol gyda'r plentyn, oherwydd gall hyd yn oed plant ifanc iawn fod yn rhan o ffordd sy'n briodol i'w hoedran. Gall hyn gynnwys bocs atgofion, cynhyrchu / adeiladu ar Lyfr Stori Bywyd.

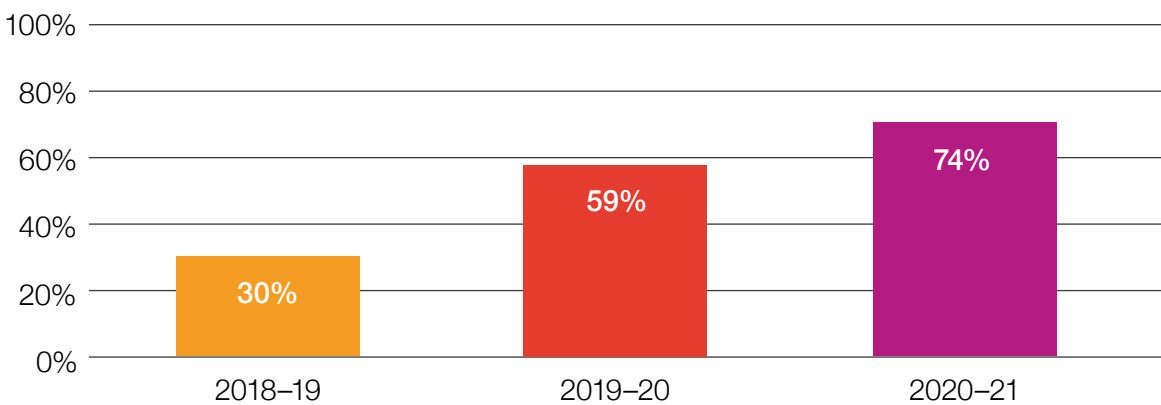
Nid yw deunyddiau eraill fel bocs cofio, cofroddion ar eu pennau eu hunain yn gymwys fel deunyddiau taith bywyd os na chânt eu gosod yng nghyd-destun gwaith uniongyrchol (h.y. ni ddylid ystyried rhoi bocs o luniau i blentyn fel deunydd taith bywyd).



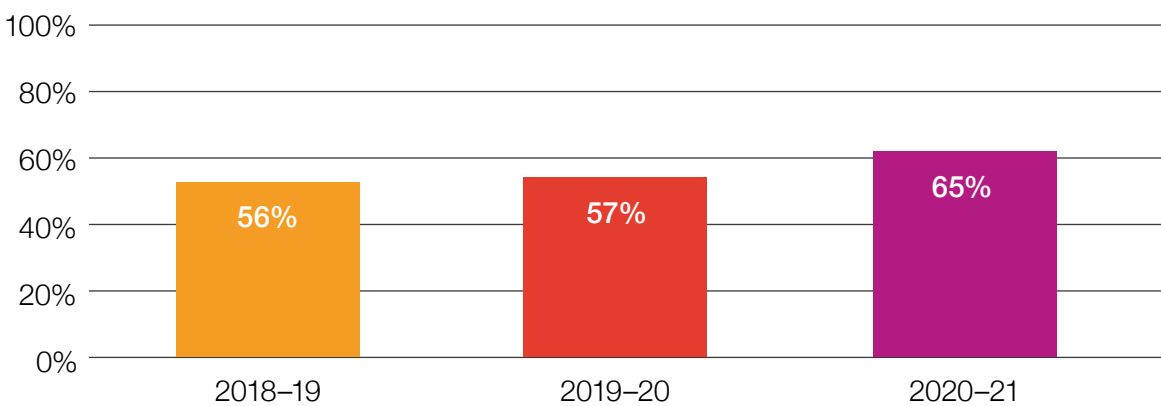
Cyflawni Gwaith Taith Bywyd

Gweler y siartiau isod yn dangos y gwelliannau mewn prydlondeb dros yr ychydig flynyddoedd diwethaf. Er bod angen mwy o waith i sicrhau ansawdd y deunydd sy'n cael ei ddarparu, mae'r cynnydd yn nifer y plant sy'n derbyn y gwaith hwn yn gadarnhaol a gobeithiwn weld cynnydd pellach wrth i ni barhau â'r gefnogaeth trwy'r Fframwaith Cymorth Mabwysiadu.

Cyfran y plant a gafodd eu deunyddiau taith bywyd yn y panel paru



Cyfran y plant a gafodd eu deunyddiau taith bywyd yn yr 2il adolygiad mabwysiadu





Argymhellion ar Waith Taith Bywyd.

Bydd pobl yn gyfarwydd â'r adroddiad y Baromedr Mabwysiadu a wnaeth yr argymhellion canlynol yn 2020 o ran Gwaith Taith Bywyd.

Gwella hyfforddiant a chefnogaeth stori bywyd

- 'Hyfforddiant gwaith stori bywyd i'w gynnwys mewn cyrsiau paratoi fel rhan o raglen barhaus o hyfforddiant a chefnogaeth sydd wedi'i gynllunio i helpu teuluoedd sy'n mabwysiadu ymateb i anghenion newidiol eu plentyn neu eu plant wrth iddynt dyfu.'
- 'Llywodraethau i gyhoeddi arweiniad a hyfforddiant newydd am waith stori bywyd i bob asiantaeth, gan gynnwys amserlenni y cytunwyd arnynt yn genedlaethol ac sy'n cael eu monitro ar gyfer cyflwyno deunyddiau stori bywyd'.

Darparu cefnogaeth stori bywyd yn ystod blynyddoedd yr ardegau, gan ragweld cyswllt

- 'Awdurdodau ac asiantaethau lleol i gynnig cefnogaeth ragweithiol i bob teulu mabwysiadol ar gyfer gwaith stori bywyd a chysylltiad teulu genedigol wrth i blant gyrraedd eu harddegau, i baratoi ar gyfer y posibilrwydd o gyswllt uniongyrchol y tu allan i gytundebau ffurfiol'.



Gloywi adnoddau ar-lein – Pecyn Cymorth Gwaith Taith Bywyd.

Mae grŵp gorchwyl a gorffen GTB wedi goruchwyllo datblygiad gwaith 'Life Jit' pecyn cymorth sydd ar gael ar wefan NAS ar gyfer yr holl weithwyr cymdeithasol gweithwyr proffesiynol eraill a theuluoedd mabwysiadol. Yn ddiweddar, cafodd ei ailstrwythuro i fformat 'canllaw' i'w gwneud yn fwy hygyrch. Isod mae dolen i'r archif y gellir ychwanegu adnoddau newydd fel y rhai a rennir yn y cylchlythyr hwn:-

adoptcymru.com/life-journey



Arf Ymarferydd ar gyfer Gwaith Taith Bywyd: Gwasanaeth Mabwysiadu De Ddwyrain Cymru

Datblygwyd gan Raluca Miklovits

Ym mis Ionawr 2020, cafodd yr arf 'Fy Stori Hyd Yma' sy'n arf ymarferydd ar gyfer cwblhau Gwaith Taith Bywyd (ac sy'n dilyn fframwaith Gwaith Taith Bywyd NAS) gymeradwyaeth gan Uwch Reolwyr i'w weithredu ar draws y Rhanbarth ac i'w ddefnyddio'n helaeth gan Gweithwyr Cymdeithasol.

Mae'r model hwn yn canolbwyntio ar ansawdd ac yn seiliedig ar adolygiad o'r deunyddiau presennol. Nid yw'n gyfarwydddeb ond yn hytrach mae'n darparu awgrymiadau amserol. Mae'r arf yn cynnwys deg rhan, mae pob un o'r rhain yn berthnasol i wahanol agweddau ym mywyd plentyn na all bellach fyw gyda'i deulu biolegol, a ddaeth i ofal maeth ac yna cafodd ei roi gyda theulu "tyfu i fyny".

Mae'r arf yn gynhwysfawr iawn ac mae hyfforddiant wedi'i gyflwyno ar draws y pum awdurdod lleol yn rhanbarth SEWAS. Mae hyfforddiant ar-lein wedi'i ddatblygu ac yn cael ei ddarparu yn ystod yr hydref.

Dyluniwyd yr offeryn fel y gellir cadw lluniau ar wahân os oes angen gan fod mabwysiadwyr wedi gofyn am hyn fel opsiwn. Gall gwahanol weithwyr gwblhau'r adrannau mewn cydweithrediad neu'n annibynnol yn dibynnu ar yr amgylchiadau.

I gael mynediad i'r canllaw a'r pecyn cymorth, cliciwch **yma**.

Gellir dod o hyd i'r cymorth trwy glicio ar Pecyn Cymorth Taith Bywyd ac yna Canllaw ar gyfer gweithgareddau.



Rhestr wirio ar gyfer Llythyr Bywyd Diweddarach: Gwasanaeth Mabwysiadu Bae'r Gorllewin

Mae'r rhestr wirio hon yn gynhwysfawr iawn a gellir ei defnyddio i helpu i sicrhau bod Llythyr Bywyd Diweddarach mor addysgiadol â phosibl. Mae arnom angen rhai enghreifftiau cyfredol o'r llythyrau hyn ar gyfer yr adnodd ar-lein.

Mae'r 'templed' hwn yn darparu strwythur ar gyfer Llythyrau Bywyd Diweddarach. Gellir ychwanegu mwy ond, mae pob un o'r meysydd yn ymwneud â materion / meysydd sydd wedi codi mewn ymholiadau cymorth mabwysiadu lle mae gan blant a'u mabwysiadwyr wybodaeth 'ar goll'.

Rhaid i'r llythyr fod yn addysgiadol, yn gryno ac ni ddylai fod yn gyfres o fanylion wedi'u torri a'u gludo o ddogfennau eraill.

Rhestr wirio ar gyfer Llythyr Bywyd Diweddarach

Cyflwynwch eich hun a'ch rôl mewn perthynas â'r plentyn.	
Rhowch resymau dros ysgrifennu'r llythyr.	
Pobl allweddol eraill sy'n ymwneud â'r plentyn ac unrhyw wybodaeth ganddynt e.e. gofalwyr maeth, gweithiwr cyswllt, gweithiwr cymdeithasol blaenorol, rhieni biolegol a theulu estynedig ac ati.	
Cydnabod y gallai hwn fod yn llythyr anodd ei ddarllen , nid oes rhaid iddynt ei ddarllen i gyd ar unwaith, a dylent gael rhywun y gallant siarad ag ef am y llythyr wrth law.	
Cyfeiriwch at adroddiadau eraill sy'n cynnwys gwybodaeth ychwanegol a sut y gallant gael gafael ar y rhain (ac ar ba oedran).	
Os yw'r teulu / cefndir yn gymhleth, dylech gynnwys coeden deulu sy'n rhoi enwau llawn teulu estynedig.	
Cofiwch pa wybodaeth y mae plant wedi dweud eu bod eisiau ei chynnwys yn eu gwybodaeth stori bywyd. <ul style="list-style-type: none"> • Pam na allen nhw aros gyda'u teulu biolegol. • Manylion am eu teulu biolegol. • Eu bywyd cyn iddynt gael eu mabwysiadu. • Lle cawsant eu geni. • Os oedd ganddyn nhw unrhyw frodyr neu chwiorydd yn byw yn rhywle arall a pham roedden nhw wedi gwahanu. • A allent gysylltu â'u teulu biolegol. • Enwau - pam eu bod wedi cael eu rhoi ac ystyron - hunaniaeth. • Ymddangosiad a disgrifiadau - yn cadarnhau gwerth. • Lluniau - cofnodi hanes, teulu. • Atgofion am anifeiliaid anwes ac ati. (Children need to know that coming into care/being adopted was not their fault).	
Gwybodaeth am ethnigrwydd plentyn, diwylliant, crefydd a rhywioldeb eu teulu biolegol — o ble y daeth rhieni ac arferion sy'n gyffredin i'r diwylliant hwnnw.	
Gobeithion y teulu biolegol ar gyfer y plentyn a sut yr aethpwyd i'r afael â'r gobeithion hyn yn y cynllun ar gyfer y plentyn.	
Disgrifiad o rieni biolegol — eu nodweddion corfforol, eu personoliaeth, hanes academaidd a chyflogaeth, diddordeb a sgiliau (byddwch yn onest ond ceisiwch osgoi bod yn negyddol).	
Pa gefnogaeth a gynigiwyd gan y teulu estynedig, Gwasanaethau Cymdeithasol, asiantaethau eraill i gadw'r plentyn gyda'r teulu biolegol?	
Gwybodaeth am fam geni'r plentyn — enw llawn, dyddiad a man geni, ethnigrwydd (fel uchod), disgrifiad corfforol, personoliaeth, arddull, agweddau, doniau, cefndir ei theulu ac ati.	
Manylion beichiogrwydd a genedigaeth — pwysau, hyd, unrhyw gymhlethdodau, bwydo ar y fron neu botel ac ati.	
Hanes y plentyn <ul style="list-style-type: none"> • Gwahanol leoedd lle mae'r plentyn wedi byw — enwau'r rhai sy'n rhoi gofal, cyfeiriadau, dyddiadau, rhesymau dros symud. • Enw'r ysgolion, y cylch meithrin, enwau athrawon, adroddiadau ysgolion ffrindiau. • Cerrig milltir - geiriau cyntaf, dant cyntaf, camau cyntaf, pan wnaethant ddysgu darllen ac ati. • Nodweddion penodol y plentyn e.e. y pethau roedd y plentyn yn arfer eu dweud neu eu gwneud, gweithgareddau, diddordeb, hoff deganau, llyfrau ac ati. 	

Rhestr wirio ar gyfer Llythyr Bywyd Diweddarach (Parhad)

<p>Rhesymau pam na allai rhieni biolegol edrych ar ôl y plentyn / Rheswm dros fabwysiadu — gwahanol gamau yn y broses gynllunio a'ch rôl yn y broses hon a'r hyn a ddigwyddodd cyn eich ymglymiad chi. Rhesymau dros unrhyw oedi. (Bellach mae angen egluro ymadroddion a allai fod yn ddigonol yn y Llyfr Stori Bywyd ymhellach).</p>	
<p>Gwybodaeth am dad geni'r plentyn — (fel uchod gyda'r fam) pwy sydd wedi darparu'r wybodaeth? Perthynas â'r fam enedigol.</p>	
<p>Gall rhoi gwybodaeth am brofiadau'r rhiant biolegol yn ystod plentyndod a glasodet gynorthwyo dealltwriaeth o pam na ddysgodd y rhiant sgiliau magu plant da, pam roedd ganddynt hunan-barch isel, pam eu bod yn agored i ffurfio perthnasoedd â phartneriaid treisgar ac ati.</p>	
<p>Rhowch fanylion / esboniadau o gyflyrau iechyd rhiant biolegol — ystyriwch a oes angen i chi ddweud a ellir etifeddu'r cyflwr hwn neu a yw hyn yn rhywbeth y bydd y mabwysiadwyr yn mynd i'r afael ag ef?</p>	
<p>Os oes gan y plentyn anabledd, gallai hyn eu gwneud yn fwy agored i deimlo eu bod yn cael eu gwrthod neu'n fwy tebygol o gael eu bwlio yn yr ysgol - mae'n bwysig bod y Llythyr Bywyd Diweddarach yn egluro nad eu hanabledd a arweiniodd at gael eu mabwysiadu ond diffyg sgiliau / hyder rhieni, cefnogaeth, anallu i flaenoriaethu anghenion plentyn ac ati.</p>	
<p>Gellir cynnwys materion cyfreithiol a gorchmynion llys naill ai wrth i'r naratif ddatblygu neu gellir atodi manylion fel adran ar wahân.</p>	
<p>Feto parodrwydd neu beidio i gael cyswllt gyda rhieni biolegol yn y dyfodol.</p>	
<p>Y dyddiad y gwnaed y gorchmyn mabwysiadu, enw'r barnwr llywyddu a gwybodaeth storiol am yr hyn a ddigwyddodd yn y Llys. A wnaeth rhieni biolegol herio gwneud y gorchmyn?</p>	
<p>Pa opsiynau ar gyfer sefydlogrwydd a ystyriwyd?</p>	
<p>Lle mae'r plentyn yn cael ei fabwysiadu gan deulu / ffrind: Mae angen i'r LLL fynd i'r afael â newid mewn perthnasoedd yn y teulu.</p>	
<p>Trefniadau cyswllt a rhesymau dros unrhyw newidiadau yn ystod y broses (gall gwybodaeth am hyn ddangos bod gan rieni biolegol y plentyn ddiddordeb ynddynt neu oleuo agweddau eraill ar gymeriadau'r rhiant biolegol. Unrhyw wybodaeth storiol gan y gweithiwr / gweithwyr cyswllt? Posibilrwydd cyswllt yn y dyfodol?</p>	
<p>Gwybodaeth am frodyr a chworydd — enwau, dyddiad geni, pam na chawsant eu rhoi gyda'i gilydd — disgrifiwch yr asesiad o sut y gellid diwallu anghenion plant gyda'i gilydd neu ar wahân a pha ffactorau a effeithiodd ar unrhyw gynlluniau ar gyfer cyswllt. Esboniwch y term "brawd neu chwaer" neu osgoi ei ddefnyddio a chyfeirio'n benodol at frawd / hanner brawd ac ati. Gall y LLL gynnwys gwybodaeth am sut mae'r brodyr a chworydd yn gwneud ar adeg ysgrifennu'r llythyr — gallai helpu'r person ifanc i deimlo'n fwy cysylltiedig â nhw.</p>	
<p>Paru — pam y dewiswyd y teulu penodol hwn ar gyfer y plentyn - unrhyw ddymuniadau penodol teulu a phlentyn genedigol? Beth oedd y broses ar gyfer dod o hyd i'w teulu mabwysiadol?</p>	
<p>Gorffen y llythyr — lle gallant gael cofnodion cymorth / mynediad. Rhowch sylwadau ar faint rydych chi wedi mwynhau adnabod y plentyn — cofiwch unrhyw straeon personol. Dymuniadau da ar gyfer y dyfodol. Gweler yr enghraifft isod:</p>	

Rhaglen Hyfforddi Ar-lein Adoption UK Cymru



I archebu cwrs, cliciwch ar y ddolen Zoom o dan y cwrs perthnasol.

Am wybodaeth bellach, cysylltwch â wales@adoptionuk.org.uk neu ffonio **0300 666 0006**.

Mae cyrsiau'n addas ar gyfer rhieni sy'n mabwysiadu, gofalwyr carennydd, gofalwyr maeth a gweithwyr cymdeithasol i fynychu ochr yn ochr â'i gilydd ac y **RHAD AC AM DDIM**.

Grŵp Ffocws Gwaith Taith Bywyd

Bydd y sesiwn hon yn helpu i ddad-gyfrinoli Gwaith Taith Bywyd a chyflwyno Canllaw Arfer Da, Fframwaith a Phecyn Cymorth Gwaith Bywyd Gwasanaeth Mabwysiadu Cenedlaethol Cymru. Mae'r dogfennau hyn ar gael ar wefan NAS www.adoptcymru.com/life-journey. Cyfle i ofyn yr holl gwestiynau bach hynny a chlywed rhai awgrymiadau ymarferol i helpu plant i ddeall eu cefndir a hyrwyddo ymdeimlad cadarnhaol o hunaniaeth.

**Dydd Mawrth 9
Mawrth 2021
6:30-9pm**

Cofrestru yma



Hyrwyddo pwysigrwydd Gwaith Taith Bywyd: Gwasanaeth Mabwysiadu Canolbarth a Gorllewin Cymru

Datblygwyd gan Sian Gibbon

Yng Ngwanwyn 2020 cynhaliodd gwasanaeth mabwysiadu Canolbarth a Gorllewin Cymru y gystadleuaeth 'Eich Bywyd - Eich Taith' ar gyfer pob plentyn a pherson mabwysiedig yng Nghanolbarth a Gorllewin Cymru. Roedd y gystadleuaeth 'Eich Bywyd - Eich Taith' yn gyfle i'r plant a phobl ifanc o'r rhanbarth ddweud wrthym beth mae Gwaith Taith Bywyd yn ei olygu iddyn nhw ac i rannu gyda ni am y teithiau y maen nhw wedi mynd arnynt i gyrraedd lle maen nhw heddiw, pa gwestiynau maen nhw wedi gofyn a beth roedden nhw eisiau ei wybod i ddeall pwy ydyn nhw.

Derbyniodd y gwasanaeth mabwysiadu amrywiaeth hyfryd o gynigion a oedd yn amrywio o straeon, ffilmiau byrion, caneuon, cerddi, lluniadau, paentiadau a gludweithiau. Mwynhaodd y panel beirniaid edrych ar bob darn a gofnodwyd ac roedd ganddyn nhw'r dasg anodd o ddewis 5 enillydd, a gafodd eu gwobrwyo am eu cynigion buddugol. Llongyfarchiadau i'r holl enillwyr a da iawn i bawb a gymerodd ran yn y gystadleuaeth.



Hyrwyddo pwysigrwydd Gwaith Taith Bywyd: Gwasanaeth Mabwysiadu Canolbarth a Gorllewin Cymru

(parhad)

Yn ystod Wythnos Genedlaethol Mabwysiadu 2020, cynhaliodd gwasanaeth mabwysiadu Canolbarth a Gorllewin Cymru eu seremoni Wobrwyo Gwaith Taith Bywyd blynyddol. Mae'r gwobrau Gwaith Taith Bywyd yn cydnabod ac yn gwobrwyo gweithwyr o ranbarth Canolbarth a Gorllewin Cymru am eu cyfraniad rhagorol tuag at Waith Taith Bywyd yn ystod y flwyddyn ddiwethaf.

Dyfarnwyd y Wobr Gweithiwr Taith Bywyd i weithiwr o bob un o'r pedwar Awdurdod Lleol yn y rhanbarth, sef Sir Gaerfyrddin, Ceredigion, Sir Benfro a Powys. Dyfarnwyd y Wobr Tîm Gorau hefyd i dîm o bob un o'r pedwar Awdurdod Lleol. Dyfarnwyd y Wobr Cydnabyddiaeth Arbennig i'r Gweithwyr Cymorth Mabwysiadu o'r gwasanaeth mabwysiadu am eu cyfraniad rhyfeddol tuag at gefnogi teuluoedd sy'n mabwysiadu yn ystod pandemig COVID 19. Ychwanegwyd gwobr newydd at y rhestr wobrau eleni, sef y 'Gwobr Barn y Teuluoedd', lle'r oedd teuluoedd yn gallu enwebu gweithiwr yn y rhanbarth a oedd wedi cefnogi a chyfrannu at ddatblygiad Gwaith Taith Bywyd eu plentyn / plant.



Prosiect Taith Bywyd: Gwasanaeth Mabwysiadu Bae'r Gorllewin

Datblygwyd gan Karen Williams.

Ein nod yw gwella'n sylweddol nid yn unig nifer y plant sydd â deunyddiau stori bywyd ar adeg eu lleoli i'w mabwysiadu ond hefyd gwella ansawdd y deunyddiau hynny a galluogi ac arfogi mabwysiadwyr i'w defnyddio'n fwy effeithiol. Nid ydym yno eto o bell ffordd, ond rydym yn gweld gwelliannau ac wedi newid ein seilwaith, ein prosesau a'n hadnoddau i gyflawni ein nod. Mae'r prosiect yn cael ei reoli gan un gweithiwr cymdeithasol (2 ddiwrnod yr wythnos) ac un gweithiwr prosiect (4 diwrnod yr wythnos).

Cysylltu a Pharu

Pan fydd plentyn wedi'i gysylltu â mabwysiadwr, cyfeirir mabwysiadwr Bae'r Gorllewin at y prosiect hefyd. Disgwylir i'r broses baru gynnwys ymgynghori â'r darpar fabwysiadwyr ynghylch gwaith y Llyfr Stori Bywyd. Mae hyn yn adlewyrchu ymchwil a'n hymholiadau ein hunain, sy'n dangos lle mae mabwysiadwr wedi chwarae rhan weithredol yn y gwaith o adeiladu'r Llyfr Stori Bywyd ei fod yn fwy tueddol o'i ddefnyddio. Mae hefyd yn osgoi defnyddio geiriad y gallant ei chael hi'n anodd ei ddefnyddio ac yn rhoi cyfle i atgyfnerthu pwysigrwydd a gwerth i'r plentyn gael naratif cynhwysfawr trwy gydol ei fywyd ar ei daith ei hun.

Gorchymyn Lleoli

Cyfeirir pob plentyn sy'n destun Gorchymyn Lleoli yn awtomatig at y LJP. Fe'u dyrennir i un o'r ddau weithiwr a chysylltir â'u gweithiwr cymdeithasol. Mae hyn yn sicrhau bod gan bob plentyn weithiwr LJP enwebedig a bod gan bob gweithiwr cymdeithasol bwynt galw am gefnogaeth. Cynigir cyngor, arweiniad a chefnogaeth iddynt i ddarparu stori bywyd a deunyddiau stori bywyd addas o'r adnoddau y maent wedi bod yn eu casglu ers i'r plentyn gael ei letya / ei atgyfeirio ar gyfer tracio dau drywydd. Mae hwn hefyd yn gyfle i gynorthwyo gyda 'llenwi bylchau' a chael gwybodaeth ychwanegol os nad yw hyn wedi'i wneud eisoes.

Life Journey Project: Western Bay Adoption Service

Cyfeirio ar gyfer Tracio Dau Drywydd

Mae pob plentyn a atgyfeirir ar gyfer tracio dau drywydd yn dod yn 'gymwys' i gael mynediad i'r LJP. Fel rhan o dracio dau drywydd, cynhelir cyfarfod cynllunio atgyfeirio ac yn y cyfarfod hwn ac wrth baratoi cyn y cyfarfod hwn, darperir cyfres lawn o ddogfennau LJP i staff yn y tri awdurdod lleol (safonau gofynnol, arfer da, templed / enghraifft Llyfr Stori Bywyd). Rhennir rhestrau gwirio sicrhau ansawdd a chynllun gweithredu hefyd ar y pwynt hwn. Codir ymwybyddiaeth o'r prosiect LJP.

Hyfforddiant CAR 'B'

Mae hyn yn cael ei redeg yn fisol gan y gwasanaeth mabwysiadu ar gyfer gweithwyr cymdeithasol gyda phlant sy'n cael eu tracio'n ddau drywydd neu sydd â gorchmynion lleoli. Yn yr hyfforddiant hwn mae cyfeiriad at rôl a swyddogaeth y Prosiect Taith Bywyd (LJP). Mae'r CAR 'B' hefyd yn gyfrwng ar gyfer naratif cryf o daith y plentyn ac mae hyn yn cael ei atgyfnerthu yn yr hyfforddiant trwy ddefnyddio Cwestiynau Cyffredin gan blant (fel oedolion yn cyrchu eu ffeiliau), enghreifftiau achos ac ati.

Monitro

Mae'r prosiect LJP yn cysylltu â phob mabwysiadwr ar ôl lleoliad i wirio bod ganddo'r drafft a maes o law'r Llyfr Stori Bywyd terfynol a'r Llythyr Bywyd Diweddarach (rydym wedi gosod dangosydd perfformiad lleol o'r adolygiad cyntaf). Lle mae angen cefnogaeth i ychwanegu at y Llyfr Stori Bywyd neu'r Llythyr Bywyd Diweddarach, bydd gweithiwr tîm y prosiect yn cynorthwyo. Gwahoddir mabwysiadwyr hefyd i gael mynediad at gymorth, deunyddiau darllen, arweiniad un i un a gallant gael mynediad at weithdai y mae WB yn eu rhedeg o bryd i'w gilydd. Mae nod yn y Flwyddyn Newydd i redeg mwy o'r rhain.

Dylid Lleoli

Mae'r darganfyddwr teulu, yn tywys ac yn cefnogi gweithwyr yr ALL i sicrhau bod gan y CAR 'B' a ddefnyddir ar gyfer argymhelliad SBP naratif cryf o stori'r plentyn. Lle mae angen cefnogaeth a chynghor ychwanegol ar weithwyr, gellir gwneud mynediad i'r prosiect yn gynnar.



Life Journey Project: Western Bay Adoption Service

Panel Paru

Disgwylir, o leiaf, y cyflwynir Llyfr Stori Bywyd drafft (templed 0-7) ar gyfer pob plentyn a Llythyr drafft Bywyd Diweddarach. Ar gyfer plant 3 oed neu'n hŷn mae yna hefyd y gofynion i gynnwys cynllun trosglwyddo a thystiolaeth o unrhyw waith sydd wedi'i wneud i baratoi'r plentyn ar gyfer symud posib.

Rydym wedi cytuno ar draws pob un o'r tri ALI nad oes angen i Lyfr Stori Bywyd ar gyfer plentyn dan 7 oed fod â manylion helaeth. I'r perwyl hwn rydym wedi darparu templed sy'n briodol i'w hoedran i roi arweiniad. Bydd rhai gweithwyr eisiau rhoi mwy o fanylion, ac er bod hyn yn cael ei ganiatáu, rydym wedi darganfod ac mae mabwysiadwyr wedi rhoi allbwn bod manylion helaeth yn golygu na ellir defnyddio'r llyfr ar gyfer y plant iau. O ganlyniad, gwnaethom gynhyrchu rhestr wirio gynhwysfawr Llythyr Bywyd Diweddarach gan gynnwys trwy gydol cyfleoedd canllaw CAR 'B' i ddal y manylion a fyddai (yn y gorffennol) wedi'u hychwanegu at Lyfrau Stori Bywyd hir.

Perfformiad

Er ein bod yn falch o'r gwelliannau mewn ansawdd a darpariaeth, mae gennym ffordd bell i fynd i sicrhau bod gan bob plentyn Lythyr Bywyd Diweddarach a Llyfr Stori Bywyd wrth eu lleoli a therfynol erbyn yr adolygiad mabwysiadu. Mae'r atgyfeiriad ar gyfer plant a mabwysiadwyr yn cau dim ond pan fydd Llyfr Stori Bywyd boddhaol, Llythyr Bywyd Diweddarach ac mae mabwysiadwyr yn teimlo y gallant ddefnyddio'r ddau. Y tu hwnt i'r ymglymiad cychwynnol. Gall mabwysiadwyr ddod yn ôl ar unrhyw adeg i gael cyngor, arweiniad a chefnogaeth ychwanegol a gallant gyrchu'r gweithdai a amlinellir uchod.



Cysylltiadau Defnyddiol

Isod mae rhestr o'r cydlynwyr Gwaith Taith Bywyd sydd yn eu swyddi ledled Cymru ar hyn o bryd. Byddai'n ddefnyddiol gwybod gyda phwy i gysylltu yn eich ardal os oes angen arweiniad, cyngor arnoch neu gael mynediad at unrhyw gyfleoedd hyfforddi.

Gwasanaeth Mabwysiadu Canolbarth a Gorllewin Cymru

Sian E Gibbon | SEGibbon@carmarthenshire.gov.uk

Gwasanaeth Mabwysiadu Gogledd Cymru

Sarah Ryan | Sarah.Ryan@wrexham.gov.uk

Gwasanaeth Mabwysiadu De Ddwyrain Cymru

Raluca Miklovits | Raluca.Miklovits@blaenau-gwent.gov.uk

Mabwysiadu'r Fro, y Cymoedd a Chaerdydd

Michelle Hughes | michughes@valeofglamorgan.gov.uk

Gwasanaeth Mabwysiadu Bae'r Gorllewin

Josie Slee | j.slee@westernbayadoption.org /

Sarah Vaughn | s.vaughn@westernbayadoption.org

Os ydych chi wedi datblygu unrhyw beth newydd i helpu gydag arfer dda neu'n gwybod am unrhyw wybodaeth ar gyflawni Gwaith Taith Bywyd, cysylltwch â chynrychiolydd eich gwasanaeth mabwysiadu uchod neu Dîm Canolog y Gwasanaeth Mabwysiadu Cenedlaethol ar [**contact@adoptcymru.com**](mailto:contact@adoptcymru.com)



Gwasanaeth
Mabwysiadu
Cenedlaethol

National
Adoption
Service

January 2021

Life Journey Work Newsletter



Introduction

The development and delivery of Life Journey Work has been a priority of the Adoption Support Framework since it started in 2016. This crucial element of adoption support work is fundamental for adopted children and young people and their families in assisting them to understand their 'stories' and begin and continue vital conversations about adoption.

This is the first edition of what we hope will become an annual Life Journey Work newsletter and has been developed as part of the work of a National Adoption Service Task and Finish group. The group made up of representatives from both the regional adoption services and Voluntary Adoption Agencies has provided good practice examples and resources for sharing across the sector. The main aim of the newsletter is to encourage, develop and share Life Journey Work 'good practice' across Wales and we would love to hear from anyone interested in providing information or examples to include in future editions.

Delivering Life Journey Work

We know that Life Journey Work needs to be delivered at an early stage in the adoption process. Adopters have provided feedback about how knowing about their child's early experiences is vital to helping them to understand how best to support their children. The timeliness of the work is measured at two points, and collected on a quarterly basis:

Measure 20a

This measures the number of children where life journey material has been provided by the time of the matching panel – here LJW is defined as:

- Draft later life letter; and
- Draft life story book.

Measure 20

This measures the number of children placed for adoption for whom life journey material has been provided to adopters by the time of the second adoption review – here LJW is defined as:

Preparation work – direct work using family trees, timelines, story books, ecomaps). This would go with the child at time of placement (reading a book about adoption e.g. nutmeg on its own wouldn't be life journey material) and the **Later Life Letter**.



Delivering Life Journey Work

Plus...

Life story material — a book or folder or digital record of information about child's birth family, reasons for being looked after and why adopted.

Or...

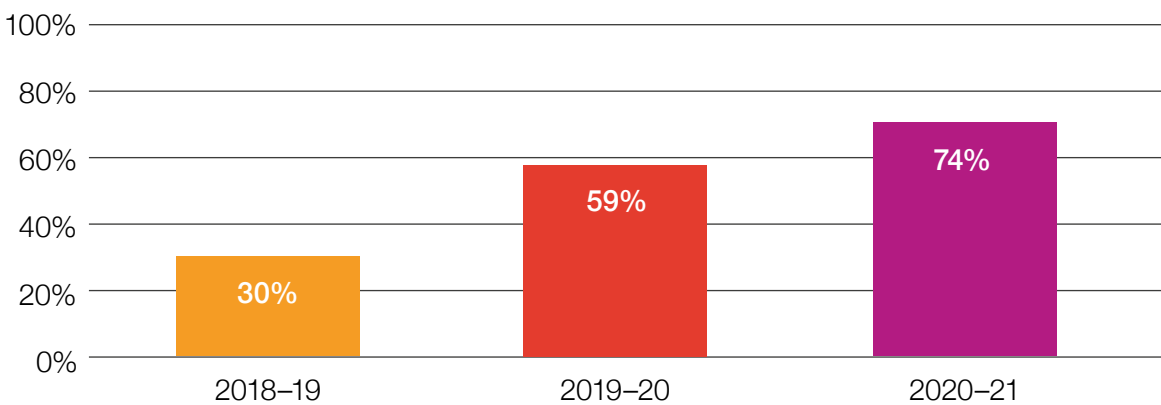
Life story work — product of direct work, often thought of as 'therapeutic' as a means telling the story of a child's life history to enable the child to understand their past. In the majority of cases this will involve direct work with the child, since even very young children can be involved in an age-appropriate way. This may include memory box, producing/building on a Life Story Book.

Other materials such as memory box, memorabilia on their own don't qualify as life journey materials if not set in a context of direct work (i.e. giving a child a box of photos shouldn't be considered as life journey material).

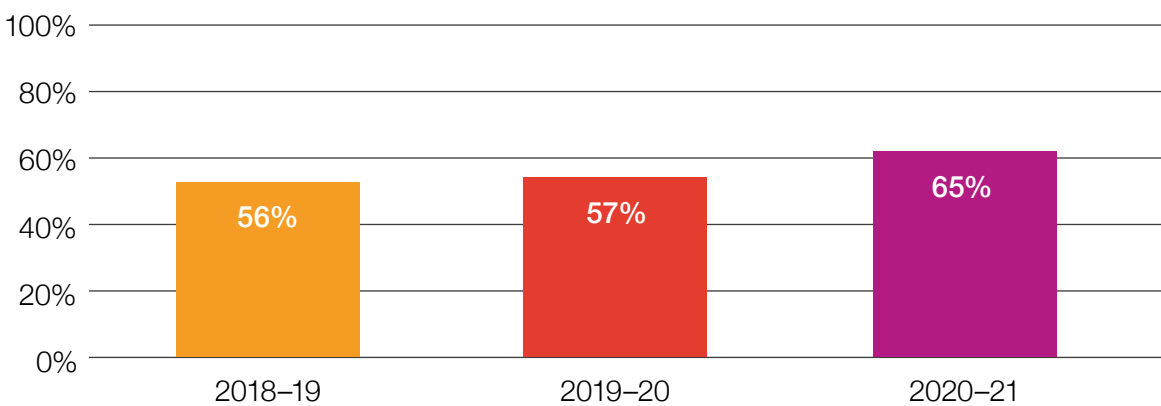
Delivering Life Journey Work

See charts below illustrating the improvements in timeliness over the past few years. Whilst more work is needed to ensure the quality of the material being provided, the increase in the number of children receiving this work is positive and we hope to see a further increase as we continue the support via the Adoption Support Framework.

Proportion of children who had their life journey materials at matching panel



Proportion of children who had their life journey materials at 2nd adoption review



Recommendations on Life Journey Work

People will be familiar with the Adoption Barometer report which in 2020 made the following recommendations with regard to Life Journey Work.

Enhance life story training and support

- ‘Life story work training to be built into preparation courses as part of a continuing programme of training and support that is designed to help adoptive families respond to the changing needs of their child or children as they grow.’
- ‘Governments to issue refreshed guidance and training about life story work to all agencies, including nationally agreed and monitored timescales for the delivery of life story materials’.

Provide life story support during teen years, in anticipation of contact

- ‘Local authorities and agencies to proactively offer all adoptive families support for life story work and birth family contact as children enter their teen years, in preparation for the possibility of direct contact outside of formal agreements’.



Refreshment of online resources – Life Journey Work Tool Kit

The LJW task and finish group has overseen the development of a Life Journey work 'toolkit' which is available on the NAS website for all social workers other professionals and adoptive families. It has recently been restructured in to a 'guide' format to make it more accessible. Below is a link into the archive to which new resources such as those shared in this newsletter can be added:-

adoptcymru.com/life-journey

Practitioner Tool for Life Journey Work: South East Wales Adoption Service

Developed by Raluca Miklovits

In January 2020, the tool 'My Story so Far' which is a practitioner tool for completing Life Journey Work (and which follows the NAS Life Journey Work framework) was given approval by Senior Management to be implemented across the Region and to be used widely by Social Workers.

This model is focussed on quality and based on a review of existing materials. It is not directive but rather provides timely prompts. The tool contains ten parts, each of these is relevant to different aspects in the life of a child who can no longer live with their birth family, came into foster care and was then placed with a "growing up" family.

The tool is very comprehensive and training has been rolled out across the five local authorities in the SEWAS region. Online training has been developed and is being delivered during the autumn.

The tool has been designed so that photographs can be kept separate if required as adopters had requested this as an option. The sections can be completed by different workers in collaboration or independently depending on the circumstances.

For access to the guide and toolkit please click [here](#).

The tools can be found by clicking on Life Journey Toolkit and then Guide for activities.

Checklist for Later Life Letter: Western Bay Adoption Service

This checklist is very comprehensive and can be used to help ensure that Later Life Letter is as informative as possible. We need some current examples of these letters for the online resource.

This 'template' provides a structure for Later Life Letters. More can be added but, all of the fields relate to issues / areas that have come up in adoption support enquiries where children and their adopters have 'missing' information.

The letter needs to be informative, concise and should not be a series of cut and pasted details from other documents.

Checklist for Later Life Letter

Introduce yourself and your role in relation to the child.	
Give reasons for writing the letter.	
Other key people involved with the child and any information from them e.g. foster carers, contact worker, previous social worker, birth parents and extended family etc.	
Acknowledge that this may be a difficult letter to read , they don't have to read it all at once, and they should have someone who they can talk to about the letter on hand.	
Refer to other reports that contain additional information and how they can access these (and at what age).	
If the family/background is complex include a family tree giving full names of extended family.	
<p>Remember what information children have said they want included in their life story information.</p> <ul style="list-style-type: none"> • Why they couldn't stay with their birth family. • Details about their birth family. • Their life before they were adopted. • Where they were born. • If they had any brothers or sisters living somewhere else and why they were split up. • Whether they could make contact with their birth family. • Names – why given and meanings – identity. • Appearance and descriptions – affirms value. • Photos – recording history, family. • Memories of pets etc. <p>(Children need to know that coming into care/being adopted was not their fault).</p>	
Information about child's ethnicity, their birth family's culture, religion and sexuality – where parents came from and customs common to that culture.	
The hopes of the birth family for the child and how these hopes were addressed in the plan for the child.	
Description of birth parents – their physical characteristics, their personality, academic and employment history, interest and skills (be honest but avoid being negative).	
What support was offered by the extended family, Social Services, other agencies to keep child with the birth family?	
Information about the child's birth mother – full name, date and place of birth, ethnicity (as above), physical description, personality, style, attitudes, talents, her family background etc.	
Pregnancy and birth details – weight, length, any complications, breast or bottle fed etc.	
<p>The child's history</p> <ul style="list-style-type: none"> • Different places where the child has lived – names of caregivers, addresses, dates, reasons for move. • Name of schools, nursery playgroup, names of teachers, friends school reports. • Milestones – first words, first tooth, first steps, when they learnt to read etc. • The child's particular characteristics e.g. the things the child used to say or do, activities, interest, favourite toys, books etc. 	

Checklist for Later Life Letter (Continued)

<p>Reasons why birth parents couldn't look after the child/Reason for adoption – different stages in the planning process and your role in this process and what happened before your involvement. Reasons for any delay. (Phrases that may have been sufficient in the Life Story Book now need to be explained further).</p>	
<p>Information about the child's birth father – (as above with mother) who has provided the information? Relationship with birth mother.</p>	
<p>Giving information about the birth parent's experiences in childhood and adolescence can aid understanding of why the parent did not learn good parenting skills, why they had low self-esteem, why they were vulnerable to forming relationships with violent partners etc.</p>	
<p>Provide details/explanations of birth parent's health conditions – consider if you need to say if this condition can be inherited or is this something that the adopters will tackle?</p>	
<p>If the child has a disability this may make them more vulnerable to feeling rejected or more likely to be bullied at school – it is important that the Later Life Letter clarifies that it was not their disability that led them to be adopted but parents lack of skill/confidence, support, inability to prioritise child's needs etc.</p>	
<p>Legal issues and court orders can either be included as the narrative develops or details can be attached as a separate section.</p>	
<p>Veto and willingness or not of birth parents to be contacted in the future.</p>	
<p>The date the adoption order was made, name of presiding judge and anecdotal information about what happened at the Court. Did birth parents challenge the making of the order?</p>	
<p>What options for permanence were considered?</p>	
<p>Where child is adopted by family/friend: The LLL needs to address changed relationships within the family.</p>	
<p>Contact arrangements and reasons for any changes during the process (information about this may illustrate that the child's birth parents were interested in them or illuminate other aspects of the birth parent's characters. Any anecdotal information from the contact worker(s)? Possibility of contact in the future?</p>	
<p>Information about siblings – names, D.O.B. why they were not placed together – describe the assessment of how children's needs could be met together or apart and what factors impacted on any plans for contact. Explain the term "sibling" or avoid its use and refer specifically to brother/half-brother etc. The LLL can include info about how the siblings are doing at the time of writing the letter – may help young person to feel more connected to them.</p>	
<p>Matching – why this specific family was chosen for the child – any specific wishes of birth family and child? What was the process for finding their adoptive family?</p>	
<p>Concluding the letter – where they can get support/access records. Comment on how much you have enjoyed knowing the child – recall any personal anecdotes. Good wishes for the future. See example below:</p>	

Adoption UK Cymru Online Training Programme



To book a course, please click on the Zoom link beneath the relevant course.

For further information, contact wales@adoptionuk.org.uk or telephone **0300 666 0006**.

Courses are suitable for adoptive parents, kinship carers, foster carers and social workers to attend alongside one another and are **FREE OF CHARGE**.

Life Journey Work Focus Group

This session will help de-mystify Life Journey Work and introduce the Wales National Adoption Service's Life Journey Work Good Practice Guide, Framework and Toolkit. These documents are available on the NAS website www.adoptcymru.com/life-journey. An opportunity to ask all those niggling questions and hear some practical suggestions to help children understand their background and promote a positive sense of identity.

**Tuesday 9 March 2021
6:30-9pm**

[Register here](#)



Promoting the importance of Life Journey Work: Mid & West Wales Adoption Service

Developed by Sian Gibbon

In Spring 2020 the Adoption Mid & West Wales adoption service held the 'Your Life - Your Journey' competition for all adopted children and young people in Mid & West Wales. The 'Your Life-Your Journey' competition provided the children and young people from within the region an opportunity to tell us what Life Journey Work means to them and to share with us about their journeys to whom they've become today, what questions they asked and what they wanted to know to understand who they are.

The adoption service received a wonderful variety of entries which varied from stories, short films, songs, poems, drawings, paintings, and collages. The judging panel thoroughly enjoyed looking at each piece that was entered and had the difficult task of choosing 5 winners, who were rewarded for their winning entries. Congratulations to all the winners and well done to everyone who entered the competition.



Promoting the importance of Life Journey Work: Mid & West Wales Adoption Service

(continued)

During National Adoption Week 2020, the Adoption Mid & West Wales adoption service held their annual Life Journey Work Awards ceremony. The Life Journey Work awards recognises and rewards workers from within the Mid & West Wales region for their outstanding contribution towards Life Journey Work within the last year.

The Life Journey Worker Award was awarded to a worker from each of the four Local Authorities within the region, which are Carmarthenshire, Ceredigion, Pembrokeshire and Powys. The Best Team Award was also awarded to a team from each of the four Local Authorities. The Special Recognition Award was awarded to the Adoption Support Workers from the adoption service for their remarkable contribution towards supporting adoptive families during COVID 19 pandemic. A new award was added the awards list this year, which was the 'Family's Choice Award', where families were be able to nominate a worker within the region who had supported and contributed towards the development of their child/ren's Life Journey Work.

Life Journey Project: Western Bay Adoption Service

Developed by Karen Williams.

Our aim is to significantly improve not only the number of children having life story materials at the time of placement for adoption but to also improve the quality of those materials and to enable and equip adopters to use them more effectively. We are by no means there yet, but are seeing improvements and have changed our infrastructure, processes and resources to achieve our aim. The project is resourced by one social worker (2 days a week) and one project worker (4 days a week).

Linking and Matching

When a child is linked with an adopter, the Western Bay adopter is also referred to the project. The matching process is expected to include consultation with the prospective adopters as to the working of the Life Story Book. This reflects research and our own enquiries, which show that where an adopter has been actively involved in the construction of the Life Story Book they are more inclined to use it. It also avoids the use of wording which they may struggle to use and provides opportunity to reinforce with adopters the importance and value of the child having a comprehensive narrative throughout their life of their own journey.

Placement Order

All children subject to a Placement Order are automatically referred to the LJP. They are allocated to one of the two workers and their social worker is contacted. This ensures each child has a nominated LJP worker and each social worker has a point of call for support. They are offered advice, guidance and support to provide a suitable life story and life story materials from the resources they have been collecting since the child was accommodated/referred for twin tracking. This is also an opportunity to assist in 'plugging gaps' and obtaining additional information if this has not already been done.

Life Journey Project: Western Bay Adoption Service

Referral for Twin Tracking

All children referred for twin tracking become 'eligible' for access to the LJP. As part of twin tracking, a referral planning meeting is held and at this meeting and in the preparation prior to this meeting, staff in the three local authorities are provided with the full suite of LJP documents (minimum standards, good practice, Life Story Book template/example). The quality assurance and action plan checklists are also shared at this point. Awareness of the LJP project is raised.

CAR 'B' Training

This is run monthly by the adoption service for social workers with children who are being twin tracked or with placement orders. Within this training there is reference to the role and function of the Life Journey Project (LJP). The CAR 'B' is also a vehicle for a strong narrative of the child's journey and this is reinforced in the training by using FAQ's from children (as adults accessing their files), case examples etc.

Monitoring

The LJP project contacts every adopter post placement to check they have the draft and in due course the final Life Story Book and Later Life Letter (we have set a local performance indicator of the first review). Where support is needed to add to the Life Story Book or Later Life Letter, the project team worker will assist. Adopters are also invited to access support, reading materials, one to one guidance and can access workshops which WB run periodically. There is an aim in the New Year to run more of these.

Should Be Placed

The family finders, guide and support the LA workers to ensure that the CAR 'B' used for the SBP recommendation has a strong narrative of the child's story. Where workers need additional support and advice, access can be made to the project early.

Life Journey Project: Western Bay Adoption Service

Matching Panel

It is expected that as a minimum, a draft Life Story Book (0-7 template) for each child and a draft Later Life Letter is presented. For children 3 years old and above there also the requirements to include a transition plan and evidence of any work that has been done to prepare the child for a potential move.

We have agreed across all three LA's that a Life Story Book for a child under 7 does not need to have extensive detail. To this end we have provided an age appropriate template to give guidance. Some workers will want to put in more detail, and whilst this is permitted, we have found and adopters have fed back that extensive detail makes the book unusable for the younger children. As a result, we produced a comprehensive Later Life Letter checklist and included throughout the CAR 'B' guidance opportunities to capture the detail that would have (in the past) been added to lengthy Life Story Books.

Performance

Whilst we are pleased with the improvements in quality and provision, we have a long way to go to ensuring all children have both a Later Life Letter and Life Story Book on placement and a final by the time of the adoption review. The referral for children and adopters is closed only when there is a satisfactory Life Story Book, Later Life Letter and adopters feel able to use both. Beyond the initial involvement. Adopters can come back at any time for additional advice, guidance and support and can access the workshops outlined above.



Useful Contacts

Below is a list of the Life Journey Work co-ordinators who are in post across Wales currently. It would be useful to know who to contact in your area if you need guidance, advice or have access to any training opportunities.

Mid and West Wales Adoption Service

Sian E Gibbon | SEGibbon@carmarthenshire.gov.uk

North Wales Adoption Service

Sarah Ryan | Sarah.Ryan@wrexham.gov.uk

South East Wales Adoption Service

Raluca Miklovits | Raluca.Miklovits@blaenau-gwent.gov.uk

Vale Valleys and Cardiff Adoption Service

Michelle Hughes | michughes@valeofglamorgan.gov.uk

Western Bay Adoption Service

Josie Slee | j.slee@westernbayadoption.org /
Sarah Vaughn | s.vaughn@westernbayadoption.org

If you have developed anything new to help with good practice or know of any information on delivering life journey work please contact your adoption service representative above or the National Adoption Service Central Team on [**contact@adoptcymru.com**](mailto:contact@adoptcymru.com)

**Gwasanaeth Mabwysiadu
Cenedlaethol Cymru**

**Gwerthuso'r Fframwaith
Cymorth Mabwysiadu**

Adroddiad Terfynol

Chwefror 2021

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Trosolwg o Ganfyddiadau ac Argymhellion Allweddol

Mae'r astudiaeth o gymorth mabwysiadu o dan y Fframwaith Cymorth Mabwysiadu yng Nghymru wedi cynhyrchu canfyddiadau a drionglwyd yn dda o waith maes a gynhaliwyd yn ystod Hydref 2020 yn cynnwys: arolygon o 312 o rieni mabwysiadol a 78 o weithwyr proffesiynol; cyfweiliadau gyda 21 o rieni sydd wedi mabwysiadu a 21 o arweinwyr sector. Mae'r canfyddiadau cyfun yn awgrymu'r canlynol:

- Cafwyd cynnydd sylweddol ar draws y sector yn genedlaethol ac yn rhanbarthol i weithredu'r Fframwaith Cymorth Mabwysiadu, yn cynnwys annog mwy o deuluoedd i deimlo'n hyderus i ofyn am help ac i ddatblygu cynnig cadarnach a mwy gweledol o gymorth 'cyffredinol' y gall pawb ei gyrchu.
- Gyda chymorth Llywodraeth Cymru a chronfeydd elusennol eraill y DU, galluogwyd rhagor o blant a theuluoedd ag anghenion ac anawsterau gyrchu help a dargedir, yn cynnwys drwy gynigion mwy blaengar megis 'TESSA' a 'Mabwysiadu Gyda'n Gilydd', yn ogystal â chynigion mwy sefydledig yn cynnwys cymorth cymheiriaid, gwaith taith bywyd, ymgynghori â seicolegydd, ac ystod o gymhorthion therapiwtig eraill. Yn ddealladwy, hyd yn hyn, mae'r ffurfiau hyn o gymorth wedi targedu atal ac ymyriad 'oed a chyfnod cynnar' ar gyfer plant ag anghenion ychwanegol sydd yn debygol o fod yn sylweddol fwy na rhai'r rhan fwyaf o blant eraill yng Nghymru.
- Mae cyfuniad o'r ddau ddatblygiad yn cynrychioli camau cyntaf positif iawn ar y daith i wella cymorth mabwysiadu o dan nawdd y Fframwaith Cymorth Mabwysiadu.
- Fodd bynnag, mae llawer rhagor i'w wneud. Mae cyllido a datblygiadau diweddar yn y gwasanaeth yn sicr wedi codi disgwyliadau teuluoedd sy'n mabwysiadu (y byddan nhw'n derbyn help wedi'i dargedu pan fo angen). Disgrifiodd teuluoedd eraill y profiad o gael cynigion cymorth anghyson neu o fod yn ymwybodol ohonyn nhw ar draws gwahanol ardaloedd yng Nghymru. Ar hyn o bryd, mae llawer o ddulliau mwyaf gwerthfawr cymorth a dargedir yn gynnar, sydd â'r potensial i ostwng y galw am gymorth mewn argyfwng neu gymorth arbenigol yn nes ymlaen yn eu plentynod, yn cael eu cyllido yn y tymor byr, a hynny'n codi mater pwysig am gynnaladwyedd y gwasanaethau.
- Mae hefyd fylchau nodedig yn y cymorth, yn enwedig ar gyfer plant hŷn ag anghenion mwy cymhleth, yn cynnwys y rhai sydd ar drothwy bod yn oedolion.
- Mae'r tîm gwerthuso yn y Sefydliad Gofal Cyhoeddus ym Mhrifysgol Oxford Brookes yn argymhell cyfnod estynedig o gyllido a phwyslais perthynol ar barhau i wella, i adeiladu ar y gwelliannau sydd eisoes wedi'u cyflawni a'u cyfnerthu, ac i ffocysu ar symud yn ein blaen i alluogi'r canlynol:
 - Pob plentyn mabwysiedig i gael y math priodol o gymorth a sylw mewn ysgolion neu golegau, lle maen nhw'n cael mwy o drafferthion yn aml nag yn y cartref.
 - Cysondeb mynediad ar gyfer teuluoedd i ddulliau gwerthfawr o gymorth a dargedir ar draws pob rhanbarth a / neu asiantaethau cymorth, yn enwedig y rhai a all ddarparu cymorth therapiwtig neu seicolegol 'cyfnod cynnar' effeithiol cyn i deuluoedd gyrraedd cyfnod o argyfwng, hefyd cyngor rhagweithiol am gysylltu â'u teuluoedd biolegol a gwaith cofnodi profiadau bywyd therapiwtig uchel ei ansawdd.
 - Mwy o fynediad cyffredinol i gymorth a dargedir ac i gymorth arbenigol sydd ei angen ar deuluoedd sy'n mabwysiadu ar draws Cymru, yn cynnwys ar gyfer plant hŷn neu bobl ifanc ag anghenion cymhleth ac ar gyfer y plant hynny â chyflyrau niwro-ddatblygiadol sydd angen ei ymchwilio ymhellach ac angen cymorth pellach.

Crynodeb Gweithredol

Mae'r adroddiad hwn yn amlinellu canfyddiadau gwerthusiad annibynnol a gynhaliwyd gan Sefydliad Gofal Cyhoeddus (IPC) ym Mhrifysgol Oxford Brookes am i ba raddau y cyflawnwyd nodau Fframwaith Cymorth Mabwysiadu Cymru gyfan a ddatblygwyd yn 2016-17, yn cynnwys cyfeirio at well hygyrchedd, ansawdd, cysondeb ac effaith cymorth ôl-mabwysiadu ar gyfer teuluoedd ar draws Cymru.

Tynnir y canfyddiadau o ystod o weithgareddau gwerthuso, yn feintiol ac ansoddol, a gynhaliwyd yn bennaf rhwng Hydref a Thachwedd 2020, yn cynnwys arolwg dwyieithog ar-lein o 312 o rieni mabwysiadol ymhob awdurdod lleol ar draws Cymru – y rhai ar y rhestrau derbyn cylchlythyrau asiantaethau mabwysiadu rhanbarthol ac asiantaethau mabwysiadu gwirfoddol; arolwg dwyieithog ar-lein o 78 o weithwyr proffesiynol maes mabwysiadu o bob rhanbarth yng Nghymru, neu sy'n gweithio mewn rolau cenedlaethol; cyfweiliadau ansoddol gyda 21 o rieni sydd wedi mabwysiadu a phobl ifanc; cyfweiliadau ansoddol gyda 21 o arweinwyr sector ac adolygiad ymchwil cyflym.

Drwyddi draw, 'clywodd' y gwerthusiad gan dros 430 o unigolion sy'n ymwneud â chymorth mabwysiadu yng Nghymru, yn cynnwys 313 o rieni sy'n mabwysiadu: y rhai sydd newydd fabwysiadu yn ogystal â'r rhai sydd wedi bod yn magu plant am nifer o flynyddoedd¹.

Mae dipyn o driongli ar draws canfyddiadau'r gweithgareddau hyn, a hynny'n cynyddu ei dibynadwyedd. Mae'r astudiaeth hefyd wedi cynhyrchu swm sylweddol o ddata perthnasol i anghenion teuluoedd sydd wedi mabwysiadu, data sy'n debygol o fod yn ddefnyddiol i gynllunio darpar gymorth, ac felly mae hyn wedi'i gofnodi yn drylwyr yn y canfyddiadau.

Perthnasol i anghenion plentyn a'r teulu, yn hanesyddol y ddadl dros fabwysiadu oedd y byddai teulu twymgalon, cariadus a phositif yn gallu gwneud iawn am brofiadau anodd bywyd cynnar y plentyn mabwysiedig ac o bosibl camdriniaeth.

Mae cyn-astudiaethau yn aml yn amlygu sut mae canlyniadau plant mabwysiedig yn well na rhai'r plant sy'n dal yng ngofal awdurdod lleol (plant sy'n derbyn gofal), a'r gwelliannau yn cynnwys: twf corfforol, ymlyniadau a chyflawniad addysgol. Fodd bynnag, er y *gall* mabwysiadu gynnig cyfleoedd ar gyfer adfer a gwella canlyniadau ar gyfer plant sy'n derbyn gofal, erbyn hyn cydnabyddir ei bod yn debygol bydd angen cymorth ar ôl y mabwysiadu, ar draws y daith fabwysiadu ac ar adegau neu benodau ystyrlon, er mwyn gwella bywyd teuluol, hyrwyddo llesiant plentyn a/neu mewn rhai amgylchiadau i atal y lleoliad rhag methu. Yn gynyddol derbynnir y gallai fod angen cymorth wedi'i deilwra ar bob plentyn a fabwysiadir a'u rhieni ar ryw gyfnod². Ymhlith canfyddiadau'r astudiaeth hon mae'r canlynol:

- Roedd plant y rhieni a gymerodd ran yn yr arolwg ar-lein yn cael llawer mwy o anawsterau, yn ôl mesur Holiadur Cryfderau ac Anawsterau (SDQ) o'i gymharu â sampl gynrychioladol o blant Prydain. Mae'r gwahaniaeth yn ystadegol sylweddol ar gyfer plant iau (2-4 oed) yn ogystal â phlant hŷn (5-15 oed). Mae'r canfyddiad hwn yn cyd-fynd â chorff cynyddol o ymchwil sy'n awgrymu bod plant mabwysiedig yn

¹ Lleolwyd plant ar gyfartaledd am 5-7 mlynedd

² Ceir rhagarweiniad mwy cyflawn i anghenion plant mabwysiedig gan gynnwys cyfeiriadau yn Adran 1 o'r Rhagarweiniad

fwy tebyg i blant sy'n derbyn gofal³ na holl boblogaethau plant o ran anghenion uwch eu hiechyd emosiynol a'u llesiant.

- Nodwyd bod tua 6% o blant rhieni a gymerodd ran yn yr arolwg ag Anhwylder Diffyg Canolbwytio a Gorfywiogrwydd (ADHD) a bod 6% ag Anhwylder ar y Sbectrwm Awtistig (ASD). Mae gan ganran uwch o blant oed 11 a throsodd yr anhwylderau hyn (tua 15% ar gyfer ADHD ac 11% ar gyfer ASD). Fodd bynnag, roedd Anhwylder ar y Sbectrwm Alcohol Ffetws (FASD) lawer yn is ymhlith tua 1% ar gyfer plant iau a phlant hŷn. Mae hyn yn ymddangos yn arbennig o isel o'i gymharu ag amcangyfrifon diweddar ar gyfer yr holl boblogaeth⁴. Roedd 13% ychwanegol o rieni yn ansicr a oedd gan eu plentyn un o'r cyflyrau hyn neu gyflwr arall a/neu yn chwilio am ddiagnosis.
- Disgrifiodd aelodau teuluoedd a gyfwelwyd ar gyfer yr astudiaeth sut daeth anghenion ôl-mabwysiadu eu plentyn i'r amlwg yn fynych ar adegau pontio allweddol yn eu bywydau, er enghraifft wrth gychwyn yn yr ysgol gynradd neu ar drothwy eu glaslencyndod. Roedd llawer o rieni hefyd yn ymwybodol iawn o rai o achosion tebygol anghenion ychwanegol eu plentyn, er enghraifft, wynebu trawma yn gynnar yn eu bywydau, tarfu ar ymlyniadau, gwendidau genetig neu ddod i gysylltiad â chyffuriau yn y groth, a gallai'r ffactorau hyn fod wedi'u plethu'n dynn gyda'i gilydd, anodd i'w dadelfennu. Disgrifiodd rhai o'r rhieni newidiadau neu gyfnodau pontio mwy cyson a allai ennyn problemau yn eu plentyn, er enghraifft lle amharwyd ar y drefn arferol neu ddychwelyd i'r ysgol ar ôl gwyliau neu pan roedden nhw'n teimlo'n 'annioegel'. Hefyd, disgrifion nhw sut roedd llesiant eu plentyn yn aml yn gysylltiedig â sut roedd pethau'n mynd yn yr ysgol. Rhieni plant mabwysiedig iau neu rieni plant sydd newydd gael eu mabwysiadu oedd y mwyaf optimistig, ond cafwyd thema gyffredin ar draws ymatebion yr holl gyfranogwyr sef y byddai problemau yn debygol o ddod i ran eu plant rywbryd yn ystod eu plentynod.
- Nododd 29% o'r rhieni sy'n cymryd rhan yn yr arolwg bod gan eu plentyn anghenion dysgu ychwanegol cydnabyddedig a chynlluniau yn cynnwys Cynlluniau Datblygu Unigol (CDY/IDP's). Disgrifiodd nifer o'r rhieni anghenion ychwanegol eu plentyn yng nghyd-destun yn 'gymdeithasol neu emosiynol' yn hytrach nag anghenion dysgu neu wybyddol er bod y rhain wedi cyd-blethu yn aml. Er bod cyfran gymharol uchel (85%) o rieni a gwblhaodd yr arolwg ar-lein yn ystyried bod eu plentyn yn ffynnu gartref, dim ond 69% oedd yn ystyried bod eu plentyn yn ffynnu yn dda neu'n dda iawn yn yr ysgol. Ystyriai 12% o rieni nad oedd eu plentyn yn ffynnu 'o gwbl' yn yr ysgol.
- Yn ôl mesur Graddfa Llesiant Meddyliol 'Short Warwick Edinburgh', roedd iechyd emosiynol a llesiant rhieni sy'n mabwysiadu yn sylweddol waeth o'i gymharu â sampl gynrychioladol o oedolion Prydain. Fodd bynnag, mynegwyd cryn hyder yn eu gallu i fagu ac roedd 78% yn credu eu bod yn 'rheoli' yn gymharol dda fel teulu (disgrifiodd eraill eu bod yn rheoli'n gymharol wael). Roedd rhieni plant iau yn fwy tebygol o nodi eu bod yn ymdopi'n gymharol dda a rhieni plant hŷn a phobl ifanc yn fwy tebygol o nodi eu bod yn ymdopi'n gymharol wael. Nododd rhai eu bod wedi gwneud addasiadau sylweddol i'w bywydau er mwyn 'gwneud i bethau weithio', er enghraifft rhoi gorau i'w gwaith neu gylchoedd eu cyfeillion. Hyd yn oed pan oedd pethau'n mynd yn gymharol esmwyth, mynegodd rhieni sy'n mabwysiadu bryder neu ofid am y dyfodol, er enghraifft cyfnod pontio eu plant i fod yn oedolion. Hefyd,

³ Ceir cymariaethau ar draws normau Prydain a phoblogaethau sy'n derbyn gofal yn Adran 3.1.1. Cryfderau ac anawsterau plant mabwysiedig yn yr astudiaeth hon

⁴ Amlinellwyd ym mhrif gorff yr adroddiad hwn (yn Adroddiad 3.1.2. Diagnosis a chyflyrau plentyn)

disgrifiodd rhai sut roedden nhw'n byw gydag ymddygiad eithafol eu plentyn neu drafferthion teuluol heb fod i gyd yn gysylltiedig â'r plentyn

- Credai 47% o rieni a gwblhaodd yr arolwg hwn fod anghenion eu plentyn neu eu teulu wedi cynyddu yn ystod cyfnod pandemig Covid-19. Mae eu hymatebion i gwestiynau ehangach ar y thema hon yn awgrymu eu bod yn teimlo bod angen cymorth(ion) arbenigol neu gymorth wedi'i dargedu arnyn nhw. Mae arolygon a sgysiaau gyda rhieni a gweithwyr proffesiynol drwyddi draw yn datgelu deuliaeth glir ym mhrofiad teuluoedd sy'n mabwysiadu, yn cynnwys rhai y cynigiwyd 'rhyddhad' iddyn nhw neu set arbenigol o gyfleoedd (yn aml heb bwysau ysgol) ac i eraill roedd wedi pwysleisio neu amlygu anawsterau oedd eisoes yn bodoli. Y grŵp oedd yn ei chael hi'n haws i ymdopi oedd rhieni plant oed ysgol gynradd a'r grwpiau oedd yn ei chael yn fwy anodd i ymdopi oedd rhieni plant oed cyn-ysgol neu rieni plant yn ei harddegau cynnar. Profodd nifer o deuluoedd sy'n mabwysiadu rai pethau positif yn ystod y cyfnod hwn yn gymysg â rhai pethau negyddol megis colli'r rhyngweithio gyda phlant eraill / oedolion, colli incwm teuluol, cynnydd yn y strés ar ôl dychwelyd i'r gwaith neu i'r ysgol; pwysau addysgu gartref; a methu â chymryd rhan mewn gweithgareddau grŵp yn yr awyr agored.

Ynglŷn â pha raddau mae teuluoedd yn credu ei fod yn iawn nawr i ofyn am help a gwybod ble i fynd i gael help

Roedd hwn yn gwestiwn allweddol y gwerthusiad gan fod y Fframwaith Cymorth Mabwysiadu wedi bod yn agored wrth geisio gwella canrannau y teuluoedd sy'n credu ei fod 'yn Briodol i ofyn am help' ac mae'r canfyddiadau yn awgrymu bod hwn yn faes a welodd gynnydd sylweddol yn ystod y blynyddoedd diwethaf ers i'r Fframwaith gael ei gyhoeddi. Mae'r dystiolaeth allweddol ar gyfer hyn yn cynnwys:

- Ystyriai mwyafrif mawr (84%) o rieni mabwysiadol a gwblhaodd yr arolwg ar-lein ei bod (yn gyfredol) yn Briodol neu'n Briodol iawn i ofyn am help. Dim ond cyfran fechan (4%) nododd eu bod yn teimlo nad oedd yn Briodol neu ddim yn Briodol o gwbl i wneud hynny
- Ystyriai 85% o weithwyr proffesiynol maes mabwysiadu a gwblhaodd yr arolwg fod rhieni sy'n mabwysiadu yn fwy abl i ofyn am help nawr o'i gymharu â 3 blynedd yn ôl, ac mae hyn yn awgrymu gwelliant positif, sefyllfa y mae arweinwyr sector yn nodi mewn cyfweiliad, a llawer o'r arweinwyr hyn yn ystyried hyn yn un o 'ddatblygiadau mawr' ym maes cymorth mabwysiadu yn ystod y blynyddoedd diweddar. Roedd y sectorau gwirfoddol yn fwy tebygol o ddisgrifio sut roedden nhw wedi gweithredu.
- Nododd y rhan fwyaf o rieni a gwblhaodd arolwg eu bod yn gwybod neu o leiaf bod syniad ganddyn nhw ble i droi am help gydag anghenion cyffredinol (81%), wedi'i dargedu (74%) neu arbenigol (79%). Roedd rhieni a oedd wedi mabwysiadu yn ddiweddar, weithiau'n hyderus iawn am wybod ble i fynd am help. Nodwyd enghreifftiau i gefnogi'r gwelliant hwn gan weithwyr proffesiynol ym maes mabwysiadu oedd yn cynnwys: mwy o rieni mabwysiadol yn dod am gymorth yn cynnwys ar gyfnod cynharach; a mwy o ymholiadau am fabwysiadu lle roedd darpar fabwysiadwyr yn gofyn am gymorth (yn fwy ymwybodol o'i argaeledd).
- Priodolwyd y gwelliannau yn y maes hwn drwy werthuso cyfranogwyr i amryfal o ffactorau. O dan ymbarél y Fframwaith ei hun, mae'r rhain yn cynnwys: mwy o empathi gan sefydliadau i fabwysiadwyr a hinsawdd croesawus positif, tawelu meddwl mabwysiadwyr â'u 'negeseua' (yn ystod camau cynnar y daith fabwysiadu); 'cael pwynt sengl mynediad cliriach' ar gyfer mabwysiadwyr (yn y rhanbarthau neu

yn sector gwirfoddol); cael ystod ehangach o'r cymorth sydd ar gael yn cynnwys cynigion rhagweithiol 'cymorth cynnar' sydd newydd ei ddatblygu megis TESSA⁵ neu 'Mabwysiadu gyda'n Gilydd'⁶; a chyfathrebiadau gwell rhwng asiantaethau a mabwysiadwyr hefyd rhwng mabwysiadwyr eu hunain (drwy'r cyfryngau cymdeithasol) am yr hyn sydd yn cael ei gynnig.

- Ymhlith y rhwystrau parhaus i gyrchu cymorth mae: synnwyr o stigma neu gywilydd ar ran rhieni yn cyfaddef bod angen cymorth arnyn nhw; pryderon awdurdod lleol o ran cael eu barnu (sef methu); y teimlad na fydd pobl yn gwrandao arnoch chi; ychydig o ddiffyg eglurder am yr hyn sydd ar gael (yn enwedig i blant hŷn a'u teuluoedd) neu beth ydy'r 'llwybr i mewn' gorau (gallai'r llwybrau cymorth wahaniaethu o ardal i ardal ac o awdurdod lleol i awdurdod lleol, a hefyd rhwng ieuchyd, gofal cymdeithasol ac addysg). Rhoddodd rhieni bwyslais arbennig ar y ddau ffactor, a disgrifiodd rhai eu bod wedi colli hyder ac ymddiriedaeth yn y gwasanaethau oherwydd profiadau blaenorol o geisio help a methu â'i gael ar yr adegau pan oedd fwyaf ei angen neu deimlo eu bod yn mynd mewn 'cylchoedd', yn gael eu parseli o sefydliad i sefydliad i ddod o hyd i help. Fodd bynnag, mae'r profiadau hyn, mwy na thebyg yn ymddiriedaeth cyfeirio at ymdrechion cynharach i gyrchu cymorth wedi'i dargedu neu gymorth arbenigol yn hytrach na chymorth cyffredinol.

O ran y graddau y mae ysgolion a cholegau yn ymwybodol o fabwysiadu a/neu'n gefnogol o blant mabwysiedig

Mae nifer o astudiaethau ymchwil blaenorol wedi pwysleisio arwyddocâd amgylchedd positif i blant mabwysiedig ac i ysgolion a cholegau fod yn 'ymwybodol o faterion mabwysiadu' fel y gallan nhw deilwra eu cymorth i blant mabwysiedig. I lawer o rieni, mae'r ysgol, yn aml yn faes allweddol o anhawster parhaus i'w plentyn

Ac eithrio'r rhai hynny â phlant o dan oed ysgol, dim ond 57% o rieni mabwysiadol a ymatebodd i'r arolwg ar gyfer yr astudiaeth hon oedd yn ystyried bod ymwybyddiaeth ysgolion Cymru o anghenion plant mabwysiedig yn dda neu'n dda iawn. Fodd bynnag, roedd 58% yn meddwl bod ymwybyddiaeth ysgolion yn gwella. Roedd canran uwch o weithwyr proffesiynol a gymerodd ran mewn arolwg ar-lein ar gyfer y gwerthusiad hwn (74%) yn hystyried nad oedd ysgolion yn 'ymwybodol iawn' neu 'ddim yn ymwybodol o gwbl' o faterion mabwysiadu. Fodd bynnag, roedd, 49% hefyd yn credu y cafwyd gwelliannau yn ystod y 3 blynedd diwethaf.

Cysondeb ydy'r mater allweddol a ddaeth i'r amlwg o ran yr agwedd bwysig hon o gymorth system gyfan ar gyfer plant mabwysiedig. Ystyriwyd bod rhai ysgolion, yn enwedig y rhai sydd wedi derbyn mewnbwn gan dimoedd o therapyddion neu therapyddion unigol / gweithwyr mabwysiadu, a'r rhai gyda phennaeth gwybodus /Cydllynydd ADY yn cynnig amgylchedd da meithringar ar gyfer plant mabwysiedig.

Fodd bynnag, credai llawer o rieni, yn ogystal â gweithwyr proffesiynol ym maes mabwysiadu, bod angen dealltwriaeth fwy cyson ar ysgolion a cholegau yn gyffredinol,

⁵ Gwasanaethau Therapiwtig, Addysg a Chymorth ym maes Mabwysiadu, ffurf newydd o gymorth yng Nghymru es 2019, yn cyfuno asesiad dan arweiniad seicolegydd, hyfforddiant, ymgynghori gydag ysgolion ysgolion a chymorth cymheiriaid (partner o rieni).

⁶ Darperir y gwasanaeth hwn gan St Davids yn gweithio gyda'r sector cyfan i ddod o hyd i deuluoedd ar gyfer plant a fyddai fel arall efallai'n gorfod aros yn hirach i gael eu lleoli a rhagweithio i'w cynorthwyo. Mae'n cynnwys cynnig gweithredol o gymorth therapiwtig.

yn enwedig yn y sector uwchradd yn benodol am effaith hirdymor ymlyniadau amharedig a thrawma yn ystod plentyndod cynnar ar ddatblygiad cymdeithasol, emosiynol a gwybyddol plant. Hefyd, ystyriwyd bod dulliau ysgol gyfan o ddelio gydag ymddygiad (heriol) weithiau'n 'gosbol yn bennaf' yn niweidiol i bob plentyn â'r anghenion hyn. Awgrymodd rhieni a gweithwyr proffesiynol nifer o ddulliau sut y gallai ysgolion a cholegau gael eu hannog i wella cysondeb yn eu dull o fynd ati, yn cynnwys drwy raglenni hyfforddi penodol a gofyniad statudol am gynllun addysg tebyg i'r hyn sydd yn ofynnol yn gyfredol ar gyfer plant sy'n derbyn gofal.

Os na fydd anghenion plentyn wedi cael eu diwallu yn yr ysgolion, nododd rhai rhieni eu bod wedi cael gafael ar gymorth amgen neu ychwanegol eu hunain, er enghraifft drwy addysg gartref, newid ysgol (i un sy'n fwy ymwybodol o faterion mabwysiadu) neu dalu am gymorth ychwanegol / ysgol annibynnol.

