



**Cynulliad Cenedlaethol Cymru
The National Assembly for Wales**

**Y Pwyllgor Plant a Phobl Ifanc
The Children and Young People Committee**

**Dydd Mawrth, 2 Chwefror 2010
Tuesday, 2 February 2010**

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Cofnodir y trafodion hyn yn yr iaith y llefarwyd hwy ynndi yn y pwyllgor. Yn ogystal, cynhwysir cyfieithiad Saesneg o gyfraniadau yn y Gymraeg.

These proceedings are reported in the language in which they were spoken in the committee.
In addition, an English translation of Welsh speeches is included.

Aelodau'r pwyllgor yn bresennol
Committee members in attendance

Eleanor Burnham	Democratiaid Rhyddfrydol Cymru Welsh Liberal Democrats
Angela Burns	Ceidwadwyr Cymreig Welsh Conservatives
Helen Mary Jones	Plaid Cymru (Cadeirydd y Pwyllgor) The Party of Wales (Committee Chair)
Sandy Mewies	Llafur Labour
Joyce Watson	Llafur Labour

Eraill yn bresennol
Others in attendance

Mary Burrows	Bwrdd Iechyd Lleol Prifysgol Betsi Cadwaldr Betsi Cadwaldr University Local Health Board
Vikki Butler	Barnardo's Cymru
Tim Ruscoe	Barnardo's Cymru

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

Sarah Bartlett	Dirprwy Glerc Deputy Clerk
Steve Boyce	Gwasanaeth Ymchwil yr Aelodau Members' Research Service
Abi Phillips	Clerc Clerk
Helen Roberts	Cynghorydd Cyfreithiol Legal Adviser
Siân Thomas	Gwasanaeth Ymchwil yr Aelodau Members' Research Service

Dechreuodd y cyfarfod am 9.16 a.m.
The meeting began at 9.16 a.m.

Cyflwyniad, Ymddiheuriadau a Dirprwyon
Introduction, Apologies and Substitutions

[1] **Helen Mary Jones:** Bore da, bawb. Dechreuaf y cyfarfod yn ffurfiol. Mae croeso, fel arfer, i bobl ddefnyddio'r Gymraeg a'r Saesneg. Mae'r offer cyfieithu ar gael at hynny.

Helen Mary Jones: Good morning, everyone. I formally commence the meeting. People are welcome, as always, to speak in Welsh or English. The translation equipment is available to that end.

[2] Yn rhan gyntaf y cyfarfod hwn, gan y byddwn yn derbyn tystiolaeth dros gyswllt fideo, ni chawn siarad Cymraeg gan nad yw'n bosibl i bobl glywed y cyfieithiad.

In the first part of this meeting, as we shall be taking evidence over a video link, we will not be able to speak Welsh, as it will not be possible to hear the translation.

[3] I remind Members that, normally, Members and witnesses are welcome to speak in either language, but for this morning's first evidence session, we will have to confine ourselves to asking our questions in English, because the translation facilities are not yet available to us over the video link. I have asked the clerks to make inquiries to find out when it will be possible. For today's meeting, unfortunately, it is not possible.

[4] We do not expect a fire alarm drill so, if the alarm goes off, it means that there is a situation, in which case we must follow the ushers out through the safest exits.

[5] I invite Members to make any declarations of interest under Standing Order No. 31. As expected, there are no such declarations. We have not received any apologies, but I understand that Angela Burns is caught up in traffic and that she will join us soon.

9.17 a.m.

**Craffu ar Waith Byrddau Iechyd Lleol o ran Gwasanaethau Iechyd Meddwl
Plant a Phobl Ifanc
Scrutiny of Local Health Boards on Child and Adolescent Mental Health Services**

[6] **Helen Mary Jones:** I remind Members that we decided, after hearing the evidence of the Children's Commissioner for Wales, that we would invite the vice-chairs of local health boards who have special responsibility for mental health to appear before this committee to talk about strategic direction. We have had some discussions in that regard and, unfortunately, the chairs and vice-chairs are unavailable to meet us today, but the co-ordinating chair, Chris Martin, has asked me to explain to the committee that the reason for that is because the chairs and vice-chairs are holding a national meeting today with the leading mental health charities—Mind, Hafal, and others—to discuss the strategic way forward. So, he was keen for me to pass on their apologies to the committee, and I was reassured that they have a good reason for not being here. They have agreed to appear at our meeting on 9 March.

[7] We are fortunate to have with us this morning, to kick off our process of scrutiny in this regard, Mary Burrows, the chief executive of Betsi Cadwaladr University Local Health Board. Thank you for joining us, Mary. We appreciate it very much. If it is okay with you, we will go straight to questions. Can you hear us over the video link?

[8] **Ms Burrows:** Yes, absolutely fine. Can you hear me?

[9] **Helen Mary Jones:** Yes. We are in contact.

[10] **Ms Burrows:** Good.

[11] **Helen Mary Jones:** I will start, if I may. The report by the Wales Audit Office and Healthcare Inspectorate Wales made a number of recommendations regarding services for children and young people who have emotional and mental health needs. Could you briefly outline the approach being taken by health boards to address the issues that they raised?

[12] **Ms Burrows:** I am pleased to be here on behalf of the chief executives. You will forgive me if I do not have all the details, but I do not think that you would expect me to. If there are matters of detail that you need further clarification on, I would be happy to provide that.

9.20 a.m.

[13] The seven new local health boards have welcomed the report. Even though some of the data may be slightly old, we still recognise the fact that it is a very good report and that it

gives us a good platform from which to take it forward. Paul Williams will have explained to you that we, as chief executives, have been requested to provide plans detailing how we will meet all the recommendations. We are in the process of doing that. In fact, I have had a look at the three previous commissioning networks, and we are in discussion with the Welsh Assembly Government, with Paul Williams, on how we will deliver them. I can assure the committee that the seven local health boards are giving due attention to this.

[14] **Helen Mary Jones:** I am sure that we are all reassured to hear that. Can you give us an idea of the timescale in which the health boards will provide that report to the Minister and move the agenda forward?

[15] **Ms Burrows:** We have been asked to provide our action plans as soon as possible. I cannot remember the exact date, but it is soon because at least three areas were meeting last week to discuss it. We have until 2012 to do some further things around the national service framework for children. Even as we speak, certain actions are taking place on my patch and in others, among the forensics service, primary mental health workers, and some of the recruitments. For example, here in north Wales, we have just recruited another consultant in the child and adolescent mental health service. So, a number of elements are already in play, certainly on the health side, and the release of funding has been helpful in that regard.

[16] **Eleanor Burnham:** Good morning, Mary. We keep meeting.

[17] **Ms Burrows:** Good morning, Eleanor. Yes, we do.

[18] **Eleanor Burnham:** To what extent are children and young people still being placed inappropriately on adult mental health wards, and what are the reasons for that?

[19] **Ms Burrows:** I have spoken to a number of clinicians about this and it is a complex situation, as you understand. The operative word there is 'inappropriately', because it depends on the actual age and, importantly, the emotional age of the individual placed on the adult mental health wards. It is not ideal to be in an adult unit. Some individuals have asked to be placed in an adult unit, and in those instances there is close liaison between the specialist consultants in CAMHS and those in adult mental health, but they are few in number. A particular area that I have looked at and had conversations with clinicians about is individuals who go onto a paediatric ward, because that might be partly to deal with their physical issues. For example, if they have eating disorders, they may need to be looked at from a physical perspective first, and so it is better to get their physical needs looked at and assessed in that environment, and then they are transferred if they need specialist mental health intervention from a CAMHS team. So, we are looking closely at that issue of children and adolescents going onto adult mental health units. It is treated as a serious, untoward event, and there is close liaison between the consultants in the various fields, particularly around the transition age.

[20] **Eleanor Burnham:** May I ask a supplementary question? You just mentioned assessing their physical needs. Many would ask whether their mental health condition should not be the first priority. What did you mean by looking at their physical needs?

[21] **Ms Burrows:** Let me give a case as an example, because that probably makes it easier to explain. If a young person is anorexic, they may have low calcium levels or whatever, because they are not able to eat, and so the first thing you need to do is stabilise their medical condition. Their emotional condition is also important, but you need to ensure that you can get them physically well again while also looking at their mental health needs. Our obligation is to ensure that they are clinically safe, and that is what I meant by that, ensuring that they get calcium and sodium, and have intravenous drips to hydrate them. That is what I was referring to.

[22] **Eleanor Burnham:** Thank you very much indeed.

[23] **Sandy Mewies:** I understand from previous correspondence that I have had with you that you are the lead on children with eating disorders, and that substantial progress is being made in that service. Can you bring me up to date on that progress?

