

Agenda – Children, Young People and Education Committee

Meeting Venue:	For further information contact:
Hybrid – Committee room 4 Tŷ Hywel and video conference via Zoom	Naomi Stocks Committee Clerk
Meeting date: 6 October 2022	0300 200 6565
Meeting time: 09.15	SeneddChildren@senedd.wales

Private pre-meeting

(09.00 – 09.15)

1 Introductions, apologies, substitutions and declarations of interest

(09.15)

2 Mental Health support in Higher Education – evidence session 1

(09.15 – 10.15)

(Pages 1 – 32)

Orla Tarn, President, NUS Cymru

Joe Atkinson, Press and Public Affairs Consultant, NUS Cymru

Attached Documents:

Research brief

NUS Cymru – CYPE(6)–18–22 – Paper 1

Break

(10.15 – 10.25)

3 Mental Health support in Higher Education – evidence session 2

(10.25 – 11.25)

(Pages 33 – 58)

Elizabeth Treasure, Vice Chancellor of Aberystwyth University and Chair of Universities Wales

Ben Calvert, Vice Chancellor, University of South Wales and representing Universities Wales



Sophie Douglas, Policy Advisor, Universities Wales

Tom Snelgrove, Director of Learner Experience, Coleg Sirgar and representing Colegau Cymru

Ceri Wilcock, Deputy Director, Student Experience, The Open University in Wales

Attached Documents:

Universities Wales – CYPE(6)–18–22 – Paper 2

The Open University in Wales – CYPE(6)–18–22 – Paper 3

Colegau Cymru – CYPE(6)–18–22 – Paper 4

4 Papers to note

(11.25)

4.1 Welsh Government Draft Budget 2023–24

(Pages 59 – 60)

Attached Documents:

Letter from the Chair of the Finance Committee – CYPE(6)–18–22 – Paper to note 1

4.2 Welsh Government Draft Budget 2023–24

(Pages 61 – 66)

Attached Documents:

Letter from the Minister for Education and Welsh Language – CYPE(6)–18–22 – Paper to note 2

4.3 Information from Stakeholders

(Pages 67 – 68)

Attached Documents:

Information from Psychologists for Social Change – South Wales CYPE(6)–18–22 – Paper to note 3

4.4 Information from Stakeholders

(Pages 69 – 71)

Attached Documents:

Briefing note from Hope instead of Handcuffs campaign – CYPE(6)–18–22 – Paper to note 4

4.5 Information from Stakeholders

(Pages 72 – 75)

Attached Documents:

Briefing note from Cardiff University on young carers research project – CYPE(6)–18–22 – Paper to note 5

4.6 Forward work programme

(Pages 76 – 84)

Attached Documents:

Letter from the Deputy Minister for Mental Health and Wellbeing – CYPE(6)–18–22 – Paper to note 6

4.7 Peer on peer sexual harassment among learners

(Page 85)

Attached Documents:

Information from the Women’s Equality Party in Wales – CYPE(6)–18–22 – Paper to note 7

4.8 Peer on peer sexual harassment among learners

(Pages 86 – 87)

Attached Documents:

Letter from the Chair of the Children, Young People and Education Committee to teaching unions – CYPE(6)–18–22 – Paper to note 8

4.9 Summer exams series 2022

(Pages 88 – 89)

Attached Documents:

Letter from the Chair of the Children, Young People and Education Committee to the Chief Executive of Qualifications Wales – CYPE(6)–18–22 – Paper to note 9

4.10 Inquiry into Physical activity of children and young people [Fifth Senedd]

(Pages 90 – 101)

Attached Documents:

Letter from the Deputy Minister for Mental Health and Wellbeing to the Chair of the Health and Social Care Committee – CYPE(6)–18–22 – Paper to note 10

4.11 Implementation of education reforms

(Pages 102 – 104)

Attached Documents:

Letter from the Minister for Education and Welsh Language – CYPE(6)–18–22 – Paper to note 11

4.12 Implementation of education reforms

(Pages 105 – 106)

Attached Documents:

Letter from the National Deaf Children's Society Cymru – CYPE(6)–18–22 – Paper to note 12

4.13 Welsh Government Draft Budget 2023–24

(Pages 107 – 108)

Attached Documents:

Letter from the Minister for Education and Welsh Language – CYPE(6)–18–22 – Paper to note 13

4.14 Peer on peer sexual harassment among learners

(Pages 109 – 125)

Attached Documents:

Peer on peer sexual harassment among learners – Welsh Government response – CYPE(6)–18–22 – Paper to note 14

5 Motion under Standing Order 17.42(ix) to resolve to exclude the public from the remainder of this meeting

(11.25)

6 Mental Health support in Higher Education – consideration of the evidence

(11.25 – 11.30)

7 Pupil absence – consideration of the draft report

(11.35 – 12.00)

(Pages 126 – 214)

Attached Documents:

Pupil absence – Draft report for consideration – CYPE(6)-18-22 – Private paper 1

8 Welsh Government Draft Budget 2023-24 – consideration of the approach

(12.00 –12.15)

(Pages 215 – 237)

Attached Documents:

2023-24 Welsh Government Draft Budget – Approach to scrutiny – CYPE(6)-18-22 – Private paper 2

9 Peer on peer sexual harassment among learners – consideration of the Welsh Government's response to the report

(12.15 – 12.25)

10 Implementation of education reforms – consideration of the letter from the Minister for Education and Welsh Language

(12.25 – 12.40)

Document is Restricted

CYPE(6)-18-22 - Paper 1

Cyflwynwyd yr ymateb hwn i ymchwiliad y [Pwyllgor Plant, Pobl Ifanc ac Addysg i gymorth iechyd meddwl mewn addysg uwch](#)

This response was submitted to the [Children, Young People and Education Committee inquiry into Mental Health support in Higher Education](#)

MHHE 04

Ymateb gan: Undeb Cenedlaethol Myfyrwyr Cymru (UCM Cymru)

Response from: National Union of Students Wales (NUS Wales)

Nodwch eich barn mewn perthynas â chylch gorchwyl yr ymchwiliad. | Record your views against the inquiry's terms of reference.

1. Maint yr angen | Extent of need

The current situation with regard to the mental health of students in higher education, and any particular challenges they face with their mental health and ability to access support.

1. There is a student mental health crisis in Wales and across the UK that existed before the pandemic and cost-of-living crisis, but has been exacerbated by both. Higher education (HE) students face a mixture of pressures that have become more acute, especially over the last decade. UCAS reports that the number of students disclosing mental health conditions increased 450 per cent between 2011 and 2021, with a year-on-year upward trend.
2. Young people entering HE in the coming years are experiencing higher rates of mental health issues. Cardiff University found that one in five young people in Wales had very high levels of mental health symptoms in 2020. As the 'Covid generation' – whose social and academic experiences were disrupted by the pandemic – transitions to HE, we anticipate there will be even greater pressure on mental health services on campuses and in the NHS.
3. Students face growing financial pressures as rising costs – especially rent and bills – take up more of their maintenance support. In 2018/19, the average student rent in Wales took up 53 per cent of the student finance available to a full-time, Welsh-domiciled HE student. In 2021/22, this had risen to almost 60 per cent. Since tuition fees were hiked in 2010, students have been loaded with debt and fluctuating interest rates.

4. The cost-of-living crisis is having a significant impact on student mental health. Responding to an NUS survey in June 2022, 91 per cent of students in Wales said the crisis had impacted their mental health, with 29 per cent reporting this to be a 'major' impact. Just under a third of students in Wales said they have £50 or less to live on per month after paying rent and bills. While Wales has a comparatively generous student support package, around half of HE students in Wales are not from Wales, meaning they receive less support, or no support in the case of international students.
5. Alongside day-to-day academic pressures, HE students have become increasingly concerned about the future and their job prospects, with the Mental Health Foundation reporting that three in five young people feel unable to cope with the pressure to succeed.
6. As well as contending with the social pressures of moving away from home and making new friends, more and more students are experiencing loneliness, with the ONS reporting that a quarter of students felt lonely during the pandemic.
7. 65 per cent of students in Wales say poor housing has impacted their mental health, according to an NUS Wales / Shelter Cymru survey, which also found that more than half of students have experienced damp or mould and 46 per cent have experienced disrepair in their accommodation.

Whether there are different challenges with regard to mental health for different groups of students, and if there are any groups of students in higher education who are disproportionately affected by poor mental health.

8. LGBTQ+ students report higher rates of mental health issues than their non-LGBTQ+ peers. A survey by Student Minds found that almost four in five students agreed there was a need for more support specifically for LGBTQ+ students. Transgender and non-binary students have been found to be four times more likely than their peers to report issues such as depression or suicidal ideation.
9. International students face inequalities accessing mental health support. Significantly fewer international students with a mental health condition disclose this to their education provider. International students experience higher levels of loneliness and report struggling to assimilate with student life and cultural norms.
10. Distance learners, such as those on part-time courses who are more likely to be mature students or have caring responsibilities, do not access institutional

mental health services in the same way as those on campuses. It is important institutions offer remote mental health support.

The effect, if any, that Covid-19 had generally on students' mental health and well-being and the pandemic's impact on the levels and type of support provided by the higher education sector.

11. The mental health impacts of the Covid-19 pandemic have been well documented. For students, who are already disproportionately affected by poor mental health, the impacts of lockdowns and isolation were particularly acute. Many students – especially first years and others living away from home and support networks for the first – struggled to make friends and engage in social activities due to social distancing measures.
12. The pandemic also significantly impacted students' finances, severely limiting their earning ability by reducing the hospitality sector that many students work in on a part-time basis. Students also reported that the finances of people who support them were negatively affected by the pandemic.
13. Responding to an NUS survey in March 2021, 64 per cent of students in Wales said their mental health was worse than before the pandemic. Students pointed to loneliness, inability to make friends, inability to see family and general anxiety about the pandemic.
14. For students transitioning to HE, research by the School Health Research Network found that the pandemic exacerbated pre-existing mental health problems in children and young people in Wales.

2. Adnabod a darpariaeth | Identification and provision

How effectively higher education providers promote an ethos of universal good mental health and well-being to all students, and whether this an integral part of the learning experience and interactions with staff.

15. While there are many examples of innovative and effective mental health projects in HE institutions in Wales, there is more to be done to ensure providers across the piece are promoting an ethos of universal good mental health to all students.

16. Surveys consistently find that students believe their education provider could be doing more to support their mental health. An NUS survey found that fewer than three in ten students in Wales sought mental health support during the pandemic and less than half of those were satisfied with the support they received.
17. More needs to be done to provide adequate support to all students and to ensure that students are aware of the support available via signposting.
18. There is still work to do to ensure that all mental health support services are inclusive and culturally competent so they can fully cater for students from underrepresented backgrounds, such as LGBTQ+ students and BAME students.

How effectively the sector ensures early identification of students who need individual and targeted support.

19. Historically, resource has tended to be allocated to reactive mental health services within HE institutions rather than prevention and early intervention. We are seeing more of a focus on early identification as more multi-year Welsh Government funding is allocated to student mental health projects.
20. We are pleased to see more of a focus on this area through programmes such as Student Space, which provides bilingual online wellbeing support to students. The myf.cymru programme is also valuable, providing wellbeing support to students through the medium of Welsh.
21. It's important that services can communicate quickly and effectively with each other, for example between on-campus services and the NHS, or between FE and HE. Too often uncertainty around information sharing leads to delays to students receiving support.
22. We would advocate for a joined-up approach in this area that brings together education and statutory health services to ensure that students have clear and signposted pathways to support.

How effectively the higher education sector and the NHS work together to deliver the right mental health support for individual students when and where they need it.

23. There is a 'missing middle' of students who fall through the gaps between institutional mental health services and statutory NHS services. It is important that service providers on both sides can share information about individuals in a quick and effective manner.
24. The Mental Health University Liaison Service (MHULS), which is available to all students living in Cardiff, has been running since April 2022 and is designed to specifically address this gap between services. The MHULS team is based on campuses in student support services and is made up of NHS clinicians.

Whether there are specific issues with access to NHS mental health support, for example the impact of changing GPs more frequently; that many students are at an age where they are transitioning from CAMHS to adult mental health services; any issues with data sharing.

25. Students who move to university from another city are not automatically registered with a GP. Students may also be required to change GPs if they move within their university city.
26. Students, who may be inexperienced or reluctant to access health services in the first place, face long waiting times to access NHS mental health services.
27. Uncertainty around data sharing risks professionals making decisions that are not in the best interest of the student. Data protection law allows organisations to share personal data in an emergency situation. It is important that there is consistency between education providers and health boards, including those outside of Wales, to ensure students' best interests are protected.

How well the wider post-16 education sector works to promote good mental health, particularly with regard to transitions.

28. The transition to higher education is a significant step in a person's life and often involves moving away from support networks and living independently for the first time. This transition may also coincide with a person's transition between CAMHS and AMHS.
29. We are encouraged by work to support young people at key transition points, as well as the introduction as health and wellbeing as an Area of Learning and Experience within the new Welsh curriculum.

30. We hope that work in schools will result in mentally healthier young people transitioning into higher education, but there is also a need to implement good practice within higher education and beyond.

3. Polisiau, deddfwriaeth a chyllid Llywodraeth Cymru | Welsh Government policy, legislation and funding

How effectively the Welsh Government's policy, funding and regulatory arrangements for the sector support the mental health of students in higher education, and whether there is more that the Welsh Government could do.

31. The Welsh Government's Together for Mental Health Delivery Plan 2019-2022 does not mention students or higher education, while the review of the plan in response to the pandemic only mentions actions in relation to further education institutions. Given the pressures that are unique to student life, we believe the next iteration of the strategy should have more of a focus on supporting students in higher education.

32. We welcome funding that the Welsh Government has allocated to student mental health in recent years. This funding has allowed higher education providers and students' unions to prioritise bespoke support for their student populations.

33. It is important that funding is long term to allow providers and students' unions to spend money with confidence and in a strategic and sustainable way.

34. We welcome the additional £10.5m investment by Welsh Government into children and young people's mental health services in this year's budget.

In the context of the Tertiary Education and Research (Wales) Bill, what a whole-system approach to mental health and well-being in post-16 education may look like, and what the role of higher education and healthcare providers would be.

35. We are pleased that the Tertiary Education and Research (Wales) Act 2022 was amended to include the effectiveness of arrangements for supporting the welfare of students and staff as an ongoing registration condition for education providers. This is an important safeguard for students and we look forward to feeding into how this registration condition is administered and

monitored in practice.

36. We hope that the Act will allow all areas of tertiary education to work more closely together on transitions between different levels of education and for information sharing to become easier.

How the new Commission for Tertiary Education and Research should approach mental health and wellbeing for students in higher education, and in the wider tertiary education sector

37. The Commission for Tertiary Education and Research must ensure that the voices of students and learners are heard in all aspects of its operations, but especially in the development of its approach to mental health and wellbeing.
38. The Commission should consider what a whole-system approach to mental health looks like within all areas of tertiary education and work with providers and the NHS to ensure that all services are geared up to deal with students.
39. The Commission should consider the lessons learned from the implementation of the whole-school approach to mental health in Wales and work with schools and local education authorities to ensure the transition between compulsory education and tertiary education is one that takes mental health and wellbeing into account.

4. Argymhellion ar gyfer newid | Recommendations for change

Whether there are any recommendations that the Committee should make.

40. The Committee should consider all of the policy recommendations made by the cross-sector working group made up of NUS Wales, Universities Wales, Colleges Wales and AMOSSHE, published in May 2022.
41. The cost-of-living crisis represents a significant threat to students' mental health, so we recommend that the Welsh and UK governments put in place additional financial support in the short term and ensure student maintenance support matches inflation in the long term.
42. The Committee should consider policy recommendations that would address the underlying issues that lead to poor mental health outcomes for students in HE, particularly around student finance and the quality of student housing.

43. The Committee should consider the Mental Health University Liaison Service (MHULS) in Cardiff as a model to follow in other parts of Wales. This model should be rolled out across Wales, to ensure that students presenting with severe mental health symptoms can be seen by on-campus NHS mental health professionals in an appropriate time period that does not exacerbate their symptoms.

5. Arall | Other

Please submit any views that don't correspond to the terms of reference.

44. Given the wide remit of the new Commission for Tertiary Education and Research and the requirements around welfare within the Bill, we believe the Committee could have considered mental health across all forms of tertiary education as part of this inquiry, including in colleges, sixth forms, apprenticeships and adult learning providers.

45. While the 'Mind Over Matter' report by the Fifth Senedd's Children, Young People and Education Committee did include colleges within its scope, we believe there is more to be done to fully explore the standard mental health provision for students in further education settings.

Mental Health support in Higher Education

CYPE Committee consultation

Universities Wales briefing
September 2022

About Universities Wales

Universities Wales represents the interests of universities in Wales and is a National Council of Universities UK. Universities Wales' membership encompasses the Vice Chancellors of all the universities in Wales, and the Director of the Open University in Wales.