O ran y graddau y mae teuluoedd yn fodlon ar y cymorth mabwysiadu sydd yn cael ei gynnig a'i gael yn ddefnyddiol

- Mae'r gwerthusiad hwn yn cydnabod y gwaith sylweddol a wnaed yn ystod y 2 flynedd ddiwethaf ar lefel genedlaethol i ddatblygu: ystod o 'gynigion' o wasanaethau newydd megis 'TESSA' sydd wedi'i anelu at deuluoedd sy'n dechrau profi effeithiau trawma plentyndod cynnar, 'Mabwysiadu Gyda'n Gilydd' i ddod o hyd i deuluoedd ar gyfer plant a fyddai efallai'n gorfod aros yn hirach a gweithredu'n rhagweithiol i'w cynorthwyo, a 'Connected' i ddarparu rhwydwaith cymorth cymheiriaid ar gyfer pobl ifanc mabwysiedig. Datblygwyd hefyd ddeunyddiau a chyrtsiau newydd yn genedlaethol at ddefnydd rhieni sy'n mabwysiadu (er enghraifft rhianta therapiwtig neu gysylltu ag aelodau teulu biolegol y plentyn mabwysiedig) yn ogystal â phodlediadau hygyrch i roi gwybodaeth i ddarpar fabwysiadwyr am fabwysiadu (drwy glywed gan fabwysiadwyr eu hunain). Cydnabyddir bod y rhain i gyd yn adnoddau blaengar a datblygiadau uchel eu hansawdd. Yn amlwg, gwnaed cynnydd gan nifer o wasanaethau mabwysiadu rhanbarthol a'r sector gwirfoddol o ran datblygu neu barhau i ddatblygu eu cynigion 'craidd' ac i ryw raddau eu cynigion am gymorth a dargedir ar gyfer teuluoedd sy'n mabwysiadu yn cynnwys ystod o gymhorthion therapiwtig.
- Ystyriai rhieni a gwblhaodd yr arolwg ar gyfer yr astudiaeth hon bod nifer o agweddau o'r cymorth cyffredinol sydd ar gael yn gyfredol yn dda iawn, yn cynnwys yn enwedig y cymorth a dderbynion nhw yn ystod cyfnodau cynnar y mabwysiadu gan weithiwr cymdeithasol mabwysiadu, gan gymheiriaid a/neu hyfforddiant (ôl-) mabwysiadu. Yn aml, nododd y rhai a gyfwelwyd fod pethau'n gwella ac y bydden nhw'n hoffi gweld rhychwant y cynnig cyffredinol yn parhau, er mwyn diwallu anghenion a dewisiadau unigolion. Roedd gweithwyr proffesiynol hefyd yn cytuno bod y cynnig 'cyffredinol' wedi gwella'n sylweddol yn ystod y blynyddoedd diweddar.
- Adroddwyd gan y Gwasanaeth Mabwysiadu Cenedlaethol bod tua 59% o blant mabwysiedig sydd angen cofnodi profiadau bywyd ar draws Cymru wedi ei gyrchu yn fwy amserol yn ystod 2019-2020 o'i gymharu â'r flwyddyn flaenorol. Fodd bynnag, awgrymodd rhieni a gymerodd ran yn y arolwg ac mewn cyfweiliadau y gellid parhau i wella ansawdd y gwaith (therapiwtig) o gofnodi profiadau bywyd neu gynhyrchion ac yn amserlennu rhai ffyrdd o gymorth megis hyfforddiant neu 'ddiwrnodau teulu', er mwyn sicrhau mynediad gwell i bawb, yn cynnwys rhieni sengl.
- Gellid disgrifio Rhaglenni sydd newydd eu sefydlu TESSA a Mabwysiadu gyda'n Gilydd fel rhai sy'n rhychwantu cymorth cyffredinol a chymorth a dargedir gan fod y

ddwy raglen yn cynnig ffurf o 'help cynnar a dargedir' i deuluoedd sy'n profi effaith trawma plentyndod cynnar. Mae'n nhw'n debyg i, ond nid yn union yr un fath â chynnig o gyfarfodydd aml-ddisgyblaethol ac ymgynghoriad gyda seicolegydd sydd wedi bodoli ers nifer o flynyddoedd mewn un rhanbarth ond nawr yn cael ei gynnig i nodi a rhagweld ffurfiau i anghenion plant mabwysiedig⁷. Roedd rhieni â phrofiad o'r ffurfiau hyn o help a dargedwyd yn gynnar yn dueddol o ganmol eu hansawdd a'u gwerth. Roedd gweithwyr proffesiynol hefyd yn sylweddoli sut roedden nhw'n cynrychioli gwelliannau allweddol yn nes ymlaen, cymorth a dargedir yn fwy penodol neu gymorth mwy arbenigol yn cynnwys ffurfiau o gymorth mewn 'argyfwng'.

- Adroddwyd gan y Gwasanaeth Mabwysiadu Cenedlaethol bod cymorth a dargedir ar gyfer teuluoedd sydd eu angen yn cyrraedd mwy o blant a theuluoedd (cynnydd o 72%, 70 o deuluoedd yn 2018-201 i 237 o deuluoedd yn 2019-2020). Roedd llawer o rieni a gymerodd ran yn yr arolwg wedi cyrchu ffurfiau o gymorth mabwysiadu a dargedir, er mai dim ond tua hanner ohonyn nhw oedd yn credu bod digon ohono ar hyn o bryd. Mynegodd rhieni a gwblhaodd yr arolwg y boddhad mwyaf gyda TESSA (ystyriai 81% bod y cymorth hwn yn dda neu'n dda iawn), ac yna hyfforddiant ôl-mabwysiadu (79%) a chymorth therapiwtig plant a'u rhieni (70%). Canrannau cymharol isel o rieni fynegodd foddhad gyda ffurfiau eraill o gymorth a dargedir, yn enwedig cymorth a dargedir ar gyfer eu plentyn yn yr ysgol neu gyda Gwasanaethau Iechyd Meddwl Plant a'r Glasoed (CAMHS), yn awgrymu mai argaeledd y gwasanaethau ydy'r broblem yn hytrach nag ansawdd y cymorth a dderbynnir. Yn fwy cyffredinol, er bod rhai rhieni a gyfwelwyd ar gyfer yr astudiaeth hon wedi nodi eu bod yn teimlo'n gryf bod gwasanaethau a dargedir neu wasanaethau 'wedi eu cynnal a'u helpu' (yn enwedig ffurfiau cynnar o gymorth therapiwtig), teimlai eraill nad oedd y cyfryw gymorth yn addas ar gyfer anghenion eu plentyn neu ddim ar gael iddyn nhw. Cytunodd gweithwyr proffesiynol a gymerodd ran yn yr astudiaeth hon, gyda dim ond 55% yn ystyried bod cymorth mabwysiadu a dargedir yn ddigonol ar hyn o bryd a dim ond 11% yn cytuno bod cymorth arbenigol yn ddigonol.
- Os oedd teuluoedd wedi derbyn pecynnau o gymorth a dargedir yn cynnwys 'elfen' therapiwtig, roedd hyn yn ymddangos yn ddefnyddiol iawn iddyn nhw. Ni fu'n bosibl yn y gwerthusiad hwn i ystyried pa fodel o ddarpariaeth sy'n gweithio orau ond nododd asiantaethau mabwysiadu gwirfoddol a gwasanaethau cymorth mabwysiadu rhanbarthol â mynediad i arbenigedd seicolegol eu bod yn fwy hyderus bod ganddyn nhw'r gwasanaethau priodol i ddiwallu anghenion eu teuluoedd. Pan oedd gwasanaethau mabwysiadu yn cael mynediad i wasanaethau therapiwtig neu seicolegol llawnach, roedd y cynnig, yn aml yn cynnwys nid yn unig gwaith uniongyrchol gyda theuluoedd ond hefyd cymorth ar ffurf 'ymgyngori' gyda seicolegwyr arbenigol ar gyfer pawb sy'n ymwneud â phlant mabwysiedig yn cynnwys rhieni ac ysgolion.
- Y broblem 'ddyrys' allweddol o ran darparu cymorth a dargedir a chymorth arbenigol ar gyfer teuluoedd sy'n mabwysiadu ydy'r tensiwn rhwng yr awydd i sicrhau cysondeb (a fynegwyd yn fynych yn yr astudiaeth hon gan rieni sy'n mabwysiadu a weithiau gan arweinydd sectorau) a'r angen am hyblygrwydd wrth gyflenwi o fewn gwahanol ardaloedd a rhanbarthau (weithiau mynegwyd hyn gan rhai o arweinwyr sectorau a gweithwyr proffesiynol ym maes mabwysiadu)

⁷ Mae'r model hwn nawr yn cael ei ddefnyddio gan ranbarthau eraill gan ddatblygu'r cynnig hwn ochr yn ochr â TESSA

- Dim ond ychydig dros hanner y rhieni a gwblhaodd yr arolwg a ofynnodd yn ddiweddar am gymorth a dargedir neu gymorth arbenigol nododd eu bod yn gallu ei gael pan oedden nhw ei angen (57%), ac anghytunodd tua un riant o bob pump yn gryf y gallen nhw wneud hynny (21%). Nododd dau draean fod y gwasanaethau yn ddigon agos i'w cartrefi (66%), ond roedd bron i 1 ymhob 6 yn anghytuno â hyn (16%). Yn yr un modd er bod canran uchel o weithwyr proffesiynol (83%) a gymerodd ran yn yr arolwg yn credu ei bod yn eitha hawdd i hawdd iawn i gyrchu cymorth mabwysiadu cyffredinol, dim ond 56% oedd yn meddwl ei bod yn eitha hawdd i hawdd iawn i gyrchu cymorth a dargedir a dim ond 6% i gael mynediad i wasanaethau cymorth arbenigol. Nodwyd y bylchau allweddol cyffredinol yn y gwasanaethau sy'n effeithio ar blant mabwysiedig a'u theuluoedd mewn llawer o fannau yng Nghymru sef:
 - Cymorth therapiwtig / mynediad i wasanaethau dan arweiniad seicoleg
 - Cymorth cydlynus ar gyfer plant hŷn a phlant ifanc, yn cynnwys y rhai ar drothwy bod yn oedolion ar draws gwasanaethau allweddol yn cynnwys cymorth mabwysiadu, addysg, CAMHS, tai ac eraill – dull 'dim drws anghywir' o fynd ati.
 - Llwybrau diagnosis clir, effeithlon a chymorth ar gyfer plant â FASD, ADHD neu ASD.
 - Llwybrau clir, effeithlon i CAMHS arbenigol lle nad oes gan dimau cymorth mabwysiadu y lefel briodol o arbenigedd nac adnoddau o ddiwallu anghenion plentyn.
 - Gwaith ar gofnodi profiadau bywyd uchel ei ansawdd a therapiwtig, yn enwedig ar gyfer plant hŷn.
 - Cyngor rhagweithiol am gyswllt â theuluoedd biolegol ar gyfer pob plentyn mabwysiedig a theuluoedd sy'n mabwysiadu, nid yn unig ar gyfer y rheiny lle rhagwelir cyswllt ar gyfnod cynnar, yn cynnwys o ran y cyfryngau cymdeithasol.
 - Seibiannau byr ar gyfer plant mabwysiedig a theuluoedd sy'n mabwysiadu pan fo angen y rhain, er enghraifft mewn sefyllfaoedd 'uchel eu pwysau'.

Amlygwyd rhai o'r bylchau hyn ymhellach yn ystod cyfnod Pandemig Covid-19, er enghraifft nododd rhai rhieni eu bod wedi gorfod aros 'hyd yn oed yn hirach' am rai o'r cymhorthion hyn neu i gael gwybod nad oedden nhw ar gael yn ystod y cyfnod hwn.

- Nodwyd rhwystrau a wynebai rhai theuluoedd rhag cyrchu cymorth a dargedir gan ystod o randdeiliaid oedd yn cynnwys (mewn rhai ardaloedd) yr angen i fynd nid yn unig drwy dimau mabwysiadu rhanbarthol ond hefyd 'yn ôl drwy' wasanaethau awdurdod lleol y theuluoedd i gael rhai o'r cymhorthion hyn; cynnydd yn yr ymwybyddiaeth a'r galw am y gwasanaethau hyn, adnoddau dan bwysau hyd yn oed ar ôl y buddsoddiad ynddyn nhw; cynigion heb eu datblygu'n llawn mewn rhai rhannau o Gymru o'i gymharu â mannau eraill; cynlluniau cymorth cynnar heb fod yn ddigon clir mewn rhai achosion am ddarpar anghenion tebygol plant mabwysiedig a/neu ddiffyg eglurder o fewn y sector cymorth mabwysiadu am ba gymorth penodol fyddai fwyaf priodol i ddiwallu anghenion plentyn unigol; rhestrau aros hir iawn ar gyfer CAMHS a dryswch ynglŷn â chymhwystra ar gyfer y gwasanaethau hyn; a diffyg eglurder am y llwybrau neu'r protocolau o ran asesu arbenigol ar gyfer cyflyrau megis FASD neu amseroedd aros hir am asesiadau o'r fath; ac yn olaf diffyg adnoddau a neilltuwyd ar gyfer cymorth arbenigol, yn enwedig cymorth therapiwtig fel bod rhai rhieni yn dal i orfod 'brwydro am wasanaethau'.

- Er bod rhieni, gweithwyr proffesiynol ac arweinyddion sector yn ochelgar bositif am ddyfodol gwasanaethau mabwysiadu yn gyffredinol yng Nghymru, yn enwedig ar gyfer y teuluoedd sydd wedi mabwysiadu yn fwy diweddar, disgrifiwyd yn gyson bod y ddarpariaeth a dargedir a'r ddarpariaeth arbenigol ar gyfer teuluoedd sy'n mabwysiadu 'mewn cyfnod cynnar ar y daith o wella' ac angen sylw a/neu fuddsoddiad pellach.
- Ystyriai 84% o weithwyr proffesiynol maes mabwysiadu bod buddsoddiad Llywodraeth Cymru mewn cymorth mabwysiadu wedi cael effaith bositif ar argaeledd a/neu ansawdd y gwasanaethau hyn a chredai 98% bod y cyllid wedi cael ei 'ddefnyddio'n dda'. Fodd bynnag, nododd nifer hefyd feysydd o freuder posibl yn yr holl system, nid y lleiaf ohonyn nhw ydy natur byr-dymor llawer o'r buddsoddi diweddar a ystyrir i fod o leiaf cyn bwysiced â'r Fframwaith Cymorth Mabwysiadu ei hun i fod yn gyfrwng i achosi newid positif.

Yn gyffredinol, roedd canfyddiadau'r astudiaeth yn awgrymu ar y cyfan bod camau positif wedi'u gwneud tuag at gyflawni nodau cyffredinol Fframwaith Cymorth Mabwysiadu. Gosodwyd sylfaen gadarn o ganlyniadau i'r Fframwaith a'r buddsoddiadau ychwanegol a wnaed yn y gwasanaethau cymorth mabwysiadu, ond mae angen gwneud rhagor er mwyn diwallu'n effeithiol anghenion holl deuluoedd mabwysiadol yng Nghymru yn cynnwys i alluogi'r canlynol:

- Yr holl blant mabwysiedig i dderbyn y math priodol o gymorth a sylw mewn ysgolion neu golegau, lle maen nhw'n ei chael hi'n anodd yn aml, yn fwy felly nag yn eu cartrefi.
- Cysondeb mynediad ar gyfer teuluoedd i ffurfiau gwerthfawr o gymorth a werthfawrogir ar draws pob rhanbarth, yn enwedig y cymorth a all gynnig help 'cyfnod cynnar' therapiwtig effeithiol neu gymorth seicolegol cyn i deuluoedd fynd i argyfwng, a hefyd cyngor rhagweithiol am gyswllt â theuluoedd biolegol a gwaith cofnodi profiadau bywyd therapiwtig uchel ei ansawdd.
- Mynediad mwy cyffredinol i gymorth wedi'i dargedu ac arbenigol pan fydd ei angen ar deuluoedd mabwysiadol ar draws Cymru, yn cynnwys ar gyfer plant hŷn neu bobl ifanc ag anghenion cymhleth, ac ar gyfer y plant hynny sydd efallai â chyflyrau niwro-ddatblygiadol sydd angen eu harchwilio ymhellach ynghyd â chymorth pellach.

Diolchiadau

Hoffai'r tîm gwerthuso yn y Sefydliad Gofal Cyhoeddus achub ar y cyfle hwn i fynegi ein diolch didwyll i'r holl rieni, pobl ifanc, gweithwyr proffesiynol maes mabwysiadu ac arweinwyr sectorau a gymerodd ran yn y gwerthusiad hwn, pobl sydd wedi rhoi o'u hamser ac hebddyn nhw ni fyddai hyn wedi bod yn bosibl.

Hoffen ni ddiolch i'r Grŵp Cyfeirio Cenedlaethol am eu hymrwymiad i'r gwerthusiad hwn ac am y cymorth a gafwyd ganddyn nhw ar ei gyfer.

Rhestr Termau

Mae tîm ymchwil y Sefydliad Gofal Cyhoeddus wedi ceisio defnyddio iaith blaen i ddisgrifio'r dulliau gwerthuso a'r canfyddiadau ar gyfer yr astudiaeth hon. Fodd bynnag, defnyddir nifer o dermau, ymadroddion neu gysyniadau yn fynych ac efallai byddai'n dda o beth i'w hegluro a'u disgrifio ar ddechrau'r adroddiad.

Term neu Ymadrodd	Diffiniad
ADHD	Anhwylder Diffyg Canolbwytio a Gorfywiogrwydd
ASD	Anhwylder ar y Sbectrwm Awtistig (yr enw cyffredin ar hyn ydy 'awtistiaeth')
Y Gofal a brofwyd	Plentyn neu berson ifanc sydd naill ai'n derbyn gofal neu wedi derbyn gofal (er enghraifft person ifanc hŷn 18 oed sydd wedi 'gadael gofal', plentyn sydd wedi dychwelyd at ei deulu biolegol neu blentyn mabwysiedig)
FASD	Anhwylder ar y Sbectrwm Alcohol Ffetws. Cyflwr a achosir gan y fam yn yfed alcohol yn ystod ei beichiogrwydd.
Plentyn sy'n derbyn gofal	Plentyn neu berson ifanc sydd ar hyn o bryd yng ngofal yr awdurdod lleol
Cyffredinol	Defnyddir y gair i gyfeirio at 'anghenion' neu 'gymhorthion' teulu sy'n mabwysiadu – a ddiffinnir fel yr hyn sydd yn effeithio ar <u>bob teulu sy'n mabwysiadu</u> neu sydd ar gael iddyn nhw.

1 Rhagarweiniad

Yn hanesyddol y drafodaeth gyhoeddus ynglŷn â mabwysiadu oedd y byddai teulu twymgalon, cariadus a phositif yn gwneud iawn am brofiadau cynnar anodd a chamdriniaeth plentyn o bosibl (babi yn aml). Mae'r drafodaeth yn y broses o gael ei diwygio ar sail ymchwil, profiad o ymarfer a'r hyn y gall teuluoedd sy'n mabwysiadu ei ddweud wrthon ni (Stock et al. 2016; Selwyn 2017; Meakings et al. 2018).

Mae astudiaethau blaenorol hefyd wedi dangos sut mae canlyniadau plant mabwysiedig yn dueddol o fod yn well na rhai'r plant hynny sy'n aros yng ngofal awdurdod lleol (plant sy'n derbyn gofal), gyda gwelliannau y tybir sy'n cynnwys: twf corfforol, ymglymiadau a chyflawniadau addysgol (Van Jzendoorn & Juffer 2006).

Fodd bynnag, er y *gall* mabwysiadu gynnig cyfleoedd i adfer a gwella canlyniadau ar gyfer plant sy'n derbyn gofal, erbyn hyn, cydnabyddir angen cymorth ar ôl mabwysiadu, ar draws taith fabwysiadu ac ar adegau neu benodau ystyrlon, er mwyn gwella bywyd teuluol, hyrwyddo llesiant plentyn a/neu mewn rhai amgylchiadau atal lleoliad rhag methu. Yn gynyddol, derbynnir efallai bydd angen cymorth wedi'i deilwra ar yr holl blant mabwysiedig a'u rhieni ryw adeg

Stock et al. 2016; Dance a Rushton 2005; Palacios a Brodzinsky 2010 dyfynnwyd yn Meakings et al. 2018; Bell a Kempenaar 2010; Pennington 2012; Holmes et al., 2013; Ottaway et al. 2014; Selwyn et al. 2015.

Yn 2017, i gydnabod y sail tystiolaeth hwn ac o ganlyniad i adborth uniongyrchol gan blant mabwysiedig a theuluoedd sy'n mabwysiadu yng Nghymru, cyd-luniodd Gwasanaeth Mabwysiadu Cenedlaethol Cymru, gan ymgorffori gyd-elfennau rhanbarthol⁸, lleol a chenedlaethol⁹, fframwaith blaengar a set gysylltiol o ddisgwyliadau cymorth ar gyfer teuluoedd ar draws sbectrwm o 'lefel' o anghenion o'r cyffredinol (anghenion yr holl deuluoedd sy'n mabwysiadu) hyd at anghenion cymorth mwy arbenigol ac wedi'u targedu.

Yr enw a roddwyd i hyn oedd y 'Fframwaith Cymorth Mabwysiadu' neu 'ASF' a'i ddau nod ydy:

- Sicrhau bod amrediad o gymorth ar gael a digon ar gael ar draws Cymru i ddiwallu'r angen a'r galw mewn modd amserol a chost-effeithiol, yn cynnwys '**cynnig craidd**' o gymorth i gynorthwyo teuluoedd ar gyfnod cynnar taith fabwysiadu ac i annog 'ail-fynediad hawdd' i mewn i wasanaethau yn ôl yr angen.
- Hyrwyddo hinsawdd ar draws Cymru lle mae rhieni a theuluoedd mabwysiadol yn teimlo ei fod yn '**IAWN i ofyn am help**'.

Un newid strwythurol allweddol sy'n sail i'r fframwaith fu datblygu math o '**bwynt mynediad sengl**' ymhob rhanbarth i mewn i wasanaethau cymorth mabwysiadu¹⁰ a rhai cyllidebau cyfun ar draws ranbarthau (mae ychydig o amrywioldeb yng ngraddau cyfuno

⁸ Mae 5 trefniant rhanbarthol ar hyn o bryd: Canolbarth a Gorllewin Cymru; Gogledd Cymru; De Ddwyrain Cymru; Bro a Chymoedd a Chaerdydd; a'r Bae Gorllewinol

⁹ Yn cynnwys y sector gwirfoddol, yn benodol St Davids, Barnardo, AfA Cymru, ac Adoption UK

¹⁰ Er bod y rhain wedi cael eu datblygu ar wahanol gyflymder gyda mabwysiadwyr hŷn dim ond yn cychwyn ar ddiwedd 2020 (yn bennaf oherwydd Pandemig Covid-19)

cyllidebau o'r fath, gydag awdurdodau lleol mewn rhai rhanbarthau yn cadw ychydig o'r gyllideb gyffredinol i ariannu cymorth arbenigol sydd ei angen ar bob achos unigol).

Ochr yn ochr â datblygu ASF, nododd achos busnes seiliedig ar dystiolaeth **yr angen am fuddsoddiad ychwanegol** mewn gwasanaethau cymorth mabwysiadu er mwyn cyflawni eu nodau, yn enwedig i ymestyn tu hwnt i 'help cynnar' i fod yn gymorth mwy arbenigol ac wedi'u targedu yn fwy penodol ar gyfer teuluoedd sy'n mabwysiadu y tybir bod bwch. Yn 2019/20, bron i 2 flynedd i mewn i'r daith newid, neilltuodd Llywodraeth Cymru £2.3 miliwn ar gyfer buddsoddi mewn cymorth mabwysiadu ar draws y wlad. Tybir bod hyn yn ffynhonnell bwysig o gynnydd mewn cyllid yn ystod y cyfnod perthnasol, wedi'i gyfeirio'n bennaf at dimau mabwysiadu rhanbarthol a pheth ohono wedi'i gyfeirio at y sector gwirfoddol. Fodd bynnag, o ganlyniad i fenter gydlynus genedlaethol, mae rhai rhanbarthau hefyd wedi sicrhau cyllid ar gyfer gwasanaethau (cymorth) mabwysiadu o'r Gronfa Gofal Integredig (ICF) o gyllid awdurdod lleol a/neu gyllid rhanbarthol awdurdod a/neu gyllid cyfun.

Amlinellir y **mathau o gymorth a ragwelwyd yn wreiddiol** yn y Fframwaith bod gofyn amdano ar bob lefel yn y tabl isod:

Tabl 1: Mathau o Gymorth a nodir fesul lefel yr angen yn yr ASF (Fframwaith Cymorth Mabwysiadu)

Lefel yr Angen	Mathau o gymorth a ragwelir
Cyffredinol (holl deuluoedd sy'n mabwysiadu)	<ul style="list-style-type: none"> ■ Cyngor a gwybodaeth ■ Aelodaeth AUK ■ Paratoi a hyfforddiant ar ôl cymeradwyaeth ■ Grwpiau cymorth cymheiriaid ■ Cymorth gyda chyswllt â theulu biolegol a chael gweld cofnodion ■ Gwasanaethau iechyd ac addysg yn 'ymwybodol o fabwysiadu ■ Gwaith cofnodi profiadau taith bywyd
Wedi'i dargedu	<ul style="list-style-type: none"> ■ Cymorth therapiwtig / ystod o therapïau ■ Hyfforddiant mwy arbenigol ar ôl cymeradwyaeth (bwydlen) ■ Cymorth anghenion ychwanegol / mwy o ymwybyddiaeth o fabwysiadu mewn ysgolion ■ Gwaith therapiwtig cofnodi profiadau bywyd ■ Trosolwg gweithredol o gynlluniau cymorth parhaus ■ Mynediad i lwfans ariannol ■ Mynediad i CAMHS
Arbenigol	<p>Yn ychwanegol at y rhai a restrir uchod:</p> <ul style="list-style-type: none"> ■ Cymorth therapiwtig mwy arbenigol ■ CAMHS (Arbenigol) ■ Cymorth aml-asiantaethol ar gyfer anghenion

Bu **mathau eraill newydd o gymorth a ddatblygwyd ers sefydlu'r Fframwaith**, yn cynnwys rhai a ariennir gan fuddsoddiad Lywodraeth Cymru a rhai gan y Loteri

Genedlaethol yn anodd i'w lleoli'n fanwl ar sbectrwm angen gan eu bod yn rhychwantu mwy nag un lefel o angen er enghraifft:

- Rhaglen **TESSA**¹¹ (Gwasanaethau Therapiwtig, Addysg a Chymorth ym maes Mabwysiadu) a gefnogir gan Adoption UK a'i ariannu gan y Loteri Genedlaethol a'i ddefnyddio gyda chymorth gan bob un o'r timau cymorth mabwysiadu rhanbarthol. Lluniwyd y rhaglen hon fel ymyriad ataliol cynnar ar gyfer teuluoedd mewn perygl o ddioddef effeithiau trawma plentyndod cynnar ac yn cynnwys elfennau asesiad dan arweiniad seicolegydd; hyfforddiant; ymgynghori gydag ysgolion a chymorth cymheiriaid (partner rhiant).
- **Mabwysiadau Gyda'n Gilydd** a arweinir gan Gymdeithas Plant Dewi Sant (St Davids), gyda chymorth Llywodraeth Cymru ac NAS. Mae'r gwasanaeth hwn yn dod â holl Asiantaethau Mabwysiadu Gwirfoddol Cymru at ei gilydd i ganfod a chynnig cymorth rhagweithiol i deuluoedd ar gyfer plant a fyddai fel arall yn aros yn hirach am leoliad. Mae'n cynnwys cynnig rhagweithiol o gymorth therapiwtig
- **Seicolegwyr clinigol wedi'u hymgorffori yng ngwasanaethau cymorth mabwysiadu a thimoedd (rhanbarthol)** er mwyn darparu cyngor ar ddull ymgynghori i weithwyr proffesiynol eraill, i ysgolion a theuluoedd o gyfnodau cynnar y mabwysiadu i gyfnodau hwyrach y mabwysiadu yn ogystal ag ychydig o waith uniongyrchol (1:1).

Mae canfyddiadau astudiaethau eraill diweddar iawn o gymorth ôl-mabwysiadu, yn arbennig 'Baromedr' Mabwysiadu a gynhaliwyd gan Adoption UK ar draws y DU, yn cynnwys 226 o rieni mabwysiadol i Gymru, wedi awgrymu optimistiaeth ochelgar am brofiadau positif teuluoedd o ddatblygiadau (mewn rhai ffurf) o gymorth mabwysiadu yng Nghymru (Adoption UK, 2020). Er enghraifft, mynegodd rhieni mabwysiadol yng Nghymru, oedd yn rhan o arolwg Baromedr yn 2020, fwy o foddhad yn gyffredinol gyda'u profiad mabwysiadu o'i gymharu â'r rhai a gymerodd ran yn 2019 ac o'i gymharu â rhannau eraill o'r DU ar draws y ddwy flynedd. Fodd bynnag, roedd rhieni plant hŷn yn llai positif am ddyfodol eu plant yn 2020 o'i gymharu ag yn 2019 a doedd cyfran o rieni ddim yn hyderus am y modd y byddai cyflyrau sylfaenol y gallai fod plant mewn perygl cynyddol o'i ddioddef yn enwedig Anhwyllder ar y Sbectrwm Alcohol Ffetws yn cael eu diagnosis neu eu cynorthwyo (ar draws y DU yn ogystal ag yng Nghymru yn benodol).

Fodd bynnag, ceisiodd adroddiad Baromedr ystyried pob agwedd o fabwysiadu o brofiadau darpar fabwysiadwyr drwyddo i gymorth mabwysiadu. Felly, comisynwyd y gwerthusiad hwn gan y Gwasanaeth Mabwysiadu Cenedlaethol (a ariannwyd gan Lywodraeth Cymru) i gynnal gwerthusiad annibynnol oedd yn ffocysu'n fwy penodol ar y graddau y mae nodau Fframwaith Cymorth Mabwysiadu wedi cael eu cyflawni ar gyfer teuluoedd ôl-leoli. Mae adrannau canlynol yr adroddiad yn ystyried:

- Y fethodoleg a ddefnyddiwyd i gynnal y gwerthusiad
- Y canfyddiadau a drefnwyd fesul thema gan gyfeirio at y cwestiynau allweddol ar gyfer y gwerthusiad (a'r rheiny eu hunain yn seiliedig ar Theori Newid a gyd-luniwyd gyda'r Grŵp Cyfeirio Cenedlaethol ar gyfer y gwerthusiad)
- Casgliadau'r astudiaeth.

¹¹ Ceir rhagor o wybodaeth ar hyn ar y wefan hon: <https://www.adoptionuk.org/tessa>

2 Methodoleg y Gwerthusiad

Mae'r astudiaeth cymysg ei dull hon yn tynnu ar ddata o ystod o weithgareddau gwerthuso yn cynnwys adolygiad ymchwil cyflym, arolwg ar-lein o rieni sy'n mabwysiadu, arolwg ar-lein o weithwyr proffesiynol yn gweithio gyda theuluoedd sy'n mabwysiadu, cyfweiliadau gydag arweinydd sector a rhagor, fel yr amlinellir isod.

'Clywyd' gan dros 450 o unigolion yn ymwneud â chymorth mabwysiadu yng Nghymru, yn cynnwys 333 o rieni sy'n mabwysiadu.

Caniatawyd cymeradwyaeth pwyllgor moeseg i gynnal yr astudiaeth gan Bwyllgor Moeseg Oxford Brookes ym mis Gorffennaf 2020. Yn ogystal â dadansoddi gwybodaeth gefndirol a rheoli a gynhyrchwyd gan Wasanaeth Mabwysiadu Cenedlaethol yn ystod y ffrâm amser perthnasol, mae gwerthuswyr wedi cynnal y gweithgareddau gwerthuso canlynol yn ystod Mehefin i fis Tachwedd 2020:

2.1 Adolygiad ymchwil cyflym i fod yn sail i'r gwerthusiad ac i ddarparu cyd-destun ar gyfer y canfyddiadau

Mae elfennau'r adolygiad yn cael eu hymgorffori i nifer o adrannau'r adroddiad er mwyn darparu cyd-destun ar gyfer y canfyddiadau o'r gwerthusiad hwn.

2.2 Cyd-gynhyrchiad gyda Grŵp Cyfeirio Cenedlaethol o Theori Newid

Cyd-gynhyrchiwyd Theori Newid (ToC), yn amlinellu rhesymeg a nodau byr-dymor / tymor hirach Fframwaith Cymorth Mabwysiadu Cymru gyda grŵp llywio o gynrychiolwyr NAS (canolog a rhanbarthol), Comisiynydd Plant Cymru, y Sector Gwirfoddol (Adoption UK Cymru), y GIG, Cymdeithas Llywodraeth Leol Cymru, ac academydd blaengar yn y maes hwn, Yr Athro Katherine Shelton o Brifysgol Caerdydd. Ceir copi o'r Theori Newid yn Atodiad 1.

Y cwestiynau allweddol sy'n deillio o'r Theori Newid ydy:

1. I ba raddau mae teuluoedd nawr yn credu ei bod yn IAWN i ofyn am help, gwybod ble i fynd a gofyn am help pan fyddan nhw ei angen yn ymarferol?
2. I ba raddau mae'r ASF wedi arwain at fynediad mwy cyson ar gyfer plant a theuluoedd mabwysiadol i'r help priodol ar yr adeg briodol? Mae hyn yn cynnwys mynediad ar gyfer pob teulu sy'n mabwysiadu i gymorth cyffredinol ei lefel megis cyngor, cyfeirio a hyfforddiant. Bydd hefyd yn cynnwys mynediad i deuluoedd sydd angen cymorth mwy arbenigol ei natur ac wedi'i dargedu'n fwy penodol
3. I ba raddau mae teuluoedd sydd yn mabwysiadu wedi bod yn cyrchu (rhagor) o gymorth yn cynnwys yn ystod cyfnod pandemig Covid-19? Sut mae'r gwasanaethau wedi newid yn ystod y cyfnod hwn?
4. I ba raddau mae teuluoedd mabwysiadol yn fodlon gyda'r cymorth sydd yn cael ei gynnal a chael y cymorth hwnnw yn ddefnyddiol?
5. I ba raddau mae ysgolion ac asiantaethau allweddol yn ymwybodol o anghenion plant a theuluoedd sy'n mabwysiadu?
6. I ba raddau mae buddsoddiad Llywodraeth Cymru mewn gwasanaethau cymorth mabwysiadu ers 2018 wedi arwain at welliannau yng ngwasanaethau cymorth neu ar gyfer teuluoedd?

7. I ba raddau y mae marchnad gydnherth yn bodoli ar gyfer cymorth mabwysiadu yng Nghymru? I ba raddau mae teuluoedd a gweithwyr proffesiynol yn hyderus am ddyfodol cymorth mabwysiadu?
8. I ba raddau mae gwasanaethau yn seiliedig ar lais teuluoedd sy'n mabwysiadu?
9. Beth fu effaith gyffredinol y Fframwaith Cymorth Mabwysiadu yn cynnwys ymwybyddiaeth o anghenion teuluoedd sy'n mabwysiadu a'r angen am fynediad cyson i'r help priodol ar yr adeg briodol?

Mae'r cwestiynau hyn yn ffurfio strwythur ar gyfer adran ganfyddiadau'r adroddiad.

2.3 Arolwg dwyieithog ar-lein o dros 300 o rieni sy'n mabwysiadu

Yn Hydref 2020, dosbarthwyd gwybodaeth am¹² ac yna, ar ôl seibiant o 48 awr, ddolen gyswllt i Arolwg Mabwysiadu Cenedlaethol i tua¹³ 1,500 o rieni mabwysiadol yng Nghymru drwy e-bost o ffynhonnell rhanbarthol neu sector gwirfoddol, ffynhonnell y gellid ymddiried ynddi (rhestrau postio Asiantaeth Mabwysiadu Rhanbarthol a'r Sector Gwirfoddol).

Hyrwyddodd y gyfres e-byst gysyniad gwybodus cyfran resymol (tua 21%) o'r holl rieni ar y rhestrau postio hyn i gymryd rhan mewn arolwg ar-lein am eu profiadau diweddar o gymorth mabwysiadu ar draws Cymru. Roedd yr arolwg 'ar agor' o 12 Hydref 2020, pwynt cychwyn dosbarthu'r wybodaeth tan 28 Tachwedd 2020 pan gaewyd yr arolwg i dderbyn ymatebion.

Ymatebodd cyfanswm o 312 o gyfranogwyr (cyflwynodd 189 o rieni arolygon cyflawn a chyflwynodd 123 arolygon heb eu cwblhau'n llawn sydd hefyd wedi cael eu cynnwys yn y canlyniadau, fel bo'n briodol). Mae'r lefel hon o ymateb yn arbennig o ddymunol o gofio bod Cymru mewn cyfnod 'clo' oherwydd Covid-19 yn ystod cyfnod yr arolwg, yn cynnwys adegau pan oedd y plant adref o'r ysgol.

Cafwyd ymatebion gan bob un o'r 22 ardal awdurdod lleol. Dydy hi ddim yn bosibl darparu cyfrannau clir o ymatebion fesul rhanbarth oherwydd dewisodd nifer fawr o ymatebwyr (120) beidio â chynnig y wybodaeth hon.

O'r rhieni hynny a ymatebodd, nododd dros hanner (59%) eu bod yn magu un plentyn mabwysiedig a nododd traean (34%) eu bod yn magu dau blentyn mabwysiedig. Cyfran fechan o gyfranogwyr (7%) nododd eu bod yn magu tri neu fwy o blant mabwysiedig.

Gofynnwyd i gyfranogwyr gyda mwy nag un plentyn mabwysiedig i ymateb i'r cwestiynau penodol i blentyn yn yr arolwg gan gyfeirio at eu plentyn mabwysiedig hynaf, Bydd y plant y ffocyswyd arnyh nhw yn yr arolwg yn amrywio o ran oed ond roedd y mwyafrif o dan 10 oed fel y gwelir yn y tabl isod:

¹² Ar ffurf Taflen Wybodaeth a Hysbysiad Preifatrwydd dwyieithog yn amlinellu gwybodaeth am y gwerthusiad a'r arolwg a hawliau cyfranogwyr yn cynnwys sôn am gyfrinachedd a natur gwirfoddol cyfranogi, hefyd am y modd y bydd eu data yn cael ei storio a'i gadw'n ddiogel.

¹³ Mae'n anodd i fod yn glir am nifer y bobol y mae'r arolwg wedi cyrraedd oherwydd cafodd ei ddosbarthu drwy 'restrau postio' ar gael ar gyfer pob rhanbarth ynghyd â rhai o'r sector gwirfoddol (St Davids ac Adoption UK Cymru). Mae'r rhestrau yn debygol o fod yn gorgyffwrdd ac efallai'n cynnwys cyferiadau e-bost heb fod yn berthnasol bellach, er enghraifft oherwydd bod plant wedi gadael cartref neu bod teuluoedd wedi symud.

Tabl 2: Oedran y plentyn ffocws fesul cyfran o ymatebion rhieni yn yr arolwg gwerthusiad rhieni ASF

Ystod Oed	Cyfran
0-4 blwydd	31.5%
5-10 blwydd oed	40.5%
11-14 blwydd oed	19%
15 -18 blwydd oed	6%
19 + blwydd oed ¹⁴ ryw	3%

Nodwyd bod 49.4% o'r plant mabwysiedig hyn y ffocyswyd arnyn nhw yn wryw a bod 49.7% yn fenyw.

Nodwyd bod mwyafrif helaeth o'r plant mabwysiedig y ffocyswyd arnyn nhw yn Brydeinig Gwyn (92.3%), a dim ond un plentyn a fabwysiadwyd o dramor. Ymhlith cefndiroedd ethnig eraill roedd: Teithiwr Gwyddelig; Gwyn a Du Caribïaidd; Gwyn a Du Affricanaidd; Gwyn ac Asiaidd; Tsieineaidd; ac Gwyn Ewropeaidd

Roedd y mwyafrif o blant mabwysiedig (67.6%) yn byw gyda'r rhiant (rhieni) mabwysiadol ar ôl i Orchymyn Mabwysiadu gael ei gyflwyno ac roedd traean (32.4%) yn byw gyda nhw cyn i Orchymyn gael ei gyflwyno. Roedd hanner (50%) plant y cyfranogwyr wedi bod yn byw gyda nhw am hyd at 5 blynedd. Cyfartaledd y cyfnod (cymedr) y bu plant yn byw gyda'u rhieni mabwysiadol oedd 5.7 mlynedd a'r cyfnod modd (y mwyaf cyffredin) oedd 5-6 mlynedd.

2.4 Arolwg ar-lein dwyieithog o weithwyr proffesiynol yn gweithio gyda theuluoedd mabwysiadol.

Gwahoddwyd gweithwyr proffesiynol sy'n gweithio gyda phlant mabwysiedig a'u teuluoedd yng Nghymru i gymryd rhan mewn arolwg o'u profiadau o gymorth mabwysiadu ac o'r Fframwaith Cymorth Mabwysiadu. Dosbarthwyd ceisiadau i gymryd rhan¹⁵ drwy gysylltiadau allweddol o fewn Asiantaethau Mabwysiadu Rhanbarthol.

- Ymatebodd 78 o weithwyr proffesiynol i'r arolwg
- Roedd y rhan fwyaf o'r ymatebwyr yn dod o Asiantau Mabwysiadu Rhanbarthol (47%) neu Adran Gwasanaethau Plant Awdurdod Lleol (21%) ond hefyd cafwyd cynrychiolaeth gymharol gref o'r sector gwirfoddol (18%) a'r sector preifat sy'n ymwneud â darparu cymorth mabwysiadu (8%) yn cynnwys sefydliadau ac unig fasnachwyr.

¹⁴ Bron ymhob achos, roedd hefyd plant mabwysiedig iau y teulu yr oedd rhieni yn gallu ateb cwestiynau ehangach am gymorth mabwysiadu amdany'n nhw

¹⁵ Ymgorffori gwybodaeth ddwyieithog am y gwerthusiad, yr arolwg a hawliau cyfranogwyr yn cynnwys cyfrinachedd a natur wirfoddol cymryd rhan.

Tabl 3: Ymatebwyr i arolwg gweithwyr proffesiynol mabwysiadu fesul math o asiantaeth (rhif a % o'r holl)

Math o Asiantaeth	Nifer yr Ymatebwyr	% Yr Ymatebwyr
Asiantaeth Mabwysiadu Ranbarthol	37	47%
Gwasanaethau Plant Awdurdod Lleol	16	20%
Asiantaeth Mabwysiadu Gwirfoddol (VAA)	7	9%
Darparwydd Sector Gwirfoddol o Gymorth Mabwysiadu	7	9%
Darparwydd Sector Preifat (yn cynnwys unig fasnachwyr)	6	8%
Sefydliad Cenedlaethol yn ymwneud â mabwysiadu	2	3%
Arall (yn cynnwys darparwyr iechyd ac addysg)	3	4%
Cyfanswm	78	100%

Mae rolau gweithwyr proffesiynol gan fwyaf yn cynnwys gweithiwr cymdeithasol cymorth mabwysiadu neu reolwr tîm, ond hefyd rhai o aelodau panel mabwysiadu; therapyddion; seicolegwyr neu rolau cymorth eraill.

Roedd y gweithwyr proffesiynol hyn yn gweithio'n bennaf o fewn rhanbarth, ond weithiau ar draws mwy nag un rhanbarth neu hyd yn oed yn genedlaethol. Cafwyd cynrychiolaeth o bob rhanbarth ar draws Cymru.

2.5 Cyfweiliadau un-i-un gyda rhieni mabwysiadol a phobl ifanc

Cafodd cyfanswm o 20 o rhieni mabwysiadol ac 1 person ifanc oedd wedi cael ei f/mabwysiadu eu recriwtio i gymryd rhan mewn cyfweiliad un-i-un ar gyfer yr astudiaeth hon.

Ar ddiwedd yr arolwg ar-lein, gofynnwyd i rieni a oedd ganddyn nhw a/neu eu plentyn (plant) mabwysiedig ddiddordeb mewn cymryd than mewn cyfweiliadau mwy manwl. Anfonwyd gwybodaeth bellach at bawb a fynegodd ddiddordeb a beth oedd hyn yn ei olygu a sut byddai eu data yn cael ei ddefnyddio a'i gadw'n ddiogel (taflen wybodaeth a hysbysiad preifatrwydd yn Saesneg ac yn y Gymraeg). O'r rhai a fynegodd ddiddordeb ar y cychwyn, cytunodd 19 o rieni i gymryd rhan ac, mewn un achos, cytunodd eu plentyn hyn hefyd i gymryd rhan. Recriwtiwyd un rhiant pellach i gymryd rhan mewn cyfweiliad un-i-un ar ôl gwrthod cymryd rhan yn yr arolwg. Cynigiwyd cyfle i'r holl gyfwelwyr i gael eu cyfweld drwy gyfrwng y Gymraeg neu'r Saesneg.

Cynhaliwyd y cyfweiliadau yn bennaf ar blatfform ar-lein, 'Zoom', ond hefyd mewn rhai achosion recordiwyd dros y ffôn. Cawson nhw eu recordio yn bennaf ar adnodd recordio Zoom, gyda'r recordiad wedi'i lanlwytho'n ddiogel ac wedi'i drawsgrifio'n rhannol gan ddefnyddio technoleg 'Panopto'. Gwrandawyd ar y recordiad yn bellach ac addaswyd y trawsgrifiadau o ganlyniad i hynny.

Gyda'i gilydd, mae'r cyfweiliadau hyn yn cynrychioli teuluoedd mabwysiadol ar draws yr holl ranbarthau a bron pob awdurdod lleol yng Nghymru. Roedd rhai o'r rhieni yn rhieni sengl tra bod gan eraill ŵr neu wraig. Roedd nifer o rieni wedi mabwysiadu plentyn ar ôl ei f/maethu i gychwyn. Roedd y plant, yn fechgyn a merched, rhwng 2 ac 18 oed ac wedi byw gyda'r rhiant (rhieni) rhwng 1 a 15 o flynyddoedd.

2.6 Cyfweiliadau un-i-un gydag arweinwyr sector

Ar ôl derbyn gwybodaeth am yr hyn mae cymryd rhan yn ei olygu, rhoddodd cyfanswm o 21 o arweinwyr sector eu caniatâd gwybodus i gymryd rhan mewn cyfweiliad un-i-un am eu profiad o gymorth mabwysiadu a'r Fframwaith Cymorth Mabwysiadu, drwy gyfrwng y Gymraeg neu'r Saesneg. Ymhlith y rhai a gymerodd rhan roedd:

- 6 o'r Trydydd Sector.
- 6 gyda rôl arweinyddiaeth genedlaethol.
- 5 gyda rôl arweinyddiaeth ranbarthol.
- 4 gyda rôl arweinyddiaeth lleol (awdurdod lleol)

Yn ogystal â cynnal y cyfweiliadau hyn, mynychodd ymchwilwyr IPC 'The Big Conversation' hefyd a gynhaliwyd ym mis Tachwedd 2020 (digwyddiad a drefnwyd gan NAS ac AUK Cymru i drafod y canfyddiadau'r arolwg Baromedr o deuluoedd sy'n mabwysiadu) i glywed yr hyn roedd gan arweinwyr, gweithwyr proffesiynol a rhieni mabwysiadol i ddweud mewn grwpiau cymysg thematig wrth ymateb i arolwg Baromedr.

2.7 Cyfyngiadau'r astudiaeth

Roedd yr astudiaeth yn gallu cyflawni neu ragori ar yr holl dargedau cyfranogi a osodwyd ar ei chyfer ac mae'n arbennig o ddymunol i nifer gymharol fawr o rieni gymryd rhan yn yr arolwg ar-lein. Fodd bynnag, dydy hi ddim yn bosibl i ddatgan bod canfyddiadau o'r holl elfen feintiol allweddol ohoni (arolwg rhieni ar-lein) yn cynrychioli holl rieni mabwysiadol yng Nghymru. Mae hyn oherwydd y canlynol yn bennaf:

- Ni chwblhaodd yr holl rieni bob agwedd o'r arolwg, yn enwedig yr elfennau nad oedd yn 'gofyn' am ymateb i barhau gydag e. Mae hyn yn golygu na roddodd yr holl rieni wybodaeth a fyddai'n galluogi tîm y gwerthusiad farnu a oedd nodweddion sampl a nodweddion holl blant mabwysiedig yng Nghymru yn cydweddu.
- Ni ellir bod yn hollol sicr am niferoedd plant mabwysiedig / teuluoedd sy'n mabwysiadu yng Nghymru na'u priodoleddau (er enghraifft, oed y plentyn, a oes unrhyw frawd neu chwaer mabwysiedig, ethnigrwydd). Y rheswm dros hyn ydy nad ydy pob teulu sy'n mabwysiadu yn dymuno aros mewn cysylltiad gyda'r asiantaethau statudol a allai gasglu'r math hwn o ddata a/neu weithiau wedi ail-leoli i rannau eraill o Gymru, y DU neu thu hwnt¹⁶.

Cyfyngiad arall ydy, fel astudiaeth 'ciplun', ni fu'n bosibl i werthuso effaith y gwasanaethau cymorth dros amser.

¹⁶ Tybir bod y niferoedd tua 3,000 o blant ar draws Cymru

3 Canfyddiadau'r Gwerthusiad

Mae'r canfyddiadau cyfun o'r holl weithgareddau gwerthuso yn cael eu trefnu'n systematig yn ôl cwestiynau allweddol y gwerthusiad a amlinellir yn yr adran fethodoleg.

Ar ddechrau pob adran, fel bo'n briodol, ceir cyfeiriad hefyd at yr hyn sydd eisoes yn hysbys o sail tystiolaeth y DU sydd eisoes yn bodoli neu gyd-destun Cymru. Mae'r adrannau canfyddiadau fel a ganlyn:

Rhif Adran	Teitl Adran
3.1.	Beth mae'r astudiaeth hon yn ei ddweud wrthon ni am anghenion plant mabwysiedig a theluoedd sy'n mabwysiadu?
3.2.	I ba raddau mae teuluoedd sy'n mabwysiadu yn teimlo ei bod yn iawn i ofyn am help?
3.3.	I ba raddau mae teuluoedd sy'n mabwysiadu yn gwybod ble i fynd am help?
3.4.	I ba raddau mae teuluoedd sy'n mabwysiadu wedi bod yn fodlon gyda'r cymorth sydd ar gael ac i ba raddau maen nhw'n cael y cymorth yn ddefnyddiol?
3.5.	I ba raddau mae gwasanaethau cymorth mabwysiadu yn cael eu cydlynu'n dda?
3.6.	I ba raddau mae ysgolion a cholegau yn ymwybodol o anghenion penodol plant mabwysiedig?
3.7.	I ba raddau y tybir bod gwasanaethau cymorth mabwysiadu yn ddigonol ar draws Cymru?
3.8.	I ba raddau mae trefniadau llywodraethu ar gyfer cymorth mabwysiadu yn addas i'r diben?
3.9.	I ba raddau mae rhieni a rhanddeiliaid ehangach yn hyderus am ddyfodol gwasanaethau mabwysiadu yng Nghymru?

3.1 Beth mae'r astudiaeth hon yn ei ddweud wrthon ni am anghenion plant mabwysiedig a theluoedd sy'n mabwysiadu?

Mae'r sail tystiolaeth sydd eisoes yn bodoli yn awgrymu y dylid rhagweld ystod o anghenion ychwanegol ar gyfer plant mabwysiedig a theluoedd sy'n mabwysiadu, yn enwedig ond nid yn unig wrth i'r daith fabwysiadu fynd yn ei blaen tu hwnt i 'gyfnod mis mêl' lleoliad cynnar. Ymhlith canfyddiadau allweddol y sail tystiolaeth mae'r canlynol:

- Bod mwyafrif y mabwysiadau ar gyfer plant a fu'n derbyn gofal yn flaenorol (Ystadegau Cymru), yn bennaf, ond nid bob amser yn blant 0-4 oed (Llywodraeth Cymru, 2019).
- Mae plant sy'n derbyn gofal yn sylweddol fwy tebygol i fod wedi cael eu cam-drin o fewn eu teulu biolegol o'i gymharu â phlant eraill yn y boblogaeth gyffredinol (Meakings et al., 2018; NSPCC 2019) ac amcangyfrifir bod bron i hanner y plant a fabwysiadwyd yn ddiweddar yng Nghymru wedi profi 4 neu fwy o brofiadau

andwyol yn ystod eu plentyndod (ACEs) cyn cael eu rhoi ar restr fabwysiadu (Anthony et al, 2019). Mae hyn yn eu gosod yn y grŵp uchaf ei risg o ddiodeff anawsterau yn nes ymlaen yn eu bywydau.

- Cafodd astudiaeth tracio carfan mabwysiadu Cymru fod y plant hyn sydd wedi cael eu mabwysiadu yn ddiweddar fod yr ACEau cyfun yn cynyddu'r tebygrwydd o 'fewnoli' (emosiynol) ac 'allanoli' (ymddygiadol) anawsterau ar gyfer plant 3 oed i mewn i'w lleoliad mabwysiadu, er i'r anawsterau hyn gael eu lliniaru i ryw raddau gan garedigrwydd a chynhesrwydd rhieni mabwysiadol (Anthony et al, 2019).

Mae Selwyn (2017) wedi categorioeddio effeithiau andwyol posibl o ACEau ar ddatblygiad plant sy'n cael eu mabwysiadu i bedwar prif faes:

- *Cymwyseddau mewnlol* sy'n cynnwys synnwyr plentyn amdano/amdani ei hunan a'i hunan-ddatblygiad.
- *Cymwyseddau rhyngpersonol* yn cynnwys capasiti'r plentyn i ffurfio ac ymglymu mewn perthynas iach
- *Cymwyseddau rheoleiddiol* yn cynnwys capasiti'r plentyn i reoleiddio a safoni profiadau emosiynol a ffisiolegol.
- *Cymwyseddau niwro-wybyddol* sy'n cynnwys galluoedd y plentyn i reoli a ffocysu ei sylw, gallu ffrwyno ymddygiadau byrbwyll a gweithredu gyda bwriad.

Mae'r ffactorau eraill sy'n debygol o effeithio ar gyfran o blant mabwysiedig yn cynnwys ymlyniadau y tarfwyd arnyh nhw gyda gofalwyr sylfaenol yn cynnwys rhieni biolegol yn ogystal â rhieni maeth yn ystod y blynyddoedd cynnar (Bowlby, 1982; Selwyn et al., 2006; Ward et al., 2012), y fam yn camddefnyddio cyffuriau neu alcohol yn ystod ei beichiogrwydd¹⁷, ac anhwylderau genetig megis Anhwylder y Sbectrwm Awtistiaeth¹⁸ (Selwyn et al., 2015; Selwyn 2017; Green, 2016).

Mae hefyd dystiolaeth sylweddol (er enghraifft gan Cairns, 2008) y gallai gofalu am blant sydd wedi cael eu trawmateiddio (drwy gael eu cam-drin, eu hesgeuluso neu unrhyw ACE arall) gael effaith drawmatig ganlyniadol ar rieni sy'n mabwysiadu, o bosibl yn effeithio ar y broses bondio a'u hiechyd meddwl eu hun (Wilburg, 2014).

3.1.1 Cryfderau ac anawsterau plant mabwysiedig yn yr astudiaeth hon o'i gymharu â phoblogaeth cyfan o blant

Er y bu lliaws o astudiaethau yn ystyried mynychder (cynyddol) anawsterau iechyd meddwl ymhlith plant sy'n derbyn gofal (er enghraifft: Ford et al., 2007; Pecora et al., 2009; Tarren-Sweeney, 2008; Bazalgette et al., 2015), ychydig sydd yna o ran plant mabwysiedig. Fodd bynnag, nododd Paine et al. (2000) ac eraill 'lefelau uchel' o anawsterau emosiynol ac ymddygiadol a lefelau uwch o gynnydd sy'n gysylltiedig â mabwysiadau plant hyn ym mhoblogaethau plant sydd wedi cael eu mabwysiadu yn ddiweddar yng Nghymru¹⁹.

¹⁷ Ystyriwyd gan ymchwilyr bod y rhain yn effeithio ar gymaint â 60-70% o blant mabwysiedig

¹⁸ Ystyriwyd gan ymchwilyr bod y rhain yn effeithio ar gymaint â 10% o blant mabwysiedig

¹⁹ Rydyn ni'n disgwyl cyhoeddiad astudiaeth plant mabwysiedig a phlant â gorchymyn gwarcheidwadaeth arbennig ar fin cyrchu cymorth therapiwtig arbenigol yn Lloegr (Burch et al, 2021). Fodd bynnag, mae hyn yn cynrychioli carfan arbennig o blant gydag anghenion arbenigol neu anghenion a dargedir.

Mae arolwg rhieni ar gyfer yr astudiaeth hon yn cynnwys adroddiadau o gryfderau ac anawsterau eu plentyn (neu os oedd ganddyn nhw fwy nag un plentyn, yr hynaf) gan gyfeirio at fesur safonedig a ddefnyddiwyd yn gyffredin 'Holiadur Cryfderau ac Anawsterau' (SDQ) (Goodman, 2001). Ceir fersiynau gwahanol o'r SDQ o ran oed plentyn (2-4 oed ac 4-17 oed). Mae'n ddefnyddiol i gymharu sgoriau sampl ASF y gwerthusiad hwn â normau Prydain (ar gyfer plant o'r un oed) sydd ar gael ar hyn o bryd o ran y canlynol:

- Plant 2-4 oed (Sim et al, dros 2013). Mae'r sampl cymharol hwn yn cynnwys data am tua 10,000 plant yr Alban tua 30 mis oed.
- Plant 5-15 oed (Melzer et al, 2000). Mae'r sampl cynrychioladol Prydeinig hwn yn cynnwys data am dros 10,000 o blant 5-15 oed.

Mae rhan gyntaf y mesur safonedig yn cynnwys 25 eitem sydd wedi'u rhannu'n 5 is-raddfa a phob un yn cynnwys 5 eitem. Mae'r is-raddfeydd yn asesu: symptomau emosiynol, problemau ymddygiad, gorfywiogrwydd/methu â chanolbwyntio, problemau perthynas â chymheiriaid ac arferion rhag-gymdeithasol. Caiff eitemau eu graddio o 0 i 2, fel bod is-sgoriau fesul is-raddfa yn ymestyn o 0 i 10. Seilir amcan y sgôr ar 4 is-raddfa ag eithrio'r raddfa rhag-gymdeithasol. Mae cyfanswm sgoriau yn amrywio rhwng 0 a 40, lle mae'r sgoriau uwch yn nodi mwy o anhawster i'r plentyn. Hefyd, defnyddiwyd atodiad effaith SDQ ar gyfer yr astudiaeth hon. Mae hyn yn cynnwys 5 cwestiwn am effaith anawsterau'r plentyn ar wahanol barthau eu bywyd, parhad yr anawsterau, a baich cyffredinol y mae'r anawsterau hyn yn ei olygu i eraill.

Mae **Sgoriau plant yn sampl gwerthusiad ASF 2-4 oed** yn awgrymu bod ganddyn nhw fwy sylweddol o anawsterau o'i gymharu â normau Prydain yn ôl mesur yr SDQ. Roedd y sgôr unigol cymedr (cyfartaledd) a chyfanswm sgoriau anhawster yn sylweddol uwch na rhai plant mewn sampl normadol ar wahân i'r cyfartaledd sgôr 'rhag-gymdeithasol' oedd yn is (yn nodi lefelau cryfderau is yn y maes hwn). Roedd y gwahaniaeth yn sylweddol iawn yn ystadegol. Mae maint effeithiau yn fychan (llai) ar gyfer Problemau Emosiynol, Problemau Cymheiriaid a Phroblemau 'Rhag-Gymdeithasol'. Ar gyfer Gorfywiogrwydd, roedden nhw'n ganolig eu maint ac yn uchel eu maint o ran Problemau Ymddygiad a Chyfanswm Anawsterau, a hefyd Effaith.

Mae'r tabl isod yn crynhoi'r sgoriau cyfartaledd (cymedr) a'u rhychwant (gwyriad safonol) ar gyfer graddfeydd SDQ carfan arolwg ASF o blant oed 2-4 o'i gymharu â normau Prydain.

Tabl 4: Sgoriau Holiadur Cryfderau ac Anawsterau ar gyfer plant 2-4 oed a gwyriadau safonol fesul math o raddfa ar gyfer y plant yn y arolwg o'i gymharu â normau Prydain

Graddfa SDQ 2-4 oed	Gwyriadau cymedr a safonedig Arolwg Mabwysiadu Cymru ar gyfer plant 0-4 (n=74)	Sgoriau gwyriadau cymedr a safonedig sampl normadol, Prydain (SD) ar gyfer plant oed 2-4 (Sim et al, 2013)
	Sgoriau cymedr (SD)	Sgoriau cymedr (SD)
Problemau Emosiynol (5 eitem)	1.6 (2.0)***	1.1 (1.3)
Problemau Ymddygiad (5 eitem)	4.8 (1.3)***	2.0 (1.8)
Gorfywiogrwydd (5 i eitem)	4.5 (2.6)***	2.9 (2.3)
Problemau Cymheiriaid (5 eitem)	1.8 (1.8)**	1.3 (1.4)
Rhag-gymdeithasol (5 eitem)	7.3 (1.9)***	8.1 (1.8)
Cyfanswm yr Anawsterau (5 eitem)¹	12.7 (5.3)***	7.3 (5.0)
Sgôr effaith ^{2,3} .	1.2 (1.6)***	0.3 (1.2) ⁴

¹Cynhyrchir hyn drwy gyfansymio sgoriau yr holl raddfeydd ac eithrio'r raddfa rhag-gymdeithasol. Mae'r sgoriau canlyniadol yn amrywio o 0 i 40, ac yn cael eu hystyried yn rhai nad oes gwybodaeth amdany'n nhw os bydd un o'r 4 sgoriau cydrannol ar goll.

²Gellir cyfansymio'r eitemau ar bryder a nam i gynhyrchu sgôr Effaith sy'n amrywio o 0 i 10 ar gyfer adroddiad rhieni. Dydy ymatebion i gwestiynau ar barhad a baich ar eraill ddim yn cael eu cynnwys yn y sgôr effaith.

³Sgoriau Effaith arolwg NAS Cymru n=27

⁴Normau cymharol yn seiliedig ar sampl Glasgow (2.1.2 uchod)

** p<.01

*** p<.001

Mae **Sgoriau plant oed 5-15 oed yn y sampl gwerthusiad ASF** hefyd yn awgrymu poblogaeth o blant mabwysiedig gyda mwy o anawsterau o'i gymharu â normau Prydain ar gyfer yr 'holl blant a phobl ifanc o'r un oed. Roedd gwahaniaethau ystadegol sylweddol iawn o ran graddfa sgoriau cymedr SDQ rhwng y rhai a ddarparwyd gan yr arolwg hwn ac arolwg normadol Prydain yn cynnwys cyfanswm sylweddol uwch o anawsterau a sgoriau effaith. Roedd maint yr effeithiau ar gyfer y graddfeydd SDQ hyn i gyd yn fawr (yn fwy nag un gwyriad safonedig o gymedr y sampl normadol Prydeinig). Roedd maint ar gyfer 'effaith' yn eithriadol o fawr (tri gwyriad safonedig o gymedr y sampl normadol Prydeinig).

Ystyrir y sgoriau hyn yn fwy manwl yn y tabl isod:

Tabl 5: Sgoriau Holiadur Cryfderau ac Anawsterau ar gyfer plant oed 5-15 a gwyradau safonedig fesul math o raddfa ar gyfer y plant yn yr arolwg o'i gymharu â normau Prydain

Graddfa SDQ 4-17	Arolwg Mabwysiadu Cymru ar gyfer plant oed 5-15 (n=134)	Sgoriau cymedr Prydain (SD) ar gyfer plant oed 5-15 (Meltzer, 2000) (n=10,298)
	Cymedr (SD)	Cymedr (SD)
Problemau Emosiynol (5 eitem)	4.2 (2.9)***	1.9 (2.0)
Problemau Ymddygiad (5 eitem)	4.3 (2.5)***	1.6 (1.7)
Gorfywiogrwydd (5 i eitem)	6.8 (2.7)**	3.5 (2.6)
Problemau Cymheiriaid (5 eitem)	3.5 (2.7)***	1.5 (1.7)
Rhag-gymdeithasol (5 eitem)	6.8 (2.3)***	8.6 (1.6)
Cyfanswm yr Anawsterau (5 eitem)¹	18.6 (8.6)***	8.4 (5.8)
Sgoriau effaith ²	3.7 (3.2)***	0.4 (1.1)

¹Cynhyrchir hyn drwy gyfansymio sgoriau yr holl raddfeydd ac eithrio'r raddfa rhag-gymdeithasol. Mae'r sgoriau canlyniadol yn amrywio o 0 i 40, ac yn cael eu hystyried yn rhai nad oes gwybodaeth amdany'n nhw os bydd un o'r 4 sgôr ar goll.

²Gellir cyfansymio'r eitemau ar bryder cyffredinol a nam i gynhyrchu sgôr Effaith sy'n amrywio o 0 i 10 ar gyfer adroddiad rhieni. Dydy ymatebion i gwestiynau ar barhad a baich i eraill ddim yn cael eu cynnwys yn y sgôr effaith

** p<.01

*** p<.001

Ar ben hynny, mae sgôr cymedr plant oed 5-15 yn uwch na rhai mewn sampl diweddar o blant sy'n derbyn gofal (yn Lloegr: n. 41,140 lle roedd y sgôr cymedr yn 14.2) (DfE, 2019). Wrth gwrs, does gan bob plentyn mabwysiedig ddim anawsterau sylweddol. Ymhlith y teuluoedd hynny a gymerodd ran mewn cyfweiliad manwl ar gyfer y gwerthusiad hwn (n=21), disgrifiwyd rhai plant fel rhai heb ddim neu nemor ddim anghenion ychwanegol. Roedd y rhain bob amser yn blant iau, yn blant cyn oed ysgol yn bennaf. Disgrifiodd rhieni neu blant a gyfwelwyd sut roedd anghenion ychwanegol yn aml yn dod i'r amlwg ar gyfnodau pontio allweddol, er enghraifft cychwyn yn yr ysgol neu ar drothwy glaslencyndod. Roedd yr anghenion ychwanegol hyn yn amlygu eu hunain mewn gwahanol ffyrdd, o setlo yn yr ysgol, cwsg, neu bryder, i anawsterau synhwyraidd a/neu reoli emosiynau mwy eithafol neu ymatebion i bethau sy'n digwydd yn yr ysgol, weithiau gartref.

"Roeddwn i ym mlwyddyn naw, yn 14 oed pan aeth fy ymddygiad o ddrwg i waeth. Gwaethygodd yn sylweddol pan oeddwn i'n 16 oed, yn ymgodymu â hunan-niweidio, iselder a dicter ac ymosod ar ffrindiau... fy ymddygiad gartre, sut

roeddwn i'n trin fy rhieni, sut roeddwn i mewn addysg. Roeddwn i fel person hollol wahanol" (Plentyn Mabwysiedig)
"Roedd yn ymdopi'n dda iawn yn yr Uned Cyfeirio Disgyblion (PRU) cynradd a gyflawnodd safonau rhagoriaeth ym mhopeth yn arolwg diwethaf Estyn ac roedd yn cyflawni'n dda yn academiaidd yn ogystal ag yn gymdeithasol ac emosïynol. Fodd bynnag, ers cychwyn ei leoliad newydd ym Mlwyddyn 7, mae wedi ei wahardd nifer o weithiau a phrin mae'n ymddangos ei fod yn cwblhau llawer o waith er i fod yn abl yn academiaidd" (Rhiant Mabwysiadol)

Roedd y rhieni hyn a gyfwelwyd yn wybodus ac roedden nhw'n gallu disgrifio sut roedd anghenion ychwanegol eu plentyn wedi cael eu hachosi gan naill ai eu profiadau yn ystod eu plentynod cynnar, yn enwedig profi trawma neu broblemau ymglymu neu gan ffactorau mwy organig. Soniodd rhai am ba mor anodd fuodd hi (ac yn dal i fod) i ddatrys rhai o achosion allweddol cryfderau neu anawsterau eu plentyn.

"Ac mae ein plant yn wir gymhleth. Ac ie, gallen nhw fod yn awtistig neu ag ADHA ond mewn gwirionedd mae pob math o bethau eraill mwy na thebyg y mae rhaid eu dadansoddi ... gyda haenau lluosog" (Rhiant Mabwysiadol)

3.1.2 Diagnosau a chyflyrau plentyn i

Mae plant mabwysiedig o'r system gofal yn debygol o gario risgiau i ddatblygiad normal yn deillio o nid yn unig brofiadau andwyol bywyd cynnar ond hefyd o brofiadau cyn-enedigaeth a gwendidau genetig (Selwyn, 2017). Mae astudiaethau cynharach wedi awgrymu cyfraddau uwch o 'gyflyrau y gellir eu diagnosio' o fewn poblogaethau o blant mabwysiedig (Selwyn et al, 2015; Selwyn, 2017; Green, 2016; Burch et al, 2021 ar fin ymddangos), yn arbennig y canlynol:

- Anhwylder ar y Sbectrwm Awtistig (ASD);
- Anhwylder Diffyg Canolbwytio a Gorfywiogrwydd (ADHD); ac
- Anhwylder ar y Sbectrwm Alcohol Ffetws (FASD).

Mae astudiaethau cynharach hefyd yn awgrymu bod rhieni mabwysiadol yn aml yn teimlo bod Anhwylder ar y Sbectrwm Alcohol Ffetws (FASD) yn cael ei ddiystyru a /neu'n cael ei ddiagnosio yn anghywir (Adoption UK 2018; BMA 2017; Brown et al., 2018; King et al., 2017). Yng Nghymru, ail-daniwyd diddordeb i nodi datrysiadau i'r broblem hon yn ystod 2020-21, i ystyried gwell llwybrau i asesiad / diagnosis niwro-ddatblygiadol a darpariaeth gwasanaeth cymorth. Fodd bynnag, ar adeg ysgrifennu'r adroddiad hwn, ni wyddys a ydy'r ymdrechion hyn wedi dwyn ffrwyth.

Gofynnodd yr arolwg ar-lein i rieni ddatgan a oedd gan eu plentyn ddiagnosis cadarn o gyflyrau penodol. Dim ond cyfran gymharol fechan o rieni a ystyriai bod gan eu hunig blentyn neu eu plentyn hŷn ddiagnosis fel hyn.

Fodd bynnag, roedd cyfran fwy o rieni gyda phlentyn 11 oed neu drosodd yn ystyried bod gan eu plentyn ddiagnosis o Anhwylder Diffyg Canolbwytio a Gorfywiogrwydd (ADHD) neu Anhwylder ar y Sbectrwm Awtistig (ASD).

Doedd hyn ddim yn wir yn achos Anhwylder ar y Sbectrwm Alcohol Ffetws (FASD) lle roedd y cyfrannau yn llawer is mewn perthynas â'r sampl gyfan a'r sampl gyda phlant 11 oed a hŷn. Yn y tabl isod, gwelir canrannau'r ymatebwyr sy'n sôn am wahanol ddiagnosau ar gyfer eu plant:

Tabl 6: Rhieni'r adroddiad a riportiodd ddiagnosis ar gyfer (unig blentyn neu blentyn hynaf) plant o bob oed a phlant 11+ oed

Cyflwr	% o'r holl blant gyda diagnosis	% o blant oed 11+ gyda diagnosis
Anhwylder Diffyg Canolbwyntio a Gorfywigrwydd (ADHD)	5.8%	14.8%
Anhwylder ar y Sbectrwm Awtistig (ASD)	6.1%	11.4%
Anhwylder ar y Sbectrwm Alcohol Ffetws (FASD)	1.3%	1.1%

Sylwer: Ymatebodd 312 o rieni naill ai'n gadarnhaol neu'n negyddol i gwestiwn am y diagnosau hyn

Mae'r cyfraddau hyn yn uwch nag ym mhoblogaeth gyffredinol plant ag ASD ac ADHD. Er enghraifft, mae Canllawiau cyfredol NICE yn awgrymu mai mynychder cyfraddau ADHD ydy 1-2% ac Anhwylder ar y Sbectrwm Awtistig ar 'o leiaf 1%' o fewn poblogaethau plentynod (Canllawiau NICE, 2018 a ddiweddarwyd yn 2019 a Chanllawiau NICE, 2011 a ddiweddarwyd yn 2017). Ni chyhoeddwyd Safon Ansawdd NICE ar FASD hyd yn hyn. Fodd bynnag, cafodd astudiaeth ddiweddar uchel ei graddfa o blant (McQuire et al, 2018) fod o leiaf 6% wedi'u sgrinio'n bositif ar gyfer FAS(D)²⁰ a hynny'n awgrymu bod y raddfa ar gyfer plant mabwysiedig yn yr astudiaeth hon yn isel.

Yn yr astudiaeth hon, roedd un o bob wyth rhiant ychwanegol (13.1%) yn ansicr a oedd gan eu plentyn un o'r cyflyrau a/neu'n gweithredu i archwilio diagnosis.

Dewisodd llawer o rieni a gymerodd ran yn yr arolwg ddweud rhagor am ddiagnosau eraill ar gyfer eu plentyn a/neu ddiagnosau nad oedd wedi'u gwneud yn ffurfiol ar y pryd ond yn ddiagnosau a amheuwyd neu'n cael eu harchwilio'n weithredol. Y diagnosau ffurfiol 'eraill' a nodwyd gan rieni oedd anhwylderau ymglymu i neu anhwylderau prosesu synhwyraidd / clywedol. Soniodd rhai hefyd am anhwylder herio gwrthryfelgar, oedi mewn datblygiad byd-eang, anhwylderau niwro-ddatblygiadol eraill neu anabledau dysgu, dyslecsia neu gyflyrau iechyd corfforol.

Roedd gan rai o'r rheini hynny oedd yn amau neu'n ceisio yn weithredol i gael diagnosis farn gadarnach am yr hyn allai fod, yn bennaf y rhai oedd yn archwilio diagnosis FASD. Roedd nifer o'r rhieni hyn yn meddwl bod eu plentyn wedi cael ei g/chyfeirio am ddiagnosis ond yn aros i glywed amdano. Roedd eraill yn nes ymlaen ar y llwybr diagnosis, eraill yn sôn am fod ar gam 'profi genetig'. Disgrifiodd un rhiant sut roedd eu plentyn wedi gwrthod profion o'r fath ac felly, doedd hi ddim yn bosibl i barhau â'r diagnosis. Roedd rhieni eraill yn credu bod cyfeiriadau ar gyfer cyflyrau ADHD, ASD neu FASD wedi cael eu gohirio yn ystod pandemig Covid-19.

²⁰ Er bod yr ymchwilyr yn yr astudiaeth hon yn pwysleisio nad ydy sgrinio ar gyfer mynychder gyfwerth â diagnosis ffurfiol.

Mynegodd nifer o rieni eraill oedd yn credu eu bod ar y llwybr cyfeirio (er enghraifft o dîm CAMHS i dîm niwro-ddatblygiadol) fod ganddyn nhw feddwl agored am achosion ymddygiad ac anghenion eu plentyn a allai gynnwys ystod o ffactorau:

"Yn cael ei asesu. O bosibl FASD, ASD, PDA, SPD." (Rhiant Mabwysiadol)

Roedd rhai o'r rhieni naill ai'n pwysu i gael y cyfryw gyfeirio neu'n teimlo bod llwybrau cyfeirio fel hyn ar gau iddyn nhw:

"Wedi bod yn gwthio am dros 3 blynedd am un." (Rhiant Mabwysiadol)

"Mae pob asesiad yn cael ei wrthod oherwydd bod gweithwyr proffesiynol yn datgan bod ganddo anhwylder ymlyniad ac felly ni fydd yn cael ei asesu. Mae angen asesiad arno." (Rhiant Mabwysiadol)

"Yn arddangos holl nodweddion anhwylder ymlyniad ac oedi datblygiadol ond dim diagnosis ffurfiol sy'n broblem wrth geisio cael y cymorth priodol." (Rhiant Mabwysiadol)

"O ran FAS, pob lwc i gael hwnnw wedi'i ddiagnosisio." (Rhiant Mabwysiadol)

Disgrifiodd rhieni eraill broblemau iechyd meddwl sylweddol a/neu broblemau rheoli emosiynau eu plentyn, weithiau'n gysylltiedig â thrawma cyn-geni a phrofiadau andwyol plentyndod. Roedd y rhain yn dueddol o fod yn rhieni plant hŷn a phobl ifanc.

"Pryder mawr, iselder (ar feddyginiaeth), wedi hunan-niweidio yn y gorffennol." (Rhiant Mabwysiadol)

"Mae'n gweld drychiolaethau yn gyson, gweld pobl yn ymweld ac yn dweud wrthi am hunan-niweidio, i ddifa'i hun ac ymosod ar y teulu. Heb ei diagnosisio eto gan fod CAMHS yn meddwl ei bod yn rhy gynnar eto." (Rhiant Mabwysiadol)

"Pryder a gor-wyliadwrus oherwydd trawma." (Rhiant Mabwysiadol)

"Rhai problemau emosiynol. Ceisio help seicolegydd addysg ysgol. Yn gwylltio'n gyflym iawn." (Rhiant Mabwysiadol)

Yn gysylltiedig â'r adran ar 'gryfderau ac anawsterau' (uchod), pwysleisiodd rhai o'r rhieni pa mor anodd oedd hi, yn ymarferol i blant mabwysiedig yn ogystal â phlant eraill sydd wedi derbyn gofal gael y diagnosis 'priodol' neu i nodi ffactorau sy'n achosi eu hanawsterau oherwydd natur gymhleth eu profiadau yn ogystal â ffactorau biolegol:

"Does gan blant mabwysiedig ddim anhwylderau neis, taclus y gellir eu nodi yn hawdd. Mae'n amhosibl i sicrhau unrhyw gymorth go wir. Mae pawb sy'n gweithio gyda nhw yn gweld y problemau ond ni all neb fodloni'r holl feini prawf, felly maen nhw'n cael eu gadael ar ôl." (Rhiant Mabwysiadol)

3.1.3 Anghenion dysgu ychwanegol plant (ADY)

Mae ymchwil sydd eisoes yn bodoli yn awgrymu bod plant mabwysiedig ar risg uwch (yn bennaf, plant a fu'n derbyn gofal yn y gorffennol) o gael anabledd neu anhawster dysgu yn ogystal ag anghenion emosiynol neu ymddygiadol sy'n effeithio ar eu haddysg. Er enghraifft, gallai profiadau trawma yn eu bywyd cynnar ei gwneud hi'n anodd a llawn straen i ffitio i mewn i amgylchedd dysgu ffurfiol a hynny'n peri ymateb nodweddiadol sef 'ymladd neu ffoi' yn yr ysgol. Mae rhieni mabwysiadol a phlant mabwysiedig yn aml yn disgrifio mai eu '*pryder sengl mwyaf*' ydy profiadau yn yr ysgol.