[24] **Ms Burrows:** We are looking at developing services across Wales, and we believe that we should be able to deal with individuals locally. Dr Giles Harborne has been leading that in north Wales—just to get parochial for a second—because we believe that it is better to keep individuals close and within the area. Some of this has related to Health Commission Wales, which, as you know, will be changing into the specialised commissioning service that will be hosted by Cwm Taf Local Health Board. We are not looking at having one model that fits all; as you appreciate, we need to look at the geography and the needs of the areas. There have been discussions and, probably, disagreement with HCW over the model of care or provision in respect of eating disorders that has been suggested to the various areas. We are working to look at the needs of the young people and the services that we need to put in place. So, we are making some progress—probably not as fast as we would like, but I am happy to provide you with separate evidence on that with more detail.

[25] **Helen Mary Jones:** I welcome Angela Burns to the meeting. I would like to explain to you, Angela, that, because of the video link, we are not able to conduct the meeting bilingually—just in case you were wondering why Eleanor and I were speaking English. Joyce, I believe that you have a further question about inappropriate placement.

[26] **Joyce Watson:** Good morning, Mary. I would like to go back to Eleanor's question about the extent to which children and young people are placed inappropriately on mental health wards. What capacity and management issues does that raise for in-patient and residential services?

[27] **Ms Burrows:** Are you implying that they are placed on adult mental health wards because there are no places within the tier 4 units?

[28] **Joyce Watson:** Yes. We are asking whether it raises any issues for in-patient and residential services.

[29] **Ms Burrows:** My understanding, from speaking with the clinicians, is that it does not, and that they are assessed on an individual basis. You will see from the data that some of the emergency-admission and in-patient beds have not been fully utilised because of the complexity of some of the care. My understanding, from what I was told a couple of days ago, is that it does not. I can confirm that and go into greater detail if you would like.

[30] **Sandy Mewies:** The report by the audit office and the health inspectorate identifies key challenges in developing an appropriate workforce for delivering child and adolescent mental health services. For example, it referred to inconsistencies in delivery and in staffing, which did not necessarily describe the local situation. The inconsistencies were just that: inconsistencies. What, in your view, are the workforce challenges, and how are they being addressed?

[31] **Ms Burrows:** That is a big question. There are a number of workforce challenges, some of which relate to the recruitment of highly specialised consultants and clinicians in the field, particularly in very complex cases. So, the issue is being able to find them, recruit them and retain them, because we are fishing in quite a small pool of very specialised individuals.

[32] The second thing is that you can argue that, if you become too specialised, you then

rely heavily on a small group of individuals who are there for an increasing population of need that becomes very broad. So, for me, it is a question of balance, and ensuring that, where you need very specialised care, you can get the best—and we have the best, most highly trained individuals to do that. At the same time, we are developing a more generalised—if I can use that word—approach to recognise the emotional and mental health and physical wellbeing of children and young people, so that individuals are able to intervene a lot earlier in the process. The workforce challenges are therefore twofold: developing the specialised, high-end side, and being able to recruit and retain, but also developing the generalised side, that is, making sure that people have a very good skill set and are able to recognise some of the issues so that intervention can take place a lot earlier. Those are significant challenges.

[33] **Sandy Mewies:** What are you doing then in that regard? Is recruitment in Wales difficult compared with the UK? What are you doing to make it an attractive proposition for people?

9.30 a.m.

[34] **Ms Burrows:** I cannot answer in terms of the UK. However, on the numbers of consultants, if you have a good unit, then you will attract people. That is what I have seen with the opening of the tier 4 unit in north Wales, in that we have been able to attract people because it is a good environment. We have good staff there; Dr Clare Lamb has worked at a national level and is well recognised. So, the picture is probably mixed on that side. An example of how we are trying to develop services—and apologies to the committee, but the example is again from north Wales—is the work that I am sponsoring on the autistic spectrum disorder for adults. We had our project board meeting yesterday, and around the table we had many specialists in child and adolescent mental health services. So we are trying to look at the skills across the services for children, young people and adults of working age to start sharing that skill and to have a network of specialists who are able to assess, diagnose and identify onward treatment, intervention and, if necessary, referral.

[35] Those are some of the ways in which we are trying to bring things together to address some of the issues around the workforce, so that we have a bigger pool—if I can call it that—of specialists who can support children and young people, so that they can move through what I call age-appropriate services, as opposed to demarcation or being handed from one service to another once you hit 17 or 18. We are trying to blur that a little because not everyone fits in that box, emotionally, so we want more age-appropriate services as opposed to standard cut-off services. Does that answer your question, Sandy?

[36] **Sandy Mewies:** Yes, thank you.

[37] **Angela Burns:** Good morning, Mary. Thank you for your paper, which I found informative and quite disturbing in some areas. The question that I was going to ask you about the skills shortage has been covered adequately by Sandy's question, so I will posit something else to you. Would you say that, because the skills required in this area are in fairly short supply throughout Wales and the United Kingdom, and that, therefore, these specialists tend to cost more money, there is a lack of staff in this area, simply because the funding is not available to fund the calibre of people that we need?

[38] **Ms Burrows:** I do not agree that the specialists cost more; they are consultants and they are therefore bound by the consultant contract, just like any other consultant. The issue with funding is that it comes down in separate streams, as you well know, and there are also issues about it being ring-fenced. The world is not a perfect place, so if you do not get your funding numbers right, your services will change, as will your demand on services, and it becomes difficult to determine whether you have got the structure of your workforce right. I do not know whether that fully answers your question. We would welcome the funding, if I

can put it that way.

[39] **Helen Mary Jones:** Angela, do you want to ask a supplementary question?

[40] **Angela Burns:** Yes, please. When I have talked to various specialists in this field about the provision of children and adolescent mental health services, one of the things that has been conveyed to me is that the people who work with these individuals daily, not so much the consultants, simply do not have the funds to get hold of the specialists, for example for the provision of psychological and psychiatric help and the advanced nursing staff. I do not know the correct terminology for them, but I am sure that you can see where I am trying to go with that question.

[41] **Ms Burrows:** The service is a wraparound service. It is not just one doctor—there will be a number of clinicians, occupational therapists, nutritionists, primary mental health support workers, and so on. It is about trying to decide what some of the best services are, and some of those people may be difficult to find, or, for example, you may have to grow your own or develop your individuals within that, with additional training. We need to ensure that it is adequate, competent and safe, so it will take a bit of time to do that and you may have some gaps in services. Some of the questions that were raised, certainly in the Wales Audit Office report, about the differences between the in-patient units, the tier 4 units in the north and the south, for instance, related to the fact that the model of care is slightly different.

[42] So, in the north, for example, we may not have physiotherapists and occupational therapists within that team because we do not necessarily need them as we use the educational element to try to identify their therapy needs. We would bring in specialists from our therapy areas to try to support that. So, there are different ways of trying to provide it within your workforce. To draw a distinction, if you set up a very specialised service where you have one occupational therapist, one physiotherapist and one nutritionist, for example, and you lose one of those members of staff, you immediately have a gap in the service. You must be able to support it with more generic services and draw on specialisms when you need them, so that you can meet the needs of all individuals.

[43] **Eleanor Burnham:** You referred to the Wales Audit Office and Health Inspectorate Wales report, which states that a multi-agency and multiprofessional response to meeting the individual needs of children and young people is rare. Why is a holistic approach to care so poorly developed, and how long do you envisage that it will take for it to be fit for purpose?

[44] **Ms Burrows:** Eleanor, can you give me the reference in the report?

[45] **Eleanor Burnham:** If I could, I would. I will confer with the clerk or the Chair.

[46] **Ms Burrows:** Okay. In the meantime, I can answer that. The WAO report was very articulate in how it identified some of the complexities around 22 local health boards, 14 trusts and 22 local authorities. Within those, there are 22 children and young people's partnerships. As we all know, it is easy to say 'partnership' but to achieve it light of the different priorities, agendas and statutory obligations is something different. A multi-agency response would always be the best way to do it because it would be focused on the individual, the citizen or the child and young person in this case. That will have an influence on behaviours.

[47] **Eleanor Burnham:** The reference is point 24 in the summary and recommendations. It says

[48] 'In many parts of Wales, children and young people are not receiving holistic care based on meeting their often wide-ranging needs. A multiagency and multi-professional

response to meeting the individual needs of children and young people is rare.’

[49] Is that helpful?

[50] **Ms Burrows:** Yes, I have got it, Eleanor—I was on that page anyway, so that is very helpful. This is about relationships, culture and behaviours. Being parochial again, if you look at the challenges within north Wales, there are six children and young people’s partnerships with their own streams of funding and agendas for that particular population. As a result of the reform programme, they are now working with one health board to try to address those needs. That will mean that people will have to come to a consensus about identifying the population’s needs, trying to address those using the most realistic approach and, where we need to put in specific local interventions, ensure that we have some flexibility to do that. So, I could not give you a timeline—these things take time, and they are built on relationships, political agendas and everything that goes with that. However, I still believe that it is the right way to do it. Some of the issues that were raised in the report around performance management of local authorities and the NHS meant that they were held to account for achieving it, which would be one way of trying to make some progress on that. It would mean that local authorities and the NHS would be bound together to address the issues, as opposed to just one party or another.