Our mission is to support a university education system which transforms lives through the work Welsh universities do with the people and places of Wales and the wider world.

Universities Wales welcomes the opportunity to respond to the Children, Young People and Education Committee's consultation on mental health support in higher education.

This briefing provides an interim response ahead of the oral evidence session on 6 October, and a full written response to be provided to the Committee ahead of the deadline in November 2022 including any follow-up required arising from the oral evidence session.

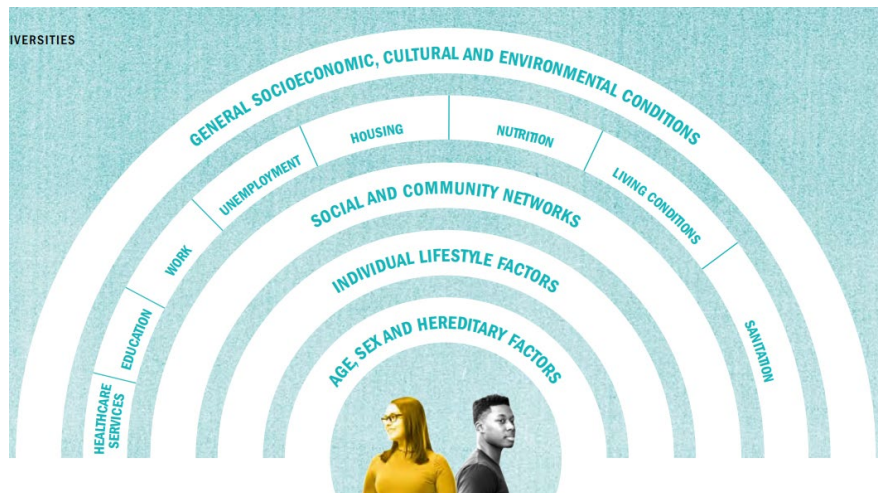
Extent of need

- **The current situation with regard to the mental health of students in higher education, and any particular challenges they face with their mental health and ability to access support.**
 - o The IPPR's [Not by Degrees](#) report published in 2017 found the number of students to disclose a mental health condition on arrival at their institution had increased dramatically over the past 10 years, with variation in rates of disclosure between different groups of students. In 2015/16, 15,395 UK-domiciled first-year students at HEIs in the UK disclosed a mental health condition – almost five times the number in 2006/07. This equates to 2 per cent of first-year students in 2015/16, up from 0.4 per cent in 2006/07.

- Alongside this, the report found that just under half of students who report experiencing a mental health condition choose not to disclose it to their HEI.
 - UCAS reports that the number of students disclosing mental health conditions increased 450% between 2011 and 2021, with a year-on-year upward trend. 3.7% of all UK applicants now declare a mental health condition – up from 0.7% in 2011.¹ This reporting would be at the point of application before the students have started university.
 - This increase in the number of students presenting with mental health problems (with possibly more opting not to disclose their condition) was pre-pandemic, and Student Minds found that 74% of students reported that Covid-19 had a negative impact on their mental health and wellbeing.²
 - Challenges to accessing support can arise as a result of transitions from school/college to university and shifting support systems. For example, students may move out of home for the first time, be required to register with a new GP, and be transferred out of CAMHS all at the same time.
 - As is outlined elsewhere in this response, Welsh universities have in place a wide range of support for students but there is a need for a holistic approach that involves partners across health and education.
- **Whether there are different challenges with regard to mental health for different groups of students, and if there are any groups of students in higher education who are disproportionately affected by poor mental health.**
- In advocating for a ‘whole university approach’ which recognises the effect of culture and environment, and specific inequalities, on mental health and wellbeing, the UUK [Stepchange framework](#) recognises that, as in wider society, individual mental health is determined by a range of interpersonal, community, environmental and structural factors.

¹ [Starting the conversation UCAS report on mental health](#)

² [Life in a Pandemic - Student Minds](#)



- Student Minds found that some LGBT+ students are around six times more likely to share a mental health condition, and care experienced students are almost three times as likely – underlining the value of recognising how mental health intersects with other characteristics and support needs³
- International students can also face higher levels of loneliness and are less likely to report a mental health condition to their institution⁴
- **The effect, if any, that Covid-19 had generally on students’ mental health and well-being.**
- Student Minds found 74% of students reported that Covid-19 has had a negative impact on their mental health⁵
- **Example: Cysylltu/Connect**
 - Connect is a HEFCW-funded partnership between Swansea University, University of Wales Trinity St David, the universities’ respective students’ unions and FE institutions in South West Wales.
 - The project aims to reduce loneliness and isolation in students, develop social integration skills and build supportive institutional communities, through peer support, social prescribing, student training and staff upskilling
 - Volunteers can train to become student connectors to accompany students to events and introduce them to societies and social networks, as well as providing support phone calls

³ [Starting the conversation UCAS report on mental health](#)

⁴ [International Students - Student Minds](#)

⁵ [Life in a Pandemic - Student Minds](#)

- During the pandemic, support hubs were set up on each campus and support moved online. Support such as grocery deliveries and lifts to/from testing centres were provided through peer support.
- **Example: Cardiff Met**
 - During the pandemic, Cardiff Met moved all support services online and provided appointments via phone or MS Teams.
 - Although increasing numbers of students were presenting with mental health problems, they also noticed fewer 'no shows' to appointments and more students feeling comfortable to reach out for help online.
 - Student services created a resource bank to direct students to self-help and provided additional support to students who tested positive for covid and had to self-isolate, such as support packages and grocery deliveries.

Identification and provision

- **How effectively higher education providers promote an ethos of universal good mental health and well-being to all students, and whether this an integral part of the learning experience and interactions with staff.**
 - Universities take the mental health of students and staff seriously and have been actively prioritising the provision of support. In response to the IPPR report, Universities UK produced the [Stepchange: mentally healthy universities framework](#), advocating a 'whole university approach' to mental health, and all Welsh universities are signed up to the framework.
 - The whole university approach:
 - recognises the effect of culture and environment, and specific inequalities, on mental health and wellbeing
 - seeks to transform the university into a healthy setting.
 - empowers students and staff to take responsibility for their own wellbeing
 - Universities UK's ['suicide safer' guidance](#) has also been adopted by all Welsh universities
 - Further guidance is due to be published by Universities UK later this year on information sharing
- **How effectively the sector ensures early identification of students who need individual and targeted support.**

- We will include further information on this area in our evidence session and full written response.
- **How effectively the higher education sector and the NHS work together to deliver the right mental health support for individual students when and where they need it.**
 - Institutions have identified challenges in information sharing and referral pathways between NHS, police and student services. In May 2022, Universities Wales published a series of policy recommendations for Welsh Government’s consideration, including:
 - **Appropriate information sharing:** Relevant bodies need to share information as appropriate to avoid students “falling through the gaps”.
 - Welsh Government to update and provide clear guidance on information sharing between health services and education institutions.
 - Support and require healthcare systems (including primary care, emergency care, secondary and specialised care) to develop effective working relationships with school/college/university support services and third sector provision.
 - Consider a common approach to data sharing between education providers and health boards in Wales
 - **Clear roles, remits and responsibilities:** A common understanding on what sort of situation is appropriate for response within an education setting, and what should be referred to the statutory health services, is essential to ensuring students receive the support they need.
 - Welsh Government to coordinate work bringing services together to produce guidance detailing accountability of services and where responsibility lies
 - Exemplar: **South East Wales [Mental Health University Liaison Service](#)**
 - The MHULS is a partnership between Cardiff University, Cardiff Metropolitan University, the University of South Wales, Royal Welsh College of Music and Drama, NUS Wales, and NHS Wales
 - The liaison service acts as a bridge between the NHS and universities to break down the data-sharing wall and allow the NHS and student services to collaborate on students’ care.

- The service provides the following:
 - Mental health assessment & coordination with 10-day target
 - Completing HEI-NHS safety plans for students with risk factors
 - Onward referral/signposting to other specialist services
 - Chasing referrals and confirming/negotiating waiting list placement
 - Coaching students in the benefits of engaging with services
 - Post-discharge follow-up from secondary/unscheduled care
 - Attending case conferences/MDTs with HEI and NHS staff
 - The service is already seeing the benefits, including increased NHS-HEI collaboration and trust and improved access to specialist services within the NHS for students that need them
 - Students who have benefited from the service have reported:
 - ‘it feels great to have someone fighting for me’
 - ‘I’ve been back and forth with nothing happening until now. Nobody ever understood the whole pictures in the way that you [MHULS] do’
- **Whether there are specific issues with access to NHS mental health support, for example the impact of changing GPs more frequently; that many students are at an age where they are transitioning from CAMHS to adult mental health services; any issues with data sharing.**
 - This is an area that was identified in the work we undertook with partners across the post-16 sector. The group recommended that:
 - Welsh Government explore how best to improve the relationship between CAMHS and adult services with specific consideration given to age boundaries for people under 25 and a possible specific service for 16-25s.
 - Continued support through Renew and Reform for projects supporting transitions including University Ready and equivalents in FE
- **How well the wider post-16 education sector works to promote good mental health, particularly with regard to transitions.**

Universities Wales recognises that education transitions are a crucial time for young people and this is factored into the approach universities take in engaging with and enrolling students. While we are calling for further focus on transitions in Welsh Government policy through our policy recommendations, universities have developed a range of ways to support students in this transition.

- **Exemplar: Bangor University's 'Be Bangor Ready' module**
 - o In order to support students entering higher education at Bangor University, an online module 'Be Bangor Ready' was created to provide a full induction throughout the course of a student's first year
 - o The module includes 'find your people', 'know your campus', 'get to know your Students' Union' and so on to increase confidence of first years before arriving on campus.

- **Exemplar: University Ready**
 - o The [University Ready](#) project is a Welsh Government funded initiative to provide support for A Level and BTEC students in schools and colleges in Wales to help them as they progress to higher education.
 - o All nine universities in Wales and the Coleg Cymraeg Cenedlaethol are involved
 - o The project has produced a suite of online materials and resources from each university to provide guidance on what to expect at university including virtual campus tours, taster lectures, wellbeing tips and practical study skills in the form of videos, podcasts and interactive online courses.
 - o The site was launched in 2021, and between May-October 2021 the site received 7,760 unique visitors
 - o A steering group are continuing to develop the site to keep it updated and keep content regularly under review

Welsh Government policy, legislation and funding

- **How effectively the Welsh Government's policy, funding and regulatory arrangements for the sector support the mental health of students in higher education, and whether there is more that the Welsh Government could do.**
 - o Universities Wales would welcome a consideration of support for students within the refreshed Together for Mental Health strategy including the policy recommendations set out below under 'recommendations for change'

- Additional funding provided for student wellbeing during the pandemic was extremely welcome and enabled institutions to provide additional support. However, in the longer-term, sustainable and long-term funding is more effective in allowing universities to develop and maintain their wellbeing and mental health support, ensuring that expectations in this area reflect the appropriate delineation of responsibilities between health services and education providers.

- **In the context of the Tertiary Education and Research (Wales) Bill, what a whole-system approach to mental health and well-being in post-16 education may look like, and what the role of higher education and healthcare providers would be.**
 - A whole-system approach on prevention and early intervention would be helpful to tackle the ongoing challenges posed by the number of students experiencing mental health problems upon arrival at university.
 - The fact that students present mental health problems *before* embarking on their university career suggests more could be done at an earlier point in their educational journey to prevent mental health problems developing.
 - At the same time, focused support on transitions (as discussed above) would help with a whole-system approach in supporting students that do struggle.
 - Universities are mainly providers of education and research, this is their mission as registered charities. A consideration of the roles and remit of support that can be provided by academic institutions and healthcare providers would be helpful in any future Welsh Government mental health policy.

- **How the new Commission for Tertiary Education and Research should approach mental health and wellbeing for students in higher education, and in the wider tertiary education sector**
 - It is important that CTER retains understanding of the regulation and funding of higher education and how support is best leveraged in the interests of students.

Recommendations for change

In May 2022, Universities Wales published a series of [policy recommendations](#) for Welsh Government's consideration, developed in partnership with Colleges Wales, NUS Wales and AMOSSHE. These recommendations included:

- **Parity of experience:** Students should be able to access a consistent standard of support regardless of where they live.
 - Institutions to have a well-being policy for equipping students to exercise self-management and self-care.
 - Welsh Government considering and including student voices in the development of health policy
 - Welsh Government review and map mental health services available across Wales for students in post-16 education, in order to identify gaps and to publish information on support available.

- **Appropriate information sharing:** Relevant bodies need to share information as appropriate to avoid students “falling through the gaps”.
 - Welsh Government to update and provide clear guidance on information sharing between health services and education institutions.
 - Support and require healthcare systems (including primary care, emergency care, secondary and specialised care) to develop effective working relationships with school/college/university support services and third sector provision.
 - Consider a common approach to data sharing between education providers and health boards in Wales

- **Clear roles, remits and responsibilities:** A common understanding on what sort of situation is appropriate for response within an education setting, and what should be referred to the statutory health services, is essential to ensuring students receive the support they need.
 - Welsh Government to coordinate work bringing services together to produce guidance detailing accountability of services and where responsibility lies

- **Additional support for transitions:** For some young people, moving through along their educational journey can exacerbate their conditions or create new risks for them.
 - Welsh Government to address how best to improve the relationship between CAMHS and adult services with specific consideration given to age boundaries for people under 25 and a possible specific service for 16-25s.
 - Continued support through Renew and Reform for projects supporting transitions including University Ready and equivalents in FE

- **Sustainable funding:** Ad-hoc project-based funding, while helpful, can be less impactful. A multi-year approach to dedicated funding is required to

provide post-16 education providers with the opportunity to create the greatest impact, both on our learners and communities. It would provide the capacity to embed mental health and well-being support in the curriculum and provide sector-appropriate support services which remove barriers to success and help learners to navigate personal crises which impact their studies

- Welsh Government to take this into account when setting budgets and work with appropriate bodies to embed longer-term approaches for mental health and well-being services across post-16 education

CYPE(6)-18-22 – Paper 3

Cyflwynwyd yr ymateb hwn i ymchwiliad y [Pwyllgor Plant, Pobl Ifanc ac Addysg i gymorth iechyd meddwl mewn addysg uwch](#)

This response was submitted to the [Children, Young People and Education Committee inquiry into Mental Health support in Higher Education](#)

MHHE 05

Ymateb gan: Y Brifysgol Agored yng Nghymru

Response from: The Open University in Wales

Nodwch eich barn mewn perthynas â chylch gorchwyl yr ymchwiliad. | Record your views against the inquiry's terms of reference.

1. Maint yr angen | Extent of need

The Open University in Wales welcomes the opportunity to respond to this inquiry on this extremely important subject.

In this response, we have set out the steps we have taken and are planning to take to support students' mental health and wellbeing, how we think the higher education sector should be supported to work in partnership with NHS services, other external providers, and the third sector to support students, and how the legislative and regulatory framework can assist us.

We hope that this response demonstrates to the committee that students at the OU in Wales have a unique set of experiences and circumstances, which require us as their university, our funders and regulators, and other stakeholders besides carefully to ensure that the support we offer our students meets their very individual needs.

The kind of support that our students may require and the way that they access it will often be very different to students who are, for example, studying on a full-time basis at a campus-based university. We look forward to exploring this with the committee in further detail at our oral evidence session.

Extent of need generally

Our most recently available figures indicated that approaching one in six of our students have declared a mental health condition. The number of such students, and

the proportion of our overall student population which they represent, have been steadily growing since at least 2017/18. In that year, there were 672 such students representing 9.8% of our overall population; by 2021/22, that had grown to 2,130 students representing 14.4% of our overall population.

However, in our experience, it is difficult to be certain that these figures fully reflect the true extent of the issue because there remains a stigma over disclosing poor mental health and accessing mental health support and services.

When mental health conditions are disclosed, this is usually alongside the disclosure of a physical disability or a specific learning difficulty, so the number of students with a mental health condition cannot be viewed in isolation.

For instance, we know that 26.7% of our students declare a disability (itself a figure that has been growing since 2017/18) but only around 10% of these access the Disabled Students Allowance. This has remained consistent since 2017/18. Again, we believe this is due to stigma, a lack of understanding of what constitutes a disability, the requirement to provide supporting medical evidence, and the overall administrative burden of completing the process. We would also flag to the committee that there is an overall lack of clarity on how such welfare support can impact on students' broader welfare entitlements, which can exacerbate existing mental health conditions or precipitate the development of mental health conditions in students.

Anecdotally, we also know that the pandemic and the cost-of-living crisis have had and continue to have an impact on students' mental health.

Carers

The flexible nature of OU courses means that we are a particularly attractive offer for students who have other responsibilities and commitments, such as work or caring. This, of course, is a good thing, but we can also see that there is a marked intersection between students declaring a mental health condition and those who are caring or who live in Wales' most underprivileged communities. Indeed, 16% of our students who have declared a mental health condition have also declared that they are carers; 4.9% higher than students who have not declared a mental health condition.