(Adoption UK; heb ddyddiad cyhoeddi²¹; Llywodraeth Cymru 2016; Burch et al (2021 – ar fin digwydd).

Dywedodd bron i draean (29%) o rieni fod eu plentyn wedi cael ei nodi gan yr ysgol o fod ag anghenion addysgol arbennig neu ychwanegol. Roedd 5% o rieni yn ansicr am hyn. O'r plant ag anghenion ychwanegol dynodedig disgrifiwyd bod gan y mwyafrif (74%) gynllun datblygu ond doedd gan un plentyn o bob pump (19%) ddim cynllun fel hyn eto²². Roedd gan y rhan fwyaf o'r rhai â chynllun Gynllun Datblygu Unigol (CDU/IDP) neu Ddatganiad o Anghenion Addysgu Arbennig (69%) a'r gweddill (31%) yn credu mai math arall o gynllun ysgol oedd hwn.

Hefyd, gwahoddwyd rhieni i ddweud rhagor am anghenion addysgu eu plentyn. Disgrifiodd llawer o'r rhai a wnaeth hynny, amrediad o anghenion cymdeithasol neu emosiynol yn bennaf, yn hytrach nag anghenion a /neu ofynion dysgu yn unig, o 'ELSA' neu 'grwpiau meithrin a ffynnu' i reolaeth fwy arbenigol o ymddygiad a chymorth.

"Plentyn disglair ond yn cael trafferth i ffocysu. Angen cymorth 1:1 gyda chyfeillgarwch." (Rhiant Mabwysiadol)

"Yn cael trafferth i reoli ei hunan ac angen help i wneud hyn." (Rhiant Mabwysiadol)

"Mae... yn blentyn deallus ond mae'n cael trafferth i ffocysu...ac oherwydd ei bod hi'n casáu methiant, byddai'n well ganddi beidio â thrio y rhan fwyaf o'r amser na thrio a methu. Mae'n ymdrech drwy'r amser i'w hannog i wneud ei gwaith cartref a byr iawn ydy cyfnod ei ffocysu. Ac eto, mae pawb sy'n dod i gysylltiad â hi yn dweud pa mor graff a miniog ei meddwl ydy hi, felly mae gagendor mawr rhwng ei deallusrwydd a'i llwyddiant academaidd." (Rhiant Mabwysiadol)

Disgrifiodd rhai yn fwy manwl sut roedd eu plentyn yn derbyn cymorth un i un yn yr ysgol gan gynorthwydd addysgu) neu'n mynychu canolfan neu ysgol arbenigol i gynorthwyo eu hanghenion emosiynol neu ymddygiadol, er enghraifft, Uned Gyfeirio Plant neu Ysgol Arbennig.

²¹ Ibid

²² Doedd eraill ddim yn siŵr nac yn meddwl bod cynllun ar y gweill

“Angen cymorth llawn amser 1 i 1 mewn addysg a gofal. Prif anableddau o gwmpas ymddygiad cymdeithasol ac emosynol a'r anghenion cymhleth iawn eu natur cysylltiedig â FASD.” (Rhiant Mabwysiadol)

Disgrifiodd eraill rhagweld cymorth cynlluniedig o'r fath.

“O ran cyflawniad academiaidd ac ymddygiad, mae'n iawn yn yr ysgol, felly does dim cynllun ffurfiol eto, er bod llawer o weithwyr proffesiynol yn argymhell un.” (Rhiant Mabwysiadol)

Fodd bynnag, disgrifiodd llawer o rieni eraill eu teimlad nad oedd eu plentyn yn derbyn neu wedi derbyn y cymorth roedd ei angen yn yr ysgol. Mewn rhai achosion, disgrifiodd rhieni y teimlad o orfod 'brwydro' am y cyfryw help, yn arbennig ond heb fod yn gyfyngedig i gyd-destun (pontio i) i addysg uwchradd:

“..yn meddu ar Gynllun Addysg Unigol (CAU) pan oedd yn yr ysgol gynradd ond cychwynnodd yn yr ysgol uwchradd ym mis Medi a does dim cynllun yn bodoli eto hyd y gwn inododd yr ysgol y byddai nifer o bethau yn cael eu sefydlu... ond does dim byd wedi digwydd eto.” (Rhiant Mabwysiadol)

“Roedd yr ysgol yn ymwybodol o'i chyflwr ond yn teimlo nad oes angen cymorth ychwanegol. Dw i wedi gwneud ymholiadau am hyn gan mod i'n pryderu amdani'n mynd i'r Ysgol Gyfun ym mis Medi 2021 ond dwi heb gael trafodaeth ar hyn eto.” (Rhiant Mabwysiadol)

“Mae 'da ni broblemau mawr i sicrhau cymorth seicolegol oherwydd diffyg gwasanaethau a'r ffaith nad yw'n 'broblem' yn yr ysgol oherwydd ei bod fel arfer yn dawel ac yn ei chragen.” (Rhiant Mabwysiadol)

“Mae'n eitha anodd i wynebu arbenigwyr addysgol sydd ddim yn gwybod dim am fabwysiadu sy'n credu bod angen i bob plentyn gychwyn gyda' 'llechen lân' a chael eu trin yn debyg.” (Rhiant Mabwysiadol)

“Roedd yn gwneud yn dda iawn yn yr ysgol tan ddiwedd blwyddyn 2. Y stori arferol, aeth i mewn i flwyddyn tri. Ac aeth popeth yn ffradach. Roedd e ar ei orau gartref ac yn gwneud yn wirioneddol dda yn yr ysgol ac yn cael ei feithrin yno. Roedd e wir yn cyflawni ac yna aeth i mewn i flwyddyn tri lle nad oedd Cynorthwydd Cymorth Dysgu (CCD), mae un athro, does gan yr athro ddim syniad am fabwysiadu. Fe gymerodd fisoedd i ni sylweddoli yr hyn oedd yn digwydd yn y dosbarth. Y diwedd oedd iddo gael ei wahardd.” (Rhiant Mabwysiadol)

“Mae e ym mlwyddyn 2 ac yn cael trafferth. Mae o leiaf 12 mis tu ôl yn ei ddysgu. Dw i wedi bod yn trio, yn ofer, i gael help iddo fe ers 2 flynedd ond heb lwyddo hyd yn hyn.” (Rhiant Mabwysiadol)

Mewn achosion eraill, disgrifiodd rhieni oedd wedi gwneud penderfyniad neu benderfyniadau i ddod o hyd i help ychwanegol neu'r hyn yr ystyriwyd i fod yn well amgylchedd ar gyfer eu plentyn mewn ffyrdd eraill, yn cynnwys newid ysgol, addysgu gartref, talu am ysgol annibynnol neu dalu am gymorth annibynnol eu hunain.

"CDU (Cynllun Datblygu Unigol) yn flaenorol ond nawr mewn ysgol annibynnol felly mae ganddo gymorth ond nid fel CDU." (Rhiant Mabwysiadol)

"Yn meddu ar Gynllun Datblygu Unigol a dw i wedi talu am diwtora llesiant / tiwtora Elsa." (Rhiant Mabwysiadol)

"Dydy fy mab ddim wedi bod yn yr ysgol am y 2 flynedd ddiwethaf oherwydd pryder cymdeithasol eithafol. Mae'n derbyn ychydig o diwtora gan y gwasanaeth tiwtora gartref a'r hyn y gallwn ei wneud i'w addysgu gartref." (Rhiant Mabwysiadol)

"Bu rhaid i ni newid ysgol ac mae'r ysgol newydd yn seiliedig ar feithrin, dw i wedi siarad am y problemau sydd gan fy merch ac maen nhw'n darparu sesiynau ychwanegol i'w helpu i ymdopi gyda phroblemau emosiynau a phryder." (Rhiant Mabwysiadol)

Mae sylwadau'r 'blwch testun' gan rieni plant hŷn a phobl ifanc yn awgrymu bod rhieni, er gwaethaf y sialensiau a'r anawsterau, yn parhau yn gefnogol ac uchelgeisiol, yn cynnwys cael eu plant i fynd i goleg a phrifysgol.

"...nawr yn y brifysgol. Mae ganddo gynllun dysgu a sgiliau a chynnig o gymorth ychwanegol ... mentora wythnosol." (Rhiant Mabwysiadol)

3.1.4 I ba raddau mae plant yn ffynnu (yn yr ysgol, gartref)

Ystyriai cyfran uchel (85%) o rieni a gwblhaodd yr arolwg ar-lein fod eu plentyn yn ffynnu yn eitha da gartref. Mae hyn yn cymharu gyda chyfran lawer is (69%) o rieni oedd yn ystyried bod eu plentyn yn ffynnu'n dda iawn yn yr ysgol. Roedd 12% o rieni yn ystyried nad oedd eu plentyn yn ffynnu 'o gwbl' yn yr ysgol.

Ymhlith y ffactorau a ystyriwyd gan rieni a gwblhaodd yr arolwg ar-lein, i fod yn bwysig wrth helpu eu plentyn i ffynnu gartref roedd y canlynol:

- Cyfathrebu da rhwng holl aelodau'r teulu (yn cynnwys rhwng rhieni), gwrandao ar y plentyn.
- Treulio amser gyda'i gilydd fel teulu, cael hwyl a weithiau rhoi sylw 1:1 i bob plentyn.
- Cysondeb mewn arferion
- Defnyddio 'PACE' a strategaethau eraill ar gyfer magu plant
- Mynediad i ddeunyddiau hyfforddi am fabwysiadu a dealltwriaeth dda o anghenion (tebygol) plentyn.
- Bod yno, cysondeb a sefydlogrwydd ar gyfer y plentyn, eu helpu i deimlo'n ddiogel.
- Y plentyn yn teimlo ei fod yn cael ei garu a'i dderbyn.
- Y defnydd o dechnegau hunan-reoli (ar gyfer y plentyn a'r oedolyn!)
- Dyfalbarhad rhieni (hyd yn oed yn wyneb gwrthwynebiad neu ddeuliaeth plentyn).
- Aelodau'r teulu â rhwydweithiau cymorth allanol.
- Cymorth wedi'i deilwra gan sefydliadau ac unigolion

Ymhlith y ffactorau a ystyriwyd gan rieni i fod yn bwysig wrth helpu eu plentyn i ffynnu yn yr ysgol roedd:

- Argaeledd cymorth bugeiliol / llesiant da
- Y plentyn yn gallu chwarae a rhyngweithio gyda chymheiriaid.
- Pennaeth a staff cefnogol yn cynnwys ymwybyddiaeth gref o 'bethau a allai 'sbarduno' plentyn a datblygu amgylchedd meithringar.
- Cymorth un-i-un pan fo angen.
- Meddu ar gynllun addysg.
- Rhieni cefnogol a chyfathrebu da rhwng yr ysgol a'r cartref
- Dosbarthiadau llai, gwell cymhareb staff-plentyn
- (I rai) bod mewn amgylchedd / ysgol arbennig

3.1.5 Llesiant a hunan-effeithlonrwydd (magu plant) rhieni mabwysiadol

Mae ymchwil sydd eisoes yn bodoli yn awgrymu y gallai rhieni mabwysiadol gael eu rolau newydd yn anodd (McKay et al. 2010). Gallai hyn fod ar ben y ffaith eu bod, o bosibl, yn delio ag anffrwythlondeb, marwolaeth eu plentyn biolegol a magu plentyn gydag anawsterau emosiynol a/neu ymddygiadol (Selwyn, 2017). I rai rieni mabwysiadol, gallai hyn arwain at iselder ôl-mabwysiadu a all ddigwydd yn ystod cyfnod cynnar lleoliad neu ar adegau arwyddocaol yn nes ymlaen (Adoption UK, 2013).

Mesurwyd iechyd emosiynol a llesiant rhieni yn yr arolwg drwy ddefnyddio Graddfa Llesiant Meddwl Short Warwick Caeredin (SWEMWBS) (Collins et al, 2012).

Mae SWEMWBS yn cynnwys 7 eitem i'w graddio ar raddfa 5 pwynt Likert. Mae sgorio yn cynnwys cyfansymio sgoriau pob eitem i sgôr swm sy'n amrywio o 7 i 35, ac yna trawsnewid y sgôr grai i sgôr fetrig. Dim ond ar gyfer achosion heb unrhyw werthoedd ar goll y bydd sgoriau swm yn cael eu cyfrifiannu. Yn gyffredinol, mae sgoriau is yn cynrychioli llesiant meddwl is eu lefel. O'i gyferbynnu â'r WEMWBS llawn, mae'r raddfa fyrrach yn cyfeirio at weithredu yn hytrach nag at deimlad.

Cymharwyd sgoriau o sampl y gwerthusiad ASF hwn o 278 o rieni mabwysiadol a gwblhaodd yr elfen hon o'r arolwg â normau Prydain sydd eisoes yn bodoli a riportwyd mewn astudiaeth yn Lloegr (2011) o sampl cynrychioliadol o dros 7,000 o oedolion (SWEMWBS, 2011).

Cyfanswm sgôr cymedr (cyfartaledd) SWEMWBS ar gyfer rhieni a gofalwyr oedd yn cymryd rhan yn yr arolwg gwaelodlin hwn oedd 22.80 (gyda gwyriad safonedig (SD) o 3.99). Mae hyn yn sylweddol is na normau Prydain sydd eisoes yn bodoli, a hynny'n awgrymu o'u cymharu, lefelau cymharol isel o iechyd emosiynol a llesiant.

Tabl 7: Sgoriau SWEMWBS rhiant/gofalwr fesul arolwg gwaelodlin ASF cyfredol o'i gymharu â normau poblogaeth ar gyfer Lloegr

Grŵp Cymhariaeth	Nifer yn y sampl	Cymedr (cyfartaledd)	Gwriad Safonedig (SD)
SWEMWBS Normau Poblogaeth mewn Arolwg lechyd ar gyfer data Lloegr 2011	7196	23.61	3.90
Arolwg Mabwysiadu Cymru	278	22.80	3.99

Sylwer: Ymatebodd cyfanswm o 278 o rieni i gwestiynau SWEMWBS. Pan wnaethon nhw ymateb, cwblhawyd holiadur SWEMWBS yn llawn.

Mesurwyd hunan-ffeithlonrwydd rhieni yn yr arolwg hwn gan ddefnyddio graddfa adroddiad rhieni o'r enw 'Graddfa Byr Hunan-Effeithlonrwydd Rhieniol' (BPSES). Mesur graddfa pum pwynt ydy'r BPSES o hyder rhieni yn eu gallu i fagu eu plentyn (Woolgar et al, 2013). Y lleiafswm sgôr ydy 5 a'r uchafswm ydy 25. O'r 288 o rieni mabwysiadol a gwblhaodd yr arolwg hwn:

- Cytunodd 93% neu gytuno'n gryf eu bod yn gallu gwneud gwahaniaeth pwysig i'w plentyn
- Cytunodd 87% neu gytuno'n gryf eu bod yn gwybod beth i'w wneud gyda'u plentyn.
- Cytunodd 85% neu gytuno'n gryf fod y pethau mae'n nhw'n ei wneud yn gwneud gwahaniaeth i ymddygiad eu plentyn.
- Cytunodd 76% neu gytuno'n gryf eu bod yn gwybod beth maen nhw'n ei wneud i sicrhau bod eu plentyn yn ymddwyn yn dda.
- Cytunodd 65% neu gytuno'n gryf eu bod yn gallu gwella ymddygiad eu plentyn.

Sgôr cymedr cyfanswm anawsterau BPES oedd 21.00 (SIQR=1.5) ac mae'n awgrymu bod gan y rhieni, ar gyfartaledd hyder cymharol uchel yn eu gallu i fagu eu plentyn eu plentyn (lle mae'r lleiafswm cyfanswm y sgôr ydy 5 a'r uchafswm ydy 25). Dydych chi normau Prydain na'r DU ddim ar gael eto er mwyn eu cymharu.

3.1.6 Barn rhieni am fabwysiadu yn gyffredinol – sut maen nhw'n ymdopi?

Roedd y mwyafrif o ymatebwyr yn ystyried eu bod yn ymdopi'n gymharol dda fel teulu, gyda thros dri chwarter (78%) yn dyfarnu o 7 allan o 10. Fodd bynnag, teimlai 10% eu bod yn ymdopi'n gymharol wael fel teulu yn dyfarnu 0-4 allan o 10.

Roedd hyn yn amrywio'n sylweddol o ran oed y plentyn dan sylw, gyda theuluoedd o blant mabwysiedig hŷn yn ymddangos eu bod yn ymdopi'n waeth ar gyfartaledd na rhai plant iau. Er enghraifft, dim ond 67% o rieni plentyn 11+ oed roddodd sgôr o 7 allan o 10 o'i gymharu â 82% o'r rhai gyda phlentyn iau.

Yn yr un modd, roedd dros dair gwaith cymaint o ymatebwyr gyda phlentyn hŷn yn dweud eu bod yn ymdopi'n gymharol wael fel teulu (20% yn rhoi 0-4 allan o 10) o'u cymharu â'r rhai oedd â phlentyn iau (6% yn rhoi 0-4 allan o 10).

Dewisodd llawer o rieni a gwblhaodd yr arolwg i ymhelaethu ar sut roedden nhw'n ymdopi (fel rhiant unigol, fel pâr neu fel teulu). Isod, ceir themâu allweddol o ddadansoddiad o ymatebion eu 'testun rhydd:

- **Roedd rhieni plant mabwysiedig iau o ran oed neu blant wedi'u mabwysiadu yn ddiweddar yn fwy tebygol o ddisgrifio bod 'pethau'n mynd yn dda'** neu deimlo'n optimistig am bethau o'i gymharu â rhieni (rhai) plant hŷn a phobl ifanc. Yn yr un modd, nifer o rieni mabwysiadol oedd wedi mabwysiadu o faethu yn disgrifio sefyllfa deuluol gymharol dda.

"Hyd yn hyn, dydyn ni ddim wedi dod ar draws unrhyw broblem heblaw am ymddygiad arferol plentyn bach. Amser a ddengys." (Rhiant Mabwysiadol)

"Dw i'n caru fy machgen bach yn fawr iawn. A dwi'n meddwl ei fod yn teimlo'n ddiogel a hapus gyda fi. Mae'n datblygu'n fendigedig. Mae'r sylw byr mae'n ei rhoi i dasgau bach ac anawsterau rhannu yn nodweddiadol o ymddygiad plant bach ei oed. Cawson ni ychydig o broblemau gyda chwsg. Ond mae o dan reolaeth nawr." (Rhiant Mabwysiadol)

"Mae ymlyniad wedi datblygu'n hyfryd. Rydyn ni wedi llwyddo i gadw yr un 'routine' â'i gofalwyr. Mae ein merch yn hapus a bob wythnos mae'n datblygu mwy o ymlyniad tuag aton ni." (Rhiant Mabwysiadol)

- **Rhieni yn gorfod neu yn dymuno gwneud newidiadau neu addasiadau** i fywyd oedolyn neu i'w bywyd teuluol i 'wneud iddo weithio' er enghraifft rhoi gorau i'ch gwaith neu lai o gysylltiad gydag aelodau'r teulu estynedig neu gylchoedd ffrindiau yn ystod cyfnodau cynnar mabwysiadu.

"Rydyn ni wedi gwneud newidiadau sylweddol i'n bywyd teuluol i'w wneud yn hydrin. Megis addysgu gartref a phrin byth yn mynd allan gyda'n gilydd ar gyfer gweithgareddau teuluol. Mae hyn wedi'n gwneud yn deulu hapusach ond doedd y pontio ddim yn hawdd." (Rhiant Mabwysiadol)

"Mae bywyd o ddydd i ddydd yn anodd iawn. Dw i wedi gorfod rhoi gorau i fy swydd i fod gartref fel mod i'n gallu mynd ag e i'r ysgol a mynd i'w nôl pan fydd yn cael traferth. Roedd ei amserlen ysgol wedi ei chwtdgi ers 3 blynedd. Mae gen i lawer o gyfarfodydd." (Rhiant Mabwysiadol)

"Dewison ni ein patrwm byw ar sail anghenion posibl y plentyn cyn ni gael ein paru, megis torri ein costau fel y gallai un ohonon ni roi gorau i'n swydd a bod yn rhiant llawn amser gartref." (Rhiant Mabwysiadol)

- **Rhieni yn adnabod patrymau ymddygiad neu anawsterau eu plant** yn cynnwys ar adegau pontio pan darfir ar drefn arferol neu ar adegau o ansicrwydd / pan fyddan nhw'n teimlo'n anniogel.

"Rydyn ni'n cael amser anodd wrth ddelio gyda'i dicter, mae pethau fel Covid yn digwydd, llawdriniaethau sy'n ei gwneud yn ofnus, felly mae ei hymddygiad yn newid. Yna rydyn ni'n cael hanner tymor gyda'n gilydd ac mae'n teimlo'n ddiogel unwaith eto, ac felly mae'r dicter yn cilio... dyna'r patrwm." (Rhiant Mabwysiadol)

- **Rhieni yn disgrifio sut mae patrymau yn emosiynau ac ymddygiad eu plentyn yn cysylltu'n agos â sut mae pethau'n mynd yn yr ysgol.**

“Pan fydd yn gwneud yn dda yn yr ysgol, rydyn ni'n gallu ei reoli dda iawn gartref ac mae'r holl bethau positif o'r ysgol yn lledu ac yn gorlifo i'r cartref a gwneud pethau'n haws i ni wneud ein rhan yn dda. Yna, rydyn ni'n gweld plentyn gwahanol sy'n dawel, sydd wedi ymlacio, sy'n ofalgar, yn ddoniol ac yn mwynhau bywyd. Pan na fydd ysgol yn mynd yn dda, bydd y pethau negyddol yn lledu i'r cartref ac mae'n mynd yn anoddach i ni wneud ein gwaith wrth iddo fe fynd yn fwy heriol, mwy gwrthwynebus, mwy llywodraethol, llai tawel, mwy anwadal.” (Rhiant Mabwysiadol)

- **Straen anghyfartal ar wahanol riant ar wahanol adegau.**

“Mae fy mhartner yn cael trafferth i ymdopi gyda'r ymddygiad a hynny'n rhoi cymaint o straen ar ein perthynas â'r ymddygiad ei hun.” (Rhiant Mabwysiadol)

“Dw i'n teimlo mod i'n cael fy nefnyddio a chael fy meio gan fy merch am ei hymddygiad gwael. Mae'n ymateb yn well i fy ngwraig ond gall fod yn dal i fod yn ddifriol.” (Rhiant Mabwysiadol)

- **Pryder neu ofn am y dyfodol, hyd yn oed os ydy pethau'n iawn nawr**

“Rydyn ni'n gwneud yn iawn, ond rydyn ni'n bryderus am y dyfodol.” (Rhiant Mabwysiadol)

“Ar drothwy bod yn oedolyn.. Dyma 'r hyn sy'n fy mhoeni nawr oherwydd dyma'r adeg pan ddylai fynd i mewn i ryw fath o brentisiaeth neu ... mae angen iddi gychwyn caffael sgiliau bywyd.” (Rhiant Mabwysiadol)

- **Rhai rhieni yn disgrifio'n fwy manwl sut maen nhw'n ymdopi gydag ymddygiadau eithafol iawn neu drafferthion, rhai heb fod i gyd yn gysylltiedig â phlentyn, yng nghyd-destun cymorth a dim cymorth.**

“Rydyn ni'n hesb a lluddedig yn emosiynol oherwydd dirywiad yn ei iechyd meddwl o, mae e'n dewis peidio â gwranddo ar yr hyn fyddai'n ei helpu ac wedi mynd yn ystyfnig, yn ymosodol iawn a threisgar. Rydyn ni'n chwilio am help.” (Rhiant Mabwysiadol)

“Rydyn ni'n teimlo bod rhaid i ni droedio'n ofalus a byth yn gwybod beth fydd yn sbarduno llid ein mab. Mae'n ein bwlio yn aml ac mae hynny'n torri ein calonnau, ond rydyn ni'n ei garu yn fawr iawn ac yn gwneud ein gorau glas i roi'r cychwyn gorau mewn bywyd iddo - h.y. cyrsiau NVR (Ymwrthedd Ddi-drais), chwilio am gymorth, sicrhau ei fod yn dal ati gyda'i chwaraeon y mae'n eu caru ond mae Covid wedi gwneud hyn yn anodd iawn.” (Rhiant Mabwysiadol)

“Mae ein plentyn hyn yn cam-drin y tri ohonon ni yn yr un tŷ yn llafar ac yn gorfforol. Mae'n dinistrio'r adeilad a phopeth ynddo. Rydyn ni wedi'n hyfforddi yn NVR, cyflymder ac wedi mynychu cyfarfodydd seicoleg ond mae bywyd yn heriol iawn iddo. Rydw i wedi rhoi'r gorau i'm gwaith oherwydd strês a phryder ac rydyn pryderu am lesiant iechyd meddwl a llesiant corfforol ein mab iau.” (Rhiant Mabwysiadol)

3.1.7 Effaith Pandemig Covid-19 ar anghenion y plentyn a'r teulu

Gofynnwyd yn benodol i rieni a gwblhaodd yr arolwg ar-lein yn ogystal â'r rhai a gymerodd ran mewn cyfweiliadau mwy manwl am effaith cyfnod Covid-19 ar anghenion eu plentyn a'r teulu.

Nododd bron hanner (47%) y rhieni a gwblhaodd yr arolwg fod anghenion eu teulu neu eu plentyn wedi cynyddu yn ystod cyfnod COVID a dim ond 1 person o bob 7 (16%) oedd yn ystyried bod eu hanghenion yn ystod y cyfnod hwn wedi lleihau. Roedd ychydig yn fwy o rieni plant dros 11 oed (52%) o'r farn bod eu hanghenion wedi cynyddu yn ystod y cyfnod hwn, fel y gwelir yn y tabl isod:

Tabl 8: Cyfran o rieni a ymatebodd yn yr arolwg fesul y graddau y mae anghenion eu plant neu anghenion teuluol wedi cynyddu neu ostwng yn ystod cyfnod Pandemig Covid-19

Ymatebion	% o'r holl ymatebwyr	% o ymatebwyr gyda phlant oed 11+
Wedi cynyddu'n sylweddol	18%	25%
Wedi cynyddu ychydig	29%	27%
Heb gynyddu na gostwng	34%	37%
Wedi gostwng ychydig	10%	7%
Wedi gostwng yn sylweddol	6%	0%
Wedi cynyddu ac yna wedi gostwng	2%	0%
Wedi gostwng ac wedi cynyddu	2%	3%

Sylwer: Ymatebodd cyfanswm o 272 rieni i'r cwestiwn hwn

Sylwodd gweithwyr proffesiynol mabwysiadu a gwblhaodd yr arolwg ar fwy o alw am gymorth wedi'i dargedu at lefel yr angen o'i gymharu â lefelau cyffredinol neu arbenigol yn ystod cyfnod y pandemig. Roedd y mwyafrif o'r gweithwyr proffesiynol hyn wedi sylwi ar ddeuoliaeth o ran profiadau'r teulu yn ystod y cyfnod hwn, yn cynnwys y rhai y roedd hyn wedi cynnig 'rhyddhad' neu set o gyfleoedd iddyn nhw neu'r rhai yr oedd hyn wedi dwysáu sialensiau neu anawsterau sydd eisoes yn bodoli, neu gynhyrchu rhai newydd:

"I rai teuluoedd, mae Covid wedi cynnig y cyfle i greu perthynas gryfach gyda'u plentyn heb bwysau ysgol a rhwydweithiau eraill tu allan i'r teulu. I deuluoedd eraill, yn enwedig mabwysiadwyr sengl neu weithwyr allweddol, bu hyn yn amser anodd, llawn strês." (Rhiant Mabwysiadol)

"Roedd rhai plant sy'n cael anawsterau yn yr ysgol yn ymdopi'n well gartref yn ystod y cyfnod clo." (Rhiant Mabwysiadol)

"Mae COVID wedi golygu bod y pwysau sydd eisoes yn bodoli ar deuluoedd wedi cynyddu oherwydd yr ynysu a diffyg 'routine'." (Gweithiwr Proffesiynol Mabwysiadu)

Roedd disgrifiadau rhieni a ymatebodd i'r arolwg ac yn cymryd rhan mewn cyfweiliad ar gyfer y gwerthusiad o'r cyfnod hwn yn gwahaniaethu. Roedd rhai yn disgrifio profiad

cymharol bositif yn enwedig yn ystod cyfnod cynnar y pandemig. Roedd sylwadau y rhai â phlant oed ysgol gynradd yn bositif, yn aml yn dweud bod y profiad positif hwn yn gysylltiedig â naill ai symud pwysau ysgol neu i gynorthwyo gwell 'cwlwm' teuluol.

"Fel teulu, roedd rhaid i ni drefnu bod gyda'n gilydd 24/7 heb ffactorau eraill yn ymyrryd, ffactorau fel ysgol, ymrwymadau eraill, teulu a ffrindiau. Roedd hyn yn symud y pwysau oddi arnon ni fel teulu mewn nifer o ffyrdd." (Rhiant Mabwysiadol)

"Dw i'n credu bod fy merch yn teimlo'n fwy diogel yn gwybod ein bod ni i gyd gyda'n gilydd a ddim yn mynd i unlle. Mewn llawer o ffyrdd mae ei phryder wedi lleihau ac mae wedi ymdopi gyda phopeth lawer yn well." (Rhiant Mabwysiadol)

"Roedd llawer o broblemau fy merch yn deillio o'r ysgol, felly, yn ystod y cyfnod clo, roedd hi, mewn gwirionedd, yn teimlo'n fwy ymlaciol a dan lai o bwysau oherwydd doedd dim ysgol i'w mynychu." (Rhiant Mabwysiadol)

"Roedd cyfnod COVID yn dda ar gyfer ein plentyn, rhoddodd gyfle iddi hi dyfu ac aeddfedu. Mae'n cael bod gyda phobl eraill, yn enwedig plant o'r un oed â hi yn llethol, felly ni effeithiodd y cyfnod clo arni yn ddrwg o gwbl." (Rhiant Mabwysiadol)

"Rydyn ni wir wedi elwa o fod yn gallu treulio mwy o amser gyda'n gilydd fel uned deuluol, yn benodol, y cwlwm gyda fy ngŵr a fy mhentyn sydd wedi gwella oherwydd llai o ofynion ar ein hamser." (Rhiant Mabwysiadol)

Ar y llaw arall, disgrifiodd rhieni eraill sut roedd pethau yn fwy anodd iddyn nhw yn ystod cyfnod y pandemig, yn enwedig:

- Rhieni plant cyn oed ysgol sydd angen 'jyglu' gweithio gartref a magu plant llawn amser (heb feithrinfa)

"Roedd gofal plant yn broblem fawr gan fod rhaid i mi weithio o gartref ... felly mae ceisio gweithio gyda phlentyn 3 oed bywiog gartref yn llawn strês." (Rhiant Mabwysiadol)

"Mae'r ynysu yr ydych yn ei brofi fel rhiant newydd yn cael ei ddwysáu. Straen ychwanegol dw i'n meddwl." (Rhiant Mabwysiadol)

- Rhieni gyda phobl iau yn eu harddegau, yn enwedig y rhai gyda phroblemau ymddygiad neu broblemau iechyd meddwl sydd eisoes yn bodoli.

"Gwaethygodd pryder ein mab i lefel wenwynig yn ystod y cyfnod clo cyntaf a bu angen cymorth tu allan i oriau un noson." (Rhiant Mabwysiadol)

"Dw i'n tynnu gwallt fy mhen. Doedd hi ddim yn mynd i gysgu tan 2, 3 o'r gloch y bore. O fis Mawrth tan fis Medi, doedd dim byd ganddi. Dim rheswm dros godi, methu â mynd allan gyda ffrindiau, dim ysgol i'w mynychu, dim rhyngweithio cymdeithasol." (Rhiant Mabwysiadol)

"Penodau o ymddygiad treisgar, sgrechian parhaus yn cynyddu. Ynghyd ag ymlyniad eithafol, cysgu'n wael ayb." (Rhiant Mabwysiadol)

“Plentyn mabwysiedig wedi olrhain a chysylltu â'r rhieni biolegol. Anallu i ddilyn rheolau'r cyfnod clo. Ddim yn gwneud gwaith ysgol.” (Rhiant Mabwysiadol)

“Mae cyfyngu ar ei gysylltiad gyda ffrindiau a theulu arall wedi achosi strés mawr iddo, llawr o ddadlau ac mae cyflwr ei iechyd meddwl yn wael” (Rhiant Mabwysiadol)

“Gyda gweithio o gartref a'r plant gartref a llai o weithgareddau ar gael, rydyn ni ar ben ein gilydd... rydyn ni'n gorfod delio ag ymddygiad gynyddol heriol ein mab wrth i'r ysgol fynd o'i le.” (Rhiant Mabwysiadol)

“Mae'r ddau blentyn wedi mynd yn fwy dig, mwy rhwystredig a dinistriol rhwng Mai a Medi. Dydy fy mhlentyn hŷn ddim wedi gwella'n feddyliol ers hynny.” (Rhiant Mabwysiadol)

Roedd rhai gweithwyr proffesiynol a gwblhaodd yr arolwg wedi sylwi ar gynnydd yn y galw am ffurfiau arbennig o gymorth a dargedir neu gymorth arbenigol yn gysylltiedig â phryder cynyddol am drais plentyn i riant neu reolaeth o blant hŷn gyda rheolau'r cyfnod clo.

“Rydw i wedi gweld cynnydd sylweddol yn yr angen am hyfforddiant o bob math ar-lein ond yn enwedig "Ymddygiad Heriol" ac "Ymwrthedd Di-Drais" (Gweithiwr Proffesiynol Mabwysiadu)

Soniodd rhieni eraill fwy am **brofiad cymysg neu ddatblygiadol drwy gyfnod y pandemig**:

“Mae bod gartref wedi rhoi synnwyr dyfnach o ddiogelwch i'n mab. Fodd bynnag, mae wedi colli'r rhyngweithio gyda phlant eraill.” (Rhiant Mabwysiadol)

“Roedd fy merch dan lai o straen oherwydd nad oedd yr ysgol ar agor, ond roeddwn i dan fwy o bwysau yn ystod y cyfnod oherwydd mod i'n gweithio mwy o oriau yn y cartref yn ogystal â chyfrifoldeb addysgu gartref.” (Rhiant Mabwysiadol)

“Roedd cyfnod cychwynnol y clo yn iawn oherwydd ei fod yn teimlo'n fwy diogel gan ei fod gyd ni gartref yn gyson. Ond newidiodd hyn wrth i'r cyfnod clo fynd yn ei flaen a lefel ei bryder yn codi wrth iddo bryderu mwy amdano ef a ninnau'n marw o'r firws. Yna, roedd yn pryderu am ddychwelyd i'r ysgol ac amdanon ninnau'n dychwelyd i'r gwaith” (Rhiant Mabwysiadol)

“Pan nad oeddwn i'n gweithio, roedd pethau'n wych ond ar ôl dychwelyd i'r gwaith bu'n anodd ceisio cydbwysu popeth heb y cymorth teuluol arferol.” (Rhiant Mabwysiadol)

Ymhlith y pethau a ddisgrifiwyd yn cynyddu'r pwysau ar deuluoedd (a allai amrywio yn ystod cyfnod y pandemig) roedd:

- Ynysu, yn enwedig ar gyfer rhieni sengl.
- Plant yn methu chwarae neu'n rhyngweithio gyda phlant eraill.

- Peidio â chael mynediad i wasanaethau cyffredinol, megis cymorth ymwelwyr iechyd neu gymorth a dargedir, megis seicoleg addysgol.
- Addysgu gartref.
- Gostyngiad yn yr incwm teuluol.
- Plant yn methu mynd i weld eu teulu estynedig yn cynnwys aelodau eu teulu biolegol.
- Profedigaethau teuluol neu salwch sylweddol.
- Methu â chael mynediad i chwaraeon a gweithgareddau cymdeithasol a drefnir ar gyfer eu plentyn (plant).

“Dim chwaraeon, cynnydd yn y pryder, diffyg pryder, addysgu gartref yn methu a hyn i gyd wedi ychwanegu mwy o bwysau a dichter. Mae methu â gweld ffrindiau a theulu wedi gwneud i ni deimlo ei fod yn ymbellhau mwy. Bu Covid yn wir drychinebus ac yntau'n colli blwyddyn 7 i gyd wedi bod yn ofnadwy.” (Rhiant Mabwysiadol)

“Mae addysgu gartref wedi bod yn anodd ar adegau a dw i'n credu bod y ffaith bod X wedi colli cysylltiad corfforol â'i ffrindiau wedi effeithio arno. Bu'n fwy anodd i blant nag efallai mae oedolion yn sylweddoli, yn enwedig colli achlysuron fel dathliadau penblwydd/ partiion plant, Calan gaeaf, noson Guto Ffowc ac yn y blaen. Mae eu 'routine' yn amlwg wedi cael ei effeithio a bu X ar brydiau yn pryderu am ddiogelwch aelodau eraill o'r teulu hyn ystod pandemig Covid.” (Rhiant Mabwysiadol)

Fodd bynnag, roedd cyfran is o rieni a gwblhaodd yr arolwg yn credu iddyn nhw fod angen cymorth yn ystod Pandemig Covid-19 o'i gymharu â'r cymorth cyffredinol yn ystod y 12 mis diwethaf (i Hydref / Tachwedd 2020), yn enwedig o ran ffurfiau cyffredinol o gymorth. Roedd y gostyngiad yn llai o ran cymorth a dargedir a chymorth arbenigol fel y gwelir yn y tabl isod:

Tabl 9: Cyfran o rieni yn disgrifio iddyn nhw fod angen cymorth cyffredinol, cymorth wedi'i dargedu neu gymorth arbenigol yn ystod y 12 mis diwethaf ac yn ystod cyfnod Pandemig Covid-19 yn benodol

Math o gymorth a ddisgrifiodd rhieni fod angen arny'n nhw yn ystod y 12 mis diwethaf	% oedd angen y math hwn o gymorth yn gyffredinol yn ystod y cyfnod hwnnw	% oedd angen y math hwn o gymorth yn ystod Covid
Cymorth cyffredinol	39%	28%
Cymorth a dargedir	40%	34%
Cymorth arbenigol	25%	22%

Sylwer: Ymatebodd cyfanswm o 272 o rieni i'r cwestiynau hyn

Mae rhai o arweinwyr sector a gweithwyr proffesiynol mabwysiadu sy'n ymwneud â'r gwerthusiad wedi sylwi, wrth i gyfnod Covid-19 fynd yn ei blaen, bod mwy o rieni a theuluoedd wedi 'blino' ar y trefniadau ac angen rhagor o gymorth. Ar nodyn mwy positif, maen nhw hefyd wedi sylwi ar gynnydd yn y ceisiadau gan ddarpar fabwysiadwyr wrth i'r Pandemig fynd rhagddo.

3.2 I ba raddau mae teuluoedd sy'n mabwysiadu yn teimlo ei bod yn IAWN i ofyn am help?

Mae ymchwil sydd eisoes yn bodoli yn awgrymu bod y ffactorau allweddol sy'n gysylltiedig ag ymglymiad mwy effeithiol teuluoedd mabwysiadol a'u plant mabwysiedig gydag ystod o gymorth yn cynnwys y canlynol:

- Ymatebion amserol gwasanaethau i gyfnodau cynnar ôl-mabwysiadu (adeg pan fydd mabwysiadu yn fwy tebygol o fethu) ac ar hyd cylch bywyd y teulu, yn enwedig ar gyfnodau pontio allweddol
- Ymglymiad gweithredol a 'normaleiddio' cymorth yn cynnwys gwneud i rieni a theuluoedd mabwysiedig deimlo ei fod yn 'IAWN i ofyn am help' pan fyddan nhw ei angen.
- Cymorth yn seiliedig ar berthynas, cymorth trugarog a chymorth arbenigwyr medrus .
- Yr holl wasanaethau y mae plant a theuluoedd yn debygol o'u cyrchu (er enghraifft ysgolion a gwasanaethau iechyd sylfaenol) i fod yn 'ymwybodol o fabwysiadu'.

Atkinson a Gonet, 2007; Gibbs et al. 2002; Selwyn et al. 2015 & 2017, Meakings et al, 2018; McKay & Ross, 2011; Livingstone-Smith, 2010; King et al, 2017).

O ran yr astudiaeth hon, roedd mwyafrif helaeth (84%) o rieni mabwysiadol a gwblhaodd yr arolwg ar-lein yn ystyried ei bod yn IAWN neu'n gwbl IAWN i ofyn am help. Cyfran fechan yn unig (4%) a nododd nad oedd yn IAWN neu ddim yn gwbl IAWN i wneud hynny.

Tabl 10: Ymatebion i arolwg rhieni fesul y graddau y teimlir ar hyn bryd ei fod yn iawn i ofyn am help

Ymateb	Cyfran o rieni yn ymateb yn bositif i'r gosodiad hwn
Mae'n gwbl IAWN i ofyn am help	60%
Mae'n IAWN i ofyn	24%
Dydw i ddim yn siŵr a ydy hi'n IAWN i ofyn	12%
Dydw i ddim wir yn meddwl ei bod y IAWN i ofyn	2%
Yn bendant dydw i ddim yn credu bod hi'n IAWN i ofyn	2%

Sylwer: Teimlai cyfanswm o 262 o rieni bod ganddyn nhw farn am y cwestiwn hwn ac ymateb iddo

Roedd gweithwyr proffesiynol mabwysiadu a gwblhaodd arolwg ar gyfer y gwerthusiad hwn yn llai optimistaidd am rieni a theuluoedd a deimlai ei bod yn IAWN nawr i ofyn am help. Cyfran lai (69%) oedd yn barnu bod rhieni yn teimlo ei bod yn IAWN neu'n gwbl IAWN i ofyn am help. Dim ond 16% oedd yn credu bod rhieni yn teimlo ei bod yn gwbl IAWN i ofyn am help. Fodd bynnag, roedd cyfran helaeth iawn (85% o gyfanswm o 262 o rieni oedd â barn) yn ystyried bod mwy o rieni mabwysiedig yn gallu gofyn am help nawr o'i gymharu â 3 blynedd yn ôl, a hyn yn awgrymu darlun mwy cadarnhaol, darlun hefyd a goleddir gan arweinwyr sector sy'n cymryd rhan mewn cyfweiliad ar gyfer y

gwerthusiad hwn, arweinwyr a ystyriai bod hyn yn un o 'brif ddatblygiadau' ym maes mabwysiadu yn ystod y blynyddoedd diweddar, gyda rhai yn nodi bod polisi 'drws agored' ar waith ers nifer o flynyddoedd yn y sector gwirfoddol.

"Mae hyn wedi newid yn sylweddol dros yr amser hwnnw (ers i Fframwaith Cymorth Mabwysiadu gael ei gyflwyno)...mae wedi newid yn ddramatig." (Arweinydd Sector)

"Bu rhaid i ni wneud llawer iawn o waith i newid hinsawdd gwasanaethau, i atal y brif farn fod popeth wedi'i gwblhau ar ôl i Orchymyn Mabwysiadu gael ei wneud." (Arweinydd Sector)

"Rydw i wedi gweithio yn y maes hwn er peth amser ac mae'r gwahaniaeth wedi ychwanegu at ein dealltwriaeth. Mae wedi symud ymlaen. Yn y gorffennol roedd teuluoedd mabwysiedig yn gyndyn a phetrusgar i ddod nôl – ai bai nhw ydy e? Roedd cywilydd arnyn nhw ac roedden nhw'n teimlo'n chwithig – er y dylen nhw fynd ati ac gwneud yn iawn. Y rheswm dros hyn oedd oherwydd yr ystyrir bod mabwysiadu yn ei hanfod yn 'ddiwedd glo hapus'." (Arweinydd Sector)

"Rydyn ni wedi bod yn ceisio cyfleu'r neges bod derbyn cymorth mabwysiadu yn rhywbeth normal ... bod ystod o gymorth ar gael a bydd angen cymorth ar y rhan fwyaf o deuluoedd ar ryw adeg. Rydyn ni am gyrraedd pobl cyn ei bod yn argyfwng arnyn nhw." (Gweithiwr Proffesiynol Mabwysiadu)

Nododd gweithwyr proffesiynol ac arweinwyr sector y pethau canlynol drwy ddweud yn eu tystiolaeth (am welliannau yn y maes hwn):

- Rhagor o rieni / teuluoedd mabwysiedig yn gyffredinol yn gofyn am gymorth.
- Rhagor o rieni mabwysiedig yn gofyn am gymorth ar gyfnod cynharach.
- Rhagor o ymholiadau am fabwysiadu lle mae darpar fabwysiadwyr yn holi am gymorth (yn fwy ymwybodol o'i argaeledd cyn-mabwysiadu)

"Mae gan fabwysiadwyr a gymeradwywyd yn ystod y 3 blynedd ddiwethaf fwy o wybodaeth am y cymorth sydd ar gael ac maen nhw'n cael eu hannog i geisio cael cymorth." (Gweithiwr Proffesiynol Mabwysiadu I)

"...Mae mwy o deuluoedd yn dod ymlaen i ofyn am help yn ystod dyddiau cynnar anawsterau, pan fyddai, yn y gorffennol, fwy o deuluoedd mewn argyfwng yn gofyn am help." (Gweithiwr Proffesiynol Mabwysiadu)

3.2.1 Galluogwyr allweddol

Riportiodd gweithwyr proffesiynol ac arweinwyr sector bod galluogwyr allweddol teuluoedd yn teimlo ei bod iawn i ofyn am help yn cynnwys y canlynol:

- **Cydnabyddiaeth well o'r angen am gymorth mabwysiadu a mwy o empathi sefydliadau gyda mabwysiadwyr, yn cynnwys manau cychwyn croesawus.**
"Dw i'n meddwl bod asiantaethau yn cydnabod yn well na ellir disgwyl i rieni ymdopi ar eu pen eu hunain os bydd gan eu plentyn hanes o drawma cymhleth sy'n gofyn

am gymorth arbenigol parhaus. Felly, mae ymateb asiantaethau mabwysiadu i deuluoedd yn fwy empathetig nawr.” (Gweithiwr Proffesiynol Mabwysiadu)

- Yn gysylltiedig â'r uchod, **mabwysiadwyr, yn fwy diweddar, yn derbyn sicrwydd cynnar a negeseuon glir ei bod yn iawn i ofyn am help**, y dylid ei ddisgwyl mewn nifer o achosion.

“Yn ystod y 3 blynedd ddiwethaf gwelwyd teuluoedd sy'n mabwysiadu yn cael eu hannog i ofyn am help a hyn yn arwydd o gryfder yn hytrach na gwendid. Maen nhw'n cael eu hannog o'r diwrnod cyntaf hyfforddiant paratoi i ystyried y gwasanaeth yn gymorth drwy eu taith mabwysiadu.” (Gweithiwr Proffesiynol Mabwysiadu)

“Mae rhieni yn dal i obeithio y bydd yn iawn iddyn nhw ond ei bod yn fwy realistig nag oedden nhw y byddai angen cymorth arnyr nhw. Mae negeseuon yn dechrau cyrraedd pobl, er ei bod yn gynhenid anodd i ofyn, i ddweud 'Dydw i ddim yn ymdopi' gan ein bod hefyd yn rhoi'r neges i rieni mabwysiadol y 'byddwch chi'n rhieni da'.” (Arweinydd Sector)

- **Wedi sefydlu drws ffrynt arbenigol mwy amlwg (ac wedi'i hysbysebu) / man cychwyn yn y rhan fwyaf o'r rhanbarthau – pobl yn gwybod lle i fynd am help yn y lle cyntaf.**

“Dw i'n credu gyda thîm newydd PAS, bydd pethau'n gwella'n arw, o'r man cyswllt cyntaf, gallwn ddweud wrth deuluoedd y byddwn yno drwy gydol eu taith nid yn unig tan gwneud y gorchymyn mabwysiadu.” (Gweithiwr Proffesiynol Mabwysiadu)

“Fe wnaeth e ddileu'r stigma i rieni – peidio â gorfod dychwelyd at y gwasanaethau cymdeithasol. Roedden nhw'n meddwl mai methiant ar eu rhan oedd gofyn am help.” (Arweinydd Sector)

- **Cael cymorth go wir i gynnig i deuluoedd, er enghraifft cymorth hyfforddiant a chymorth seicoleg.**

“Yn y gorffennol, doedd gynnon ni ddim llawer i'w gynnig, ond nawr ceir ystod o bobl a therapyddion.” (Arweinydd Sector)

- **Cynigion o help cynnar sydd newydd eu datblygu, megis TESSA neu Mabwysiadu Gyda'n Gilydd.**

“Mae 'na fwy o gydnabyddiaeth bod cymorth mabwysiadu yn rhywbeth normal a does dim rhaid i deuluoedd fod mewn argyfwng cyn gofyn am help, er bod hynny yn aml ar yr adeg y maen nhw'n cysylltu â ni. Mae prosiect TESSA wedi'n helpu i amlygu'r angen am ymyriad cynnar.” (Gweithiwr Proffesiynol Mabwysiadu)

- **Negeseuon rhanbarthol a chenedlaethol mwy positif a rhagweithiol** am y darpar angen am gymorth (er enghraifft, drwy'r podlediadau* sydd newydd eu cyhoeddi) a hyrwyddo'r cymorth sydd ar gael a chael ffurfiau cymorth mwy ataliol sydd wedi'u diffinio'n gliriach.

“Erbyn hyn, ystyrir bod cymorth mabwysiadu yn hawl. Mae NAS wedi dod â'r mater hwn i'r amlwg ac thynnu sylw ato.” (Gweithiwr Proffesiynol Mabwysiadu)

“Targedwyd ymgyrchoedd cenedlaethol ar fabwysiadu yn fwy penodol at yr angen am gymorth mabwysiadu, felly dwi'n teimlo bod mabwysiadwyr hyd yn oed ar y cam o wneud ymholiadau yn cael gwybod am yr angen am gymorth mabwysiadu a sut i'w gyrchu.” (Gweithiwr Proffesiynol Mabwysiadu)

- **Y cyfryngau cymdeithasol ac argymhellion gan fabwysiadwyr**—ystyrir bod pobl sydd wedi cael profiad positif yn annog eraill i chwilio am help.

“Dros y blynyddoedd diweddar, mae mwy o gyfryngau cymdeithasol, mwy o gyhoeddusrwydd ar gyfer cefnogi rhieni mabwysiadol. Mae grwpiau cymorth gweithredol ar-lein ar gael i rieni.” (Gweithiwr Proffesiynol Mabwysiadu)

Soniodd rhai rhieni a gymerodd ran mewn cyfweiliad manwl hefyd sut y gall **asiantaethau mabwysiadu yn aros mewn cysylltiad a rhagweithio i gynnig cymorth** yn cynnwys drwy gylchlythyrau neu'r cyfryngau cymdeithasol, fod o gymorth (i alluogi rhieni deimlo ei bod hi'n iawn i ofyn am help), hefyd yn gysylltiedig â ryw fath o gymorth cymheiriaid.

“Mae sefydlu'r cysylltiad hwnnw gyda rhieni o'r cychwyn cyntaf yn wirioneddol bwysig. Dw i'n meddwl y byddai cael cymorth cymheiriaid gan fabwysiadwyr eraill o'r cychwyn wneud gwahaniaeth. Mor bwysig i ymglymu pobl.” (Rhiant Mabwysiadol)

“Dylid clustnodi rhywun ar eich cyfer... a dylen nhw aros gyda chi fel eu bod yn gwybod eich hanes. Gallech eu ffonio a dweud. Un pwynt cyswllt.” (Rhiant Mabwysiadol)

Nodwyd gan rieni, gweithwyr proffesiynol mabwysiadu ac arweinwyr sector y rhwystrau rhag i rieni a theuluoedd deimlo ei bod yn iawn i ofyn am help a'r rhwystrau hynny yn cynnwys:

- **Synnwyr o stigma neu gywilydd neu fethiant** – nodwyd bod hyn yn dal yn llesteirio rhai mabwysiadwyr i ddod i ofyn am help.

“Roeddwn i'n pryderu am gyfaddef fy mod yn methu. Roeddwn yn teimlo wrth ofyn am help mod i'n methu magu'r plentyn. Gwirion, o edrych yn ôl ond ron i'n gyndyn i ofyn am help.” (Rhiant Mabwysiadol)

“Fy marn i ydy bod llawer o fabwysiadwyr ar y cychwyn yn trio ymdopi ac wrth i'r amser fynd yn ei flaen, mae'n mynd yn fwy anodd iddyn nhw chwilio am gymorth oherwydd annifyrrwch, cywilydd, neu nad ydyn nhw am fethu, nes i'r sefyllfa waethygu a'i bod yn rhy hwyr a'r ymyriadau sydd eu hangen yn rhai uchel.” (Gweithiwr Proffesiynol Mabwysiadu)
- **Pryderon** (weithiau'n seiliedig ar ymdrechion blaenorol i gael help, ymdrechion na wrandawyd arnyh nhw yn ddigonol) y bernir nad ydy mabwysiadwyr yn gallu ymdopi / pryderon am ddyfarniadau negyddol yn fwy cyffredinol.

“Mae wedi bod gyda ni am 10 mlynedd, ond roedden ni'n meddwl y bydden nhw'n credu ein bod yn rhieni gwael ac efallai mynd â hi oddi arnon ni. Roedd yn dal yn wirioneddol frawychus i godi'r ffôn.” (Rhiant Mabwysiadol)

“Weithiau mae'n fwy anodd pan fyddwch yn teimlo nad oedd neb yn gwrando arnoch chi. Mae 'na adegau pan rydych yn teimlo does neb yn gwrando arna i.” (Rhiant Mabwysiadol)

“Ydyn nhw'n mynd i feddwl nad ydw i'n fam dda oherwydd mod i'n cael trafferth a phopeth?” (Rhiant Mabwysiadol)
- **Rhieni yn awyddus i 'blesio'r'** asiantaeth leoli.

“Yn fy mhrofiad i, mae rhieni mabwysiadol yn dymuno plesio'r asiantaeth leoli a dydyn nhw ddim yn dymuno tynnu sylw at bryderon rhag ofn y bernir eu bod yn fethiant. Dydy mabwysiadwyr ddim yn teimlo y gallan nhw ddweud, pan fydd problemau yn rhai difrifol, y byddai'n well ganddyn nhw petaen nhw heb fabwysiadu o gwbl. Mae cywilydd a thrallod yn gwanychu pobl.” (Gweithiwr Proffesiynol Mabwysiadu)

- **Teulu estynedig a ffrindiau yn cynnig negeseuon diwerth am fagu plant.**

"Bydd ffrindiau a theulu da eu bwriadau yn dweud "triwch X" "gwnewch Y", ond dydy'r bobl hyn ddim yn deall trawma datblygiadol a'r modd y mae'r hyn sy'n gweithio i blant eraill yn gwneud pethau'n waeth i blentyn mabwysiedig." (Gweithiwr Proffesiynol Mabwysiadu)

- **Pobl di-brofiad yn delio ag ymholiadau cychwynnol yn y drws ffrynt.**
- **Rhwystrau rhag sicrhau cyllid** (gan awdurdodau lleol) am gymorth mwy arbenigol neu becynnau aml-asiantaethol le tybir bod eu hangen.
- **Rhieni mabwysiadol heb wybod bod cymorth ar gael** (yn enwedig rhieni plant mabwysiedig hŷn).

"Rydw i'n meddwl bod pethau'n newid yn eitha cyflym ond mae carfan sylweddol o rieni gyda phlant hŷn sydd ddim yn sylweddoli bod cymorth ar gael a ddim ar hyn o bryd yn gofyn am help neu ddim yn gwybod i bwy i ofyn am help." (Gweithiwr Proffesiynol Mabwysiadu)

"Mae'n dal yn anhygoel o anodd i rieni plant hŷn (12 - 25 oed a thu hwnt) i ofyn am gymorth er BOD yna gymorth ar gael drwy Adoption UK. Mae llawer yn haws i rieni plant iau oherwydd bod TESSA ar gael a'r rhaglen Mabwysiadu Gyda'n Gilydd." (Gweithiwr Proffesiynol Mabwysiadu)

- **Dydy'r potensial y gall fod angen am gymorth mabwysiadu yn y dyfodol ddim wedi'i nodi'n ddigonol mewn cynlluniau cymorth mabwysiadu.**
 - **Diffyg eglurder am y 'llwybr' gorau i mewn i gymorth mabwysiadu**, sy'n golygu y bydd rhai rhieni yn defnyddio'r dull o fynd at ddrws ffrynt awdurdod lleol yn hytrach na mynd yn uniongyrchol at y gwasanaeth mabwysiadu rhanbarthol neu gael eich 'pasio rownd' o wasanaeth i wasanaeth, er enghraifft CAMHS, addysg a gofal cymdeithasol.
- "Hoffwn i weld dull dim drws anghywir o fynd ati yn hytrach na phobl yn aros ac aros yn y ciw anghywir. Er enghraifft, bydd CAMHS yn aml yn dweud mai'r salwch meddwl anghywir ydy e a pheidio ag ymglymu."* (Arweinydd Sector)

Nododd rhieni, gweithwyr proffesiynol ac arweinwyr sector a gyfwelwyd y gallai'r anghysondeb rhwng anghenion neu ddisgwyliadau a'r hyn y gallai gwasanaethau ei gynnal fod mewn ffaith yn rhwystr posibl i rieni ddod ymlaen i ofyn am gymorth ond pwysleisiodd y rhieni hynny'n fwy pendant. Yn yr achosion hyn, yn aml iawn collwyd ymddiriedaeth neu ffydd yn gyffredinol yng gallu pob darparwr(wyr) i gynnig help.

"Parhaodd ein hachos ar agor am y 12 mis safonol ar ôl y Gorchymyn Mabwysiadu, yna ei gau. Ar ôl hynny, nid oedd gennym bellach unrhyw fynediad i gymorth heblaw mynd yn ôl drwy sianelau arferol awdurdod lleol fel gydag unrhyw blentyn arall. Y syniad ydy, unwaith yr ydych wedi mabwysiadu, mae popeth yn mynd i fod yn berffaith." (Rhiant Mabwysiadol)

"Rydw i'n meddwl mod i'n gwybod ble i gael cymorth. Rydw i wedi dilyn y llwybrau cywir. Peth arall ydy a ydw i wedi ei gael yn iawn." (Rhiant Mabwysiadol)

"Roedden nhw'n hyfryd, yn wych. Y teimlad ein bod yn mynd i gael help. Ac yna, pethau'n mynd i'r gwellt ac yn yfflon oherwydd daethon nhw nôl aton ni a dweud 'does neb ar gael gynnwng ni a dydy'ch plentyn chi ddim yn flaenoriaeth'. Yr hyn gawson ni gan bawb, roedd fel eich bod chi â phroblemau ond nid yn hunanladdol. Rydw i'n deall bod

rhaid blaenoriaethau adnoddau ond os na ddefnyddiwch chi adnoddau ar y lefel hon, cewch broblemau yn nes ymlaen." (Rhiant Mabwysiadol)

"Oherwydd, yn hanesyddol, mae wedi bod mor wael. Mae pobl ym digalonni. Ac os ewch i fforymau rhieni a phethau mae pawb yn ei wneud, fe glywch straeon erchyll. Dydy pobl ddim yn mynd i'r cyfryw fforymau i ddweud pa mor wych y bu pawb. Mae angen cyhoeddusrwydd i ddweud, ie rydyn ni'n gwybod nad ydyn ni'n berffaith ond rydyn ni yma a dyma'r pethau y gallwn ei wneud a'u cynorthwyo." (Rhiant Mabwysiadol)

"Galla i fynd i CAMHS neu at y meddyg ond does dim cymorth penodol ar gyfer mabwysiadu. Rhaid i chi gysylltu â gwasanaethau cymdeithasol a gofyn iddyn nhw agor achos. Ond yn y pen draw does dim help. Dyna pam mae TESSA wedi bod mor bwysig mewn rhai ardaloedd (yng Nghymru). Maen nhw'n ei sefydlu yn ein hardal ni nawr." (Rhiant Mabwysiadol)

3.3 I ba raddau mae rhieni a theuluoedd mabwysiadol yn gwybod i ble i droi am help?

Dywedodd y mwyafrif o rieni a gwblhaodd yr arolwg bod ganddyn nhw rhyw syniad o leiaf am ble i fynd am help gyda phobl lefel o angen o'r cyffredinol (81%), i help a dargedir (74%), i help arbenigol (79%)²³. Mae'r canfyddiadau hyn yn triongli'n dda gydag astudiaeth ychydig yn gynharach (Adoption UK Barometer, 2020) a gafodd fod 71% o rieni mabwysiadol yn gwybod sut i gael help.

Roedd rhwng 41% a 46% yn yr arolwg yn fwy hyderus am wybod ble i fynd gan nodi 'Roedden yn gwybod ble i fynd' am gymorth ar bob lefel o angen a welir yn y tabl isod:

Tabl 11: Cyfran o ymatebwyr arolwg rhieni yn gwybod ble i fynd fesul lefel yr angen

Ymateb	Lefel gyffredinol	Lefel a dargedir	Lefel arbenigol
Roeddwn yn gwybod ble i fynd *	46%	41%	45%
Roedd gen i syniad ble i fynd**	35%	33%	34%
Doedd gen i ddim syniad ble i fynd***	19%	26%	21%

* Roedd cyfanswm o 264 rieni yn ystyried bod y cwestiwn hwn yn berthnasol iddyn nhw ac wedi ei ateb

** Roedd cyfanswm o 155 rieni yn ystyried bod y cwestiwn hwn yn berthnasol iddyn nhw ac wedi ei ateb

*** Roedd cyfanswm o 145 rieni yn ystyried bod y cwestiwn hwn yn berthnasol iddyn nhw ac wedi ei ateb

Mae'n ddiddorol cymharu'r canfyddiadau hyn â rhai arolwg gweithwyr proffesiynol o ran yn ddiddorol lle:

- Roedd cyfran debyg (71%) o ymatebwyr yn ystyried ei bod yn 'eitha' clir i glir 'iawn' lle gall rhieni fynd i gael help gydag anghenion cyffredinol eu teulu.
- Ond cyfrannau llai yn ystyried ei bod yn 'eitha' clir i glir 'iawn' lle gall rhieni fynd am help gydag anghenion a dargedir yn fwy (47%) neu anghenion arbenigol (21%).

²³ Rhoddwyd enghreifftiau yn yr arolwg hwn i helpu rhieni i fwrw amcan pa rai oedd yn gyffredinol, wedi'u targedu neu'n rhai arbenigol.

3.3.1 Gwybod ble i fynd am help gydag anghenion cyffredinol

Ar gyfer help gydag anghenion cyffredinol, dywedodd tua thraean o rieni a gwblhaodd yr arolwg eu bod wedi mynd at weithiwr cymorth ôl-mabwysiadu eu plentyn (31%), ac un o bob pump yn dweud eu bod wedi mynd at ysgol eu plentyn (21%). Roedd 16% wedi cyrchu gwasanaethau Adoption UK am help a nododd 9% eu bod wedi mynd at eu meddyg teulu. Roedd 8% wedi mynd ar y cychwyn at yr Asiantaeth Mabwysiadu Gwirfoddol oedd wedi trefnu'r mabwysiadu. Roedd 3% wedi cyrchu gwybodaeth o wefan cenedlaethol NAS.

Mewn cyferbyniad, roedd cyfran uwch o weithwyr proffesiynol a gwblhaodd yr arolwg yn ystyried bod teuluoedd yn mynd 'yn bennaf' at eu gweithiwr cymorth ôl-mabwysiadu am help gyda'u hanghenion cyffredinol (mynegodd 66% o ymatebwyr o'r farn yn yr achos hwn). Fodd bynnag, maen nhw hefyd yn cydnabod y modd y mae teuluoedd fel arfer yn troi at: ysgolion, meddygon teulu, Adoption UK, a gwefannau cenedlaethol, neu ranbarthol NAS am gymorth. Ymhlith mannau / ffynonellau eraill o gymorth y soniodd rhieni y bydden nhw'n troi atyn nhw am gymorth ar gyfer anghenion cyffredinol mae'r canlynol:

- Rhieni mabwysiadol eraill.
- Gwasanaethau cymdeithasol / yr awdurdod lleol (yn enwedig os nad oedd tîm cymorth ôl-mabwysiadu rhanbarthol ar gael).
- Fforymau magu plant ar Facebook (therapiwtig).
- Chwiliadau ar y Rhyngrwyd.
- Timau cymorth mewn ysgolion.
- Ymwelwyr lechyd.
- Sefydliadau gwirfoddol.
- Darparwyr preifat o gymorth therapiwtig.
- Cyn-rieni maeth eu plentyn.
- Aelodau teuluol a ffrindiau (yn enwedig y rhai yn meddu ar gymwysterau proffesiynol).
- Rhaglenni hyfforddi ar-lein sy'n dod o ffynhonnell breifat.

Roedd rhieni a gymerodd ran mewn cyfweiliad ac a oedd wedi mabwysiadu yn ddiweddar yn disgrifio bod yn fwy hyderus o ran gwybod ble i fynd am help, yn cynnwys gwasanaethau prif ffrwd (gwasanaethau cyffredinol) yn ogystal â gwasanaethau penodol i fabwysiadu.

"Gwn fod help i'w gael allan fanna os bydda i byth ei angen." (Rhiant Mabwysiadol)

"Rydw i'n deall bod help ar gael ar unrhyw adeg, ar gyfer fy holl deulu ar ôl mabwysiadu" (Rhiant Mabwysiadol)

"Ni chewch eich barnu os byddwch yn gofyn am help. Weithiau dim ond angen sgwrs gyda rhywun sy'n deall yr hyn y mae eich teulu yn mynd drwyddo sydd ei angen." (Rhiant Mabwysiadol)

Darparodd y rhieni hyn ragor o wybodaeth am yr hyn a fyddai o gymorth yn hyn o beth:

"Dw i'n credu mai'r hyn sy'n ei gwneud yn haws ydy cael cysylltiad neu berthynas barhaus. Syniad o berthyn, bod yn rhan o gymuned. Mae'n bwysig eich bod yn teimlo'n rhan o rhywbeth fel y gallwch ymestyn allan pan fydd angen arnoch chi." (Rhiant Mabwysiadol)

"Rydw i'n meddwl bod cael perthynas agored gyda phobl o'r cychwyn – mae gweithwyr proffesiynol wedi dweud erioed na ddylech chi ofni codi'r ffôn os oes angen. Mae'n bwysig eu bod (nhw) yn deall y problemau y gall cefndir trawmatig achosi a pha anawsterau y gallech ddod ar eu traws." (Rhiant Mabwysiadol)

Mae hyn yn cyferbynnu â'r hyn a ddywedir gan rieni eraill sy'n cymryd rhan mewn cyfweiliad manwl ar gyfer y gwerthusiad hwn, ac a fabwysiodd beth amser yn ôl ac a feddyliodd 'bryd hynny' nad oedd llawer o gymorth rhagweithiol yn cael ei gynneg ar ôl y broses fabwysiadu ffurfiol:

"Unwaith bod y plant yn cael eu mabwysiadu'n ffurfiol, camodd y gweithwyr cymdeithasol yn ôl. Roedden ni'n mynd o gwmpas heb wybod beth i'w wneud." (Rhiant Mabwysiadol)

"Byddai wedi bod yn ddefnyddiol i siarad â rhywun am fabwysiadu ... i gael cymuned o gymorth... rhywun i gysylltu â chi unwaith bob 6 mis dweder dim ond i ddweud 'Gwrandewch, yn aml mae pethau fel hyn ... efallai eich bod yn cael trafferth gyda hyn a hyn'. Byddai'n ddefnyddiol iawn i gael cymorth parhaus heb fod yn ymwithgar. Dw i'n meddwl bod pethau lawer gwell erbyn hyn." (Rhiant Mabwysiadol)

Roedd llawer o rieni oedd wedi mabwysiadu'n fwy diweddar yn ystyried bod rhywun wedi gweithredu i gysylltu â nhw ynglŷn ag argaeledd cymorth ôl-mabwysiadu (tu hwnt i'r flwyddyn gyntaf) er enghraifft y tîm cymorth ôl-mabwysiadu yn anfon e-bost neu gylchlythyr neu drwy glywed am y cymorth mewn trafodaethau (yn cynnwys ar-lein) gyda chymheiriaid a gweminarau neu weithdai. Roedd rhai hefyd wedi cael cynnig cymorth ychwanegol megis lwfans ariannol (i ddigolledu colli enillion yn ystod y blynyddoedd cyn oed ysgol), therapi lleferydd ac iaith, cymorth i sefydlu a chynnal cyswllt gyda'r teulu biolegol. Yn gyffredinol, roedd y rhieni hyn yn fwy hyderus eu bod yn gwybod ble i fynd am help a'u bod yn ymddiried yn y ffynhonnell gymorth:

"Maen nhw wedi ymatal rhag barnu, dim ond yn awyddus i gynorthwyo... yn deall. Dw i'n meddwl y bydd hynny yn ei gwneud yn haws i ofyn am help. Maen nhw'n agored iawn, yn feidrol iawn. Mae'n hawdd siarad â nhw." (Rhiant Mabwysiadol)

3.3.2 Gwybod ble i fynd am help gydag anghenion a dargedir

Dyweddodd dros chwarter o rieni a gymerodd ran yn yr arolwg eu bod, pan oedd angen cymorth wedi'i dargedu'n fwy penodol arnyn nhw, wedi mynd at weithiwr cymorth mabwysiadu (27%), a thuag un o bob pump wedi mynd at ysgol y plentyn (21%). Roedd 11% wedi mynd at eu meddyg teulu am gymorth, 8% wedi mynd at wasanaeth cymorth hysbys iddyn nhw a 6% wedi mynd o leiaf i ddechrau at yr Asiantaeth Mabwysiadu Gwirfoddol a drefnodd y mabwysiadu. Mewn cyferbyniad, roedd cyfran uwch (73%) o weithwyr proffesiynol a gymerodd ran yn yr arolwg yn ystyried bod teuluoedd mabwysiadol ar y cychwyn yn mynd yn bennaf at eu gweithiwr cymorth ôl-mabwysiadu am help gydag anghenion a dargedir (hefyd yn uniongyrchol at wasanaeth sydd eisoes yn hysbys iddyn nhw) ac, i raddau llai, at ysgolion neu feddyg teulu. Ymhlith ffynonellau

cymorth amgen eraill ar gyfer anghenion a dargedir y soniodd rhieni amdanyn nhw mae'r canlynol:

- Gweithwyr cymdeithasol plant a theuluoedd.
- Cymdeithas genedlaethol magu plant yn therapiwtig.
- Adoption UK.
- Darparwyr therapi.
- Sefydliadau gwirfoddol.
- Llinell gymorth ffôn magu plant.

Dyweddodd rhai o'r rieni a gymerodd ran mewn cyfweiliad ar gyfer y gwerthusiad hwn eu bod yn ymwybodol bod cyfleoedd newydd ar gyfer cymorth mabwysiadu wedi dod i'r amlwg yn ddiweddar:

"Fy nealltwriaeth i oedd y bu'n anodd iawn i gael gafael ar gymorth mabwysiadu, rhestrau aros hir ac na fyddai'n werth gofyn. Felly, rydw i wedi ei ohirio ers dipyn o amser. Roeddwn i'n ymwybodol bod mwy o gyllid ar gael ac felly meddyliais beth am drio a gweld beth ddigwydd. Ac yna ces fy synnu o'r ochr orau gan yr ymateb a gawson ni (gan TESSA)". (Rhiant Mabwysiadol)

Roedd gan rai o'r rhieni eraill a gyfwelwyd synnwyr gweddilliol nad oedd unrhyw wasanaethau wedi'u teilwra ar gael i gynorthwyo eu plentyn neu eu teulu (ar ôl chwilio a heb ddod o hyd i'r rhain yn y gorffennol) neu bod rhaid iddyn nhw ddal i 'frwydro am wasanaethau'. Yn yr un modd, nododd rhai rhieni oedd yn cwblhau'r arolwg nad oedd yn ymddangos bod cymorth arbenigol wedi'i dargedu ar gael yn eu hardal leol.

"Roedd y gweithiwr cymorth ôl mabwysiadu i ffwrdd ar ôl 6 mis. Mae mabwysiadu am oes. Does gan feddyg teulu mo'r amser na'r cymwysterau proffesiynol i asesu heb sôn am helpu. Dydy TESSA ddim hyd yn oed ar gael yma. Does dim gwasanaethau cymorth eraill yma heblaw eich bod yn agor achos gyda'r gwasanaethau cymdeithasol." (Rhiant Mabwysiadol)

3.3.3 Gwybod ble i fynd am help gyda chymorth arbenigol ar gyfer anghenion

O ran cymorth ar gyfer anghenion arbenigol, dywedodd 21% o'r rhieni oedd yn credu eu bod ei angen iddyn nhw fynd am help at eu gweithiwr cymorth ôl-mabwysiadu, roedd 17% wedi mynd at ysgol eu plentyn; roedd 11% wedi mynd at eu meddyg teulu, 8% wedi mynd at wasanaeth cymorth oedd eisoes yn hysbys iddyn nhw a 5% wedi mynd at yr Asiantaeth Mabwysiadu Gwirfoddol a drefnodd y mabwysiadu. Mae hyn eto yn cymharu â chyfran uwch o weithwyr proffesiynol (63%) a gwblhaodd yr arolwg oedd yn meddwl bod teuluoedd yn mynd yn y lle cyntaf am help gydag anghenion arbenigol at eu gweithiwr cymdeithasol ôl-mabwysiadu. Dywedodd gweithwyr proffesiynol a rhieni a ymatebodd i'r arolygon hefyd sut roedden nhw (rhieni) yn aml yn mynd yn uniongyrchol at wasanaethau (therapiwtig) oedd eisoes yn hysbys iddyn nhw, i CAMHS neu i ysgolion/meddygon teulu.

Cyfeirir at argaeledd gwasanaeth yn nes ymlaen yn y gwerthusiad hwn, ond mae'n werth sôn yma bod llawer o rieni mabwysiadol oedd â rhywbeth i'w dweud am wybod ble i fynd am help ar gyfer anghenion arbenigol, wedi sôn am ddiffyg ffydd yn ei argaeledd neu ddiffyg dealltwriaeth o 'warchodwyr y pyrth', yn enwedig CAMHS ond hefyd gwasanaethau mabwysiadu penodol awdurdod lleol / rhanbarthol. Sonion nhw

hefyd am gael profiad o fynd 'rownd mewn cylchoedd' o un asiantaeth i'r llall i ddod o hyd i help.

"Felly, es i at y meddyg yn gyntaf (gan ddilyn cyngor yr ysgol) ac oddi yno cyfeiriwyd ni at CAMHS a ddywedodd nad oedd ein problemau yn ddigon difrifol, felly atgyfeiriwyd ni i dimau teuluol. Cysylltodd y timau ni â gweithiwr cymdeithasol mabwysiadu lleol oedd y bryd hynny ar absenoldeb oherwydd strês. Yn y pen draw dywedwyd bod angen help arnon ni ond ei fod wedi'i ohirio tra bod trafodaeth ynglŷn â phwy ddylai ariannu'r help a gynnigir gan awdurdod lleol neu'r asiantaeth mabwysiadu." (Rhiant Mabwysiadol)

"..er gwybod yr hyn sydd angen i chi wybod, fodd bynnag, does dim budd i hyn os nad ydy'r gwasanaethau angenrheidiol naill ar gael neu ddim yn bodoli neu os ydy'r swyddogion diogelu ymchwil yn ddigon ymwybodol i allu cynorthwyo atgyfeiriadau." (Rhiant Mabwysiadol)

"Nid bod dim syniad gyda ni ble i fynd. Dylech gynnwys yr opsiwn nad oes NUNLLE i fynd. Mae gan CAMHS restr aros o 9 mis am apwyntiad cyn-asesu ar gyfer ASD. A dydy hyn ddim hyd yn oed yn asesiad ar gyfer ASD." (Rhiant Mabwysiadol)

"Rydyn ni wedi teimlo nad oes/oedd un o'r uchod ar gael." (Rhiant Mabwysiadol)

"Mewn egwyddor, mae'n iawn gofyn am help ond mae chwilio am le i fynd a cheisio mynediad i wasanaethau yn hunllef ... Mae mynediad i gymorth yn yr ysgol a chymorth arbenigol drwy CAMHS yn anodd iawn ac felly, rydych chi fel rhieni ar eich pen eich hunain a dydy fy mhleintyn ddim yn derbyn yr help sydd ei angen arni hi." (Rhiant Mabwysiadol)

Roedd y profiad o deimlo eich bod yn cael eich barnu neu deimlo cywilydd am ofyn am help yn y gorffennol neu nemor ddim help yn digwydd neu'r teimlad bod gwasanaethau yn atgyfeirio'r teulu yn gyson o un lle i'r llall, i gyd yn cyfrannu at rwystredigaeth gyffredinol y rhieni hyn, hyd yn oed at deimlad o anobaith.