[51] **Eleanor Burnham:** Thank you, that was most comprehensive. In many respects, I suppose that it is simpler for you in north Wales because you are one board right across the patch. What opportunities or challenges does the creation of the new health boards provide for improving multi-agency working in children and adolescent mental health services?

9.40 a.m.

[52] **Ms Burrows:** The opportunities from the health boards’ perspective would be that we have started to break down the barriers between what would have been various organisations, as the committee would appreciate. So, we are not faced with the issue of 22 different local health boards, all with different views about CAMHS, trying to commission different things from 14 provider trusts. All of that has gone, which is very welcome. We have got rid of that; we are all into one planning mode and are looking at how we can make best use of resources based on the national service framework and ‘Everybody’s Business’. That is the first thing.

[53] The second thing is that it gives us an opportunity to integrate with primary care—again, this was picked up in the report—so that we can work with general practice; in some cases, that will be the entry way, not necessarily for young people, but certainly for families. So, that gives us an opportunity. A national platform means that there are seven of us, with the three other trusts, looking at each other across the table, trying to work out how to collectively, as NHS Wales, share best practice and raise the standard to the level of the best in terms of child and adolescence mental health services, as opposed to the variation that we still have. So, if we are looking at reducing variation, improving quality—how it feels for the individual—and at reducing harm, we have a much better chance of doing that as seven organisations being held to account by the Minister and the Welsh Assembly Government.

[54] The challenges will still lie with working with 22 children and young people’s partnerships and local authorities. There will be negotiations on how best to provide those services within the context of local government, education authorities and social services, in terms of a strategic element with regard to meeting population needs and, like I said earlier, specific needs within particular communities. That will be the challenge. Again, it is about relationships, cultures and behaviours and how we try to bring the public services together in a much better way than we have in the past.

[55] **Helen Mary Jones:** I am pleased that you identify that work with local authorities as being a challenge. As a member of the Health, Wellbeing and Local Government Committee, I have heard evidence that local government is concerned about how it will interface with local health boards, particularly in local authority areas where the partnership between the old local health board and the local authority was good. The concern is about losing that good work. I realise that it is early days yet, but, in your response to Eleanor, you identified that as a challenge. Are you in a position to tell us anything today about how the health boards propose to address the challenge? It is a bit of a process question, but it is quite an important bit of process.

[56] **Ms Burrows:** Yes. It is on a number of fronts and some of that will be based on each of the health boards and the relationships. On a more global stage, for example, we are working very closely with the Welsh Local Government Association, ensuring that we get consistency and standardisation where we think that that is appropriate across the patch. However, in terms of the local level, everyone has held firm that, even though it might be assumed that you have a very large organisation because, structurally, it looks very large, the focus has been on maintaining local links and the locality focus. Through the work of Dr Chris Jones, the primary and community strategy is very much based on localities.

[57] I know that, in my health board and in the others, we were very clear during the transition into the new organisations last October that keeping those relationships very strong was important. We did not want to worry local government that we were going to go off to do something else or change things, because it was important that we kept and built on those relationships. I am pleased to report that the information that I get from my chief executive colleagues is that those relationships are still sound and are being built upon.

[58] **Helen Mary Jones:** That is encouraging. Sandy, did you have a supplementary question?

[59] **Sandy Mewies:** Yes, it is along the same lines as yours, on process. One thing that the report identified was the need for consistency throughout Wales. You mentioned that there needs to be a strategic framework. So, my first question is: do you think that there needs to be a lead covering both health and local government to take that strategic overview throughout Wales? Secondly, do you think that issues on the information and communications technology procedures and the collecting of data have been resolved to ensure that they work properly, so that what is happening can be monitored and reviewed, and that the same things are being monitored and reviewed?

[60] **Ms Burrows:** I think that Paul Williams gave his view to the committee on how the different departments are working together across Government. My understanding is that, through some of the work that we are trying to do with the Health and Social Services Directorate General—Paul's directorate—and the NHS, we have 11 national programmes, one of which is mental health. There will be a chief executive and a WAG policy lead to take forward a lot of these programmes together. That will obviously link in with social services. The answer to your first question is 'yes'. To the second question, on informatics or ICT, the answer is 'no'; I think that we have a long way to go in terms of data.

[61] The Wales Audit Office report picked up some issues about that. The question that I would put to the committee is: what are we actually measuring? Are we measuring numbers, which is just about activities or processes, or are we monitoring outcomes? What has been the life outcome for that individual? What has their experience been like? What has been the standard of care that they have received? Currently, we do what I call 'proxy measures', which is that we count numbers, but that does not necessarily tell us what the experience or the outcomes were like. The proxy measures are a good start, but we need to move to what I would call outcome-based measures. The Minister for Health and Social Services is very keen

to do that through the work that we are doing now, which is badged 'intelligent targets'. That is taking us more towards looking at reducing the variation and making sure that the outcomes are clinically recognised outcomes that are also meaningful to the individual who is receiving that service.

[62] **Sandy Mewies:** I would agree with your vision for the future; it cannot come soon enough.

[63] I will move on to my own question now. The report says that the Assembly Government and the local health boards should be putting children, young people and their parents at the centre of the development, implementation and monitoring of services. It suggests that progress has been slow. What changes do you think are necessary so that the service users are placed at the centre of the service?

[64] **Ms Burrows:** I could probably apply that question to every single part of the health service, Sandy. On the one hand, it is easy to say, but it is much more difficult to do in practice, as the committee would appreciate. There are examples of good practice where children and young people's voices are being heard and they are helping to plan, develop and construct services that are much more around what they need, as opposed to, in some aspects, what the professional would want. In many regards, mental health services, particularly on the adult side, and, in some regards, learning disability services, are much more advanced than some of the others, but you are right that the variation is still there and progress has been slow. Some of that is in a number of ways: one is around the professionalism that we still hold on to in terms of our clinical practice. The second thing is about trying to identify people who wish to engage in that. If you look at cancer services, which are a very good example of where patients get involved, patients can really change things. However, there are also certain circumstances where you get professional patients, who only take on a particular view of things and do not consider the wider aspects of the service. So, trying to wrap services around the child or young person is going to be bound around a number of things.

[65] I do not think that there is one answer, Sandy; I think that people are trying to do it on a number of fronts. They are doing it through planning and young people's fora. Of course, the children and young people's fora and the children and young people's partnerships of local government are very fertile ground to start to get people engaged in almost what I would call a co-creation or co-production of services. That takes a level of maturity of both the public services and the general public to enable them to engage in dialogue. It has been slow, but I do think that there are some examples of good practice. The health boards are very committed to trying to make some progress along those lines, to really hear the voice of the individual and to try to wrap those services around them. That was not a perfect answer, but we are trying.

9.50 a.m.

[66] **Angela Burns:** I was listening with great interest to your response to Eleanor and Sandy about the creation of the health boards and the ease of dealing with seven rather than 22. I am interested to know how significant that will be in your view, to improving access. Section 18 of the report states that,

[67] 'overall, access is too variable across Wales and some children are not receiving the specialist CAMHS support they need'.

[68] Why is access to specialist CAMHS support so uneven, geographically and for different groups of children? Having read—without an expert's understanding—the clinical strategy implementation group's views for north Wales, south-east Wales and mid and west Wales, I can see great differences even in their approaches, although there are also some huge

similarities. While you have inequality of funding, perhaps, and different approaches from these planning bodies, will we ever be able to really iron out that wrinkle about access to CAMHS for these less mainstream groups?

[69] **Ms Burrows:** My optimistic answer would be ‘yes’, because that is what I have always believed that the reform was meant to do. For example, where we had two trusts coming together with six local health boards, as part of the reform programme, it gave us the opportunity to look at the variation just in north Wales, in how services had traditionally grown up and how services had previously been commissioned or dealt with. Therefore, for the first time—we have seen it across a whole range of specialties—we now have an opportunity to look at it. If you look at north Wales, for example, you will see that the spread of primary mental health workers looks very uneven, so I would say that, because various local health boards previously had invested or not invested for whatever reason, we now have a pool of resource that will give us an opportunity to open up access where, previously, we had not been able to do that. That will probably mean negotiation with individuals around their contracts, the geography and the stuff that they are covering. That gives all of the local health boards a real opportunity to look at the workforce that they have, and be able to open up access in a way that they were not allowed to do before, because they were separate organisations. That is the first point.