Socioeconomic status

Notably, around 50% of our students who have declared a mental health condition live in a widening access area, meaning an area which falls within the lowest two quintiles of the Welsh Index of Multiple Deprivation. Such areas represent the most underprivileged in Wales. This is around 6% higher than our overall student population, although the gap does seem to be closing.

Indeed, it is well-established that people who are facing financial difficulties will also disproportionately face mental health difficulties. We have recognised this link and have resourced a specialist Mental Health Educational Adviser to work with students who applied for our COVID Student Assistance Fund. Regrettably, it is inevitable that the cost-of-living crisis will exacerbate these problems and create new adverse conditions that might previously have been absent. We also know anecdotally that the Coronavirus pandemic, combined with the additional responsibilities and commitments that many of our students have outside of their studies, has had an impact on their mental health and well-being, and, for that matter, on student success.

Black, Asian and minority ethnic students

In addition, although our data does not appear to indicate a significant difference between the proportion of our Black and Asian students, and students of other minoritised ethnic identities, who declare a mental health condition compared to their white peers, such declarations are growing at a faster rate among Black and Asian students, and students of other minoritised ethnic identities. Some 15.6% of our Black and Asian students and students of other minoritised ethnic identities declared a mental health condition in 2021/22 (compared to 8.4% in 2017/18), while 14.5% of white students declared a mental condition in 2021/22 (compared to 9.9% in 2017/18).

We are alert to the possibility that these higher declaration rates are a result of our own work to break down stigma and encourage declarations, but are also conscious that they could be the result of structural or other environmental factors.

Women students

The same is true of women, whom we also know are significantly more likely to tell us that they have a mental health condition and are more likely to face additionally barriers, such as childcare and part-time or insecure income and employment. Indeed, 16.6% of our female students have declared a mental health condition in 2021/22, as opposed to 10.3% of men and 14.4% of our overall student population.

Again, the rate at which these proportions are growing is faster among women than it is among men.

Students in secure environments

We would also note for the committee's benefit that The Open University is the primary provider of higher education in secure environments in Wales and England. There is a much higher proportion of disclosed mental health diagnoses among the prison population compared to the general population, and it follows that our students in secure environment and those on licence are much more likely to have a mental health disability on record. Although the number of students in secure environments is relatively small at 123, it is noteworthy that 22% of these declare a mental health condition. That proportion is a significant increase on previous years (14% in 2020/21, 8% in 2019/20, 4% in 2018/19).

We provide as much support as we can by making sure that tutors are aware of students' mental health issues and the adjustments they need to be able to succeed in their studies. However, they continue to be constrained by the inability of students in prison to claim the Disabled Students Allowance as prisons are deemed to have sufficient funds within their existing budgets to provide study support. In practice, this is not the case.

The committee may also be interested to know that our students in secure environments include those who are detained both in prison and in secure hospitals under the Mental Health Act or similar provisions. The numbers of these students are very small but naturally, these students are extremely well supported and our distance learning model can be extremely useful, and even occasionally therapeutic, for them.

The OU in Wales Student Support Team

Our Cardiff-based student support team, who remain at the disposal of students and prospective students for support with a wide range of issues, report that a large proportion of the students calling them are struggling with their mental health. The team is now well-used to supporting students with these issues so that they are normal things to talk about and which we can help with.

The team has grown over the last couple of years; 31 student support colleagues, and a total of 65 across the OU in Wales, are now Mental Health First Aid (MHFA)-trained and 24 more are in the pipeline to receive training in February and March

2023. Welsh Government funding via HEFCW has supported this training. The 31 student support colleagues who are MHFA-trained represent around 53% of the whole student support team; our goal is to ensure that all student support colleagues are MHFA-trained in the next 12 months.

During the pandemic, we found that students were more prepared to disclose a previously undiagnosed mental health condition, perhaps due to the relative difficulty they faced in accessing formal medical or informal social support during this period. This resulted in an increase in signposting to online counselling services and support, as well as increased training of staff in mental health first aid as discussed above, as well as safeguarding and domestic abuse awareness.

Indeed, we have found that ensuring an appropriate level of training and awareness among the staff body is crucial; naturally, achieving this requires funding.

Welsh-medium provision

We also recognise the importance of receiving mental health support in Welsh. We welcome increased activity in this area across the sector through Myf.Cymru, which we have supported, as well as the Network of Welsh Therapists and Practitioners.

2. Adnabod a darpariaeth | Identification and provision

The OU's [Mental Health and Wellbeing Strategy](#) sets a strategic vision of promoting an inclusive and supportive culture, underpinned by effective and timely support systems and training about mental health and wellbeing that allows our students and staff to maximise their potential and achieve success.

That UK-wide strategy sets out eight strategic objectives, aligned to the Universities UK Stepchange themes, and supported by over 100 specific actions and success measures that are owned at a senior level in the university.

This has been further developed at the OU in Wales with our own Well-being and Health Implementation Plan (WHIP), which is mapped to the UK-wide strategy as well as our Access, Participation and Success Strategy, and is linked across to the OU-wide Strategic Plan and the OU in Wales strategy.

WHIP includes a wide range of actions that are being delivered across the OU in Wales' teams, taking in, e.g., identification and intervention, student support, curriculum development, academic activities, policy and strategy, staff training and development, and staff support.

We have found the Stepchange framework, as well as HEFCW's Well-being and Health in Higher Education Policy Statement, to be particularly useful in providing direction to us in terms of designing our actions.

As previously noted, our student support team based in our Cardiff office provide support to students and prospective students over the phone, by email, and on webchat on a wide range of issues, and the team includes a specialist Mental Health Educational Adviser.

The OU also offers a [bespoke page for mental health support](#) in its online Help Centre which supports and encourages students to disclose their mental health condition and get the help that they need. It currently also signposts to the Togetherall service, which provides 24/7 free, confidential, online mental health support, however we will soon be switching to TalkCampus and will signpost to that service once it is operational. Additionally, are provided with access to the [Give Us a Shout](#) text service, with whom the OU has partnered formally and which funds a discrete service for our students.

We would also like to draw the committee's attention to our [Well-being and Mental Health collection](#) on our free online learning platform, OpenLearn. This is available in both languages, was funded by HEFCW, and delivered by the OU in Wales in partnership with Wrexham Glyndŵr University, Addysg Oedolion Cymru | Adult Learning Wales, and the OU Students' Association.

We would also note that the OU has developed a Suicide Awareness strategy, which we would be happy to share with the committee, if helpful. This was informed by the [Suicide Safer Universities Framework](#) developed by University UK. We have supported the implementation of this plan by working with organisations such as Papyrus and The Samaritans to deliver training to our staff. We will also be developing a specific plan for Wales based around prevention, intervention, and postvention.

On the question of early identification of students who need individual and targeted support, we encourage students to disclose mental health conditions at key points during the process of registering and enrolling on courses with us, as well as during targeted awareness days/weeks during the year. However, as noted above, we believe that there is a disparity between the number of students who disclose a

mental health condition and the number of students who have a mental health condition, which we believe to be larger. We find generally that it is more important to develop a relationship and rapport with students at a tutor and support services level so that casual but consistent contact points promote discussion that might reveal that a student has a disclosable mental health condition.

We have developed student-facing material on our website which encourages disclosure of mental health conditions, as well as other disabilities, and have also provided training to our associate lecturers on encouraging disclosure as part of the tutor/student relationship.

On the question of effective collaboration between the HE sector and the NHS, we stress the point that universities are not themselves mental health service providers. We can support and signpost to services, but this cannot replace what should properly be delivered by the NHS. The pilot Mental Health University Liaison Service for students in Cardiff holds a great deal of potential and we will observe closely how it progresses.

However, we note that this service is not accessible to OU students; indeed, it is very specific to the Cardiff & Vale area, which does not reflect the reality of the OU in Wales, which is not campus-based and has students living in every health board area. As such, we would question how well the current health board infrastructure would allow our students to be supported by any similar partnership, which would need to involve every single health board. Particularly attention would need to be given to working out how best to share information between and across such a large number of organisations.

On the question of transitions, we note for the committee's benefit that this looks very different at the OU in Wales to how it might look at more traditional campus-based universities. (However, we would draw to the committee's attention the work that we have been leading and continue to lead on behalf of the sector on [University Ready](#) – a collection of resources from all of Wales' universities to help learners transition to HE.) That being said, our demographics are evolving and we are seeing growth in the number of younger students joining us. It is necessary to be aware that, in these cases, the transition to higher education when not surrounded by a campus environment can be challenging.

Most of our students are not 18-year-old school/college leavers, and may have developed mental health difficulties during adulthood, impacted by a potentially greater range of factors. Indeed, it is possible that, while the first port of call for a traditional 18-21-year-old undergraduate student at a campus-based institution experiencing mental health difficulties will be their university, a part-time

undergraduate student at the OU in Wales, often older, often working while studying or fulfilling other obligations, may simply seek support outside of the university (i.e., through their GP) without disclosing it. It may not even occur to them that it is something that can be disclosed to us, for which we can offer support and advice in the context of their studies.

Indeed, many adults who are living with a mental health condition do not necessarily appreciate that their approach to managing their condition in the context of their studies will be different.

Conversely, for some students, it may be the case that they have a perception that they will not be able to access GP services in a timely manner, or that doing so would incur a cost to them. For example, if evidence from a GP were necessary to support an extenuating circumstances claim or otherwise to receive additional support, it is possible that some students would think it not worth the hassle, the stress, or the perceived cost of doing. We would welcome any effort that the Welsh Government or NHS partners can make to making such processes as simple, standardised, and accessible as possible.

We are acutely aware that the experience of our students is different to that of students at other institutions. That is precisely because of our flexible model, which is a strength. But it also means that we need to ensure that the interventions we have in place are appropriate for our students. What these look like in our context is necessarily more tailored to the reality that our students are not located on a campus and do not have regular face-to-face interaction with tutors, other staff, and peers - albeit that our students do have regular interaction through tutorials, fora, and meet ups.

Indeed, we find that many of our students, who might not otherwise have felt comfortable pursuing a more traditional form of higher education, thrive at the OU. We offer them a high-quality and supportive positive choice, as well as a second chance in the case of those who may have previously pursued higher education on a campus but found this to be detrimental to their mental health. We would draw the committee's attention to the positive and generous credit transfer arrangements that make it possible for such students to continue their studies in a way that better suits them at the OU.

As discussed earlier, we have a range of interventions in place to encourage disclosure and to promote an environment where students and staff alike feeling comfortable speaking about, and seeking support for, their mental health.

3. Polisiau, deddfwriaeth a chyllid Llywodraeth Cymru | Welsh Government policy, legislation and funding

We give credit to HEFCW's Well-being and Health in Higher Education Policy Statement for the positive role it has played in giving policy direction to universities on their actions in this area. Of course, this policy statement was developed partly in response to the 2019-20 Remit Letter. The wider legislative and policy context in which this work sits provides a holistic view of mental health: that it cannot be treated in isolation, but that there are many intersections and influencing factors that must be dealt with concurrently. We encourage the Welsh Government and HEFCW to maintain their focus on mental health and wellbeing, and to continue to enable the sector to do more in this space. Furthermore, providing funding in a more long-term way would allow universities to develop more sustainable and strategic approaches to delivery, and ensuring that monitoring arrangements are not overly onerous would allow universities the space to get on with this important work.

This work must account for the whole range of students – not only those who are 18-21 years old and studying a full-time undergraduate course at a campus-based university. Part-time students at the OU in Wales, and indeed at other institutions, are likely to face very different issues and challenges and to have much different responsibilities. These need to be recognised not just in service provision but also in policy.

Policy should also recognise and accommodate the fact that we are not a campus-based university, and our students are everywhere. The support that we might need will necessarily be different because our students have particularly diverse needs and are spread across the country.

Likewise, the Welsh whole-system approach, which is sector leading throughout the UK, must also account for wider environmental factors such as poverty, work, and health. We have already mentioned that people who face financial difficulties can disproportionately expect to face mental health difficulties. Policy and practice must recognise this fact.

We support the 'no wrong door' approach but stress that the role of universities is not to provide primary care. Indeed, universities cannot be expected to provide for students the kind of services that should properly be provided by the National Health

Service. In our view, the role of universities is to support students to access, participate, and succeed in learning regardless of their mental health, and to work with others to remove barriers to success. This includes providing appropriate information, advice, and guidance, and other support and flexibility, to allow students to benefit from learning and from their community of peers. It should involve early identification and proactive intervention, as well as signposting to external services. We stress to the committee the positive impact that learning can have on a person's health and well-being; this is well-established. As such, we see also see our role as being part of the solution to poor mental health.

We would welcome any support from the Welsh Government which promotes and facilitates partnership and collaboration. Universities should be supported to work with external partners, service-providers, and the third sector so that, where gaps in NHS provision might exist, a student's university can still facilitate them to get the support they need while also supporting the student internally to make the right decisions about their learning journey. Again, we stress that this kind of collaboration will look different at a provider like the OU in Wales than it will in a more traditional, campus-based provider, and the support we receive will need to be different as a result.

Where students at other universities are more likely to be living away from home, the same cannot be said about our students. Consequently, we have fewer concerns about passporting of GP registrations, dual registration, and information sharing. We would, however, like to see the Welsh Government working with us, and with partners including the NHS, to explore how the Cardiff & Vale partnership model can be modified to work for an all-Wales provider such as us. We would further welcome work to break down data sharing barriers and believe that this is key to encouraging partnership between providers and the NHS.

When the Commission for Tertiary Education and Research has been operationalised, we would encourage it to continue HEFCW's focus on mental health and well-being. It should continue to emphasise the importance of collaboration and partnership; universities should be encouraged to work together as well as with other partners, both within and outside of the education sector. The identification and facilitating role of universities should be prioritised; in turn, CTER itself should play a role in guiding universities in how they identify need and the standard of service that they should offer to students. This should necessarily include providing appropriate challenge to and scrutiny of universities' performance in this area.

CTER should also be a vehicle for the sharing of good practice on all-Wales basis, thereby enabling and encouraging providers to go beyond a minimum standard. This is as important for a university such as ours as it is for other universities, whose students are more likely to be studying away from home.

And importantly, CTER must recognise and account for the wide diversity of student experiences and circumstances, including those who study at distance and part-time, and of the intersections with other areas of students' lives that might affect their mental health. This must be supported by appropriate long-term resource.

It is our view that, in the spirit of collaboration and the collegiate nature of the Welsh higher education sector, CTER will have an important role to play not only as the sector's regulatory and funder, but also as its advocate nationally. For example, developing an all-Wales approach to a mental health liaison service (based on the South East Wales pilot) will require significant resource, as well as the bringing together universities and colleges, of agencies and partners, and of all seven local health boards. In that sense, CTER will have a crucial facilitating and supporting role to play.

Finally, while we recognise that this inquiry is concerned particularly with the mental health of students, we would also note the importance of supporting the mental health and wellbeing of staff. Indeed, the Universities UK Stepchange strategy recognises that healthy staff are required in order to effectively support students.

4. Argymhellion ar gyfer newid | Recommendations for change

In our opinion, the committee should consider making recommendations in the following areas:

Diversity. Policy and funding decisions should reflect the diversity of the student population, both in terms of protected characteristics and in terms of mode of study and nature of the institution. The needs of an older, part-time student studying with a distance learning provider will be much different to those of an 18–21-year-old full-time student at a campus-based university. The intersections of those students with socioeconomic and health factors should also be considered.

Bureaucracy. Students often report that the process of applying for funding and welfare support is extremely difficult. In our experience, this is particularly the case with the Disabled Students Allowance, and this can have a negative impact not only

on students' ability to access support, but also can exacerbate existing mental health conditions. This process ought to be streamlined and made more accessible, and there ought to be more formal and informal routes to disclosure.

Partnerships. Having established that universities are not and cannot be expected to be primary or even secondary care providers, they should be further encouraged and supported to work in partnership with external organisations, including the NHS, especially to signpost students to support. Consideration should also be given to the role of the third sector. We would encourage the Welsh Government, HEFCW, and appropriate NHS bodies to consider how partnership would or could work with a pan-Wales provider such as us, whose students are spread across the whole country. Additionally, we would encourage the Welsh Government to work with the sector and with the NHS to clearly define the roles of each organisation in the context of student mental health.

Data sharing. We would welcome any effort to facilitate appropriate data sharing between providers and NHS and other public services. Ensuring that data can be shared effectively is key not only to encouraging partnership but also, importantly, to providing the right support to students. We would be interested in exploring how the South East Wales Mental Health University Liaison Service can be developed on an all-Wales basis in a way that is accessible to part-time and distance learners, and would be particularly keen to ensure that a multi-disciplinary and multi-agency approach is taken, in recognition of the many intersecting factors that can affect students' wellbeing.