"Yn hanesyddol, mae ceisiadau rhesymol am help gan wasanaethau wedi arwain at brofiadau echrydus i'n teulu. Mae hyn yn ein gwneud yn eithriadol o gyndyn i chwilio am help oherwydd rydyn ni'n rhagweld poen o ganlyniad." (Rhiant Mabwysiadol)

"Yn teimlo cywilydd mawr a methiant. Roedd angen cwnsela er mwyn gofyn am gymorth a derbyn bod angen tîm i gadw ein plentyn mewn lleoliad." (Rhiant Mabwysiadol)

3.3.4 Beth sy'n cynorthwyo teuluoedd i wybod ble i fynd am help ar yr adeg priodol?

Ystyriai gweithwyr proffesiynol a gwblhaodd arolwg fod galluogwyr allweddol teuluoedd sy'n gwybod ble i fynd am gymorth ar yr adeg briodol yn cynnwys y canlynol:

- Teuluoedd â mynediad uniongyrchol i wasanaeth rhanbarthol (arbenigol) neu wasanaeth Asiantaeth Mabwysiadu Gwirfoddol ac yn gallu cyrchu ystod llawnach o adnoddau drwy'r 'drws ffrynt' hwn yn hytrach na gorfod mynd yn ôl i bob awdurdod lleol i ofyn am ryw ffurf o gymorth.

- Teuluoedd yn newydd i leoliadau ac yn nes i'r gwasanaeth mabwysiadu a hwylusodd y lleoliad.
- Teuluoedd â hunaniaeth mabwysiadu mwy positif a bod yn fwy agored i gymorth – yn ei ystyried fel rhan naturiol o'r broses fabwysiadu, proses barhaus. Gellir hyrwyddo hyn yn ystod yr hyfforddiant cynnar.
- Cyllid ar gyfer cymorth mabwysiadu y cytunwyd arno cyn i'r lleoliad gael ei wneud.
- Cymorth go wir ar gael, er enghraifft o fewn timau rhanbarthol neu drwy gynlluniau'r sector gwirfoddol megis 'TESSA' neu 'Mabwysiadu gyda'n Gilydd'.
- Teuluoedd yn cael eu hannog i gael 'check ins' cyson neu adolygu pethau gyda'u gwasanaeth mabwysiadu.
- Adoption UK a thimoedd rhanbarthol yn cydweithio er mwyn nodi'r adnoddau priodol i ddiwallu eu hanghenion.

3.4 I ba raddau mae teuluoedd mabwysiadol wedi bod yn fodlon gyda'r cymorth sydd ar gael a pha mor ddefnyddiol ydyn nhw?

3.4.1 Cymorth Gyffredinol yn cynnwys Cymorth Mabwysiadu 'Cyfnod Cynnar'

Mae astudiaethau ymchwil sydd eisoes yn bodoli yn awgrymu bod dulliau o fynd ati a'r cymorth yr ystyrir eu bod yn defnyddiol yn gyffredinol (gyda'r holl neu bron y cyfan o deuluoedd sy'n mabwysiadu) yn cynnwys y canlynol:

- Hyfforddiant cyn ac ar ôl mabwysiadu ar faterion sy'n debygol o fod o bwys.
- Dulliau systemau cyfan o fynd ati yn seiliedig ar lesiant, dull 'dim drws anghywir' o fynd ati ar draws asiantaethau y gallai plant a theuluoedd gysylltu â nhw.
- Gwasanaethau gwybodaeth a chyngor, er enghraifft o ran sut i reoli a chynorthwyo cyswllt effeithiol gydag aelodau'r teulu biolegol dros amser.
- Cymorth cymheiriad.
- Cofnod o brofiadau stori bywyd (therapiwtig) uchel ei ansawdd.
- Asesiadau medrus yn cynnwys ar gyfnod cynnar y mabwysiadu er mwyn rhagweld problemau y gallai'r plentyn a'r teulu eu hwynebu.

Selwyn 2017; Hamblin 2018; Meakings et al. 2018; King et al. 2017; Lushley et al.; 2018 Benfield 2017; Bange et al. 2014; Llywodraeth Cymru 2016; Adoption UK 2017; Yellow Kite 2020; TouchBase 2020; Rose & Philpot 2005; Watson et al., 2015; Fargas-Malet & McSherry, 2020

3.4.1.1. Beth mae'r data rheoli yn ei ddweud wrthon ni?

Mae dadansoddiad eilaidd o wybodaeth reoli yn awgrymu bod nifer o fentrau wedi cael eu cynnal yn ystod y 2-3 blynedd diwethaf i wella ansawdd ac effaith cymorth (cyffredinol) ar gyfer holl deuluoedd sy'n mabwysiadu yn cynnwys yn fwy diweddar (yn 2020), ddatblygiad deunyddiau a gyhoeddwyd yn genedlaethol i gynorthwyo i gofnodi profiad bywyd uchel ei ansawdd ar gyfer gweithwyr proffesiynol a rhieni a chreu rolau newydd o fewn timau mabwysiadu rhanbarthol yn benodol i gynorthwyo'r gwaith o gofnodi profiadau profiadau bywyd.

- Amcangyfrifir bod 59% o'r plant mabwysiedig sydd angen cofnod o brofiadau eu bywyd wedi gallu ei gyrchu mewn modd mwy amserol yn ystod 2019-2020 o'i gymharu â'r flwyddyn flaenorol.
- Mae 'cynigion' newydd megis 'TESSA' a 'Mabwysiadu gyda'n Gilydd' wedi'u hanelu at gynorthwyo teuluoedd sy'n dechrau profi effeithiau trawma plentyndod.
- Datblygwyd deunyddiau ychwanegol a chysiau ôl-mabwysiadu gan NAS yn gweithio gydag Adoption UK ac AfA Cymru er mwyn cynorthwyo rhieni mabwysiadol i fagu plant yn therapiwtig yn ogystal â gyda materion penodol megis cyswllt gydag aelodau'r teulu biolegol.
- Cafodd cymorth cymheiriaid ar gyfer pobl ifanc mabwysiedig 'hwb' drwy ddatblygiad Rhaglen 'Connected' gydag Adoption UK, er y bu'n anodd yn ymarferol i ddod â phobl ifanc at ei gilydd yn y modd y bydden nhw'n ei ddymuno ac i greu'r effaith fwyaf oherwydd Pandemig Covid-19.
- Cyd-gynhyrwyd taflenni at ddefnydd gweithwyr proffesiynol iechyd i'w helpu i ddeall mabwysiadu yn well.
- Cynhyrwyd podlediadau (o rieni mabwysiadol yn siarad am eu profiadau) i alluogi darpar fabwysiadwyr i gael gwell syniad o'r hyn mae mabwysiadu yn ei olygu ac i hyrwyddo mabwysiadu.

3.4.1.2. Beth mae'r arolwg rhieni yn ei ddweud wrthon ni?

Ystyriai rhieni a ymatebodd i'r arolwg ar-lein bod nifer o ffurfiau o gymorth mabwysiadu yn bwysig iddyn nhw yn ystod cyfnodau cynnar eu taith mabwysiadu, yn arbennig ei gweithiwr cymdeithasol ôl-mabwysiadu a grwpiau cymorth cymheiriaid. Fodd bynnag, ystyriwyd bod ystod o gymorth cyffredinol arall yn gymharol bwysig, fel y gwelir yn y tabl isod:

Tabl 12: Cyfran y rhieni yn ymateb i'r arolwg a ystyriai bod gwahanol ffurfiau o gymorth yn bwysig iddyn nhw yn ystod cyfnodau cynnar y mabwysiadu

Math o gymorth	% o rieni a ystyriai y math hwn o gymorth yn ddefnyddiol neu'n ddefnyddiol iawn yn ystod cyfnodau cynnar mabwysiadu
Gwaith cymdeithasol ôl-mabwysiadu	81%
Grŵp cymorth cymheiriaid	75%
Gwybodaeth yn seiliedig ar y we	71%
Hyfforddiant ôl-mabwysiadu	70%
Deunyddiau taith bywyd	69%
Cylchlythyr gwybodaeth	56%

Sylwer: Nifer o rieni yn ymateb i'r cwestiwn hwn = 231

Fe wnaeth cymorth gweithiwr cymdeithasol ôl-mabwysiadu sgorio'n uchel yn enwedig yn y categori 'defnyddiol iawn' yng nghyfnodau cynnar mabwysiadu. Mae mwyafrif o ymatebion eraill yn niwtral h.y. 'y naill na'r llall' yn hytrach nag yn negyddol h.y. di-fudd neu'n di-fudd iawn.

Ymhlith ffurfiau eraill o gymorth y crybwyllwyd a'i werthfawrogi gan rieni a gweithwyr proffesiynol yn ystod cyfnod cynnar mabwysiadu roedd y canlynol:

- Grwpiau cyfryngau cymdeithasol ar fagu plant therapiwtig / hyfforddiant a deunyddiau a gynigir gan Gymdeithas Cenedlaethol Rhianta Therapiwtig.
- Cymorth gan weithwyr cymdeithasol llawrydd i gynnal gwaith cyswllt â rhieni biolegol.
- Cymorth i gysylltu / blwch llythyrau.
- Aelodaeth o Adoption UK.
- Hyfforddiant a dderbyniwyd fel gofalwyr maeth cyn dod yn rhieni mabwysiadol.
- Deunyddiau therapiwtig ar gyfer magu plant.
- Trefniadau mentora.
- Sesiynau hyfforddi ar-lein (yn cynnwys Adoption UK) a gweminarau ar feysydd o ddiddordeb.
- Grŵp Facebook 'Adoption Family Matters' a hyfforddiant ar-lein.
- Grwpiau WhatsApp (yn cynnwys grwpiau cymysg o ofalwyr maeth a mabwysiadwyr) a sefydlwyd gan Adoption UK.

3.4.1.3. Beth ddwedodd rhieni wrthon ni mewn cyfweiliad?

Mae syniadau mwy manwl rhieni a gymerodd ran mewn cyfweiliad yn awgrymu bod cymorth cymheiriaid yn cael ei werthfawrogi nid yn unig yn ei ffurf fwy trefnus:

"Chi'n gwybod, profiadau go wir y mae'r ddau ohonoch chi wedi'u cael ond mewn gwahanol ffyrdd. Roedd hynny yn tawelu fy meddwl... llawer o bobl sy'n gwybod sut yr ydych yn teimlo neu'n gwybod beth sy'n mynd ymlaen." (Rhiant Mabwysiadol)

ond hefyd mewn grwpiau llai mwy anffurfiol o rieni efallai wedi cwrdd i gychwyn mewn grŵp mwy ond sydd wedi cael cynhaliach wrth ddod at ei gilydd mewn grŵp cyfeillion:

"Dw i wedi cael fy ngwahodd i ymuno â grwpiau cymheiriaid ac i fod yn onest, dwi'n eu cael yn anodd. Fe wnes i gwrdd ag ychydig o rieni mabwysiadol yn annibynnol... ac mae gynnwys ni ein grŵp bach o gymheiriaid ein hunain. Mae fy merched yn wych ac yn y grŵp cymheiriaid, clywais am yr holl straeon caled gan eraill a ... ches hi'n anodd i ddod ag unrhyw beth positif i'r grŵp. Os bydd popeth yn iawn, efallai na fydd rhaid i mi fynd?" (Rhiant Mabwysiadol)

"Mae ein ffrindiau'n fabwysiadwyr... ein math ni ein hunain o gymorth anffurfiol, mi gredaf." (Rhiant Mabwysiadol)

Mae'r cyfweiliadau a gynhaliwyd gyda rhieni ar gyfer y gwerthusiad hwn yn awgrymu ei bod yn bwysig cynnal mathau amrywiol o gymorth ar gyfer rhieni mabwysiadol yn ystod cyfnodau cynnar mabwysiadu gan na fydd pawb am neu'n hoffi dysgu o'r ffurfiau mwy ffurfiol hyn o gymorth. Er enghraifft, awgrymodd rhai y buasai'n well ganddyn nhw ddysgu hunan-gyfeiriedig.

3.4.2 Safbwyntiau rhieni a gweithwyr proffesiynol ar ansawdd y cymorth cyffredinol yn ehangach

"Ar lefel gyffredinol, mae 'na gymorth i'w gael. Mae mwyafrif o Asiantaethau Mabwysiadu Gwirfoddol a rhanbarthol wedi cael hynny'n gywir ... gwybodaeth, clychlythyrau, hyfforddiant a grwpiau cymorth cymheiriaid. Credaf bod y rhanbarthau

wedi ei gael yn iawn ac maen nhw'n gweithio gyda AUK lle ceir bwlch." (Arweinwyr Sector)

Roedd dipyn o amrywiaeth yn safbwyntiau rhieni am ansawdd neu ffurfiau'r cymorth cyffredinol roedden nhw wedi'u profi, yn ôl yr hyn a nodir yn yr arolwg ar-lein.

Mae'r tabl isod yn rhestru gwahanol ffurf o gymorth a awgrymwyd i ymatebwyr yr arolwg ar-lein arolwg ar-lein a sut y caiff pob un eu graddio o 'da iawn' i 'gwael'.

Tabl 13: Mathau o gymorth cyffredinol drwy raddio gan rieni sy'n ymateb i'r arolwg o 'da iawn' i 'gwael'

Math o gymorth cyffredinol	Nifer oedd wedi ymateb	Da iawn	Eitha da	Teg	Gwael
Cymorth grŵp cymheiriaid	236	43%	33%	14%	5%
Hyfforddiant ôl-mabwysiadu	88	40%	34%	17%	3%
Gweithiwr Cymdeithasol Ôl-Mabwysiadu	118	50%	22%	15%	5%
Digwyddiad(au) Teuluol	58	28%	40%	17%	3%
Cyngor a Gwybodaeth ar y Wefan	105	21%	41%	30%	5%
Cylchlythyr(au)	108	16%	42%	32%	6%
Cofnodion Profiad Bywyd	88	16%	28%	30%	10%

Y mathau o gymorth sydd uchaf eu graddfa oedd cymorth grŵp cymheiriaid, hyfforddiant ôl-mabwysiadu a gweithiwr cymdeithasol ôl-mabwysiadu. Mae'r canfyddiadau hyn yn cydweddu â rhai i gwestiwn tebyg a ofynnwyd i weithwyr proffesiynol mabwysiadu ac arweinwyr sector a ystyriai mai'r ffurfiau o gymorth cyffredinol y gwerthfawrogwyd fwyaf yn gyffredinol oedd y gweithiwr cymdeithasol ôl-mabwysiadu ac yna cymorth cymheiriaid a hyfforddiant.

"Mae cyswllt cyson gyda gweithiwr cymdeithasol mabwysiadu a gweithiwr cymdeithasol y plentyn wedi rhoi hyder i ni yn y modd yr ydyn ni'n ymdopi. Mae cyswllt gyda'r grŵp cymheiriaid wedi gwneud i ni deimlo nad ydyn ni 'ar ein pen ein hunain'. Mae digwyddiadau hyfforddi wedi gwneud i ni feddwl am sut yr ydyn ni'n ymdopi." (Rhiant Mabwysiadol)

"Mynediad i wybodaeth a grwpiau cymheiriaid. Yn teimlo bod teuluoedd eraill yn mynd drwy'r un peth â ni. Llauer o help ymarferol." (Rhiant Mabwysiadol)

Hefyd, gofynnwyd i rieni a gwblhaodd yr arolwg ar-lein i ddisgrifio'r cymorth cyffredinol roedden nhw wedi'i dderbyn gan gyfeirio at ystod o nodweddion gafodd well effaith.

- Roedd 66% yn credu ei fod yn gadarnhaol wybodus (am anghenion arbennig teuluoedd mabwysiadol).
- Roedd 66% yn credu ei fod yn tawelu'r meddwl.
- Roedd 66% yn credu ei fod yn gadarnhaol ddefnyddiol.

- Roedd 59% yn credu bod mynediad yn gadarnhaol amserol.
- Roedd 50% yn credu ei fod yn gadarnhaol addas ar gyfer anghenion y teulu.
- Roedd 49% yn credu ei fod yn gadarnhaol ddigonol ar gyfer anghenion y teulu.

Disgrifiodd y rhieni a gymerodd ran mewn cyfweiliad mwy manwl ar gyfer y gwerthusiad yr ansawdd a phrofiadau cymharol dda o gymorth cyffredinol neu ffurfiau cynnar o gymorth mabwysiadu, yn cynnwys cymhariaeth weithiau â blynyddoedd cynharach (lle mabwysiadwyd beth amser yn ôl). Roedden nhw'n gwerthfawrogi'r cysylltiad agos yn arbennig gyda gweithiwr cymdeithasol mabwysiadu a chyfeirio at ffynonellau, cyngor, hyfforddiant neu weminarau.

"Cael gweld gweithiwr cymdeithasol, roedd hyn o gymorth mawr... baich wedi codi oddi ar ein hysgwyddau. Mae fel petai'n dweud bod y problemau hyn yn gyffredin iawn. Triwch hwn, triwch wneud hyn ac roedd fel cadw dyddiadur o bob digwyddiad." (Rhiant Mabwysiadol)

Ron i'n teimlo y gallwn gael gafael ynnddi unrhyw bryd ac roedd hyn yn wych.... roedd yn dipyn o sialens... y tri, pedwar mis cyntaf.. doedd e ddim yn cysgu. Aethon ni i un o'r cyfarfodydd 'checio i mewn' ni ac roedd pawb yn gallu gweld mod i'n dioddef. Talon nhw am ymgynghorydd cwsgr. . tawelu fy meddwl. Mân bethau oedd o gymorth fel diffodd unrhyw olau uwch ei ben, a phylu pob golau yn y tŷ." (Rhiant Mabwysiadol)

Disgrifiodd llawer y ffurfiau o gymorth a dargedir, yn cynnwys cyfarfodydd aml-ddisgyblaethol i ystyried anghenion eu plentyn a/neu TESSA, gan bwysleisio ei werth fel mesur ataliol yn ystod cyfnodau cynnar mabwysiadu:

"Mae wedi ein haddysgu ni. Wedi cynnig cyrsiau defnyddiol. Rydyn ni wedi derbyn cymorth gwerthfawr gan ein partner rhiant (TESSA)." (Rhiant Mabwysiadol)

"Y cyfarfodydd ... Ces y rhain yn anhygoel o gefnogol oherwydd byddai rhai o'r cwestiynau hyn wedi cael eu gofyn a chael eiriolwr hefyd. A byddai hynny, chi'n gwybod, y gweithgareddau, yn dod â nhw at ei gilydd..... Roedd pawb yn gallu cynnig syniadau o'r hyn oedd ei angen. Cafwyd rhai trafodaethau defnyddiol iawn am y modd y rheolwyd ymddygiad a'r pethau a weithiodd iddo yn flaenorol." (Rhiant Mabwysiadol)

"Roedd gynnon ni dîm cyn-mabwysiadu yn y cyfarfod plant, lle byddai pob agwedd o'u bywydau yn cael eu dadelfennu gan seicolegydd, gweithwyr cymdeithasol, gofalwyr maeth a meddygon, i'n helpu ni i ddeall sut a pham mae ein plant yn cael eu heffeithio gan brofiadau cynnar eu bywyd, a chiwiau posibl a datrysiadau. Roedd y cyfarfod mor ddefnyddiol ac yn deillio o'r cyfarfod hwnnw y byddwn yn ddi-os yn cyfeirio ato am flynyddoedd i ddod." (Rhiant Mabwysiadol)

"Cafodd ein mab therapi chwarae gan weithiwr o'r tîm mabwysiadu rhanbarthol. Ddechreuodd ei dderbyn cyn iddo gael ei faethu ac yna, stopiodd pan roedden nhw'n teimlo nad oedd ei angen arno bellach gan ei fod wedi ymlynu'n llwyr. Roedd yn arbennig o ddefnyddiol i gryfhau'r ymlyniad rhwng fy ngŵr a fy mab oherwydd roedd absenoldeb tadolaeth fy ngŵr yn fyrrach. Roedd y cwrs dau ddiwrnod ar fagu plant yn therapiwtig a drefnwyd gan y rhanbarth a gomisiynwyd gan Gymdeithas Genedlaethol Rhianta Therapiwtig i'w gyflenwi. Roedd e mor dda. Roedden ni wedi trafod hyn yn ystod yr hyfforddiant mabwysiadu cychwynnol cyn cael plentyn ond roedd yn wych i'w roi ar waith nawr bod gennym ni blentyn. Rydw i ar weminar nos yfory ac mae hynny'n

trafod y cyswllt gyda'r teulu biolegol. Aethon ni drwy gyfnod pan oedd ei ymddygiad ar chwâl. Roedden ni'n meddwl a oedd hyn yn mynd i barhau. Ond mae pethau'n well. Rydyn ni'n gwybod beth sy'n sbarduno hyn, megis y cyfnod sy'n arwain at y Nadolig a chyn dod i gysylltiad â'u hanner brodyr a chworiydd. Mae hi (y therapydd) yn dal ar ben arall y ffôn." (Rhiant Mabwysiadol)

Hefyd, disgrifiodd rhai o'r rhieni a gyfwelwyd sut roedd cyn ofalwr maeth eu plentyn wedi bod yn ffynhonnell cymorth, yn enwedig yn ystod cyfnodau cynnar mabwysiadu ond weithiau drwy gydol y mabwysiadu:

"Roedd hi (y gofalwr maeth) yn wych. Roedd hi ar gael drwy'r amser. Rydw i'n lwcus bod gynnon ni berthynas dda gyda hi o hyd. Rydych chi'n gallu troi at aelodau'ch teulu a throi at ffrindiau ond dwi'n meddwl bod y gweithwyr cymdeithasol a'r rhieni maeth yn nabod y broses, maen nhw'n nabod y plentyn." (Rhiant Mabwysiadol)

"Y peth gorau (yn ystod y cyfnodau cynnar) oedd y berthynas dda gyda'r gofalwr maeth. Fe wnaethon nhw adael i mi aros gyda nhw yn eu cartref oherwydd mod i am i'r merched ymgylchedd â deffro wrth iddyn nhw ddeffro yn ystod y nos cyn iddyn nhw adael eu hamgylchedd cyfarwydd. Ron i'n gwybod (hefyd) bod gen i'r gweithiwr cymdeithasol yn y cefndir petai angen." (Rhiant Mabwysiadol)

Roedd rhai o'r rhieni a gyfwelwyd yn ymwybodol bod mwy o gymorth ar gael nawr i'r holl deuluoedd sy'n mabwysiadu, yn ystod cyfnodau cynnar y mabwysiadu gan feddwl, o edrych yn ôl, y gallen nhw fod wedi elwa o hyn:

"Roeddech chi'n cael eich gadael ar eich pen eich hun i ymdopi â phethau ... ac mae hynny'n iawn oherwydd dyna'r hyn roedd angen i ni ei wneud a'r hyn roedden ni'n dymuno ei wneud. Ron i'n meddwl eu bod wedi ymglymu a heb broblemau. Cymerodd mwy na thebyg, bum neu chwe mlynedd a lleoliadau ysgol yn methu, cyn i ni mewn gwirionedd gael y cymorth roedd ei angen arno. Roedd y gweithiwr cymdeithasol oedd gynnon ni ers blynnydoedd yn hyfryd ond ar y pryd, wnaeth hi ddim dweud 'gadewch i ni edrych ar hyn'. Roedd e fel petai'n dweud 'mae'n dal i setlo i mewn'. Roedden nhw am helpu ond mewn gwirionedd, doedd ganddyn nhw mo'r wybodaeth na'r dealltwriaeth (yna)." (Rhiant Mabwysiadol)

"Nawr, mae pethau wedi newid cryn dipyn ers hynny (14 mlynedd yn ôl). Chawson ni ddim cymorth fel y cyfryw; cawson ni ymweliadau gan yr ochr ôl-mabwysiadu. Ond nid cymorth oedd hynny: nid sut roeddech chi'n ymdopi, ond yn hytrach gwneud yn siŵr ein bod i gyd yn ffitio i mewn gyda'n gilydd." (Rhiant Mabwysiadol)

Un neges glir o'r arolwg rhieni ar-lein a'r cyfweiliadau manwl gyda rhieni oedd y gall fod yn anodd i'r rhai sy'n gweithio llawn amser neu sy'n rhieni sengl i gyrchu hyfforddiant neu 'ddiwrnodau teuluol' a amserlennir ac sy'n hygyrch ar adeg benodol yn unig ac mae hyn yn cyfyngu'n sylweddol ar bethau.

"Yn anffodus, fel rhiant sengl, dydw i ddim wedi gallu cyrchu cyrsiau/fideos ayb. ar-lein oherwydd eu bod yn cael eu cynnal adeg amser gwely fy mhientyn bach a dim ond y fi sydd ar gael i'w roi yn y gwely. Byddai recordio'r hyfforddiant/sgyrsiau a'i gynnal ar adeg mwy cyfleus o gymorth mawr" (Rhiant Mabwysiadol)

"Anfonwyd rhai o'r gweminarau ata i ... pynciau yr oedden nhw'n delio â nhw megis sut i drafod eich profiadau bywyd... ond, yn anffodus, dydw i ddim wedi gallu ymuno ag unrhyw un ohony'n nhw oherwydd maen nhw'n fyw am chwech o'r gloch sy'n addas ar gyfer pobl ar ôl gwaith ond dyna'r adeg paratoi ar gyfer mynd i'r gwely. Felly byddai'n wych petai'n gallu cael ei recordio ymlaen llaw." (Rhiant Mabwysiadol)

O ran effaith y cymorth mabwysiadu cyffredinol, mynegodd tua dau draean (67%) o'r rhieni a gymerodd ran yn yr arolwg farn bod cymorth cyffredinol wedi gwella eu dealltwriaeth o anghenion eu plentyn. Dywedodd cyfran debyg ei fod wedi helpu i wella eu dealltwriaeth o'r rheswm pam mae eu plentyn yn ymddwyn fel y mae (64%) ac wedi helpu gyda'u hyder i fagu plant (62%).

Fodd bynnag, mae ymatebion rhieni yn yr arolwg yn awgrymu bod terfynau i gymorth cyffredinol, yn enwedig yn y tymor canolig i'r tymor hirach, sef mai dim ond hanner y rhieni (50%) oedd yn ystyried ei fod wedi helpu i wella'r cwlwm rhwng y plentyn a'r rhiant a meddyliai 55% ei fod wedi helpu gyda bywyd teuluol a pherthynas.

3.4.3 Safbwyntiau ar ansawdd cymorth mabwysiadu a dargedir neu gymorth mabwysiadu arbenigol

Mae ymchwil sydd eisoes yn bodoli wedi ystyried i ryw raddau yr ansawdd ac effeithiolrwydd cymorth mabwysiadu a dargedir neu gymorth mabwysiadu arbenigol. Bu'r hyn sydd wedi cael ei ystyried yn y llynyddiaeth hyd yn hyn yn therapiwtig gan fwyaf neu'n addysgol neu therapiwtig eu natur – ar gyfer y rhiant (rhieni) – yn cynnwys y canlynol yn fwyaf cyffredin:

- Hyfforddiant rhiant therapiwtig.
- Ymyriadau seico-therapi yn cynnwys therapïau ymddygiad gwybyddol (CBT neu DBT) yn cynnwys y rhai a addaswyd yn benodol ar gyfer plant mabwysiedig: Di-sensiteiddio ac Ailbroesu Symudiad Llygaid (EMDR); Therapi Prosesu Integreiddio Synhwyrdd.
- Therapïau teuluol megis Seicotherapi Datblygiadol Dwbl neu Ganllawiau Rhyngweithio ar Fideo (VIG)
- Therapïau creadigol megis chwarae neu therapi mabaidd
- Dulliau o fynd ati i delio â sialensiau penodol i ymddygiad megis rhaglenni NVR ('Ymwrthedd Di-drais') ar gyfer rhieni i'w helpu i reoli trais plentyn ar rieni.
- Seibiannau byr therapiwtig.
- Gwaith therapiwtig ar gofnodi profiadau bywyd

Fodd bynnag, mae sail tystiolaeth y DU am 'yr hyn sy'n gweithio' o ran cymorth a dargedir neu cymorth arbenigol yn dal yn ei fabandod (Stock et al., 2016; Selwyn, 2017).

3.4.3.1. Beth ydyn ni'n ei wybod o'r data rheoli?

Y negeseuon allweddol o ddadansoddiad eilaidd gan werthuswyr data rheoli NAS perthnasol ar gyfer 2019-2020 ydy:

- Cymorth a dargedir yn cyrraedd mwy o blant a theuluoedd (wedi codi 72%, o 170 o deuluoedd yn 2018-2019 i 237 yn 2019-2020).

- Mae rhaglen newydd TESSA wedi gweithio gyda thua 42 o deuluoedd yn ystod 2019-2020, a thbyir bod llawer mwy wedi eu tynnu i l i'r rhaglen hon yn ystod cyfnod cyntaf 2020-2021.

3.4.3.2. Safbwyntiau rhieni

Roedd rhieni a gwblhaodd yr arolwg ar-lein a oedd wedi cyrchu ffurfiau penodol o gymorth mabwysiadu a dargedir neu gymorth arbenigol yn fwy canmoliaethus am ansawdd o'i gymharu ag eraill.

TESSA a werthfawrogwyd fwyaf (roedd 81% yn ystyried y cymorth hwn yn dda neu'n dda iawn) a therapi ar gyfer plentyn a rhiant gyda'i gilydd (roedd 70% yn meddwl bod hyn yn dda neu'n dda iawn).

Roedd cyfrannau arbennig o uchel yn meddwl bod CAMHS neu CAMHS arbenigol yn cynnig cymorth gwael ei ansawdd ond nododd rhai rhieni y gallai therapi plentyn yn unig a chymorth yn yr ysgol hefyd fod o ansawdd gwael.

Tabl 14: Mathau o gymorth a dargedir neu gymorth arbenigol fesul ymatebwyr i arolwg rhieni wedi'u graddio o dda iawn' i 'gwael iawn'

Math o gymorth a dargedir neu gymorth arbenigol	Nifer oedd â mynediad	Da iawn	Eitha da	Teg	Gwael	Gwael iawn
TESSA	22	45%	36%	14%	0%	5%
Hyfforddiant ôl mabwysiadu	57	47%	32%	14%	2%	5%
Therapi (plentyn a rhiant)	46	35%	35%	19%	2%	9%
Therapi ar gyfer y plentyn	44	39%	25%	11%	7%	18%
Gwasanaeth asesu	46	26%	35%	28%	2%	1%
Cymorth yn yr ysgol	61	18%	20%	28%	13%	21%
CAMHS	29	13%	21%	13%	13%	40%
CAMHS Arbenigol	26	15%	15%	15%	5%	50%

Mynegodd gweithwyr proffesiynol mabwysiadu a gwblhaodd arolwg ar gyfer y gwerthusiad farn ychydig yn wahanol am ffurfiau o gymorth a dargedir neu gymorth arbenigol oedd, yn eu tyb nhw, y mwyaf gwerthfawr iddyn nhw. Mae'r ymatebion yn wahanol yn enwedig o ran y gwerth a roddir ar TESSA a hyfforddiant ôl mabwysiadu fel y gwelir yn y tabl isod:

Tabl 15: Mathau o gymorth a dargedir neu gymorth arbenigol a ystyriwyd fwyaf gwerthfawr o safbwynt gweithwyr proffesiynol mabwysiadu yn ymateb i'r arolwg

Math o gymorth	% o weithwyr proffesiynol sy'n cwblhau arolwg oedd yn ystyried hyn ymhlith y mwyaf gwerthfawr
Cymorth therapiwtig ar gyfer y plentyn a'r rhiant	71%
Cymorth therapiwtig ar gyfer y plentyn yn unig	63%
Cymorth yn seiliedig ar yr ysgol	60%
Gwaith therapiwtig ar gofnodi profiadau bywyd	60%
TESSA	47%
Hyfforddiant ôl mabwysiadu	43%
CAMHS	36%
Lwfans ariannol	25%

Ymhlith ffurfiau eraill o gymorth a dargedir neu gymorth arbenigol y cyfeiriodd gweithwyr proffesiynol atyn nhw fel rhai gwerthfawr roedd: cwnsela ar berthynas (ar gyfer rhieni), help i reoli ymddygiadau plentyn, a chymorth cymheiriaid (gan fabwysiadwyr profiadol).

Ar ôl ei gyrchu, disgrifiodd dau draean o'r rhieni a gwblhaodd arolwg wasanaethau a dargedir neu wasanaethau arbenigol yn rhai gwybodus iawn am anghenion arbennig teuluoedd mabwysiadol (67%) ac yn rhai sy'n tawelu meddwl (69%). Yn union fel gyda chymorth cyffredinol dywedodd mwyafrif o rieni fod gwasanaethau cymorth a dargedir a chymorth arbenigol yn cael eu cynnig gyda thosturi (83%). Fodd bynnag, dim ond hanner y rhieni a gymerodd ran yn yr arolwg (54%) oedd yn ystyried bod y 'swm priodol' o wasanaeth wedi cael ei ddarparu.

Disgrifiodd un rhiant a gymerodd ran mewn cyfweiliad manwl ar gyfer yr astudiaeth hon deimlo'n gryf eu bod wedi cael eu 'cynnal a'u helpu' fel teulu gan y gweithwyr cymdeithasol a'r therapyddion yn y tîm aml-ddisgyblaethol, a hefyd cymorth ehangach parhaus mwy cyffredinol eu natur

"Mae e yna os ydych chi ei eisiau fe. Mae hi wedi bod yn rhyfeddol, y person dwi'n bwrw fy mol iddi ac mae'n trefnu popeth i mi. Mae'n gwybod sut dylai popeth weithio ac mae wedi gweithio'n agos iawn gyda'r ysgol. Ces fy nerbyn ar gynllun TESSA hefyd.. ryw flwyddyn yn ôl. Partner Rhiant.. rydyn ni'n cysylltu ar FaceTime bob ryw bythefnos a threfnu digwyddiadau cymdeithasol ac ymgynghoriad seicoleg clinigol teirawr fel rhan o'r tîm hwn a hefyd cewch gynnig cwrs sy'n delio â thrawma datblygiadol. Hefyd Adoption UK, mae ganddyn nhw gymuned fawr iawn a gallwch ei gyrchu ar gyfer yr hyn rydych ei eisiau. Allai wir weld dim o'i le arno. Roedd yr ymgynghoriad seicolegol yn dda iawn, iawn." (Rhiant Mabwysiadol)

Roedd teulu arall wedi cael gwasanaeth gweithiwr cymdeithasol i gynorthwyo tholl aelodau'r teulu yn cynnwys y plentyn ac a drefnodd cymorth seicolegydd (a ddisgrifiwyd gan rieni fel rhaglen grŵp dan arweiniad seicolegydd). Roedd y rhiant yn

gwerthfawrogi'r holl help (gweithiwr cymdeithasol, grŵp dan arweiniad seicolegydd, cyswllt gydag ysgolion) ond pwysleisiwyd sut y byddai'r cymorth yn well petai'n cael ei gynnig yn gynharach.

"Gall fod yn anodd iawn, iawn i ysgolion ddeall pobl ifanc mabwysiedig a'r trawma a phethau fel hynny. Rydych yn cael galwadau ffôn yn dweud wrthoch chi eu bod wedi bod yn ddrwg. Rydych chi'n eu hamddiffyn yn barhaus. Roedd cael rhywun yno a all ddod gyda chi i gyfarfodydd yn wirioneddol ddefnyddiol. Fe ymunon ni â grŵp PACE. Mae'n gysylltiedig â materion seicoleg, cwrs chwe wythnos. Cwrs buddiol iawn. Helpodd i egluro pethau nad oedden ni wedi sylweddoli o'r blaen. Trueni na fydden ni wedi ei gael ynghynt, wir i chi. Byddai wedi gwneud cymaint o wahaniaeth. Ond y peth gorau a ddeilliodd o hyn oedd ein bod wedi cychwyn siarad â rhieni eraill ar y cwrs, yn ystod amser egwyl; a thros goffi. Ar ôl hynny, sefydlon ni Grŵp WhatsApp. Bydden ni'n cadw mewn cysylltiad, yn llythrennol drwy'r amser. Os byddai rhywun yn cael wythnos wael, byddai pawb yn cefnogi a chynorthwyo ei gilydd. Mae'r strategaethau a'r holl bethau hyn wedi bod yn fuddiol iawn. Mae'r cymorth wedi bod yn amhrisiadwy." (Rhiant Mabwysiadol).

Ar gyfer rhiant arall a gyfwelwyd roedd cael adroddiad seicolegol a TESSA a gyflenwyd ar-lein o fudd nid yn unig yn uniongyrchol ar gyfer y teulu ond hefyd i'r plentyn yn yr ysgol, drwy rannu'r adroddiad gydag addysgwyr iddyn nhw ddeall a darparu. Roedd cael seicolegydd i siarad ag e, yn cynnwys tawelu meddwl y rhiant hwn hefyd o help.

"Edrychwch, dewch o 'na, a gwnewch rywbeth. Cael ei asesu gan seicolegydd addysgol.. does dim slot! Bu'r ymatebolrwydd a'r parodrwydd i wneud asesiad ac i ystyried pa broblemau oedd yn bodoli yn fuddiol a chydnyddiaeth bod rhai o'r pethau hyn tu hwnt i rychwant normal addysg a'r GIG sy'n fuddiol. Siarad i ail-werthuso'r hyn ydy ein targedau magu plant ac yn trafod hyn gyda'n gilydd... trafod ein dull o fagu plant efallai a'n cynorthwyodd." (Rhiant Mabwysiadol)

Pwysleisiodd rhai rhieni bwysigrwydd cysondeb gweithwyr, ar gyfer rhieni a phlant neu bobl ifanc a hefyd empathi gweithiwr, i ddatblygu ymddiriedaeth a hyder yn yr un sy'n rhoi cyngor a chymorth.

"Y peth pwysicaf ydy parhad a dilyniant.... meddu ar y cwlwm hwnnw o ymddiriedaeth gyda rhywun y teimlwch y gallwch ofyn am help." (Rhiant Mabwysiadol)

"Cymerodd amser hir i sefydlu perthynas. Yna, cafodd ein gweithwraig gymdeithasol ddyrchafiad ac felly cawson ni un newydd. Fe cymerodd hi amser i sefydlu perthynas dda gyda'r ail weithwraig. Dyma ni'n mynd eto ...Bydd hon yn mynd. Mae pawb yn gadael. Dyna olwg llawer o blant mabwysiedig ar y byd. Gadawodd y bobl yn fy mywyd felly mae pawb arall yn mynd i adael." (Rhiant Mabwysiadol)

"Dw i wedi bod yn meddwl llawer am bwysigrwydd empathi. Nid gwybodaeth yn unig mohono. Mae sefydliad... wedi datblygu rhith gynhyrchion, rhaglenni penodol ar gyfer gweithwyr a darpar rieni mabwysiadol er mwyn helpu gweithwyr cymdeithasol a rheini i ddeall y gwir brofiad o drawma o'u cyfnod ar aelwyd gamdriniol." (Rhiant Mabwysiadol)

Gwerthfawrogwyd ffurfiau eraill o gymorth, er enghraifft cymorth ariannol:

“Roedd dau blentyn o fewn pedwar mis yn wallgof. Rwy'n credu ei fod wedi cymryd y pwysau i ffwrdd ac fe adawodd i mi dreulio'r amser ychwanegol hwnnw i ffwrdd o'r gwaith gyda nhw. Roedd yn un peth nad oedd yn rhaid i ni boeni amdano. Roeddwn i'n gallu canolbwyntio arnyn nhw yn unig.” (Rhiant Mabwysiadol)

Neu gymorth ar gyfer cyswllt wyneb yn wyneb am y tro cyntaf â rhiant biolegol gan gynnwys cymorth i'r rhiant biolegol a'r plentyn:

“Roedd gen i gynllun o sut roeddwn i eisiau iddo fod a chyflawnwyd popeth o fy nghynllun ac... roeddwn i'n hapus gyda'r ffordd yr oedd yn troi allan - cefais gymorth hyd yn oed wedyn. Anfonodd fy ngweithiwr cymdeithasol neges i mi a dweud 'Rwy'n falch gyda'r ffordd y gwnaethoch drin heddiw.. rydych chi wedi tyfu i fyny ac wedi ymddwyn yn gyfrifol am y peth. Gwnaeth hynny i mi deimlo'n dda mewn gwirionedd. Cefais y cymorth yn parhau yn ystod y dydd (hefyd). O fy safbwynt i, cefais y cymorth yr oeddwn ei angen gan fy ngweithiwr cymdeithasol a fy rhieni.” (Plentyn wedi ei Fabwysiadu)

3.4.3.3. Ansawdd cymorth TESSA

Yn aml, canmolodd rhieni y rhaglen TESSA wrth ymatebi i'r arolwg a rhieni a gyfwelwyd ar gyfer y gwerthusiad hwn:

“Ymrestron ni ar TESSA. Roedd y sesiwn gyda'r seicolegydd yn wych ac mewn byd delfrydol dwi'n meddwl y byddai hyn ar agor i'r holl fabwysiadwyr drwy'r amser.” (Rhiant Mabwysiadol)

Mae sylwadau blwch testun y rhieni yn egluro mwy am y rheswm ac ym mha amgylchiadau y cawson nhw TESSA yn ddefnyddiol:

“Bu'n rhyfeddol cael rhywun a all wrando ar ein profiadau o ddydd i ddydd fel teulu, ac yn gallu gofyn cwestiynau da pam bod yr ymddygiadau hyn yn dod i'r amlwg a beth allai fod yn mynd ymlaen o dan yr wyneb. Galluogodd hyn i ni fod yn fwy therapiwtig wrth fagu plant ac i nodi o ble gallai problemau darddu.” (Rhiant Mabwysiadol)

“Fe wnaeth TESSA fy helpu i dderbyn llawer o bethau - megis y ffaith nad oes ateb parod. Gwnaeth i fi deimlo'n gryfach ac i allu ymdopi i fagu'r plant ac i ddal i fynd. Ac roedd yr holl staff yn gefnogol iawn. Roedden nhw'n deall, er mwyn helpu'r plentyn, bod angen help ar y rhieni hefyd! Allwn ni ddim cadw i fynd gydag ymddygiadau eithafol heb i ni ein hunain gael help a'r unig ffordd i helpu'n plant ydy os ydyn ni'n ddigon cryf yn emosiynol. Ac efallai yn fwy pwysig na dim, fe wnaeth TESSA nid yn unig gynig strategaethau ar gyfer magu ein plant (sef yr oll a gynigwyd i ni yn flaenorol). TESSA oedd y cymorth gorau a gawson ni hyd yn hyn.” (Rhiant Mabwysiadol)

“Roedd TESSA yn ymddangos eu bod yn malio ac ystyried yr hyn a ddwedon ni a thrwy ein cynorthwyo roedden ni'n gryfach ar gyfer ein plant. Cael Partner Rhiant oedd yn rhan o wasanaeth TESSA oedd yr agwedd fwyaf defnyddiol i ni.” (Rhiant Mabwysiadol)

"Mae cymorth TESSA drwy Adoption UK yn wych yn enwedig y partner rhiant." (Rhiant Mabwysiadol)

"Mae cymorth TESSA a'n partner rhieni wedi bod yn rhagorol. Maen nhw wedi cynnig cymorth mwy penodol mewn modd anfarnol, gofalgar." (Rhiant Mabwysiadol)

3.4.3.4. Ansawdd y cymorth wedi ei dargedu neu'r cymorth arbenigol therapiwtig

Mewn ymatebion yn y blwch testun ac yng nghyd-destun y cyfweiliadau ansoddol, bu'r rhieni yn bennaf yn disgrifio, mewn geiriau cadarnhaol iawn, ansawdd ac effaith mathau eraill o gymorth therapiwtig oedden nhw wedi ei gael:

"Yn ystod cyfnod y Covid cafwyd cymorth un-i-un gan therapydd chwarae a gweithiwr ôl-fabwysiadu – fe'n helpodd i ymdopi. Mae ei ymddygiad wedi gwella. Mae'r digwyddiadau'n nawr yn llai aml. Pan mae'n ffrwydro mae'n haws ei dawelu / haws defnyddio PACE i helpu gyda'r sefyllfa." (Rhiant Mabwysiadol)

"Mae newydd gael cyfnod pontio esmwyth i'r Ysgol Uwchradd lle mae'n ymddangos ei fod wedi setlo'n dda iawn." (Rhiant Mabwysiadol)

"Doedd ein plentyn ddim yn ymglymu ond bu'r therapydd yn help i ni." (Rhiant Mabwysiadol)

"Fe wnaeth y system ein siomi o ran faint o amser a gymerodd i fy mab gael help, ond wnaeth yr unigolion ddim ein siomi. Mae'r cymorth hwn wedi dod yn ystod y 12 mis diwethaf. Mae ein sefyllfa wedi newid yn sylweddol oherwydd y Covid gyda fy ngŵr bellach gartref ac yn gallu cynnig cymorth i mi gyda phopeth. Mae fy mab wedi mynd o'r Ysgol Gynradd i'r Ysgol Uwchradd felly bu ffactorau eraill yn bwydo i'n sefyllfa hefyd. Fodd bynnag, mae ein bywydau wedi gwella'n aruthrol. Rwy'n gallu cysgu'r nos ac mae fy iechyd meddwl a chorfforol bellach yn gwella. Fe roddodd y therapi obaith i mi y gallai pethau wella, felly fe helpodd hynny fi i ddal ati nes iddyn nhw wella." (Rhiant Mabwysiadol)

"Mae'r cymorth rheolaidd rydyn ni wedi'i gael ar ffurf therapi DDP wedi bod yn amhrisiadwy ar gyfer ein cadw ar y trywydd iawn gyda'n gwaith o fagu plant er gwaethaf llawer o heriau." (Rhiant Mabwysiadol)

Fodd bynnag, roedd y sylwadau am y math hwn o gymorth mabwysiadu'n awgrymu nad ydy hyn, i bob teulu, wedi cael ei werthfawrogi neu nad oedd o help:

"Gwael, oherwydd nad oedd fy merch yn teimlo ei fod wedi helpu heblaw caniatáu iddi 'agor ei chalon' amdanon ni - sy'n ddefnyddiol rwy'n siŵr, ond nid yr hyn yr oedd hi'n dymuno iddo fod. Gofynnodd yn benodol am gymorth therapiwtig a oedd yn seiliedig ar ymlyniad a thrawma ac a allai ei helpu i ddelio â rhai o'r materion y mae hi'n gwybod sy'n effeithio ar ei hemosiynau. Wrth siarad am ei phrofiad dywedodd nad dyna oedd hi'n ei obeithio." (Rhiant Mabwysiadol)

"Therapi chwarae, cyfan gwbl ddi-werth." (Rhiant Mabwysiadol)

Mae'r sylwadau blwch testun o'r arolwg rhieni hefyd yn egluro mwy am yr hyn sy'n cael ei werthfawrogi a 'beth sy'n gweithio' o safbwynt teulu o ran cymorth therapiwtig wedi'i thargedu'n fwy. Roedd sylwadau cadarnhaol yn gysylltiedig â chymorth therapiwtig wedi'i theilwra'n dda, sef yn aml yr hyn oedd yn cynnwys y plant ac (mewn rhyw ffordd) y rhieni e.e. therapi chwarae ffiliol yn hytrach na gyda'r plentyn yn unig.

“Cawsom sesiynau gyda therapydd ar ôl iddi weithio gyda'n merch; roedden ni'n gallu gofyn cwestiynau a thrafod strategaethau i helpu ein merch.” (Rhiant Mabwysiadol)

Teimlwyd bod cymorth therapiwtig a gafwyd o bell gyda phlant yn ystod Pandemig COVID-19 yn arbennig o fregus, yn bennaf pan ddechreuodd yn ystod y cyfnod hwn (gan fod hyn yn ei gwneud hi'n rhy anodd i blant sefydlu cysylltiad da ac ymddiriedaeth).

“Roedden ni'n cysgodi fy mab ac roedd angen i'w Therapydd hunan-ynysu. Symudodd ei sesiynau i fod ar Zoom am sawl wythnos ond weithiodd y rhain ddim yn dda oherwydd mynediad gwael i'r rhyngwyd ac fe ddechreuon nhw fod yn ofid iddo fe.” (Rhiant Mabwysiadol)

“Yna fe wnaethon ni symud y sesiynau i'n gardd ni a oedd yn llawer gwell.” (Rhiant Mabwysiadol)

3.4.3.5. Gwerth ac effaith y lwfansau ariannol

Mae sylwadau'r blwch testun yn yr arolwg rhieni yn awgrymu ymhellach nad ydy lwfansau ariannol ar gael yn rhydd bob amser ond, lle maen nhw'n cael eu defnyddio mewn ffordd wedi'i thargedu, fe'u gwerthfawrogyd yn fawr a chredir eu bod yn cael effaith ar hyfywedd lleoliadau a gostyngiadau mewn strês i'r rhieni.

“Mae lwfans mabwysiadu wedi caniatáu imi aros adref a meithrin perthynas a gweithio trwy bryderon wrth iddyn nhw godi. Trwy fy adnoddau fy hun fel cyn-athro, mae wedi caniatáu imi weithio trwy drefn rheoli tymer gydag un plentyn a chefnogi, addysgu a meithrin 6 o blant trwy gydol y cyfnod clo mewn amgylchedd ysgol gartref. Mae hyn wedi bod yn hanfodol i gynnal sefydlogrwydd a diogelwch ar adeg o bryder mawr a newid i bob plentyn.” (Rhiant Mabwysiadol)

“Gofynnais am gymorth ariannol a'i gael yn gyflym iawn ac fe helpodd hynny i leddfu'r pwysau oedd arna i.” (Rhiant Mabwysiadol)

3.4.3.6. Effaith y pecynnau wedi eu targedu/pecynnau arbenigol

Mae ymatebion yr arolwg rhieni i gwestiynau am effaith cymorth wedi'i dargedu neu arbenigol yn awgrymu darlun amrywiol iawn.

Pan oedd teuluoedd wedi gallu ei gyrchu, nododd rhieni a gwblhaodd yr arolwg fod y gwasanaeth oedd wedi'i dargedu neu'n un arbenigol wedi cael effaith fwy cadarnhaol ar y rhiant (67%) na'r plentyn (52%). Ystyriwyd bod y gwasanaethau'n 'ddefnyddiol ar y cyfan' i'r ymatebydd a'i deulu yn y rhan fwyaf o achosion (76%), ond roedd cyfran ychydig yn is o'r farn ei fod yn 'addas iawn ar gyfer eu hanghenion' (59%).

Ar gyfer rhieni a gyrchodd wasanaethau arbenigol wedi'u targedu, dywedodd 60% ei fod wedi gwella eu dealltwriaeth o anghenion eu plentyn a dywedodd 62% ei fod wedi eu helpu i ddeall pam mae eu plentyn yn ymddwyn yn y ffordd y mae'n ei wneud. Adroddwyd bod y gwasanaethau wedi cael effaith amrywiol ar wella hyder ymatebwyr mewn magu plant, gydag un rhan o bump yn dweud eu bod wedi cael eu cynorthwyo 'yn fawr iawn' ac un o bob pump arall yn dweud nad oedd hyn wedi helpu 'dim o gwbl' (20% yr un).

Mae'r sylwadau yn y blwch testun gan rieni fu'n ateb yr holiadur ar gyfer y gwerthusiad yn awgrymu bod rhai rhieni mabwysiadol wedi elwa o gael mynediad at becynnau o gymorth wedi'i dargedu, yn hytrach nag un math ohono yn unig, yn enwedig lle mae yna elfen therapiwtig:

"Mae wedi rhoi mwy o ddealltwriaeth i mi o drawma datblygiadol a sut i rianta a mynd i'r afael ag amrywiol anghenion. Yn gallu trosglwyddo'r wybodaeth a'r cyngor hwn i ffrindiau teulu a'r ysgol. Llawer o gymorth gan SEWAS yn unigol a sicrwydd o gysylltu â mabwysiadwyr eraill trwy gyrsiau." (Rhiant Mabwysiadol)

"Rwyf wedi cael ymgynghoriad TESSA ac wedi siarad â'n gweithiwr cymdeithasol sawl gwaith. Ar hyn o bryd rydym yn aros am gymeradwyaeth ariannol ar gyfer asesiad cymhleth a phecyn therapiwtig ar gyfer fy mab. Rwy'n obeithiol iawn y bydd hyn yn digwydd." (Rhiant Mabwysiadol)

"Mae'r awdurdod lleol wedi dod o hyd i'r arian i'n mab - ac felly'r teulu cyfan - i brynu pecyn cymorth i'w helpu ef a'r teulu i ddelio â'i bryder, ei ddieter a'i ofnau sydd â gwreiddiau dwfn yn ei orffennol. Mae hyn yn golygu fod ganddo hunan-barch isel a gall arwain at ymddygiad afresymol a dinistriol. Mae'r cymorth y mae'n ei dderbyn yn ei helpu i gyfeirio a rheoli ei feddyliau, gan ei alluogi i beidio â chael ei lethu mor gyflym gan ei bryderon mewnol a'i ddieter." (Rhiant Mabwysiadol)

"Mae hi'n anodd ar ein teulu ni – mae therapi a seibiant yn ein cadw at ein gilydd fel teulu, heb y rhain byddem wedi yn stryglu'n arw iawn." (Rhiant Mabwysiadol)

3.4.4 Safbwyntiau rhieni a gweithwyr proffesiynol ynghylch hygyrchedd cymorth wedi'i dargedu neu arbenigol

Nododd ychydig dros hanner y rhieni a gwblhaodd arolwg a oedd angen cymorth wedi'i dargedu neu gymorth arbenigol y gallen nhw ei gyrchu pan oedd ei angen arnyn nhw (57%), ac roedd un rhan o bump yn anghytuno'n gryf y gallen nhw wneud hynny (21%). Dywedodd dwy ran o dair fod y gwasanaethau ar gael yn ddigon agos at ble maen nhw'n byw (66%), ond roedd bron i 1 o bob 6 yn anghytuno â hyn (16%).

O'r gweithwyr proffesiynol a gwblhaodd arolwg ar gyfer y gwerthusiad hwn, roedd cyfran uchel (83%) o'r farn ei bod yn eithaf hawdd cael gafael ar gymorth cyffredinol, er bod cyfran is (55%) o'r farn bod teuluoedd yn bennaf neu bob amser yn derbyn y math priodol o'r cymorth hwn.

Fodd bynnag, roedd cyfran lawer is o weithwyr proffesiynol a gwblhaodd yr arolwg o'r farn ei bod yn eithaf hawdd cael gafael ar gymorth wedi'i dargedu (56%) neu gymorth arbenigol (6%). Dim ond traean (33%) yr ymatebwyr a gredai fod teuluoedd yn bennaf

neu bob amser yn derbyn y math cywir o gymorth wedi'i dargedu a dim ond 6% a gredai eu bod yn bennaf neu bob amser yn derbyn y math cywir o gymorth arbenigol.

Nododd teuluoedd a gweithwyr proffesiynol fod y rhwystrau i gyrchu mathau mwy penodol o gymorth yn cynnwys y canlynol:

- Mewn rhai ardaloedd, **mae teuluoedd yn dal i orfod mynd yn ôl trwy awdurdodau lleol unigol i gael cyllid ar gyfer cymorth penodol** yn hytrach na chael gafael ar y rhain trwy'r tîm rhanbarthol - gan achosi oedi.
"Rhaid i ni ofyn i'r awdurdodau lleol gytuno i ariannu gwaith therapiwtig ac ati. Maen nhw'n aml yn gwrthod ac yn oedi gan nad ydy eu cyllidebau'n ddigonol i dalu am hyn." (Gweithiwr Proffesiynol Mabwysiadu)
- **Disgwyliadau cynyddol teuluoedd** y bydd timau rhanbarthol yn gallu diwallu ystod o anghenion cymhleth a chymysg gan gynnwys anghenion addysgol ac iechyd, pan nad ydy'r timau hyn yn gallu / nad oes ganddyn nhw'r adnoddau i wneud hynny.
"Gall fod rhwystredigaeth i deuluoedd nad ydy'r tîm cymorth mabwysiadu ddim yn wasanaeth hollgynhwysol gydag ymyriadau iechyd, addysg, seicolegol ac arbenigol i gyd yn integredig, ac yn lle hynny mae'n rhaid iddyn nhw weithio gyda nifer o wahanol systemau a rhestrau aros." (Rhiant Mabwysiadol)
- **Oedi wrth allu cael rhai mathau o gymorth a ddisgrifir fel rhai 'cymharol sylfaenol', megis deunyddiau profiadau bywyd.**
- **Cynnig o gymorth annatblygedig mewn rhai ardaloedd a diffyg cysondeb** sy'n effeithio ar rai rhannau o Gymru.
"Mae yna lefelau amrywiol o sgiliau o fewn rhanbarthau mabwysiadu, gyda rhai timau cymorth mabwysiadu yn gallu cynnig hyfforddiant NVR neu waith profiadau bywyd therapiwtig tra nad oedd eraill yn gallu gwneud hynny. Mae rhywfaint o wahaniaeth o hyd yn yr hyn sydd ar gael, yn dibynnu ar ble mae'r teulu'n byw." (Gweithiwr Proffesiynol Mabwysiadu)

Mae'n ymddangos bod pwysau ar gapasiti mewn rhai meysydd arbenigedd, yn enwedig therapïau a therapyddion, mewn rhai rhannau o Gymru, yn bennaf yn yr ardaloedd gwledig. Mae hyn wedi golygu naill ai bod teuluoedd yn gorfod aros am wasanaethau neu na allan nhw gael mynediad at wasanaethau neu orfod teithio pellteroedd cymharol hir i gael gwasanaethau.

"Mae mabwysiadwyr yn fodlon teithio, ond dydy hynny ddim bob amser yn dda i'r plentyn." (Arweinydd Sector)

"Mae'n dibynnu ble maen nhw'n byw, at bwy maen nhw'n mynd a beth ydy'r angen. Mewn ardaloedd gwledig mae'n bosibl iawn y cynigir beth bynnag sydd ar gael iddyn nhw ac mae'n debygol byddan nhw'n cael eu targedu'n llai cywir i ddiwallu eu hanghenion." (Gweithiwr Mabwysiadu Proffesiynol)

- **Gwasanaethau cyffredinol penodol**, heb fod yn rhai mabwysiadu, fel meddygon teulu, ymwelwyr iechyd, gweithwyr addysg proffesiynol neu staff meithrin / gofal plant ond hefyd rhai gwasanaethau arbenigol a gweithwyr fel CAMHS **heb fod yn ddigon ymwybodol o effeithiau trawma ar y datblygiad** a heb ddealltwriaeth ddigonol o anghenion plant mabwysiedig a chefnidiroedd tebygol, yn fwy cyffredinol.
- **Cynlluniau cymorth cynnar heb fod yn ddigon clir ynghylch y tebygolrwydd bydd angen cymorth wedi'i dargedu yn y dyfodol** a / neu weithwyr cymdeithasol

/ gweithwyr eraill heb fod yn ddigon clir ynghylch pa fathau o ymatebion a nodir gan wahanol gyflwyniadau plant a theuluoedd. Yn fwy eang, diffyg sylfaen o dystiolaeth glir ar gyfer rhai mathau o ymyrraeth, megis ymyriadau therapiwtig.

“Sonir llawer am gael mynediad at wasanaethau therapiwtig arbenigol fel y rhai sydd â'r atebion i deuluoedd. Fodd bynnag, does dim digon o dystiolaeth ymchwil ar gyfer y mathau o gymorth sydd orau i weithio ar gyfer anghenion penodol ar gamau penodol.” (Arweinydd Sector)

“Mae teuluoedd yn cael eu harwain gan weithwyr proffesiynol ynghylch pa wasanaeth y bydden nhw'n elwa ohono ond gallan nhw barhau i gael eu dal rhwng gwahanol farnau proffesiynol yn ogystal â heriau ariannol wrth gael cytundeb ar gyfer y dulliau hyn o fynd ati.” (Arweinydd Sector)

- **Teulu yn symud i ardal ddaearyddol newydd - gall hyn achosi oedi** cyn cael help, yn enwedig 3 blynedd ar ôl i fabwysiadu gael ei ffurfioli.

“Efallai y bydd yn haws i'r teuluoedd hynny sydd â chysylltiad presennol â gwasanaeth mabwysiadu gysylltu â'r unigolyn hwnnw i drafod ei anghenion cymorth, mae'n fwy anodd i deuluoedd sydd wedi symud i'r ardal ers y mabwysiadu neu lle cafodd y plentyn ei leoli flynyddoedd yn ôl, a bod y mae staff wedi newid.” (Gweithiwr Proffesiynol Mabwysiadu)

Roedd teuluoedd a gweithwyr proffesiynol yn ystyried mai cymorth arbenigol oedd y lleiaf hygyrch. Nodwyd y prif rwystrau i fynediad fel y canlynol:

- **CAMHS yn anodd iawn i gael gafael arno ac iddo restrau aros hir iawn.** Hefyd, dryswch i rieni a gweithwyr mabwysiadu ynghylch a ydy plant mabwysiedig hyd yn oed yn gymwys i gael cymorth CAMHS ac o dan ba amgylchiadau.

“Mae'n anodd iawn cyrchu CAMHS i deuluoedd sy'n mabwysiadu gan mai anaml y maen nhw'n derbyn atgyfeiriadau ar gyfer unrhyw faterion ymlyniad ac mae ganddyn nhw restrau aros maith. Ni all mwyafrif y teuluoedd rydyn ni'n gweithio gyda nhw gael gafael ar gymorth gan CAMHS.” (Gweithiwr Proffesiynol Mabwysiadu)

“Mae CAMHS a darpariaeth iechyd meddwl i blant yn brin iawn o adnoddau gyda rhestrau aros hir iawn.” (Gweithiwr Mabwysiadu Proffesiynol)

- **Diffyg eglurder ynghylch llwybrau neu brotocolau sy'n ymwneud ag asesiadau arbenigol, megis ar gyfer Anhwyllder Sbectwm Alcohol y Ffetws (FASD) a / neu anhwylderau niwro-ddatblygiadol eraill, ac amseroedd aros hir i gael asesiad o'r fath.**

“Does yna ddim systemau clir ar waith i gael asesiadau arbenigol ar gyfer y boblogaeth gyffredinol o blant, yn aml mae'r amseroedd aros yn hir iawn, mae negeseuon cymysg gan amrywiol wasanaethau ar sut i fynd at amrywiol asesiadau er enghraifft ar gyfer FASD a NAS, anawsterau synhwyraidd, materion niwro-ddatblygiadol.” (Rhiant Mabwysiadol)

“Y cymorth mwy arbenigol angenrheidiol oedd weithiau y mwyaf anodd i'w ganfod sy'n achosi oedi ac yn gyffredinol yn achosi dirywiad mewn amgylchiadau. Mae'n anodd iawn cyrchu pethau fel seibiant, cymorth ymarferol, cymorth ariannol,

asesiadau arbenigol (iechyd/niwro-ddatblygiadol/synhwyraidd)." (Gweithiwr Proffesiynol Mabwysiadu)

"Mae diffyg argaeledd ac asesiadau cymhleth yn atal gwasanaethau rhag cael eu darparu mewn modd amserol." (Gweithiwr Mabwysiadu Proffesiynol)

- **Y diffyg adnoddau a glustnodwyd ar gyfer cymorth arbenigol, yn enwedig cymorth therapiwtig - gorfod 'ymladd drosto' ym mhob achos.** Soniodd rhai rhieni am ddiffyg llif cyllid clir, fel y Gronfa Cymorth Mabwysiadu yn Lloegr, i ddiwallu anghenion y teuluoedd hyn.

"Wrth gwrs, y prif rwystr ydy cyllid ar gyfer cymorth arbenigol parhaus, sydd i mi yn ymddangos yn ad hoc ac yn fympwyol. Rydyn ni'n colli allan yng Nghymru o gymharu â Lloegr sydd â Chronfa Cymorth Mabwysiadu bwrpasol." (Rhiant Mabwysiadol)

3.4.4.1. Hygyrchedd cymorth yn ystod y Pandemig COVID-19

Dim ond 8% o'r cymorth targed neu arbenigol a ddisgrifiwyd gan rieni a ymatebodd i'r arolwg ar-lein a oedd wedi cael ei gyrchu'n llawn ganddyn nhw yn ystod y cyfnod y cyfyngiadau COVID. Roedd pumed ran (22%) o deuluoedd wedi cyrchu peth o'r cymorth a gynlluniwyd iddyn nhw, ond doedd y mwyafrif (70%) ddim wedi cyrchu unrhyw ran o'u cymorth cynlluniedig yn ystod y cyfnod hwn.

Mae dadansoddiad o'r sylwadau a wnaed gan weithwyr proffesiynol mabwysiadu ac arweinydd sector o ran yr adran o'r arolwg sy'n ymwneud â darpariaeth ddigonol o gymorth i deuluoedd yn ystod y cyfnod COVID-19 yn awgrymu'r themâu canlynol:

- **Bod rhai addasiadau creadigol iawn wedi'u gwneud**, yn enwedig i gynhyrchu grwpiau cymorth cymheiriaid ar-lein, 'grwpiau plant mân', nosweithiau cwis, neu raglenni addysgiadol/hyfforddi, a bod y rhain wedi cael derbyniad da iawn ac wedi gweddu i rai, os nad pob rhiant. Gwelwyd bod rhai, gan gynnwys NVR, 'Life Journey' a 'Nurturing Attachments', yn arbennig o hygyrch ar-lein. Hefyd, rhai agweddau ar hyfforddiant paratoi mabwysiadu.

"Rydyn ni wedi gallu cyrraedd cynulleidfa lawer ehangach fel hyn." (Gweithiwr Mabwysiadu Proffesiynol)

"Rwy'n credu bod argaeledd mwy o adnoddau ar-lein - cyngor, gweminarau a gwybodaeth, wedi bod yn ddefnyddiol iawn, yn enwedig gan fod rhain ar gael i'w gwyllo ar amser cyfleus. Rwy'n credu bod ansawdd adnoddau ar-lein, a'r gweithwyr proffesiynol sydd wedi gallu dod o hyd i'r amser i'w cyflwyno, wedi bod yn dda iawn." (Gweithiwr Proffesiynol Mabwysiadu)

"Yn ystod Covid, mae hyblygrwydd gwasanaethau wedi fy rhyfeddu a gwneud argraff arnaf." (Arweinydd Sector)

"Mae'n anodd mesur hyn, ond bu'n rhaid i ni symud pob cymorth i'w ddosbarthu ar-lein sy'n siwtio rhai teuluoedd ond nid eraill. Mae presenoldeb mewn grwpiau cymorth a sesiynau hyfforddi wedi cynyddu." (Gweithiwr Mabwysiadu Proffesiynol)

"Ymddengys bod llawer o ddarpariaeth ar-lein ar gyfer cyfleoedd hyfforddi wedi cael derbyniad da." (Gweithiwr Proffesiynol Mabwysiadu)

- **Bu cynnydd mewn rhai mathau o gymorth, er enghraifft hyfforddiant NVR (ar-lein) i ddiwallu'r galw.**
- **Fodd bynnag, mae cyfyngiadau i allu addasu'r holl gymorth** i'w ddarparu o bell, er enghraifft, rhai mathau o gymorth therapiwtig (fel therapi chwarae i blant iau) neu waith profiadau bywyd.

"Rydyn ni wedi ceisio addasu gyda galwadau fideo ond mae'n well gan deuluoedd a phobl ifanc ymweliadau, yn enwedig ar gyfer sgysiaau profiadau bywyd." (Gweithiwr Mabwysiadu Proffesiynol)

- **Bu problem gydag argaeledd gofal seibiant / seibiannau byr ar gyfer plant mabwysiedig ag anghenion ychwanegol yn ystod y cyfnod hwn.**

"Dydy teuluoedd lle mae plant wedi cael lefelau uchel o anghenion ychwanegol, AAA er enghraifft neu ofal seibiant rheolaidd, ddim wedi gallu cyrchu hyn ac mae hyn wedi rhoi straen ychwanegol ar y teuluoedd hynny." (Arweinydd Sector)

- **Mae wedi bod yn anodd cael ystod o gymorth arall a allai fod ar gael mewn cyfnodau mwy arferol, er enghraifft cymorth addysg neu gymorth iechyd.**

".. mae llawer o wasanaethau a gweithgareddau cymorth allanol wedi dod i stop neu leihau ac mae hyn wedi effeithio ar sefydlogrwydd a gwytnwch teuluol. Hefyd mae popeth wedi arafu yn ystod Covid a dydy asesiadau ar gyfer gwasanaethau iechyd a seicolegol arbenigol ddim wedi bod cystal ag y gallai fod." (Gweithiwr Mabwysiadu Proffesiynol)

- **Mae'r cyfnod hwn wedi gweld tarfu sylweddol ar gyswllt a theulu biolegol.**

"Mae COVID wedi tarfu'n andwyol ar gyswllt â theuluoedd biolegol oherwydd bod y gwasanaethau plant sy'n trefnu wedi canslo neu ddim ar gael i gwrdd neu siarad â mabwysiadwyr a phlant mabwysiedig. Allai neb fod wedi rhagweld hyn. Ond oherwydd bod dealltwriaeth uwch o bwysigrwydd cyswllt teulu biolegol a hanes, mae yna bellach ddisgwyliad cynyddol am ddarpariaeth." (Gweithiwr Proffesiynol Mabwysiadu)

- **Teimlad cyffredinol nad ydy rhai teuluoedd mabwysiadol, fel pob teulu, wedi teimlo eu bod nhw'n gallu gofyn am gymorth yn ystod y cyfnod hwn**

"Rwy'n credu bod yna deuluoedd, heb os, wedi cael eu colli'n llwyr o ganlyniad i COVID-19 ac nad ydyn nhw wedi derbyn y cymorth angenrheidiol am nifer o resymau - efallai'n teimlo na allan nhw ofyn am help, yn teimlo nad oedd unman i droi ac nad oedd unman yn agored i ofyn am help." (Gweithiwr Proffesiynol Mabwysiadu)

3.4.5 Y farchnad ar gyfer gwasanaethau cymorth mabwysiadu

Disgrifiodd arweinwyr sector y farchnad ar gyfer cymorth mabwysiadu fel petai ar hyn o bryd yn bennaf o fewn gwasanaethau a'r timau mabwysiadu rhanbarthol, gyda rhai hefyd yn y sector gwirfoddol. Canfuwyd bod yr olaf yn fwy bregus oherwydd ei faint

cyfyngedig a mynediad mwy cyfyngedig i ffrydiau cyllido o'i gymharu â'r sector statudol ond hefyd ei fod yn rheolaidd yn 'ymhladd uwchlaw ei bwysau' o ran effaith. Mae arweinwyr sector yn credu bod cyllid Llywodraeth Cymru wedi helpu ychydig i wella gwytnwch darparwyr y sector gwirfoddol, gyda rhywfaint o gyllid yn mynd yn uniongyrchol atyn nhw.

Mae yna hefyd rai therapyddion annibynnol sy'n darparu capasiti ychwanegol neu feysydd arbenigedd i'r rhanbarthau a thimau cymorth mabwysiadu'r sector gwirfoddol (er enghraifft therapi chwarae). Disgrifir nifer cyfyngedig o ddarparwyr arbenigol (The Family Place yn bennaf, a nodwyd fel canolfan ragoriaeth genedlaethol) nid yn unig yn darparu cymorth mabwysiadu ond hefyd yn cynghori gweithwyr proffesiynol eraill ar raglenni allweddol, megis TESSA.

"Ein therapyddion mewnol ydy ein hopsiwn cyntaf ond rydyn ni hefyd yn comisiynu o fannau eraill.. ar gyfer anghenion arbenigol, er enghraifft drama neu therapi celf. Rydyn ni'n tueddu i fod â darparwyr dewisol." (Arweinydd Sector)

"Rydyn ni'n delio ag 80-90% yn fewnol. Os oes angen rhywbeth arall arnon ni, mae'n rhaid i ni fynd yn ôl at yr Awdurdod Lleol. Mae gan rai awdurdodau swm dynodedig ar gyfer cymorth mabwysiadu ac eraill ddim. Mae'n gwneud synnwyr os mai ni sy'n berchen ar y gronfa.. weithiau bydd gorfod mynd yn ôl at yr awdurdod lleol yn gorffen gydag asesiadau dyblyg. Mae rhai awdurdodau lleol yn dda iawn ond mae'n ddiffyg yn y system." (Arweinydd Sector)

Un pryder bach oedd diffyg cofrestru darparwyr unigol o gymorth (therapiwtig). Disgrifiwyd y farchnad gan y mwyafrif o arweinwyr sector fel un cymysg ond cymharol gyfyngedig o ran ei led. Disgrifiodd rhai cyfweleion pa mor bwysig oedd hi i gynnal marchnad gymysg i ddiwallu gwahanol anghenion teulu a rhoi opsiynau iddyn nhw.

"Rydych chi angen cydbwysedd a dewis ar gyfer pobl." (Arweinydd Sector)

Disgrifiwyd y farchnad fel un sy'n cael ei rheoli i raddau gan NAS a Llywodraeth Cymru (gan eu bod yn rheoli'r sianeli cyllido) ond hefyd gan ranbarthau (yn enwedig y rhai sydd â chyllidebau dirprwyedig ar gyfer pob agwedd ar gymorth mabwysiadu) a/neu awdurdodau lleol sy'n cadw elfen o gyfeiriad strategol dros adnoddau ar lefel leol a rhanbarthol ac sydd, mewn rhai achosion, hefyd yn cadw rheolaeth uniongyrchol dros y gyllideb ar gyfer cymorth arbenigol a'r dewis o gymorth.

Roedd arweinwyr sector o'r farn bod y timau rhanbarthol a'r asiantaethau mabwysiadu gwirfoddol yn cydweithio'n gymharol dda ar hyn o bryd, ac nad oedd angen newid penodol yn y trefniadau cyffredinol.

"Dyma lle bu newid seismig yn ystod y 3 blynedd diwethaf. Hyd yn oed cyn Covid, roedd pobl yn dod at ei gilydd ac yn cydweithio'n well a chydag agwedd well. Erbyn hyn mae yna rai meddylwyr blaengar iawn yn y rhanbarthau, pobl sy'n arloesol iawn." (Arweinydd sector)

Er na ofynnwyd i gyfweleion yn uniongyrchol am y pwynt hwn, mynegwyd peth brwdfrydedd dros fecanwaith cyllido fel yr ASF yn Lloegr, gyda'i botensial i gynhyrchu marchnad fwy amrywiol ac o bosibl marchnad fwy ar gyfer y gwasanaethau cymorth mabwysiadu a ddarperir gan y sector preifat a gwirfoddol.

3.4.6 Barn rhieni, gweithwyr proffesiynol ac arweinyddion sector am y graddau y mae gwasanaethau wedi gwella yn ystod oes y Fframwaith Cymorth Mabwysiadu (yn ystod y 2-3 blynedd diwethaf)

O'r rhai a fynegodd farn (ac, i rai, roedd hyn yn anodd oherwydd nad oedden nhw wedi bod angen gwasanaethau neu eu bod yng nghanau cynnar mabwysiadu), roedd 57% o'r rhieni a gwblhaodd yr arolwg o'r farn bod gwasanaethau cymorth mabwysiadu wedi gwella yn y 2 i 3 blynedd ddiwethaf. Mynegodd 33% farn nad oedden nhw wedi gwella na gwaethygu. Dim ond 10% oedd yn credu bod gwasanaethau ar y cyfan yn waeth.

Yn y blwch testun ar gyfer yr atebion hyn, bu rhieni yn disgrifio rhai o'r pethau oedden nhw wedi sylw arny'n nhw yn ystod y cyfnod hwn:

"Dair blynedd yn ôl doedd neb yn gwranddo arnon ni, nawr maen nhw'n gwranddo."
(Rhiant Mabwysiadol)

"Rwy'n credu ei fod wedi gwella oherwydd ei fod yn cael llawer mwy o sylw yn y penawdau, gyda'r ymwybyddiaeth o effaith trawma cynnar ac ati." (Rhiant Mabwysiadol)

"Mae pethau'n symud i'r cyfeiriad cywir ond yn araf iawn a dydyn ni ddim wedi'u gweithredu'n llawn."