[70] In terms of your comment about the three CAMHS commissioning networks, there is a question about commissioning networks in the new world of the NHS, where we have, through the ‘One Wales’ commitment, removed the internal market. Therefore, we would not want to see the CAMHS network sitting outside of the local health boards, but see it very much as an integral part, in terms of using the skills to develop services together. Through the seven directorates of planning that are now working together with the policy lead, Simon Dean, at the department, it is important that we can start to look at those plans together and, as you and I have identified, you will see that there are different approaches. Those approaches might be absolutely right, because it depends on where you are starting from. However, it gives us an opportunity to look at those, ask why people are doing certain things and say, ‘We have already done that here; let us share with you our experience’. In that way we can see whether we can transfer or spread that practice into other areas, so that people use their resources and open up access in a way, perhaps, that had not been considered before. There are some opportunities, and I am hopeful that we will be able to iron out some of these issues of inequity that we have had in the past.

[71] **Joyce Watson:** I am focusing particularly on access to specialist CAMHS and the progress in establishing comprehensive services for children and young people with mental health problems who are at a high risk of offending. The report states that,

[72] ‘despite funding being available, it has taken considerable time to put in place a Forensic Assessment and Consultation service’.

[73] What work is under way to address the lack of child and adolescent mental health services for young offenders, both in secure units and in the community?

[74] **Ms Burrows:** Having spoken to some clinicians over the last few days, it is my understanding that we have made progress in this area. There is a team in place hosted from Cwm Taf, and supports north Wales. It is my understanding that we have recruited people to support the youth offending side. I am quite willing to give more detail on that, in writing, if the committee so wishes.

[75] **Helen Mary Jones:** That would be great. I now call on Eleanor Burnham.

[76] **Eleanor Burnham:** Mary, you have already mentioned your views about the need to

monitor outcomes rather than carry out bean-counting exercises, which is apparently what happens now. With regard to performance management, the report states that key national service framework and annual operating targets applicable to child and adolescent mental health services have often been missed. In your opinion, why have those targets failed to deliver improvements? How can they be made to work? Are these targets appropriate, or should we be making more qualitative judgments and, as you said earlier, monitoring the outcomes for patients?

[77] **Ms Burrows:** I would not necessarily say that targets are a bean-counting exercise, Eleanor. I think that there is a role for what I call proxy targets to give some confidence to the public, politicians, and the Assembly Government overall that there is some sort of measure of what the service is providing. It is the level of sophistication of those as we progress that will be important. Again, I commend the Minister for taking that forward.

[78] Turning to the national service framework and the annual operating framework, my view is that the national service framework is a standard that we should all be seeking to achieve. It is grounded in evidence. Some of it is internationally recognised. I have been here only since 2007, but my understanding is that some of the issues related to some inability to meet the NSF and the AOF—or the service and financial framework, SaFF, targets as they were previously—came down to a number of things, particularly with regard to some of the issues the report picked up on to do with reorganisation. The set-up of Health Commission Wales, local health boards and various commissioning bodies and providers, from the outside, looked very complex and complicated and not at all joined up. That would have contributed greatly to the inability to achieve those standards, as would the various funding streams and the issue of whether funding was recurrent. It seemed to be an area of confusion, from the outside looking in. Hindsight is a wonderful thing. I think that the WAO report has picked up on some of the reasons why improvements were not made over that time.

[79] On the reform programme, the performance management approach that has been introduced through the Welsh Assembly Government and some of the recommendations made in the WAO report will give us a much better opportunity for those things to work and to be held to account for them. As a chief executive, I am very happy to be held to account for those, but I need clarity of purpose and I need to be absolutely clear what my funding streams and obligations are. Then, as all other chief executives are, I am happy to stand up to be held to account for those within a good performance management framework. I do think that we can make it work.

[80] **Eleanor Burnham:** Good, and good luck.

[81] **Helen Mary Jones:** Thank you. That brings this agenda item to an end. Thank you for being with us today, Mary. We look forward to talking to the representatives of the chairs and vice-chairs on 9 March. Diolch yn fawr.

9.58 a.m.

Ymchwiliad i Fannau Diogel i Chwarae a Chymdeithasu—Casglu Tystiolaeth Inquiry into Safe Places to Play and Hang Out—Evidence Gathering

[82] **Helen Mary Jones:** Croesawaf at y bwrdd Vikki Butler a Tim Ruscoe o Barnardo's Cymru. Diolch, Tim a Vikki, am y papur yr ydych wedi'i gyflwyno i ni. Gan ein bod eisoes wedi'i ddarllen, symudwn yn syth at y cwestiynau.

Helen Mary Jones: I wish to welcome to the table Vikki Butler and Tim Ruscoe from Barnardo's Cymru. Thank you, Tim and Vikki, for the paper that you have provided. As we have already read it, we shall move straight to questions.

[83] In your paper, you state that play and leisure should not be a stark choice between targeted and universal provision but a mixture of both. To ensure a balanced mix of play and leisure services, you say that local provision should be based on an analysis of community demographics, the needs of parents and, most importantly, the voices of children and young people. In your experience, do the current planning mechanisms for play and leisure provision allow for the factors that you have identified to be taken into account, particularly with regard to the voices of children and young people being heard?

10.00 a.m.

[84] **Ms Butler:** Often, parents' needs are not accounted for in play provision, or childcare. Perhaps the main reason for that is that children's needs and parents' needs do not necessarily follow the same agenda. So, children's voices may be heard, for instance, we know that children need open access and open spaces, but if parents are going to work, what they need is for their children to be under supervision. Perhaps there is a difference that is not easily reconcilable.

[85] **Eleanor Burnham:** Gwyddom fod trafnidiaeth a thraffig yn effeithio ar allu rhai pobl dlawd i gymryd mantais o rai o'r cyfleusterau sydd ar gael. Wrth sôn am dlodi gwledig yn eich tystiolaeth, yr ydych yn datgan bod gan lawer o leoedd ar draws Cymru weithgareddau awyr agored gwych. Mae ymwelwyr yn dod yma i fwynhau'r gweithgareddau ond, yn aml, nid yw'r plant a'r bobl ifanc sy'n byw yn yr ardaloedd hynny yn gallu cael mynediad atynt. Yr wyf wedi crybwyll y mater hwn o'r blaen ynghylch y cynllun nofio am ddim. Mae'n iawn i gael y cynllun, ond nid yw'n bosibl i'r plant gymryd mantais ohono hanner yr amser, oherwydd cost uchel trafnidiaeth gyhoeddus yn yr ardaloedd hyn—a'r diffyg trafnidiaeth. Yr ydych yn rhoi enghreifftiau, megis syrffio, dringo a cherdded mynyddoedd, ac yr wyf newydd grybwyll nofio, ond a oes gennych argymhellion ynghylch gwella mynediad i weithgareddau o'r math hwn, yn enwedig yn yr ardaloedd mwyaf gwledig?

Eleanor Burnham: We know that transport and traffic difficulties affect the ability of some poor people to take advantage of some of the facilities that are available. In talking about rural poverty in your evidence, you state that many areas throughout Wales offer fantastic outdoor activities. Visitors come here to enjoy those activities, but, often, the children and young people living in those areas cannot get access to them. I have mentioned this previously in relation to the free swimming scheme. It is all very well having the scheme, but half the time it is not possible for the children to access it, because of the high cost of public transport in these areas—or the lack of public transport. You cite examples, such as surfing, climbing and hill walking, and I have just mentioned swimming, but do you have any recommendations concerning how to improve access to activities of that kind, particularly in the more rural areas?

[86] **Ms Butler:** There are two separate issues here. The first is transport, or access. Transport is particularly problematic for rural areas. Many of the outdoor pursuits providers have their own minibuses, and so I do not see why there could not be some community use of those to get to beaches or to do rock climbing. That would be something new, so it might need planning and consideration. The second issue is the cost. I do not see why there could not be a local voucher schemes. For example—and this is in a different sphere but it addresses a similar problem—during the Edinburgh festival, there is a local voucher scheme or a subsidy so that residents who could not otherwise access drama events can get to enjoy the activity in their area. That also welcomes tourists to the area, so I do not see why local people in Wales could not benefit from some sort of voucher scheme. Perhaps such a scheme could be implemented at village level as a leisure opportunity for local young people, because, at the moment, it is very much about private enterprise rather than considering how it could link into current leisure or youth provision.

[87] **Eleanor Burnham:** Do you agree that people do not always view these private enterprises as belonging to them?

[88] **Ms Butler:** Yes, and I think that there should be more of a link between community enterprise and private enterprise. I do not know why they could not bring those together to benefit each other, and to belong more to the communities.

[89] **Mr Ruscoe:** They sometimes do not appear to belong to communities. However, there are possibilities with planning and regulation to do with a change of use, so that some account can be taken of how they can become community assets when they are linked into the NEET agenda—those not in education, employment or training. Those assets could help local communities to provide and support employment and development opportunities for the younger population.

[90] Another element of access is the cost, and there are a few elements to that: should the cost come down, should there be voucher schemes, or should benefits rise?