Disclosure. Consideration should be given to how more students and prospective students can be encouraged and supported to disclose mental health conditions. For example, should there be a new process or form at the point of registration/enrolment that allows students to make a disclosure; should it be mandatory to collect specific mental health data (where this is currently only an optional HESA data collection point); should there be a method of communicating more fluidly between existing mental health services and universities (with student consent)? Again, this must work for a pan-Wales provider like us.

Crises. Specific consideration should be given to responding to the current climate – to include the ongoing effects of the pandemic, the cost-of-living crisis, and the ongoing war in Ukraine.

Understanding. More research should be undertaken to better understand the intersections between mental health and other factors, e.g., socioeconomic status,

health status (other than mental health), gender, disability, experience of care or being a carer, and race and ethnicity. These findings should be used to inform university-level decision-making as well as strategic decision-making and the distribution of resources at a national level.

5. Arall | Other

We draw the committee's attention to the fact that this response represents the view of The Open University in Wales but was also informed by a workshop involving representatives of the OU Students' Association.

Mental Health Support in Higher Education (HE)

Briefing paper for the Children, Young People and Education Committee

September 2022

1. Extent of need

The situation with regards to the mental health of students in HE is impacted to a great extent by the mental health of students in FE and school sixth forms who progress into HE. Colleges report an increase in mental health problems (even prior to the pandemic) which subsequently feed through into HE - some colleges report the number of HE students accessing internal college mental health services has increased by as much as 96% between 20/21 and 21/22.

In terms of the effect of Covid-19 on the mental health of HE students include the pressure of attending college whilst trying to home educate children, managing a household and being in employment with limited support due to the lack of contact with the natural support network of friends and family.

Colleges noted the distinction between the needs of students in more traditional HE settings and those studying HE within a Further Education Institution (FEI). Many HE in FE students are typically older, and have work and/or family commitments which need to be taken into account. These students are also usually from low socio-economic backgrounds and financial insecurity is cited as a cause for a number of referrals for anxiety.

Another key issue raised by colleges was the availability and time to attend or access support and mental health services. This can be particularly difficult if learners are engaged with multiple support professionals due to their employment, family and/or curriculum commitments.

The current situation surrounding the cost of living crisis will inevitably impact on mental health, which in turn will see an increase in the mental health support services needed by HE in FE learners.

2. Identification and provision

There are some excellent examples of support provided to HE in FE learners by FE colleges across Wales -

- Some colleges have their own relationships with local mental health services - it would reduce barriers for learners and professionals if the communication between Education and Health was more accessible.

- Some colleges have also used funding to implement triage services to ensure learners receive a robust assessment when a referral is made. Learners will then receive the right support at the right time, while other colleges hold applicant events to identify support needs at an early stage.
- One college has developed a new process with mental health services for transition and data sharing – this is being piloted in 2022/23.
- One college assesses Student Loan funding to support Study Assistants specifically for HE in FE learners.
- Learner voice is well used within HE in FE with Student Union Officers in post in a few colleges who provide regular feedback to senior management teams on the amount of support and quality of the support needed.

Colegau Cymru has worked collaboratively with NUS Wales, Universities Wales and AMOSSHE to develop post-16 mental health policy recommendations for the Welsh Government. These include continued funding for transitions through Renew and Reform, the need for Welsh Government to address the relationship between CAMHS and adult services, and addressing ways universities can work with local post-16 colleges/schools to support learner mental health in advance of the transition to higher education.¹

The transition from child to adult mental health services can also be a significant problem. Support needs to be age appropriate, not at an arbitrary cut off point such as 18, and linked to any other relevant services. It is essential that transition between settings is standardized and that mental health information is shared easily and in a timely manner, not just between support services, but between education providers also. Social signposting, early identification, trauma awareness and resilience training should continue to be a priority for the sector.

3. Welsh Government policy, legislation and funding

Most FE colleges in Wales offer higher education options to their learners. The sector has received funding from the Welsh Government, both pre-and post-Covid, to develop a variety of different projects and resources to support learner mental health which have been shared as examples of best practice across the sector, and which would be available to HE in FE learners as well as FE learners.

The FE sector suggests that funding, new initiatives, and pilot projects be made available for a minimum of two academic years to ensure entire programmes are embedded and to enable effective impact monitoring.

¹ [Post-16 Mental Health Policy \(colleges.wales\)](https://colleges.wales/post-16-mental-health-policy)

The new Commission for Tertiary Education and Research should take a joined up approach to mental health and wellbeing for students across all parts of the post-16 system where there should be expectation of some sort of parity of experience whether for HE in FE students, traditional HE or FE students and apprentices (including higher level or degree apprentices). This can allow for differences between settings but those studying HE in FE should be able to expect to access similar levels of support, for instance. The Commission should ensure that institutions that it funds have a sufficient level of mental health support in place.

4. Recommendations for change

The Committee should consider how any recommendations made apply fairly to those learners studying HE in FE, taking into account the different circumstances of this cohort.

A mental health service for young people 16-25 should be established to support young people through school/college/HE/apprenticeship pathways, rather than the transition from CAMHS to adult services at 18.

Health and Education services to be more aligned to support students / patients holistically.

Increases in the cost of living and childcare have created financial insecurity, which is having a detrimental effect on the wellbeing of students in college HE provision. Assistance is required with the cost of courses or other learning provision, especially at a time when households are facing financial difficulties.

It would also be beneficial to differentiate between settings and unique needs in any future regulatory arrangements.

5. Other

It's important to remember that all those who need access to mental health services should have a Welsh option available to them. This is especially important if Welsh is their first language or the language they feel most comfortable communicating in.

Amy Evans
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Agenda Item 4.1

CYPE(6)-18-22 – Paper to note 1

Y Pwyllgor Cyllid

—

Finance Committee

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Jayne Bryant MS

Chair of the Children, Young People and
Education Committee

07 July 2022

Dear Jayne,

Scrutiny of the Welsh Government's First Supplementary Budget 2022-23 – Provision of Free School Meals

On 30 June, the Finance Committee held an evidence session with the Minister for Finance and Local Government on the Welsh Government's First Supplementary Budget 2022-23.

At this session, the Committee considered issues relating to the remit of the Children, Young People and Education Committee, in particular the provision of Free School Meals. As Chair, I would like to draw your attention to the following recommendation that was included in our report:

Recommendation 9. The Committee recommends that a further breakdown of the funding provided to local authorities to support the Welsh Government's free school meals policy is provided in future budgets so that its implementation can be evaluated in future budget rounds.

Given your Committee's interest in this this policy area, you may wish to explore these issues in greater detail with the Minister for Education when scrutinising the Welsh Government Draft Budget 2023-24 later this year.

Our report on the Supplementary Budget 2022-23 will be published on 11 July which will inform the Plenary debate scheduled for the 12 July.

We will share the Welsh Government's response to our recommendations with you once received.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'Peredur Owen Griffiths', with a long horizontal stroke at the end.

Peredur Owen Griffiths MS
Chair of the Finance Committee

Croesewir gohebiaeth yn Gymraeg neu Saesneg.

We welcome correspondence in Welsh or English.



CYPE(6)-18-22 - Paper to note 2

Jeremy Miles AS/MS
Gweinidog y Gymraeg ac Addysg
Minister for Education and Welsh Language



Llywodraeth Cymru
Welsh Government

Our ref: MA/JMEWL/1612/22
Jayne Bryant MS
Chair of the Children, Young People and Education Committee
Welsh Parliament
Cardiff Bay
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20 July 2022

WELSH GOVERNMENT UPDATE ON ITS RESPONSE TO THE RECOMMENDATIONS OF THE REVIEW OF SCHOOL SPENDING IN WALES

Dear Jayne,

I write in response to the CYPE Committee recommendation in their report on the draft budget 2022-23 and the Welsh Government commitment to provide an update on its response to the Sibieta review of school funding and how it is taking the recommendations forward.

Nobody could have foreseen the circumstances which we have been living and working under for the past 2 years. The Covid pandemic has had a huge strain on public services, both financially and operationally. The Welsh Government's priorities have adjusted to respond to the urgency of the situation, and this has of course affected our ability to take forward some of the recommendations in the time frame we would have liked. However, much work has still been completed and we continue to be committed to ensuring our schools receive the appropriate levels of funding.

The Review of School Spending has been valuable in providing an in-depth analysis and recommendations of how the school funding system can be adapted to best support policy goals and ambitions to improve the school system in Wales. The review highlights the complexities in the system, but also how these complexities reflect local authorities' ability to target funds where there are higher needs and where extra funding can have the best effects.

A wide range of the Welsh Government's portfolios are involved in the education system and the funding available to our children and young people. Set out below are updates relating to the recommendations and the work the Welsh Government is taking forward. Many of the recommendations in the reports cut across areas, therefore they have been collated into key themes as set out below.

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Rydym yn croesawu derbyn gohebiaeth yn Gymraeg. Byddwn yn ateb gohebiaeth a dderbynnir yn Gymraeg yn Gymraeg ac ni fydd gohebu yn Gymraeg yn arwain at oedi.

We welcome receiving correspondence in Welsh. Any correspondence received in Welsh will be answered in Welsh and corresponding in Welsh will not lead to a delay in responding.

Funding

While the UK Spending Review does give us some medium term financial certainty and some additional investment, it is more than offset by the inflationary and system pressures that we are facing. The budget available to us as a result does not meet the scale of the challenge that families, public services and the wider economy are still facing as a result of the pandemic. Despite this, however, we are committed to delivering our ambitious Programme for Government with health, social care and local government remaining our core priorities.

Providing local government with the best possible settlement, which delivers the majority of local authorities' core funding for education, was central in the 2022-23 Budget. In the Draft Budget 2022-23, the increase to the Revenue Support Grant (RSG) for 2022-23 was £368m (10.2%), which together with changes in no domestic rate funding, led to an overall increase in the settlement on a like for like basis of £437m (9.4%) to support front line services, including schools and social services. By to 2024-25 we will provide additional revenue funding of £743m, underpinning critical and valued local services, providing support for the ongoing response to the pandemic and prioritising schools and social care.

The Welsh Government published its final budget on the 1st of March which contains more than £1.3bn investment specific to early years and education. This investment is in addition to unhypothecated funding provided to Local Authorities to deliver essential services, including schools. These funding priorities encompass both children's development and their learning, to provide the highest quality offer to give the best start in life. We recognise that the pandemic is continuing to have the greatest impact on some of our most vulnerable and disadvantaged learners, including those from low income families.

Alongside funding for local government which will support schools, in 2022-23 we are making a number of specific investments. This includes £40m in 2022-23 to support the rollout of free school meal provision to primary school pupils; further investment in the Pupil Development Grant with the budget increasing by £20m per annum from 2022-23; and an extra £7m being invested from 2022-23 into meeting the needs of children and young people with additional learning needs.

We are also providing an additional £37.5m to schools in 2022-23 to support the continuation of the Recruit, Recover and Raise Standards (RRRS) Programme, supporting learner well-being and progression as we work through the implications of the pandemic and progress our new Curriculum for Wales.

As part of the Final Budget 2022-23, published on 1 March, we allocated an additional £28.4m in 2022-23 to address both the issues around holiday hunger, and access to free activities for children and young people during school holidays. Of this allocation, £21.4m will extend Free School Meal provision over the Easter, Whitsun, and Summer holidays, reflecting our ongoing co-operation agreement with Plaid Cymru. A further £7m is being provided to deliver the Summer of Fun programme which also provides food and free activities during the summer period for all children and young people aged up to the age of 25. In 2021 the scheme reached over 67,500 children, supporting their social, emotional and physical wellbeing and helping them to re-engage with peers. To further support the most disadvantaged families, we are providing £13.1m for the Pupil Development Grant. For our PDG-Access grant, this includes a top up of £100 to all school years, which will address other costs of the school day including meeting PE kit and additional uniform costs

Due to the welcome multi-year settlement by the UK Government, we have been able to provide indicative budget allocations up to 2024-25, giving much more certainty for our local authority partners to deliver those vital services.

Funding Distribution

The core revenue funding we provide to local authorities each year is distributed according to relative need. The formula is kept under a continuous programme of review and improvement overseen by the Distribution Sub Group (DSG). The DSG produces an annual report for consideration by the Finance Sub Group of the Partnership Council for Wales. It is important to remember that the funding we provide to local government through the settlement is unhypothecated, meaning it is up to individual authorities how they spend this funding according to local priorities, and that the funding formula aims to model the relative need of authorities to spend across all services. We continue to work closely with our local government colleagues on our shared priority to ensure funding reaches our front line services.

At the February 2022 Finance Sub Group meeting, members requested that the DSG produce a paper providing their views of the accuracy and timeliness of the data within the current settlement formula, prior to considering the options for a future more extensive review of the formula. This paper is presented at the next meeting on 14 July 2022.

Transparency in the system

We agree with the need for transparency in the school funding system and for comparable and consistent data. Further, this should be at all levels including schools, local government and regional consortia and local authority partnerships.

We collect detailed budget and outturn data via Section 52 of the School Standards and Framework Act 1998. This information is published on StatsWales and is easily accessible. Officials are currently working with stakeholders to consider amendments to the School Funding (Wales) Regulations 2010. This work will provide flexibility to allow local authorities to better support schools to manage their budgets, and provide greater transparency, comparability and consistency in the system.

Regional Consortia

We also recognise the complexity in the funding system for regional consortia and local authority partnerships. That's why we have consolidated the large number of separate grants previously provided to regional consortia into two: the Regional Consortia School Improvement Grant (which includes the Education Improvement Grant) and the Pupil Development Grant.

The regional grant funds a large number of initiatives and priorities, recognising the important and broad role that regions play in the school system – including school improvement services, professional learning and curriculum development. However, these are grouped into five categories, aligned with Our National Mission's enabling objectives, so that regions have some flexibility in how they use the funding, based on the needs of schools in their area.

We further consolidated the priorities included within the regional grant where possible, during the last 2 grant periods. We did this in consultation with the consortia and local authority partnerships to ensure an appropriate balance between consolidation and the need to ensure sufficient transparency of the Welsh Government's expenditure across different policy areas. We also intend to undertake a review of the regional grant in 2022-23 to ensure areas of consolidation are still appropriate in the current environment.

The Welsh Government has developed non-statutory school improvement guidance that sets out a framework for evaluation, improvement and accountability for schools, local authorities, regions and Estyn, which aligns with the new curriculum

The overarching purpose of the guidance is to help schools to improve in order to give learners the best possible learning experiences and outcomes and, in this way, to raise standards and narrow the gap between disadvantaged learners and their peers. The new framework is designed to ensure that schools' performance is evaluated using a wide range of evidence and information, covering the breadth of school activity, including learner progress and well-being, when determining school improvement priorities.

Within a self-improving school system, it is important that the different bodies, principally schools and governing bodies, local authorities, and regional consortia, understand their own roles and responsibilities, those of others, and the relationship between them. The guidance therefore sets out the Welsh Government's expectations of the role and responsibilities of the different bodies, in relation to evaluation, improvement and accountability, in order to help the self-improving system to function efficiently and effectively. It emphasises that accountability should be seen as separate, if related, to evaluation and improvement activities.

Evidence based policy

We also agree with the conclusion that the Welsh Government should not adopt a single minimum cost approach for use in funding or spending decisions as it is not possible to determine the right level of spend and provision for each type of resource in varying locations and with varying school configurations. We consider that a move to a funding system which provides further detail on the likely cost of specific changes to the current offer where appropriate would be beneficial, and particularly relevant in relation to policy changes. Currently, however, we believe publishing multi-year assessments of likely growth in school costs would add little value as the available data would not allow this to be provided in a meaningful way. Due to pressures on costs/spend during the pandemic and ongoing recovery, data would not provide accurate projections. We will keep this under review.

The review of school spending in Wales provides valuable evidence for policy makers to inform future funding and policy decisions.

The latest evidence is used when considering policy changes but there is more work that can be done to ensure funding to enable policy change reaches those specific areas of investment, without unintended re-distribution of funding, ensuring increased levels of investment where the need has been identified.

The Welsh Government should have available to it an ongoing evidence base of the effects of school funding. Education in Wales: Our National Mission (2017) has research embedded across the enabling objectives. There is a clear statement that the plan will be supported by policies that will be developed in partnership, based upon sound evidence and evaluated effectively at all stages.

As part of the National Strategy for educational research and enquiry (NSERE) we have established a Collaborative Research Network on Leadership and Professional Learning bringing together expertise in this area from across our eight HEIs. The Welsh Government are working with this network to develop a research programme on the impact of school funding as well as undertaking research in other related areas such as indicators of socio-economic disadvantage that can be used for funding purposes.