"Mae wedi gwella ers i'r awdurdodau uno oherwydd cyn hyn ni chynigiwyd unrhyw gymorth ôl-fabwysiadu inni. Nawr, dwi'n credu fod ganddyn nhw gyllideb o'r gronfa cymorth mabwysiadu." (Rhiant Mabwysiadol)

"TESSA, sydd ar gael nawr." (Rhiant Mabwysiadol)

"Mwy o sesiynau hyfforddi/trafod ar gael." (Rhiant Mabwysiadol)

Yn yr un modd, rhagwelodd cyfweiliadau arweinyddion sector, ar y cyfan, naratif optimistaidd gofalus sy'n disgrifio'r gwasanaethau fel eu bod 'ar ddechrau'r daith i wella'.

"Rwy'n credu bod yr NAS wedi bod yn welliant gwirioneddol ar sut oedd pethau ynghynt. Mwy o gysondeb ledled Cymru, mwy o gyllid i gymorth mabwysiadu... Rwy'n gweld rhywfaint o optimistaeth." (Arweinydd Sector)

"Rydyn ni'n nesáu at y nod ond mae gennym ni gryn ffordd i fynd o hyd ac mae'n rhaid i ni barhau â'r siwrnai honno (o welliant). Mae'r Fframwaith wedi helpu, mae'r arian wedi helpu, mae'r berthynas well rhwng y sector gwirfoddol a statudol wedi helpu. Ond mae yna welliannau i'w gwneud o hyd, er enghraifft gwaith ar y daith ansawdd bywyd a gweithio gyda phobl ifanc yn eu harddegau, er enghraifft." (Arweinydd Sector)

"Rydyn ni ar siwrnai bositif ond heb fod wedi llawn gyrraedd hyd yn hyn."
(Arweinydd Sector)

Roedd y rhai gyfwelwyd o'r farn bod y daith yn fwy datblygedig o'i chymharu â'r cynnig o gymorth wedi'i dargedu neu gymorth arbenigol i deuluoedd, er bod rhai arwyddion cynnar o lwyddiant mewn perthynas â'r olaf.

"Mae pethau wedi gwella'n fawr. Mae mwy o wasanaethau rhanbarthol gwell gyda therapyddion a gwaith profiadau bywyd, thera-chwarae ac ati." (Arweinydd Sector)

"Yn y gorffennol, daeth pobl yn ôl pan oedd pethau'n mynd yn wir o chwith. Rydyn ni wedi symud i sefyllfa well o lawer lle rydyn ni'n cydnabod bod angen mwy o gymorth arnyn nhw." (Arweinydd Sector)

Roedd yna ymdeimlad amlwg o dristáu na fyddai rhai o'r datblygiadau mwy diweddar wedi gallu bod o help yn ddigon cynnar i rai o'r teuluoedd mabwysiadol a oedd wedi profi anawsterau yn y blynyddoedd a fu.

"Mae'r newid yn y cymorth mabwysiadu yn anodd i'w ddirnad erbyn hyn. Fy unig dristwch ydy y bydd pobl yn chwilio am newidiadau ar unwaith pan na fyddwn yn gweld y manteision am o leiaf 3 i 5 mlynedd. Rydyn ni'n gweithio gyda rhai teuluoedd nawr lle collwyd cyfleoedd yn gynharach. Mae rhai yn cael cymorth ynghynt erbyn hyn." (Arweinydd Sector)

Roedd gweithwyr proffesiynol mabwysiadu yn fwy cadarnhaol ynglŷn â'r gwelliannau yn ystod y cyfnod hwn. Roedd 82% o'r rhai a gymerodd ran yn yr arolwg ar-lein ar gyfer y gwerthusiad hwn yn ystyried bod gwasanaethau wedi 'gwella tipyn' (58%) hyd at fod wedi 'gwella'n fawr iawn' (24%) yn ystod y cyfnod 2 i 3 blynedd diweddaraf.

3.4.6.1. Effeithiau buddsoddi(adau)

Cydnabu llawer o weithwyr proffesiynol ac arweinwyr sector y bu cynnydd yn y buddsoddi mewn gwasanaethau cymorth mabwysiadu yn ystod y cyfnod hwn, yn enwedig ar ffurf cyllid wedi'i glustnodi gan Lywodraeth Cymru ond hefyd, mewn rhai achosion, o'r Gronfa Gofal Integredig a / neu gan rai rhanbarthau eu hunain.

Roedd 84% o weithwyr proffesiynol mabwysiadu o'r farn bod buddsoddiad Llywodraeth Cymru mewn gwasanaethau cymorth mabwysiadu wedi cael effaith gadarnhaol neu gadarnhaol iawn ar argaeledd neu ansawdd gwasanaethau cymorth mabwysiadu, ac roedd 98% o'r farn bod y buddsoddiad wedi'i ddefnyddio'n dda, er enghraifft:

- I ddatblygu cynigion o wasanaethau newydd i deuluoedd.
- I ddatblygu cynigion cynharach i deuluoedd.

"Galluogi gwell arfer yn gynnar ar y siwrnai fabwysiadu er mwyn lleihau'r angen am gymorth mabwysiadu'n ddiweddarach." (Gweithiwr Proffesiynol Mabwysiadu)

- Er mwyn galluogi creu swyddi newydd o fewn y gwasanaeth rhanbarthol.
- Galluogi hyfforddiant ar gyfer timau (cymorth) mabwysiadu yn y rhanbarthau, er mwyn galluogi mwy o gynigion o gymorth i deuluoedd ar sail tystiolaeth neu rai cydweithredol.

"Newidiadau sy'n golygu perthynas waith fwy cydweithredol, ddeinamig rhwng rhieni mabwysiadol a'r asiantaethau." (Gweithiwr Proffesiynol Mabwysiadu)

- Er mwyn galluogi cynhyrchu deunyddiau cenedlaethol, er enghraifft y 'canllawiau arfer da' a ragwelir fydd yn creu fframwaith ar gyfer arferion gorau ledled Cymru, a hefyd cyfres o bodlediadau i bobl sy'n ystyried dod yn rhiant mabwysiadol.

Dyma oedd gweithwyr proffesiynol ac arweinwyr sector yn ystyried oedd y ddau brif faes gwella a ddeilliodd o gyfuniad o fuddsoddiad cynyddol a'r Fframwaith Cymorth Mabwysiadu yn ystod y 18 mis diwethaf:

■ Y Rhaglen 'TESSA'

"Mae'r adborth am TESSA wedi bod yn dda iawn gan deuluoedd a staff. Mae pobl yn hoff iawn o'r rhiant fentor / partner a hefyd yr ymgynghoriad cychwynnol gyda 'seic'." (Gweithiwr Proffesiynol Mabwysiadu)

"Dydyn ni ddim wedi cael unrhyw beth o'r gwerthusiad eto, ond mae pobl yn gadarnhaol iawn yn ei gylch, gweithwyr a theuluoedd." (Gweithiwr Proffesiynol Mabwysiadu)

- **Cynyddu mynediad at gymorth seicolegydd / therapiwtig** trwy'r timau rhanbarthol. Ymddengys bod y math a graddfa'r cynnydd yn y mynediad wedi amrywio o ardal i ardal, er enghraifft, mewn rhai meysydd mae'n cynrychioli un therapydd ychwanegol yn unig, tra mewn eraill mae gwasanaeth ehangach dan arweiniad seicoleg wedi'i sefydlu: 'tîm therapi ar gyfer mabwysiadu'n unig'. Mewn un maes, ariennir yr agwedd hon o'r tîm gan y Bwrdd Iechyd Lleol.

Ymddengys bod yr amrywiaeth o ran maint y datblygiadau hyn wedi dibynnu ar y graddau y mae dyraniad llawn cyllid Llywodraeth Cymru wedi mynd yn uniongyrchol i'r tîm mabwysiadu rhanbarthol neu a ydy peth ohono wedi mynd i bob un o'r awdurdodau lleol dan sylw. Er enghraifft, mewn rhai meysydd mae'n amlwg bod cyllidebau ar gyfer rhai mathau o therapi wedi'u targedu neu rai arbenigol, fel gwaith therapi galwedigaethol (integreiddio synhwyraidd), CBT i blant, therapi chwarae, DDP a therapi drama, yn cael eu dal gan yr awdurdodau lleol ac roedd angen gwneud cais am y rhain fesul achos. Mae'n rhy gynnar i ddweud pa fodel sy'n gweithio orau ond, yn ddealladwy, disgrifiodd timau mabwysiadu gydag arbenigedd mewnol eu bod yn fwy hyderus bod ganddyn nhw'r gwasanaethau cywir i ddiwallu anghenion eu rhanbarth. Lle roedd gan dimau cymorth mabwysiadu rhanbarthol wasanaeth therapi mewnol llawnach, roedd y cynnig yn aml yn cynnwys nid yn unig waith uniongyrchol gyda theuluoedd ond hefyd gymorth 'arddull ymgynghori' gan seicolegwyr arbenigol i bawb sy'n gweithio'n uniongyrchol gyda theuluoedd mabwysiadu.

Mewn rhai rhanbarthau, roedd aelodau presennol y tîm mabwysiadu (gweithwyr cymdeithasol yn bennaf) wedi'u hyfforddi i wneud mwy o waith therapiwtig, er enghraifft DDP, thera-chwarae, rhianta therapiwtig a gwaith profiadau bywyd therapiwtig.

"Mae gwybodaeth yn cael ei lledaenu drwy'r tîm rhanbarthol oddi wrth seicolegwyr i wneud gwell synnwyr o anawsterau plentyn." (Arweinydd Sector)

“Mae cael seicolegydd a staff sydd â sylfaen wybodaeth dda a hyder yn golygu bod yna fwy o sgysiau yn digwydd nawr na'n bod yn ymladd ein gilydd.”
(Arweinydd Sector)

Pwysleisiodd rhai cyfweleion mai dim ond dechrau deall y mae'r sector ar y ffordd orau i harneisio a defnyddio mathau mwy therapiwtig o gymorth a bod hwn yn faes allweddol o ddatblygiad yn y dyfodol (er mwyn deall yn well beth sy'n gweithio ac o dan ba amgylchiadau). Ymhlith y meysydd gwella eraill y soniwyd amdanyn nhw roedd:

- Y 'Connected Groups' a gefnogir gan Adoption UK Cymru, yn ystyried sefydlu grwpiau ieuencid mabwysiedig (er bod Covid wedi dod â llawer o'r gwaith i ben).
“Mae'n bwydo i'r gymuned fabwysiadu ond bu'n rhaid i ni ymuno o hirbell yn ddiweddar. Mae hefyd yn cysylltu'r rhieni, maen nhw'n dechrau siarad.” (Arweinydd Sector)
- Cynnydd bach yn y gwaith gydag ysgolion (i'w helpu nhw gefnogi plant mabwysiedig mewn dull sy'n seiliedig ar drawma). Priodolir y newid hwn yn bennaf i waith a arweiniwyd gan Adoption UK ledled Cymru, ond mewn dau ranbarth o leiaf galluogodd y buddsoddiad ychwanegol gymorth ymroddedig newydd neu gynyddol i blant yng nghyd-destun eu hysgol. Mewn un ranbarth, mae cynllun 'ymestyn yn ehangach' hefyd wedi'i gynllunio i gefnogi cyfnod pontio'r plant i fod yn oedolion.
- Trwy hyfforddiant, gwella dealltwriaeth o fewn timau cymorth mabwysiadu am ganologrwydd rhianta therapiwtig (yn gynnar yn y siwrnai fabwysiadu) a thechnegau fel Gwrthiant Di-drais (NVR) i rieni sydd â phlant neu bobl ifanc sy'n herio ymddygiad.

Roedd llawer hefyd yn dweud bod cael y buddsoddiad hwn wedi helpu i godi proffil mabwysiadu ac anghenion teuluoedd sy'n mabwysiadu mewn ffordd gadarnhaol yn ystod cyfnod y buddsoddi.

“Proffil uwch ac ymwybyddiaeth o gymorth mabwysiadu a theuluoedd sy'n ceisio cymorth yn gynharach.” (Arweinydd Sector)

“Codi ymwybyddiaeth o fabwysiadu ac amrywiaeth teuluoedd sy'n mabwysiadu yn ogystal â manteision cymorth hygyrch.” (Arweinydd Sector)

“Gwell syniadaeth am y llw o asiantaethau sy'n diwallu anghenion plant - pwysigrwydd dull a rennir rhwng yr ysgolion – y plant – y rhieni a gwasanaethau eraill. Mwy o ymwybyddiaeth o effaith trawma a'i effaith ar y plentyn / y teulu.”
(Arweinydd Sector)

Awgrymodd gweithwyr proffesiynol a ymatebodd i'r arolwg ei bod yn rhy gynnar, ar y cyfan, efallai i weld mantais lawn/manteision llawn y buddsoddiad, yn enwedig yng nghyd-destun Pandemig Covid-19 a / neu lle roedd timau wedi cymryd peth amser i ddatblygu, ond eu bod yn rhagweld 'gwahaniaeth sylweddol' i argaeledd ac ansawdd y cymorth i deuluoedd sy'n mabwysiadu yn y dyfodol.

Disgrifiodd llawer o arweinwyr sector sut roedden nhw'n credu bod cyllid Llywodraeth Cymru hefyd yn ystyried bod hynny wedi cael ei ddefnyddio'n dda (yn bennaf trwy greu swyddi gwaith cymdeithasol newydd a hyfforddiant ar gyfer y timau, cymorth seicolegol penodol, ond hefyd ar gyfer datblygiadau newydd fel TESSA (mae gan ranbarthau

gydlynnydd yr un ar gyfer hyn), Gwasanaeth Personau Ifanc Cysylltiedig, Mabwysiadu Gyda'n Gilydd a chymorth rieni biolegol) ac roedd yn dechrau cael effaith gadarnhaol iawn.

"Gwelsom dimau rhanbarthol yn ehangu, gwasanaethau newydd fel TESSA."
(Arweinydd Sector)

"Yn bendant, heb yr arian ychwanegol, fydden ni ddim wedi gallu gwneud yr hyn rydyn ni wedi'i wneud." (Arweinydd Sector)

"Mae arian Llywodraeth Cymru wedi ein helpu i roi'r gorau i 'ddiffodd tanau' a datblygu ein gwasanaethau i ddiwallu anghenion." (Arweinydd Sector)

"Rhaid i ni sicrhau ei fod yn ychwanegu gwerth. Rwy'n credu y bydd yn gwneud gwahaniaeth enfawr." (Arweinydd Sector)

"Roedd gan Gyfarwyddwr NAS waith anodd i'n cael ni i nofio i'r un cyfeiriad. Cytunwyd ar bamedrau clir ynghylch gwariant ac adrodd. Rydyn ni wedi gwneud yn dda – gwaith cyswllt, TESSA a chofio am yr hyn sy'n cael ei ystyried yn dda." (Arweinydd Sector)

Roedd rhai o'r farn y gallai'r cyllid gael ei ddefnyddio'n dda oherwydd bod y 'gwaith' cefndir eisoes wedi'i wneud (drwy'r Fframwaith).

"Roedden ni'n gallu gwneud hyn gan fod gennyn ni syniad gwirioneddol gydlynol o'r hyn roedden ni ei eisiau, drwy'r Fframwaith. Pe byddem wedi cael cyllid cyn hynny, dydw i ddim yn credu y byddai wedi cael cystal defnydd. Mae cael cynllun cadarn y cytunwyd arno cyn rhoi arian yn hynod ddefnyddiol." (Arweinydd Sector)

I rai, y cyllid hefyd oedd yr 'ymdrech' olaf tuag at ffurfio tîm cymorth mabwysiadu rhanbarthol mwy cydlynol a bod hyn yn ddatblygiad cadarnhaol iawn:

"Mae 100% yn well. Cael pobl wedi ymroi i weithio gyda'r rhieni." (Arweinydd Sector)

Disgrifiodd arweinwyr sector hefyd sut roedd bodolaeth y cyllid wedi helpu'n gadarnhaol i godi proffil (yr angen am) gymorth mabwysiadu yn genedlaethol:

"Mae wedi dechrau creu'r gymuned fabwysiadu honno fel bod mabwysiadwyr yn gwybod bod ganddyn nhw gymorth cymheiriaid. Mae wedi codi'r proffil bod gwasanaeth yno i'w cefnogi." (Arweinydd Sector)

Roedd mwyafriaf arweinwyr y sector hefyd yn sôn am freuder yr adnodd hwn ac y byddai'n well ei gael am gyfnod hirach o amser, yn enwedig gan ei fod wedi codi disgwyliadau mabwysiadwyr ynghylch argaeledd cymorth nawr ac i'r dyfodol:

"Mae mwy o wybodaeth ac ymwybyddiaeth wedi arwain i gynydd yn y galw."
(Arweinydd Sector)

“Efallai y gwelwn, unwaith y bydd mwy o ymwybyddiaeth, na fydd pethau'n ddigonol. Y risg ydy ein bod yn creu disgwyliadau ac yna bydd y cyllid grant yn dod i ben.” (Arweinydd Sector)

“Wrth gwrs, dim ond cyllid o flwyddyn i flwyddyn ydy hyn, felly, hyd yn oed nawr, mae ein staff mewn swyddi dros dro tan Mawrth 31^{ain}. Mae'n anodd iawn ac yn effeithio ar sut mae pobl yn teimlo ac yn gweithio.” (Arweinydd Sector)

“Fy mhryder i ydy ein bod wedi cael y profiad o allu darparu cymorth. Rydyn ni'n codi pobl ac yna'n eu gollwng yr eildro. Mae angen iddo barhau neu gael ei wella.” (Arweinydd Sector)

“Rwy'n credu bod cyllid Llywodraeth Cymru wedi'i wario'n dda ond dydy ni ddim am ei weld yn cael ei dynnu'n ôl. Byddai mor ofnadwy gorfod ei ddatgymalu.” (Arweinydd Sector)

3.4.6.2. Effaith y Fframwaith Cymorth Mabwysiadu

Ni fynwyd i rieni am eu barn am effaith y Fframwaith Cymorth Mabwysiadu, er bod rhai yn ymwybodol ohono. Gofynnwyd i arweinwyr sector yn fwy penodol am hyn.

Roedden nhw o'r farn bod y Fframwaith wedi bod yn ddefnyddiol wrth helpu cymorth mabwysiadu i ddatblygu a gwella yng Nghymru dros y 3 blynedd diwethaf, yn enwedig mewn perthynas â'r 'cynnig craidd'. Roedden nhw'n aml yn meddwl y byddai'n ddefnyddiol yn y dyfodol hefyd, i helpu i siapia cymorth mabwysiadu ymhellach wrth symud ymlaen.

“Mae'r ASF wedi bod yn ddefnyddiol. Mae'n nodi bod hwn yn faes mor bwysig a bod angen i ni edrych ar yr holl agweddau. Felly, rydyn ni'n iawn i siarad am wasanaethau cyffredinol yn ogystal â rhai wedi'u targedu a'r rhai arbenigol.” (Arweinydd Sector)

“Mae'n ddefnyddiol cael fframwaith gweledol ac mae'n cydnabod i fabwysiadwyr ein bod ni'n ei gymryd o ddifrif.” (Arweinydd Sector)

“Mae'r Fframwaith wedi rhoi iaith inni. Mae wedi gwneud i'r holl asiantaethau oedi a meddwl ac ystyried... (rydyn ni) mewn sefyllfa dda iawn yng Nghymru nawr i gael dull cymorth cynnar unedig.” (Arweinydd Sector)

“Mwy o gysondeb ledled Cymru, mwy o arian yn mynd i gymorth mabwysiadu. Gwell, ar y cyfan, cael y Fframwaith yn hytrach na'r Gronfa (Cymorth Mabwysiadu). Mantais Cronfa ydy ei bod yn fwy tryloyw i deuluoedd, ond gall yr arian ddod i ben. Efallai na fydd y bobl sy'n cyrchu cymorth wedi eu sicrhau o ran ansawdd nac yn seiliedig ar dystiolaeth.” (Arweinydd Sector)

“Mae gweithwyr cymdeithasol yn ymwybodol ohono, mae pobl yn siarad amdano.” (Arweinydd Sector)

Roedd lleiafrif o arweinwyr y sector o'r farn bod y Fframwaith yn ddim ond un o nifer o ffactorau a allai ddylanwadu ac a oedd wedi cael dylanwad, fel y cyllid cenedlaethol newydd neu fod yn rhan o wasanaeth cenedlaethol. Gallai awdurdodau lleol o hyd

benderfynu cyllido eu gwasanaeth cymorth mabwysiadu i fod ar wahanol lefelau, gallai RPB gymryd safbwyntiau gwahanol am eu blaenoriaethau. Roedd ystod o ffactorau ar waith. Fodd bynnag, roedd hyd yn oed y cyfweleion hyn yn cydnabod, heb y Fframwaith, efallai na fyddai unrhyw arian wedi bod a'i fod yn darparu rhywfaint o ddisgwyliadau cenedlaethol.

"Mae gen i farn gymysg... ond mae wedi rhoi glasbrint inni symud ymlaen. Ein cynllun ni ydy e. Mae rhanbarthau yn dechrau hyrwyddo eu cynigion drwyddo. Yn y dyfodol, gallai ein helpu gyda recriwtio a matsio. Dyna gam nesaf y daith." (Arweinydd Sector)

Yn ogystal â gwella gwasanaethau cymorth mabwysiadu, roedd rhai cyfweleion o'r farn bod y Fframwaith wedi cael effaith ehangach ar feysydd pwysig eraill, megis:

- Datblygu asesiadau cymorth mabwysiadu a'r adroddiadau.

"Mae'r rhain gymaint yn well nag yr oedden nhw." (Arweinydd Sector)
"Cynlluniau cymorth mabwysiadu diweddar... rydych chi'n gweld bod llawer mwy o feddwl y tu ôl iddyn nhw." (Arweinydd Sector)

- Darparu strwythur ar gyfer datblygu canllawiau arferion gorau.

"Rydyn ni wedi datblygu rhain gyda'n gilydd... maen nhw'n ardderchog." (Arweinydd Sector)

- Hyrwyddo cydweithredu rhwng y rhanbarthau a'r sector gwirfoddol.

"Mae'r Fframwaith wedi bod yn ased gwych. Mae wedi bod yn sail i ddatblygiad gwasanaethau. Mae hefyd wedi helpu gyda chydweithio. Rwyf wedi gweld gwahaniaeth gwirioneddol yn y berthynas gwaith rhwng y rhanbarthau a'r sector gwirfoddol." (Arweinydd Sector)

- Ymwybyddiaeth gynyddol (o'r angen am) gymorth mabwysiadu.

"... tra doedd yna fawr neb yn ei drafod yn y gorffennol. Mae'n teimlo'n llai o Wasanaeth Cinderela nag y bu." (Arweinydd Sector)

"Mae cymorth mabwysiadu wedi'i broffilio - mewn ffordd hollol wahanol. Roedd pobl bob amser yn siarad am gymorth mabwysiadu, ond roedd bob amser yn drafodaeth negyddol, yn sôn nad oedd ar gael." (Arweinydd Sector)

3.5 I ba raddau y mae gwasanaethau cymorth mabwysiadu wedi'u cydgysylltu'n dda?

Roedd llai na hanner (48%) y rhieni a ymatebodd i'r arolwg o'r farn bod gwasanaethau cymorth mabwysiadu yn cydgysylltu'n dda, gan awgrymu bod yna le i wella yn y maes hwn o'u safbwynt nhw.

Mynegodd gweithwyr proffesiynol a ymatebodd i'r arolwg farn bod gwasanaethau sy'n cefnogi anghenion cyffredinol hyd at anghenion wedi'u targedu yn cael eu cydgysylltu'n

well ar hyn o bryd o'u cymharu â'r rhai y mae angen iddyn nhw weithio gyda'i gilydd pan fydd gan deuluoedd anghenion mwy arbenigol.

Dywedodd rhai o'r gweithwyr proffesiynol mabwysiadu bod hwn yn faes lle cafwyd gwelliannau yn ystod y blynyddoedd diweddar.

"Mae hyn yn gwella ac wedi gwella'n ddramatig dros y 12 mis diwethaf ers i'r arian buddsoddi gan LIC fod ar gael. Mae yna'n dal i fod ardaloedd o Gymru lle nad ydy hyn yn gweithio'n esmwyth ond mae pethau'n mynd i'r cyfeiriad cywir ac yn llawer iawn gwell nag yr oedden nhw ychydig flynyddoedd yn ôl." (Gweithiwr Proffesiynol Mabwysiadu)

Roedd eraill o'r farn bod problemau o hyd yn y cydgyssylltiad rhwng gwasanaethau mabwysiadu arbenigol (fel y rhai a ddarperir trwy'r timau mabwysiadu rhanbarthol a 'VAAs' a'r gwasanaethau iechyd ac addysg prif ffrwd), gyda'r olaf yn credu nad oedd ganddyn nhw hyd yn oed nawr ddull o fynd ati sy'n seiliedig ar drawma.

"Y cydgyssylltiad rydw i'n ei weld ydy'r un lle ceir y gwasanaeth trwy'r asiantaethau mabwysiadu. Mae'n ymddangos bod llai o gydlynw lle mae problemau yn yr ysgol neu gyda'r gwasanaeth iechyd, lle nad ydy'r dull o fynd ati o bosibl yn seiliedig ar drawma. Mae gwir angen am wasanaethau mwy cyfannol e.e. plentyn i gael asesiad synhwyraidd yn ogystal ag ystyried mewnbwn therapiwtig." (Gweithiwr Proffesiynol Mabwysiadu)

3.6 I ba raddau y mae ysgolion neu golegau'n ymwybodol o anghenion penodol plant mabwysiedig?

Mae llenyddiaeth ddiweddar wedi cyfeirio at bwysigrwydd bod ysgolion a cholegau yn 'ymwybodol o fabwysiadu'. Mynegir hyn gan rieni, plant a gweithwyr proffesiynol mewn ystod o astudiaethau yn y DU (Llywodraeth Cymru 2016; Selwyn 2017; King et al. 2017; Adoption UK 2017; Yellow Kite 2020; TouchBase 2020). Mae ymwybyddiaeth fabwysiadu yn y sector addysg yn rhychwantu nifer o feysydd gan gynnwys: dealltwriaeth ehangach o sut mae pob plentyn yn dysgu ac yn ffynnu yn yr ysgol; gwybodaeth, cydnabyddiaeth a dealltwriaeth o'r anghenion posibl a allai fod gan blant mabwysiedig; a deall ac ymateb yn briodol i strês posibl y plant mabwysiedig a all ymddangos yn yr ystafell ddosbarth.

Canfu astudiaeth ddiweddar gan Sefydliad Tavistock (King et al. 2017) fod teuluoedd a oedd yn teimlo bod ysgolion yn eu deall yn ystyried eu bod yn cael cymorth mewn ffordd sylweddol. I'r gwrthwyneb, roedd rhieni a oedd yn teimlo heb gymorth yn aml naill ai'n newid ysgolion i'w plant neu'n dod yn agos at newid ysgolion.

3.6.1 Barn y rhieni mabwysiadol yn yr astudiaeth hon

Ac eithrio'r rhai nad oedden nhw'n gwybod (y rhai â phlant oed cyn-ysgol yn bennaf), roedd dros hanner y rhieni a gymerodd ran yn yr arolwg ar-lein (tua 57%) o'r farn nad oes gan ysgolion ymwybyddiaeth dda neu bod ganddyn nhw ymwybyddiaeth wael o anghenion penodol plant mabwysiedig.

Tabl 16: Y canran o rieni gwblhaodd yr arolwg yn ôl lefel yr oedden nhw'n gredu oedd ymwybyddiaeth yr ysgolion am fabwysiadu

Yr Ymateb	% o'r ymatebwyr
Ymwybyddiaeth dda iawn	12.7%
Ymwybyddiaeth eitha da	30.7%
Ymwybyddiaeth heb fod yn dda iawn	33.8%
Ymwybyddiaeth wael iawn	22.8%

Sylwer: Nifer y rhieni atebodd y cwestiwn hwn = 261

Fodd bynnag, credai 58% o'r rhieni hyn bod lefelau ymwybyddiaeth yr ysgolion wedi bod yn gwella.

3.6.2 Barn y gweithwyr proffesiynol mabwysiadu yn yr astudiaeth hon

Roedd cyfran fwy o weithwyr proffesiynol a gymerodd ran mewn arolwg ar-lein ar gyfer y gwerthusiad hwn (74%) yn ystyried bod ymwybyddiaeth ysgolion o fabwysiadu yn amrywio o 'ddim yn dda iawn' hyd at 'ddim o gwbl'. Fodd bynnag, roedd 49% o'r farn bod gwelliannau wedi'u gwneud yn ystod y 3 blynedd diwethaf.

Roedd gweithwyr proffesiynol mabwysiadu yn dweud, er bod plant mabwysiedig yn aml yn cael yr anhawster mwyaf gydag ac o fewn yr ysgol, bod yr ymwybyddiaeth a chymorth neu ymatebion gwirioneddol i ddiwallu anghenion plant mabwysiedig yn dal i fod yn 'anghyson'.

"Rwy'n credu ei fod yn amrywio'n aruthrol nid yn unig o ysgol i ysgol ond o athro i athro! Rwy'n credu mai dim ond ychydig iawn o ysgolion yn gyffredinol sy'n ymwybodol o fabwysiadu neu sydd â dull o fynd ati a dealltwriaeth sy'n seiliedig ar drawma. Mae rhai plant yn cael y profiad o athrawon unigol da am gyfnod os ydyn nhw'n lwcus, ond yn aml dydy pethau ddim yn mynd ymhellach na hynny." (Gweithiwr Proffesiynol Mabwysiadu)

"Rwy'n credu bod hyn yn amrywio o ysgol i ysgol ac mae diffyg cysondeb. Gan fod athrawon dan bwysau aruthrol i ddysgu, cynllunio, marcio a chyflwyno data a thystiolaeth, nid cefnogi plant mabwysiedig 'ydy fy mlaenoriaeth i'." (Gweithiwr Proffesiynol Mabwysiadu)

Mae'r meysydd allweddol yr ystyrir eu bod yn ddiffygiol o ran dealltwriaeth ysgolion ac athrawon yn ymwneud ag ymlyniad a thrawma cynnar a'u heffaith ar ddysg ac ymddygiad plentyn. Yn ogystal, credir weithiau bod ymagweddau ysgol gyfan at ymddygiad (heriol) yn 'gosbol i raddau helaeth' er anfantais i'r plant sydd â'r anghenion hyn.

"Mae pwyslais o hyd ar ymddygiad a'i reolaeth, yn hytrach na chanolbwyntio ar yr anghenion sylfaenol, sy'n gyrru'r ymddygiad hwnnw. O dan strês, mae cydweithwyr ym maes addysg yn dal i droi at ddull rheoli ymddygiad yn seiliedig ar wobrwyo a chanlyniadau mympwyol, sydd, ar y cyfan, yn aneffeithiol." (Gweithiwr Proffesiynol Mabwysiadu)

“Gall ysgolion cyfun fod yn llai empathig a gyda llai o ddealltwriaeth o effaith barhaus trawma ar ddatblygiad corfforol ac emosiynol plentyn pan fydd yn cyrraedd y cam allweddol hwn. Fe'u hystyrir yn fwy cyfrifol, yn hŷn.” (Gweithiwr Proffesiynol Mabwysiadu)

Fodd bynnag, credwyd bod peth cynnydd wedi'i wneud gan gyfuniad o NAS Central, y timau mabwysiadu rhanbarthol ac Adoption UK gyda'i gilydd yn gweithio ochr yn ochr ag ysgolion.

“Mae hyfforddiant / ymlyniad / ACEs ar sail trawma wedi helpu staff ysgol i ddod yn fwy ymwybodol o'r trawma y byddai plant mabwysiedig wedi bod drwyddo. Bydd hyn yn helpu staff yr ysgol i ddarparu strategaethau cefnogol ac yn meithrin y plant.” (Gweithiwr Proffesiynol Mabwysiadu)

3.6.3 Ym mhle bu'r gwelliannau hyd yma?

Yn aml, ond nid bob amser, rhieni oedd â phlant oed cynradd, ac oedd wedi cwblhau'r arolwg neu a gymerodd ran mewn cyfweiliad, oedd yn mynegi mwy o hyder yn ymwybyddiaeth ysgolion a'u bod wedi cael profiadau gwell yn ddiweddar.

“Mae ein hysgol gynradd leol fach wedi bod yn hynod agored i gyfathrebu a diwallu anghenion ein plentyn.” (Rhiant Mabwysiadol)

“Roedd yr ysgol gynradd yn well ar gyfer ei anghenion ond nawr i fod e mewn ysgol gyfun dydyn nhw ddim wir yn gwybod llawer amdano.” (Rhiant Mabwysiadol)

Trwy eu sylwadau yn yr arolwg, rhoddodd rhieni hefyd fewnwelediad i'r ffactorau yr oedden nhw'n gredu oedd yn hyrwyddo ymwybyddiaeth ysgolion a'r driniaeth gadarnhaol i blant mabwysiedig, gan gynnwys y canlynol:

- **Staff addysgu yn mynychu hyfforddiant ar effaith trawma plentyndod cynnar ac ymlyniad cynnar sydd wedi'i effeithio'n andwyol.**

“Mae ymwybyddiaeth yn bendant yn gwella, ac mae'r ysgol wedi cael llawer o hyfforddiant. Mae'n gwneud gwahaniaeth mawr.” (Rhiant Mabwysiadol)

“Mae'n gwella gyda hyfforddiant fel 'ACES' ond mae'n dal i gael ei gamddeall yn fawr ac mae angen llawer o gymorth gennym ni fel rhieni i gael hyn yn iawn. Mae angen mwy o hyfforddiant/staff i weithio gyda phlant mabwysiedig.” (Rhiant Mabwysiadol)

“Yng Nghymru, dwi'n credu bod hyrwyddo 'ACES' wedi dechrau treiddio drwodd i'w dealltwriaeth o fewn ysgolion.” (Rhiant Mabwysiadol)

- **Ysgolion yn derbyn cyngor ar ffurf ymgynghori gan arbenigwyr/therapyddion unigol sy'n gweithio gyda'r plentyn neu'r teulu.**

“Mi wyddoch am y gwasanaethau iechyd meddwl (CAMHS), mi ddwedais wrthyn nhw, mae gen i wir angen yr help. Mae'n drawma datblygiadol. Fe wnaethon nhw ddod gyda mi i siarad â'r ysgol ac roedd bron fel bod yr ysgol wedi gweld y golau

oherwydd eu bod wedi clywed rhywun yn swyddogol yn ailadrodd yr hyn oeddwn i wedi ei ddweud.” (Rhiant Mabwysiadol)

- **Hyfforddiant mabwysiadu penodol wedi ei ddarparu gan sefydliadau fel Adoption UK**

“Mae ysgol fy mab yn eithriadol o dda. Mae Adoption UK wedi hyfforddi rhai o'r athrawon. Mae'r pennaeth yn awyddus iawn i gael unrhyw gymorth llesiant i'r holl ddisgyblion ac mae'n rhagweithiol yn hyn o beth. Mae'r Cydlynnydd Dysgu Ychwanegol 'ALCo' wedi'i hyfforddi'n dda, yn cydymdeimlo ac yn llawn cymhelliant.” (Rhiant Mabwysiadol)

- **Mae pennaeth yr ysgol ac 'ALCO' yn benodol yn wybodus, yn llawn cymhelliant ac yn agored (er enghraifft i ddulliau rheoli ymddygiad).**

“Mae ysgol fy mhleintyn yn wych ac yn rhagweithiol drwy fod yn ysgol gyfeillgar i fabwysiadu / gyfeillgar i LAC.” (Rhiant Mabwysiadol)

“Y pennaeth a'r ALNCO/CADY sy'n gyfrifol am hyn. Os ydyn nhw'n dda, mae'r ysgol yn dda.” (Rhiant Mabwysiadol)

- **Ysgolion sydd ag agwedd gadarnhaol, gwybodus am drawma a thosturiol tuag at lesiant ehangach ac yn gosod yr agwedd hon ar ddatblygiad plant mewn lle amlwg.**

“Mae ysgol fy mab yn rhagorol. Mae o'n derbyn cymorth emosiynol gan y Cynorthwy-ydd Cymorth Dysgu (LSA) hyfforddedig a bydd yr athro sy'n arwain ELSA a'r Pennaeth yn edrych i mewn i unrhyw gymorth y gallan nhw ei dderbyn i gefnogi ei hunanhyder a'i gryfder emosiynol.” (Rhiant Mabwysiadol)

“Mae ysgolion yn awyddus i ddynodi'r problemau a chynnig help yn gynnar. Yn y gorffennol roedd mwy o duedd i ysgubo pethau o dan y carped.” (Rhiant Mabwysiadol)

- **Ysgolion neu athrawon sydd â phrofiad blaenorol y gallan nhw eu gyd-rannu ynglŷn â phlant wedi'u mabwysiadu neu sy'n derbyn gofal.**

“Mae'r ysgol yn dda iawn. Mae ganddyn nhw athro sydd hefyd yn rhiant mabwysiadol. Mae cryn dipyn o blant wedi'u mabwysiadu yn yr ysgol, felly maen nhw'n ymwybodol iawn ac yn eithaf gwybodus am drawma. Gall y cynorthwydd dysgu... sylwi pan fydd ar fin cael pwl ac fe fydd hi'n mynd ag e i wneud rhywbeth arall a thynnu ei sylw. Mae'r Pennaeth.. yn dilyn y trywydd (atgyfeirio) y seicoleg addysg.” (Rhiant Mabwysiadol)

“Mae'r feithrinfa a'r ysgol yn ein cymuned wedi cael plant mabwysiedig o'r blaen ac felly rydyn ni'n credu bod eu dealltwriaeth o ymddygiadau a'r anghenion yn eithaf da.” (Rhiant Mabwysiadol)

- **Ysgolion sy'n teilwra cymorth i blant yn hytrach nag un dull sy'n addas i bawb.**

“Wn i ddim am ysgolion eraill ond mae ysgol fy mab yn ymwybodol o anghenion ychwanegol plant mabwysiedig. Fodd bynnag, dydyn nhw ddim yn cymryd yn ganiataol bod pob problem yn gysylltiedig â mabwysiadu. Maen nhw'n gweithio gyda ni i ganfod yr ateb gorau gan ddefnyddio'r llwybr mwyaf priodol.” (Rhiant Mabwysiadol)

3.6.4 Ym mhle mae angen cynnydd o hyd?

Mynegyd amheuan gan rai rhieni, a oedd â phethau cadarnhaol ar y cyfan i'w ddweud am gynnydd yn y maes hwn neu ysgol benodol neu (bennaeth/athro), er enghraifft ynghylch:

- **Anghysondeb canfyddedig o ran profiad ar draws athrawon neu ysgolion unigol.** Dyma oedd y maes gafodd fwyaf o sylw.

“Yr ymateb a gawson ni yn aml wrth geisio cael sgysiau am heriau blaenorol neu gyfredol ein merch, oedd bod yna blant yn llawer gwaeth eu byd na hi, a'i ei bod yn ymdopi'n dda. Roedd rhai athrawon yn wych - byddai eraill yn gweld ei hymddygiad fel ymddygiad gwael neu ei bod yn ceisio sylw. Doedd e ddim yn gyson, ac mae'n debyg mai dim ond yr uwch dîm rheoli oedd wedi derbyn hyfforddiant priodol.” (Rhiant Mabwysiadol)

“Mae rhai staff yn ymateb yn well i broblemau fy mhientyn nag y mae eraill.” (Rhiant Mabwysiadol)

“Mae'r ysgol bresennol yn rhagorol ond roedd yr ysgol flaenorol yn warthus, ddylai yna ddim bod unrhyw wahaniaeth rhwng yr ysgolion na'r cymorth sydd ar gael.” (Rhiant Mabwysiadol)

“Nifer fach o ysgolion sy'n cyrchu hyfforddiant ymlyniad, diffyg dealltwriaeth fod 'FASD' yn gyffredin, gwybodaeth anghyson am y cyllid sydd ar gael, diffyg parodrwydd i feddwl y tu allan i'r bocs am atebion ymddygiadol.” (Rhiant Mabwysiadol)

“Mae wedi bod yn daith hir i ni gyda'r ysgol i egluro y gall problemau plant mabwysiedig fod yn gymhleth ac nad ydyn nhw o reidrwydd yn golygu bod y plentyn yn 'ddrwg'. Mae llawer o athrawon bellach wedi derbyn hyfforddiant pwrpasol ond rwy'n ymwybodol nad ydy hyn yn wir ym mhob ysgol.” (Rhiant Mabwysiadol)

- **Effaith hyfforddiant heb gymorth parhaus i herio hen ffyrdd o wneud pethau a sefydlu dulliau newydd.**

“Rwy'n credu y gall ysgolion fynd ar y cyrsiau sy'n ddechrau gwych, ond dydy hynny ddim bob amser yn cyfateb i'r hyn sy'n cael ei roi ar waith. Bydd yn cymryd amser i brofiad gynyddu ac i bethau newid.” (Rhiant Mabwysiadol)

- **Gallu ysgolion cyfun i deilwra cymorth i blant unigol, hyd yn oed os ydyn nhw'n deall yr anghenion.**

“Yn gyffredinol, mae ysgolion prif ffrwd yn mynnu ar systemau ymddygiad gwobrau a chosbau a all fod yn ofer ac yn gwneud bywyd ysgol yn waeth i blant mabwysiedig.” (Rhiant Mabwysiadol)

“O leiaf maen nhw bellach ychydig yn fwy ymwybodol y gallai plant mabwysiedig ddod â heriau ond eu bod yn dal i ymddangos yn brin o adnoddau i'w hadnabod yn gynnar ac yna eu rheoli'n briodol.” (Rhiant Mabwysiadol)

“Mae ysgolion (uwchradd) yn parhau i chwilio am ddull o gael y plentyn i 'ffitio'.” (Rhiant Mabwysiadol)

- **Ysgolion yn gallu ehangu eu dealltwriaeth o anghenion plant sydd â phrofiadau eraill o gael gofal, plant sy'n derbyn gofal, i gynnwys plant mabwysiedig.**

“Rwy'n credu y bu mwy o hyfforddiant a dealltwriaeth am faterion ymlyniad yn ystod y blynyddoedd diwethaf ond mae ysgolion yn anwybyddu effeithiau tymor hir mabwysiadu ar blentyn, i raddau helaeth. Tybir yn gyffredinol, unwaith y bydd plentyn wedi bod gyda theulu am ychydig flynyddoedd, bod popeth wedi dod yn iawn ac os ydy rhiant yn codi mater neu ymwybyddiaeth, maen nhw'n ystyried bod y rhiant yn rhy amddiffynnol ac yn gwneud ffordan diangen.” (Rhiant Mabwysiadol)

“Rwy'n credu, pan fydd plentyn yn cael ei fabwysiadu, bod ysgolion yn credu mai dyna ddiwedd ar bethau - does ganddyn nhw ddim gwir gysyniad o effaith barhaus trawma cynnar. Yn wahanol i blant sy'n derbyn gofal, lle mae'n ymddangos bod ganddyn nhw ddealltwriaeth dda am hynny.” (Rhiant Mabwysiadol)

“Rwy'n gweithio mewn ysgol ac rwy'n credu bod mwy o ymwybyddiaeth am blant sydd yn y system ofal ond nid o reidrwydd am y rhai a arferai fod mewn gofal ac sydd bellach wedi'u mabwysiadu - mae yna deimlad 'maen nhw'n iawn nawr.’” (Rhiant Mabwysiadol)

Yn y dyfodol, fe hoffai rhai rhieni weld ymwybyddiaeth ysgolion gael ei wella, ac mae hyn yn cynnwys y canlynol:

- Rhagor o hyfforddiant.
- Gofynion statudol ar gyfer cynlluniau addysgol i blant mabwysiedig (sy'n cyfateb i rai plant maeth).
- Bod hyfforddiant ar ymagweddau gwybodus ymlyniad a thrawma yn orfodol i bob athro.

Roedd llawer o arweinwyr sector a gyfwelwyd ar gyfer y gwerthusiad hwn yn cytuno neu hyd yn oed yn pwysleisio bod hwn yn faes cymorth pwysig i blant a theuluoedd mabwysiedig:

“Mae cymaint o faterion yn cael eu rhannu gyda ni ynglŷn â'r plentyn yn yr ysgol, y plant sy'n cael trafferth gyda'r amgylchedd cymdeithasol hwnnw.” (Arweinydd Sector)

"Mae teuluoedd yn aml yn ffynnu yn y blynyddoedd cynnar ond fe fyddan nhw'n cael anawsterau ar yr adegau pontio, megis cychwyn mewn ysgol neu newid ysgol. Wrth gychwyn yn yr ysgol, gall yr anghenion cymorth ddod i'r amlwg gan gynnwys ASD, FASD ac eraill a allai fod yn fwy amlwg mewn lleoliad ffurfiol."
(Arweinydd Sector)

Y naratif cyffredinol ynghylch ymatebion arweinwyr sector i gwestiynau yn y maes hwn ydy, er bod rhai gwelliannau bach wedi'u gwneud yn y maes hwn, bod yna lawer i'w wneud o hyd i wella profiad plant mabwysiedig yn yr ysgol, yn enwedig wrth drosglwyddo o'r cynradd i'r ysgol uwchradd ac fel plant yn eu harddegau.

"Mae nifer fach o ysgolion yn ymwybodol o fabwysiadu, ond mae 'na waith enfawr o hyd. Mae'r hyn sydd wedi ei gyflawni fel diferyn yn y môr." (Arweinydd Sector)

"Rydyn ni'n ymhell iawn o weld ymwybyddiaeth o drawma ar waith mewn ysgolion."
(Arweinydd Sector)

"Mae rhai ysgolion wedi ei ddeall, eraill heb, hyd yn oed ar ôl cael hyfforddiant. Mae rhai ysgolion yn siarad yn dda ond mae ganddyn nhw o hyd 'restr blant drygionus' a dydyn nhw heb ddeall pethau ynglŷn â phlentyn mabwysiedig." (Arweinydd Sector)

Doedd y rhieni na'r arweinwyr sector a gafodd eu cyfwrdd ar gyfer y gwerthusiad hwn ddim o dan unrhyw gamagraff ynghylch anhawster posibl y dasg (o ran newid pethau er gwell), yn enwedig o ystyried y canlynol:

- 'Arddulliau' sy'n bodoli eisoes o ran arddull addysgu / athrawon a'r diwylliannau sy'n gyndyn o newid.
- Athrawon sydd angen cydbwyso anghenion dosbarth cyfan gydag anghenion plentyn unigol:

"Hyd yn oed pan maen nhw wedi cael gwybod am drawma, rhaid canfod cydbwysedd rhwng anghenion plentyn mabwysiedig unigol a'r dosbarth cyfan." (Rhiant Mabwysiadol)

Fodd bynnag, fe chwalwyd y myth nad ydy ysgolion yn ymwybodol bod plant wedi eu mabwysiadu ai peidio:

"Roedd dadl nad ydy ysgolion yn gwybod am blant mabwysiedig ond dywedodd 99% o rieni yn y Baromedr Mabwysiadu fod ysgolion yn gwybod bod eu plentyn wedi'i fabwysiadu." (Arweinydd Sector)

Roedd gweithwyr proffesiynol ac arweinwyr sector o'r farn bod galluogwyr posibl y newid cadarnhaol pellach yn y dyfodol yn cynnwys y canlynol:

- Gwaith uniongyrchol parhaus rhwng arbenigwyr mabwysiadu ac ysgolion.
- Y cwricwlwm newydd ac ymgynghoriad y Llywodraeth (Cymru) ar ymagweddau ysgol gyfan at iechyd a llesiant emosiynol.
- Argyhoeddi ysgolion bod cael ymwybyddiaeth o drawma yn dda i bob plentyn, nid dim ond plant sydd wedi'u mabwysiadu neu sy'n derbyn gofal.
- Adeiladu ar wybodaeth ysgol, er enghraifft o amgylch 'ACEs' a'r hyn y maen nhw eisoes yn ei wneud o ran trawma ac ymlyniad.

- Sefydlu 'marc barcut' ar gyfer ysgolion. Roedd disgwyl i beilot gael ei sefydlu, er enghraifft, mewn un rhanbarth, ond roedd Pandemig COVID-19 wedi gohirio ei gynnydd.

3.7 I ba raddau yr ystyrir bod y gwasanaethau cymorth mabwysiadu yn ddigonol ar draws Cymru?

Roedd yna wahaniaeth barn ymhlith y rhieni a gwblhaodd yr arolwg ar-lein ynghylch i ba raddau y mae'r ystod o wasanaethau cymorth mabwysiadu sydd ar gael ar hyn o bryd yn ddigonol i ddiwallu anghenion eu teuluoedd. Roedd bron i 6 o bob 10 o'r farn eu bod yn ddigonol iawn neu'n eithaf digonol (59%), ond roedd dros chwarter o'r farn nad oedden nhw 'yn ddigonol iawn' (26%), ac roedd 1 o bob 7 o'r farn nad oedden nhw yn 'ddigonol o gwbl' (15%).

Roedd 82% o'r gweithwyr proffesiynol a ymatebodd i'r arolwg ar-lein o'r farn bod gwasanaethau cyffredinol rhwng bod yn ddigonol i raddau helaeth hyd at fod yn ddigonol iawn. Fodd bynnag, dim ond 55% oedd o'r farn bod gwasanaethau wedi'u targedu yn ddigonol a dim ond 11% bod gwasanaethau arbenigol yn ddigonol ar hyn o bryd. Mae'r sylwadau blwch testun yn yr arolwg rhieni ar-lein a chyfweliadau manylach â rhieni hefyd yn awgrymu eu bod yn ystyried bod unrhyw ddiffyg yn ymwneud yn bennaf â mathau mwy penodol neu arbenigol o gymorth.

Mae'r **prif fwch** a ddisgrifir gan aelodau o'r teulu, gweithwyr proffesiynol ac arweinwyr sector mewn perthynas ag argaeledd cymorth neu gymorth therapiwtig yn amserol, wedi'i gynllunio a'i gydlynu'n dda i ddiwallu anghenion cymhleth teulu, yn enwedig yn ystod y glasoed. Disgrifiodd rhai rhieni sut y dylai'r 'rhain fod ar gael heb orfod ymladd'. Roedd rhai arweinwyr sector a gweithwyr proffesiynol o'r farn y dylid cael mwy o gymorth therapiwtig i'r teulu cyfan, gan gynnwys rhieni.

"Cynllun plentyn wedi'i ysgrifennu gyda phawb yn gytûn ynghylch beth sy'n digwydd. Yn y bôn, byddai pawb yn gwybod, yn arbennig fi, y gweithiwr cymdeithasol a'r meddyg hefyd" (Plentyn a Fabwysiadwyd)

"Dywedon nhw, oherwydd nad oedd y mabwysiadu yn mynd i chwalu, pam fyddai angen iddyn nhw fy nghefnogi. Yn ôl pob tebyg, mae'n rhaid i mi fod, mae'n rhaid iddo fod yn fater diogelu. I gael seibiannau. Dywedir wrthyf yn y bôn nad oes digon o arian a'r unig bobl y gallan nhw eu cefnogi ydy pobl sydd ar fin gwahanu. Fy mhryder wrth symud ymlaen ydy... a fydda i, yn gorfforol, yn gallu ymdopi â phlentyn a all fod yn dreisgar ar adegau " (Rhiant Mabwysiadu)

"Rydw i wedi bod ymdrechu i gael (cymorth) seicolegol iddi hi. Sut mae teuluoedd yn ymdopi. Mae'n wir anodd" (Rhiant Mabwysiadu)

"Anfonwyd gweithiwr cymdeithasol er mwyn i mi i ddod i siarad â hi. Ni ddigwyddodd dim ar ôl i mi gwrdd â hi. Ni fynychodd hi unrhyw gyfarfodydd yn yr ysgol a wnaeth hi ddim helpu mewn unrhyw ffordd. Dydy hyn ddim ar gael... 'does yna ddim unrhyw beth i'w gyrchu. Mae'n iawn os ewch chi i'r cyflwr argyfwng, yna mae'n ymddangos eu bod nhw'n cynyddu pethau. Ddylech chi ddim gorfod mynd i sefyllfa argyfwng cyn bod yna gymorth." (Rhiant Mabwysiadu).

“Mae angen i wasanaethau fod ar gael yn haws ac yn fwy hygyrch heb deimlo eich bod yn gorfod ymladd i gael y cymorth hwnnw oherwydd diffyg cyllid neu argaeledd.” (Rhiant Mabwysiadu)

“Rydyn ni angen mwy o gymorth, sy'n rhwyddach i gael mynediad ato, a byddwn yn awgrymu bod gwasanaethau cymorth ôl-fabwysiadu yn cysylltu'n flynyddol gyda PHOB teulu. Fe wnaethon ni aros yn hwy nag y dylen ni cyn gofyn am gymorth, gan fod dan y rhagdybiaeth (oddi wrth deuluoedd mabwysiadu eraill) ei bod bron yn amhosibl cael gafael ar unrhyw gymorth. Cydbwyswch hyn â'r ffaith bod y mwyafrif o deuluoedd mabwysiadol 'eisiau bod yn normal' ac rwy'n amau bod llawer ohonom yn ei gadael yn hwyrach nag sydd angen i estyn allan.” (Rhiant Mabwysiadu)

“Rwy'n credu y dylid cael gwiriad rheolaidd bob chwe mis, trwy gydol bywyd y plentyn. Oherwydd dydy llawer o bobl ddim am ofyn am gymorth. Yn y tymor hir, rwy'n credu y byddai'n arbed i blant a theuluoedd orfod mynd drwy'r heriau” (Rhiant Mabwysiadu)

“Digonedd o wasanaethau cymorth, mae'n drueni bod yn rhaid iddyn nhw gyfiawnhau, dadlau, cwyno neu fynegi pryderon i gael y cymorth sydd ei angen arny'n nhw. Dydyn nhw ddim mor hawdd i gael gafael arny'n nhw ag y cawson ni ein harwain i gredu.” (Rhiant Mabwysiadu)

“Mae mwy o gyllid ar gael nawr nag yn y gorffennol ond DIM DIGON o hyd.” (Rhiant Mabwysiadu)

Roedd rhai gweithwyr proffesiynol maes mabwysiadu yn ymwybodol bod cymorth therapiwtig, yn enwedig ar ffurf seicolegwyr 'mewnol', yn fwy ar gael mewn rhanbarthau eraill o gymharu â'u rhanbarthau eu hunain.

“Dydyd ni ddim wedi cael manteision y swyddi hyn. Wn i ddim pam. Fe fydden ni'n dymuno cael seicolegwyr mewnol. Mae'n eithaf blinedig ymladd dros deuluoedd unigol.” (Gweithiwr Proffesiynol Mabwysiadu)

Er bod gweithwyr proffesiynol mabwysiadu ac arweinwyr sector wedi mynegi gwahanol safbwyntiau am rôl(au) seicolegwyr mewn timau cymorth mabwysiadu, cytunodd llawer o'r cyfweleion fod aliniad agos rhwng seicolegwyr a gweithwyr cymdeithasol mabwysiadu arbenigol yn fodel mwy 'optimwm', o'i gymharu, er enghraifft, i gael clinigwr yn gwneud yr holl waith un i un neu i weithwyr cymdeithasol sy'n parhau i weithio ar wahân i gymorth clinigol.

“Mae'r gwasanaeth seicoleg yn (rhanbarth penodol), eu mewnbwn o ran paru a chysylltu plant a chefnogi mabwysiadwyr yn y flwyddyn gyntaf, yn hynod fuddiol. Rwy'n credu bod hynny'n seiliedig ar dystiolaeth. Ond mae gan wahanol bobl fodelau eraill.” (Gweithiwr Proffesiynol Mabwysiadu)

Roedd graddfa driongli uchel hefyd ar draws canfyddiadau'r arolygon rhieni / gweithwyr proffesiynol / arweinwyr sector a chyfweiliadau am fylchau cyfredol eraill neu feysydd gwannach mewn perthynas â gwasanaethau cymorth mabwysiadu arbenigol a dargedwyd, fel a ganlyn:

- **Ar gyfer plant ag anawsterau niwro-ddatblygiadol**

"Mae yna restrau aros enfawr o hyd ar gyfer diagnosis ASD (anhwylderau yn y sbectrwm awtistig) neb all wneud diagnosis FASD" (Rhiant Mabwysiadu)

"Mae mynychder uwch o blant yn agored i alcohol a chyffuriau yn y system sy'n derbyn gofal felly mae'n rhaid ei fod yn fwy cyffredin hefyd ar gyfer plant mabwysiedig. Ni chydabyddir FASD. Mae hynny'n asgwrn cynnen yn yr arena fabwysiadu. Dydy pobl ddim yn cael eu cymryd o ddifrif." (Gweithiwr Proffesiynol Mabwysiadu)

"Ar gyfer diagnosis... ar gyfer y gwasanaeth niwro-ddatblygiadol, mae bron i 2 flynedd o gyfnod aros... mae pawb yn dod allan gyda diagnosis ASD. Maen nhw wedi'u hanelu ar gyfer hyn. Dydy e ddim yn gweithio i bawb. Rydyn ni angen gwell diagnosis, ond hefyd angen gwell triniaethau." (Rhiant Mabwysiadu)

- **Ynglŷn â chael mynediad i 'CAMHS'**

"Dydy CAMHS ddim yn addas i'r diben (ar gyfer plant mabwysiedig)" (Rhiant Mabwysiadu)

"Mae'r trothwy CAMHS yn un mor uchel." (Rhiant Mabwysiadol)

"Mae pryderon ynghylch mynediad i CAMHS.. a bod y gwasanaethau cymdeithasol a CAMHS ddim yn cydweithio'n dda." (Arweinydd Sector)

"Mae ymwybyddiaeth o fabwysiadu ymysg therapyddion a chlinigwyr yn dal i fod yn gyfyngedig neu'n brin. Mae angen i chi gael dealltwriaeth dda iawn o drawma a'i effaith gydol oes arnoch chi." (Rhiant Mabwysiadu)

Mynegodd rhai gweithwyr proffesiynol ac arweinwyr sector y farn mai un o'r priif resymau nad ydy CAMHS ddim yn hygyrch i blant mabwysiedig ydy nad oes ganddyn nhw arbenigedd ar hyn o bryd mewn gweithio gyda phlant sydd wedi profi anhawster trawma plentyndod cynnar a / neu drafferthion ymlyniad.

"Mae CAMHS yn ofalus i beidio â chymryd atgyfeiriadau mewn perthynas â phethau nad ydyn nhw'n eu deal!" (Mabwysiadu Proffesiynol)

"Ar y pen uchaf, dydy mynediad i CAMHS ddim yn dda. Fy mam i ydy y dylai pob plentyn mabwysiedig gael mynediad at CAMHS pan fyddan nhw ei angen... ond dydy e ddim yn digwydd. Mae'n fater o bwys. Efallai nad oes ganddyn nhw'r arbenigedd, ond dylen nhw allu ymateb." (Arweinydd Sector)

- **Ar gyfer plant hŷn a phobl ifanc, gan gynnwys y rhai sy'n trosglwyddo i fod yn oedolion**, o ran lle mae gwasanaethau cymorth mabwysiadu wedi bod yn llai datblygedig hyd yn hyn.

"Rwy'n teimlo bod yna fwlch (yn y cymorth i blant hŷn ac oedolion wedi eu mabwysiadu) oherwydd, i lawer o blant, maen nhw'n aeddfedu'n hwyrach na phlant eraill beth bynnag. Rwy'n tybio daw'r trawma i'r wyneb nes ymlaen. Dydw i ddim wedi gweld unrhyw gymorth i unrhyw un yn eu harddegau hwyr nag yn eu hugeiniau cynnar. Mae 'na yn bendant bwynt anodd tua 16 i 25 a'r argraff gewch chi nad oes

yna gymorth yr adeg honno. Mae'r grwpiau i gyd yn ymwneud â phlant iau.” (Rhiant Mabwysiadol)

“Mwy am feysydd iechyd rhyw, perthynas, hunaniaeth; teulu biolegol. Sut i reoli hunan-niweidio ac emosynau cryf.” (Rhiant Mabwysiadol)

“Rydyn ni wedi cael cryn ffocws ar ymyriadau cynnar ond mae yna garfan a aeth trwy fabwysiadu beth amser yn ôl a dydy rhai ddim yn gwneud yn dda o gwbl. Mae'n golygu iddyn nhw allu cyrchu'r hyn y gall eraill, gan gynnwys pobl sy'n gadael gofal, ei wneud.” (Gweithiwr Proffesiynol Mabwysiadu)

“Ma'r rhai yn eu harddegau yn fwch mawr ar hyn o bryd. Glasoed i blant sydd wedi profi pethau nad ydyn nhw hyd yn oed yn eu cofio. Hynny wedi'i gyfuno â disgwyliadau rhieni o'u plant.” (Arweinydd Sector)

“Plant sy'n NEET (ddim mewn addysg, cyflogaeth na hyfforddiant) neu sydd angen cymorth i gael tŷ ac sydd â phroblemau iechyd meddwl.” (Arweinydd Sector)

- **Ar gyfer mynediad at gymorth arbenigol** yn fwy cyffredinol - gan gynnwys anawsterau mewn rhai meysydd wrth gael gafael ar gyllid pan fydd ei angen, yn enwedig lle mae materion yn ymwneud â mabwysiadu wedi'u plethu ag anghenion addysgol arbennig neu anghenion iechyd. Disgrifiodd rhai rhanbarthau a darparwyr y sector gwirfoddol rwystrau penodol rhag cyrchu cymorth 'lefel uwch' lle nad oedd y cyllid wedi'i ddirprwyo i'r tîm rhanbarthol o leiaf.

“Rhywle y gallwch chi fynd i drafod eich problemau gyda rhywun sydd â chefnidir mewn therapi a seicoleg... ddim yn hawdd ei tarfu nac ychwaith yn fecanyddol yn eu hymateb. Mae arnom angen pobl sy'n gymwys i helpu'r plentyn a'n helpu ni i helpu'r plentyn. Helpwch ni hefyd, i ddelio â'r problemau. Gofynnwch i fabwysiadwyr. Rydyn ni eisiau 'canolfan cymorth mabwysiadu' lle mae'r holl bobl iawn i'w cael a'r rhai all eirioli ar eich rhan.” (Rhiant Mabwysiadol)

“Dylid blaenoriaethu plant sy'n cael eu maethu a'u mabwysiadu. Mae tystiolaeth glinigol eu bod yn fwy tebygol o gael ASD ac anawsterau ymlyniad, trawma datblygiadol ac ati. Dylai'r asiantaeth fabwysiadu allu eu rhoi ar gynllun carlam (trwy'r GIG er enghraifft) i gael cymorth. Dydy'r gwasanaeth niwroddatblygiadol ddim ond yn frig y mynydd iâ. Maen nhw'n canolbwyntio'n bennaf ar ASD, dydyn nhw ddim yn canolbwyntio ar ddiagnosis na chymorth arbenigol.” (Rhiant Mabwysiadol)

“Does yna ddim un gwasanaeth sy'n dweud 'dewch yma' os ydy eich plentyn wedi profi trawma bywyd cynnar neu os oes ganddo gyflwr niwro-ddatblygiadol ond mae pobl (ysgolion) eisiau diagnosis clir. Chewch chi ddim unrhyw help heb ddiagnosis yn yr ysgol.” (Rhiant Mabwysiadol)

“Rwy'n credu bod llawer o'n plant yn cael cam-ddiagnosis o bethau fel awtistiaeth ac ADHD oherwydd bod pobl yn ceisio eu ffitio yn y blychau sy'n bodoli ar hyn o bryd. O fewn gwasanaethau statudol, 'does yna ddim digon o ymwybyddiaeth ac felly mae angen i ni ddibynnu ar gymorrrh gan asiantaethau cymorth mabwysiadu a chlinigau arbenigol sydd â'r wybodaeth a'r profiad hwnnw” (Rhiant Mabwysiadol)

"Yr ALI lle mae'r teulu'n preswyllo sydd i gytuno ar becyn gofal. Efallai y byddwn ni'n gwneud argymhellion ond mater i'r ALI dynodedig ydy cytuno ar y pecyn ai peidio." (Gweithiwr Mabwysiadu Proffesiynol)

"Mae'n dal i fod yn loteri cod post ar gyfer derbyn cymorth arbenigol... wrth i awdurdodau lleol ddyrannu cyllid. Maen nhw'n cymryd yr awenau. Mewn rhai ardaloedd, maen nhw'n aros yn rhy hir nes cyrraedd pwynt argyfwng cyn cymryd rhan" (Arweinydd Sector)

"Rydyn ni'n clywed bod gan rai rhanbarthau gyllideb sy'n cynnwys cael ei ddefnyddio ar gyfer cymorth arbenigol ond mae heb wneud hynny. Mae'n rhaid iddyn nhw fynd yn ôl at yr ALI i gael cyllid. Rhaid iddyn nhw frwydro am adnoddau." (Arweinydd Sector)

- **Gwaith profiadau bywyd mwy hygrych ac o ansawdd gwell, yn enwedig i blant hŷn**

"Gwrthodwyd gwaith cofnodi profiadau bywyd i ni gan na all unrhyw un gytuno pwy ddylai dalu." (Rhiant Mabwysiadol)

".. mwy o gymorth ar ddeunyddiau profiad bywyd gan fod y teulu biolegol wedi ymddieithrio amser maith yn ôl ac mae gennym wybodaeth gyfyngedig iawn ar y profiadau bywyd cynnar fel nad ydy gweithiwr cymdeithasol ein plentynddim wedi bod / ddim yn dymuno ein helpu gyda hyn." (Rhiant Mabwysiadol)

- **Mwy o ffocws ar weithio gydag ysgolion neu â disgyblion yn yr ysgolion.**

"Pe bawn i'n rhywun sy'n mabwysiadu, yr hyn sy'n digwydd mewn ysgolion fyddai'r peth pwysicaf. Rwy'n credu y dylai cyllid fynd i hynny." (Arweinydd Sector)

- **Cymorth ar gyfer cysylltiadau o ansawdd da gyda theuluoedd biolegol a chyngor rhagweithiol cynharach ynghylch cyswllt, gan gynnwys o ran y cyfryngau cymdeithasol.**

"Mae cyswllt yn agwedd ar gymorth mabwysiadu ac rydym am weld cyswllt sy'n cynorthwyo datblygiad emosiynol a hunaniaeth pobl ac yn rhoi cymorth i deuluoedd" (Arweinydd Sector)

"Roedd hi'n ddamwain oedd yn aros i ddigwydd gyda'r cyfryngau cymdeithasol, ond ni wnaeth unrhyw weithwyr cymdeithasol ddim yn ei gylch. Mae cymorth o ran y cyswllt yn yr oes sydd ohoni yn bwysig iawn." (Rhiant Mabwysiadol)

- **Gwell mynediad at ofal seibiant pan fo ei angen.**

"Tri o blant gydag anghenion ychwanegol sylweddol y gallwn eu rheoli, ond nad oedd gennym unrhyw syniad am y lefel hyn o anghenion pan gawson nhw eu lleoli gyda ni. Mae lefel eu hanghenion yn aros yr un fath. Does ganddon ni NEB i gynnig unrhyw fath o seibiant i ni a dydyn ni ddim yn gymwys i gael unrhyw gymorth gan ein tîm anabled lleol, er bod pob un o'n 3 plentynddim yn cael eu cydnabod fel rhai anabl." (Rhiant Mabwysiadol)

Un testun cynnen ydy'r tensiwn sydd rhwng yr awydd am gysondeb (a fynegir yn aml gan rieni mabwysiadol ac ambell dro gan arweinwyr sector) a'r angen am hyblygrwydd wrth gyflenwi mewn gwahanol ardaloedd a rhanbarthau (a fynegir weithiau gan rai arweinwyr sector a gweithwyr proffesiynol mabwysiadu).

“Mae gennym ni gynnig craidd ond rydyn ni'n gadael lle ar gyfer creadigrwydd ac arloesedd. Er fy mod yn deall yr awydd am gael cysondeb, dydw i ddim yn siŵr bod yn rhaid i bopeth fod yr un peth.” (Arweinydd Sector)

“Mae yna amrywiadau o hyd o gwmpas Cymru o ran cael mynediad at gymorth... rhai teuluoedd wedi gorfod dychwelyd at ddrws ffrynt y gwasanaethau cymdeithasol i gael cymorth. Erbyn hyn mae gan lawer (eraill) dimau cymorth arbenigol sy'n deall, ond dydy hynny ddim yn digwydd yn gyffredinol eto ledled Cymru ac mae hynny'n peri peth pryder.” (Arweinydd Sector)

“Rwy'n hoffi cysondeb. Pam na allwn ddweud wrth y rhanbarthau i roi'r gorau i wneud rhai pethau a dechrau gwneud pethau eraill? Rwy'n hapus iddo aros yn y rhanbarthau, cyhyd â bod rhywfaint o atebolrwydd. Fe fyddwn i'n wir yn hoffi gweld digon o gymorth arbenigol, cymorth therapiwtig yn cael eu cyflwyno.” (Arweinydd Sector)

3.8 I ba raddau y mae'r llywodraethiant a'r gwella parhaus o gymorth mabwysiadu yn addas i'r diben?

Mae'r gwerthusiad hwn yn awgrymu bod rhai rhanbarthau wedi bod 'ar y blaen' i eraill wrth ddatblygu a gwella gwasanaethau cymorth mabwysiadu yn barhaus. Mae cael systemau monitro perfformiad wedi eu galluogi i ganfod y bylchau a gwneud gwelliannau (gan gymharu eu hunain ag eraill).

“Yn y dechrau, roedd rhywfaint o wrthwynebiad i gael archwiliad manwl fel yna. Yna, roedd pobl yn meddwl bod rhywfaint o synnwyr i gael fframwaith perfformiad cenedlaethol.” (Arweinydd Sector)

Mae rhai a holwyd yn nodi bod arweinyddiaeth ganolog gadarn (NAS) gan gynnwys gweithgaredd cydgysylltu wedi cynorthwyo rhwydweithiau rhanbarthol a chenedlaethol i weithredu'n gadarnhaol.

“Mae cael dull cyfunol o fynd ati yn bwysig iawn. Gall pob un ohonom dynnu ar gryfderau ein gilydd yn hytrach na bod ni'n ailadrodd y gwaith.” (Arweinydd Sector)

“Mae NAS 'Central' yn gwneud gwaith da. Fe wnaethon nhw arwain ar bethau a cheisio cadw pethau mewn trefn. Gwnewch yn siŵr ein bod ni i gyd yn canu'r un gân a bod rhywfaint o gydraddoldeb ar draws y rhanbarthau.” (Arweinydd Sector)

“Mae NAS yn ymbarél da. Maen nhw'n ceisio dod â ni at ein gilydd a chreu cysondeb a syniadau disglair ac amcanion cyffredin. Mae'n ymbarél cyffredin sy'n dda ar gyfer ei rannu.” (Arweinydd Sector)

Bu rhai arweinwyr sector yn sôn am arwyddocâd cael gwell perthynas waith rhwng timau rhanbarthol a'r sector gwirfoddol:

“Mae'n ymddangos bod yna fwy o gydweithrediad nawr. Rydyn ni wedi dod o hyd i ffyrdd o weithio gyda'n gilydd, hyd yn oed yn fwy felly gan ein bod ni nawr yn gweithio'n rhithiol. Mae yna beth gorgyffwrdd yn yr hyn rydyn ni'n ei wneud ond mae hefyd yn dda bod gan bobl ddewisiadau ynglŷn â ble i fynd am gymorth.”
(Arweinydd Sector)

“Mae'r berthynas ar draws y rhanbarthau wedi gwella. Mae'r holl reolwyr cymorth mabwysiadu bellach yn cyfarfod i gael cymorth cymheiriaid yn ystod Covid - mae wedi helpu ac mae'n galluogi iddyn nhw gymharu a chynhyrchu syniadau.”
(Arweinydd Sector)

Ymhlith y cryfderau a buddion eraill drwy gydweithredu ledled Cymru a nodwyd, y mae'r canlynol:

- Datblygu deunyddiau cenedlaethol am brofiadau bywyd a chanllawiau arferion da eraill i'w defnyddio yn y rhanbarthau.
- Cydweithio rhwng y rhanbarthau a NAS Central i'r graddau nad ydy pobl sy'n gweithio gyda theuluoedd mabwysiadol ddim yn teimlo bod rhywun 'wedi gwneud' ar eu rhan.

Fodd bynnag, cyfeiriodd llawer o'r rhai a gyfwelwyd hefyd am y tensiwn naturiol sy'n deillio o drefniadau rhanbarthol cadarn gweithio i gorff canolog sy'n cael ei ddal yn atebol ac, yn yr un modd, yn gorfod bod yn atebol i sawl awdurdod lleol sydd â gwahanol flaenoriaethau a meysydd o ddiddordeb.

Awgrymodd rhai arweinwyr sector y gallai mesurau cysylltiedig â mabwysiadu a sefydlwyd ers cryn amser bellach gael eu lleihau neu eu gwella'n well ym maes cymorth mabwysiadu. Roedd rhai darparwyr eisoes yn defnyddio mesurau effaith (cymorth mabwysiadu) fel graddfa Warwick Caeredin ar gyfer llesiant rhieni a / neu adnoddau wedi eu hen brofi mewn perthynas â chanlyniadau y cytunwyd arnyn nhw.

“Hoffwn i ni fod yn casglu mwy o fesurau cymorth mabwysiadu er bod y Baromedr Mabwysiadu, i raddau, yn llenwi'r bwlch hwnnw. Byddai'n ddefnyddiol cael adnoddau wedi eu hen brofi a gallu olrhain cynnydd plant yn yr ysgol.”
(Arweinydd Sector)

“Rwyf yn treulio fy mywyd yn riportio ond dydyn ni ddim (hyd yma) yn edrych ar y pethau ansoddol.” (Arweinydd Sector)

“Dydw i ddim yn siŵr a ydyn ni'n mesur yr hyn sy'n bwysig hyd yn oed nawr. Mae'n feichus ac heb fod yn ddigon hyblyg i ddarganfod beth sy'n gweithio a beth sydd ddim. Byddai'n dda olrhain canlyniadau plant dros amser, dadansoddiadau ac ati.” (Arweinydd Sector)

Roedd eraill yn credu y gallai cyfarfodydd cenedlaethol fod yn dyblygu agendâu a deunyddiau:

“Mae yna lawer o ddyblygu data a thrafodaethau.” (Arweinydd Sector)

"Mae yna ormod o lywodraethu. Mae wedi cael ei resymoli ychydig yn fwy bellach, ond mae yna ddyblygu cyfarfodydd o hyd, yr un sgysiau drosodd a throsodd." (Arweinydd Sector)

"Gormod o waith papur, dim digon o ddeialog. Rydyn ni'n cael ein claddu mewn gwybodaeth ond dydyn ni ddim yn gallu gwneud synnwyr ohono. Mae angen mwy o sgysiau a thrafodaeth am hynny." (Arweinydd Sector)

3.8.1 I ba raddau mae teuluoedd mabwysiadol wedi eu hymgylu mewn datblygu'r gwasanaeth?

Mae ymgynghoriadau cenedlaethol diweddar a dolenni adborth i'w gweld ar wefan NAS, gan gynnwys rhai o ganlyniad i'r Rhaglen 'Lleisiau Mabwysiadu', hefyd mae digwyddiadau cenedlaethol wedi'u hyrwyddo i glywed gan rieni mabwysiadol ochr yn ochr â gweithwyr proffesiynol, er enghraifft y 'Sgwrs Fawr' a noddwyd gan AUK Cymru ym mis Tachwedd 2020.

Fodd bynnag, dim ond 40% o'r rhieni a gwblhaodd arolwg ar gyfer y gwerthusiad hwn a atebodd fod eu barn o ran llywio sut y datblygwyd gwasanaethau yn 'eithaf da' i 'dda iawn'. Roedd 36% yn credu nad oedd eu barn yn llywio datblygiad 'fawr o gwbl' a 24% 'ddim o gwbl', gan awgrymu nad ydy'r dolenni adborth yn cyrraedd pob teulu.

Roedd gweithwyr proffesiynol a ymatebodd i'r arolwg ar-lein ar gyfer y gwerthusiad hwn ychydig yn fwy optimistaidd ynghylch i ba raddau y mae gwasanaethau cymorth mabwysiadu yn cael eu llywio gan leisiau teuluoedd mabwysiadol, gyda 76% o'r rhai a oedd â barn yn awgrymu bod gwasanaethau wedi'u llywio yn eithaf da gan leisiau'r teuluoedd (er i lawer o bobl eraill ddweud nad oedden nhw'n gwybod neu nad oedd ganddyn nhw farn).

Mae'r sylwadau testun yn yr adran hon o'r arolwg rhieni yn awgrymu profiadau amrywiol ymhlith y mabwysiadwyr, gyda rhai yn teimlo eu bod wedi ymgynghori'n eithaf da ac 'wedi eu cynnwys' gyda llunio a datblygu gwasanaeth parhaus, tra eraill ddim yn teimlo felly.

"Gofynnir yn rheolaidd am farn ac adborth drwy e-bost a threfnir y digwyddiadau yn dilyn rhain." (Rhiant Mabwysiadol)

"Dyma'r tro cyntaf i neb ofyn i mi gwblhau arolwg." (Rhiant Mabwysiadol)

Roedd rhai'n dweud bod gweithredu fel rhiant mabwysiadol yn golygu nad oes gennych chi'n wir lawer o amser ar ôl i gefnogi datblygu gwasanaeth!