[91] **Eleanor Burnham:** If—

[92] **Helen Mary Jones:** Sorry, Eleanor, but that would be your second supplementary question on that. I will bring you back if we have time.

[93] **Joyce Watson:** I want to focus particularly on the evidence in your paper that looks at children who live in poverty and who therefore face costs as a barrier to accessing any activity. You say that even £1 a day for a child from a large, low-income household can inhibit their ability to join in with any form of activity, youth club or whatever. Can you tell us more about how you have analysed cost as a factor in preventing access to youth clubs and play schemes, and can you tell us about any solutions that you might have?

[94] **Ms Butler:** I have analysed it. I do qualitative participatory research, which is about listening to what children and young people tell me and involving them in the research process. If they tell me that they do not have the money to do something, that is how I have found that it is an issue. What surprises me is the variation. Some places will charge, say, £1 per session, some are free, and some will charge just £1 registration for the year. So, some provision is free, and that varies between local authority areas and between the provision that is being discussed.

[95] As for solutions, either it needs to be subsidised or benefits need to be increased in some way. It might involve children who are entitled to free school meals—and, again, there could be some form of voucher system to enable access to play and leisure activities. How that would work in practice, I do not know, but it is one suggestion for a way of solving the problem. Equally, if there is free provision in some areas, I would question why other places need to charge. I do not know why that is, as I do not see enough of the service-provision angle to know why that might be the case.

[96] **Mr Ruscoe:** We talked about £1 a day being a significant amount, and the larger the family, the lower the income and so the greater impact that single pound will have. Frequently, particularly in dispersed urban areas and rural areas, that £1 may well be the transport cost. So, there is no other £1 available to gain entry to the leisure facility, the cinema, or the bowling alley—the sorts of places that we would normally expect children and young people to use to hang out in.

[97] **Helen Mary Jones:** I will bring you back shortly, Joyce, but, Eleanor, does that lead you into the supplementary question that you wanted to ask earlier?

[98] **Eleanor Burnham:** No. It followed on immediately from the previous question, which I have now lost.

[99] **Helen Mary Jones:** Okay. Joyce, you have a supplementary question to this, I think.

[100] **Joyce Watson:** Yes, I do. You have done some research and compiled some comparable data on the local authorities that do charge and those that do not. Have you compiled any comparable data on the budget spend per authority on children's services, youth club provision, or after-school activities?

[101] **Ms Butler:** We have not, and that is mainly because getting the information would be very difficult. It is easier to ask children and young people directly. It would be quite interesting to look at that. I also think that different local authorities are challenged by different situations. So, those local authorities that have in their areas a large number of families living on very low incomes will have different challenges from those that may be experiencing rural poverty, because the issues are different. I know that, in large families, where activities cost money, children take turns to attend them. So, the eldest might go on a Monday, and the next child might go on a Tuesday, and so on. So, they are accessing them, but on a very limited basis.

[102] **Mr Ruscoe:** I know from your inquiries into child budgeting that it is difficult to identify uncommitted spend. How much of that uncommitted £10,000 is spent directly on children and young people? That is difficult to ascertain. In a previous inquiry, during the second Assembly, it was found to be difficult to identify the money that was spent on a specific group of disabled children and young people in any local authority area.

[103] **Helen Mary Jones:** We might wish to come back to that issue when we have the WLGA here in a couple of sessions' time. Even though it is difficult to unpack, it is important to try to understand it.

[104] **Angela Burns:** Good morning. I was very struck by your evidence about the wide range of barriers facing disabled children. What key actions could we take to address these issues and to remove the barriers?

10.10 a.m.

[105] **Mr Ruscoe:** I will go first. One thing that I would like to do is refer to a comment that Ann Jones made in Plenary during a debate on the United Nations Convention on the Rights of Persons with Disabilities. She said that if we get it right for disabled people, we get it right. During the second Assembly, the Committee on Equality of Opportunity published a report entitled, 'Why is it that disabled young people are always left until last?', and that gives us an indication, really. If we can make things that are equally accessible for disabled children and young people, then the likelihood is that they are accessible.

[106] I would also like to refer back to the oral evidence that Play Wales gave to this inquiry, talking about a wheelchair user who wanted to leave the wheelchair, and play in the sandpit, or on the floor, and not be put back in, whereas the worker wanted to put them back in the wheelchair, because that was where they were supposed to be. That is the first barrier to achieving openness in access; the first step is to ensure that disabled children and young people are accounted for right at the start.

[107] **Ms Butler:** In addition, parents need to be part of the equation. They worry that their child will not have the right amount of support, and they do not seem to get sufficient information about the content of play training to know whether the support worker has the

necessary skills in personal care and inclusion. For example, on some schemes, parents have commented that their child has had support that involves one-to-one contact with an adult, but were not being included more widely. They are present in the room with other children, but they are not included in the play. Parents could help that process and could be brought in as part of a partnership when a local-level play scheme starts. The parents and the children need to be involved so that they know what they can expect and what is coming together. We need to raise awareness of the skills of play workers among parents.

[108] **Helen Mary Jones:** Before I bring Angela in for a supplementary question, I just remind Members and witnesses that we have slightly less than half an hour to go, and we have 11 questions left to cover. That is a lot, so it would be helpful if we tried to make our questions and answers as brief as possible. I will try to bring Members in to ask supplementary questions, but I want us to try to cover as much ground as we can. We never have enough time for these meetings. I sometimes think that we could happily spend all day on them.

[109] **Angela Burns:** You talked about the strategies. Really, the one key action is to better train the workers who work with children, so that they understand inclusion. I have seen play workers who do not understand inclusion strategies in operation. So, you would say that better training is needed. What other key actions are needed, and I do not mean the woolly stuff about cultural change? Do you have a checklist of actions to improve this?

[110] **Mr Ruscoe:** It is not just play workers—it is workers across the board. That level of inclusion, awareness and training—

[111] **Ms Butler:** Parents' fears will act as a barrier; parents rightly have fears. The best way to tackle that is when a play worker goes to a parent's house before a scheme starts and meets the parent and child in question. Then the child also knows who will be supporting them.

[112] **Angela Burns:** Brilliant—that deals with my final bullet point. Thank you.

[113] **Sandy Mewies:** Thank you for your paper. You talk about the varying levels by which local authorities encourage and support young people, and presumably their parents, to be involved in decisions on the development of play services. What is the impact of involving young people in that way? Is it better? Does it result in better facilities, and safer and more enjoyable facilities? How did you collect the evidence to establish that?

[114] **Mr Ruscoe:** The simple answer is 'yes'—it is better. My first evidence-gathering mechanism was my own experiences of working in that way. Before children and young people were involved in the decision-making process, there was an enabling development process to enable children and young people to develop their capacity. Capacity also needed to be developed within the organisation, in order to work differently and to make that involvement really credible. Without doing that, children and young people's involvement might become more tokenistic, because there is not a credible mechanism to address the issues that they are highlighting. Even if the answer to their desires and wishes is 'no', they can be part of turning that 'no' into, 'What do we need to do to address that?'. So, they have a part in the action to address that 'no' so that it is not just a 'no', but a 'No, but how do we work together to address that?'.

[115] **Sandy Mewies:** So, would that work on a Wales-wide level?

[116] **Mr Ruscoe:** If we take a rights-based approach, the individual owns the right, so it should be happening on a Wales-wide level with every individual with whom a professional works. It should happen, if we take that rights-based approach. Should it happen more

systematically on a Wales-wide basis? The Proposed Children and Families (Wales) Measure—I cannot remember which part; I think that it is Part 4—talks about the local authority’s obligation to involve children and young people in decisions that might affect them, which broadens the issues beyond play and youth provision into transport and those sorts of more planning-based issues that will affect the land that should be protected for open play. There may be a distinction between what should be protected and what should be provided.

[117] **Ms Butler:** In addition to what Tim said, I would like to add that if we are asking children and young people to be involved, then some level of capacity building needs to take place because, particularly when children have very limited experiences, they will say that they want more of what they have already experienced. So, some amount of time needs to be given for children to have wider access, or a wider understanding of their experiences, so that they have an informed choice.

[118] **Helen Mary Jones:** Thank you; that is helpful. Joyce, you are next.

[119] **Joyce Watson:** Moving on to current strategy and initiatives, you say in your evidence paper, in respect of play policy and the play information plan, that while you welcome the plan’s focus, you state that there are

[120] ‘gaps, or unintended consequences, which need to be addressed’.

[121] You cited an overemphasis on adventure play and the limited consideration of the needs of children and young people in specific circumstances. So, how significant are the issues that you raise and should the play policy and implementation plan be amended to take those issues into account?