Research is also an important part of our policy analysis to ensure new policy is implemented as intended. Officials, working with our Knowledge and Analytical Services Department will monitor the roll-out and impact of the new Additional Learning Needs system and will include economic analyses as part of that research. This area was highlighted in the report along with school transport. The Welsh Government carried out an initial review, working with the local authorities to understand current spending models and the impact of any potential changes to the Learner Travel Measure. The Deputy Minister for Climate Change has recently published the interim review report. The initial review found that there are not only further issues with the current Measure that need to be addressed, but also wider issues to consider that extend beyond the scope of the legislation. As such, we are keen to take forward a wider programme of work including consideration of a complete revision of the Learner Travel Measure, alongside work to improve operator provision. The detailed review of the measure will be undertaken this year.

Deprivation funding

Empirical evidence of the Sibietta review supports that higher spending has a positive effect on disadvantaged learners. Tackling the impact of poverty on attainment is at the heart of our national mission in education. That's the only way we can succeed in our aim of achieving high standards and aspirations for all.

I have made clear that in line with Programme for Government commitments to reduce inequalities in Wales, that tackling the impact of poverty on attainment is one of our major priorities. I have set out my intentions in this area in the Senedd on 22 March and officials are currently preparing a plan to take forward the actions which will be published shortly.

We recognise that the pandemic is continuing to have the greatest impact on some of our most vulnerable and disadvantaged learners, including those from low income families. Countering the effects of disadvantage and deprivation on children and young people is central to our flagship Pupil Development Grant (PDG).

Year on year we have extended the PDG to reflect the increase in eFSM learners, with funding for 2022-23 at over £126m.

We continue to work closely with PDG regional representatives to identify those areas where funding can have most impact, particularly in the context of the recommendations from the Review of School Spending in Wales report; in particular prioritising additional funding for more deprived schools, and working with local authorities' on ensuring more consistent and transparent school funding formulae.

In line with the aspirations of the Programme for Government, officials are currently undertaking a review of policies in this area. The review is focussed on key players in the system's understanding of educational inequality and its causes; what they believe has been working well to address these issues; and what barriers remain and how these might be overcome in a new policy strategy. We are considering how PDG might be used more effectively as part of this work to develop a Strategy for Educational Equity.

We have also increased funding for our demand led grants. Our PDG-Access grant is funding that goes direct to families for the purchase of uniform, sports kit and other extra-curricular activity resources. During 2021-22, the PDG-Access grant was extended to all eligible pupils in every school year in primary and secondary schools and for 2022-23 only, we are providing an up-lift of £100 to the PDG-Access grant for all eligible learners. Therefore, a total of £22.8m has been made available in 2022-23.

Sixth Forms

The Sibieta report also recommended that the Welsh Government should prioritise extra funding for schools with sixth forms. Any funding decisions for sixth forms would need to be considered as part of the wider post-16 settlement.

The 2021-22 budget recognised the priority for 16-19 provision in both schools sixth forms and colleges noting that demographics of this age cohort are increasing and that funding should increase accordingly. For 2021-22, schools sixth forms benefitted from an increase of over £3million or 3.22%. This was followed in 2022-23 by a further increase of £3.7m, a further 3.83% increase. This includes funding specifically allocated to educational deprivation of around £3.3m each year.

Alongside the increases to mainstream funding additional Learner Recovery and Progression Funding of £3.9m was allocated to sixth forms to recognise the continued support for learners needed following the pandemic and a further £12m allocated to schools and colleges to ensure learners in years 11, 12 and 13 were supported through transition to their next destination, be that college, school, university, employment or other.

Since becoming Minister for Education and Welsh Language, I have made it clear that we must consider all educational policies through the lens of whether they help tackle the impact of poverty on educational attainment. We will need a whole-system approach to succeed that supports children and young people through all phases of their education: pre-school, school and post-16. The review has been instrumental in driving forward work around ensuring the money that goes into our schools, is used to its full potential. We will continue working closely with our partners and stakeholders to ensure that this drive is maintained as we progress the work outlined above.

Yours sincerely,



Jeremy Miles AS/MS

Gweinidog y Gymraeg ac Addysg
Minister for Education and Welsh Language

Agenda Item 4.3

CYPE(6)-18-22 – Paper to note 3

Email to the Chair of the Children, Young People and Education Committee

We hope this finds you rested following the summer break. We would like to make you aware of a letter we wrote recently as a response to an opinion piece in the Child Adolescent Mental Health Journal (May 2022) about diagnosing 'personality disorder' in children and young people which argues for its clinical benefit. We have serious concerns about this kind of recommendation and so have sought to make this public in an attempt to raise awareness of the risks and complexity involved. We have offered some alternative approaches too.

Please find our statement here: <http://www.psychchange.org/review-of-use-of-dx-pd.html>

We believe that better recognition and understanding of the impact of the social, commercial, and political determinants of mental health, including, trauma, adverse experiences, diet, toxic stress, systemic and structural inequality, poverty and their impact on individuals, families and communities mental health, must be at the centre of our thinking moving forward.

This approach and perspective would sit comfortably alongside the ambitions set out in the Wellbeing of Future Generations (Wales) Act (2015) and is core to the delivery of the ACEs Hub and Traumatic Stress Wales all-society trauma-informed framework. It should be an important part of the Welsh Government's new Adverse Childhood Experiences (ACEs) plan. It will also help us achieve the actions in the current and further iterations of the 'Together for Mental Health Strategy'.

To achieve these aims long-term we must explore and fund the development of more sophisticated modelling of trauma and mental health to provide better solutions to these complex problems. There are a number of established and emerging fields to draw on including, for example, attachment theory, psychosocial ecology and relational neuroimmunology, alongside models such as [Building Underdeveloped Sensorimotor Systems \(BUSS\)](#), [Dynamic Maturational](#), [Neurosequential](#), [Dyadic Developmental Practice](#) and [Research Domain Criteria](#).

This will be paramount to the Welsh Government's objective of becoming a truly trauma and relationally informed society.

Dr Jen Daffin, Community Clinical Psychologist

Dr Carly Jackson, Clinical Psychologist

Co-Chairs PSC Cymru

Psychologists for Social Change - South Wales

Seicolegwyr dros Newid Cymdeithasol - De Cymru



CYPE(6)-18-22 - Paper to note 4



Briefing: Hope instead of Handcuffs

Too many children are being handcuffed.

Children and young people living in or on the edge of care often need to be transported between care settings, taken to school, hospital or court hearings. Local authorities regularly hire private secure transportation providers to carry out these journeys.

Shockingly, many children find that they are automatically put in handcuffs by their transportation provider. A child does not need to be considered “high risk” to be put in handcuffs: a child who displays even the slightest sign of distress risks being subject to handcuffs or other forms of restraint.

To be clear, we are referring to innocent children in the UK's care system being handcuffed by private organisations whilst being securely transported. Not children who have been involved or are suspected of being involved in criminal activity being handcuffed by police.

We know that there is a deeply worrying prevalence of providers handcuffing or restraining children, with some organisations advertising that they use handcuffs on their website. We can tell if a child has been handcuffed from the red marks left on the skin of their wrists.

Stakeholders in this sector, including Ofsted, the Office of the Children's Commissioner and even the Department for Education are aware of private secure transportation providers using handcuffs on the children in their care, as well as of the lack of data collected on how often handcuffs are used.

Data gaps put vulnerable children at risk.

Worryingly, Secure transportation providers across the UK are not required to report any instances of handcuffing or restraint to the appropriate authority. The practice remains unregulated and unmonitored, and this data gap puts vulnerable children at risk. This contrasts with children's homes, where Ofsted has the power to inspect the restraint practices of care home providers.

Without an official regulatory or policy mechanism to report and monitor the use of handcuffs, there is no way to check why handcuffs are being used on these innocent children. Without this data, we cannot ensure that any restraint during secure transportation is only used as a last resort after all other, less harmful approaches have been exhausted.

Only by plugging this worrying data gap can we enable proper review and monitoring, as well as increase transparency and accountability amongst providers.

Ensuring that all incidents of child restraint are recorded, monitored and evaluated by the state is a key recommendation of the United Nations (UN) Committee on the Rights of the Child. According to the Committee, children should never be restrained to secure compliance. Restraint should only ever be used if the child poses an imminent danger to themselves or others, under the direct supervision of a medical professional and only after all other measures have been exhausted.

In December 2021, the House of Commons Health and Social Care Select Committee made a similar recommendation in its [report](#) into children and young people's mental health. The Select Committee noted that “the use of restraint while a young person is in transit is a cause for concern” and that the absence of any legal obligation on providers to report instances of restraint “is at odds with the requirement on children's homes to report incidents of restraint, allowing a data gap to emerge”.

Echoing the objectives of our campaign, the Select Committee recommends that “all organisations involved in the transportation of children should be required to report such incidents so that these can be monitored and acted upon where necessary”.

The government recently introduced landmark regulations and published guidance to better protect patients in mental health settings over the inappropriate use of force. The [Mental Health Units \(Use of Force\) Act](#), better known as Seni's Law, will ensure better accountability and shows that a regulatory mechanism exists – we just need the government to also apply it to private secure transportation providers.

Our report

We developed a [report](#) that explores the issues caused by the use of physical restraint on care-experienced children. It also investigates the importance of providing the emotional support and mentoring these vulnerable young people need to reach their full potential, and the long-term financial implications for local authorities and the government from failing to properly support these vulnerable children.

Our campaign objectives

Handcuffs and other methods of restraint are extremely damaging to children – both physically and mentally. All children should be treated with kindness, respect and offered support so that they can reach their potential and lead safe, fulfilling lives.

That is why we launched our campaign – Hope instead of Handcuffs – which we would like you to be a part of. Our core campaign objectives are for the government to:

1. Mandate that all private secure transportation providers be legally obliged to report any instances of restraint, including handcuffing, of innocent children to an appropriate body
2. Appoint an appropriate body to collect, monitor and review data provided by these private secure transport providers to increase transparency and accountability
3. Ultimately, end the handcuffing of innocent children by private secure transportation providers and ensure that restraint is only ever used when there is a considerable risk of the child harming themselves or others
4. Recognise that a new, child-centred approach is needed that treats vulnerable children as victims instead of criminals, and ensures that secure transportation providers in the UK's care system do not contribute to further trauma

Case study: Wales

The [Reducing Restrictive Practices Framework](#) (RRPF) - published in July 2021 - sets out the Welsh Government's expectations for policy and practice in reducing restrictive practices across childcare, education, health and social care settings. It notes that data on the use of restrictive practices should be reviewed and analysed regularly to monitor trends and inform reduction strategies. The Framework should apply to all commissioned services but reference to secure transportation was notably absent.

The Framework also sets out how Care Inspectorate Wales will consider compliance with the Framework when carrying out inspections. However, we know that currently, there has been no proper mechanism in place to enable Care Inspectorate Wales to inspect the restraint practices of secure transportation providers during their inspection of local authorities.

Over the last six months, we have worked closely with the Welsh Government to address these omissions and secure important amendments to the RRPF. Officials recently confirmed to us that the Framework will be updated in three areas:

1. Local authorities must apply the provisions of the Framework to any secure transportation services they commission. This includes exercising due diligence to the restraint policies of secure transportation providers, which will be a condition of procurement.
2. Secure transportation providers will need to report any instances of restraint that take place in their journeys to the commissioning local authority. Local authorities will be asked to monitor such instances of restraint as part of the wider monitoring of restrictive practices.
3. Care Inspectorate Wales will monitor adherence to the principles of the Framework as part of their inspections of local authorities.

These small but significant changes will help vulnerable children by encouraging local authorities to pay due diligence to the restraint practices of secure transportation providers when commissioning their services and will ensure that providers no longer operate without proper monitoring or scrutiny. In England and Scotland, there is scope for a similar framework for local authorities to be developed and we will continue to campaign for this to happen.

About Serenity Welfare

Serenity Welfare works with local authorities, children's charities, schools, alternative education providers, youth offending services and healthcare professionals across the UK to offer secure transportation and welfare services for vulnerable children and young adults in care, 24-hours-a-day, seven days per week.

If a child living in or on the edge of care needs to be transported between care homes or other secure settings, or taken to school, hospital or other appointments, we are on hand to provide safe, comfortable, secure and compassionate transportation. We transport children aged between 10 and 17 years old across the UK, completing upwards of 200 journeys a year on average. We have a 100% success rate in 'stress free', compassionate and therapeutic journeys and have never used handcuffs.

We also offer 24/7 wrap around care, crisis intervention services, talks and presentations on gangs and county lines, and high-quality mentoring services so that vulnerable children receive the positive and consistent nurturing they need.

De-escalation and mentoring should be the preferred approach.

Having seen children as young as 11-years-old with red marks on their wrists from being handcuffed by other transport providers, our Founder Emily Aklan felt compelled to launch the Hope instead of Handcuffs campaign to end this brutal practice.

Serenity Welfare never uses handcuffs on the children in our care and we have a 100% success rate in avoiding this. Our focus is always on non-violent de-escalation and mentoring as part of a humanistic and compassionate provision of care. We are licensed to use Maybo, an internationally renowned technique that allows us to understand a child's psychological requirements to safely de-escalate emotionally charged situations. Our staff are also highly skilled in coaching and mentoring, so that if there is an incident of conflict or stress, they can diffuse the situation effectively, without the need for force. We advocate a move away from the use of restraint in the care system towards de-escalation, which is a more effective method that avoids damaging a child's physical and mental wellbeing.

Too often, vulnerable and at-risk children are treated as criminals rather than victims who require consistent, timely, high-quality interventions to rebuild their lives. Positive behaviour support and other alternatives to de-escalate challenging behaviour should always be the preferred approach.

Agenda Item 4.5

CYPE(6)-18-22 – Paper to note 5



Caring Lives: What do young people who care for family members need to thrive? Summary of results

Caring Lives is a mixed methods PhD study developed by Ed Janes. The study sought to increase clarity on why the impacts of caring vary for children depending on their individual circumstances. Innovative methods were used to identify and work with a wider range of young carers than in most research, resulting in original findings on perception of control and duration of care.

Background

Research in the 1990s highlighted the experiences of young carers, children who were caring for family members due to an illness or disability. Of particular concern were those with substantial roles and inappropriate tasks such as personal care and medical responsibilities, and the research also highlighted a lack of support for young carers by some services and families.

Young carers quickly gained prominence in policy and legislation, leading to the development of local support projects. More recent advances include local authorities assessments of young carer needs, with schools and health professionals having a role in identification and support.

Study aims

The study is framed by two limitations in early young carers research:

1. A lack of quantitative research comparing young carers to children without caring responsibilities, due to a lack of large-scale young carer data in the 1990s.
2. The challenge of identifying a population who are often reluctant to engage, due to a fear of intervention and stigma.

As a result, the majority of early qualitative research was conducted through young carer projects, with participants accessing support due to substantial responsibilities. This has led to questions over whether the research was representative of the wider group.

In revisiting these limitations in more recent research there is little evidence of progress in researching the wider population. This informed the methods used in this study.

Defining young carers

The study defined a young carer as any child (under 18) who cares for a family member due to an illness or disability that includes mental health or substance misuse issues. This definition is aligned with current policy and legislation in Wales (The Carers Strategy for Wales 2013, the Social Services and Wellbeing Act 2014) and England (The Care Act 2014), and reflects the increasing move away from 'substantial care', towards young carers as a more diverse spectrum of responsibilities and experiences.

Quantitative research: Longitudinal modelling

Caring Lives used cohort data from the Longitudinal Study of Young People in England (LSYPE1). Over 12,000 young people participated annually over a four-year period, and the data collected included carer status, time spent caring and multiple mental health indicators.

The study compared the mental health of young carers and non-young carers over time. Additional analysis compared high-level young carers (>11 hours caring a week) with all other respondents.

Findings: Young carer prevalence rates for the respondents were 5.1%, 5.8% and 6.2% at age 13, 14 and 15, with young carer prevalence greater amongst older, females and ethnic minority young people. The short-term impacts of caring were marginal, but they had comparatively poor long-term mental health in comparison to children without caring responsibilities.

The additional analysis of higher-level caring found prevalence rates of 0.8%, 0.9% and 1.0% at age 13, 14 and 15. Comparing higher-level young carers to other respondents, they had better short-term mental health. However, there was a large swing over time with their long-term mental health considerably worse than other respondents.

Qualitative research: Phenomenology

A phenomenology was developed in schools to confidentially identify and recruit young carers who were unknown to services. This was partially successful, but participant numbers were low and the study was eventually expanded to include young carer project users. The mixed sample represented a broader range of young carers than in typical research, enabling a comparison of the experiences of participants who were accessing formal support with those who were unidentified by services.

Participants attended three interviews over a year-long period. This enabled analysis of how changes in their lives (eg the care receiver's condition, their responsibilities, their accessing of support) affected their health and wellbeing over time.

Findings: Research with the wider range of young carers led to the identification of perception of control as central to their experiences. Those who felt in control were better able to manage their responsibilities and develop a routine that balanced caring with their wider lives. Threats to control included unstable responsibilities, excessive or night-time care and medical tasks.