"Rwy'n credu bod yr arolwg hwn yn bwysig iawn. Byddwn hefyd yn dweud pan ydych chi'n magu plentyn mor gymhleth a bod gennych chi blant eraill ac mewn swydd nad oes gennych unrhyw amser nac egni ar ôl i'w roi i ddatblygu gwasanaethau mabwysiadu." (Rhiant Mabwysiadol)

Tra roedd rhai rhieni yn hyderus bod eu hadborth wedi helpu i arwain datblygiad y gwasanaeth, roedd eraill yn llai cadarnhaol:

“Fe hoffwn i feddwl bod pob barn yn cael ei pharchu a bod gwahanol brofiadau yn helpu i gynnig dull amrywiol o fynd ati i gynorthwyo pob mabwysiadwr trwy'r grwpiau oedran eang ac anghenion y plant.” (Rhiant Mabwysiadol)

“Mae'n ddrwg gen i ymddangos mor sinigaidd, ond mae'n ymddangos ein bod ni'n derbyn llawer iawn o holiaduron ond ddim yn gweld pa gamau sy'n cael eu cymryd o ganlyniad i hynny. A'n profiad ni, fel dw i wedi dweud, ydy ei bod hi'n anodd iawn cael cymorth.” (Rhiant Mabwysiadol)

3.9 I ba raddau y mae rhieni a rhanddeiliaid ehangach yn hyderus am ddyfodol gwasanaethau cymorth mabwysiadu yng Nghymru?

Mynegodd bron yn union yr un cyfrannau o rieni (66%) a gweithwyr proffesiynol (63%) a gwblhaodd arolwg ar gyfer y gwerthusiad hwn hyder ('eithaf hyderus' i 'hyderus iawn') ynghylch dyfodol gwasanaethau cymorth mabwysiadu yng Nghymru. Disgrifiodd rhai rhieni a ymatebodd fod ganddyn nhw fwy o hyder neu optimistiaeth ynghylch y canlynol:

- Angerdd a bwriadau arbenigwyr mabwysiadu i ddarparu gwasanaeth da.
- Datblygiad a phroffesiynoldeb timau mabwysiadu, yn enwedig o ganlyniad i gyllid diweddar a / neu ad-drefnu.
- Cynyddu ymwybyddiaeth o anghenion plant sy'n cael eu mabwysiadu.

Dywedodd rhieni eraill wnaeth ymateb fod ganddyn nhw lai o hyder ac optimistiaeth am y canlynol:

- Argaeledd adnoddau ar gyfer cymorth mabwysiadu yn y dyfodol, yn enwedig oherwydd galwadau cystadleuol am adnoddau cyhoeddus mewn cyfnod o lymder.
- Gallu sefydliadau i newid yn ddigon cyflym i ddiwallu anghenion teuluoedd sy'n mabwysiadu.
- Parhad y cyllid (yn deillio o sicrhau adnoddau ychwanegol am gyfnod cymharol fyr).
- Argaeledd gweithwyr cymdeithasol digon profiadol.

Roedd cyfranogwyr proffesiynol a oedd yn trafod ymhellach ar y cwestiwn hwn yn aml yn disgrifio taith o welliant sydd wedi / oedd wedi cychwyn ac yr oedden nhw'n obeithiol optimistaidd mewn perthynas â hi.

“Rwy'n credu dros y 5 mlynedd diwethaf, bod ansawdd y cymorth mabwysiadu wedi gwella yn enwedig mewn gwasanaethau cyffredinol ac, i raddau helaeth, mewn gwasanaethau wedi'u targedu. Gyda buddsoddiad LIC dros y ddwy flynedd ddiwethaf, cymerwyd camau pellach. Mae fframwaith NAS ar gyfer gwasanaethau mabwysiadu yn gweithredu fel model a thempled ar gyfer yr hyn y mae angen i ni ei gyflawni. Mae angen i ni gymryd llawer mwy o gamau mewn cymorth arbenigol - mae'n dal yn anodd cael gafael ar wasanaethau CAHMS.” (Gweithiwr Mabwysiadu Proffesiynol)

“Mae Gwasanaethau Mabwysiadu bellach yn rhan o agenda cenedlaethol ac y mae'n debygol i gynyddu, felly rhaid i'r gwasanaethau ymateb.” (Gweithiwr Mabwysiadu Proffesiynol).

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National Adoption Service for Wales

Evaluation of the Adoption Support Framework

Final Report

February 2021

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Overview of Key Findings and Recommendations

This study of adoption support under the Adoption Support Framework in Wales has generated well-triangulated findings from fieldwork undertaken during Autumn 2020, including: surveys of 312 adoptive parents and 78 professionals; interviews with 21 adoptive parents and 21 sector leaders. The combined findings suggest that:

- There has been considerable progress across the sector at national and regional levels in implementing the Adoption Support Framework, including in encouraging more families to feel confident about asking for help and in developing a more robust and visible offer of 'universal' support for all to access.
- With the support of Welsh Government and other UK-wide charitable funds, more children and families with emerging needs and difficulties have also been enabled to access targeted help, including through innovative new offers such as 'TESSA' and 'Adopting Together', as well as other more established offers including peer support, life journey work, psychologist consultation, and a range of other therapeutic supports. Understandably, these forms of support have thus far targeted 'early age and stage' prevention and intervention for children with additional needs that are likely to be significantly greater than those of most other children in Wales.
- These two key developments combined represent very positive first steps on a journey of improvement in relation to adoption support under the aegis of the Adoption Support Framework.
- However, there is much still to be done. The funding and recent service developments have certainly raised adoptive families' expectations (that they will receive targeted help when it is needed). Some families also described experiencing or being aware of inconsistent offers of support across the different regions of Wales. Many of the most valued forms of early targeted support that have the potential to reduce demand for crisis or specialist support later in childhood are also currently funded on a short-term basis, raising an important issue about the sustainability of these services.
- There are also some notable support gaps, in particular for older children with more complex needs, including those who are in transition to adulthood.
- The evaluation team at the Institute of Public Care at Oxford Brookes University recommend both a sustained period of funding and allied emphasis on continuing the improvement journey, to build on and consolidate those already made, and to focus going forward on enabling:
 - All adopted children to have the right kind of support and attention in schools or colleges, where they often struggle, often more so than at home.
 - Consistency of access for families to valued forms of targeted support across all regions and / or support agencies, particularly that which can provide effective 'early stage' therapeutic or psychological support before families reach a crisis, also pro-active advice about contact with birth families and high-quality therapeutic life story work.
 - Greater overall access to targeted and specialist support where it is needed by adoptive families across Wales, including for older children or young people with complex needs, and for those children who may have neuro-developmental conditions requiring further exploration and support.

Executive Summary

This report outlines findings from an independent evaluation undertaken by the Institute of Public Care (IPC) at Oxford Brookes University of the extent to which the aims of the all-Wales Adoption Support Framework developed in 2016-2017 have been achieved, including with reference to improved accessibility, quality, consistency, and impact of post-adoption support for families across Wales.

The findings are drawn from a range of evaluation activities, both quantitative and qualitative, undertaken largely between October and November 2020, including: an online bi-lingual survey of 312 adoptive parents from all local authorities across Wales – those on newsletter ‘mailing lists’ of regional adoption agencies and voluntary adoption agencies; an online bi-lingual survey of 78 adoption professionals from across all regions in Wales, or who work in national roles; qualitative interviews with 21 adoptive parents and young people; qualitative interviews with 21 sector leaders; and a rapid research review.

Overall, the evaluation has ‘heard’ from over 430 individuals concerned with adoption support in Wales, including 313 adoptive parents: those who are relatively new to adoption as well as those who have been parenting children for some years¹.

There is a high degree of triangulation across the findings from each of these activities, increasing their reliability. The study has also generated a significant amount of data relating to the needs of adoptive families which is likely to be useful in planning future support, and therefore it has been reported in-depth in the findings.

In relation to child and family needs, the public discourse surrounding adoption has historically been that a warm, loving and positive family would be able to make amends for the adopted child’s difficult early life experiences and possible early maltreatment. Past studies often also illustrated how adopted children’s outcomes tended to be better than those of children remaining in the care of a local authority (looked after children), with improvements thought to include: physical growth, attachments, and educational achievement. However, whilst adoption *can* provide opportunities for recovery and improve outcomes for care experienced children, it is now widely recognised that support is likely to be required post-adoption, across an adoption journey and at meaningful times or episodes, to improve or enhance family life, promote child well-being and/or in some circumstances, to prevent placement breakdown. There is a growing acceptance that *all* adopted children and their parents may need tailored support at some stage². Key findings from this study include that:

- The children of parents participating in the online survey had much greater difficulties, as measured by the Strengths and Difficulties Questionnaire (SDQ), compared with a representative sample of British children. The difference is statistically significant both for younger aged children (2-4 years) as well as older children (5-15 years). This finding aligns with a growing body of research suggesting that adopted children are more akin to looked after children³ than whole

¹ Children had been placed on average for 5.7 years

² A fuller introduction to the needs of adopted children including references can be found in Section 1 Introduction

³ Comparisons across British norms and looked after populations can be found in Section 3.1.1. The strengths and difficulties of adopted children in this study

populations of children in terms of their likely elevated emotional health and wellbeing needs.

- Approximately 6% of children whose parents participated in the survey were reported to have a diagnosis of Attention Deficit and Hyperactivity Disorder (ADHD) and 6% a diagnosis of Autistic Spectrum Disorder (ASD). More elevated proportions of children aged 11 plus had such diagnoses (approximately 15% for ADHD and 11% for ASD). However, diagnoses of Foetal Alcohol Spectrum Disorder (FASD) were much lower at just over 1% for both younger and older children. This seems particularly low by comparison to recent whole population estimates⁴. An additional 13% of parents were unsure whether their child had one of these or another condition, and/or were actively exploring a diagnosis.
- Adoptive family members who were interviewed for the study described how their child's post-adoption needs had often emerged at key transitions in their lives, for example at entry into primary school or onset of adolescence. Many parents were also very aware of some of the likely causes of their child's additional needs, for example early exposure to trauma or disrupted attachments, genetic vulnerabilities, or exposure to drugs or alcohol in utero, and that these factors could be highly interwoven, difficult to tease out. Some parents described other more regular changes or transitions that could also stimulate problems for their child, for example where there were disruptions to routines or a return to school after a break, or when they felt 'unsafe'. They also described how their child's wellbeing was often closely linked with how things were going in school. Parents of younger, more recently adopted children were the most optimistic, but there was a common theme across all participant responses that issues were likely to emerge for their child at some time during their childhood.
- 29% of the parents participating in the survey described their child as having formally recognised additional learning needs and plans, including Individual Development Plans (IDPs). Many of these parents described their child's additional needs in a school context as 'social or emotional' as opposed to purely cognitive or learning needs, although these were often intertwined. Whilst a relatively high proportion (85%) of parents completing the online survey considered that their child was thriving quite to very well at home, only 69% thought that their child was thriving quite to very well in school. 12% parents considered that their child was 'not at all' thriving in school.
- Adoptive parents participating in the survey had significantly worse emotional health and wellbeing themselves, as measured by the Short Warwick Edinburgh Mental Wellbeing Scale, compared with a representative sample of British adults. However, they expressed relatively high levels of confidence in their ability to parent and 78% thought that they were 'managing' relatively well as a family (others described managing relatively poorly). Parents were more likely to state that they were managing relatively well in relation to younger children and relatively poorly in relation to older children and young people. Some described having made significant adjustments to their lives to 'make it work', for example giving up paid work or friendship circles. Even when things were going relatively well, some adoptive parents expressed an anxiety or apprehension about the future, for example about their child's transition to adulthood. Some also described living with very extreme child behaviours or family struggles, not all of which were child related.

⁴ Outlined in the main body of this report (in Section 3.1.2. Child diagnoses and conditions)

- 47% of parents completing the survey thought that their child or family needs had increased during the period of the Covid-19 Pandemic. Their responses to broader questions on this theme suggest that they thought they required targeted or specialist level support(s). Surveys and conversations with both parents and professionals overall reveal a distinct dichotomy of adoptive family experience, including some for whom it had offered a 'release' or particular set of opportunities (often without the pressures of school), and others for whom it had accentuated needs or heightened existing difficulties. The group finding it easiest to cope seemed to be parents of primary school-aged children and groups finding it harder to cope were those with pre-school aged or younger teenaged children. Many adoptive families experienced some positives during this period mixed with some negatives such as loss of interactions with other children / adults; loss of family income; escalating stresses after a return to work or school; pressures of home schooling; and not being able to participate in group activities in the outdoors.

In relation to the extent to which families think it is OK now to ask and know where to go for help

This was a key question for the evaluation in that the Adoption Support Framework has overtly sought to improve the proportions of families who do believe it is 'OK to ask for help' and the findings suggest that this is an area of significant progress in recent years since the Framework was published. The key evidence for this includes:

- A large majority (84%) of adoptive parents completing the online survey considered that it (currently) felt OK or very much OK to ask for help. Only a small proportion (4%) described feeling that it was not OK or very much not OK to do so.
- 85% of adoption professionals completing a survey considered that adoptive parents are more able to ask for help now compared with 3 years ago, suggesting a very positively improving picture, which is also picked up by the sector leaders participating in an interview, many of whom considered this to be one of the 'major breakthroughs' in adoption support in recent years. The voluntary sector were more likely to describe how they had operated an 'open door' policy for adopters going back many years.
- Most parents completing a survey described knowing or at least having an idea of where to go for help with universal (81%), targeted (74%) or specialist (79%) needs. Parents who had adopted relatively recently were more, sometimes very confident about knowing where to go for help. Examples in support of this improvement were reported by adoption professionals to include: more adoptive parents coming forward for support including at an earlier stage; and more adoption enquiries where prospective adopters ask about support (are more aware of its availability).
- Improvements in this area were attributed by evaluation participants to a variety of recent factors. Under the umbrella of the Framework itself, these include: greater levels of organisational empathy for adopters and a more positively welcoming culture; early reassurances and 'messaging' given to adopters (in the early stages of an adoption journey); having a clearer 'single point of access' for adopters into adoption support (in the regions or voluntary sector); having a greater range of supports on offer including more newly developed and proactive 'early help' offers

such as TESSA⁵ or 'Adopting Together'⁶; and better communications between agencies and adopters, also between adopters themselves (via social media) about what is on offer.

- Ongoing barriers to accessing support include: a sense of stigma or shame for parents about coming forward for support; concerns about being judged (as having failed); feeling that you won't be listened to; some ongoing lack of clarity about either what is available (particularly for older children and their families) or what is the best 'route in' (there can be different pathways for support between regions and local authorities, also between health, social care and education). Parents emphasised the latter two factors in particular, and some described having lost trust in services because of earlier experiences of seeking and not getting help when they felt they needed it or having been 'referred round in circles' from organisation to organisation to find help. However, these experiences relate probably more to earlier attempts to access targeted or specialist as opposed to universal supports.

In terms of the extent to which schools and colleges are adoption-aware and/or supportive of adopted children

Many previous research studies have emphasised the significance of a positive school environment for adopted children, and for schools and colleges to be 'adoption aware' so that they can tailor their support to adopted children. For many parents, school is known to be a key, often ongoing area of difficulty for their child.

Excluding those with pre-school children, only 57% of adoptive parents who responded to the survey for this study considered that schools in Wales have a good or very good awareness of the needs of adopted children. However, 58% thought that schools' awareness was improving. A greater proportion of professionals participating in an online survey for this evaluation (74%) considered schools to be 'not very' to 'not at all' adoption aware. However, 49% also thought that improvements had been made in the last 3 years.

Consistency has emerged as a key issue in relation to this important aspect of whole system support for adopted children. Some schools, particularly those that have received some input from Adoption UK, regional adoption teams or individual therapists / adoption workers and those with an informed head / ALNCO were considered to provide a good, nurturing environment for adopted children.

However, many parents as well as adoption professionals reflected that schools and colleges more generally, particularly at secondary level, required more consistent understanding specifically about the long-term impact of disrupted attachments and trauma in early childhood on children's social, emotional, and cognitive development. Additionally, whole-school approaches to (challenging) behaviour were thought sometimes to be 'largely punitive' to the detriment of all children with these needs. Parents and professionals suggested many ways in which schools and colleges could be encouraged to achieve improved consistency of approach in practice, including

⁵ Therapeutic, Education and Support Services in Adoption a new form of adoption support provided in Wales since around 2019 combining a clinical psychologist-led assessment; training; coaching; school consultations; and peer support (parent partner) elements

⁶ This service is provided by St Davids working with the whole sector to find and proactively support families for children who might otherwise wait longer to be placed. It includes a pro-active offer of therapeutic support

through greater exposure to specific training programmes and a statutory requirement for an education plan akin to that required currently for looked after children.

Where a child's needs had not been met in schools, some parents described having sourced alternative or additional support themselves, for example by home educating, changing schools (to access one known to be more adoption aware), or paying for additional support / an independent school.

In relation to the extent to which families are satisfied with the adoption supports on offer and find them helpful

- This evaluation recognises the significant work undertaken in the last 2 years at a national level to develop: a range of new service 'offers' such as 'TESSA' aimed at supporting families beginning to experience the effects of early childhood trauma, 'Adopting Together' to find and proactively support families for children who might otherwise wait longer for a placement, and 'Connected' to provide adopted young people with a peer support network. New materials and courses have also been developed nationally for use by adoptive parents (for example in relation to therapeutic parenting or contact with birth family members) as well as accessible podcasts to help prospective adopters become better informed about adoption (through hearing from adopters themselves). These are all acknowledged to be high quality innovations and developments. Much progress has also clearly been made by many regional and voluntary sector adoption services to develop or continue to improve their 'core' and, to a certain extent, their more targeted offers of support to adoptive families including a range of therapeutic supports.
- Parents completing the survey for this study rated many aspects of currently available universal support very highly, including in particular the support they had received in the early stages of adoption from an adoption social worker, peer support and/or (post-) adoption training. Those participating in an interview often described an improving picture and would like to see the breadth of the universal offer continue, to meet individual needs and preferences. Professionals also agreed that the 'universal level' offer had improved significantly in recent years.
- An estimated 59% of adopted children requiring life story work across Wales were reported by the National Adoption Service to have had access to it in a timelier way during 2019-2020 compared with the previous year. However, parents participating in the survey and in interviews also suggested that improvements could continue to be made in the quality of (therapeutic) life story work or products and the scheduling of some forms of support, such as training or 'family days', to enable better access for all, including for single parents.
- The newly established TESSA and Adopting Together Programmes could be described as straddling both universal and targeted support, as they offer a form of 'targeted early help' to families experiencing the impact of early childhood trauma. They are similar to, but not exactly the same as, a pre-existing offer of multi-disciplinary meetings and psychologist consultation available in one region for several years now to help identify and anticipate the needs of adopted children⁷. Parents with experience of these forms of early targeted help tended to be very complementary about their quality and value. Professionals also recognised how they represented key improvements in the spectrum of support available and noted

⁷ This model now being taken up in some other regions developing this offer alongside TESSA

their potential to reduce demand for later, more targeted or specialist including 'crisis' forms of support.

- Targeted support for families who need it has been reported by the National Adoption Service to be reaching more children and families (up by 72%, from 170 families in 2018-2019 to 237 families in 2019-2020). Many parents participating in the survey had accessed targeted forms of adoption support, although only about half thought that there was currently enough of it. Parents completing the survey expressed the greatest levels of satisfaction in relation to TESSA (81% considered this support to be good or very good), followed by post-adoption training (79%) and child & parent therapeutic support (70%). Comparatively low proportions of parents expressed satisfaction with other forms of targeted support, particularly targeted support for their child in school or with Child and Adolescent Mental Health Services (CAMHS), although the more detailed comments and reflections about these ratings suggest the issue is with availability rather than the quality of supports received. More generally, whilst some parents who were interviewed for this study described feeling strongly that they had been 'held and helped' by targeted or specialist services (particularly early forms of therapeutic support), others have found either that such support has been poorly matched to their child's needs or unavailable to them. Adoption professionals participating in this evaluation concurred, with only 55% considering that targeted adoption supports are currently sufficient and only 11% that specialist supports are sufficient.
- Where families had received packages of targeted support incorporating a therapeutic 'element', this seemed to be particularly helpful to them. It has not been possible to explore through this evaluation which model of provision works best, but voluntary adoption agencies and regional adoption support services with ready access to psychological expertise described being more confident that they had the right services to meet their families' needs. Where adoption services had access to fuller psychological or therapeutic services, the offer often included not only direct work with families but also 'consultation-style' support from specialist psychologists for all those involved with adopted children including parents and schools.
- A key 'thorny' issue for the provision of targeted and specialist supports for adoptive families is the tension between a desire for consistency (expressed frequently in this study by adoptive parents and sometimes by sector leaders) and the need for flexibility of delivery within different locality areas and regions (sometimes expressed by some sector leaders and adoption professionals).
- Only a little over a half of parents completing a survey who had recently required a targeted or specialist support stated that they could access it when they needed it (57%), and a fifth strongly disagreed that they could do so (21%). Two thirds said the services were available close enough to where they live (66%), but nearly 1 in 6 disagreed with this (16%). Similarly, whilst a high proportion (83%) of professionals participating in a survey thought that it was quite to very easy to access universal adoption supports, only 56% thought that it was quite to very easy to access targeted and only 6% to access specialist support services. Key overall service gaps affecting adopted children and families in many parts of Wales were described as being for:
 - Therapeutic support / access to psychology-led services.
 - Coordinated supports for older children and young people, including those in transition to adulthood, across key services including adoption support, education, CAMHS, housing and other – a 'no wrong door' approach.

- Clear, efficient diagnoses pathways and support for children who may have FASD, ADHD or ASD.
- Clear, efficient pathways into specialist CAMHS where adoption support teams do not have the right level of expertise or resources to meet a child's needs.
- Accessible high quality therapeutic life journey work, particularly for older children.
- Pro-active advice about contact with birth families for all adopted children and families, not only those where contact is anticipated at an early stage, including in relation to social media.
- Short breaks for adopted children and families where these are needed, for example in 'high pressure' situations.

Some of these gaps were further emphasised during the period of the Covid-19 Pandemic, for example parents described having to wait 'even longer' for some of these supports or being told that they were not available during this period.

- Barriers for families to accessing targeted or specialist supports were reported by a range of stakeholders to include: (in some areas) needing to go not only through regional adoption teams but also 'back through' the family's local authority services to obtain some of these supports; increased awareness and demand for such services, putting pressure on resources even after the investment; under-developed offers in some parts of Wales compared with others; early support plans not being sufficiently clear in some cases about the likely future needs of adopted children and/or lack of clarity within the adoption support sector about which specific supports are the best or better matches to individual child needs; very long waiting lists for CAMHS and confusion about eligibility for these services; and a lack of clarity about the pathways or protocols relating to specialist assessments for conditions such as FASD or long waiting times for such assessments; finally the lack of resources earmarked for specialist, in particular therapeutic support such that some parents are continuing to experience the need to 'fight for services'.
- Whilst parents, professionals and sector leaders all projected a cautiously optimistic narrative about adoption services in Wales overall, particularly for families who have adopted more recently, targeted and specialist provision for adoptive families were also consistently described as being in the 'early stages of an improvement journey' and needing further attention and/or investment.
- 84% of adoption professionals considered that the Welsh Government investment in adoption support had had a positive effect on the availability and/or quality of these services and 98% thought that the funding had been 'well utilised'. However, many also noted areas of potential fragility in the whole system, not least the short-term nature of much of the recent investment that is considered to be at least as important in bringing about positive change thus far as the Adoption Support Framework itself.

Overall, the findings from this study suggest largely very positive steps towards achieving the overall aims of the Adoption Support Framework. A firm foundation has been laid as a result of the Framework and the additional investments that have been made in adoption support services, but more needs to be done still to effectively meet the needs of all adoptive families in Wales including to enable:

- All adopted children to have the right kind of support and attention in schools or colleges, where they often struggle, often more so than at home.
- Consistency of access for families to valued forms of targeted support across all regions, particularly that which can provide effective 'early stage' therapeutic or psychological support before families reach a crisis, also pro-active advice about contact with birth families and high-quality therapeutic life story work.
- Greater overall access to targeted and specialist support where it is needed by adoptive families across Wales, including for older children or young people with complex needs, and for those children who may have neuro-developmental conditions requiring further exploration and support.

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Glossary

The Institute of Public Care research team has endeavoured to use plain language to describe the evaluation methods and findings for this study. However, there are a number of terms, phrases or concepts that are mentioned relatively frequently that we thought were best described at the start of the report.

Term or Phrase	Definition
ADHD	Attention Deficit and Hyperactivity Disorder
ASD	Autistic Spectrum Disorder (commonly called 'autism')
Care experienced	A child or young person who is either looked after or who has previously been looked after (for example an older young person who has 'left care' aged 18, a child who has returned to birth family, or an adopted child)
FASD	Foetal Alcohol Spectrum Disorder. A condition caused by the maternal consumption of alcohol during pregnancy.
Looked after child	A child or young person who is currently in the care of the local authority
Universal	Used with reference to adoptive family 'needs' or 'supports' – defined as that which effects or which is available to <u>all adoptive families</u>

1 Introduction

Historically, the public discourse surrounding adoption was that a warm, loving and positive family would be able to make amends for the adopted child's (often a baby's) difficult early life experiences and possible early maltreatment. This discourse is in the process of being revised, based on research, practice experience and what adopted families can tell us (Stock et al. 2016; Selwyn 2017; Meakings et al. 2018).

Past studies often also illustrated how adopted children's outcomes tended to be better than those of children remaining in the care of a local authority (looked after children), with improvements thought to include: physical growth, attachments, and educational achievement (Van IJzendoorn & Juffer 2006).

However, whilst adoption *can* provide opportunities for recovery and improve outcomes for care experienced children, it is now widely recognised that support is likely to be required post-adoption, across an adoption journey and at meaningful times or episodes, to improve or enhance family life, promote child well-being and/or in some circumstances, to prevent placement breakdown. There is a growing acceptance that all adopted children and their parents may need tailored support at some stage.

Stock et al. 2016; Dance and Rushton 2005; Palacios and Brodzinsky 2010 cited in Meakings et al. 2018; Bell and Kempenaar 2010; Pennington 2012; Holmes et al., 2013; Ottaway et al. 2014; Selwyn et al. 2015.

In 2017, in recognition of this evidence base and as a result of direct feedback from adopted children and adoptive families in Wales, the National Adoption Service for Wales, incorporating regional⁸, local and national⁹ components, co-produced an innovative framework and allied set of expectations for support for families across a spectrum of need 'levels' from universal (the needs of all adoptive families) through more targeted and specialist support needs.

This has been called 'The Adoption Support Framework' or 'ASF', the dual aims of which are:

- To ensure that a range of supports are available in sufficient quantities across Wales to meet need and demand in a timely and cost-effective way including a '**core offer**' of support to families in the early stages of an adoptive journey and to encourage 'easy re-entry' into services as and when they are needed.
- To promote a culture across Wales whereby adoptive parents and families (better) feel that it is '**OK to need and to ask for help**'.

A key structural change underpinning the framework has been the development in all regions of a form of '**single point of entry**' into adoption support services¹⁰ and some

⁸ There are 5 regional arrangements currently: Mid and West Wales; North Wales; South East Wales; Vale, Valleys and Cardiff; and Western Bay

⁹ Including the voluntary sector, notably St Davids, Barnardo's, AfA Cymru, and Adoption UK

¹⁰ Although these have been developed at different speeds with later adopters going live only in late 2020 (primarily because of the Covid-19 Pandemic)

pooled budgets for services across regions (there is a degree of variability in the extent of such pooling, with local authorities in some regions retaining some of the overall budget to fund specialist supports required on a case-by-case basis).

Alongside the development of the ASF, an evidence-informed business case identified the **need for additional investment** in adoption support services to achieve its aims, in particular to stretch the impact beyond 'early help' to more targeted and specialist support for adoptive families, which were thought to be a gap. In 2019/20, almost 2 years into the journey of change, Welsh Government provided £2.3 million by way of earmarked investment in adoption support across the country. This is thought to be the major source of increased funding during the relevant period, directed largely towards the regional adoption teams, with some also directed to the voluntary sector. However, as a result of a nationally coordinated initiative, some regions have also secured funding for adoption (support) services from the Integrated Care Fund (ICF) and/or from local authority / pooled regional funding.

The **kinds of support that were originally envisioned** in the Framework as being required at each level of need are outlined in the table below:

Table 1: Types of Support envisioned by need level in the ASF

Need Level	Types of support envisioned
Universal (all adoptive families)	<ul style="list-style-type: none"> ■ Advice and information ■ AUK membership ■ Preparation and post-approval training ■ Peer support groups ■ Support with birth family contact and access to records ■ Health and education services being 'adoption aware' ■ Life journey work
Targeted	<ul style="list-style-type: none"> ■ Therapeutic support / range of therapies ■ More specialist post-approval training (menu of) ■ Additional needs / adoption-informed support in schools ■ Therapeutic life journey work ■ Active oversight of ongoing support plans ■ Access to a financial allowance ■ Access to CAMHS
Specialist	<p>In addition to those listed above:</p> <ul style="list-style-type: none"> ■ More specialist therapeutic supports ■ (Specialist) CAMHS ■ Multi-agency supports for complex needs

Some **newer supports that have evolved since the Framework** was established, including some directly funded by the Welsh Government investment and some by the National Lottery, have been difficult to locate precisely on this spectrum of need, as they straddle more than one level of need, for example:

- The **TESSA** (Therapeutic, Education and Support Services in Adoption) Programme¹¹ supported by Adoption UK and funded by the National Lottery, rolled out with support from each of the regional adoption support teams. This programme designed as a preventative, early intervention for families at risk of the effects of early childhood trauma and includes a clinical psychologist-led assessment; training; coaching; school consultations; and peer support (parent partner) elements.
- **Adopting Together** led by St David's Children's Society, supported by Welsh Government and NAS. This service brings together all the Voluntary Adoption Agencies in Wales to find and proactively support families for children who might otherwise wait longer for a placement. It includes a pro-active offer of therapeutic support.
- **Clinical psychologists embedded in (regional) adoption support services and teams** to provide consultation-style advice to other professionals, schools and families in the early through later stages of adoption as well as some direct (1:1) work.

Findings from other very recent studies of post-adoption support, particularly the Adoption 'Barometer' undertaken by Adoption UK across the UK, including 226 adoptive parents from Wales, have suggested cautious optimism about families' positive experiences of developments in (some forms of) adoption support in Wales (Adoption UK, 2020). For example, Welsh adoptive parents involved in the Barometer survey in 2020 expressed greater satisfaction overall with their adoption experience compared with those participating in 2019 and compared with other parts of the UK across both years. However, parents of older children were less positive and less optimistic about their children's futures in 2020 compared with in 2019 and a proportion of parents were not confident about how underlying conditions that children may be at increased risk of, particularly Foetal Alcohol Spectrum Disorder (FASD), would be diagnosed or supported (across the UK as well as in Wales specifically).

However, the Barometer report sought to explore all aspects of adoption from the experiences of prospective adopters through to adoption support. Therefore, this evaluation has been commissioned by the National Adoption Service (funded by Welsh Government) to undertake an independent evaluation focused more specifically on the extent to which the aims of the Adoption Support Framework have been achieved for families post-placement. The following sections of this report explore:

- The methodology used to undertake the evaluation.
- The findings organised thematically with reference to the key questions for the evaluation (themselves informed by a Theory of Change co-produced with the National Reference Group for the evaluation).
- Study conclusions.

¹¹ More information can be found on this website: <https://www.adoptionuk.org/tessa>

2 Methodology for the Evaluation

This mixed method study draws on data from a range of evaluation activities including a rapid research review, online survey of adoptive parents, online survey of professionals working with adoptive families, sector leader interviews and more, as outlined below.

It has ‘heard’ from over 450 individual people concerned with adoption support in Wales, including from 333 adoptive parents.

Ethics committee approval to undertake the study was granted by the Oxford Brookes University Ethics Committee in July 2020. In addition to analysing background and management information generated by the National Adoption Service in the relevant time frame, evaluators have undertaken the following evaluation activities during June to November 2020:

2.1 A rapid research review to inform the evaluation and to provide a context for the findings.

Elements of the review are incorporated into many of the report’s sections to provide a context for the findings from this evaluation.

2.2 Co-production with a National Reference Group of a Theory of Change

A Theory of Change (ToC), outlining the rationale and short/longer term aims of the Adoption Support Framework for Wales, was co-produced with a national steering group of representatives from NAS (central and regional), the Children’s Commissioner for Wales, the Voluntary Sector (Adoption UK Cymru), the NHS, the Welsh Local Government Association, and a leading academic in this field, Professor Katherine Shelton from Cardiff University. A copy of the Theory of Change can be found at Appendix 1.

The key questions that stem from the Theory of Change are as follows:

1. To what extent do families now think that it is OK to ask for help, know where to go, and reach out for help when they need it in practice?
2. To what extent has the ASF led to more consistent access for adopted children and families to the right help at the right time? This includes access for all adoptive families to universal level supports such as advice, signposting and training. It also includes access for families requiring support of a more targeted or specialist nature.
3. To what extent have adoptive families been accessing (more) support including during the period of the Covid-19 pandemic? How have services changed during this period?
4. To what extent are adoptive families satisfied with the support on offer and find them useful?
5. To what extent are schools and other key agencies aware of the needs of adoptive children and families?
6. To what extent has the Welsh Government’s investment in adoption support services since 2018 led to any improvements in support services or for families?

7. To what extent is there a resilient market for adoption support in Wales? To what extent are families and professionals confident about the future for adoption support?
8. To what extent are services informed by the voices of adoptive families?
9. What has been the overall impact of the Adoption Support Framework including in raising awareness about the needs of adoptive families and the need for consistent access to the right help at the right time?

These questions form a structure for the findings section of the report.

2.3 A bi-lingual online survey of over 300 adoptive parents

In October 2020, information about¹² and then, after a break of over 48 hours, a link to the National Adoption Survey was distributed to approximately¹³ 1,500 adoptive parents in Wales via an email from a trusted regional or voluntary sector source (Regional Adoption Agency and Voluntary Sector mailing lists).

The email series promoted the informed consent of a reasonable proportion (approximately 21%) of all those parents on these mailing lists to take part in an online survey about their recent experiences of adoption support across Wales. The survey was 'open' from 12th October 2020, the point of initial information being distributed, until 28th November 2020 when the survey was closed to responses.

A total of 312 participants responded (189 parents submitted fully completed surveys, and 123 submitted almost complete surveys which are also included in the results, as appropriate). This level of response is particularly pleasing as, during the period of the survey, Wales experienced a Covid-19-related 'lockdown' including at times with children home from school.

There were responses from all 22 local authority areas. It is not possible to provide clear proportions of responses by region because a large number (120) of respondents chose not to provide this information.

Of those parents who responded, over half (59%) said that they were parenting a single adopted child, and a third (34%) said that they were parenting two adopted children. Only a small proportion of participants (7%) said that they were parenting three or more adopted children.

Participants with more than one adopted child were asked to respond to the child-specific survey questions in the survey with reference to their eldest adopted child. The children focus of the survey in this way were of a variety of ages, but most were under 10 years, as illustrated in the table below:

¹² In the form of a bi-lingual Information Sheet and Privacy Notice outlining information about the evaluation and survey and participant rights including in relation to confidentiality and the voluntary nature of participation, also about how their data would be handled and kept secure

¹³ It is difficult to be clear about the number of people the survey may have reached because it was distributed via 'mailing lists' available to each of the regions plus those from the voluntary sector (St Davids and Adoption UK Cymru). The lists are likely to be overlapping and may include some email contacts that are no longer relevant, for example because children have left home or families have moved

Table 2: Focus child age by proportion of parent response in the ASF evaluation parent survey

Age Range	Proportion
0-4 years	31.5%
5-10 years	40.5%
11-14 years	19%
15 -18 years	6%
19 + years ¹⁴	3%

49.4% of these focus adopted children were described (identified) as male and 49.7% identified as female.

The vast majority of focus adopted children were described as being White British (92.3%), and only one child was adopted from overseas. Other ethnicities included: Irish Traveller; White and Black Caribbean; White and Black African; White and Asian; Chinese; and White European.

Most of the adopted children (67.6%) were living with the adoptive parent(s) after the Adoption Order had been made, and a third (32.4%) were living with them before such an Order had been made. Half (50%) of the participants' children had been living with them for up to 5 years. The average (mean) period for which children had been living with their adoptive parents as 5.7 years and the mode (most common) period was 5-6 years.

2.4 A bi-lingual online survey of professionals working with adoptive families.

Professionals working with adopted children and their families in Wales were invited to participate in a survey relating to their experiences of adoption support and the Adoption Support Framework. Requests to participate¹⁵ were distributed via key contacts within the Regional Adoption Agencies.

- 78 professionals responded to the survey.
- Most respondents were from a Regional Adoption Agency (47%) or a Local Authority Children's Services Department (21%) but there was also relatively strong representation from both the voluntary sector (18%) and the private sector involved with providing adoption support (8%) including organisations and sole traders.

¹⁴ In almost all of these cases, there were also younger adopted children of the family in relation to whom parents were able to apply broader questions about adoption support

¹⁵ Incorporating bi-lingual information about the evaluation, the survey and participant rights including with reference to confidentiality and the voluntary nature of participation

Table 3: Respondents to the adoption professionals' survey by agency type (number and % of the whole)

Agency Type	Number Respondents	% Respondents
Regional Adoption Agency	37	47%
Local Authority Children's Services	16	20%
Voluntary Adoption Agency (VAA)	7	9%
Voluntary Sector Provider of Adoption Support	7	9%
Private Sector Provider of Support (including sole traders)	6	8%
National Organisation concerned with adoption	2	3%
Other (including health and education providers)	3	4%
Total	78	100%

Professionals' roles included mostly adoption support social worker or team manager but also some adoption panel members; therapists; psychologists or other support roles.

These professionals worked mostly within a region, but sometimes across more than one region or even nationally. There was representation from all regions across Wales.

2.5 One-to-one interviews with adoptive parents and young people

A total of 20 adoptive parents and 1 young person who had been adopted were recruited to participate in a one-to-one interview for this study.

At the end of the online survey, parents were asked whether they and/or their adopted child(ren) were interested in participating in a more in-depth interview. All those who expressed an interest were sent further information about what was involved and how their data would be used and kept safely (an information sheet and privacy notice, both in English and Welsh). Of those expressing initial interest, 19 parents agreed to participate and, in one case, their adult child also agreed to participate. A further parent was recruited to participate in a one-to-one interview after declining participation in the survey. All interviewees were offered the opportunity to be interviewed in Welsh or in English.

The interviews were conducted mostly via an online platform, 'Zoom', but also in some instances by telephone. They were mostly recorded using the Zoom recording function, with the audio recording safely uploaded and partially transcribed using 'Panopto' technology. The recordings were further listened to and transcriptions adjusted as a result.

Together, these interviews represent adoptive family views from across all regions and almost all local authorities in Wales. Some of the parent participants were single parents

whilst others had a partner or spouse. Some were parenting a single adopted children and others more than one. Several parents had adopted a child after having fostered them initially. The children, both boys and girls, were aged between 2 and 18 years and had lived with the parent(s) for between 1 and 15 years.

2.6 One-to-one interviews with sector leaders

After receiving information about what participation involved, a total of 21 sector leaders gave their informed consent to participate in a one-to-one interview about their experience of adoption support and the Adoption Support Framework, in Welsh or in English. The participants included:

- 6 from the Third Sector.
- 6 with a national leadership role.
- 5 with a regional leadership role.
- 4 with a local (local authority) leadership role.

In addition to undertaking these interviews, researchers at IPC also attended 'The Big Conversation' held in November 2020 (an event organised by NAS and AUK Cymru to discuss the findings from the Barometer survey of adoptive families) to hear what leaders, professionals and adoptive parents had to say in mixed thematic groups in response to the Barometer survey.

2.7 Study limitations

The study was able to achieve or exceed all the participation targets set for it and it is particularly pleasing that relatively large numbers of parents participated in the online survey. However, it is not possible to state that findings from the key quantitative element of it (the online parent survey) are representative of all adoptive parents in Wales. This is mainly because:

- Not all parents completed all aspects of the survey, particularly the elements that didn't 'require' a response to continue with it. This means that not all parents gave information that would enable the evaluation team to make a judgement about the match between sample characteristics and the characteristics of all adopted children in Wales.
- It is not known with any degree of accuracy what are the numbers of adopted children / families in Wales or their characteristics (for example child age, whether any adopted sibling, ethnicity). This is because not all adoptive families wish to remain in contact with the statutory agencies who might collect this sort of data and/or sometimes re-locate to other parts of Wales, the UK or beyond¹⁶.

Another limitation is that, as a 'snapshot' study, it has not been possible to evaluate the impact of support services over time.

¹⁶ Numbers are thought to be in the region of 3,000 children across Wales

3 Evaluation Findings

The combined findings from all the evaluation activities are organised thematically with reference to the key evaluation questions outlined in the methodology section.

At the start of each section, as appropriate, there is also reference to what is already known from the existing UK evidence base or Wales context. The findings sections are as follows:

Section No.	Section Title
3.1.	What does this study tell us about the needs of adoptive children and families?
3.2.	To what extent do adoptive families feel that is OK to ask for help?
3.3.	To what extent do adoptive families know where to go for help?
3.4.	To what extent have adoptive families been satisfied with the supports on offer and to what extent do they find them helpful?
3.5.	To what extent are adoption support services well-coordinated?
3.6.	To what extent are schools and colleges aware of the specific needs of adopted children?
3.7.	To what extent are adoption support services thought to be sufficient across Wales?
3.8.	To what extent are the governance arrangements for adoption support fit for purpose?
3.9.	To what extent are parents and broader stakeholders confident about the future of adoption support in Wales?

3.1 What does this study tell us about the needs of adopted children and families?

The existing evidence base suggests that a range of additional needs should be anticipated for adopted children and their families, particularly, but not only, as the adoption journey continues beyond an initial 'honeymoon period' of early placement. Key findings from the evidence base include that:

- The majority of adoptions are for previously looked after children (StatsWales), mostly but not always those aged 0-4 years (Welsh Government, 2019).
- Looked after children are significantly more likely to have experienced maltreatment within their birth family compared with other children in the general population (Meakings et al., 2018; NSPCC 2019) and almost one half of recently adopted children in Wales are estimated to have experienced 4 or more adverse childhood experiences (ACEs) before being placed for adoption (Anthony et al, 2019). This places them in the highest risk group for later life difficulties.
- The Wales adoption cohort study tracking these recently adopted children has found that the combined ACEs increased the likelihood of both 'internalising'

(emotional) and 'externalising' (behavioural) difficulties for children 3 years into their adoptive placement, although these difficulties were moderated to some extent by parental warmth (Anthony et al, 2019).

Selwyn (2017) has helpfully categorised the potential adverse impacts of ACEs on adopted children's development into four main areas:

- *Intrapersonal competencies* which include the child's sense of self and self-development.
- *Interpersonal competencies* including the child's capacity to form and engage in healthy relationships.
- *Regulatory competencies* including the child's capacity to regulate and moderate emotional and physiological experiences.
- *Neuro-cognitive competencies* which includes the child's abilities to control and focus attention, being able to inhibit impulsive behaviours and act with intention.

Other factors likely to affect a proportion of adopted children include disrupted attachments to primary carers including birth as well as foster parents in early life (Bowlby, 1982; Selwyn et al., 2006; Ward et al., 2012), maternal misuse of drugs or alcohol during pregnancy¹⁷, and genetic disorders such as Autistic Spectrum Disorder¹⁸ (Selwyn et al., 2015; Selwyn 2017; Green, 2016).

There is also significant evidence (for example from Cairns, 2008) that caring for children who have been traumatised (through experiencing abuse, neglect or other ACEs) can have a 'knock on' traumatising effect on adoptive parents, potentially affecting both the process of bonding and their own mental health (Wilburg, 2014).

3.1.1 The strengths and difficulties of adopted children in this study compared with whole populations of children

Whilst there have been numerous studies examining the (increased) prevalence of mental health difficulties amongst looked after children (for example: Ford et al., 2007; Pecora et al., 2009; Tarren-Sweeney, 2008; Bazalgette et al., 2015), there are few upon which to draw in relation to adopted children. However, Paine et al. (2000) and others have noted 'elevated levels' of emotional and behavioural difficulties and greater levels of elevation associated with later age(s) of adoption in populations of recently adopted children in Wales)¹⁹.

The parent survey for this study included reports of their child's (or if they had more than one child, their eldest child's) strengths and difficulties with reference to a commonly applied standardised measure 'The Strengths and Difficulties Questionnaire' (SDQ) (Goodman, 2001). There are different versions of the SDQ with reference to the child age (aged 2-4 years and 4-17 years). It is useful to compare the scores for this

¹⁷ Thought by these researchers to affect as many as 60-70% of adopted children

¹⁸ Thought by these researchers to affect as many as 10% of adopted children

¹⁹ We anticipate the publication of a study of adoptive children and children with a special guardianship order about to access specialist therapeutic supports in England (Burch et al, 2021). However, this represents a particular cohort of children with relatively targeted or specialist needs.

evaluation's ASF sample with British norms (for all children of the same age) currently available in relation to:

- Children aged 2-4 years (Sim et al, 2013). This comparator sample comprises data relating to approximately 10,000 Scottish children aged approximately 30 months.
- Children aged 5-15 years (Melzer et al, 2000). This representative British sample comprises data relating to over 10,000 children aged 5-15 years.

The first part of the standardised measure consists of 25 items, which are divided into 5 sub-scales each containing 5 items. The subscales assess: emotional symptoms, conduct problems, hyperactivity/inattention, peer relationship problems, and pro-social behaviours. Items are rated on a scale from 0 to 2, so that sum-scores per sub-scale range from 0 to 10. A total difficulties score is calculated based on 4 sub-scales excluding the pro-social sub-scale. The total score ranges between 0 and 40, where higher scores indicate greater difficulties for the child. In addition, the SDQ impact supplement was used for this study. This comprises 5 questions about the impact of the child's difficulties on different domains of their life, chronicity of difficulties, distress, and the overall burden that these difficulties place on others.

Scores for children in this evaluation's ASF sample aged 2-4 years suggest that they have considerably more difficulties compared with British norms as measured by the SDQ. The mean (average) individual and total difficulty scores were significantly higher than those of British children in the normative sample apart from the 'pro-social' average score which was lower (indicating lower levels of strengths in this area). The difference was highly statistically significant. Effect sizes were small(er) for Emotional Problems, Peer Problems and 'Pro-Social'. They were medium sized for Hyperactivity and large in relation to Conduct Problems and Total Difficulties, also Impact.

The table below summarises the average (mean) scores and their spread (standard deviation) for the SDQ scales of the ASF survey cohort of 2-4 year olds compared with British norms.

Table 4: Strengths and Difficulties Questionnaire scores for children aged 2-4 years and standard deviations by scale type for survey children compared with British norms

SDQ 2-4 scale	Wales Adoption Survey means and standard deviations for 2-4 year olds (n=74)	British normative sample means and standard deviations scores (SD) for 2-4 year olds (Sim et al, 2013)
	Mean scores (SD)	Mean scores (SD)
Emotional Problems (5 items)	1.6 (2.0)***	1.1 (1.3)
Conduct Problems (5 items)	4.8 (1.3)***	2.0 (1.8)

SDQ 2-4 scale	Wales Adoption Survey means and standard deviations for 2-4 year olds (n=74)	British normative sample means and standard deviations scores (SD) for 2-4 year olds (Sim et al, 2013)
	Mean scores (SD)	Mean scores (SD)
Hyperactivity (5 items)	4.5 (2.6)***	2.9 (2.3)
Peer Problems (5 items)	1.8 (1.8)**	1.3 (1.4)
Prosocial (5 items)	7.3 (1.9)***	8.1 (1.8)
Total Difficulties (5 items)¹	12.7 (5.3)***	7.3 (5.0)
Impact score ^{2, 3,}	1.2 (1.6)***	0.3 (1.2) ⁴

¹This is generated by summing scores from all the scales except the prosocial scale. The resultant score ranges from 0 to 40, and is counted as missing if one of the 4 component scores is missing

²The items on overall distress and impairment can be summed to generate an Impact score that ranges from 0 to 10 for parent report. Responses to the questions on chronicity and burden to others are not included in the impact score

³ NAS Wales survey Impact scores n=27

⁴ Comparative norms based on Glasgow sample (2.1.2 above)

** p < .01

*** p < .001

Scores for children in this evaluation's ASF sample aged 5-15 years also suggest a population of adopted children with considerably greater difficulties compared with British norms for 'all children and young people' of the same age. There were a highly statistically significant differences in relation to all SDQ scale mean scores between those provided by this survey and the British normative survey including significantly higher total difficulties and impact scores. The effect sizes for these SDQ scales were all large (greater than one standard deviation from the mean of the British normative sample). The effect size for 'impact' was extremely large (three standard deviations from the British normative sample mean).

These scores are explored in more detail in the table below:

Table 5: Strengths and Difficulties Questionnaire scores for children aged 5-15 years and standard deviations by scale type for survey children compared with British norms

SDQ 4-17 scale	Wales Adoption Survey for 5-15 year olds (n=134)	British mean scores (SD) for 5-15 year olds (Meltzer, 2000) (n=10,298)
	Mean (SD)	Mean (SD)
Emotional Problems (5 items)	4.2 (2.9) ^{***}	1.9 (2.0)
Conduct Problems (5 items)	4.3 (2.5) ^{***}	1.6 (1.7)
Hyperactivity (5 items)	6.8 (2.7) ^{**}	3.5 (2.6)
Peer Problems (5 items)	3.5 (2.7) ^{***}	1.5 (1.7)
Prosocial (5 items)	6.8 (2.3) ^{***}	8.6 (1.6)
Total Difficulties (5 items)¹	18.6 (8.6)^{***}	8.4 (5.8)
Impact score ²	3.7 (3.2) ^{***}	0.4 (1.1)

¹This is generated by summing scores from all the scales except the prosocial scale. The resultant score ranges from 0 to 40, and is counted as missing if one of the 4 component scores is missing

²The items on overall distress and impairment can be summed to generate an Impact score that ranges from 0 to 10 for parent report. Responses to the questions on chronicity and burden to others are not included in the impact score

** p< .01

*** p< .001

Furthermore, the mean score for children aged 5-15 years are higher than those of a recent sample of looked after children (in England: n. 41,140 of which the mean score was 14.2) (DfE, 2019). Of course, not all adopted children have significant difficulties. Amongst those families participating in an in-depth interview for this evaluation (n=21), there were some children described as having no or few additional needs. These were always younger aged, mostly pre-school aged children. Other parent or child interviewees described how additional needs often emerged at key transitions, for example into school or into adolescence. These additional needs presented in different ways from difficulties settling into school, sleeping or with anxiety, through to difficulties with sensory processing and/or in managing more extreme emotions or responses to things happening in school, sometimes at home.

“It was in about year nine when I was about 14 that was when my behaviour went. I got significantly worse at 16.. struggling with self-harm, depression, anger and I was lashing out at friends.. my behaviour at home, how I treated my parents, how I was in education. I was like a completely different person”
(Adopted Child)

“He managed really well in the primary PRU which had excellents across the board in their last Estyn inspection and was achieving academically, as well as

socially and emotionally. However, since starting in his new placement in Year 7, he has had numerous exclusions and hardly appears to be competing much work despite being very academically able” (Adoptive Parent)

These parent interviewees were well-informed and could describe how their child’s additional needs were probably caused either by early childhood experiences, particularly exposure to trauma or problem attachment(s), or by more organic factors such as Autistic Spectrum Disorder, or by both / multiple factors. Some reflected on how difficult it had been (and often was still) to disentangle what were the key causes of their child’s strengths or difficulties.

“And our children are really complicated. And yes, they might be autistic or they might have ADHD but actually there’s probably all sorts of other things that you’ve got to unpack.. with multiple layers” (Adoptive Parent)

3.1.2 Child diagnoses and conditions

Adopted children from the care system are likely to carry risks to normal development stemming not only from adverse early life experiences but also from pre-birth experiences and genetic vulnerabilities (Selwyn, 2017). Earlier studies have suggested elevated rates of ‘diagnosable conditions’ within populations of adopted children (Selwyn et al, 2015; Selwyn, 2017; Green, 2016; Burch et al, 2021 forthcoming), particularly:

- Autistic Spectrum Disorder (ASD);
- Attention Deficit and Hyperactivity Disorder (ADHD); and
- Foetal Alcohol Spectrum Disorder (FASD).

Earlier studies additionally suggest that adoptive parents often feel Foetal Alcohol Disorder (FASD) is overlooked and/or misdiagnosed (Adoption UK 2018; BMA 2017; Brown et al., 2018; King et al., 2017). In Wales, there has been renewed interest in identifying solutions to this issue including during 2020-21 in exploring improved pathways to neuro-developmental assessment / diagnosis and support service provision. However, at the point of writing, these endeavours are not yet known to have come to fruition.

The online survey asked parents to state whether their child had a confirmed diagnosis for specific conditions. Only a relatively small proportion of all parents considered that their only or eldest child had such a diagnosis.

However, a greater proportion of parents with a child aged 11 years or more thought that their child had a diagnosis for Attention Deficit and Hyperactivity Disorder (ADHD) or Autistic Spectrum Disorder (ASD).

This was not the case for Foetal Alcohol Spectrum Disorder (FASD) in relation to which the proportions are much lower for both the whole sample and the sample with children aged 11 plus. The proportions of survey respondents reporting different diagnoses for their children are explored in the table below:

Table 6: Parent survey reported diagnoses for (eldest or only) children of all ages and children aged 11 plus

Condition	% of all children with a diagnosis	% of children aged 11+ with a diagnosis
Attention Deficit and Hyperactivity Disorder (ADHD)	5.8%	14.8%
Autistic Spectrum Disorder (ASD)	6.1%	11.4%
Foetal Alcohol Spectrum Disorder (FASD)	1.3%	1.1%

Note: 312 parents responded either yes or no to a question about these diagnoses

These rates are higher than in the overall child population for ASD and ADHD. For example, current NICE Guidelines suggest that prevalence rates of ADHD are 1-2% and Autistic Spectrum Disorder 'at least 1%' within childhood populations (NICE Guidelines, 2018 updated 2019 and NICE Guidelines, 2011 updated 2017). NICE Quality Standard on FASD are not yet published. However, a recent large-scale UK study of children (McQuire et al, 2018) found that at least 6% screened positive for FAS(D)²⁰ suggesting that the rate for adopted children in this study is low.

In this study, an additional one in eight parents (13.1%) were unsure whether their child had one of these conditions and/or were actively exploring a diagnosis.

Many parents participating in the survey also chose to say more about other diagnoses for their child and/or diagnoses that were not formally in place currently but that they suspected or were actively exploring. The 'other' formal diagnoses most commonly mentioned by parents were attachment disorders or sensory / auditory processing disorders. Some also mentioned oppositional defiant disorder, global developmental delay, other neuro-developmental disorders or learning disabilities, dyslexia, or physical health conditions.

Some parents who suspected or were actively seeking a diagnosis had a firmer view about what that might be, mostly those exploring a FASD diagnosis. A number of these parents thought that their child had been referred for a diagnosis but were waiting to hear about it. Others were further along a diagnosis pathway, some mentioning being in a 'genetic testing' phase. One parent described how their child had refused such testing and therefore the diagnosis could not be pursued. Other parents thought that referrals for possible ADHD, ASD or FASD had been stalled during the period of the Covid-19 pandemic.

Many others who thought they were on a referral pathway (for example from CAMHS to a neuro-developmental team) expressed having an open mind about the causes of their child's behaviours and needs which might include a range of factors:

"Being assessed. Possibly FASD, ASD, PDA, SPD." (Adoptive Parent)

²⁰ Although the researchers in this study emphasised that screening for prevalence is not equivalent to a formal diagnosis.

Some parents were either pushing for such a referral or felt that such referral pathways had been closed to them:

“Been pushing for 3 plus years for one” (Adoptive Parent)

“All assessments are rejected as professionals state he had attachment disorder therefore will not assess him. He needs an assessment” (Adoptive Parent)

“Displays all the traits of attachment disorder and developmental delay but no formal diagnosis which is problematic to get the right support” (Adoptive Parent)

“As for FAS, good luck to get that diagnosed” (Adoptive Parent)

Other parents described how their child had significant mental health and/or emotional regulation issues, sometimes linked to pre-adoption trauma and adverse childhood experiences. These tended to be parents of older children and young people.

“High anxiety, depression (on medication), self-harmed in the past” (Adoptive Parent)

“Hallucinates regularly, visited by people telling her to self-harm, commit suicide and attack family. Not diagnosed as CAMHS think it’s too early yet.” (Adoptive Parent)

“Anxiety and hyper vigilance due to trauma” (Adoptive Parent)

“Some emotional issues. Seeking help via school education psychologist. Gets angry very quickly” (Adoptive Parent)

Linked with the section on ‘strengths and difficulties’ (above) some parents stressed how hard it was in practice for adopted children as well as other care experienced children to obtain the ‘right’ diagnosis or identification of factors causing their difficulties, because of the complex nature of their experiences as well as biological factors:

“Adoptive children don’t have nice, neat, easily identified disorders.. it’s impossible to get any real support. Everyone who works with them sees the issues but no-one can tick the right boxes, so they get left behind” (Adoptive Parent)

3.1.3 Children’s additional learning needs (ALN)

Existing research suggests that adopted children are at elevated risk (primarily as formerly looked after children) of having a learning disability or difficulty as well as having emotional or behavioural needs that affect their schooling. For example, early life trauma experiences may make fitting in with a formalised learning environment very difficult and stressful, provoking a ‘characteristic fight or flight’ response in school. Adoptive parents and children often describe how experiences in school are their ‘single biggest concern’

(Adoption UK; no published date²¹; Welsh Government 2016; Burch et al (2021 - forthcoming).

Almost one third (29%) of parents participating in the survey stated that their child had been identified by school as having additional or special educational needs. A further 5% parents were unsure about this. Of the children with identified additional needs, the majority (74%) were described as having a plan in place but one in five (19%) did not yet have such a plan²². Most of those with a plan were described as having an Individual Development Plan (IDP) or Statement of Special Educational Needs (69%) and the remainder (31%) thought that this was another type of school plan.

Parents were also invited to say more about their child's educational needs. Many who chose to do so described a range of mainly social or emotional as opposed to purely learning needs and / or requirements, from 'ELSA' or 'nurture and thrive groups' through to more specialist behaviour management and support.

"Bright child but struggles to focus. Needs 1:1 support with friendships" (Adoptive Parent)

"Struggles to self-regulate and needs help to do this" (Adoptive Parent)

"..is an intelligent child but struggles to focus...and her dislike of failure means she would rather not try most of the time than to try and fail. It is always a struggle to encourage her to do her homework and her focus is very short. Yet everyone who meets her comments on how quick witted and sharp she is, so there is a big disjoint between her apparent intelligence and her academic success" (Adoptive Parent)

Some described in more detail how their child was receiving one to one support in school (from a teaching assistant) or was attending a specialist centre or school to support their emotional or behavioural needs, for example a Pupil Referral Unit or a Special School.

"Needs full time 1 to 1 support both in education and care. Main disabilities around social and emotional behaviours and the very complex needs related to FASD" (Adoptive Parent)

Others described anticipating such planned support.

"Academically and behaviourally, he's just about okay at school, so no formal plan yet, though lots of professional recommendations for one" (Adoptive Parent)

However, many other parents described feeling that their child was not receiving or had not received the support that they needed in school. In some cases, parents described feeling like they needed to 'battle' for such support, in particular but not only in the context of (the transition to) secondary education:

²¹ Ibid

²² Others weren't sure or thought that a plan was forthcoming

“..had an IEP in place in primary school but started secondary school in September & there has been no plan in place yet that I am aware of.... The school indicated that a number of things would be put in place .. but nothing has yet been started” (Adoptive Parent)

“The school are aware of her condition but feel no additional support is required. I have enquired about this as I have concerns regarding her transition to Comprehensive School in Sept 2021 but have yet to have a discussion” (Adoptive Parent)

“We have major problems getting ed psych involvement due to lack of services and the fact that she is not 'a problem' in school being generally quiet and withdrawn” (Adoptive Parent)

“It is quite daunting to be faced with educational experts who know nothing about adoption who think that all children need to start 'with a clean slate' and be treated the same” (Adoptive Parent)

“He was doing really well in school until the end of year 2. Usual story, he went into year three. And the wheels completely came off. He was the best he had ever been with us at home and was actually doing really well in school and was very nurtured (there). He was really achieving and then he went into year three and really where there's no LSA, there's one teacher, the teacher had no idea about (adoption). It took months for us to really realise what was going on in the class. He ended up being excluded.” (Adoptive Parent)

“He is in year 2 and struggling. He's at least 12 months behind in his learning. I have been trying, in vain, to get him help for the last 2 years but not been very successful so far” (Adoptive Parent)

In other instances, parents described having made a decision or decisions to source additional support or what they considered to be a better environment for their child in other ways, including by changing schools, home educating, paying for an independent school, or paying for additional support themselves.

“Previous IDP but now in an independent school so has support but not as IDP” (Adoptive Parent)

“Has IDP and I pay for wellbeing/Elsa tutoring” (Adoptive Parent)

“My son hasn't been in school for the last 2 years due to extreme social anxiety. He receives some limited tuition from the home tuition service and we do what we can to teach him at home” (Adoptive Parent)

“We had to change schools and the new school is nurture based, I've spoken about the issues my daughter has and they are providing additional sessions to help her cope with emotions and anxiety issues” (Adoptive Parent)

'Free text' comments from the parents of older children and young people suggest that, often despite challenges and difficulties, parents remained supportive and aspirational, including for their children to attend college and university.

“..now at university. Has a learning and skills plan in place with additional support offered.. weekly mentoring” (Adoptive Parent)

3.1.4 Extent to which children are thriving (in school, at home)

A high proportion (85%) parents completing the online survey considered that their child was thriving quite to very well at home. This compares with a much lower (69%) proportion of parents who considered that their child was thriving quite to very well in school. 12% parents considered that their child was ‘not at all’ thriving in school.

Factors that were considered by parents completing the online survey to be important in helping their child to thrive at home included:

- Having good communications between all members of the family (including between parents), listening to the child.
- Spending time together as a family, having fun and sometimes 1:1 attention for (each) child.
- Consistent routines.
- Use of ‘PACE’ and other parenting strategies.
- Access to training materials about adoption and having a good understanding of the child’s (likely) needs.
- Being there, consistency and stability for the child, helping them to feel safe.
- Child feeling loved and accepted.
- Use of self-regulation techniques (for child and adult!).
- Perseverance by parents (even in the face of child hostility or ambivalence).
- Family members having external support networks.
- Tailored support from organisations and individuals.

Factors that were considered by parents to be important in helping their child to thrive at school included:

- Availability of good pastoral / wellbeing support.
- Child able to play and interact with peers.
- Supportive head teacher and staff including a strong awareness of potential child ‘triggers’ and the development of a nurturing environment.
- One to one support where required.
- Having an education plan.
- Supportive parents and good home/school communications.
- Smaller classes, better staff to child ratio.
- (For some) being in a specialist school / environment.

3.1.5 Adoptive parent wellbeing and (parenting) self-efficacy

Existing research suggests that adoptive parents may struggle in taking on their new roles (McKay et al. 2010). This may be compounded by dealing with possible longstanding infertility, death of a birth child, and parenting a child with emotional

and/or behavioural difficulties (Selwyn, 2017). For some adoptive parents, this can result in post-adoption depression which can occur in the early placement period or at later significant times after adoption (Adoption UK, 2013).

Parent emotional health and wellbeing was measured in the survey using the Short Warwick Edinburgh Mental Wellbeing Scale (SWEMWBS) (Collins et al, 2012).

SWEMWBS consists of 7 items each to be rated on a 5- point Likert-scale. Scoring involves summing up the scores of each item to a sum score ranging from 7 to 35, and then transforming the raw score to a metric score. Only for cases with no missing values are sum scores computed. In general, lower scores represent lower levels of mental well-being. In contrast to the full WEMWBS, the shorter scale relates more to functioning rather than feeling.

The scores from this evaluation's ASF sample of 278 adoptive parents who completed this element of the survey have been compared with existing British norms reported in an English (2011) study of a representative sample of over 7,000 adults (SWEMWBS, 2011).

The mean (average) SWEMWBS total score for parents and carers participating in this baseline survey was 22.80 (with a standard deviation (SD) of 3.99). This is significantly lower than the existing British norms, suggesting relatively low levels of emotional health and wellbeing in comparison.

Table 7: SWEMWBS parent/carer scores by current baseline survey compared with ASF baseline survey and population norms for England

Comparison Group	Number in the sample	Mean (average)	Standard Deviation (SD)
SWEMWBS Population Norms in Health Survey for England data 2011	7196	23.61	3.90
Wales Adoption Survey	278	22.80	3.99

Note: A total of 278 parents responded to these SWEMWBS questions. Where they did respond, the SWEMWBS questionnaire was completed in full.

Parental self-efficacy was measured in this survey with reference to a parent-report scale called 'The Brief Parental Self Efficacy Scale' (BPSES). The BPSES is a five-item scale measure of the confidence that parents hold in their ability to parent their child (Woolgar et al, 2013). The minimum score is 5 and the maximum is 25. Of the 288 adoptive parents completing this scale:

- 93% agreed or strongly agreed that they can make an important difference to their child.
- 87% agreed or strongly agreed that they know what to do with their child.
- 85% agreed or strongly agreed that the things they do make a difference to their child's behaviour.
- 76% agreed or strongly agreed that they know what to do to ensure their child behaves.

- 65% agreed or strongly agreed that they are able to improve their child's behaviour.

The median BPES total difficulties score was 21.00 (SIQR=1.5) and suggests that the parents, on average, had a relatively high degree of confidence in their ability to parent their child (where the minimum total score is 5 and the maximum is 25). No UK or British norms are yet available by way of comparison.

3.1.6 Parental views about the adoption overall – how are they faring?

Most respondents considered that they were managing relatively well as a family, with over three quarters giving a rating of at least 7 out of 10 (78%). However, 10% described feeling that they were faring relatively poorly as a family, giving a rating of 0-4 out of 10.

This varied considerably with the age of the child in question, with families of older adopted children seeming to be faring worse on average than those of younger children. For example, only 67% of parents with a child aged 11+ gave a score of 7 or more out of 10 compared with 82% of those with a younger aged child.

Similarly, there were more than three times as many respondents with an older child saying they were faring relatively poorly as a family (20% rating 0-4 out of 10) compared to those with a younger child (6% rating 0-4 out of 10).

Many parents completing a survey chose to say more about how they were faring (as individual parent, as a couple, or as a family). The key themes from an analysis of their 'free text' responses are as follows:

- **Parents of younger aged or more recently adopted children were more likely to describe how 'it's going well'** or feeling optimistic about things compared with (some) parents of older aged children and young people. Equally, many adoptive parents who adopted from fostering describing a relatively good family situation.

"To date we haven't encountered any issue other than her being a toddler with toddler behaviours. Time will only tell" (Adoptive Parent)

"I love my little boy very much. And I think he feels safe and happy with me. He is developing beautifully. A lot of his short attention for tasks and difficulties sharing seems related to his toddler age. We have had some challenges with sleep. But it is now manageable" (Adoptive Parent)

"Attachment has developed lovely. We have managed to keep her routine from her foster carer. Our daughter is happy and each week develops more of an attachment towards us" (Adoptive Parent)

- **Parents having to or wanting to make changes or adaptations** to adult or family life to 'make it work' for example giving up work or reducing contact with extended family members or friendship circles in the early stages of an adoption.

"We have made significant changes to our family life to make it manageable. Like home schooling and almost never going out for family activities together. This has

made us a much happier family in many ways but it wasn't an easy transition"
(Adoptive Parent)

"Day to day life is extremely difficult. I have had to quit my job to be home so I can get him to school and go get him when he's struggling. He had been in reduced timetable for 3 years. I have a lot of meetings" (Adoptive Parent)

"We made lifestyle choices based on the potential need of a child before we were matched, such as cutting back living costs so one of us could give up their job and be a full-time at home parent" (Adoptive Parent)

- **Parents recognising patterns of behaviour or difficulties for their children** including at transition points or where there are disruptions to routines or uncertainties / where they are feeling unsafe.

"We have bumpy rides with her anger, life happens and events like Covid, operations happen and they make her scared, so her behaviour changes. Then we have half term together and she feels secure again, so anger drops ... it's a pattern"
(Adoptive Parent)

- **Parents describing how patterns in their child's emotions and behaviours are closely linked with how things are going in school.**

"When he is doing well at school, we can manage him really well at home and all the positives from school spill over into home and make it much easier for us to do our bit well. Then we see a different child who is calm, relaxed, caring, helpful, funny and enjoying life. When school is not going well, the negatives from that spill over into home and it becomes harder for us to do our job as he becomes more challenging, more contrary, more controlling, less calm and relaxed, more unpredictable" (Adoptive Parent)

- **Unequal strains on different parents at different times.**

"My partner is struggling to cope with the behavior, and this puts as much strain on the relationship and the family as the behavior itself" (Adoptive Parent)

"I feel manipulated and am blamed by my daughter for her bad behaviour. She responds better to my wife but can still be abusive" (Adoptive Parent)

- **Anxiety or apprehension about the future, even if things are OK now.**

"We are doing ok, but are anxious about what the future holds" (Adoptive Parent)

"Her transition into adulthood.. This is what is now concerning me because now she's at the point where she needs either to get into some sort of apprenticeship or...she needs to start to get some life skills" (Adoptive Parent)

- **Some parents describing more about what it is like to cope very extreme behaviours or struggles, not all of which are child-related, in the context both of support or no support.**

“We are emotionally exhausted and drained due to his recent spiralling mental health, he chooses not to listen to what will support him and has become stubborn and very aggressive and violent. We are seeking help” (Adoptive Parent)

“We feel we are walking on eggshells and never know what will trigger our son's anger. He often bullies us and it's heart breaking but we love him very much and are trying everything we can to give him the best start in life. i.e. NVR courses, seeking support ensuring he keeps his sports up which he loves but Covid has made this very hard” (Adoptive Parent)

“Our eldest child is verbally and physically abusive to all three of us in the same house. He is destructive to the property and all things in it. We have trained in NVR, pace and attend psychology meetings but life is just very challenging for him. I have given up work due to stress and anxiety and we fear for our mental wellbeing and the mental and physical wellbeing of our younger child” (Adoptive Parent)

3.1.7 The impact of the Covid-19 Pandemic on child and family needs

Parents completing the online survey as well as those participating in a more in-depth interview were asked specifically about the impact of the Covid-19 period on their child and family needs.

Nearly half (47%) of parents completing the survey reported that the needs of their family or child had increased during the COVID period and only 1 in 7 (16%) considered that their needs had decreased during this time. Slightly more parents of children aged over 11 years (52%) thought that their needs had increased during this period, as illustrated in the table below:

Table 8: Proportion of parent survey respondents by the extent to which their child or family needs had increased or decreased during the period of the Covid-19 Pandemic

Response	% of all respondents	% respondents with children 11+
Increased significantly	18%	25%
Increased slightly	29%	27%
Neither increased nor decreased	34%	37%
Decreased slightly	10%	7%
Decreased significantly	6%	0%
Increased then decreased	2%	0%
Decreased then increased	2%	3%

Note: A total of 272 parents responded to this question

Adoption professionals completing a survey noticed greater demand for support at the targeted level of need compared with universal or specialist levels during the period of the pandemic. Most of these professionals had noticed a dichotomy of family

experiences during this period, including some for whom it had offered a 'release' or particular set of opportunities, and some for whom it had either heightened existing challenges or difficulties, or generated new ones:

"For some families Covid has provided the opportunity to create stronger relationships with their child without the pressure of school and other networks outside the family. For other families particularly single adopters or key workers this has been a difficult and stressful time" (Adoption Professional)

"Some children who experience difficulties in school actually fared better at home during lockdown" (Adoption Professional)

"COVID has meant that existing pressures for families have been amplified due to their isolation and lack of routine" (Adoption Professional)

Parents responding to the survey and participating in an interview for the evaluation were also divided in their descriptions of this period. Some described a relatively positive experience, particularly during the early period of the pandemic. Those with primary school-aged children commented positively in particular, often describing this more positive experience as being linked either to the removal of school pressures or to support better 'bonding' as a family.

"As a family we had to navigate being together 24/7 without the distraction of other factors such as school, other commitments, family and friends. This took the pressure off us as a family in many ways" (Adoptive Parent)

"I think my daughter got a lot of security knowing that we were all together and we weren't going anywhere. In many ways, her anxiety has lessened and she coped with everything a lot better" (Adoptive Parent)

"A lot of my daughter's issues came from school so during lockdown she was actually more relaxed and less stressed because there was no school to go to" (Adoptive Parent)

"COVID was good for our child, it gave her the opportunity to grow and mature. She finds being with a lot of people, particularly those her own age, overwhelming so lockdown didn't affect her badly" (Adoptive Parent)

"We have really benefited being able to spend more time together as a family unit especially the bond with my husband and child has improved due to less time commitments" (Adoptive Parent)

By contrast, other parents described how things had felt harder for them during the period of the pandemic, particularly:

- Parents of pre-school aged children needing to juggle home working and full-time parenting (without nursery)

"Childcare was a major issue as I had to work from home.. so trying to work with an active 3 year old at home was very stressful" (Adoptive Parent)

“Isolation that you experience as a new parent has been, you know, amplified. I think it has extra strain” (Adoptive Parent)

- Parents with younger teenagers, particularly those with pre-existing behaviour or mental health issues.

“Our Son’s anxiety went toxic during the first lockdown and we required support out of hours one evening” (Adoptive Parent)

*“I’m pulling my hair out. She wasn’t going to sleep ‘til 2, 3 O’Clock at night. From March until September, she just had nothing. Nothing to get up for, couldn’t go out with friends, had no school, no social interaction (Adoptive Parent)
Episodes of violence, prolonged screaming increased. Alongside extreme clinginess, poor sleeping etc.” (Adoptive Parent)*

“Adopted child traced and contacted birth parents online. Inability to follow lockdown rules. Not engaging with school work” (Adoptive Parent)

“Being restricted from seeing friends and other family has caused get stress for him, many arguments and his mental health is in a very poor state” (Adoptive Parent)

“With home working and the kids being home more and reduced activities available we are all on top of each other ..are having to deal with increasingly more challenging behaviour from our son as school goes wrong” (Adoptive Parent)

“Both children have been getting very angry, frustrated and destructive from May - September. My eldest child has not recovered mentally since” (Adoptive Parent)

Some professionals completing the survey had also noticed an increase in demand for particular forms of targeted or specialist support linked with an increased concern about child to parent violence or the management of older children with the lockdown rules.

“I have seen a significant increase in the need for online training of all sorts but particularly "Challenging Behaviour" and "Non Violent Resistance" (Adoption Professional)

Other parents said more about a **mixed or evolving experience through the period of the pandemic:**

“Being at home had given our son a more embedded sense of security. However, he really has missed the interaction with other children” (Adoptive Parent)

“My daughter was less stressed because there was no school but I became more stressed in lockdown due to the pressure of working more hours in the care home as well as having the responsibility of home schooling” (Adoptive Parent)

“The start of lockdown was ok, because he felt more secure because he was at home with us constantly. But this changed as lockdown went on and his anxiety level escalated as he worried more about himself and us dying from the virus. Then he worried about going back to school and us to work” (Adoptive Parent)

“While I wasn’t working things were great but following return to work it’s been difficult to balance everything without usual family support” (Adoptive Parent)

Things that were described as potentially increasing pressure on families (that could fluctuate during the period of the pandemic) included:

- Isolation, particularly for single parents.
- Children being unable to play or interact with other children.
- Not having access to universal services, such as health visiting or targeted supports, such as educational psychology.
- Home schooling.
- Reductions in family income.
- Children being unable to see their extended including birth family members.
- Family bereavements or significant illness.
- Not being able to access organised sports and social activities for their child(ren).

“No sports, increased anxiety, lack of anxiety, home schooling does not work has added more pressure and anger. Not seeing friends and family has made us feel that he is distancing more. Covid has been a real disaster and him missing all of year 7 has been awful” (Adoptive Parent)

“Home schooling has been tough at times, and the lost physical contact with X’s friends has had an impact I believe. It has been tougher for kids than perhaps adults realise, especially missing occasions like birthday celebrations/ kids’ parties, Halloween, bonfire night and so on. Their routine has been clearly affected and X at times has been anxious for the safety of other family members during the Covid outbreak” (Adoptive Parent)

However, a lower proportion of parents completing the survey thought that they had needed support during the period of the Covid-19 Pandemic compared with overall during the last 12-month period (to October / November 2020), particularly in relation to universal forms of support. The drop-off was less marked in relation to targeted and specialist support, as illustrated in the table below:

Table 9: Proportion of parents describing that they had needed universal, targeted or specialist support during the last 12 months and during the period of the Covid-19 Pandemic specifically

Type of support parents described needing in the last 12-month period	% needing this kind of support generally in that period	% needing this kind of support during Covid
Universal support	39%	28%
Targeted support	40%	34%
Specialist support	25%	22%

Note: A total of 272 parents responded to these questions

Some sector leaders and adoption professionals involved with the evaluation have noticed that, as the COVID-19 period has progressed, more parents and families have become 'very tired' with the arrangements and have needed more support. On a more positive note, they have also noticed a surge in applications from prospective adopters as the Pandemic has progressed.