[122] **Ms Butler:** I would welcome an amendment. As an implementation plan, it defines the importance of play and the need for play extremely well. However, I think that there is an unintended consequence because we may be talking about limited budgets, and if you put effort into building a play area or into providing adventure play, then effort might be taken away from other aspects. That varies across the country, but it is something that we have observed. Partly, we have observed it among those children who cannot afford £1 a day for the bus fare to go to an adventure playground or whose parents do not have a car to take them there. So, that becomes a problem in specific circumstances. If there were an amendment, it would need to say that there needs to be a mix and match of provision to ensure that adventure play continues, but does not detract from other styles of provision.

[123] On inclusion, which is something else I mentioned in my paper, I would welcome a little bit more strength in terms of what we mean by ‘inclusion’ and how we actually include disabled children and young people. It is a word that we can include, and it is very easy to say, ‘Our scheme is inclusive’, but if it is not defined in the implementation plan and if it is not supported by some strategic planning, then it is easy for children to be unintentionally excluded.

[124] **Helen Mary Jones:** I would like to ask a supplementary question on that because it has been put to me anecdotally that this heavy emphasis on outdoor and adventure play has the unintended consequence, in some places, of excluding girls, particularly older girls because they just do not want to do that. I am asking, anecdotally obviously, but is that an issue?

[125] **Ms Butler:** Girls love dens, so it does not have to exclude girls. Even in school playgrounds, generally, space is gender divided, with boys taking up two thirds and girls taking up one third of the space on the edge of the playground. So, there is a wider gender

issue in play that may not be fully recognised. Girls love dens; if the space is given to a large den, then girls will congregate in it. They will play clapping games, for example; they may have more sedentary play, but they will definitely play in there. The issue might not be that it excludes girls, but that the physical space is not given for girls' style of play, which will differ from that of boys.

10.20 a.m.

[126] **Helen Mary Jones:** Thank you; that is helpful.

[127] **Eleanor Burnham:** I think that that is fascinating; I was a tomboy and I had outdoor dens on the farm.

[128] Yn ei dystiolaeth ysgrifenedig, dywedodd y Dirprwy Weinidog fod y Llywodraeth wedi sefydlu strategaeth genedlaethol ar gyfer y gwasanaeth ieuentid, a bod honno wedi'i chyhoeddi dair blynedd yn ôl. Mae'n cynnwys cynllun gweithredu gydag amcanion ar gyfer Llywodraeth Cynulliad Cymru, llywodraeth leol, gwasanaethau gwirfoddol ieuentid ac eraill. Mae'r dystiolaeth yn datgan bod y strategaeth yn cael ei hadolygu ar hyn o bryd er mwyn canfod canlyniadau ac effaith y ddogfen bolisi. Y disgwyl yw y bydd y wybodaeth a gesglir yn dangos y blaenoriaethau ac yn sail i bolisi yn y dyfodol.

In his written evidence, the Deputy Minister said that the Government had established a national strategy for the youth service and that that was published three years ago. It includes an action plan with objectives for the Welsh Assembly Government, local government, youth volunteer services and others. The evidence states that the strategy is currently being reviewed in order to identify the outcomes and impact of the policy document. It is expected that the information collected will identify the priorities and will form the basis of future policy.

[129] Felly, pa mor effeithiol yw'r strategaeth genedlaethol ar gyfer y gwasanaeth ieuentid gan Lywodraeth Cynulliad Cymru o ran cynnig cyfleoedd i bobl ifanc allu cymdeithasu'n ddiogel?

Therefore, how effective is the Welsh Assembly Government's national strategy for the youth service in terms of offering opportunities for young people to socialise safely?

[130] **Mr Ruscoe:** The youth service strategy was a welcome development, in that previous strategic policy approaches had used words like 'adequate' and 'appropriate' without any definition of what adequate and appropriate youth services may be in an area. When the United Nations committee looked at Wales as a whole, it talked about some very good strategies, but it identified an implementation gap between policy and service. That, I would also say, is the case with the youth work strategy, in that there is an implementation gap.

[131] I would suggest that the strategy needs to be reviewed. It is not as specific as it might be. If a strategy is the pragmatic delivery of principle, it has to be specific and not just use words like 'synergy'. So, it needs to be reviewed to make it more usable by a youth worker who is working on the ground.

[132] I would also welcome the strategy being developed to place a greater focus on the United Nations Convention on the Rights of the Child. It makes frequent mention of 'Extending Entitlement' and the learning pathways, but I think that the entire document makes only one reference to the convention. I would like it to be clearly and unashamedly based on delivering on the intentions of the convention. That is where I would like it to be. Given that it is not as usable a document as it might be, there are very varied experiences of youth provision around Wales. There has been a growing breadth in terms of how youth services are delivered, so there is a greater use of outreach and detached work as well as

centre-based work. There are possibly not as many examples of positive partnership working with other agencies as we might have hoped for, but I think that that is developing. There are some examples of where very good work is happening—perhaps not as a consequence of the strategy. Vicky has some great examples of engaging with large numbers of what are generally called hard-to-reach groups, namely boys and girls who are right on the edge of gang culture and gang behaviour in Cardiff. However, they are engaging in some very good activities, which include fruit and things that are not perceived as being ‘hard’. Those are really good examples of such work.

[133] **Ms Butler:** Those activities take place in the Butetown Youth Pavilion in Cardiff on a Friday night, and they are attended generally by around 80 young people; mainly older boys aged 14 plus, playing sports and undertaking healthy living pursuits. The idea is that they take part in a number of different sports, including rock climbing, and there are dance classes for girls who attend. To be honest, the young people are generally known to the police, and the work is part funded by the police. It is an initiative to promote healthy living and, in that way, self-esteem and emotional wellbeing. I undertook some research there and I was extremely impressed. To keep these young people entertained until 10 p.m. on a Friday night, and to have 18-year-olds in a youth pavilion at 10 p.m. on a Friday night, is really quite impressive.

[134] **Helen Mary Jones:** It shows that it can be done, if the provision is interesting to the young people themselves.

[135] **Sandy Mewies:** In your evidence, you talked about the planning processes and you say that planning consultation processes are not accessible to all people within a community, particularly children and young people. That, of course, is the truth. In fact, they very often are not accessible to the whole community. The young children might not want to be involved, I do not know, but I suppose that where they are involved, it tends to be negative, it tends to be people saying, ‘We don’t want that there; this is the consequence if you involve children and young people and I just don’t want that there’. How much of an impact do you think that national planning policy and local authority processes have on the opportunities for children and young people to play and hang out safely? I am thinking about the fact that, in some areas, the provision of shelters was thought to be a good thing at one time, but in the planning process it is considered a bad thing.

[136] **Ms Butler:** My understanding of the planning process is not complete because my background is community development and research—that is where I have come across planning processes. Children and young people are definitely not encouraged to take part and that leads to a reduction in interesting streetscapes—it means that benches do not get put in place and the natural places where people might congregate are not planned for. In my experience, that is because children and young people are seen as a problem rather than an asset. Behind that, there is a greater problem with how children and young people are viewed within their community. I also know that there are different voices in a community and they are not homogeneous. Often, residents’ associations have a very powerful voice, but they are not made up of all of the residents. Planning consultations will often be sent to a residents’ association and the planners then think that they have consulted with the community. In places of community conflict, or where there are minority groups living within a community—whoever might make up those groups—those people are often excluded from the planning process. With regard to regulations, I do not know enough about them to know what would need to be changed, but something does need to be changed, if whole communities and children and young people are to be involved.

[137] **Helen Mary Jones:** Eleanor, you may ask a very short supplementary question.

[138] **Eleanor Burnham:** Two years ago, I was reading about the Dutch schemes, where the boundaries between roads and pavements are being removed. That would be an enormous

cultural change, and I presume that it would require primary legislation at Westminster. Would you favour something like that?

[139] **Ms Butler:** From my knowledge of the Dutch system, particularly in the Utrecht, which I have visited, it would take a big shift in how we understand planning and street calming. I think that it works. There are a few people in Britain—I can think of one or two in Wales—who know far more than I do about this. The idea is to remove street signs and pavement boundaries and put play equipment next to roads. That is a challenge to everything that we understand about safety and street design and what our pavements look like. The barrier to that might be community mistrust. If the community mistrusts children and young people, and mistrusts drivers, and drivers see the roads as being for cars, instead of for the community that they are passing through, then there is a need for a shift in mentality. Potentially, that form of street planning could transform communities and assist intergenerational projects and bring children and young people and older people closer together.

[140] **Angela Burns:** In your paper, you talk a lot about the role of the schools and specifically community focused schools. You talk about the barriers to being able to use school buildings for play out of school hours. For the record, would you list some of those barriers and what you think that we could do to overcome them, because some of those barriers seem to be fairly insurmountable?

10.30 a.m.

[141] **Ms Butler:** Most of the schools that I have worked with want to be community focused. It is a transition as a school goes from being almost a separate institution in the community to being a part of it. That transition is going to take time. Also, different schools face different difficulties. I note in my paper that two schools have looked at opening up their schoolyards—they do not have school fields, they have yards, as they are in very built up inner city areas. They have problems in that some of the school staff have to wash urine off the school walls every morning before the nursery children turn up. That is a barrier to opening up the schoolyard. If you have to pick up broken bottles and needles from the schoolyard, of course you will worry about which community you are serving. For some schools, those kinds of issues are very real.