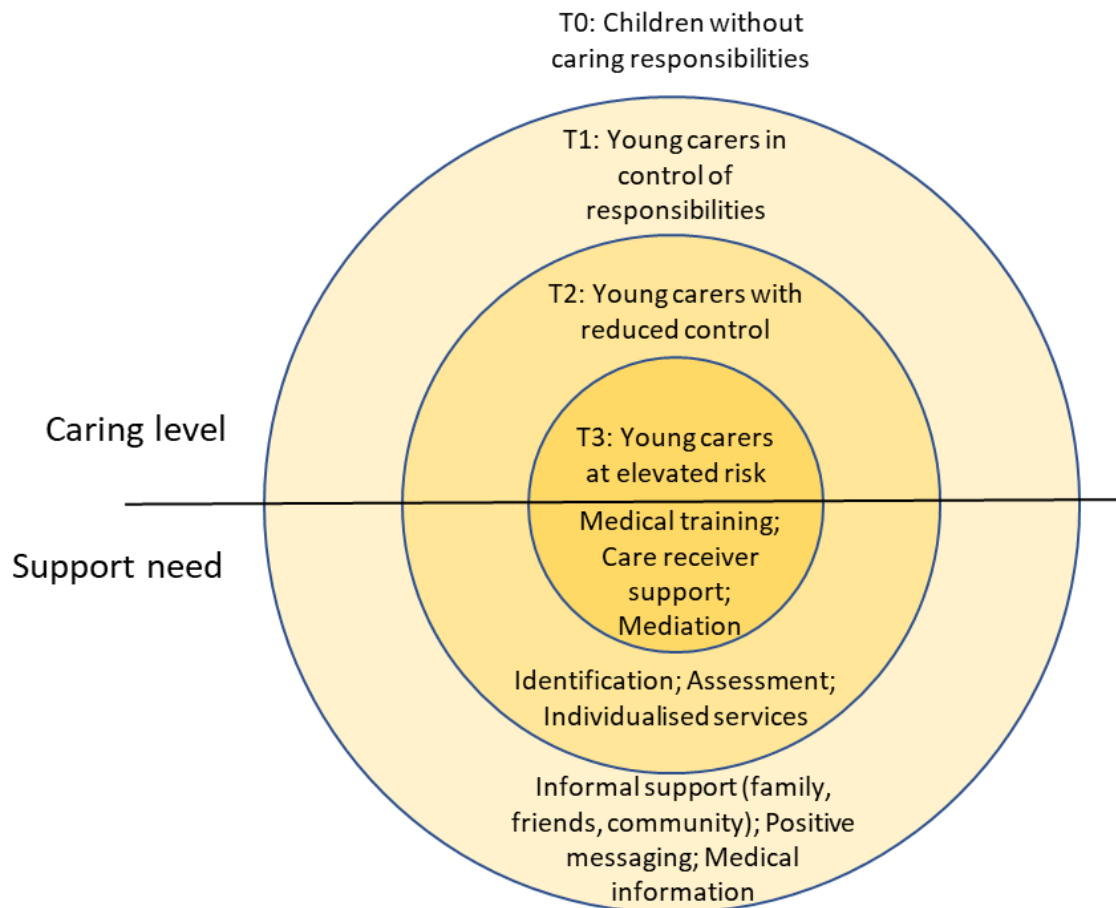
The study differentiated between young carer self-disclosure and identification by services. Many young carer families sought to balance a need for support with privacy, and they preferred to seek informal support from trusted friends and neighbours. Services were more likely informed when the family recognised that the child needed further assistance.

For those who did not disclose, identification remains a problem with little evidence of schools actively seeking to identify young carers and opportunities being missed by health services. In addition, while those accessing young carer projects valued the social opportunities, there was evidence that services that conducted needs assessments were better able to offer individualised support and guidance.

Discussion

The use of novel methods to revisit past research limitations led to two main original findings:

1. Duration of care is key, and the results challenged the idea that the impacts of caring are inherently negative. Instead, short-term impacts were marginal with young carer's mental health deteriorating over time. Furthermore, those with higher-level roles had better short-term mental health than other respondents, but the long-term effects of these higher-level responsibilities were more detrimental.
2. Perception of control provides a way to differentiate between manageable and problematic care. This resulted in the development of a model of young carer control that includes three tiers:
 - T₁: The majority of young carers who feel in control of their responsibilities. They are able to balance caring with educational and social opportunities;
 - T₂: Young carers with reduced control due to threats such as instability in the caring role or excessive responsibilities;
 - T₃: Young carers at an elevated risk due to particular aspects of their role (eg medical responsibilities; a difficult relationship with the person they provide care for).



Implications for policy

The findings have implications for how we view and support young carers. While definitions and increasing prevalence estimates reflect the full spectrum, there is still a tendency to view young carers as a small population with substantial responsibilities and predominantly negative impacts. Instead, policy should be reflective of the diverse experiences and impacts of the whole spectrum and this means recognising that the needs of some young carers can be largely met by

informal support sources. However, there remains a group that would benefit from improved mainstream services provision and young carer projects, and a third group that need more specialist support beyond current provision.

Implications for practice

The study also has the potential to impact mainstream services that are increasingly expected to support young carers, with the findings suggesting a need for tiered support.

A positive school environment remains key for all young carers. Many schools raise awareness of young carers but this message should be reflective of the whole spectrum. A more balanced message has the potential to reduce stigma and increase disclosure while providing a foundation for identifying those with more problematic roles. There remains a need to improve school support for this smaller group, and provision could be individualised to suit the challenges of each young carer (ie. similar to some young carer projects).

Many young carers support family members to attend medical appointments, with this providing identification opportunities that are often missed. The study highlighted how all young carers should be able to access information useful to their responsibilities, but also how those with regular medical responsibilities continue to need greater support and training.

Strengths, challenges and further opportunities

There is considerable potential for further research on the wider young carer spectrum, control, and the difference between manageable and problematic caring. However, this can only be achieved by working with participants from across the young carer spectrum - improving research methods for recruiting young carers as a hard-to-reach population remains vital.

There is also potential for further quantitative research comparing the lives of young carers with non-young carers over time. The quantitative data used in this study dates from 2004 to 2007 and the recent release of new data provides further opportunities.

In addition, the study made three specific recommendations for further work:

1. Development, trialling and evaluation of school-based awareness raising materials on the whole young carer spectrum
2. A realist evaluation that compares young carer services, to assess not only if they work but the specific reasons why.
3. Research with professionals and policy makers on the barriers to service development. This has the potential to complement previous research with young carers on their experiences of caring and the support that they need.

For more information please contact Ed Janes in Cardiff University:

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Agenda Item 4.6

CYPE(6)-18-22 - Paper to note 6

Lynne Neagle AS/MS
Y Dirprwy Weinidog Iechyd Meddwl a Llesiant
Deputy Minister for Mental Health and Wellbeing



Llywodraeth Cymru
Welsh Government

Jayne Bryant MS, Chair
Chair of Children, Young People and Education Committee

23 September 2022

Dear Jayne,

Update on perinatal mental health inquiry recommendations

Please find attached the latest update in response to the Perinatal Mental Health in Wales report. The then Minister for Mental Health, Wellbeing and Welsh Language provided you with a substantive update on progress against all the recommendations in March 2021, and in January I wrote to you responding to some specific queries from the Committee at that time.

In our previous full update, we confirmed that recommendations 1, 3 and 11 were considered complete. Within the same update we also provided high level responses to those that were previously rejected to provide assurance that this work was factored in as stated within that original response. As part of this we confirmed that we would not expect future updates to report on these recommendations (13, 22, 23 and 24 specifically). Therefore, these seven recommendations are not included in the updated table.

We are expecting to make progress on major milestones within these recommendations in the coming months, this includes receiving the report on the operation of the South Wales Mother and Baby Unit, progress on developing timescales for the commissioning of access to a Mother and Baby Unit for people living in North Wales, and progress on developing the dataset for ongoing monitoring. We will provide more information on these developments in due course.

The next update will also include further detail on how we will be incorporating perinatal mental health into the successor strategy to Together for Mental Health.

Yours sincerely,

Lynne Neagle AS/MS
Y Dirprwy Weinidog Iechyd Meddwl a Llesiant
Deputy Minister for Mental Health and Wellbeing

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Rydym yn croesawu derbyn gohebiaeth yn Gymraeg. Byddwn yn ateb gohebiaeth a dderbynnir yn Gymraeg yn Gymraeg ac ni fydd gohebu yn Gymraeg yn arwain at oedi.

We welcome receiving correspondence in Welsh. Any correspondence received in Welsh will be answered in Welsh and corresponding in Welsh will not lead to a delay in responding.

Recommendation - 2. The Committee recommends that the Welsh Government ensure one of the new MCN's first tasks is to agree and publish outcome-based performance measurements for perinatal mental health services. Once these are developed, the Welsh government should collect and publish national and local data on the measures, with service provision, activity and improvement monitored by a named associated body (e.g. Public Health Wales) so that further levers for improvement can be identified and implemented.

Recommendation 4. That the Welsh Government ensure, once the urgent work to establish the level of demand for MBU services is completed as requested by WHSSC, more robust data collection and monitoring methods are maintained across the perinatal mental health pathway in order to understand the ongoing level of need and demand for support and to provide a stronger evidence base for future service development.

Welsh Government has continued to collect data relating to service provision and activity within perinatal services, and the level of demand for placements in Mother and Baby Unit's (MBU) in order to monitor services.

Welsh Government and the National Perinatal Network are now prioritising data collection to ensure the collation of high-level data appropriate for publication. In collaboration with the NHS Wales Health Collaborative, a Perinatal Mental Health (PNMH) Task and Finish Group has been working to prioritise the development and agreement of a Wales Perinatal Mental Health Dataset which will support the publication of this data.

The perinatal mental health data requirements have now been built into the draft core mental health dataset. This has been circulated to health boards to impact test and to understand which elements are already recorded by health boards and which elements would need to be added. This has helped identify any elements which would be difficult to record. The report on this impact testing has now been received by the NHS Collaborative and Welsh Government. The draft core mental health dataset is being considered by the Welsh Informatics Standards Board, and Welsh Government will write out to stakeholders to formally mandate this work when agreed.

In terms of outcome measures for mental health, [training and resources](#) to embed the use of patient reported outcome and experience measures in all mental health teams in Wales began in June 2021 and this work will continue to be supported until March 2023. Work to look at performance indicators/ data and outcome measures across the 10 Wales Perinatal Mental Health Pathways has been identified as a priority within the 2022-23 work programme. Further work to agree outcome measures being used across the whole pathway needs to be completed and the Perinatal Mental Health Outcome Measures Framework finalised. This work will be taken through the Mental Health Data and Outcomes Measures Board and will be reported through Together for Mental Health (and successor document).

Recommendation - 5. That the new managed clinical network (see recommendation 1) prioritises the production of guidance for professionals and information for patients on the evidence-based benefits admission to an MBU can have for mothers, babies, and their families so that more informed decisions about treatment options can be taken.

The Royal College of Psychiatrists Wales has produced this guidance; this can be obtained at the following [link](#).

One of the key themes arising from the benchmarking exercise regarding the RCPsych Standards is the continued and updated provision of information / leaflets. Permission has been given to use content from RCPsych leaflets and plans are in place to adapt and adopt for the Welsh context, this includes being available in Welsh and English. The leaflets being developed will include information on - Mental Health in Pregnancy, what Specialist Perinatal Services are, Planning a Pregnancy, Postnatal Depression & Anxiety, Postnatal Depression & Anxiety for Carers, Perinatal OCD, Perinatal OCD for Carers, Post-Partum Psychosis, Post-Partum Psychosis Information for Carers, MBU and Rights, Infant Welfare & Safeguarding/Carers & The Mental Health Act. All leaflets will be available to access online and download from the NHS Wales Health Collaborative website. It is expected that resources will be available from October 2022. This work will remain in the work programme of the Perinatal Clinical Lead.

Recommendations 6. That the Welsh Government, based on the evidence received, establish an MBU in south Wales, commissioned and funded on a national basis to provide all-Wales services, staffed adequately in terms of numbers and disciplines, and to act as a central hub of knowledge and evidence-based learning for perinatal mental health services in Wales.

We have previously confirmed that the Mother and Baby Unit (Uned Gobaith) in south Wales, based at Tonna Hospital was opened in April 2021. There was also a positive event held in June which looked at the achievements and challenges during its first year, which will be used to inform the next steps for the unit. This webinar was hosted by NSPCC Cymru/Wales, the Maternal Mental Health Alliance, Uned Gobaith, and Swansea Bay University Health Board.

As referenced in recommendation 8 we have committed to undertake a review of unit after it had been open for 12 months to ensure that any lessons learnt over this period could be considered to inform future practice. As referenced within the cover letter, we are expecting a report on the operation of the South Wales Mother and Baby Unit in the coming months and this will be reported through recommendation 8. This recommendation is therefore considered closed.

Recommendation - 7. That the Welsh Government, in light of the fact that an MBU in south Wales will not necessarily be suitable for mothers and families in mid and north Wales, engage as a matter of urgency with NHS England to discuss options for the creation of a centre in north east Wales that could serve the populations of both sides of the border. More certainty should also be established by the Welsh Government in relation to the ability of the Welsh NHS to commission MBU beds in centres in England where those are deemed clinically necessary.

There has been significant engagement between Betsi Cadwaladr University Health Board, WHSSC and colleagues in NHS England and the decision is that the development of a joint 8-bedded mother and baby unit in the northwest of England with good access from north Wales is the preferred model to meet needs in Wales. Work is ongoing to further develop this model and WHSSC have confirmed that the current demand / capacity indicates the requirement to fund two beds, and a third on a needs basis. This has been factored into WHSSC's current commissioning plans.

Work is ongoing to develop a business case, and it is expected that the service would be operational around 18 months after final approval. Officials are working with WHSCC to identify any opportunities to accelerate these timescales if possible. We are also working with the provider to support the Welsh language needs of our patients when developing the unit.

Recommendation - 8. That the Welsh Government deliver a clear action plan to ensure that centres providing MBU beds, wherever they are located (in England or in Wales), are closely integrated with specialist community perinatal mental health teams and that these beds are managed, co-ordinated and funded on an all-Wales, national basis to ensure efficient use and equitable access, especially as they are often needed quickly in crisis situations.

We previously committed to undertake a review of the South Wales MBU after it had been open for 12 months to ensure that any lessons learnt over this period could be considered to inform future practice. As part of this process, all specialist teams in Wales were invited to attend a reflection session with MBU colleagues. Team members unable to attend or those needing more time to reflect on the last year have been given an open invitation to provide feedback on their experiences of what has worked well and suggestions for improvements. There are also plans in place for MBU colleagues to meet regularly with all specialist team colleagues. The learning from the South Wales MBU will also be utilised as we develop the provision for those living in mid and north Wales.

Recommendation - 9. That, on the basis of an 'invest to save' argument and following analysis of the forthcoming evaluation of services and Mind-NSPCC-NMHC research results, the Welsh Government provide additional funding to Health Boards to better address variation so that service development and quality improvement can be achieved by expanding existing teams. To enable all community perinatal mental health services to be brought up to the standard of the best, the mechanism adopted by the Welsh Government to allocate additional funding should have as its primary aim the need to address the disparity in provision between Health Boards in Wales

All health boards are now signed up to the Perinatal Quality Network (PQN). This will enable us to ensure teams are working in a consistent manner and to be assured that services are of appropriate standard.

Over the coming months, all health boards will be preparing and participating in their next PQN reviews. Reports received following the review will highlight the strengths and provide advice on any challenges that teams may have.

The National Clinical Lead is working closely with the specialist team leads in the health boards to support and ensure a strong focus on the implementation of the national standards. This will include identifying gaps and actions to be taken to meet the standards, the sharing of good practice and learning and a collaborative, solution-focussed approach to any challenges identified. All of which is shared with the PNMH Board.

As part of the additional funding made available to health boards through service improvement funding allocated from this year, we continued to make perinatal mental health services a priority. Welsh Government set out in the terms of funding that submissions should reflect the staffing requirements within the Royal College of Psychiatrist's Perinatal Community Standards (Type 1-3) It is expected that teams will;

- Meet all type 1 standards (by March 2023).
- Meet 80% of type 2 standards and 60% of type 3 standards (by March 2024).

We also confirmed that in line with the Senedd's Perinatal Mental Health Committee Inquiry, that we expected to see each health board have a specialist perinatal mental health midwife.

As part of the additional funding there was an expectation that even if proposals were not submitted in respect to perinatal mental health, there is still an expectation to adhere to the standards as referenced above. In the latest reporting it was indicated that three health boards are fully meeting type 1 staffing standards currently. 3 health boards have the appropriate staff roles in place but do not yet meet the required whole time equivalent staff resourcing. One health board is still working towards having all staff roles in place by March 2023. An additional £500,000 of recurring funding has now been earmarked through this process for perinatal mental health community provision, which builds on previous recurrent investment.