3.2 To what extent do adoptive families feel it is OK to ask for help?

Existing research suggests that key factors associated with more effective engagement of adoptive families and their adopted children in a range of supports include:

- Timely responses of services in both the early stages post-adoption (when adoptions may be more vulnerable to breakdown) and along the family's life cycle, particularly at key transitions.
- Active engagement and 'normalising' of support including to make adoptive parents and families feel that it is 'OK to ask for help' when they need it.
- Relationship-based, compassionate, and skilled specialist support.
- All services likely to be accessed by children and families (for example schools and primary health services) to be 'adoption aware'.

Atkinson and Gonet, 2007; Gibbs et al. 2002; Selwyn et al. 2015 and 2017, Meakings et al, 2018; McKay & Ross, 2011; Livingstone-Smith, 2010; King et al, 2017).

In relation to this study, a large majority (84%) of adoptive parents completing the online survey considered that it felt OK or very much OK to ask for help. Only a small proportion (4%) described feeling that it was not OK or very much not OK to do so.

Table 10: Parent survey respondents by the extent to which it currently feels OK to ask for help

Response	Proportion of parents responding positively to this statement
It's very much OK to ask	60%
It's OK to ask	24%
I'm not sure if it's OK to ask	12%
I don't really feel it's OK to ask	2%
I definitely don't feel it's OK to ask	2%

Note: A total of 262 parents felt that they had a view and responded to this question

Adoption professionals completing a survey for this evaluation were less optimistic about parents and families feeling that it is OK now to ask for help. A smaller proportion (69%) who had a view considered that parents feel it is OK or very much OK to ask for help. Only 16% believed parents feel it is very much OK to ask for help. However, a very large proportion (85% of a total of 262 parents who had a view) considered that adoptive parents are more able to ask for help now compared with 3 years ago,

suggesting a positively improving picture, which is also picked up by the sector leaders participating in an interview for this evaluation who considered this to be one of the 'major breakthroughs' in adoption support in recent years, some noting that an 'open door' policy had been in operation for many years already in the voluntary sector.

"This has changed enormously over that time (since the Adoption Support Framework was introduced)...it's absolutely dramatically changed" (Sector Leader)

"We've had to do an awful lot of work to change the culture in services, to stop the prevailing view that it's done and dusted once an (Adoption) Order is made" (Sector Leader)

"I've worked in this area for some time and it's enlightening to see the difference. It's really moved on. In the past, adoptive families were reticent and hesitant about coming back – is it their fault? They were ashamed and embarrassed – (thought) they should be getting on with it and doing OK. This was because adoption is seen as innately 'a happy ending'" (Sector Leader)

"We've been much more trying to get the message out that adoption support is a normal thing to have... that there's a range and most families will need support at some time. We really want to get in early before people reach a crisis" (Adoption Professional)

Professionals and sector leaders identified by way of evidence for their assertion (about improvements in this area):

- More adoptive parents / families overall coming forward for support.
- More adoptive parents coming forward for support at an earlier stage.
- More adoption enquiries where prospective adopters ask about support (are more aware of its availability pre-adoption).

"Adopters that have been approved in the last 3 years have more information about the support that is available and encouragement to seek support" (Adoption Professional)

"..More families are coming forward to ask for help in the early days of difficulties where historically there were more families in crisis requesting assistance." (Adoption Professional)

3.2.1 Key enablers

Key enablers of families feeling that it is OK to ask for help were reported by professionals and sector leaders to include:

- **Better recognition of the need for adoption support and greater organisational empathy for adopters, including a welcoming initial port of call.**

"I think there is a better recognition from agencies that parents cannot be expected to manage alone where their child has a complex trauma history which requires

ongoing and specialist support. Therefore, there is a more empathetic response to families from specialist adoption agencies now.” (Adoption Professional)

- Linked with the above, **adopters more recently receiving early reassurances and clear messaging that it is OK to ask for help**, that it should be expected in many cases.

“The last 3 years has seen a drive in encourage adoptive families to see asking for help as a sign of strength and not a weakness. They are encouraged from day one during preparation training to see the service as a support through their adoption journey.” (Adoption Professional)

“Parents still hope it will be fine for them but they’re more realistic than they used to be that they may need support. Messages are starting to get through, although it’s inherently difficult to ask, to say ‘I’m not managing’ as we are also giving adoptive parents the message that ‘you will be a good parent’” (Sector Leader)

- **Having a more obvious (and advertised) specialist front door / port of call** in most of the regions – people knowing where to go for help in the first instance.

“I think with the new PAS team, things will improve greatly, from first point of contact we can advise families we are going to be there throughout their whole journey and not just until the making of the adoption order.” (Adoption Professional)

“It took away the stigma for parents – not having to go back to social services. Because they were asking for support, they thought it was a failure” (Sector Leader)

- **Having more actual supports to offer adoptive families, for example training and psychology supports.**

“In the past, we had very little to offer, whereas now there’s a range of people and therapists” (Sector Leader)

- **Newly developed early help offers, such as TESSA or Adopting Together**

“There is a greater recognition that adoption support is normal and that families don’t have to be in crisis to ask for help, even though that is still often the point at which they do contact us. The TESSA project has helped to highlight the need for early intervention.” (Adoption Professional)

- **More positive, pro-active regional and national messaging** around the potential need for support (for example through the recently published podcasts*) and promotion of support that is available and having more clearly defined preventative forms of support.

“Adoption support is now seen as a right. NAS has brought it to the forefront.” (Adoption Professional)

“National campaigns on adoption have been more targeted towards the need for adoption support so I feel that adopters even from enquiry stage are made aware about the need for adoption support and how to access it.” (Adoption Professional)

- **Social media and word of mouth amongst adopters** – people who have had a positive experience are thought to be encouraging others to seek help.

“There is more social media, publicity to support adoptive parents over the last few years. Parents have active support groups available online.” (Adoption Professional)

Some parents participating in an in-depth interview also mentioned how **adoption agencies staying in contact and pro-actively offering support** including through newsletters or social media was or could be helpful (in enabling them to feel it is OK to ask for help), also being linked in with some form of peer support.

“Having that contact with parents from the beginning is really, really important. Peer support from other adopters, to have that from the beginning, I think would make such a difference. Really important to get people connected” (Adoptive Parent)

“You should be assigned somebody.. and they should stay with you so that they know your history. You can phone them and say. One point of contact” (Adoptive Parent)

Barriers to parents and families feeling that it is OK to ask for help were reported by parents, adoption professionals and sector leaders to include:

- **A sense of stigma or shame or failure** – reported still to hinder some adopters from coming forward.

“I was worried about admitting defeat, I felt like it was a failing of my parenting to ask for help. Silly in hindsight but I was very reluctant to ask for help” (Adoptive Parent)

“My view is that a lot of adopters initially try to cope and, as time goes on, it becomes more difficult for them to seek support due to embarrassment, guilt or not wanting to fail, until the situation reaches a point that almost becomes too late and the interventions required are high.” (Adoption Professional)

- **Concerns** (sometimes based on earlier attempts to get help that were not adequately heard) that adopters will be judged as being unable to cope / negative judgements more generally.

“10 years she had been with us, but we thought they’re going to think we’re really bad parents and maybe, maybe they’ll take her away. It was still really scary to pick up the phone.” (Adoptive Parent)

“Sometimes it makes it harder when you feel like I’m not really being listened to. There are times when you think I’m not being heard” (Adoptive Parent)

“Are they going to think I’m not a good mum because I’m struggling and all?” (Adoptive Parent)

- **Parents wanting to ‘please’** the placing agency.

“In my experience adoptive parents want to please the placing agency and do not want draw attention to worries for fear they will be judged as failures. Adopters feel unable to say that, when problems are serious, they wish they had not adopted. Shame and distress is very debilitating.” (Adoption Professional)

- **Extended family and friends giving unhelpful messaging around parenting.**

“Well-meaning friends and family will say “try X” “do Y”, but these people don’t understand developmental trauma and how what works for other children will only makes worse for an adopted child” (Adoption Professional)

- **Having inexperienced people dealing with initial enquiries at the front door.**

- **Barriers to obtaining funding** (from local authorities) for more specialist supports or multi-agency packages of support where thought to be needed.

- **Adoptive parents not knowing that support is there** (particularly parents of older adopted children).

“I think things are changing quite quickly but there is still a considerable cohort of parents with older children who don't realise that support is available and don't currently ask for help or know who to ask for help.” (Adoption Professional)

“It is still incredibly hard for parents of older children (post 12 - 25 and beyond) to ask for support, even though there IS support there through Adoption UK. It is much easier for parents of younger children since TESSA has become available and the Adopting Together programme.” (Adoption Professional)

- **The potential for adoption support being needed in the future not always sufficiently identified in early adoption support plans.**
- **Lack of clarity about the best ‘route into’ adoption support**, which means that some parents still approach the local authority front door rather than going direct to the regional adoption service or get ‘passed around’ different services, for example CAMHS, education and social care.

“I'd like to see a no wrong door approach rather than people waiting and waiting in the wrong queue. For example, often CAMHS will say it's the wrong mental illness and don't get involved” (Sector Leader)

Parent, professional and sector leader interviewees all commented on the discrepancy between needs or expectations and what services could deliver in fact to be a potential barrier to families coming forward for support, but the parents emphasised this more emphatically. In these cases, there had often been a general loss of trust or faith in all provider(s) of support to be able to help.

“Our case remained open for a standard 12 months after the Adoption Order, then closed. After that, we no longer had access to support other than going back through the usual local authority channels, as with any other child. The view is that, once you've adopted, a switch is flipped and they think it's all perfect” (Adoptive Parent)

“I think I know where to get the support. I have gone down the right tracks. Whether we get it is another thing” (Adoptive Parent)

“They were lovely, absolutely brilliant. And it felt as though we're going to get help. And then it fell apart because they just came back to us and said ‘we've got nobody available and your child is not a priority’. What we took away from everyone, it was like you're on problems but not suicidal. I understand we need to prioritise resources.. but it's a classic case of if you don't resource at this level, you're gonna have problems later on (adoptive parent)” (Adoptive Parent)

“Because historically it's been so bad. People are put off it. And if you go on parent forums and things which everybody does you hear all the horror stories. People don't go on forums like that and say how great everyone's been. There needs to be some PR to say, yeah we know we're not perfect, but we're here and these are the things we can do and support” (Adoptive Parent)

“I can go to CAMHS or to the doctors but there is no support specifically for adoption. You have to contact social services and ask them to open a case. But, at the end of the day, there's no help. That's why TESSA has been so important in some areas (in Wales). They're just setting it up now in our area.” (Adoptive Parent)

3.3 To what extent do adoptive parents and families know where to go for help?

Most parents completing the survey described having at least an idea of where to go for help with all levels of need from universal (81%) to targeted (74%) to specialist (79%)²³. These findings triangulate well with a slightly earlier (Adoption UK Barometer, 2020) study which found that 71% adoptive parents knew how to get help.

Between 41% and 46% in this study were more confident about knowing where to go, stating 'I knew where to go' for support in relation to each level of need, as illustrated in the table below:

Table 11: Proportion of parent survey respondents knowing where to go by level of need

Response	Universal level	Targeted level	Specialist level
I knew where to go*	46%	41%	45%
I had an idea where to go**	35%	33%	34%
I had no idea where to go***	19%	26%	21%

* A total of 264 parents thought this question was relevant to them and answered it

**A total of 155 parents thought this question was relevant to them and answered it

***A total of 145 parents thought this question was relevant to them and answered it

These findings are interesting to compare with those from the professionals' survey in relation to which:

- A similar proportion (71%) respondents considered that it is 'quite' to 'very' clear for parents where to go for help with their family's universal needs.
- But smaller proportions considered that it is 'quite' to 'very' clear for parents where to go for help with more targeted (47%) or specialist (21%) needs.

3.3.1 Knowing where to go for help with universal needs

For help with universal needs, about one third of parents completing the survey said they had gone to their child's post-adoption support worker (31%), and a fifth said they had gone to their child's school (21%). 16% had accessed Adoption UK services for assistance and 9% said that they had approached their GP. 8% had gone initially to the Voluntary Adoption Agency that had arranged the adoption. 3% had accessed information on the NAS national website.

By contrast, a greater proportion of professionals completing the survey considered that families 'mostly' go to their post-adoption support worker for help with universal needs (66% respondents expressed a view that this is the case). However, they additionally acknowledged how families 'also' commonly approach: schools, GP's, Adoption UK,

²³ Examples were given in the survey to help parents gauge which were universal, targeted or specialist

and national or regional adoption (NAS) websites for support. Other places / sources of support parents mentioned going to for universal needs included:

- Other adoptive parents.
- Social services / the local authority (in particular where a regional post adoption support team has not been available).
- Facebook (therapeutic) parenting forums.
- Internet searches.
- School-based support teams.
- Health visitors.
- Voluntary organisations.
- Private providers of therapeutic support.
- Their child's former foster parents.
- Family members and friends (particularly those with professional qualifications).
- Online training programmes that are privately sourced.

Parents participating in an interview who had adopted relatively recently described being more, often very confident about knowing where to go for help including for mainstream (universal services) as well as adoption specific services.

"I know that there is help out there if I ever needed it" (Adoptive Parent)

"I understand help is available at any time, to my whole family post adoption" (Adoptive Parent)

"You won't be judged if you ask for help. Sometimes it's just needs a chat with someone who understand what your family is going through helps" (Adoptive Parent)

These parents provided more information about what helps in this respect:

"I think what makes it easier is having an ongoing connection or relationship. It's that idea of belonging, as part of the community.. Important that you feel part of something so that you can then reach out when you need it" (Adoptive Parent)

"I think really having an open relationship with people from the start – professionals have always said don't be afraid to pick up the phone if you need to. Important (that they) understand the issues of what a traumatic background can cause and what difficulties you might come up against" (Adoptive Parent)

This contrasts with the reminder given by other parents participating in an in-depth interview for this evaluation, who had adopted some time ago and who reflected that, 'back then' there had not been much pro-active support offered beyond the formal adoption process:

"Once they were formally adopted, the social workers took a step back. We were sort of just floating around and didn't know what to do" (Adoptive Parent)

“It would have been useful to talk to somebody about adoption.. to have a community of support.. somebody just contact you even if it was once very six months just to say ‘Listen, often things like this .. you might be having difficulties with this, this and this’. Would be really useful to have non-intrusive ongoing support. I think things are a lot better now” (Adoptive Parent)

Many parents who had adopted more recently considered that they had been contacted pro-actively about the availability of post-adoption support (beyond the first year) for example by being sent an email or newsletters by the post adoption support team or hearing about the support through peer (including online) discussions and webinars or workshops. Some had also been offered additional supports, such as a financial allowance (to compensate for loss of earnings in the pre-school years), speech and language therapy, support to establish and sustain birth family contact. These parents were generally much more confident that they knew where to go to get help and that they trusted the source of support:

“They’ve always been sort of non-judgemental, just very helpful... understanding. I think that makes it easier to ask for help. They’re very open, very human. They’re very easy to talk to” (Adoptive Parent)

3.3.2 Knowing where to go for help with targeted (support) needs

Over a quarter of parents participating in the survey said that, where they had needed more targeted support, they had gone to an adoption support worker (27%), and about a fifth had gone to their child’s school (21%). 11% had approached their GP for support, 8% went to a support service they already know about, and 6% had gone initially at least to the Voluntary Adoption Agency that arranged the adoption. By contrast again, a greater proportion (73%) professionals participating in the survey considered that adoptive families initially go mostly to their post-adoption support worker for targeted help with needs (also directly to a service they already know) and, to a lesser extent, to schools or a GP. Other alternative sources of support for targeted needs mentioned by parents included:

- Child and family social workers.
- National association of therapeutic parenting.
- Adoption UK.
- Therapy providers.
- Voluntary organisations.
- Parenting telephone support line.

Some of the parents who participated in an interview for this evaluation described being aware that new opportunities for adoption support had emerged relatively recently:

“My perception had been that it was very difficult to get hold of adoption support, you know a very long waiting list and that it wasn’t worth asking. So I’ve kind of put it on hold for quite a long time. I was aware that there was some more funding and so, I suppose I thought well let’s give it a go and see what happens. And then was pleasantly surprised at the response we got (from TESSA)” (Adoptive Parent)

Others of the parent interviewees retained a residual sense that there were no tailored services out there to support their child or family (having looked and not found these in the past) or that they still had to 'fight for services'. Similarly, some parents completing the survey commented that targeted or specialist support did not appear to be available in their local area.

"Post adoption support worker was off after 6 months. Adoption is for life. GP doesn't have time or professional qualifications to assess let alone help. TESSA is not even available here. There are no other support services unless you try and open a case with social services" (Adoptive Parent)

3.3.3 Knowing where to go for help with specialist (support) needs

For support with specialist needs, 21% parents of those who thought they had needed it described having approached their post adoption support worker, 17% had gone to their child's school; 11% had approached their GP (11%) 8% had gone to a support service they already knew and 5% to the Voluntary Adoption Agency that had arranged the adoption. This compares again with a higher proportion (63%) of professionals completing the survey who thought that families initially approach their post-adoption social worker for help with specialist needs. Both professional and parent respondents to the surveys also described how they (parents) often also went direct to a (therapeutic) service they already knew, to CAMHS, or to schools/GPs).

Service availability is picked up later in this evaluation, but it is worth mentioning here that many adoptive parents with things to say about knowing where to go for help with specialist needs mentioned a lack of faith in its availability or the lack of understanding of gatekeepers, particularly CAMHS but also local authority / regional adoption specific services. They also mentioned having an experience of being sent 'around in circles' from one agency to another to find help.

"So I went to the doctor first (advised by the school) from that we were referred to CAMHS who said our problems were not severe enough so we were referred to teams around the family. They got us in touch with a local adoption social worker who was then off with stress. We eventually were told we did need help but it was delayed whilst there was a debate about who should fund the help local authority or adoption agency" (Adoptive Parent)

"..knowing what you need however, is no good if the services you need either do not exist or if the 'gate keepers' are insufficiently aware to be able to support referrals" (Adoptive Parent)

"It's not that we don't have any idea where to go. You should include the option that there was NO where to go. CAMHS has a 9 month waiting list for a pre-assessment appointment for ASD. That's not even an ASD assessment." (Adoptive Parent)

"We have felt that none of the above were/are available" (Adoptive Parent)

"In principle it's ok to ask for help but where to go and navigating access to services is a nightmare...Access to support in school and specialist support via

CAMHS very hard to access and therefore you are very alone as parents, and my child is not receiving the help she needs” (Adoptive Parent)

The experience of feeling judged or shamed for asking for help in the past, or of help not being forthcoming, or of feeling that services were constantly referring the family from one place to another all contributed to an overall sense of frustration or even despair for some of these parents.

“Historically speaking making reasonable requests for help from services has led to some horrific ordeals for our family. This makes us extremely reticent to seek help as we anticipate pain will result” (Adoptive Parent)

“Felt huge shame and failure. Needed counselling to ask for support and accept that It takes a team to hold our child in placement” (Adoptive Parent)

3.3.4 What supports families to know where to go to get help at the right time?

Professionals completing a survey considered that key enablers of families knowing where to go to get support at the right time include:

- Families having direct access to a (specialist) regional or VAA service and being able to access a fuller range of resources through this ‘front door’ rather than having to go back to each local authority to request some forms of support.
- Families being newer in placement and closer to the adoption service that facilitated the placement.
- Families having a more positive adoption identity and being more open to support – seeing it as a natural part of adoption, an ongoing process. This can be promoted in early training.
- Funding for adoption support agreed prior to the placement being made.
- Having more actual support available, for example from within regional teams or via voluntary sector supported schemes such as ‘TESSA’ or ‘Adopting Together’.
- Families being encouraged to have regular ‘check ins’ or reviews with their adoption service.
- Adoption UK and regional teams working together to help families to identify the right resources to meet their needs.

3.4 To what extent have adoptive families been satisfied with the supports on offer and to what extent do they find them helpful?

3.4.1 Universal including ‘Early Stage’ Adoption Support

Existing research studies suggest that approaches and supports considered to helpful universally (with all or almost all adoptive families) include:

- Pre- and post-adoption training on issues of likely importance.
- Whole system approaches based on well-being, a ‘no wrong door’ approach across agencies with whom children and families may be in contact.
- Information and advice services, for example in relation to how to manage and support effective contact with birth family members over time.

- Peer support.
- Good quality (therapeutic) life story work.
- Skilled assessments including at an early stage of the adoption to anticipate issues that the child and family may face.

Selwyn 2017; Hamblin 2018; Meakings et al. 2018; King et al. 2017; Lushley et al.; 2018 Benfield 2017; Bange et al. 2014; Welsh Government 2016; Adoption UK 2017; Yellow Kite 2020; TouchBase 2020; Rose & Philpot 2005; Watson et al., 2015; Fargas-Malet & McSherry, 2020

3.4.1.1. What does the management data tell us?

Secondary analysis of management information suggests that there have been many initiatives in the last 2-3 years to improve the quality and impact of (universal level) support for all adoptive families including more recently (in 2020) the development of nationally published materials in support of good quality life story work for both professionals and parents and the creation of new roles within regional adoption teams specifically to support life journey work.

- An estimated 59% of adopted children requiring life story work have had access to it in a timelier way during 2019-2020 compared with the previous year.
- New support 'offers' have been such as 'TESSA' and 'Adopting Together' aimed at supporting families beginning to experience the effects of early childhood trauma.
- Additional materials and post-adoption courses have been developed by NAS working with Adoption UK and AfA Cymru to assist adoptive parents in their therapeutic parenting as well as with specific issues such as contact with birth family members.
- Peer support for adopted young people has been given a 'boost' through the development with Adoption UK of a 'Connected' Programme, although it has been difficult in practice to bring young people together in the way(s) they might have liked and to generate maximum impact because of the Covid-19 Pandemic.
- Leaflets have been co-produced for use by health professionals, to help them to understand adoption better.
- Podcasts (of adoptive parents talking about their experiences) have been produced to enable prospective adopters to have a better idea about what adoption involves and to promote adoption.

3.4.1.2. What does the parent survey tell us?

Parents responding to the online survey considered that a number of forms of adoption support were important to them in the early stages of their adoption journey, particularly their post-adoption social worker and peer support groups. However, a range of other universal supports were also considered relatively important, as illustrated in the table below:

Table 12: Proportion of parents responding to the survey who considered different forms of support to be important to them in the early stages of adoption

Type of support	% parents who considered this form of support helpful or very helpful in the early stages of adoption
Post-adoption social worker	81%
Peer support group	75%
Web-based information	71%
Post-adoption training	70%
Life journey materials	69%
Newsletter information	56%

Note: Number of parents responding to this question = 231

Post-adoption social worker support scored particularly highly in relation to 'very helpful' in the early stages of adoption. Most of the other responses were neutral i.e. 'neither nor' rather than negative i.e. unhelpful or very unhelpful.

Other forms of support mentioned and appreciated by parents and professionals in early stages of adoption included:

- Social media groups on therapeutic parenting / training and materials offered by the National Association of Therapeutic Parenting.
- Support from freelance social workers to undertake birth parent contact work.
- Contact / letter box support.
- Membership of Adoption UK.
- Training they had received as a foster carer prior to becoming an adoptive parent.
- Therapeutic parenting materials.
- Mentoring arrangements.
- Online (including Adoption UK) training sessions and webinars on areas of interest.
- Adoption Family Matters Facebook Group and online training.
- WhatsApp Groups (including mixed foster carer and adopter groups) set up by Adoption UK.

3.4.1.3. What did parents tell us in interview?

More detailed insights from parents who participated in an interview suggest that peer support is valued not only in its more organised form:

"You know, real experiences that you've both had but maybe in different ways. I did find that reassuring ... a lot of people who know what you're feeling or what's going on" (Adoptive Parent)

but also in smaller, more informal groups of parents who might have met initially in a larger group but who have found sustenance in coming together as a friendship group:

“I have been invited to peer groups and to be honest I find them hard. I met a few adopted parents independently ... and we have our own little peer group. My girls are marvellous and, at the peer group, I hear all the hard stories from others and ... I found it hard to bring positivity to the group. If everything is OK, perhaps I don't need to go?” (Adoptive Parent)

“We have friends who are adopters .. our own kind of informal support I guess” (Adoptive Parent)

The interviews undertaken with parents for this evaluation suggest that it is important to sustain a variety of supports for adoptive parents in the early stages of adoption as not all will want or like to learn from these more commonly appreciated and more formal forms of support. For example, some suggested a preference for self-directed learning.

3.4.2 Parent and professional perspectives on the quality of the universal support more broadly

“At universal level, there is support. Most VAAs and regional have got that right... information, newsletters, training and peer support groups. A real sense that the regions have got there, and they work with AUK where there's a gap” (Sector Leader)

Parent perspectives about the quality of different forms of universal support they had experienced, as reported in the online survey, were quite varied.

The table below lists different forms of support suggested to online survey respondents and their grading of each from very good to poor.

Table 13: Types of universal support by grading by parents responding to the survey from 'very good' to 'poor'

Type of universal support	Number who had accessed	V Good	Q Good	Fair	Poor
Peer group support	236	43%	33%	14%	5%
Post adoption training	88	40%	34%	17%	3%
Post-Adoption Social Worker	118	50%	22%	15%	5%
Family event(s)	58	28%	40%	17%	3%
Web Advice and Information	105	21%	41%	30%	5%
Newsletter(s)	108	16%	42%	32%	6%
Life Journey work	88	16%	28%	30%	10%

The forms of support with the highest 'ratings' were peer group support, post-adoption training and post-adoption social worker. These findings are compatible with those from a similar question to adoption professionals and sector leaders who considered that the

most valued forms of universal support are generally the post-adoption social worker, followed by peer support and training.

“Regular contact with the adoption service social worker and child’s social worker has given confidence in how we are doing. Peer group contact has made us feel less “on our own”. Training events have made us reflect on how we do things”
(Adoptive Parent)

“Access to information and peer groups. Feeling like there are other families going through what we are. Lots of practical help” (Adoptive Parent)

Parents completing the online survey were also asked to describe the universal support they had received with reference to a range of qualities associated with better impact.

- 66% thought it was positively well-informed (about the particular needs of adoptive families).
- 66% thought it was positively reassuring.
- 66% thought it was positively helpful.
- 59% thought access was positively timely.
- 50% thought it was positively the right fit for the family’s needs.
- 49% thought it was positively sufficient for the family’s needs.

The parents who participated in a more in-depth interview for the evaluation described relatively good quality and good experiences of universal or early forms of adoption support, including sometimes compared with earlier years (where adoptions had taken place some time ago). They particularly valued a close connection with the adoption social worker and signposting to sources of advice, training or webinars.

“Seeing a social worker, and it was helpful.. we always felt unburdened. It sort of says, well you know, these problems are very common. Try this, try doing this and it was like keeping a diary of all the incidents”. (Adoptive Parent)

“I felt as if I could reach out whenever I needed to, which was great.. the first three, four months.. It was quite challenging.. his sleep was so bad. We had one of the checking in meetings and everyone could see that I was very poorly. They paid for a sleep consultant.. very reassuring. Some very minor things (helped) like not having any overhead lighting for him, really dulling down all the lighting in the house”
(Adoptive Parent)

Many described forms of early targeted support, including multi-disciplinary meetings to explore their child’s needs and/or TESSA, emphasising its value as a preventative measure in the early stages of some adoptions:

“He has taught us. Offered very useful courses. We have received invaluable support from our (TESSA) parent partner” (Adoptive Parent)

“The meetings... I found these incredibly supportive because some of the questions that would be asked and having the advocate as well. And that would be, you know, putting the actions together... Everyone was able to generate the ideas of what was

needed. Some really useful discussions about some of the behaviour management and what things worked for him previously” (Adoptive Parent)

“We had a pre-adoption team for the child meeting, where their entire lives were unpicked by a psychologist, social workers, foster carers and doctors, to help us to understand how and why our children are affected by their early life experiences, and possible cues and solutions. It was such a helpful meeting, which produced a report, which we have no doubt we will be referring back to for years to come” (Adoptive Parent)

“Our son had theraplay from a worker in the regional adoption team. He started having it .. before when he was fostered and then it ..stopped when they felt he didn’t need it any more as he was fully attached. It was really helpful particularly in cementing the attachment between my husband and son because my husband had shorter paternity leave of course. The two-day course on therapeutic parenting organised by the region commissioned by the National Association of Therapeutic Parenting to deliver it. It was so good. We had covered it in the initial adoption training prior to having a child but it was great to do now we have a child. I am on a webinar tomorrow night and that’s about contact with birth family. We went through phases when he went through meltdowns. We did wonder if it was going to continue. They have got less. We know the triggers now, like lead up to Christmas and before contact with half sibling. She (the therapist) is still at the end of the phone” (Adoptive Parent)

Some parent interviewees also described how their child’s former foster carer had been a good source of support, particularly in the early stages of adoption but sometimes also throughout the adoption:

“She (foster carer) was great, absolutely fantastic. She was on hand all the time. I do count myself quite lucky that .. we’ve got a really good relationship with her still. Because, you can turn to members of your family and you can turn to friends, but I think it’s the social workers and the foster parent, they know the process, they know the child” (Adoptive Parent)

“The best thing (in the early stages) was having a good relationship with the foster carer. They let me stay with them in their home because I wanted the girls to get familiar with me when they woke at night before they left familiar surroundings. I knew (also) that I had a social worker there in the background if I needed.” (Adoptive Parent)

Some parent interviewees were aware that more is now available to support all adoptive families in the early stages of adoption and thought, in hindsight, that they might have benefited from this:

“Pretty much you were just left to get on with it then... which was fine, because that’s what we needed to do and that’s what we wanted to do. I thought they were attached and they didn’t have any issues. It took probably five or six years and school placements to break down before we actually got the support that he needed. The social worker who we had for years.. she’s lovely but at that time didn’t say right let’s have a look at this. It was like, well, he’s still settling in. They wanted

to help but they didn't actually have the knowledge and the understanding (then)"
(Adoptive Parent)

"Now, things have changed, an awful lot since then (14 years ago). We didn't really have any support as such, we had visits from the post adoption side. But it wasn't really support: it wasn't really how are you doing, it was just to make sure we were all fitting in with each other" (Adoptive Parent)

A clear message from both the parental online survey and more in-depth interviews with parents was that, for those working full-time or who are single parents, it can be difficult to access training or 'family days' that are scheduled and accessible only at a single point in time and that this is a significant limitation.

"Unfortunately, as a single parent I haven't been able to access the online courses/videos etc as they are run post work but at my toddler's bedtime with only me available to do the bedtime. Recording the training/chats and having access at a more convenient time would help" (Adoptive Parent)

"Sent me some of the webinars ... topics that they were covering like how to talk about your life story.. but I haven't, unfortunately, been able to join any of them because they're at six o'clock which is great for people that are after work, but that time's kind of getting ready for bed.. So be great if maybe they could be pre-recorded" (Adoptive Parent)

In terms of the impact of universal adoption support, approximately two-thirds (67%) of parents participating in the survey expressed a view that universal support had helped to improve their understanding of the needs of their child. Similar proportions said it helped improve their understanding of why their child behaves the way they do (64%) and helped with confidence in parenting (62%).

However, the parent survey responses suggest that universal support has its limits, in particular in the medium to longer term, in that only one-half of parents (50%) considered that it had helped to improve the bond between child and parent and 55% thought that it had helped with family life and relationships.

3.4.3 Perspectives about the quality of targeted or specialist adoption support(s)

Existing research has explored to some extent the quality and effectiveness of targeted and specialist adoption support. That which has been explored in the literature to date has been mostly therapeutic or educational and therapeutic in nature – both for the parent(s) and the child – including most commonly:

- Therapeutic parenting training.
- Psycho-therapeutic interventions including cognitive behavioural therapies (CBT or DBT) including those adapted specifically for adopted children; Eye Movement Desensitisation and Reprocessing (EMDR); Sensory Integration Processing Therapy.
- Family therapies such as Dyadic Developmental Psychotherapy or Video Interaction Guidance (VIG)
- Creative therapies such as play, drama or filial therapy.

- Approaches to specific behavioural challenges such as ‘Non-Violent Resistance’ (NVR) programmes for parents to help them manage child on parent violence.
- Therapeutic short breaks.
- Therapeutic life story work.

However, the UK evidence base about ‘what works’ in terms of targeted or specialist support is still in its relative infancy (Stock et al., 2016; Selwyn, 2017).

3.4.3.1. What do we know from the management data?

The key messages from secondary analysis by evaluators of the relevant NAS management data for 2019-2020 are that:

- Targeted support is reaching more children and families (up by 72%, from 170 families in 2018-2019 to 237 in 2019-2020).
- The new TESSA programme has worked with approximately 42 families during 2019-2020, with many more thought to have been drawn into this programme in the first part of 2020-2021.

3.4.3.2. Parent perspectives

Parents completing the online survey who had accessed specific forms of targeted or specialist support were more complementary about the quality of some compared with others.

Most appreciated was TESSA (81% considered this support to be good or very good); post-adoption training (79% thought this good or very good) and therapy for a child and parent together (70% thought this good or very good).

Particularly high proportions of parents thought that CAMHS or specialist CAMHS offered poor quality support but also some parents indicated child-only therapy and support in school could also be of poor quality.

Table 14: Types of targeted or specialist support by parent survey respondent grading from ‘very good’ to ‘very poor’

Type of targeted or specialist support	No. who had accessed	Very good	Quite good	Fair	Poor	Very poor
TESSA	22	45%	36%	14%	0%	5%
Post-adoption training	57	47%	32%	14%	2%	5%
Therapy (child and parent)	46	35%	35%	19%	2%	9%
Therapy for the child	44	39%	25%	11%	7%	18%
Assessment services	46	26%	35%	28%	2%	1%
Support in school	61	18%	20%	28%	13%	21%

Type of targeted or specialist support	No. who had accessed	Very good	Quite good	Fair	Poor	Very poor
CAMHS	29	13%	21%	13%	13%	40%
Specialist CAMHS	26	15%	15%	15%	5%	50%

Adoption professionals completing a survey for the evaluation expressed slightly different views about the forms of targeted or specialist support that they thought were most valued by families. The responses are different in particular in relation to the value placed on TESSA and post-adoption training, as illustrated in the table below:

Table 15: Types of targeted or specialist support considered to be most valued by families from the perspective of adoption professionals responding to the survey

Type of support	% professionals completing a survey who thought this was amongst the most valued
Therapeutic support for child and parent	71%
Therapeutic support for child alone	63%
School-based support	60%
Therapeutic life journey work	60%
TESSA	47%
Targeted post-adoption training	43%
CAMHS	36%
A financial allowance	25%

Other forms of targeted or specialist support mentioned by professionals as being valued included: relationship counselling (for parents), help with managing child behaviours, and peer support (from experienced adopters).

When it had been accessed, two-thirds of parents completing a survey described targeted or specialist services as having been well informed about the particular needs of adoptive families (67%) and reassuring (69%). As with universal support, the majority of parents said targeted and specialist support services were delivered with compassion (83%). However, only about a half of parents (54%) participating in the survey considered that the 'right amount' of service had been provided.

One parent who participated in an in-depth interview for this study described feeling strongly that they had been 'held and helped' as a family by the social workers and therapists involved in a multi-disciplinary team, also broader ongoing supports that could be described as more universal in nature:

"It's there if you want it. She's been amazing, the person I offload to and she just gets everything done for me. She knows how everything should work and she's worked really closely with the school. I got accepted onto the TESSA scheme as well.. just over a year ago. Parent Partner.. we just catch up on Face Time every

couple of weeks, and organised social events and a three hour clinical psychology consultation as part of this team and you also get offered the course that goes through developmental trauma. Also Adoption UK, they have an awful big community and you can tap into what you want. I can't fault it really. The psychology consultation was really, really good" (Adoptive Parent)

Another family had accessed a social worker to support all members of the family including the child and who had organised psychologist support (described by the parent as a psychologist led group programme). The parent valued all the inputs (social worker, psychologist led group programme, liaison with schools) but also emphasised how the support would have been better earlier.

"It can be kind of very very difficult for schools to understand adopted young people and the trauma and kind of all that. You get phone calls telling you they've been really naughty. You're kind of constantly .. defending them. Having somebody there who can come to meetings with you was really helpful. We did a PACE Group. It's linked with the psychology thing, a six week course. It was really really beneficial. It really helped explain things that we didn't realise before. I just wish we had it earlier, I really do. My goodness, would have made so much difference. But the most brilliant thing which came out was that we started talking with other parents on the course, in the breaks and coffee.. We set up a WhatsApp Group afterwards. We keep in touch, literally all the time. If somebody is having a bad week...we just support each other. The strategies and the things have been really beneficial. The support has been priceless" (Adoptive Parent).

For another parent interviewee, having a psychological report and 'TESSA' all delivered online had been helpful not only directly for the family but also for the child in school, through the sharing of the report with the educationalists, to get their understanding and buy in. Having a psychologist to talk to, including for reassurance, had also been very helpful for this parent.

"Look, come on, get a move on. Getting assessed by an educational psychologist.. there are no slots! The responsiveness and the willingness to do an assessment to explore what issues there were has been helpful and an acknowledgement that some of these things are beyond sort of normal NHS and education scope, that's helpful. Talking to re-evaluate what our shared parenting goals were and thinking that through together... discussions about our parenting style that maybe helped us" (Adoptive Parent)

Some parents stressed the importance of consistency of worker, both for parents and children or young people, and also worker empathy, to develop trust and confidence in the giver of advice and support.

"The most important thing is continuity... having that trust bond with somebody you feel like you can ask for help" (Adoptive Parent)

"It took a long time to make a relationship. And then that particular one (social worker) was promoted so then we got someone new. Major relationship now with the second one but that obviously took a while because, oh here we go, someone else who's left me. Everybody leaves. That's a lot of adopted kids view

of the world. People in my life left so everybody else is going to leave” (Adoptive Parent)

“I’ve been thinking a lot about the importance of empathy. It’s not just knowledge. An organisation.. has developed some virtual reality products, programmes specifically for workers and potential adoptive parents.. to help social workers and parents to understand the real experience.. experience trauma from when they’re in an abusive household” (Adoptive Parent)

Other forms of support were also valued, for example financial support:

“Two children within four months was crazy. I think it just took the pressure off and it allowed me to spend that extra time off work with them. It was just one thing that we didn’t have to worry about. I was able to just focus on them” (Adoptive Parent)

Or support for face-to-face contact for the first time with a birth parent including support for both the birth parent and the child:

“I had a plan of how I wanted it to be and everything of my plan was met and .. I was happy with the way it panned out – I even had support afterwards. My social worker messaged me and said ‘I’m proud with how you handled today.. you’ve really grown up and been responsible about it. That actually made me feel good. I had the support carrying on during the day (too). From my point of view, I got the support I needed from my social worker and my parents.” (Adopted Child)

3.4.3.3. The quality of TESSA support

Parents responding to the survey and parent interviewees for this evaluation often described the TESSA programme in very complementary terms, where they had accessed it:

“We enrolled on TESSA. The session with the psychologist was brilliant and in an ideal world I think this would be open to all adopters all of the time” (Adoptive Parent)

The free text comments from parents explain more about why and in what circumstances they found TESSA useful:

“It’s been amazing having someone who can listen to our day-to-day experiences as a family, and can ask good questions about why those behaviours might be surfacing, and what may be going on underneath. It’s enabled us to be more therapeutic in our parenting and better able to identify where issues may be coming from” (Adoptive Parent)

“TESSA helped me accept a lot of things - such as the fact there’s no quick fix. It made me feel stronger and more capable to parent the children and keep going. I also found all the staff very supportive. They understood that in order to help the child, the parents need help too! We can’t keep going and going with extreme behaviours without some help ourselves and we can only help our kids if we’re emotionally resilient enough. And, perhaps most importantly, TESSA didn’t just

give us parenting strategies or tell us how to parent our children (which is all we've really been offered/accessed previous). TESSA has been the best support we've accessed so far" (Adoptive Parent)

"TESSA actually seemed to care and take on board what we said and by supporting us, we found we were stronger for our kids. Having a Parent Partner, which was part of the overall TESSA service, was the most helpful aspect for us" (Adoptive Parent)

"Tessa support via Adoption UK is great especially the parent partner" (Adoptive Parent)

"The TESSA support and our parent partner have been an excellent. they have delivered very specific support in a caring, non-judgemental manner" (Adoptive Parent)

3.4.3.4. The quality of targeted or specialist therapeutic support

In free text responses and within the context of the qualitative interviews, parents mostly described the quality and impact of other forms of therapeutic support they had received in very positive terms:

"During Covid 1:1 support from play therapist and post adoption worker - helped us cope. His behaviour has improved. Incidents happen further apart. When he explodes it is easier to talk him down/ use PACE to help with the situation" (Adoptive Parent)

"He has just had a smooth transition to High School where he appears to have settled really well" (Adoptive Parent)

"Our child did not engage but therapist helped us" (Adoptive Parent)

"The system let us down with regard to the amount of time it took in my son getting help, but individuals didn't. This support has come in the last 12 months. Our situation has changed drastically because of covid with my husband now being at home and able to offer me support with everything. My son has gone from Primary to secondary school so there have been other factors feeding into our situation too. Our lives have however improved vastly. I am able to sleep at night and my mental and physical health is now improving. The therapy gave me hope that things might improve so helped me to keep going until they did" (Adoptive Parent)

"The regular support we have accessed in the form of DDP therapy has been invaluable for keeping us on track with our parenting despite a lot of challenges" (Adoptive Parent)

However, some comments about this form of adoption support suggest that it has not been valued or helpful for all families:

"Poor because my daughter didn't feel it helped other than to allow her to 'unload' about us - which is useful I'm sure, but not what she wanted it to be. She

specifically asked for therapeutic help that was attachment and trauma informed and could help her deal with some of the issues that she knows affect her emotions. When reflecting on her experience she said it wasn't what she hoped" (Adoptive Parent)

"Play therapy, absolutely useless" (Adoptive Parent)

The free text comments from the parent survey also explain more about what is valued and 'what works' from a family perspective in terms of more targeted therapeutic support. Positive comments were associated with well-tailored therapeutic support, often that which involved both children and (in some way) the parents e.g. filial play therapy rather than just with the child.

"We had sessions with therapist after she worked with our daughter we were able to ask questions and discuss strategies to help our daughter" (Adoptive Parent)

Therapeutic support undertaken remotely with children during the COVID-19 Pandemic was thought to be particularly fragile, mostly when it commenced during this period (as this made it too difficult for children to establish a good connection and trust).

"We were shielding my son and his Therapist needed to self-isolate. His sessions moved to zoom for several weeks but these didn't work well due to poor internet access and he started to find them distressing" (Adoptive Parent)

"We then moved the sessions to our garden which were much better" (Adoptive Parent)

3.4.3.5. The value and impact of financial allowances

Free text comments in the parent survey further suggest that financial allowances are not always readily available but, where they are deployed in a targeted way, have been very much appreciated and are thought to have an impact on the viability of placements and reductions in stress for parents.

"Adoption allowance has allowed me to stay home and nurture attachments & work through issues as they arise. Through my own resources as an ex teacher it has allowed me to work through anger management with one child and support, educate and nurture 6 children throughout the lockdown period in a home school environment. This has been crucial in maintaining stability and security at a time of great worry and change for all children" (Adoptive Parent)

"I asked for financial support and got it very quickly which really helped alleviate pressure for me" (Adoptive Parent)

3.4.3.6. The impact of packages of targeted / specialist support

The parent survey responses to questions about the impact of targeted or specialist support suggest a very variable picture.

When families had been able to access it, the targeted or specialist service was reported by parents completing the survey to have had a more positive impact on the

parent (67%) than the child (52%). The services were considered 'overall helpful' to the respondent and their family in most cases (76%), but a somewhat lower proportion considered it to be 'the right fit for their needs' (59%).

For parents who accessed targeted and specialist services, 60% said it had improved their understanding of the needs of their child and 62% said that it had helped them understand why their child behaves the way they do. The services were reported to have had a varied impact on improving the confidence of respondents in parenting, with a fifth saying they had been helped 'very much' and another fifth saying they helped 'not at all' (20% each).

The free text comments from parents completing a questionnaire for the evaluation suggest that some adoptive parents have benefitted from gaining access to packages of targeted support, rather than just one form of it, in particular where there is a therapeutic element:

"Given me more understanding of developmental trauma and how to parent and approach various needs. Able to pass on this information and advice to family friends and school. Lots of support from SEWAS on an individual basis and reassurance from contact with other adopters via courses" (Adoptive Parent)

"I have had a TESSA consultation and spoken to our social worker several times. Currently we are awaiting financial approval for a complex assessment and therapeutic package for my son. I am very hopeful that this will go ahead" (Adoptive Parent)

"The local authority has found and allocated our son - and therefore the whole family, the funds with which to buy a package of support to help him and the family deal with his deep-rooted anxiety, anger and fears concerning his past. This translates into low self-esteem and can lead to irrational and destructive behaviour. The support he is receiving helps him navigate and control his thoughts, so enabling him not to become so quickly overwhelmed by his inner anxieties and anger" (Adoptive Parent)

"Very tough on our family - therapy and respite hold us together as a family, without it we have significantly struggled" (Adoptive Parent)

3.4.4 Parent and professional perspectives about the accessibility of targeted or specialist support

A little over a half of parents completing a survey who had required targeted or specialist support stated that they could access it when they needed it (57%), and a fifth strongly disagreed that they could do so (21%). Two thirds said the services were available close enough to where they live (66%), but nearly 1 in 6 disagreed with this (16%).

Of the professionals completing a survey for this evaluation, a high proportion (83%) considered that it is quite to very easy to access universal support(s), although a lower proportion (55%) considered that families mostly or always receive the right kind of this form of support.

However, a much lower proportion of professionals completing a survey thought that it is quite to very easy to access targeted (56%) or specialist (6%) support. Only a third (33%) of respondents thought that families mostly or always receive the right kind of targeted support and only 6% thought that they mostly or always receive the right kind of specialist support.

Families and professionals reported barriers to accessing more targeted forms of support as including:

- In some areas, **families still having to go back through individual local authorities to obtain funding for specific supports** rather than obtaining these via the regional team – causing delays.
“We’ve to ask the local authorities to agree to fund therapeutic work and similar. They often refuse and delay as their budgets are not sufficient to cover this” (Adoption Professional)
- **Families’ growing expectations** that regional teams will be able to meet a range of complex and mixed needs including educational and health needs, when these teams are not able to / do not have the resources to do so
“There can be frustration for families that the adoption support team is not an all-encompassing service with health, education, psychological and specialist interventions all integrated, and they instead have to work with a number of different systems and waiting lists” (Adoptive Parent)
- **Delays in being able to obtain some supports described as ‘relatively basic’, such as life journey materials.**
- **An underdeveloped support offer in some areas and lack of consistency** affecting some parts of Wales.
“There are various level of skills within adoption regionals, with some adoption support teams being able to offer NVR training or therapeutic life journey work where others not being able to. There is still some difference in what is available depending on where the family lives.” (Adoption Professional)

There looks to be pressure on capacity within some areas of specialism, notably therapies and therapists, in some parts of Wales in particular rural areas. This has meant either that families have to wait for services or cannot access services or have to travel relatively long distances for services.

“Adopters will travel, but that’s not always great for the child” (Sector Leader)

“It depends where they live, who they approach and what the need is. In rural areas they may well be offered whatever is available and it is likely to be less accurately targeted to meet their needs” (Adoption Professional)

- **Non-adoption specific universal services** such as GP’s, health visitors, education professionals or nursery / childcare staff but also some specialist services and workers such as CAMHS **not being sufficiently aware of the effects of trauma on the development** and having insufficient understanding of adopted children’s needs and likely backgrounds more generally.
- **Early support plans being insufficiently clear about the likelihood of future need for targeted support** and/ or social workers / other workers not being sufficiently clear about what kinds of responses are indicated by different child and

family presentations. More broadly, the lack of a clear evidence base for some forms of intervention, such as therapeutic interventions.

“Much is made of access to specialist therapeutic services as holding the answers for families. However, there is insufficient research evidence for the types of support that best work specific needs at specific stages” (Sector Leader)

“Families are guided by professionals as to which service they would benefit from however can still find themselves caught between differing professional opinions as well as financial challenges in getting agreement for these approaches” (Sector Leader)

- **Family moving into a new geographical area – may cause delays** in getting help, particularly 3 years after an adoption has been formalised.

“It may be easier for those families with an existing link to an adoption service to contact that person to discuss their support needs, it is harder for families that have moved to the area since the adoption or where the child was placed many years ago so staff have changed” (Adoption Professional)

Specialist supports were considered by families and professionals completing a survey to be the least accessible. The main barriers to access were identified as:

- **CAMHS being very difficult to access and having very long waiting lists.** Also, confusion for parents and adoption workers as to whether and in what circumstances adopted children are even eligible for CAMHS support.

“CAMHS is very difficult to access for adoptive families as they rarely take referrals for any attachment issues and have huge waiting lists. Most of the families we work with cannot access support from CAMHS” (Adoption Professional)

“CAMHS and mental health provision for children is significantly under resourced with very long waiting lists” (Adoption Professional)

- **A lack of clarity about pathways or protocols relating to specialist assessments, such as for Foetal Alcohol Spectrum Disorder (FASD)** and / or other neuro-developmental disorders, and long waiting times to obtain such an assessment.

“There are no clear systems in place to have specialist assessments for the general children population, often waiting times are very long, there are mixed messages from various services on how to approach various assessments for example for FASD and NAS, sensory difficulties, neurodevelopmental issues” (Adoptive Parent)

“The more specialist support required the harder to find this sometimes which causes delay and generally causing a deterioration in circumstances. Things like respite, practical support, financial support, specialist assessments (health/neurodevelopmental/sensory) are still very difficult to access” (Adoption Professional)

“Lack of availability and complex assessments prevent services been provided in a timely manner” (Adoption Professional)

- **The lack of resources earmarked for specialist, in particular therapeutic support – having to ‘fight for it’ in each case.** Some parents mentioned the lack of a clear funding stream, such as the Adoption Support Fund in England, to meet these families’ needs.

“Of course, the main barrier is funding for ongoing specialist support, which to me appears ad hoc and arbitrary. We are missing out in Wales compared to England who have a dedicated Adoption Support Fund” (Adoptive Parent)

3.4.4.1. Accessibility of support during the COVID-19 Pandemic

Only 8% of the targeted or specialist support described by parent respondents to the online survey had been accessed fully by them during the period of COVID restrictions. A fifth (22%) of families had accessed some of the planned support, but most (70%) had not accessed any of their planned support during this period.

Analysis of the comments made by adoption professionals and sector leaders in relation to a section of the survey relating to the sufficiency of support for families during the COVID-19 period suggest the following themes:

- **That some very creative adaptations have been made**, particularly to generate online peer support groups, ‘toddler groups’, quiz evenings, or educative / training programmes, and that these have been very well received and have suited some, if not all parents. Some, including NVR, Life Journey and Nurturing Attachments have been found to be particularly accessible online. Also, some aspects of adoption preparation training.

“We’ve been able to reach a far wider audience this way” (Adoption Professional)

“I think the availability of more online resources - advice, webinars and information, has been really helpful, especially when these are available to watch at a convenient time. I think the quality of online resources and the professionals who have been able to find the time to present them has been really good.” (Adoption Professional)

“During Covid, I’ve been amazed and impressed by the agility of services” (Sector Leader)

“It is hard to put a figure on this, but we have had to move all support to online delivery which has suited some families but not others. Attendance at support groups and training sessions have increased” (Adoption Professional)

“There seems to have been a lot of online provision of training opportunities in particular which has been well received” (Adoption Professional)

- **There has been an increase in some forms of support, for example NVR training (online) to meet demand.**
- **However, there are limits to being able to adapt all supports** to be delivered remotely, for example some forms of therapeutic support (such as play therapy for younger children) or life journey work.

“We've tried to adapt with video calls but families and young people prefer visits, especially for life journey conversations” (Adoption Professional)

- **There has been a problem with the availability of respite care / short breaks for adopted children with additional needs during this time.**

“Families where children have had high levels of additional need, SEN for example or regular respite care have not been able to access this and this has placed an additional strain on those families” (Sector Leader)

- **It has been difficult to obtain a range of other supports that might be available in more normal times, for example education or health supports.**

“..many outside support services and activities have stopped or reduced and this has affected family stability and resilience. Also everything has slowed down during Covid and assessments for specialist health and psychological services has not been as good as it could be” (Adoption Professional)

- **The period has seen some significant disruptions to birth family contact.**

“COVID has adversely disrupted contact with birth families because the organising children's services have cancelled or been unavailable to meet or talk with adopters and adopted children. No one could have predicted this. But because there is a raised understanding of the importance of birth family contact and history, there is now a raised expectation of provision” (Adoption Professional)

- **A general sense that some adoptive families, just like all families, have not felt able to seek support during this period.**

“I think there is undoubtedly families who have been missed completely as a result of COVID 19 and not received necessary support for a number of reasons - perhaps feeling unable to ask for help, feeling there was nowhere to go and nowhere open to seek help” (Adoption Professional)

3.4.5 The market for adoption support services

The market for adoption support was described by sector leaders as currently being located mostly within the regional adoption services and teams, with some also in the voluntary sector. The latter was perceived to be more vulnerable because of its limited size and more limited access to funding streams when compared with the statutory sector but also that it regularly ‘punches above its weight’ in terms of impact. The Welsh Government funding is thought by sector leaders to have helped a little to improve the resilience of voluntary sector providers, with some funding going direct to them.

There are also some independent therapists providing additional capacity or areas of specialism to the regions and voluntary sector adoption support teams (for example play therapy). A limited number of specialist providers (mainly The Family Place, billed as a national centre of excellence) are described as not only providing adoption support but also advising other professionals on key programmes, such as TESSA.

“Our in-house therapists are our first option but we do also commission from elsewhere.. for specialist needs for example drama or art therapy. We tend to have preferred providers” (Sector Leader)

“We deal with 80-90% in-house. If we need something else, we have to go back to the Local Authority. Some authorities have a designated amount for adoption support and others don't. It makes sense if we own the pot.. having to go back to the local authority sometimes ends up with duplicated assessments. Some local authorities are really good but it's a flaw in the system” (Sector Leader)

A slight concern was the lack of registration of individual providers of (therapeutic) support. The market was described by most sector leaders as mixed but relatively limited in breadth. Some interviewees described how important it was to sustain a mixed market to meet different family needs and to give them options.

“You need a balance and choice for people” (Sector Leader)

The market was described as being controlled to a certain extent by NAS and the Welsh Government (as they control the funding channels) but also by regions (particularly those with delegated budgets for all aspects of adoption support) and/or local authorities who retain a level of strategic direction over resources at a local and regional level and who, in some cases, also retain direct control over the budget for and choice of specialist supports.

Sector leaders considered that the regional teams and voluntary adoption agencies were working relatively well together currently, and that there was no particular need for change in the overall arrangements.

“This is where there has been a seismic shift in the past 3 years. Even before Covid, people were coming together and working together better and with a better attitude. There are now some really forward thinking people in the regions, people who are very progressive” (Sector leaders)

Although interviewees were not asked directly about this point, there was some enthusiasm expressed for a funding mechanism such as the ASF in England, with its potential to generate a more diverse and potentially bigger market for private and voluntary sector provided adoption support services.

3.4.6 Parent, professional and sector leader views about the extent to which services have improved in the lifetime of the Adoption Support Framework (in the last 2-3 years)

Of those who expressed an opinion (and for some it was difficult because they hadn't needed services or were in the early stages of an adoption), 57% of parents completing a survey considered that adoption support services had improved in the last 2-3 years. 33% expressed a view that they had neither improved nor had become worse. Only 10% thought that services overall had become worse.

In the free text box relating to these questions, parents described some of the things they had noticed during this period:

“Three years ago we were not listened to, now we are” (Adoptive Parent)

“I think it must've improved because it is given much more headline space with the awareness of impact of early trauma etc.” (Adoptive Parent)

“Things are moving in the right direction but very slowly and not fully implemented.”

“it has improved since the authorities merged as prior to this we were offered no post adoption support. Now I believe that they do have budget from the adoption support fund” (Adoptive Parent)

“TESSA, is available now” (Adoptive Parent)

“More training/discussion sessions available” (Adoptive Parent)

Sector leader interviews similarly projected an overall cautiously optimistic narrative in relation to which services are described as being in ‘the early stages of an improvement journey’.

“I think the NAS has been a real improvement from before. More consistency across Wales, more funding into adoption support... I’m seeing some optimism” (Sector Leader)

“We are getting there but we still have a way to go and we still have to continue with that journey (of improvement). The Framework has helped, the money has helped, the improved relationships between voluntary and statutory sector have helped. But there are still improvements to be made, for example the quality of the life journey work and work with teenagers for example” (Sector Leader)

“We’re on a positive journey but we’re not quite there yet” (Sector Leader)

The journey was considered by these interviewees to be more developed in relation to the universal compared with the targeted or specialist offer of support for families, although in relation to the latter there were some early signs of success.

“Things are greatly improved. There are more enhanced regional services with therapists and life journey work, therapy and so on” (Sector Leader)

“In the past, people came back when things got really wrong. We’ve moved into a much better position where we recognise they need more support” (Sector Leader)

There was a tangible sense of regret that some of the more recent developments would not be able to benefit sufficiently early some of the adoptive families that had experienced difficulties in years gone by.

“The change in adoption support is unrecognisable. My only sad thought is that people will be looking for immediate changes when we won’t see the benefit for at least 3 to 5 years. We’re working with some families now where there were lost opportunities earlier. Some are getting earlier help now” (Sector Leader)

Adoption professionals were more positive about improvements during this period. 82% of those participating in the online survey for this evaluation considered services to be 'quite' (58%) to 'very much' (24%) improved during the most recent 2 to 3-year period.

3.4.6.1. The impact of investment(s)

Many professionals and sector leaders acknowledged that there had been increased investment in adoption support services during this period, particularly in the form of adoption ring-fenced funding from Welsh Government but also, in some cases from the Integrated Care Fund and/or some regions themselves.

84% of adoption professionals considered that the Welsh Government investment in adoption support services has had a positive or very positive impact on the availability or quality of adoption support services, and 98% thought that the investment had been well utilised, for example:

- To develop new service offers for families.
- To develop an earlier offer for families.

“Enabled better practice early on in adoption journey to hopefully reduce need for AS later on” (Adoption Professional)

- To enable new posts to be made within the regional service.
- To enable training for adoption (support) teams in the regions, to enable more evidence-based or collaborative offers of support to families.

“A shift to more collaborative, dynamic working relationships between adoptive parents and agencies” (Adoption Professional)

- To enable national materials to be produced, for example the 'good practice guides' that, it is anticipated, will create a framework for best practice across Wales, also a series of podcasts for people thinking about becoming an adoptive parent.

The two main areas of improvement resulting from a combination of increased investment and the Adoption Support Framework in the most recent 18 months were considered by professionals and sector leaders to be:

- **The TESSA Programme**

“Feedback about TESSA has been really good from families and from staff. People really like the parent mentor / partner and also the initial consultation with a psych” (Adoption Professional)

“We don't have anything from the evaluation yet, but people are very positive about it, workers and families” (Adoption Professional)

- **Increasing access to psychologist / therapeutic support** via the regional teams. The type and degree of increased access seems to have differed by area, for example, in some areas this represents just one additional therapist, whereas in

others a larger psychology-led service has been established: 'a therapy team purely for adoption'. In one area, this aspect of the team is funded by the local Health Board.

The variability in the extent of these developments appears to have depended on the extent to which the full allocation of Welsh Government funding has gone directly to the regional adoption team or whether some of it has gone to each of the local authorities involved. For example, in some areas it is clear that budgets for some targeted or specialist forms of therapy, such as occupational therapy (sensory integration) work, CBT for children, play therapy, DDP and drama therapy were held by the local authorities and needed to be applied for on a case-by-case basis. It is too early to tell which model works best but adoption teams with in-house expertise understandably described being more confident that they had the right services to meet their region's needs. Where regional adoption support teams had a fuller in-house therapy service, the offer often included not only direct work with families but also 'consultation-style' support from specialist psychologists to all those working directly with adoptive families.

In some regions, existing adoption team members (mostly social workers) had been trained to undertake more therapeutic work, for example DDP, theraplay, therapeutic parenting and therapeutic life journey work.

"Knowledge is being spread through the regional team from psychologists to make better sense of a child's difficulties" (Sector Leader)

"Having a psychologist and staff with a good knowledge base and confidence means that conversations are happening more now than us getting into a battle" (Sector Leader)

Some interviewees made the point that the sector is only at the beginning of understanding how best to harness and deploy more therapeutic forms of support and that this is a key area of future development (to understand better what works and in what circumstances). Other areas of improvement that were mentioned included:

- The 'Connected Groups' supported by Adoption UK Cymru, looking to establish adopted youth groups (although Covid has put paid to much of this work).
"It feeds into the adoption community but we've had to go remote recently. It also connects the parents, they start talking" (Sector Leader)
- A small increase in the work with schools (to help them to support adopted children in a trauma-informed way). This change is ascribed mostly to work that has been led by Adoption UK across Wales but in two regions at least the additional investment enabled new or increased dedicated support to children in the context of their school. In one region, a 'reaching wider' scheme has also been designed to support children's transition to adulthood.
- Through training, improving understanding within adoption support teams about the centrality of therapeutic parenting (early in the adoption journey) and techniques such as Non-Violent Resistance for parents with behaviourally challenging children or young people.

Many also reflected that having this investment has helped to raise the profile of adoption and the needs of adoptive families in a positive way during the period of investment.

“Higher profile and awareness of adoption support and families seeking help at an earlier stage” (Sector Leader)

“Raised awareness of adoption and the diversity of adoptive families as well as the benefits of readily accessible support” (Sector Leader)

“Improved thinking about the many agencies that meet children's needs- the importance of a shared approach between school- children-parents and other services. More awareness of the impact of trauma and its impact on a child/family” (Sector Leader)

Professionals responding to the survey suggested that, overall, it was too early perhaps yet to see the full benefit(s) of the investment, particularly in the context of the Covid-19 Pandemic and/or where teams had taken some time to develop, but that they anticipated a ‘significant difference’ to the availability and quality of support to adoptive families in the future.

Many sector leaders described how they thought the Welsh Government funding also considered that had been well utilised (mostly through the creation of new social work(er) posts and training for the teams, dedicated psychology supports, but also for new innovations such as TESSA (regions have a coordinator each for this), Connected Young Person Service, Adopting Together and birth parent support) and was beginning to have a very positive impact.

“We saw regional teams expand, new services like TESSA” (Sector Leader)

“Definitely without the additional funding we wouldn't have been able to do what we've done” (Sector Leader)

“Welsh Government money has helped us to stop fire fighting and develop our services to meet needs” (Sector Leader)

“We need to ensure that it adds value. I think it will make a huge difference.” (Sector Leader)

“NAS Director had a job to get us swimming in the same direction. We agreed clear parameters about spend and reporting. We've done well – contact work, TESSA and thinking about what good looks like” (Sector Leader)

Some considered that the funding could be well-utilised because the background ‘work’ had already been done (through the Framework).

“We could do this as we had a really coherent idea of what we wanted, through the Framework. If we'd had funding before that, I don't think it would have been as well used. Having a robust plan agreed before money is given is incredibly useful” (Sector Leader)

For some, the funding had also been the final ‘push’ towards forming a more coherent regional adoption support team and that this was a very positive development:

“It’s 100% better. Having people committed to working with parents” (Sector Leader)

Sector leaders also described how the existence of the funding had positively helped to raise the profile of (the need for) adoption support nationally:

“It has started to create that adoption community so that adopters know they’ve got peer support. It’s raised the profile that there’s a service there to support them” (Sector Leader)

Most sector leaders also reflected on the fragility of this resource and that it would be preferable to have it for a longer period of time, particularly as it had raised adopter expectations about the availability of support both now and into the future:

“More knowledge and awareness has led to more demand” (Sector Leader)

“We may find that, once there’s more awareness, things won’t be sufficient. The risk is that we create expectations and then the grant funding ends” (Sector Leader)

“Of course, it’s only funding year by year so, even now, our staff are in temporary posts until 31st March. It’s very difficult and affects how people feel and work” (Sector Leader)

“My concern is that we’ve experienced being able to provide supports. We pick people up only to dash them down again. It needs to continue or to be enhanced” (Sector Leader)

“I think that the Welsh Government funding was well spent but we don’t want it withdrawn. It would be so awful to have to dismantle it” (Sector Leader)

3.4.6.2. Impact of the Adoption Support Framework

Parents were not asked for their views about the impact of the Adoption Support Framework, although some were aware of it. Sector leaders were asked more specifically about this.

They considered that the Framework had been useful in helping adoption support to develop and improve in Wales over the last 3 years, in particular in relation to the ‘core offer’. They often thought that it would be useful in the future too, to help further shape adoption support going forward.

“The ASF has been useful. It does identify that this is such an important area and we need to look at all the facets. So, we’re right to talk about universal services as well as targeted and specialist” (Sector Leader)

“It is helpful to have a visual framework and it gives recognition to adopters that we’re taking it seriously” (Sector Leader)

“The Framework has given us a language. It has made all the agencies stop and think and consider.. (we are) really well placed in Wales now to have a unified early help approach” (Sector Leader)

“More consistency across Wales, more funding going into adoption support. Better, on the whole, to have the Framework rather than the (Adoption Support) Fund. The advantage of a Fund is that it’s more transparent for families, but the money can run out. People accessing supports may not be quality assured or evidence based” (Sector Leader)

“Social workers are aware of it, people talk about it” (Sector Leader)

A minority of sector leaders considered that the Framework was rather just one of a number of factors that could and had had an influence, such as the new national funding or being part of a national service. Local authorities could still decide to fund their adoption support service to different levels, RPB’s could take differing views about their priorities. A range of factors were at play. However, even these interviewees recognised that, without the Framework, there might not have been any funding and that it provides a degree of national expectations.

“I have mixed views... but it has provided us with a blueprint to move forward. It’s our plan. Regions are starting to promote their offer through it. In the future, it could help us with recruitment and matching. That’s the next stage of the journey” (Sector Leader)

In addition to improving adoption support services, some interviewees thought that the Framework had had a broader impact on other important areas, such as:

- The development of adoption support assessments and reports.

*“These are so much better than they were (Sector Leader)
Recent adoption support plans.. you see a lot more thought behind them” (Sector Leader)*

- Provision of a structure for the development of best practice guides.

“We’ve developed these together.. they’re excellent” (Sector Leader)

- Promotion of collaborative working between the regions and voluntary sector

“The Framework has been a great asset. It has underpinned the development of services. It has also helped with collaboration. I’ve seen a real difference in the working relationships between regions and the voluntary sector” (Sector Leader)

- Increased awareness of (the need for) adoption support.

“..whereas it wasn’t much talked about in the past. It feels less of a Cinderella Service than it was” (Sector Leader)

“Adoption support has been profiled – in a completely different way. People always talked about adoption support, but it was always in the negative, lack of it” (Sector Leader)

3.5 To what extent are adoption support services well-coordinated?

Less than half (48%) of parent respondents to the survey considered that adoption support services are well-coordinating, suggesting room for improvement in this area from their perspective.

Professionals responding to their survey expressed a view that services in support of universal through targeted needs are better coordinated currently compared with those who need to work together when families have more specialist needs.

Some of these adoption professionals expressed a view that this had been an area of improvement in recent years.

“This is improving and has improved dramatically over the last 12 months since the investment money from WG was available. There are still areas of Wales where it isn't working smoothly but things are heading in the right direction and are much much better than they were a few years ago” (Adoption Professional)

Others thought that there were still problems in the join up between specialist adoption services (such as those provided through the regional adoption teams and VAAs and mainstream health and education services), with the latter thought still to lack a trauma-informed approach.

“The coordination that I see is where the service is obtained via the adoption agencies. There seems to be less coordination where there are issues in school or with the health service where the approach may not be trauma informed. There is a real need for more holistic services e.g. a child to have a sensory assessment as well as consideration of therapeutic input” (Adoption Professional)

3.6 To what extent are schools or colleges aware of the specific needs of adopted children?

Recent literature has referred to the importance of schools and colleges being ‘adoption aware’. This is articulated by parents, children and professionals in a range of UK studies (Welsh Government 2016; Selwyn 2017; King et al. 2017; Adoption UK 2017; Yellow Kite 2020; TouchBase 2020). Adoption awareness in the education sector spans a number of areas including: a wider understanding of how *all* children learn and thrive in the school setting; knowledge, recognition and understanding of the possible needs that adopted children may have; and understanding and responding appropriately to adopted children’s possible stress that may manifest in the classroom.

A recent Tavistock Institute study (King et al. 2017) found that families who felt understood by schools considered they were helped in a significant way. Conversely,

parents who felt unsupported often either changed schools for their children or came close to changing schools.

3.6.1 The views of adoptive parents in this study

Excluding those who did not know (mostly those with pre-school aged children), over half of parents participating in the online survey (approximately 57%) considered that schools do not have a good awareness or have a poor awareness of the particular needs of adopted children.

Table 16: Proportion of parents completing a survey by level of awareness they believe schools have about adoption

Response	% of respondents
Very good awareness	12.7%
Quite good awareness	30.7%
Not very good awareness	33.8%
Very poor awareness	22.8%

Note: Number of parents completing this question = 261

However, 58% of these parents also thought that schools' awareness levels had been improving.

3.6.2 The views of adoption professionals in this study

A greater proportion of professionals participating in an online survey for this evaluation (74%) considered schools to be 'not very' to 'not at all' adoption aware. However, 49% thought that improvements had been made in the last 3 years.

Adoption professionals reflected that, whilst adopted children often have the most difficulty with and within school, awareness and actual support or responses to meet the needs of adopted children was still 'patchy'.

"I think it varies hugely not just from school to school but from teacher to teacher! I think very few schools as a whole are adoption aware or have a trauma-based approach and understanding. Some children experience good individual teachers for a period of time if they're lucky, but often it goes no further than this"
(Adoption Professional)

"I believe this varies from school to school and there is a lack of consistency. As teachers are under tremendous pressure to learn, plan, mark and present data and evidence, supporting adopted children is 'not my priority'" (Adoption Professional)

The key areas that are considered to be lacking in terms of schools' and teachers' understanding relate to attachment and early trauma and their impact on a child's learning and behaviour. Additionally, whole-school approaches to (challenging)

behaviour are thought sometimes to be ‘largely punitive’ to the detriment of children with these needs.

“There is still an emphasis on behaviour and its management, rather than a focus on the underlying needs, that drive that behaviour. Under stress, colleagues in education, still tend to default to a behaviour management approach based on rewards and arbitrary consequences, which is generally ineffective” (Adoption Professional)

“Comprehensive schools can be less empathetic and understanding of the continued impact of trauma on a child physical and emotional development when they reach this key stage. They are deemed to be more responsible, older” (Adoption Professional)

However, some progress was thought to have been made by a combination of NAS Central, regional adoption teams and Adoption UK together working alongside schools.

“Trauma informed training/attachment/ ACEs training has helped school staff become more aware of the trauma that adopted children would have gone through. This will help school staff provide supportive strategies and nurture children” (Adoption Professional)

3.6.3 Where have improvements been made thus far?

Parents completing the survey or participating in an interview who expressed greater confidence in schools’ awareness and a better recent experience often but not always had primary aged children.

“Our small local primary school have been extremely open to communication and accommodating of our kid’s needs” (Adoptive Parent)

“The primary school was better of his needs but now he’s in comp they don’t really know much about him” (Adoptive Parent)

Through their comments in the survey, parents also provided insights into the factors they thought promoted schools’ awareness and positive treatment of adopted children, including:

- **Teaching staff attending training on the impact of early childhood trauma and adversely affected early attachment.**

“Awareness is definitely improving, and the school has received a lot of training. It makes a big difference” (Adoptive Parent)

“It’s improving with training such as ACES but is still very much misunderstood and a lot of support is needed from us as parents to get this right. More training/staff are needed to work with adopted children” (Adoptive Parent)

“I think that in wales the promotion of ‘aces’ has started to trickle through to their understanding within schools” (Adoptive Parent)

- **Schools receiving consultation-style advice from individual specialists / therapists working with the child or family.**

“You know the mental health services (CAMHS) I said to them I really need the help. It’s developmental trauma. They attended with me to speak to the school and it was almost like school had a lightbulb moment because they heard somebody official repeating what I said” (Adoptive Parent)

- **Adoption specific training provided organisations like Adoption UK.**

“My son’s school is exceptionally good. Adoption UK have trained some of the teachers. The head teacher is very keen on any wellbeing support for all pupils and is proactive in this. The ALCo is well trained, sympathetic, and motivated” (Adoptive Parent)

- **The school head and ALCO in particular being knowledgeable, motivated and open (for example to behaviour management approaches).**

“My child’s school is great and are proactive in being an adoptive/LAC friendly school” (Adoptive Parent)

“It comes down to the headteacher and the ALNCO. If they’re good, the school is good” (Adoptive Parent)

- **Schools having a positive, trauma-informed and compassionate approach to wellbeing more broadly and putting this aspect of children’s development to the fore.**

“My son’s school is excellent. He receives emotional support from a trained LSA and the teacher leading ELSA and the Head will look into any support that they can access to support his self confidence and emotional strength” (Adoptive Parent)

“Schools are keen to identify problems and offer help early. In the past there was a greater tendency to sweep things under the carpet” (Adoptive Parent)

- **Schools or teachers having previous experience of adopted or looked after children upon which they can collectively draw.**

“School really good. They’ve got a teacher who’s also an adoptive parent. There are quite a few adopted children in the school, so they’re very aware and quite trauma informed. The teaching assistant... can spot when he’s about to kick off and she will take him to do something else and distract him. The Head Teacher.. is chasing up the educational psychology (referral)” (Adoptive Parent)

!The nursery and school in our community has had previously adopted children and so we think their understanding of behaviours and needs are pretty good” (Adoptive Parent)

- **Schools actively tailoring support to children rather than a one size fits all approach.**

“I don’t know about other schools but my son’s school is aware of additional needs of adopted children. However, they don’t just assume all issues are adoption related. They work with us to reach the best solution using the most appropriate route” (Adoptive Parent)

3.6.4 Where does progress still need to be made?

Some parents who had generally positive things to say about progress in this area or a particular school or (head) teacher also expressed reservations, for example about:

- **The perceived inconsistency of experience across individual teachers or schools.** This was the area of most comment.

“The response we often got when we tried to have conversations about our daughter’s past or current challenges, was that there are children a lot worse off than her, that she was managing well. Some teachers were brilliant - others would see her behaviour as bad behaviour or attention seeking. It wasn’t consistent, and apparently only the senior management team had received appropriate training” (Adoptive Parent)

“Some staff respond better to my child’s problems than others” (Adoptive Parent)

“The current school is excellent but the previous school was appalling, there should be no variation in schools and the support available” (Adoptive Parent)

“Small number of schools accessing attachment training lack of understanding of prevalence of FASD patchy knowledge of finance available, lack of willingness to think outside the box for behavioural solutions” (Adoptive Parent)

“It has been a long journey for us with the school to explain that the problems of adopted children can be complex and do not necessarily mean that the child is ‘bad’. Many teachers have now received bespoke training but I am aware that this is not the case in all schools” (Adoptive Parent)

- **The impact of training without ongoing support to challenge old ways of doing things and establish new approaches.**

“I think that schools can go on the courses which is a great start but that doesn’t always equate with that being put into practice. It will take time for experience to grow and for things to change” (Adoptive Parent)

- **Secondary schools’ ability to tailor support to individual children, even if they do understand the needs.**

“Mainstream schools generally insist on rewards and punishments behavioural systems which can be futile and make school life worse for adopted children” (Adoptive Parent)

“At least they are now a little more aware that adopted children may present with challenges but still seem very poorly equipped to identify them early and then manage them appropriately” (Adoptive Parent)

“(Secondary) schools are still looking for a way to get the child to 'fit’” (Adoptive Parent)

- **Schools being able to extend their understanding of the needs of other care experienced children, looked after children, to adopted children.**

“I think there has been more training and understanding about attachment issues in recent years but the long-term effects of adoption on a child are largely ignored by schools. It is generally assumed that once a child has been with a family for a few years everything must be OK & if a parent raises an issue or awareness he or she is over protective and making unnecessary fuss” (Adoptive Parent)

“I think that when a child is adopted schools believe that's the end of it - they have no real concept of the ongoing effect of early trauma. Unlike that of children who are looked after which they seem to have a good grasp of” (Adoptive Parent)

“I work in a school and I think there is increased awareness about children who are in the care system but not necessarily about those who used to be and who are now adopted - there's a feeling of 'they're ok now’” (Adoptive Parent)

In the future, some parents would like to see schools' awareness improve including through:

- More training.
- Statutory requirements for educational plans for adopted children (equivalent to fostered children).
- Training on attachment and trauma informed approaches to be mandatory for all teachers.