[142] Other schools are in the position that the people in the surrounding community might not have had a positive experience of school, so they are not going to see the school as an asset, and will not come into the school to use the building, because it has never been an accessible building to them before. It will take time, and I think that it is possible, but solving those kinds of problems requires a better partnership between community development and regeneration and education, and on the micro level rather than in county halls—that is, in communities, and in trotting down the pavement to visit services in a community. That needs to be strengthened. I would welcome schools having community workers, for example. Some schools have space for a community room, and I know of a few schools that are looking at whether they can provide one-stop advice shops and drop-in services for parents of children at the school. Some schools do not have the capacity in their buildings to do that. Some schools want to be able to offer the use of their equipment, but they cannot let people in during school time if they have not been checked by the Criminal Records Bureau.

[143] So there are a lot of practical difficulties, but schools could work with local community workers or engage with Communities First in Communities First areas to solve them. More partnership working may be needed.

[144] **Angela Burns:** I would add, Chair, that I know of schools that have facilities and resolutely refuse to allow the community in.

[145] **Ms Butler:** There are schools that see the community as hostile, or they are hostile to children who do not attend those particular schools. In terms of schools being community assets, some work needs to be done, and that can be achieved by cross-working within the services that exist in communities.

[146] **Mr Ruscoe:** We did have—

[147] **Helen Mary Jones:** I am sorry, Tim; we need to move on. Hopefully, we can come back to that. There is so much to say about this that it is difficult to keep to the time slot.

[148] I want to bring us on to bullying. Certainly, in the representations to us from children and young people that made us decide to conduct this inquiry, bullying outside school was mentioned as an issue in talking about safe places to be and safe places to play. You say in your evidence that there is a lack of focus on addressing bullying outside school, stating that

[149] ‘there is not enough focus on anti-bullying initiatives in play and leisure settings’.

[150] Is it practical to develop anti-bullying initiatives outside school? Do you have any evidence about what difference they can make? Further to that, in some sections of play training, there is an emphasis on play workers not getting involved, not initiating, and not interfering in the play process. Does Barnardo’s have a view on that, and how does that fit with trying to do anti-bullying work in play and leisure settings?

[151] **Ms Butler:** I will deal with the play and leisure settings first and come back to the wider community issues.

[152] Within play and leisure settings, we feel strongly that bullying needs to be addressed. It is addressed in schools, where people gather together and where people come together for a positive play experience. I do not think that it is being a responsible adult to let a child continue to be bullied. It is very likely that if someone is bullying someone in a play or leisure setting, that person will continue to bully him or her on the street, perhaps at home through cyber bullying, and at school. If it is happening in school buildings, then schools need support from community services to address the issues. I do not think that bullying is an exception to any other form of negative behaviour.

[153] **Helen Mary Jones:** Can I refer you to the specific point about the ethos in play training that says that you do not interfere? It seems that you are saying that if children are being bullied through being excluded from a group activity, you believe that play workers should get involved to address those issues.

[154] **Ms Butler:** I do. It is interfering with children’s play, but if children’s play is detrimental to another child, I do not think that adults should stand by and let it happen. We would not stand by and let it happen in our workplaces, and we do not stand by and let it happen in the school ground. I know that that is a philosophy within play work, but it would be very interesting to know what the child’s perspective is of his or her experiences in that play situation. I think that children would request adults to interfere. As people over the age of 18 supporting children under the age of 18, we have a responsibility to make sure that children have a safe place to play. If that means stopping a bullying dynamic, then we need to do so.

[155] **Mr Ruscoe:** The distinction between bullying and violence is that bullying is persistent, continual and repeated. In a play situation, it might be that someone gets aggressive and violent over an issue, and it is a one-off. That can be addressed separately and differently to how you might address bullying, and the continual developmental effect of

bullying.

[156] **Helen Mary Jones:** I am pleased to hear you say that you would not stand by.

[157] **Angela Burns:** You referred in your evidence to the negative stereotypes of children, and I was much taken by the fact that the children's commissioner, I think, said that he was quite optimistic that the stereotyping of children in the media and by adults was beginning to change. In his oral evidence, the Deputy Minister for Children talked about the fact that there were ongoing intergenerational projects that he felt would help to bond the generations together, and make adults less suspicious of children, and vice versa. What impact will those projects have, and are there other strategies that we can use to try to overturn this?

[158] **Ms Butler:** I think that intergenerational projects are brilliant, and they do bring children and young people and older people together. If you look at vulnerable people in the community, those are the two groups that often feel the most vulnerable, and are often the two groups that can help each other the most. Older people have more time in communities, as do children and young people. They are the groups that use public transport most often, and they are likely to use the local shops more. So, it is a natural thing to bring them together because they use similar services. What I would like to see is intergenerational projects mainstreamed into such things as residents' associations, Police and Communities Together and Neighbourhood Watch, because there is good practice in intergenerational projects that could be built on and transferred into the mainstream community organisations that already exist. Cardiff Against Bullying has an interesting community project at the moment involving children and young people in the PACT group. It is a pilot project, and I will be quite interested to see how that works. Andover in England has implemented something called the Rights-respecting and Responsible Community Awards, based on the UNICEF model of the Rights-respecting Schools Awards, but transferred into a community setting. It looks at how to bring communities together to include children and young people, and rights and respect within community settings. There are very negative stereotypes of children and young people, and that has come out in almost all of my community development research as 'children and young people are a problem to adults'. Adults will undertake very aggressive behaviour because they think that they are preventing a crime or a risk.

[159] **Mr Ruscoe:** A child's place within the community is intergenerational, and it should be a positive experience. So, it has to be mainstreamed.

[160] **Helen Mary Jones:** We are at the end of the time scheduled for this part of the meeting, but as we have more questions, are Members content for us to spend an additional five minutes or so on this? It will eat into the time available for our private session, but I would not want to lose some of the issues that we wish to raise. Is that okay? I see that it is. Thank you.

[161] **Joyce Watson:** Moving on to the perception of 'stranger danger', which you highlight as an issue, you say that children and young people worry about the risks posed by strangers. You also mention rural areas and areas that are popular with tourists as being of concern. I can give you an anecdotal example. A child went to stay with someone, and was invited by another child to go down the shop, which was a couple of yards away. The child had seen a stranger, and so would not go out of the door, because that message of 'stranger danger' had been so driven home.

10.40 a.m.

[162] The child was told, 'Of course you're seeing strangers because you don't normally live here' and so proceeded, but it was unbelievable. So, it is a real issue and, sometimes, it needs to be. How much of a barrier is the perception of stranger danger to children and young

people playing and hanging out? What do you think should be done to address it and by whom?

[163] **Ms Butler:** It is a massive problem for children and young people and stops parents from allowing their children to take risks as they get older. By risk, I mean going out by themselves—going to the local shop and buying things. If something happens, parents feel that they are blamed, and blamed individually. Children have got the message about strangers and it has been a little too strong because children are scared of strangers. They are scared to travel on buses because there are strangers there, and children will say that. It is right that they are aware, because they need to be, but one of the messages that is not getting through and that we are not giving children is that the person who is most likely to harm them will be a family friend or known to them. I would like to see the message that we give children changed to how to keep themselves safe from adults who might harm them, which would include people in the home and when they are staying over at other children's homes. It would be about keeping themselves safe, what that means and what appropriate and inappropriate behaviour look like, so that they are not scared to go out of the front door and so that they know how to be confident, how to talk about the issues and how to recognise some of the warning signs. That would be a useful step forward.

[164] In my paper, I also highlighted the suggestion of having child safe points in communities. Younger children, in particular, often get lost, and with younger children we are talking about microcommunities. They live in four or five streets. Once they start to go outside that area, it is a scary experience, because they can get lost easily. They might get scared if an argument was happening on the pavement or whatever it might be. I suggested having child safety points, which could be points in local shops or community centres. These would be regular points where a child knew that they could go and be safe and say that they were lost or needed help and that there would be someone there who was trained, either through community services or Communities First, depending on the area. So, they would know that they could go there and get some adult help. If that was available, the worry about stranger danger and being out alone would be reduced. That is a simple mechanism that might reduce the perception of stranger danger.

[165] **Mr Ruscoe:** As someone who, as a young person, was using a community facility and playing out in the open, I knew that the adults in the community, who might be strangers to me, were taking responsibility for me as a member of their community. My parents knew that and they took some succour from the fact that I was out playing in a field and that adults in the community would take responsibility for ensuring that I was not in too much danger. With the development of stranger danger, as an adult in the community and a stranger, I become a danger. So, we are also creating the danger.