Recommendation - 10. That the Welsh Government ensure work underway on improving access to psychological therapies for perinatal women (and men where necessary) is prioritised given the established link between perinatal ill health and a child's health and development. Priority should be given to ensuring pregnant and postnatal women with mental health problems have rapid and timely access to talking therapies or psychological services (at primary and secondary care level), with waiting times monitored and published. We request an update on progress in relation to improving access to psychological therapies for perinatal women (and men where necessary) within 12 months of this report's publication.

The National Clinical Lead has been involved in discussions regarding the need to review and agree the model of psychological support being offered to parents and families within neonatal units across Wales. This work will be ongoing throughout 2022-23.

The Welsh Government are working with HEIW and Improvement Cymru to continue to develop the infrastructure to support health boards to improve access to psychological therapies. This work will ensure that we have a robust process to consider the evidence base of interventions that underpin Matrics Cymru and Matrics Plant.

We remain committed to publish waiting time data on specialist psychological therapies, but this work has been delayed during the pandemic. Whilst the data is not yet robust enough to publish, operational data is reported by all health boards and used by the Welsh Government to hold services to account. The waiting time data that will be published only reflects one element of access to psychological therapies – the specialist services. Data is already published for Local Primary Mental Health Services, which includes psychological therapies and we have strengthened low level support, for instance through the introduction of online Cognitive Behavioural Therapy (Silvercloud) – another form of psychological therapy. A pilot of the new Silver Cloud Space for Perinatal Health & Wellbeing Programme has also recently started in Powys. In order to gain an accurate understanding of activity and waiting lists, the Welsh Government has recently commissioned the NHS Delivery Unit to undertake a review of Psychological Therapy delivery across Wales.

The Women's Health Implementation Group recognised in 2021 there was an opportunity to partner with the Perinatal Mental Health Network. Amongst the 107 recommendations of the WHIG Programme, there were 6 specific references to mental health and wellbeing within the recommendations for both the woman and the man during the perinatal period.

The Women's Health Implementation Group and the Perinatal Mental Health Network have been leading a project to support women and their families during the perinatal period. WHIG & PNMH will develop and create resources co-productively, that are Wales specific to encourage discussions about perinatal wellbeing in a home and clinical environment, for families and their supporters. The project has reached out to people throughout Wales to gather their views, experiences and hear people's stories with regards to physical and mental health and wellbeing during the perinatal period. Interviews with people; both people who are contemplating pregnancy, are currently pregnant or have been pregnant, and their supporters; whether husband, wife, partner, parents or siblings - have been conducted in Welsh and English. The project will be analysing all findings to showcase insights that will lead to the resources being branded and created, to share via focus groups with community members throughout Wales.

In addition to this project, significant activity has been led by the Perinatal Mental Health Network to review and redesign the pathways across Perinatal Mental Health, with partner stakeholders, third sector organisations and members of the community.

Recommendation - 12. That the Welsh Government ensure that the new all-Wales clinical care pathway for perinatal mental health services requires consistency of outcomes (including referral windows and waiting times) but enables Health Boards to retain the level of flexibility around delivery methods necessary to manage and meet local need. The priority should be to develop and implement within the next 12 months an evidence-based, integrated all-Wales clinical care pathway (with some local differences). The pathway should help to deliver integrated services and incentivise early intervention and holistic approaches to care and recovery.

The 10 Wales PNMH Care Pathways, programme and animation were shared in June at the Wales Perinatal Mental Health Community of Practice. The pathways have initially been shared with colleagues to allow them the opportunity to familiarise themselves with them and to 'test the change' for a period of 6 months. An evaluation form has been developed to enable colleagues across Wales to offer feedback, with any necessary changes being made before launching more formally at the beginning of 2023. Awareness raising and testing of the pathways is being supported by Perinatal Mental Health Champions.

A clinical resource guide has also been developed to support the embedding of the ASK, ASSESS and ACT model and this is in the process of being translated into Welsh before being shared with midwifery, health visiting and primary care teams.

Further work to identify the data required to demonstrate the difference these pathways will make has commenced. This will ensure that the right care is being provided at the right time and by the right people and will include identifying and agreeing key performance indicators, outcome measure tools, secondary/ branch pathways, awareness raising and any additional training required. This work has been highlighted and included in the 2022-23 delivery plan.

The pathways, programme and animation are hosted on the NHS Wales Collaborative website - [Perinatal Mental Health Programme and Pathways - NHS Wales Health Collaborative](#)

Recommendation - 14. That the Welsh Government review information provided in standard pre- and post-natal packs given to women in Wales to ensure that it includes the necessary details about emotional well-being, perinatal mental health and where to seek help and support.

Public Health Wales colleagues are currently reviewing and updating the Bump, Baby and Beyond resource and planning their next steps in delivering the new pregnancy and birth resource. They are currently sharing with members of the quality assurance group and National Clinical Lead, to ensure that feedback given previously still reflects guidance and best practice. Digital Health and Care Wales have undertaken a scoping exercise for Digital Maternity Cymru, around the development of a once for Wales maternity information system that will provide women with access to their notes and public health information. This is currently awaiting confirmation to progress into programme stage.

Recommendation - 15. That the Welsh Government design and provide for all Health Boards a national framework for antenatal classes and require Health Boards to do more to encourage attendance. The framework should include conversations about emotional wellbeing and the realities of parenthood in order to break down the significant and damaging stigma surrounding perinatal mental illness.

In July 2019 the Minister for Health and Social Services, published a Future Vision for [Maternity services strategy \(2019 to 2024\)](#). This Vision has been the result of many people coming together to refresh our model of maternity care-based on the current available evidence, best practice and feedback from families and frontline staff to design and further improve existing services.

Within the Vision, it confirmed that health boards will work in conjunction with Public Health Wales and local public health teams to develop, implement and evaluate evidence-based programmes that engage women in a number of areas such as improving parental and infant health and wellbeing, including mental health. This will include a commitment to delivering pre-pregnancy counselling (where appropriate),

Work streams are being led by the Maternity and Neonatal Network to understand the current status of provision in each health board and develop models of provision in various formats (virtual and face-to-face). This work has included the Perinatal Mental Health Network as key stakeholders to inform development of provision. This work is informing the ongoing work of health boards in developing both online and face-to-face materials which are accessible to women. This work will be a key element incorporated into the Digital Maternity Cymru model. Welsh Government are undertaking a review of the Vision as part of the maternity and neonatal safety support programme which has commenced a phase 1 diagnostic element together with Improvement Cymru to identify key issues impacting on safety and positive outcomes for families.

Recommendation - 16. That the Welsh Government works with the relevant bodies to ensure that perinatal mental health is included in the pre-registration training and continuous professional development (CPD) of all health professionals and clinicians who are likely to come across perinatal women. The Welsh Government should ensure coverage of perinatal mental health as a discrete topic within midwifery and health visiting education is improved and forms part of the pre-registration mental health nursing programme. The Royal College of General Practitioners' core curriculum for general practice training also needs to better equip GPs to deal with perinatal mental health problems.

It has been agreed by the PNMH Task & Finish Group that the Scottish Competency Framework, Training Plan and online modules will be used in Wales. Having received NHS Education Scotland (NES) agreement a memorandum of understanding for the seven introductory level modules from NES has now been signed for the modules to be hosted on the 'Learning@Wales' platform. Work to adapt all for the Welsh context is underway, with a plan to complete this work and have it ready for a 6-month testing period with the specialist perinatal mental health teams in autumn 2022.

Once the modules are ready, there will be a 'test the change' for 6-months, making any necessary adaptations, with a view to sharing formally across Wales at the beginning of 2023.

Work continues to improve uptake of the Institute of Health Visiting (IHV) training modules package to ensure all colleagues have the opportunity to access appropriate perinatal and infant mental health training. This training is also reflected in the new Wales PMH training programme.

The Wales Perinatal Mental Health Network, with input from working GPs, continues to explore how to provide training and education to support GP colleagues in caring for patients with perinatal mental health difficulties. A short survey was undertaken to help identify GP training needs and preferences. Colleagues have started to shape training content and work is happening with colleagues in HEIW and NHS England to explore the introduction of a GP Champion model across Wales.

The National Clinical Lead has also met with the Lead Midwives for Education to think more about how training is offered to pre-registration students and PMH Champions have linked with universities and are providing updates, information and training when requested. Plans are now in place to undertake scoping work which support us to get a clearer understanding of who is linking with what universities and what is being offered. This will allow the network to then think about what a Wales-wide plan could be to provide a consistent approach to pre-registration PMH education.

Recommendation - 17. That the Welsh Government undertake work to develop and deliver a workforce strategy/competency framework to build capacity and competency across the specialist workforce, looking to experience in England and Scotland's Managed Clinical Networks (MCNs) which take responsibility for training as part of their leadership and co-ordination role.

Welsh Government commissioned Social Care Wales (SCW) and Health, Education and Improvement Wales (HEIW) to develop a mental health workforce plan, which includes NHS, local authorities and the voluntary sector. HEIW and SCW engaged extensively with stakeholders to develop the draft plan which ran from 1 February to 28 March 2022. HEIW /SCW have now provided a costed plan to the Welsh Government for formal consideration. It is anticipated that the plan will be formally published in the autumn. HEIW are developing a more detailed implementation plan as well establishing a number of steering groups and workstreams following the launch of the plan, to oversee and support its delivery. Alongside this they have also undertaken specific work in relation to perinatal, as referenced in the previous update.

Recommendation - 18. That the Welsh Government ensure every Health Board has a specialist perinatal mental health midwife in post to encourage better communication between professionals to enable women who are unwell to get the very best care and support they need.

All health boards now have funding and posts for the Specialist Perinatal Mental Health role. All health boards now have specialist perinatal midwives in place. The National Clinical Lead facilitates a specialist perinatal mental health midwifery forum, which provides midwifery colleagues working within specialist perinatal mental roles with the opportunity to come together to reflect, learn, share best practice, and identify challenges and solutions.

We now consider this recommendation closed and will be monitored as part of 'business as usual' arrangements.

Recommendation - 19. That the Welsh Government ensure all Health Boards work towards a situation in which every woman has a continued relationship with either a midwife or health visitor. While meeting with the same individual may not be possible on all occasions, continuity of care should be an aspiration to which all Health Boards actively commit resources, with a named lead responsible for each woman's perinatal care.

The 'Future Vision for Maternity Services in Wales' was published in July 2019 and lays out the vision for the next five years. Continuity of care and perinatal health are core elements of the Vision. Work streams led by the maternity and neonatal network are developing work to further enhance the services provided to women and families.

WG have commissioned a review of the Birthrate plus acuity tool which is reaching a conclusion and is due to report in autumn 2022 and will provide modelling of future staffing requirements to deliver the Vision in Wales. The Minister for Health and Social services also launched in January 2022 the Maternity and Neonatal Safety support programme which during the discovery phase will review all aspects of service provision including perinatal and midwifery support, led by Improvement Cymru this will provide recommendations for future improvements in delivery. The development of Digital Maternity Cymru will provide data on all aspects of care including continuity.

In respect to Health Visiting, we continue the commitment in the national strategy "to create a more joined up, responsive system that puts the unique needs of each child at its heart", work has continued throughout the pandemic on the programme of work to explore how we create an early years' system, both locally and nationally, working with health boards and local authorities on pathfinder projects and more recently a phased expansion of Flying Start. Our aim is to develop a coordinated single approach to early years, which will ensure that services are delivered in a more collaborative and integrated way. This programme of work has underlined the key role the health visiting service has in supporting families, especially in identifying those in need of extra help. Associated with this work is the development of a workforce acuity tool for health visiting to determine appropriate caseload levels and associated workforce requirements according to identified needs of families. This work is progressing and supporting an assessment of future workforce needs.

The Healthy Child Wales Programme provides a universal range of health visitor contacts for families with children aged 0-7 irrespective of location in Wales, with enhanced and intensive interventions delivered to those families and children with increased levels of need.

During the course of the pandemic the health visiting service (Flying Start and general services) have worked together to issue regular guidance setting out clearly what its expectation was in terms of delivery of the programme, emphasising that certain core contacts should be maintained and that where families were identified as needing more support, or where there were safeguarding concerns.

Recommendation - 20. That the Welsh Government work with Health Boards to ensure appropriate levels of third sector provision are properly funded, especially where referrals are being made to and from statutory services. A directory of third sector services should be made available to increase awareness of their availability and relevant third sector providers should be invited as a matter of course to attend training jointly with statutory services.

The PNMH network continue to deliver the third sector and voluntary organisation coffee and catch ups, with new members been identified and invited on a regular basis. To strengthen service user and family voice and ensure services user voices are represented across and within the Wales Perinatal Clinical Network, the National Clinical Lead is working in collaboration with the Maternal Mental Health Alliance (MMHA's) Champion Network to increase the number of Welsh Champions. All specialist PNMH midwives have been encouraged to link with their Maternity Service Liaison Committees and Communications and Engagement colleagues.

The National Clinical Lead is working with partners to consider the need of third sector provision for parents with mild-moderate mental health difficulties. A scoping exercise to further understand what community services are available for this level of need is underway.

From the early findings of the National Collaborative Commissioning Unit's (NCCU) mapping work in primary care (part of the Strategic Programme for Primary Care Mental Health) and the analysis of data from SilverCloud and CALL we are aware that demand for tier 0/1 continues to increase, especially for those with anxiety and depression and other common mental health issues.

We have therefore strengthened our arrangements to support voluntary sector provision and from October the following arrangements will apply

- We will have a central budget to commission national, all Wales support based on need and evidence to fill gaps in provision.
- Increased funding to health boards explicitly for third sector provided mental health support. This includes allocating additional funding for tier 0/1 support and support in primary care.
- Providing increased and recurrent investment for priority work for health boards in partnership with third sector, for instance alternatives to admission, including sanctuaries.
- Providing additional funding for a small grants scheme for suicide and self-harm prevention work. This will be led by the National Suicide and Self-Harm Prevention Co-ordinator and more details will follow on this shortly.

National opportunities for funding will be advertised widely to enable organisations who wish to register their interest and with sufficient notice to allow smaller organisations to collaborate.

As stated within the Programme for Government, in order to provide effective, high quality and sustainable healthcare, we are developing an all-Wales framework to support local action to mainstream social prescribing. The framework will outline what best practice looks like in terms of an accepted Welsh model of social prescribing but will not dictate how that is delivered in different communities. We are aiming to understand what the framework can do to add value to social prescribing in Wales and identify what work we in Welsh Government might be able to do to support once-for-Wales activity, for example this might be through supporting use of technology. Co-producing the framework is also key in developing the model to ensure solutions are developed at a regional level and making sure that whatever is developed is fit for purpose and doesn't inadvertently widen health inequalities.

Recommendation - 21. That the Welsh Government outline within six months of this report's publication how it expects the lack of psychological support for neonatal and bereaved parents to be addressed and standards to be met, and what steps it will take if compliance with the standards is not achieved. The third edition of the neonatal standards should be published as a matter of priority.

The All-Wales Neonatal Standards outline the requirements for delivery of high quality, person centred, safe and effective care. They are designed to provide a framework for units to assess quality service provision at local level and also to benchmark across other units in Wales. The 3rd edition of the standards were published in 2018.

In 2019 the Wales Neonatal Network developed neonatal peer review quality indicators which followed the six domains of quality healthcare. They were developed using the Wales Neonatal Standards 3rd Edition; British Association of Perinatal Medicine (BAPM) Neonatal Service Quality Indicators 2017; Bliss Baby Charter, Toolkit for High Quality Neonatal Services 2009 and the

Neonatal Critical Care Quality Indicators, Quality Surveillance Team (NHS England). An updated set of Quality Indicators is being developed that will consolidate these documents into a best practice document.

The National Bereavement Steering Group chaired by Dr Idris Baker, the national clinical lead for end of life care is well established and comprises of a wide variety of third sector organisations providing bereavement support to children, young people and adults, those affected by baby loss, sudden death, suicide and all types of bereavement. The National Framework for the Delivery of Bereavement Care in Wales, published in October 2021 sets out how in Wales we can respond to those who are facing, or have experienced, a bereavement. The framework includes core principles, minimum bereavement care standards and a range of actions to support regional and local planning. It also includes a section on learning from COVID-19 and the distress felt by many people who lost loved ones during the pandemic. It is written for those responsible for commissioning and providing bereavement support, as well as for bereaved people themselves.

We have made significant investments in bereavement services during and since the pandemic and driven a number of activities to improve bereavement care across Wales. A £3m Bereavement Support Grant for third sector organisations is being provided over the three-year period 2021-24 with 21 organisations receiving funding, including organisations such as 2 Wish, Sands and Bliss who work hard on a daily basis to support families who suffer the heartache of losing a baby, child or young person. An additional £420k (£60k each) is also being made available to local health boards (LHBs) in 2022-23 and 2023-24 to help with bereavement co-ordination and we are now working closely with recently identified named bereavement leads in each LHB.