Many sector leaders interviewed for this evaluation agreed or even emphasised that this is an important area of support for adopted children and families:

“So many issues are shared with us about the child in school, children struggling with that social environment” (Sector Leader)

“Families often thrive in the early years but will hit difficulties at transition points such as entry into school or changing schools. Starting school, the support needs may emerge including ASD, FASD and other that may be more apparent in a formal setting” (Sector Leader)

The overall narrative around sector leader responses to questions in this area has been that, whilst some small improvements have been made in this area, there is still much to do to improve the experience of adopted children in school, particularly at transitions from primary to secondary school and as teenaged children.

“A small number of schools are adoption aware, but it’s a massive job still. It feels like what we’ve done is a drop in the ocean” (Sector Leader)

“We’re a long way off schools being trauma-informed” (Sector Leader)

“Some schools get it and others just don’t, even with the training. Some schools speak the right words but have a ‘naughty list’ of children and don’t think it through for an adopted child” (Sector Leader)

Parents and sector leaders interviewed for this evaluation were under no illusions about the potential difficulty of the task (of changing things for the better), particularly given:

- Pre-existing teaching / teacher ‘styles’ and cultures that are resistant to change.
- Teachers needing to balance the needs of a whole class with that of an individual child:

“Even where they are trauma informed, there’s a balance between the needs of an individual adopted child and the whole class” (Adoptive Parent)

However, the myth that schools are not aware of whether children are adopted was largely dispelled:

“There was an argument that schools don’t know about adopted children but 99% parents in the Adoption Barometer said that schools knew their child was adopted” (Sector Leader)

Potential future enablers of further positive change in this area were thought by professionals and sector leaders to include:

- Ongoing direct work between adoption specialists and schools.
- The new curriculum and (Welsh) Government consultation on whole-school approaches to emotional health and wellbeing.
- Convincing schools that being trauma-aware is good for all children, not just adopted or looked after children.
- Building on school knowledge, for example around ACEs and what they are already doing around trauma and attachment.
- Establishing a ‘kite mark’ for schools. A pilot was due to be established for example in one region, but the COVID-19 Pandemic had stalled its progress.

3.7 To what extent are adoption support services thought to be sufficient across Wales?

There were varied views expressed by parents completing the online survey about the extent to which the range of adoption support services currently available are sufficient to meet the needs of their families. Nearly 6 in 10 thought that they were very or quite sufficient (59%) overall, but over a quarter considered that they were ‘not very sufficient’ (26%), and 1 in 7 considered them to be ‘not at all sufficient’ (15%).

82% of professionals responding to the online survey considered that universal services are quite to very much sufficient. However, only 55% considered that targeted services

are sufficient and only 11% that specialist services are sufficient currently. The free text comments in the online parent survey and more in-depth interviews with parents also suggest that they consider any insufficiency mainly to relate to more targeted or specialist forms of support.

The main gap described by family members, professionals and sector leaders is in relation to the timely, planned and well-coordinated availability of therapeutic support or support to meet complex family needs, particularly during adolescence. Some parents described how these 'should be available without a fight'. Some sector leaders and professionals thought that there should be greater availability of therapeutic support for the whole family, including parents.

"A child plan written down with everyone in agreement as to what's going on.. Basically everyone (would) know, essentially me, the social worker and the doctor as well" (Adopted Child)

"They said that, because the adoption wasn't going to break down, why would they need to support me. Apparently, I have to be, it has to be a safeguarding issue. To get respites. I am basically being told that there isn't enough money and the only people they can support are people who are at the point of splitting. My concern moving forward is ... whether I will physically be able to cope with a child who can at times be violent" (Adoptive Parent)

"I have been striving to get psychology (support) for her. How families cope. It's just dire" (Adoptive Parent)

"I was sent a social worker to come and speak to. Nothing happened after I met them. She didn't attend any meetings at the school and she didn't help in any way. It's just not there .. there isn't anything to access. It's fine if you go into crisis mode, they seem to step up. You shouldn't have to get to crisis before there is support" (Adoptive Parent)

"Services need to be more readily available and accessible without feeling you are having to fight to get that support due to funding or availability" (Adoptive Parent)

"We need increased support, more readily accessed and I would suggest that post adoption support services check in annually with ALL families. We waited longer than we probably should have before reaching out for support, being under the assumption (from other adopted families) that to access any support was virtually impossible. Balance this with the fact that most adoptive families 'just want to be normal' and I suspect many of us leave it later than needed to reach out" (Adoptive Parent)

"I think there should be a regular check in at six monthly intervals, really throughout a child's life. Because lots of people won't reach out for support. In the long term, I think it would save children and families going through the challenges" (Adoptive Parent)

“Plenty of support services, it's just a shame that they have to justify, argue, complain or raise issues to get the support they need. They are not freely available as led to believe” (Adoptive Parent)

“More funding available now than in the past but still NOT ENOUGH” (Adoptive Parent)

Some adoption professionals were aware that therapeutic supports, particularly in the form of ‘in-house’ psychologists, were more available in other regions compared with their own.

“We haven't had the benefits of these posts. I'm not sure why. We would like in-house psychologists. It's quite exhausting to fight for individual families” (Adoption Professional)

Whilst there were different views expressed by adoption professionals and sector leaders about the role(s) of psychologists within adoption support teams, many interviewees agreed that a close alignment between psychologists and specialist adoption social workers was a more ‘optimum’ model, compared for example to having a clinician doing all the one-to-one work or to social workers continuing to work in isolation from clinical support.

“The psychology service in (a particular region), their input with regards to matching and linking children and supporting adopters in the first year, that's hugely beneficial. I'd say that's evidence-based. But different people have other models” (Adoption Professional)

There was also a high degree of triangulation across the findings from parent / professional / sector leader surveys and interviews about other current gaps or weaker areas in relation to targeted through specialist adoption support services, as follows:

- **For children with neuro-developmental difficulties.**

“There are still massive waiting lists for ASD diagnosis in Wales, no one who can do a FASD diagnosis” (Adoptive Parent)

“There is a higher prevalence of children exposed to alcohol and drugs in the looked after system so it must be a higher prevalence too for adopted children. FASD is not recognised. That is a bone of contention in the adoption arena. People are not being taken seriously” (Adoption Professional)

“For diagnoses... for the neuro-developmental service, there's nearly a 2 year wait.. everyone's coming out with an ASD diagnosis. They're very geared towards this. It's not working for all. We need better diagnoses, but also better treatments” (Adoptive Parent)

- **For access to CAMHS.**

“CAMHS are not fit for purpose (for adopted children)” (Adoptive Parent)

“The threshold for CAMHS is so high” (Adoptive Parent)

“There are concerns about access to CAMHS .. and social services and CAMHS not working well together” (Sector Leader)

“Adoption awareness amongst therapists and clinicians is still limited or lacking. You need a very good understanding of trauma and of the lifelong impact of it” (Adoptive Parent)

Some professionals and sector leaders expressed a view that one of the main reasons for CAMHS not being accessible to adopted children is that they do not currently have an expertise in working with children who have experienced early childhood trauma and/or attachment difficulties.

“CAMHS are careful not to take referrals in relation to things they don’t understand” (Adoption Professional)

“At the higher end, access to CAMHS is not good. My view is that each adopted child should have access to CAMHS when they need it .. but it’s not happening. It’s a major issue. Possibly they don’t have the expertise, but they should be able to respond” (Sector Leader)

- **For older children and young people, including those in transition to adulthood** in relation to whom adoption support services have been less well-developed thus far.

“I do feel there’s a gap (in support for older children and adult adoptees) because, for a lot of children, they mature later than other children anyway. I guess trauma comes out later. I’ve not seen any support for anybody sort of late teens or .. early twenties. Definitely a crunch point is probably 16 to 25 and it feels like support isn’t there. All the groups are .. about younger children” (Adoptive Parent)

“More around the areas of sexual health, relationships, self - identity; birth family. How to manage self harm and strong emotions” (Adoptive Parent)

“We’ve had quite a focus on early interventions but there are a cohort who went through adoption a while ago and some are not doing well at all. It’s all about them being able to access what others, including care leavers, can” (Adoption Professional)

“Teenagers are a big gap currently. Adolescence for children who have experienced things they don’t even remember. That combined with parents’ expectations of their children” (Sector Leader)

“Children who are NEET or who need support into housing and who have mental health problems” (Sector Leader)

- **For access to specialist support** more generally – including difficulties in some areas in accessing funding when it is needed, particularly where adoption related issues are interwoven with special educational needs or health needs. Some regions and voluntary sector providers described particular barriers to accessing ‘higher level’ support where the funding had not been delegated at least to the regional team.

“Somewhere you can go to discuss your problems with someone who has a background in therapy and psychology .. not easily flustered or mechanical in their responses. We need people who are qualified to help the child and help us to help the child. Also help us, to deal with the problems. Ask adopters. We want an ‘adoption support centre’ where all the right people are and who can advocate for you” (Adoptive Parent)

“Children in fostering and adoption should be prioritised. There is clinical evidence that they are more likely to get ASD and attachment difficulties, developmental trauma etc. The adoption agency should be able to fast track them (through for example the NHS) to get support. The neurodevelopmental service is a tip of the iceberg. They mostly focus on ASD they don’t focus on diagnosis and specialist help” (Adoptive Parent)

“There is no service that says ‘come here’ if your child has experienced early life trauma or has a neuro-developmental condition but people (schools) want a clear diagnosis. You won’t get any help without a diagnosis in school.” (Adoptive Parent)

“I think a lot of our children get misdiagnosed with things like autism and ADHD because people are trying to fit them into the boxes that currently exist. Within statutory services, there isn’t enough awareness and therefore we need to rely on support from adoption support agencies and specialist clinics that do have that knowledge and experience” (Adoptive Parent)

“It goes to the LA where the family resides to agree a package of care. We may .. make recommendations but it’s down to the designated LA to agree the package or not” (Adoption Professional)

“It’s still a postcode lottery for specialist support .. as local authorities allocate funding. They take the lead. In some areas, they wait too long until crisis point before getting involved” (Sector Leader)

“We’re hearing some regions have a budget including to use for specialist support but some don’t. They have to go back to the Las for funding. They have to battle for resources” (Sector Leader)

- **More accessible and better quality life journey work, particularly for older children.**

“We have been refused life story work as no one can agree who should pay” (Adoptive Parent)

“..more support on life journey materials as the birth family disengaged a long time ago and we have very limited information on early life story that our child’s social worker has not been/ doesn’t want to help with” (Adoptive Parent)

- **Greater focus on work with schools or with children in schools.**

“If I was an adopter, it would be what happens in schools that’s the most important thing. I think funding should go into that” (Sector Leader)

- **Support for good quality contacts with birth families and earlier pro-active advice about contact, including in relation to social media.**

“Contact is an aspect of adoption support and we want to end up with contact that supports people’s emotional development and identity and supports families”
(Sector Leader)

“It was an accident waiting to happen with social media, but no social workers moved forward about it. Support around contact in this modern day and age is really important.” (Adoptive Parent)

- **Better access to respite care when it is needed.**

“3 children with significant additional needs that we can manage, but who we had no idea had this level of need when they were placed with us. Their level of need remains the same. We have NOBODY to offer any sort of respite to us and we don't qualify for any help with our local disability team, despite all 3 of our children being recognised as disabled” (Adoptive Parent)

A key ‘thorny’ issue is the tension between a desire for consistency (often expressed by adoptive parents and sometimes by sector leaders) and the need for flexibility of delivery within different locality areas and regions (sometimes expressed by some sector leaders and adoption professionals).

“We have a core offer but leave room for creativity and innovation. Whilst I understand the need for consistency, I’m not sure everything has to be the same”
(Sector Leader)

“There is still variety around Wales around access to support... some families who have had to come back into the front door of social services to get support. Many (others) do now have specialist support teams who understand, but that’s not universal yet across Wales and that’s a bit concerning” (Sector Leader)

“I like consistency. Why can’t we tell the regions to stop doing some things and start doing others? I’m happy for it to stay in the regions, so long as there’s some accountability. I’d really like to see a good roll out of specialist supports, therapeutic supports” (Sector Leader)

3.8 To what extent is the governance of and continuous improvement of adoption support fit for purpose?

This evaluation suggests that some regions have been ‘ahead’ of others in their development and continuous improvement of adoption support services. Having performance monitoring systems has enabled them to identify gaps and to make improvements (comparing themselves with others).

“In the beginning, there was some resistance to having the light shone like that. Then, people thought there was some sense to a national performance framework” (Sector Leader)

Strong central (NAS) leadership including coordination activity is reported by some interviewees to have assisted regional and national networks to function positively.

“A collective approach is very important. We can all pull on each others’ strengths rather than each replicating the work” (Sector Leader)

“NAS Central do a good job. They led on things and try to keep things in hand. Make sure we’re all singing to the same hymn sheet and that there’s some parity across regions” (Sector Leader)

“NAS is a good umbrella. They are trying to bring us together and create consistency and shiny ideas and common aims. A good sharing common umbrella” (Sector Leader)

Some sector leaders reflected on the significance also of improved working relationships between regional teams and the voluntary sector:

“It seems more of a collaboration now. We’ve found ways to work together, even more so as we’re now working virtually. There are some overlaps in what we do but it’s also good that people have choices about where to go for support” (Sector Leader)

“Relationships across the regions have improved. All adoption support managers now meeting for peer support during Covid – it has helped and enables comparison and the generation of ideas” (Sector Leader)

Other strengths and benefits of collaborative working across Wales are reported to include:

- The development of national life journey materials and other good practice guides for use in the regions.
- Working together between the regions and NAS Central to the extent that people working with adoptive families don’t feel ‘done to’

However, many interviewees also touched on the natural tension arising from strong regional arrangements working to a central body that is held accountable and, equally, having to be accountable to several local authorities with different priorities and areas of interest.

Some sector leaders suggested that adoption-related measures established for some time now could be reduced or better honed onto adoption support. Some providers were already using impact measures (of adoption support) such as the Warwick Edinburgh scale for parent wellbeing and or distance travelled tools in relation to agreed outcomes.

“I’d like us to collect more adoption support measures although, to a certain extent, the Adoption Barometer fills that gap. It would be helpful to have distance travelled tools and to track children’s progress in school” (Sector Leader)

“I spend my whole life reporting, but we’re not (yet) looking at qualitative things” (Sector Leader)

“I’m not sure we’re measuring what matters yet. It’s burdensome and not flexible enough to find out what’s working and what’s not. It would be good to track children’s outcomes over time, breakdowns and so on” (Sector Leader)

Others thought that some of the national meetings could duplicate agendas and material:

“There’s a lot of duplication of data and discussions” (Sector Leader)

“There’s too much governance. It’s been rationalised a bit more now, but there are still duplications of meetings, the same conversations over again” (Sector Leader)

“Too much paperwork, not enough dialogue. We’re bombarded with information but we don’t make sense of it. We need more conversations and debate about that” (Sector Leader)

3.8.1 To what extent are adoptive families involved in service development?

Recent national consultations and feedback loops are evidenced on the NAS website, including as a result of the ‘Adoption Voices’ Programme, also national events have been promoted to hear from adoptive parents alongside professionals, for example the ‘Big Conversation’ sponsored by AUK Cymru in November 2020.

However, only 40% parents completing a survey for this evaluation said that their views informed how services were developed ‘quite’ to ‘very’ well. 36% thought that their views did not inform development ‘very much’ and 24% ‘not at all’, suggesting that feedback loops are not reaching all families.

Professionals responding to the online survey for this evaluation were slightly more optimistic about the extent to which adoption support services are informed by the voices of adoptive families, with 76% of those who had a view suggesting that services were quite to very well informed by the voices of families (although many others said that they did not know or did not have a view).

The free text comments in this section of the parent survey suggest a varied experience of adopters, with some feeling quite well consulted and ‘bound in’ to ongoing service design and development, and others not so.

“Opinions & feedback is regularly sought via email & events planned accordingly” (Adoptive Parent)

“This is the first time I have been asked to complete a survey” (Adoptive Parent)

Some reflected that being an adoptive parent means per se that you don’t have much time left for supporting service development!

“I think this survey is very important. I would also say that when you are parenting such a complex child and have other children and are working you don’t have any time or energy left to give to developing adoption services” (Adoptive Parent)

Whilst some parents were confident that their feedback did help to inform service development, others were less so:

“I would like to think that all opinions are valued and that different experiences help provide a varied approach to assist all adopters through the vast age groups and needs of children” (Adoptive Parent)

“I’m sorry I seem so cynical, but we seem to receive an awful lot of questionnaires but don’t see what action is taken as a result. And our experience, as I’ve said, is that it is really hard to get support” (Adoptive Parent)

3.9 To what extent are parents and broader stakeholders confident about the future of adoption support services in Wales?

Almost exactly the same proportions of parents (66%) and professionals (63%) completing a survey for this evaluation expressed confidence (‘quite’ to ‘very’ confident) about the future of adoption support services in Wales. Some parent respondents described having greater confidence in or optimism about:

- Adoption specialists’ passion for and intentions to deliver a good service.
- Adoption teams’ development and professionalism, particular as a result of recent funding and/or reorganisation.
- Increasing awareness of the needs of adoptive children.

Other parent respondents described having less confidence in or optimism about:

- The availability of resources for adoption support in the future, in particular because of competing demands for public resources in a time of austerity.
- The ability of institutions to change sufficiently quickly to meet the needs of adoptive families.
- The continuity of funding (resulting from additional resources being secured for a relatively short period of time).
- The availability of sufficiently experienced social workers.

Professional participants reflecting further on this question often described a journey of improvement that has / had started and in relation to which they were cautiously optimistic.

“I think over the past 5 years, the quality of adoption support has improved particularly in universal and, to a large extent, targeted services. With WG investment over the last two years, further strides have been made. The NAS framework for AS acts as both a model and template for what we need to achieve. We need to make many more strides in specialist support - CAHMS services are still difficult to access” (Adoption Professional)

“AS is now part of the national agenda and this is likely to increase so services will have to respond” (Adoption Professional).

Institute of Public Care
February 2021

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SOCIAL SERVICES OVERVIEW AND SCRUTINY COMMITTEE

Date of Meeting	May 27 th 2021
Report Subject	Arosfa - Service Model.
Portfolio Holder	Cabinet Member for Social Services
Report Author	Chief Officer Social Services
Type of Report	Operational

EXECUTIVE SUMMARY

Arosfa is a well-established service providing short term breaks/ respite for children with disabilities. The unused left wing at Arosfa has been refurbished to provide two additional places at the facility. These places bring capacity to accommodate up to five children using flexible care and shared care models.

This additional service, two new places, are in addition to the current short break respite provision for up to three children at any one time. Together the plans would enable us support a maximum of five children at any one time.

The provision of an additional two places for shared care respite will form part of our Strategic intent to reduce reliance on expensive out of county placements, and will enable Flintshire to support children and young people within the county. This will increase the current capacity Flintshire has to also offer and more respite care provision within our vision for strategic ambition.

The new placements will be open from the end of April, building work permitting, we are currently on target to open first week of May.

The integrated Care Fund (ICF) money has been identified for first year additional revenue costs for the extended service at Arosfa.

RECOMMENDATIONS	
1	Members recognise the progress made at Arosfa, and support the opportunity to provide additional flexible support for up to five children and their families, with the aim of keeping families together and closer to home.

REPORT DETAILS

1.00	EXPLAINING THE AMENDED USE OF THE NEW RESIDENTIAL FACILITY AT AROSFA
1.01	Background Arosfa is a local Authority owned premises sited in Greenside, Mold. Built in the 70's it's original purpose was a residential home for deaf children who attended the school opposite the building.
1.02	Following Arosfa's closure as a home for the deaf in the early 1990's it has been used for a variety of purposes such as a Children's Home, Pupil Referral Unit and has also stood empty for a period.
1.03	In 2010 it was agreed that it would be refurbished to become a short breaks provision for disabled children. In October 2012 Action for children was awarded the contract to run the service. Prior to this, Action for Children had managed on behalf of Flintshire which was a smaller respite/short breaks service from a small bungalow, (Cornel Clyd) which was based in Connah's Quay, Deeside. This had been operating as a Short Breaks service since 1998.
1.04	Since relocating to Arosfa, Action for Children have used large amounts of Voluntary income to add value to the service. This includes converting the garage into a Sensory room, fitting out the garden with specialist play equipment including nest swing, ground level trampoline and MUGA (multi use games area). There is also an adapted gazebo which is used as an art and crafts space. This has brought in additional income of over £75,000 to upgrade the building.
1.05	In 2010 when the Local Authority refurbished Arosfa, there was not sufficient funds to complete the whole building and as a consequence the left wing of the building consisting of two bedrooms, one bathroom and two living areas was left in disrepair.
1.06	Since 2012 Action for Children have successfully provided a short breaks service for disabled children at Arosfa. Young people who attend the project have a severe learning disability / complex health needs with need for specific procedures such as Gastrostomy, Peg feeding / challenging behaviour / autism / communication issues / physical disability with need to

	<p>have use of specialist equipment. It has three bedrooms; two of which are suitably designed and equipped for wheel chair use. The service can accommodate up to a maximum of three children at any time plus two rooms for staff to use as sleeping in rooms.</p>
1.07	<p>This service meets a wide range of purposes. It gives young people an opportunity to spend time away from home, preparing them for future independent living and it gives them an opportunity to socialise outside of school with friends in a way that disabled children rarely get a chance to do. More importantly, it provides an opportunity for parents and carers to get a much-needed break and spend quality time with other family members, in fact this provision for some families is crucial in keeping families together.</p>
1.08	<p>Action for Children's current contract commenced in April 2017 to deliver a service for three years, with the possibility of an extension up to two years. The contract allows for amendments for increase in service dependent on the outcome of this proposal. Action for Children (AFC) are entering their final year of the contract.</p>
1.09	<p>Original proposal for the residential facility The Social Services and Wellbeing (Wales) Act 2014 brings together health, social services, the third sector and other partners to take forward the effective delivery of integrated services. It requires the local authority to work in partnership with individuals, their families and carers to ensure that services meet the care and support needs identified.</p>
1.10	<p>As a result AFC and Social Services took a partnership approach to explore the development of the unused wing to create additional residential capacity within Arosfa. An original model of provision for the additional two places in the left wing had been agreed with Health, alongside revenue funding secured through the Integrated Care Fund, (ICF). The proposal was to increase the capacity within Arosfa, using ICF, to accommodate two permanent long-term residents. This would be in addition to the current short break, respite provision for up to three children.</p>
1.11	<p>Following approval for this model in 2019/20 and the completion of the capital works in 2020/21, partners have considered the benefits of an alternative approach which seeks to maximise the support it provides to local families:</p>
1.12	<p>Proposed amended residential facility at Arosfa As there are a number of children/young people currently in Flintshire whose place within the family home is a risk due to their complex needs and challenging behaviour associated with their diagnosis, we have therefore considered and traditional and alternative model for the</p>

	residential facility in which a share cared respite service for a maximum of four children/ young people can be delivered.
1.13	This proposal aims to keep up to five young people (at any given time) in the family home by providing a substantial break to the family from their caring role as well as the benefit of person centred interventions. We are seeking to support five families rather than two, although we will remain flexible in relation to meeting of children. If five children can continue to live in the family home, there would be an avoidance of cost to the out of county budget if placement breakdown was to occur.
1.14	Intensive support to address challenging behaviour could be provided by Complex Needs Service (BCUHB) and Action for Children, if and where needed. They would address challenging behaviours, sleep patterns, skill development all of which are identified as reasons for family breakdown; all of which would aim to make these children and families independent over time and free from statutory support.
1.15	Up to five children/young people would be able to retain their current/local place at school. This is better for the child's routine and continuity, also avoiding the cost of expensive educational placements.
1.16	<p>The provision of an additional two places for shared care respite will form part of our Strategic intent to reduce reliance on expensive out of county placements, and will enable Flintshire to support children and young people within the county. This will increase current capacity Flintshire has to also offer more respite care provision within our vision for strategic ambition.</p> <p>The aim of the proposal is to enable the Council to: i) more proactively respond to the identified needs ii) better manage demand for placements and iii) develop the market to be more responsive and affordable. The primary focus will be to secure the most cost effective delivery of positive outcomes for children.</p>
1.17	Action for children and Social Services wish to trial this approach starting on a phased basis, with the service commencing in April 2021 and introducing one child at a time before building up to supporting four children and young people after 12 months; this way it enables us to reflect, learn and possible be flexible in our approach based on the needs of the children/ young people and families. Please see below a breakdown of the estimated operational costs for the service and the proposed funding.
1.18	As a result, Social Services needs to take a strategic partnership approach to this service and following the investment made to date in the development of the service and partnership with AFC we will look to obtain an exemption for this service following the end of the contract, in March

	2022, to continue to develop and trial this approach before the potential disruption of a procurement exercise.
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2.00	RESOURCE IMPLICATIONS
2.01	<p>Social Services has secured ICF funding to the value of £200k toward the total costs of the Arosfa service 21/22. Other grant funding, including BCU health funding such as CHC, will be maximised wherever possible towards the service.</p> <p>We will work within the IFC funding envelope (200k) for the next 12 months and work with Action for Children to establish service cost based on four children/ young people using the service 50% of the time and requiring needs and complexity dependant.</p>
2.02	<p>This new service is required as a result of increasing demand and complexity of support needed for families; Flintshire has worked well with AFC, building on the trust and transparent within the partnership, to satisfy ourselves of the operating costs of the service.</p>
2.03	<p>It is anticipated that the current management arrangements would continue i.e. the present Registered Manager would remain in post with extended responsibility across both elements of the service. A larger staff team would be recruited with all staff being required to work across both units but with staff identified as having a primary link to each child. We are proposing as a minimum that staff would occupy accommodation in both wings overnight therefore ensuring staff are on hand close to the young people.</p>

3.00	IMPACT ASSESSMENT AND RISK MANAGEMENT
3.01	<p>The new service would need to be registered with Care Inspectorate Wales, (CIW), this would be an extension to current registration held by AFC at Arosfa so it will be more straight forward than a new model of provision as originally planned. Discussions with CIW have been held and this variation to the registration is being progressed.</p>
3.02	<p>The support and commitment from seniors in BCUHB is essential to the success of this service. The Complex Needs Service would need to engage extensively at the onset to develop programmes, advice and monitor progress of the children within the service. Discussions are taking place with colleagues in BCUHB regarding this.</p>

4.00	CONSULTATIONS REQUIRED/CARRIED OUT
4.01	N/a – Operational update

5.00	APPENDICES
5.01	N/a

6.00	LIST OF ACCESSIBLE BACKGROUND DOCUMENTS
6.01	N/a

7.00	CONTACT OFFICER DETAILS
7.01	Contact Officer: Susie Lunt Telephone: 01352 701341 E-mail: jo.taylor@flintshire.gov.uk



SOCIAL SERVICES OVERVIEW AND SCRUTINY COMMITTEE

Date of Meeting	27 th May 2021
Report Subject	Developing In House Residential Care for Children
Cabinet Member	Cabinet Member for Social Services
Report Author	Chief Officer (Social Services)
Type of Report	Operational

EXECUTIVE SUMMARY

The council is committed to ensuring children and young people receive high quality care so they are, and feel, safe, loved and supported to develop the skills and resilience to lead fulfilled lives.

Our main aim is to support families to care for their own children, and to prevent them, if safe to do so, from becoming looked after. This is what the majority of families want and where most children will best achieve their potential.

Where children need to be looked after we want to ensure that we can make suitable and timely placements. However, there are significant challenges with placement sufficiency. As an authority we are reliant on the independent sector for Children's Residential Care provision. This provision is very expensive and often in placements that are out of area. This has led to children being placed away from their communities at an increasing, and unsustainable, financial cost to the local authority. As a Corporate Parent this is not what we want for our children.

To secure change we have set a commitment to develop our own Residential Care Home provision for children and young people. This paper proposes the priorities for the next three financial years through the delivery of the following projects:

1. Arosfa: to support a growing number of disabled children and their parents/carers
2. Ty Nyth: to provide specialist therapeutic assessment and support
3. Emergency Provision: to enable an effective response to crisis situations
4. Small Group Homes: to enable children to live within their local community

RECOMMENDATIONS

1	That members support the move to become a direct provider of Residential Care for Children
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2	The following 4 projects are agreed as the priority projects for in House development: Arosfa, Ty Nyth, Emergency Provision, Small Group Homes
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REPORT DETAILS

1.00	EXPLAINING REBALANCING THE RESIDENTIAL MARKET FOR CHILDREN AND YOUNG PEOPLE
1.01	<p>In August 2020 ADSS Cymru published a report which examined the case for rebalancing social care provision in Children’s Services. The reports identifies:</p> <ul style="list-style-type: none"> • A significant imbalance of power in the children’s residential care market, which is affecting placements and choice, the ability to make the best match to a child’s needs, the workload, and the outcomes for children. • The current level of dependency on private residential care provision must be reduced. A small number of local authorities have taken, or are taking, steps to do this but action is needed, locally and / or regionally, in all areas. It will require considerable, and co-ordinated, action and investment. • The development of more short-term assessment, emergency and crisis accommodation will help to address one of the major problems supporting private provider dominance i.e. the urgency or desperation to find any placement, which can compromise the ability to find right match for a child’s needs • Without rebalancing, there will be a continued reliance on private providers with, in some cases, high cost, and questionable value for money, greater instability for children and poor outcomes. • The aim of any re-balancing must be to develop stable, resilient markets, which offer options and choice, quality care, fewer placement breakdowns, and good outcomes for children. • Reducing cost is an acceptable goal of rebalancing. However, driving down costs and ‘the cheapest option is best’ must not be the prime objectives. Quality care and good outcomes must come first.
1.02	Building on the findings on ADSS Cymru, this report articulates the approach we will be taking to rebalance children’s social care in Flintshire, placing children, and the delivery of high quality outcomes, at the forefront of our ambition.
	Whole System Approach
1.03	It is important that the development of in house residential Children’s Care Home is seen as part of a whole system approach to supporting children and young people. This involves a number of complimentary projects to:
1.04	<p><u>Reduce the number of children looked after by:</u></p> <ol style="list-style-type: none"> 1. strengthening edge of care provision to support children safely and appropriately at home and prevent them needing to enter the formal looked after care system 2. working to revoke court orders to ensure that children who no longer need to be in care can safely exit the care system

	3. developing our support package for Special Guardianship arrangements in line with the financial and support arrangements for foster carers
1.05	<p><u>Support more children through local authority fostering by:</u></p> <ol style="list-style-type: none"> 1. attracting more general foster carers through a Methu Wales/Foster Wales campaign 2. expanding our Mockingbird Hub model
	Service Objectives
1.06	<p>The objectives of our approach to providing Residential Care will be to:</p> <ul style="list-style-type: none"> • Ensure a supply of high quality local placements • Provide a safe and secure environment that promotes the well-being of looked after children who have complex needs • Provide the right level of specialised support and care for the child, working in partnership with education and health teams to improve their outcomes. • Support looked after children to sustain and build positive local connects with family, friends and their community • Support children to develop the skills and resilience to lead fulfilled lives with seamless well organised transition arrangements and support as they become young care leavers
	Project One: Arosfa
1.07	Arosfa is a well-established service providing short term breaks / respite for children with disabilities. Provided in a local authority the service is run for the local authority by Action for Children. Through Council capital funding an unused wing at Arosfa has been refurbished to provide 2 additional bed spaces at the facility. This enhances the capacity of Arosfa to support 5 children at any one time.
1.08	The model that we will use for the new beds at Arosfa is being developed to respond to the identified needs to the current cohort of children. Options being explored include long term placements and an innovative model of 'shared care' working with parents to sustain family arrangements.
1.09	The building and refurbishment work is scheduled for completion at the end of April 2021. A phased approach will be taken to expand support at Arosfa with introductions and arrangements developed to respond to the individual needs of the identified children who will be supported in the new wing. Our timelines and processes will need to be informed by COVID restrictions and associated safety measures.
	Project Two: Ty Nyth
1.10	Through the use of Intermediate Care Fund (ICF) funding we are in the final stage of acquiring the Ty Nyth site in Mold from Clwyd Alyn Housing Association. A report has been commissioned to identify the work that is required to bring the buildings and site to registration standards under RISCA legislation. A specific focus is also being given to ensure that development plans will provide sufficient parking for staff and visitors to the

	<p>site. Once available the report will provide an informed basis to finalise the range of regulated support that can be provided at the site, maximising the use of the main building and the 2 semi-detached properties that constitute Ty Nyth.</p>
1.11	<p>At the centre of the planned development at Ty Nyth will be the provision of a Children's Residential Assessment Centre providing short term (up to 20 week) care as well as therapeutic assessment and support through a dedicated Multi Systemic Therapy Team (MST). The purpose is to undertake intensive assessment and support to meet the needs of young people whilst seeking family reunification, or a longer term local fostering/residential placement appropriate to the child's assessed needs. We are exploring the potential of this being a shared, and jointly funded, project with Wrexham. This approach will facilitate the leverage of grant funding for the establishment of the provision.</p>
	<p>Project Three: Emergency Provision</p>
1.12	<p>Social Services across the UK are facing increased pressures to find placements in emergencies. Locally, we do have situations where no placement can be sourced for child. This necessitates the development of a holding position to provide accommodation and support until a placement can be found. This situations may arise from difficulties in placing young people following the breakdown of relationships at home, transfer of children where the police have used their powers of protection to remove children and a lack of secure beds for young people with high level needs and welfare risks.</p>
1.13	<p>It is important to emphasise that these arrangements are used as a last resort in emergency situations, due to exceptional circumstances and for a short period until a regulated provision can be sourced. Safeguards around unregulated placements include the need for Senior Manager approval, notification to CIW as our regulator, a care and support plan, completion of social work visits, involvement of Independent Reviewing Officers and supervision of social workers to look at arrangements/ move on plans.</p>
1.14	<p>The arrangements that local authorities have to put in place in emergencies can amount to unregulated placements. Under RISCA it is an offence for a person to provide a regulated service without being registered in respect of that service. This project will move to establish a registered provision that be set up in an emergency to provide accommodation, care and support. The provision will be designed to open as situations arise and close down as move on placements found. We would draw on registered staff in other provisions as opposed to employing a dedicated staffing Team.</p>
	<p>Project Four: Small Group Homes</p>
1.15	<p>The small group homes model involves the establishment of registered services in community based houses supporting one or two children. The model has a strong community and family feel for those children who do not suit support in larger settings, often due to challenges in finding appropriate matches with other children, and their need for intensive levels of support. This model is being delivered successfully in other areas including Anglesey and Bristol.</p>

1.16	For economy of scale Homes would be grouped in two's with a shared management and staffing group who could be used flexibly across the 2 sites which would need to be within a 5 mile proximity of each other.
1.17	Our intention is to explore establishing out first small group homes project aligned to the development of the Ty Nyth site. We are also working closely with Housing colleagues who are supportive in identifying potential properties within our existing housing stock. Indicatively we are seeking to commit to 6 small group homes over the next 3 years. After each provision is developed we will undertake a gateway review to affirm need, that the provision will deliver the intended outcomes and there is a clear financial plan to support the development. The development will only proceed if the gateway review confirms that this is the most appropriate way forward. Given the size and community base, any property that is no longer needed as a Small Group Home in future could quickly be reverted back to social housing.

2.00	RESOURCE IMPLICATIONS
2.01	<p>Arosfa</p> <p>The Council's Capital programme has funded the refurbishment of Arosfa. Social Services has secured ICF funding to the value of £200k per annum toward the total costs of the Arosfa service. Other grant funding, including BCU health funding such as CHC, will be maximised wherever possible towards the service.</p> <p>We will work within the IFC funding envelope (200k) for the next 12 months and work with Action for Children to establish service cost based on the needs of children/ young people. This inform a funding bid to the next iteration of ICF.</p>
2.02	<p>Ty Nyth</p> <p>£500k ICF funding has been secured for the acquisition of Ty Nyth. An initial high level estimate, which is based on a number of assumptions, indicates a refurbishment cost of £1.1m for the main Ty Nyth building. ICF capital grant funding has been identified to meet this cost. However, the semi-detached properties would be an additional cost, but they require significantly less investment. This may necessitate a phased approach to the site with refurbishment and establishment of the service at the semi-detached properties depending on the actual cost and whether Wrexham become a funding partner.</p> <p>A proposal for a Welsh Government grant to support the development of 'safe accommodation for children with complex, high end emotional and high end needs' has also been submitted which, if successful, will provide an additional funding source for the refurbishment. However, we are advised that funding submissions far exceed the available grant provision.</p> <p>A framework has been identified which offers the potential for us to commission a contractor to develop of the site with pace given the grant requirement for works to be completed within the 2021/22 financial year. As we move forward through this framework we will have a more detailed</p>

	<p>precise costing schedule and understanding of the priority areas for completion in 2021/22 within the funding envelope.</p> <p>Revenue funding has been secured through the Welsh Government Transformation Fund to cover the initial set up and revenue expenditure in 2021/22 for the registered care and support Team as well as the provision of the MST support. A detailed costed business case is being developed to identify associated revenue costs from 2022 onwards with anticipated costs being identified through the Medium Term Financial plan.</p>
2.03	<p>Small Group Homes</p> <p>A costed business case is being developed to ensure a full analysis of the financial costs associated with Small Group Home provision. Based on a premise of supporting children with a high acuity of need, and therefore staffing support we are estimating a top end cost of 300k revenue costs for each provision. Whilst expensive this still compares favourably with the annual costs of commissioning this care. Again the associated cost pressures are being built into the Medium Term Financial plan</p>

3.00	IMPACT ASSESSMENT AND RISK MANAGEMENT
3.01	<p>Existing residential placements range from £3,500 to £10,000 per week if beds are available. COVID-19 has seen an increase in the number of children looked after, a reduction in the number of available Residential beds and sharp increases in the rates Providers are now charging for placements. Even some of our existing providers are now moving to inflate their fees. There is not always an alignment of bed availability with placement need particularly closer to home. Failure to rebalance the market is likely to lead to more children being placed out of county at an unaffordable cost to the local authority.</p>
3.02	<p>The facilities will need to be registered with CIW and our delivery plans will be subject to CIW's timelines for considering applications. Arosfa is more straightforward as this would be a variation to an existing registration.</p>
3.03	<p>Finding suitably qualified and experienced registered managers for the provisions is likely to be a challenge. As local authorities have not developed their own in house provision for many decades we do not have a supply of in house staff ready to step into these roles and will need to compete with the open market. We will need to ensure that our approach to recruitment does not destabilise the local market.</p>

4.00	CONSULTATIONS REQUIRED/CARRIED OUT
4.01	<p>Initial engagement work has commenced in Mold with specific individuals. As Ty Nyth comes into the ownership of the local authority, and the plans for the site are finalised, targeted work will take place to ensure effective communication with local residents and organisations. The development of all proposals will need to have a detailed stakeholder communication and engagement plan to reassure communities.</p>

4.02	These plans to develop in-house Residential Children's Homes were outlined at two well attended Out of County Member's Workshops held on the 22 nd of March to discuss Out of County pressures. There was unanimous and overwhelming support for the proposals from members.
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5.00	APPENDICES
5.01	None

6.00	LIST OF ACCESSIBLE BACKGROUND DOCUMENTS
6.01	ASSOCIATION OF DIRECTORS OF SOCIAL SERVICES CYMRU: Delivering Transformation Grant Programme 2019-20 Rebalancing social care: A report on Children's Services https://www.adss.cymru/en/blog/post/rebalancing-social-care-a-report-on-children-s-services

7.00	CONTACT OFFICER DETAILS
7.01	Neil Ayling – Chief Officer, Social Services Telephone: 01352 704511 E-mail: neil.ayling@flintshire.gov.uk

8.00	GLOSSARY OF TERMS
8.01	ICF (Integrated Care Fund): Welsh Assembly Government fund that helps health boards and social care partners in local authorities, housing and voluntary sectors to work together to support frail and older people, people with a learning disability, children with complex needs due to disability or illness and carers, including young carers.
8.02	Multi Systemic Therapy (MST) is an intensive family and community based intervention for children and young people aged 11-17, where young people are at risk of out of home placement in either care or custody. MST teams focus on the whole world of the young person - their homes and families, schools and teachers, neighbourhoods and friends. MST staff go to where families live and work with them intensively for three to five months, including being on call to families 24 hours a day, seven days a week
	Looked After Child Looked after children are children and young people who are in public care and looked after by the state. This includes those who are subject to a care order or temporarily classed as looked after on a planned basis for short breaks or respite care. The term is also used to describe 'accommodated' children and young people who are looked after on a voluntary basis at the request of, or by agreement with, their parents.

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SOCIAL SERVICES OVERVIEW AND SCRUTINY COMMITTEE

Date of Meeting	27 th May 2021
Report Subject	Mental Health Services in Flintshire
Cabinet Member	Cabinet Member for Social Services
Report Author	Chief officer (Social Services)
Type of Report	Operational

EXECUTIVE SUMMARY

For several years, professionals across Wales working in health and social care have seen an increase in the demand for mental health services and support; this is for a number of reasons and is in part due to a growing understanding of mental health matters. As well as an increase in the number of people with mental health needs, including children and young people. There has also been an increase in the number of people with complex mental health.

The global Covid-19 pandemic has brought about significant changes to communities worldwide, and as a result it has had a significant impact on people's mental health. There is growing evidence demonstrating there is a decline in the population's mental health in comparison to a pre Covid-19 period. Evidence is also showing that the inequalities in mental health is widening; with women, young people, racial and minority ethnic groups, people living in poverty and parents of young children being impacted more greatly. The longer the pandemic lasts, the greater the impact on the populations mental health.

Locally, across the multidisciplinary mental health teams in Flintshire, the professionals in health, social care and the voluntary sector work really well together. Combining this with the Welsh Government investment in the Together in Mental health Transformational Programme, there are opportunities to develop services locally that are preventative, focus on early intervention and community resilience which should lead to improved outcomes for the local population and aim to reduce the need for statutory services.

This report details some of the local avenues for support that are available for citizens in Flintshire, as well as the staff who have continued to maintain essential council services on behalf of Flintshire County Council over the last 12 months.

RECOMMENDATIONS

1	This report seeks to highlight the challenges faced within mental health services and the impact that Covid-19 is having on the mental health of the local population.
2	Members note the current provision in place to support their local constituents' needs.

REPORT DETAILS

1.00	EXPLAINING THE SITUATION OF MENTAL HEALTH SERVICES IN FLINTSHIRE
1.01	<p>Background to Mental Health Services</p> <p>For several years professionals in health and social care have been seeing an increase in the demand for mental health services and support. Evidence from the North Wales Population Needs Assessment (2017) and other subsequent research / reports in North Wales have noted the increase is as a result of:</p> <ul style="list-style-type: none"> • The number of people with mental health problems are increasing, including Children's mental and emotional health which is consistently raised as a concern, as is the rise in self-harm, eating disorders and attachment issues. • The most common mental illnesses reported are anxiety and depression. • Research suggests a high number of people with mental health problems are not seeking help. • An estimated 16.2% of adults in Betsi Cadwaladr University Health Board (BCUHB) area have at least one common mental health problem. • The number of adults in BCUHB with a mental health problem is predicted to increase to around 58,500 by 2030. • The European age-standardised rate for mortality from suicide in BCUHB (10.3 per 100,000 population) is above the average for Wales (9.2 per 100,000 population). • In BCUHB, an estimated 8,830 children aged 5 to 16 years have a mental health disorder. • The number of admissions to mental health facilities is reducing.

	<ul style="list-style-type: none"> • The number of people with more complex needs is increasing. • People with mental health problems are more likely to have poor physical health. • The number of unpaid carers presenting with a decline in their mental health is increasing • There appears a lack of appropriate MH placements, where needed. This has led to the use of acute beds and specialist placements outside North Wales, which is far from ideal for patients, their carer's and families. • There are a high number of detentions under section 136. • In BCUHB an estimated 9,800 people aged <65 have dementia, the prevalence of dementia is expected to almost double by 2030.
1.02	<p>Flintshire Social Services delivers mental health support services to people with mental health needs. The teams work in partnership with individuals and their families so people can live meaningful and independent lives in the community, as well as helping to prevent crisis, avoiding admissions to hospital and supporting discharges into the community. The services use the 'recovery approach' to support people to live independently, people are encouraged to join in with social and leisure activities, be employed, and take part in volunteering or education. Please see appendix 1 for our staffing structure for the internal mental health teams.</p>
1.03	<p>In addition, Flintshire supports the primary and secondary care mental health services delivered within the Local Health Board with social work interventions and support – there are x3 Social Workers located within the Primary Care Team and x7 Social Workers within the Community Mental Health Teams which enables a multidisciplinary response to supporting people with mental health problems.</p>
1.04	<p>BCUHB are responsible for collating the performance data for the mental health teams (such as Primary Care and CMHTs) under the Mental Health Measure. As of February 2020 (pre Covid-19) referrals received were on average 190 referrals per month, there is an expected 80% target for assessments undertaken and Flintshire was compliant with this target until May 2020. It can be a struggle for the BCUHB East to meet this target but generally Flintshire has been performing well in this area in comparison to other counties. As of February 2020 there were 815 open cases across the mental health teams and the performance measure for Care and Treatment Planning. BCUHB are responsible for data capture, this information ceased as part of the C19 responses and staff were diverted elsewhere. As the pandemic eases we expect to have more stats going forward.</p> <p>Across North Wales BCUHB, local authorities and mental health charities are working together to deliver the 'Together for Mental Health in North Wales', which is an all-age plan to improve the mental health and well-being of people across North Wales. The wide ranging and ambitious strategy aims to improve</p>

	child and adult mental health, ensure parity with physical health needs and shift the focus of care to prevention and early intervention. To help ensure that people can access the early support they need in the community, the partners are introducing new services through the ICAN campaign. These are discussed in more detail below in bullets 1.24-1.33.
1.05	<u>Impacts of the Covid-19 pandemic on mental health</u> Through the coronavirus pandemic we've seen a rise in depression and other mental health problems; new Office for National Statistics (ONS) figures show that twice as many adults in the UK are reporting symptoms of depression now compared with this time last year. But even before the pandemic we were seeing childhood mental health problems, severe mental illness and the mental ill health of young women increasing. New research has also shown anxiety trebling in young adults since 2008, affecting 30% of women aged 18 – 24.
1.06	The Health Minister, Vaughan Gething, has recently announced a £1.3m support package of mental health services for all in Wales. The package of support includes a new online Cognitive Behaviour Therapy course, for anyone over the age of 16 years, and other online and phone support services. This funding will enable existing on-line based support services already in place in parts of Wales to be extended further.
1.07	In the announcement, the Minister shared the Welsh Government's commitment to supporting the mental health of the public, and that it wanted to ensure the package of additional support is in place ahead of any potential second wave of Covid-19 and as the impact of the pandemic is felt more widely.
1.08	These services are aimed at helping low level mental health issues; they are not a replacement for more specialist services but it is hoped by providing instant access to support they will help reduce the pressures on primary care and other more specialist services.
1.9	In Flintshire, community based mental health support services adapted their offer of support during the lockdowns and following recognition of the importance of these services to people and their families, these services were one of the first in social care to re-open on a phased basis and when it was deemed safe to do so.
1.10	<u>Current challenges in mental health services</u> It is acknowledged that there has been leadership and management changes within Mental Health BCUHB, and we have worked hard to ensure continuity of our partnership working. A formal partnership arrangement with clarity and clear roles and responsibilities is being developed by BCUHB and this will be welcomed by managers across Social Services.

1.11	<p>There is a need for a formal transition planning processes to be in place for young adults (18 years old) to support transition from CAMHS to adult mental health services; The reason for this is that the criteria and models that support adult mental health are different to the delivery model in children’s mental health.</p> <p>A joined up approach to supporting transition will be hugely beneficial. Flintshire has a successful transition process in learning disability service which supports individuals, families and carers with transition planning from 17 years of age. The individuals and families are supported by their Social Worker and plans are put in place for their move on into adult services. This successful approach could be replicated in mental health services by utilising a multidisciplinary approach. Senior managers in Flintshire continue to work with BCUHB on this in this area. BCUHB are recruiting new Regional Patient Experience Leads to better understand the experience of young people and their families in CAMHS with the view to this learning feeding into service improvements; this is another positive move in strengthening the transition for young people and their families.</p>
1.12	<p><u>Flintshire’s response and what’s working well</u></p> <p>Across all the multidisciplinary mental health teams, the professionals in health, social care and the voluntary sector generally work extremely well together, taking a holistic and strengths based approach to achieving individual well-being outcomes, recovery and independence. The working relationship between Social Services and BCUHB has strengthened the support available to individuals and their families by respecting one another’s professional contributions. Furthermore, the partnerships with our local third sector partners have been developed over many years and operates very successfully; in social care we commission a range of partner organisations (ASNEW, MIND, KIM, Unllais and HAFAL) to deliver information, advice, support and advocacy to individuals with mental health problems and their families.</p>
1.13	<p>Flintshire is part of the North Wales Transformational Programme delivering the ‘Together for Mental Health in North Wales’ strategy; this strategy is receiving ‘Healthier Wales: Transformational Funding’ from Welsh Government to deliver a range of initiatives that supports prevention, early intervention and community resilience. Focus of the Healthier Wales Programme has been to develop a regional model for early intervention and crisis prevention, which is known as the ICAN Integrated Pathway. Some of the key achievements for the programme over the last 6 months have included:</p> <ul style="list-style-type: none"> • Establishment of ‘Stay Well’ telephone service delivered by ICAN Volunteers. • Testing of ICAN Connector Role (Community Navigation) • Greater integration with CMHT’s and Primary Care • Establishment of ‘Virtual ICAN Community Hubs’ • Enhanced and accelerated the Digital and Virtual Offer • Strengthened and enhanced Partnership working

	<ul style="list-style-type: none"> Continued with the recruitment of ICAN Volunteers Continued in the delivery of ICAN Training – although ‘virtual’ Commenced the implementation of a ‘Trauma Informed Approach’ to service delivery
1.14	Here is a summary of the activities that are taking place in specifically in Flintshire:
1.15	<p><u>Learning and Well-being Programme Website</u></p> <p>In Flintshire the Learning and Well-being Programme is a multi-agency developed brochure which pulls together information and activities that are accessible locally and aimed to improve an individual’s well-being whilst meeting new friends, developing confidence and learning new skills. The Programme has previously been shared and distributed in a hard brochure format, however the Transformational Programme has funded the design of a new website to help share information more widely. The website was completed by Double Click and coincidentally became available just in time for the first Covid-19 lockdown, which assisted partners in keeping individuals and carers informed during this period and aware of what support was now available to them virtually.</p>
1.16	<p><u>Community Resilience Project</u></p> <p>The Community Resilience Project will support the delivery of the Together for Mental Health Strategy in North Wales. Improving Community Resilience was selected as a priority for North East Wales area because of the growing body of evidence that suggests there is a strong correlation between resilience and positive physical and mental health outcomes.</p> <p>Do-Well and Wrexham Glyndwr University are piloting a new approach by developing people’s skills in systems leadership and public narrative to improve community resilience with people who live and work in 3 distinct communities – Holway in Holywell, Flint Town Centre and Gwersyllt in Wrexham.</p> <p>The project is adopting a test and learn approach, as well as identifying areas where community resilience can be improved locally, using the experience of people who live and work in each community; it will produce evidence-based learning for other areas in North Wales.</p>
1.17	<p><u>Flint Well-being Hub</u></p> <p>The Flint Well-being Hub started from 1 April 2020 and the provider commissioned to lead the project is Flintshire MIND. The initial plan was to be based in Flint Library to provide a comprehensive connecting, support and signposting community well-being service. The Hub is designed to assist people to link in with support and activities which are most relevant to them. The aim is to provide early intervention.</p>

	<p>The Hub team consists of two Mind Community Well-being Coordinators, a Flintshire County Council Well-being and Recovery Social Worker and will be expanded with volunteers.</p> <p>Due to Covid-19 it was not possible to have a physical presence in the library, as it was closed. The service was adapted to the new situation to provide much needed support to people in the area as quickly as possible. There are several strands to the project which dovetail together to create personalised planning for well-being.</p> <p>Initial reporting for the service shows that 65 individuals have been supported since the 1st April and 1st September 2020 (averaging 10-25 contacts per week). As the service moves forward with the virtual clinic, trends and themes will be acknowledged and group support tailored to meet the needs of individuals.</p>
1.18	<p><u>Well-being and Recovery Social Worker in the Early Help Hub, Children’s Services</u></p> <p>The Well-being and Recovery Social Worker supporting the Flint Well-being Hub is also based in the Early Help Hub (EHH), Children’s Services. This is a recent addition to the EHH as it had been noted for some time that there was an ever increasing amount of referrals entering the EHH where parents had low to moderate MH difficulties. What was evidence was that bespoke packages of support which were being implemented from agencies with families were failing when parents had an underlying mental health issue. It was recognised that by working with these parents in the first instance or alongside appropriate agencies working with their children, a better outcome would be achieved for the family.</p> <p>The 0.5FTE Well-being and Recovery Social Worker is based in the EHH and offers parents advice and guidance, 1-1 support, signposting to other services or referrals on to statutory services. The Social Worker acts as a vital connector between the EHH, mental health services and other voluntary or universal services. During the past two months alone, the Social Worker has supported 40 parents (through 31 referrals) and has completed a further 97 referrals checks that have entered the EHH.</p>
1.19	<p><u>Citizens access to Mental Health Support</u></p> <p>See appendix 5.03 for list of ‘gateway’ services to support citizens.</p> <p>There are a number of ways that citizens can access support during the COVID-19 pandemic and the subsequent period of easing measures and restrictions. The support that an individual may need will of course vary from person to person, however there is a real concern that there will be a significant demand on resources from individuals who have had no interaction or experience with mental health services prior to the pandemic.</p>

	A primary source for citizens to explore what is in the local area and what is important to them is to use the online DEWIS directory. This is a tool designed to support people in finding groups and organisations that can support their needs and wellbeing.
1.20	<p><u>Supporting Flintshire Staff</u></p> <p>As well as the support that staff have access to as citizens, Flintshire County Council uses CareFirst as an employee support organisation. They offer support around work place stress, problems and managing work life balance.</p> <p>Flintshire Social Services have also worked with NEWmind (previously Flintshire Mind) to establish a support service for those who have worked tirelessly in the care sector over the past 12 months, offering mental health support and a listening ear and where appropriate liaising with existing HR services to support the care sector workforce across Flintshire.</p>

2.00	RESOURCE IMPLICATIONS
2.01	The current resource implications of the in-house Mental Health Services and the contributions to the Local Health Board Mental Health Teams are already met by the local authority's social care budget. This spend is fully committed going forward.
2.02	The mental health needs of people who need a residential care placements are the most complex and we are seeing increasing demand and costs for this support. The resulting impact is that there is a pressure on the Mental Health Residential Placement budget. We know the local population needs do vary over time, sometimes suddenly, and costs are subject to the same changes. The mental health budget like all social services budgets is closely monitored and reported on regularly.
2.03	North Wales has secured £2,320,000 in the North Wales Transformational Programme delivering the 'Together for Mental Health in North Wales' strategy. Flintshire are contributing to spend strategy.

3.00	IMPACT ASSESSMENT AND RISK MANAGEMENT
3.01	As noted in 2.02 this continues to pose a financial risk to the authority in terms of meeting the growing financial demand upon services with limited resources. This is being mitigated by the shift in care to early help and preventative support with the aim of preventing the need for statutory services.

3.02	A significant risk to services and resources is the impact and lasting effects that the Covid-19 pandemic is having on people's mental health and the increased demand that this will create on services in the future. Evidence, research and operational feedback will be monitored and service responses developed accordingly to help mitigate the impact of this result of overwhelming demand for services and support in the future.
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4.00	CONSULTATIONS REQUIRED/CARRIED OUT
4.01	N/A – the purpose of this report is to provide a position update.

5.00	APPENDICES
5.01	Appendix 1 – 'First port of call' to access services
5.02	Appendix 2 – Workforce Occupational Health support
5.03	Appendix 3 – Joint work with Wrexham PSB

6.00	LIST OF ACCESSIBLE BACKGROUND DOCUMENTS
6.01	

7.00	CONTACT OFFICER DETAILS
7.01	Contact Officer: Jo Taylor, Service Manager: Disability Recovery and Progression Telephone: 01352 701341 E-mail: jo.taylor@flintshire.gov.uk

8.00	GLOSSARY OF TERMS
8.01	Adverse Childhood Experiences (ACE) Adverse Childhood Experiences as described in the Public Health Wales national report e.g. domestic abuse, sexual abuse, mental health issues impacts and trauma causing experiences.
8.02	Carer

	Someone, usually unpaid, and often a friend or family member who supports a person with social care needs either full time or part time.
8.03	Out of county provision Specialist education/residential provision which is not maintained by local authorities but offered through independent providers

DEWIS

Dewis Cymru is the place to go if you want information or advice about your well-being – or want to know how you can help somebody else.

When we talk about your well-being, we don't just mean your health. We mean things like where you live, how safe and secure you feel, getting out and about, and keeping in touch with family and friends.

No two people are the same and well-being means different things to different people. So Dewis Cymru is here to help you find out more about what matters to you.

We've got information that can help you think about what matters to you, and we've also got information about people and services in your area that can help you with the things that matter to you.

Contains information for both adults and children.

<https://www.dewis.wales/the-place-for-wellbeing-in-wales>

Flintshire learning for recovery & Well-being

Help improve your wellbeing while meeting new friends, developing confidence and learning new skills with one of our activities and courses

<http://www.flintshirewellbeing.org.uk>

Flintshire Social Services and Community Mental Health Teams

When you first think about approaching mental health services it can seem quite daunting. Who do you go to first? What will they do? How much control will you have? Will it work? You know where you want to get to - feeling well - but you don't know how to get there. What you need is a map. This page guides you through the highways and byways of mental health services...

<https://www.flintshire.gov.uk/en/Resident/Social-Services/Mental-Health.aspx>

Flintshire Children's Centre

Flintshire Childrens Centre is part of the specialist service for children, provided by the Betsi Cadwaladar University Health Board in conjunction with Flintshire Social Services and Educational Services. It provides assessment and treatment for children referred because of possible difficulties with their development. We are staffed by a multi agency/multi-disciplinary team, who are available to offer advice and support to families following assessment.

<https://www.flintshire.gov.uk/en/Resident/Community-Directory/Community-Directory.aspx?a=CommunityDirectory&u=270>

Child and Adolescent Mental Health Service (CAMHS)

The specialist Child and Adolescent Mental Health Services (CAMHS) focus on helping children and young people who experience emotional, behavioural and other psychological difficulties. The types of issues presented can include: anxiety, fear and panic, low mood, sadness and depression, feeling lonely, grief after bereavement or loss, anger, separation, bullying, family difficulties, eating less than usual or overeating, thoughts of suicide or self-harming – these are just some of the issues and symptoms that might lead someone to seek help.

<https://bcuhb.nhs.wales/health-services/health-services1/services1/services/child-and-adolescent-mental-health-service-camhs/>

SPOA – Third Sector Coordinator.

In conjunction with Flintshire Voluntary Council (FLVC), Flintshire County Council have funded a post that sits within Flintshire's Single Point of Access who looks at incoming calls and works with the team to determine whether any support from the third sector would be suitable to meet the identified outcomes of the individual referred.

<https://www.flintshire.gov.uk/en/Resident/Social-Services/Social-Services.aspx>

Family Information Service

Family Information Services (FIS) are the first point of contact for advice and information on local services for families and carers.

The FIS provide free, impartial help, support and advice on a range of family issues including:

- Childcare and help with the costs of childcare
- Health care
- Education and Training
- Leisure services
- Finances

They can put you in touch with experts who will provide free help and support tailored to your individual needs. They can also signpost you to useful information and services of Welsh Government Programmes.

<https://www.flintshire.gov.uk/en/Resident/Social-Services/Family-Information-Service.aspx>

Flintshire Staff support;

Carefirst

Care first Lifestyle is available free of charge, offering immediate information, answers and advice on a range of workplace and personal issues.

<https://carefirst-lifestyle.co.uk/>

NEWMind - Mindline

In recognition of the incredible efforts that social care staff have delivered throughout the COVID-19 pandemic, and the impact that this may have had on their mental health, Flintshire County Council have developed a resource to support staff with their mental health and wellbeing. The service is delivered by NEWMind (previously Flintshire Mind).

“Its OK not to be OK” is the message from North East Wales Mind to Social Care workers in Flintshire.

Mindline for Social Care is a new dedicated helpline for front line Social Services employees. The aim is provide a listening ear, information, training and activities to help staff to normalise and accept the difficult experiences they’ve faced throughout the pandemic. The service, which will operate between 1st August 2020 and 31st July 2021, is independent and confidential.

- Information and advice: signposting to emotional and wellbeing support as well as online resources.
- Active Monitoring: Experienced wellbeing coaches will guide participants through a six-week self-help programme. Each week they’ll receive specially designed resources to help them understand and manage their feelings.
- Online Wellbeing Activities to help employees to actively support their own wellbeing
- Help to set up peer support networks
- Training in self-help techniques and Resilience and Trauma Awareness

Contact:

07799 784 018

mindlinesc@newmind.org.uk

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Workforce Occupational Health - Mental Health Support

Page dedicated to COVID-19 Health and Wellbeing, designed to support health and wellbeing whilst living and working with COVID-19 link to page here <http://infonet.flintshire.gov.uk/en/Health-and-Wellbeing/COVID-19-Health-and-Wellbeing.aspx>

Support provided at three levels - Individual, Manager, and Teams and Peers.

Health and Wellbeing Toolkit - For Individuals

The Coronavirus (COVID-19) has changed the way we work, how we work and interact in our teams, there is a lot of information available to support individuals look after their own health and wellbeing and support them in work:

Wellbeing Sessions

We have commissioned an online / interactive wellbeing session for individuals to join. The session is delivered by a highly respected Mental Health nurse.

Mindfulness Sessions

We have online/interactive mindfulness sessions for individuals to join. The sessions are delivered by a highly respected Mental Health Nurse.

Financial Wellbeing Sessions

Operated in partnership with Chadwick's IFA –to provide a range of free online financial clinics. These clinics allow individuals to speak with a qualified financial adviser during a 30 minute slot. The slots are held over video call. Topics that can be discussed are: - Retirement planning, mortgages, financial protection (insurance), estate planning, pension planning, equity release and investments.

Coaching

For anyone finding in these unprecedented, challenging times that they are struggling to concentrate, get motivated, focus, achieve a goal, lack confidence, make decisions, solve problems, deal with returning to work or new ways of working or coping with any change in general, and you are ready to move things forward in order to have a more productive and satisfying work-life, then coaching could be for you.

Coaching is a confidential focused and supportive conversation, it is about achieving goals for increased wellbeing and improved performance. The coach will assist individuals and teams to set their own goals, listen, question, give feedback if appropriate, explore new ideas, different viewpoints, help formulate plans and share tools to strengthen self-awareness and learning.

Coaching conversations can also provide a valuable insight into why you think and feel the way you do, and the impact this has on your actions and the results you are getting.

Working from Home

Many of us have to adapt to working from home and this is likely to continue, it is important to look after your mental wellbeing when working from home. The office provided routine and security we have had to adjust to new ways of working and it is important to establish new routines and maintain a separation between work and home. Please follow the link from MIND who have created their top tips for working from home:- <https://www.mind.org.uk/workplace/coronavirus-and-work/tips-for-supporting-yourself-and-your-team/>

Mind Top Tips Working from Home

- *Annual Leave*

It is important during this time that you still in agreement with your manager, plan for and take your annual leave. This ensures a break from work and helps your mental health and wellbeing. Please ensure you read the FAQs around taking annual leave.

- *Be Active*

Being active helps both our physical and mental health, aids better sleep and helps to keep us alert. Whilst working from home remember to take regular breaks and build in some time for your physical health.

- *NHS Home Workout Videos*

Aura Leisure are providing free fitness sessions please follow the link here to their website for more information

- *Access to Work*

Please follow the link to find out more about the extension to the Government's Access to Work scheme for those who are extremely clinically vulnerable and the support available during the pandemic to work from home.

- *Anxiety and Stress*

There are a lots of useful tools and guide to help support with anxiety and stress, now more than ever you may find you are struggling with the new ways of working, please follow the link to find ways to help cope and feel calmer during this challenging situation.

- *NHS Every Mind Matters/ Your Mind Plan and Quiz*

Take the NHS Quiz to receive a personal plan and top tips to improving your mental health and reducing stress and anxiety during this time.

Follow the NHS link for practical advice whilst being at home to help your mental wellbeing <https://www.nhs.uk/oneyou/every-mind-matters/your-mind-plan-quiz/>

- *NHS staying at home tips*

Coronavirus has affected every part of our lives, and at times can leave us feeling overwhelmed, MIND offer useful and reliable information to help us cope during this time.

- *MIND Coronavirus Information and Tips*

Face Masks and Coverings can cause some anxiety and difficult feelings, please follow the link below to useful information and practical tips on wearing face masks/coverings.

<https://www.mind.org.uk/information-support/coronavirus/>

- *Mind - Face Coverings and Mental Health*

Mind - Active Monitoring. Mind have an early intervention service available across Wales to help and support mild to moderate mental health problems. Support can be offered over the phone and by email.

- *BCUHB - SilverCloud.*

People across Wales can now access free online therapy for those experiencing mild to moderate anxiety, depression or stress, through a online 12 week course via their smartphone, laptop, tablet or desktop computer. Please follow the link for more information.

<https://bcuhb.nhs.wales/health-advice/silvercloud-free-online-mental-health-therapy/>

Health and Wellbeing Toolkit - For Managers

The Coronavirus (COVID-19) has changed the way we work and how we manage and support our teams, there is a lot of information available to support managers look after their own wellbeing and their teams. Please use the information and links below:-

- *Keeping in Touch*

As a manager you should be keeping in touch regularly with your team.

- *Team building exercises*

Now more than ever it is important that teams work together well and we find new ways to do this, if you would like to discuss and/or arrange a virtual team building exercise, please contact Heather Johnson, L&D Business Partner at heather.j.johnson@flintshire.gov.uk to discuss. We can help facilitate this for you or we can support you to do this yourself.

- *Coaching*

Do you as a manager want to access a coach to discuss a work issue or problem that is bothering you? We can provide a confidential online meeting with an Executive Coach. Coaching is a confidential focused and supportive conversation, it is about achieving goals for increased wellbeing and improved performance. The coach will assist individuals and teams to set their own goals, listen, question, give feedback if appropriate, explore new ideas, different viewpoints, help formulate plans and share tools to strengthen self-awareness and learning.

Coaching conversations can also provide a valuable insight into why you think and feel the way you do, and the impact this has on your actions and the results you are getting.

- *Occupational Health Support*

As a manager if you have noticed or feel a member of your team is struggling and would benefit with some additional support to help their health and wellbeing please email [occ.health.admin](mailto:occ.health.admin@flintshire.gov.uk) with the name of the employee and some brief details, we will get in touch and aim to get support in place quickly. We may be able to signpost to some online support or offer the individual some support sessions.

Occupational Health Telephone Number 01352 702755 or internal extension 2777

- *Health and Wellbeing Toolkit - Teams and Peers*

The Coronavirus (COVID-19) has changed the way we work and how we work together as a team and with our peers. There is a lot of information available to support each other and adapt to new ways of working.

"It is important that we be kind to each other and ourselves"

Why don't you support a colleague by arranging a 'zoom' or 'WebEX' meeting over a cup of coffee?

The benefits of peer support are wide ranging and one of the key benefits is that we can support and help each other and increase our own ability to cope with issues whilst supporting someone else. Peer support brings together colleagues with shared experiences in a 'trusted' space where they can be open and honest.

Why don't you give a colleague a quick call? Ask them how they really are?

Is there a colleague you haven't spoken to for a while?

You could agree to watch one of the short films or Ted talks. When you call this could be the basis for your conversation. It does not have to be about work – it can be about how we feel and how we are coping.

- "Inspiration for Conversation"

There are lots of useful videos and short films to inspire conversations and provide peer support

Give a colleague a call today it can make a huge difference preventing yourself and others from feeling isolated.

"It is important that we be kind to each other and ourselves"

Health and Well-being and Trauma

Working with MIND and colleagues from Social Services, accessed specific support via the Blue Light Programme for Care Workers.

Additional support available to all Employee's

Employee Assistance Programme

Our Employee Assistance Programme (EAP) Carefirst provides emotional and practical support for issues at home or in work. These services are available online and via a free phone number 24 hours a day, 365 days of the year. If you or a member of your team needs some additional support, please use our employee assistance programme, it is completely confidential, please follow the link for more details

Flintshire Academi - Learning Pool

There are lots of e-modules available through learning pool including stigma and mental health - the elephant in the room, stress awareness, building resilience, personal resilience, remote working, conference call etiquette and many more. Please log onto learning pool and progress through the modules.

Useful Numbers and Links

We have access to lots of information, please also take a look at these links and numbers:

Occupational Health Department

Telephone: 01352 702777 or internal extension: 2777

Email: occ.health.admin@flintshire.gov.uk

MIND

You can also get in touch with MIND info line, who can provide information or help you find support near you.

Telephone: 0300 123 3393

Email: info@mind.org.uk

Samaritans

Telephone: 116 123

Email: jo@samaritans.org

More information about Coronavirus (COVID-19) can be found on the Public Health Wales website.



Flintshire and Wrexham joint Public Services Board

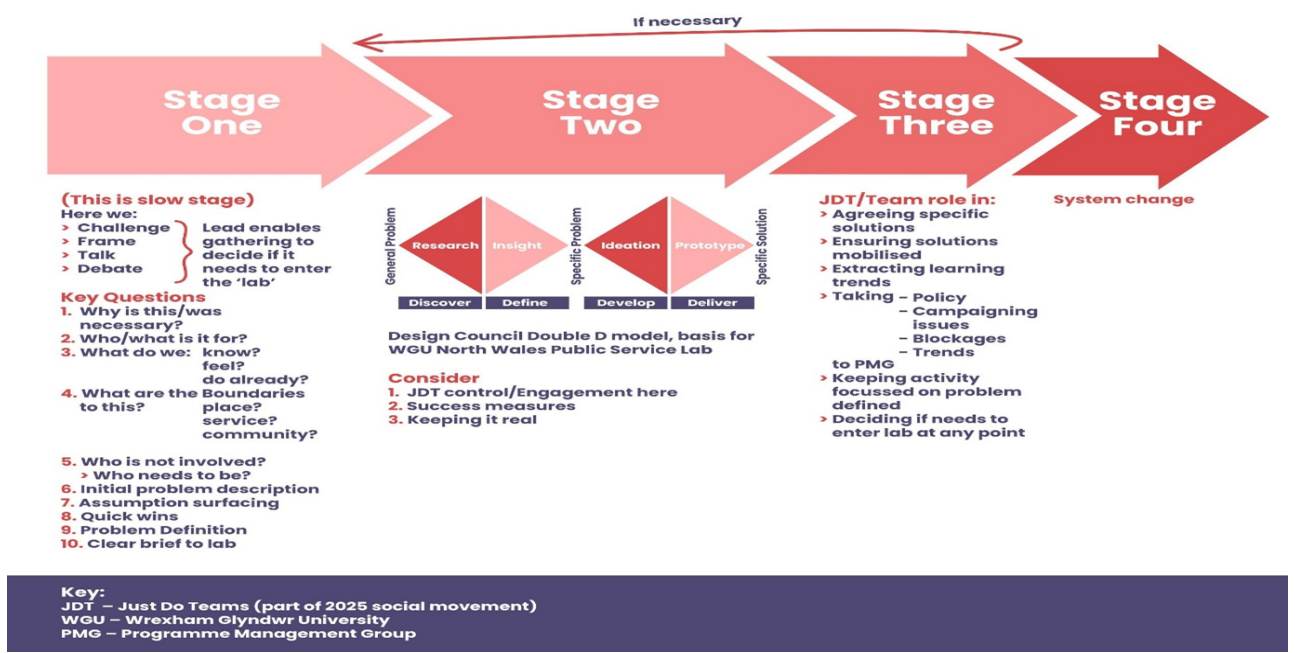
Focussing on Community Resilience

The trauma that has been experienced over the past year has changed many things in society, particularly the way we work, think and feel in public services. The pandemic has also thrown enduring health inequalities into sharp relief. Strategically, Marmot¹ highlighted this and our colleagues in Public Health North Wales have brought this insight even closer to home.

In North Wales, a Strategic Recovery Group made up of key public service leaders was established to support the recovery of society, communities and people. One of the four areas of work identified was community resilience, to be led by the four Public Services Boards (PSBs).

Flintshire and Wrexham have single PSBs, but quickly realised that by joining forces for community resilience, experiences and resources could be shared and joint solutions found to tackle common challenges. The new Flintshire and Wrexham joint PSB has sought out evidence around inequality to help size the challenge and improve how sighted everyone is – this has brought forward shared values and motivated us to act beyond traditional boundaries.

Whole system approach



¹ <https://www.health.org.uk/publications/reports/the-marmot-review-10-years-on>



As a newly formed partnership we agreed there was an opportunity to learn together, sharing organisational and personal reflections and our own lived experiences. Wrexham

Glyndwr University supported us to understand our collective challenges, with our work and thinking formed around the Future Generations Act five ways of working.

A co-created North Wales 'whole system thinking' model (above) focused on how we work across systems to enable community resilience. This takes us through four stages from understanding the problems and gaining insight and evidence to co-creating solutions. It's the only one of its type in Wales.

Building Community Resilience

A situational analysis helped us to identify four areas or themes with a clear collective purpose. The structure established a [Programme Management Group](#) and theme leads from different organisations enabled cross-system working around:

- [Environment](#)
- [Children and Young people](#)
- [Poverty and Inequality](#)

While all areas of public service have been challenged by the pandemic, we recognise that our NHS colleagues have felt it most intensely and so our fourth theme, **mental health and wellbeing**, has taken longer to consolidate because focus has been on response.

We have however been able to work together and add some capacity to this system, with work to give voice and develop resilience in communities, and with children and young people underway and yielding insight to change how we work.

The following key points from each team provide a useful insight into their work:

Theme	Children and Young People	Poverty and inequalities	Environment / carbon	Mental health
Leads	WCBC - Donna.Dickenson @wrexham.gov.uk FLVC - Ann.Woods @flvc.org.uk	DWP - amanda.aldridge @dwp.gov.uk AVOW - John.gallanders @avow.org.uk	NRW - Lyndsey.Rawlinson @cyfoethnaturiolcymru.gov.uk FCC - andrew.farrow @flintshire.gov.uk	BCUHB – Rob Smith @wales.nhs.uk Amanda.Lonsdale @wales.nhs.uk
Programme Management Team	Michael Cantwell @wrexham.gov.uk	Nina .Ruddle @glyndwr.ac.uk	karen.armstrong @flintshire.gov.uk iona.hughes @cyfoethnaturiolcymru.gov.uk	ken.perry @do-well.co.uk
Key points	<ul style="list-style-type: none"> • Develop a confident culture of social prescribing through training, development and understanding 	<ul style="list-style-type: none"> • Aim to: understand; support; reduce; prevent; protect • Partnerships – joint posts, sharing 	<ul style="list-style-type: none"> • Aim to work on 2 areas: carbon reduction and green environment • Carbon reduction group – identifying what can make most 	<ul style="list-style-type: none"> • Integrating the work of the East Local Implementation Team to drive the work forward

Theme	Children and Young People	Poverty and inequalities	Environment / carbon	Mental health
	<ul style="list-style-type: none"> • Build a dependable system of advice, information and guidance that meets the needs of young people with simple terminology and shared language • Co-funding (WG, FLVC, FCC) of a dedicated children and young people's SPOA post in Flintshire been agreed for 12 months – first of its kind. 	<p>community and organisations' assets</p> <ul style="list-style-type: none"> • Community – Using lived experiences, working through - food poverty opportunities; skills and learning in green spaces, use of arts and creativity, Children's University development • Employment – recognition of employment inequalities, support development of opportunities for young people, map current and future skills needed into training – supporting the Regional Skills Partnership 	<p>impact as organisations and in the community; sharing learning</p> <ul style="list-style-type: none"> • Green Spaces group – local project development to share learning and capacity. Build on and protect the value of the environment. Identification of pilot projects. 	<ul style="list-style-type: none"> • Project development in Gwersylt, Holywell, Flint and Shotton

Common and shared learning

Across all four themes there has been valuable shared learning, particularly an understanding that all themes are inter-related and that establishing trusting relationships is key to helping us connect.

Organisations are feeling more empowered and recognise that while there have been some quick wins, longer-term sustainable solutions require deeper navigation. Building on lived experiences to inform the future has also been key learning, as well as the importance of spending time on the challenge and not rushing to solutions to achieve long-term system change.

Resilience for future generations

We have a once in a lifetime opportunity to work collectively across systems and organisations to co-create resilient communities.

Our work is around ensuring a deep understanding of the challenges faced by those we serve. We are determined not to force solutions that may not fit. As our work evolves, we aim to engage local people so they can help shape and build stronger communities over generations – this is at the heart of our work so we can understand and change the 'whole system' together in a sustainable way.

We are determined to be brave and bold - lessons learned today must save and improve lives in the future.

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