[166] **Ms Butler:** It would be easy to say through Neighbourhood Watch and the Police and Community Trust 'This is what a responsible adult does in a community' and let children know that if they are lost, they should ask an adult, knowing what they can say and what they cannot say. There is some confusion about what you are allowed to say to children and how you are allowed to interact with them, which has reduced any interaction between adults and children in communities.

[167] **Helen Mary Jones:** That is clearly a huge issue and it is particularly difficult for adult men. What do you do if you see a little child who has fallen over in a playground? Are you allowed to go over and pick it up? For heaven's sake, you must be able to go and look after it, but people are fearful of how that kind of might be interpreted.

[168] **Eleanor Burnham:** Surely there are more dangers on screens and on websites.

[169] Mae fy nghwestiwn yn symud My question moves forward a little towards

ymlaen fymryn at iechyd a diogelwch. Bu ichi siarad am risg a defnyddiwyd term diddorol a chadarnhaol, *risk-benefit assessment*, sef asesiad o sut yr ydych yn elwa o risg yn y dystiolaeth a gawsom y tro diwethaf. Yn ei dystiolaeth i'r pwyllgor, soniodd Chwarae Cymru fod iechyd a diogelwch yn aml yn cael ei ddefnyddio fel esgus a bygythiad sy'n amddifadu plant a phobl ifanc o'r cyfleoedd i chwarae a chymdeithasu. Yn eich barn chi, a yw iechyd a diogelwch—yr hyn yr wyf fi'n ei alw'n 'elf and safety'—yn cael ei ddefnyddio i rwystro plant a phobl ifanc rhag chwarae a chymdeithasu'n ddiogel?

health and safety. You have talked about risk and an interesting and positive term was used, namely risk-benefit assessment in the evidence that we received the last time. In its evidence to the committee, Play Wales mentioned that health and safety is often used as an excuse and a threat that denies children and young people the opportunities to play and hang out. In your opinion, is health and safety—or 'elf and safety', as I call it—used to inhibit children and young people from playing and hanging out safely?

[170] You did not get what I call it—elf and safety.

[171] **Helen Mary Jones:** Yes, Eleanor. I think that we did. [*Laughter.*]

[172] **Mr Ruscoe:** The short answer is 'yes'. Health and safety can be, and is frequently used as a means of eliminating risk. The whole health and safety process is about managing risk and learning to manage risk. Some of the developmental stuff about children taking risks is about managing their own risks. As a parent, that person will need, on a day-to-day basis, to risk assess everything that they do with their own children. That is what a parent does, and they have to learn that from childhood. They say 'This is a risk', and ask themselves 'What is the risk? If I fall down and break my leg, can I get home? Is there anyone else to give me a hand? If not, I will not do it today; I will do it tomorrow when I have someone with me.' There is an element of assessing risk that you have to learn. Health and safety should not prevent an activity. It should help you to manage that risk.

[173] **Ms Butler:** Through my work with children, I see that they are also more worried about the risks that they take physically. I often hear children saying, 'I don't know whether I should do that; I might fall off'. I find that quite a worrying tendency. Over the last 20 years, and when I first started in play work, this was the sort of thing that children would do all of the time. Suddenly, I have noticed a shift in what they allow themselves to do. It is a problem. For example, when it comes to a case of children being taken to a beach but not being allowed to go into the sea, for health and safety reasons, I would almost say, 'Don't take children to a beach if that is what will happen'. It is not right.

[174] **Eleanor Burnham:** Do you do any international benchmarking of how we are developing as parents here, compared to other places? I have read quite a lot of stuff recently about this, because I am very interested. It appears, anecdotally, that, as a society, we have a very confined risk-averse attitude towards our children, compared to many other similar western countries across Europe.

[175] **Ms Butler:** Only anecdotally. I know that Iceland has a very different approach to risk compared with what we do. It would be a very interesting study to undertake, and would probably be quite useful to try to reduce our overreliance on health and safety to keep children and young people safe.

[176] **Helen Mary Jones:** That is interesting. Joyce, you had a supplementary question on this.

[177] **Joyce Watson:** There are two issues to do with health and safety. I can give an

example of a really safe place to play in Pembrokeshire where a particular item had to be removed because children fell off it. That is a surprise: if you spin something round very quickly someone will fall off. That happens. I am one of eight children and we always used to do that to each other. We all know of the high-street solicitors' 'no win, no fee' claims. It has become normal in a child's development to suddenly end up in the courtroom with the local authority being sued by a 'no win, no fee' solicitor saying, 'You did not make this safe and this child has fallen off it. Now, you will have to pay out'. What are your views on that? You can take as many risks as you like and think that a certain place is safe for people to grow, develop and to assess risk, but they may end up taking you to the courtroom, and that is the other side of this. To be frank, that is the biggest problem in most cases.

[178] **Mr Ruscoe:** I have two views on this. As a provider, through an organisation, of activities that might utilise those sorts of facilities, where someone might fall off at high speed, I would continue to do that. However, I would have assessed the risk and I would put some actions in place for us, as a provider, to be able to provide that to the limits that we could, so that the appropriate staff supervision was in place and that we could enable people to go as fast as we think we could manage and cope with, or to put in other safety measures, such as huge crash-mats where they could fly off, and those sorts of things.

10.50 a.m.

[179] So, I would account for it. However, as a parent, if that facility was in my community, I would still welcome that as a facility for my children to explore and play and to do the sorts of stuff that I used to do. So, I have those two different perspectives: one as a parent and the other as a service provider. I would put the actions in place to manage the risk, but I would not take the risk away. The liability issue will be faced by schools that want to be more community focused and want to open their gates. So, who will be liable if a play facility is in a school's grounds and is open to the community and someone falls off? Will there be a liability there?

[180] **Helen Mary Jones:** If it is properly assessed like that, and is properly noted and documented, then anyone who tries to take you to court will not be successful. Sandy, I believe that you have a question about home zones?

[181] **Sandy Mewies:** Yes, it is just a quick question. You say that the home-zone principle, if utilised properly, gives children the chance of having real places where they can safely play, with slow traffic and interesting play opportunities. Play Wales states that it is evidenced that the cost of traditional home zones is prohibitive, so do you think that it is realistic to suggest that home zones have the potential to be widely implemented?

[182] **Ms Butler:** I stand by what I wrote in the paper. The home-zone concept is not necessarily prohibitive, but it depends on how it is approached. Given the opportunities that it presents to the whole community, a home zone has the potential to be transformational and can really transform the streets. Home zones work in the Netherlands and in other places, and it is not just about taking from play or street-planning budget, but about looking at the benefits and how it will be funded through a number of avenues. There are a number of different benefits to home-zone principles and the inhibiting factor at the moment is community mistrust.

[183] **Helen Mary Jones:** The final question to you both is from me. It is a really horrible question, and I know that you understand the process and that I must ask it in order to make recommendations to the Government. Your written paper, which is useful, outlines a wide range of barriers to children and young people being able to play and socialise safely. Therefore, if there was one key issue or recommendation that you would like us to prioritise in our recommendations to the Government, from the many issues that you have touched on

today and in your paper, what would be your No. 1 priority?

[184] **Mr Ruscoe:** May we have one each?

[185] **Helen Mary Jones:** Tim, you are always pushing your luck. [*Laughter.*] Yes, okay, you can have one each.

[186] **Ms Butler:** We have discussed this, and we have decided on two important priorities. The first is transport. If public transport, not just its cost but also its accessibility and availability, was addressed, then some of the problems that children and young people face, which we outlined in our paper, would be halved.

[187] **Helen Mary Jones:** That is excellent.

[188] **Ms Butler:** Getting children from place to place, having the busses at the right time and accessible buses so that disabled children and young people get around would improve life incredibly for children and young people in Wales.

[189] **Mr Ruscoe:** If I could wave a wand, it would be to improve the status of children and young people within communities. I want to improve how they are seen and valued within their communities, so that they are seen as assets, in the same way that other people in the community are seen as assets.

[190] **Helen Mary Jones:** We have very much picked up that many of the attitude problems fall from that.

[191] I thank you both very much. Diolch yn fawr. This was a really useful session.

Cynnig Trefniadol Procedural Motion

[192] **Helen Mary Jones:** Cynigiau fod **Helen Mary Jones:** I move that

<p><i>y pwyllgor yn penderfynu gwahardd y cyhoedd o weddill y cyfarfod yn unol â Rheol Sefydlog Rhif 10.37(vi).</i></p>	<p><i>the committee resolves to exclude the public from the remainder of the meeting in accordance with Standing Order No. 10.37(ix).</i></p>
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[193] Gwelaf fod y pwyllgor yn gytûn. I see that the committee is in agreement.

*Derbyniwyd y cynnig.
Motion agreed.*

*Daeth rhan gyhoeddus y cyfarfod i ben 10.54 a.m.
The public part of the meeting ended at 10.54 a.m.*