As part of our work to implement the framework we are working with LHBs and a number of partners to develop a national bereavement pathway for Wales. These pathways will provide information and guidance to LHBs and everyone involved in bereavement support provision, to promote a consistent approach for accessing bereavement support across Wales. We have developed an “overarching” pathway and the first of our specific pathways relating to sudden and traumatic death for children and young people, with the next pathway being developed relating to pregnancy and baby loss. This should ensure that anyone who experiences a bereavement, wherever and whenever it happens, will be provided with information on how to obtain further support should they need it, whether that is practical, financial or emotional support. Once these pathways are embedded, a range of bereavement care standards will be implemented and monitored.

The National Clinical Lead has encouraged colleagues in the Specialist PNMH teams to link in with bereavement midwives and the work that is being undertaken across health boards and made links/ met with colleagues lead on the development of the national bereavement pathways.

Work will be undertaken through both the bereavement pathway provision and the further development of psychological therapies work streams and thus consider that this separate recommendation can now be closed.

Recommendation - 25. That the Welsh Government ensure all workforce planning for perinatal mental health service provision considers - and provides for - the Welsh language needs of the population.

The Welsh Government recognises that receiving services through the medium of Welsh is a key component of care, especially for the more vulnerable and in key services such as mental health. *More than just words* is the Welsh Government’s strategic framework to strengthen Welsh language provision in health and social care.

A new *More than just words* plan 2022-27 was published on 2 August 2022. Its aim is to support Welsh speakers to receive care in their first language. According to our research, for many Welsh speakers being able to access services in Welsh significantly improved their overall experience and, in many cases, improved their health and wellbeing outcomes.

At the core of the strategy is the principle of the Active Offer. It places a responsibility on health and social care providers to offer services in Welsh, rather than on the patient or service user to have to request them. The plan has been developed by an expert group, following an independent evaluation of the first *More than just words* five-year plan. Implementing the new *More than just words plan* is the responsibility of everyone in their respective fields. Progress against the actions will be monitored by a new advisory board.

Welsh language services provision is also a theme of the HEIW / SCW workforce plan referenced above. As this recommendation is being delivered as business as usual, we now consider this recommendation closed.

Recommendation – 26 That the Welsh Government require Health Boards to report on the extent to which their perinatal mental health teams are engaging - and undertaking joint work - with other services such as CAMHS, Community Addiction Units (CAUs) and primary and secondary care mental health teams

This is being taken forward as part of the development of the Perinatal Mental Health pathway outlined in recommendation 12, as part of the engagement undertaken in relation to this work additional areas of need were highlighted. We are currently working with colleagues supporting individuals in areas including learning disabilities/ neurodiversity/ CAMHS/ alcohol and substance misuse/ primary and secondary care to enable pathways to be put in place to ensure equitable access across Wales.

The NCL has facilitated the development of pathways between Eating Disorder and CAMHs services. Further work needs to be undertaken to do the same for other services e.g. Community Mental Health Teams, Crisis Resolution and Home Treatment Teams and Psychiatric Liaison. Recent links and discussion has also taken place with Substance Use Policy Leads, CASCADE and Parent-Infant Mental Health Network Cymru.

Recommendation - 27 That the Welsh Government undertake further work on the link between health inequalities and perinatal mental health, focusing in particular on the best mechanisms for the early identification and treatment of those populations in greatest need.

The Together for Mental Health Ministerial Delivery and Oversight Board for Wales continues to consider and take account of the latest evidence in its work. The forthcoming Welsh Health Equity Solutions Platform of the Welsh Health Equity Status Report initiative will provide another tool to assist the Board in its work on health inequalities. The Solutions Platform is a cross-sector multidisciplinary online portal which will bring expertise, evidence, stakeholder insights, good practice, tools and sustainable approaches together, informing solutions and accelerating action to help reduce health inequities and improve health and well-being. This information will be used to inform our new mental health strategy. We also recognise that the Health and Social Care committee inquiry into mental health inequalities is ongoing and will also inform future direction.

We now consider this recommendation closed.

CYPE(6)-18-22 - Paper to note 7

Information submitted by Women's Equality Party (Wales) in response to the publication of the Welsh Government's response to the Committee report on Peer on peer sexual harassment among learners

I am writing to you on behalf of the Women's Equality Party in Wales. Led by our youngest members, we have been campaigning to end sexual harassment in schools. We know that this is critical both to the safety and wellbeing of girls in Wales, but also to the long-term societal attitudes towards women. We have therefore been following your inquiry closely. We welcome the recommendations that you made to the Welsh Government, and indeed their response this week, however we do have two key areas of concern.

We bring these to your attention today and ask that you discuss them in your committee meeting on 6th October.

Firstly, as indicated in your report, this doesn't only happen in secondary schools, it begins in primary, and follows young women and girls into further education and beyond. We see no reason why the majority of actions accepted by the Welsh Government can't be extended to cover all educational settings immediately (e.g. adopting the standard definition, robust standardised reporting, inclusion in Estyn inspections, funding for teacher training). Children and young people in Wales have been waiting long enough for action to be taken on this issue that is affecting their daily lives and learning experiences. Another inquiry will only delay the important work of changing a culture that regards commonplace sexualised bullying as a normal part of society and schooling, action must be taken now across all schools and colleges.

Secondly, we are extremely disappointed to not see any new funding announced to allow specialised training and support for teachers and school staff. We have been hearing from many teachers that whilst they support the aims of the new curriculum, and the whole school approach to RSE, they feel unprepared to deliver lessons and facilitate conversations around these sensitive topics. Whilst ring-fencing a proportion of the professional learning budget is a start, it doesn't go far enough to address the huge gaps in both understanding of, and confidence in, tackling these issues. This is a specialised subject which requires quick implementation, and therefore increased funding.

We look forward to your response on these two important issues.

Hanna Andersen

Branch Leader

Women's Equality Party (Wales)

Agenda Item 4.8

CYPE(6)-18-22 – Paper to note 8

**Y Pwyllgor Plant, Pobl Ifanc
ac Addysg**

**Children, Young People
and Education Committee**

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Association of School and College Leaders (ASCL)
Cymru National Association of Head Teachers (NAHT)
Cymru National Education Union (NEU) Cymru
NASUWT Cymru
Prospect
Undeb Cenedlaethol Athrawon Cymru (UCAC)
UNISON Cymru
Unite the Union
26 September 2022

Sexual harassment of female school staff

Dear colleagues,

As you may be aware, in July 2022 we published 'Everybody's affected: Peer on peer sexual harassment among learners'. The report considers the scale, causes and impact of, and response to, sexual harassment between school pupils and college students.

As a result of that inquiry and our wider scrutiny work we have reason to believe that some school staff are also sexually harassed by school pupils. However, we are unclear about the scale and nature of that harassment.

I would therefore be grateful if you could outline your views on the prevalence of the sexual harassment of school staff by school pupils. For the sake of clarity, by school staff we mean anybody who works at a school: teachers, teaching assistants, non-teaching support staff, lunchtime supervisory staff, etc. By school pupils we mean any pupil of any age in primary schools, secondary schools, special schools or Pupil Referral Units.

It would be very helpful if you could provide us with this information no later than Friday 4 November 2022.

If you would like more information or to discuss this request further please don't hesitate to contact our clerking team (SeneddChildren@Senedd.Wales / 0300 200 6565).

Yours sincerely,

Jayne Bryant

Jayne Bryant MS

Chair

Croesewir gohebiaeth yn Gymraeg neu Saesneg.

We welcome correspondence in Welsh or English.

Agenda Item 4.9

CYPE(6)-18-22 - Paper to note 9

**Y Pwyllgor Plant, Pobl Ifanc
ac Addysg**

**Children, Young People
and Education Committee**

Philip Baker, Chief Executive
Qualifications Wales

28 September 2022

The “broadly midpoint policy”

Dear Philip,

Thank you for attending Committee on 21 September to talk to us about the summer 2022 exam series, particularly given that you were unwell at the time. We very much appreciate your commitment to discussing these important issues with us. I hope you are feeling better.

You and your colleagues told us during that evidence session that you felt the “broadly midpoint policy” was delivered this year. You also confirmed to us that this year’s results were closer to the results in 2021 than to the results in 2019. This is particularly evident in A level results at all grades down to grade C, and in AS levels and GCSEs at grades A and above. You explained that this was partially due to your conscious decision to “err on the side of generosity”. You also explained that a late decision in England to shift the weighting towards the higher 2021 results had an impact on your decisions for Wales because you didn’t want learners to be disadvantaged relative to their peers elsewhere.

We understand this decision. We also acknowledge the challenges you face when making decisions about exams in Wales when decisions are also being made across the border in England that have a significant impact on Welsh learners.

However, we would like your confirmation that the decisions you made about the summer 2022 exams in Wales were made in the best interests of Welsh learners. Please can you detail:

- when you first knew about the decision in England to shift the weighting towards the higher 2021 results;
- whether you had any input into that decision and when the similar decision was taken in Wales; and

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- whether you and WJEC would have approached the setting of grade boundaries for summer 2022 exams in Wales differently had that late decision to shift the weighting towards the higher 2021 results not been taken in England?

One purpose of the “broadly midpoint policy” was to avoid a stark fall in how generously grades are awarded from one year to the next – a “cliff edge” - as the process of determining grades transition from the more generous approach taken throughout the pandemic (i.e. 2022 and 2021) to how it was before the pandemic (i.e. 2019).

We are concerned that the decision to shift the weighting of the 2022 results towards the more generous 2021 results may mean that there is still a cliff edge (albeit a smaller one) in 2023, rather than being avoided altogether. Do you believe that learners receiving grades in 2023 will face a cliff edge compared to their 2022 peers if the grading returns to pre-pandemic levels in 2023? What, if anything, do you intend to do to ensure a smooth transition back to pre-pandemic grading and ensure fairness to all cohorts?

I understand that your Board is currently considering options for the November 2022 and summer 2023 exam series. I imagine that those decisions will shape your responses to my questions above. I know that you will be seeking to make those decisions quickly, but I understand that you may need to meet with stakeholders etc. to communicate those decisions before responding to us.

With that in mind, please can you reply to this letter no later than Thursday 13 October? If this deadline is difficult for you please contact the clerks (SeneddChildren@Senedd.Wales).

Yours sincerely,



Jayne Bryant MS

Chair

Croesewir gohebiaeth yn Gymraeg neu Saesneg.

We welcome correspondence in Welsh or English.

Agenda Item 4.10

CYPE(6)-18-22 – Paper to note 10

Lynne Neagle AS/MS
Y Dirprwy Weinidog Iechyd Meddwl a Llesiant
Deputy Minister for Mental Health and Wellbeing



Llywodraeth Cymru
Welsh Government

26 September 2022

Dear Russell

Thank you for your letter to the Minister for Health and Social Services of 8 July requesting follow up on the Fifth Senedd Health, Social Care and Sport Committee recommendations: Physical activity of children and young people. I am responding as it sits within my portfolio.

The pandemic has undoubtedly impacted upon the physical activity levels of young people. Despite this, since the committee's report was published back in March 2019, we have seen positive progress across the recommendations, and you will find updated actions against each of the agreed recommendations in Annex A.

Our Programme for Government commits us to investing in sport facilities and promoting equal access to sport and physical activity across the country. As a government we place great emphasis on the need to tackle inequalities, and it is at the forefront of the decisions we make. We have delivered initiatives including the School Holiday Enrichment Programme which saw an investment of £4.85million provide places for nearly 8,000 children to enjoy activities, healthy food and nutrition education during the school summer holidays; and the Summer of Fun and Winter of Wellbeing, which provided free activities for children and young people aged 0-25 to support their physical, mental, social and emotional wellbeing, including increased physical activity.

I hope you find this response to your satisfaction and can appreciate the hard work that is going in to supporting young people to lead healthy, happy lives in Wales.

Yours sincerely

Lynne Neagle AS/MS
Y Dirprwy Weinidog Iechyd Meddwl a Llesiant
Deputy Minister for Mental Health and Wellbeing

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Rydym yn croesawu derbyn gohebiaeth yn Gymraeg. Byddwn yn ateb gohebiaeth a dderbynnir yn Gymraeg yn Gymraeg ac ni fydd gohebu yn Gymraeg yn arwain at oedi.

We welcome receiving correspondence in Welsh. Any correspondence received in Welsh will be answered in Welsh and corresponding in Welsh will not lead to a delay in responding.

Follow up on Fifth Senedd Health, Social Care and Sport Committee recommendations: Physical activity of children and young people

No.	Recommendation	Welsh Government update response – September 2022
1.	The Welsh Government should work with Sport Wales, Public Health Wales and other partners to develop an agreed national measurement framework for physical activity levels and fitness as a matter of priority, to standardise and improve data collection.	This action has been delayed due to the pandemic response. However, to support a newly established National Physical Activity Group (NPAG), which reports to the Healthy Weight Healthy Wales National Implementation Board, Public Health Wales will be leading a review of the physical activity data landscape in Wales. The aim will be to consolidate all current physical activity data and evidence on one platform. This will ensure a standardised approach to how data is interpreted and reported for a variety of uses. Development work will commence in autumn 2022.
2.	The Welsh Government should extend the Child Measurement Programme to monitor childhood obesity beyond age 4-5. We believe the Royal College of Paediatrics and Child Health’s recommendation of a measurement after birth, before school and in adolescence should be implemented as a minimum.	A commitment is set out within the 2022-24 Healthy Weight: Healthy Wales delivery plan to review the Child Measurement Programme. A national surveillance group chaired by Public Health Wales has been established to consider future actions and a paper is being prepared for autumn 2022 where future recommendations by the group will be considered for further action. However, the immediate priority in the short term has been to re-establish the CMP, where data was disrupted due to the pandemic response.
3.	We recommend that the Welsh Government’s recognition of the need to focus on family orientated approaches is taken forward in the final strategy to prevent and reduce obesity and includes ambitious targets and effective monitoring to	Through the Healthy Weight: Healthy Wales Strategy and its Delivery Plans a number of initiatives are taking place that have a range of targets attached to them that are focused on family approaches. For example, we have established system teams across Wales who will focus on prevention, working with communities to identify and find local solutions. We are also investing in three Children and Family Pilots (CFP) which have been developed with local partners. These have been established to adopt a whole systems approach which considers the multi-factorial drivers of overweight and obesity working through transformative coordinated action across a broad range of disciplines and stakeholders. A core part of this approach is the implementation of a secondary prevention Home Based Intervention for

	ensure tangible outcomes.	<p>families of children in the early years from 3 – 7 years of age in line with the foundation phase. The pilot areas have been selected to consider different types of communities and settings in Wales where the prevalence of obesity and overweight is high</p> <ul style="list-style-type: none"> • Merthyr Tydfil, as a small valley’s local authority based around a town • Anglesey a small local authority with a more rural focus, Welsh speaking • Cardiff, a black or Asian minority ethnic community. <p>A revised All Wales Weight Management Pathway for children, young people and families was published in 2021. Local Health Boards are working with their local communities to establish a range of support and services, including specialised level 3 support. Whilst some Health Boards are further developed than their peers in this area, we are taking a coordinated approach and learning from good practices. For example, in Cardiff and Vale there are some examples of this in their programmes, Nutrition for Your Little One (NYLO) and Active Families, Active Lives (AFAL) which were launched in alignment with HWHW Strategy, to give children the best start in life. The pathway includes the development of defined data and monitoring arrangements.</p>
4.	The Welsh Government should require Sport Wales and Public Health Wales to work together to develop a programme which promotes the benefits of an active lifestyle, such as walking and cycling, for the whole family.	<p>Public Health Wales, Sport Wales and Natural Resources Wales previously established the Welsh Physical Activity Partnership which established key work programmes for collaborative working, this including delivery of the Healthy and Active Fund.</p> <p>A revised National Physical Activity Group (NPAG) has now been established through Healthy Weight: Healthy Wales with wider membership which aims to drive forward delivery and to consider how to enable and maximise opportunities and infrastructure across Wales. The group will have overview for delivery of all physical activity interventions referenced in the 2022 – 22 Healthy Weight: Healthy Wales Delivery Plan, which includes delivery of key areas such as the establishment of a Daily Active Schools Programme. This also includes linking with the Active Travel Board to consider opportunities for delivery across a number of areas which will support walking and cycling.</p>
5.	We recommend that the Welsh Government takes further action in the new curriculum to ensure that every child in Wales is enabled to develop the essential Fundamental Motor Skills required at an	<p>The Health and Well-being Area of Learning and Experience (Area) has been developed around progression in learning, with significant consideration given to physical development. The Curriculum guidance has been extensively informed by Physical Literacy experts in this area. It will provide the framework from which practitioners can select the most appropriate experiences to support a child’s learning, throughout the 3-16 continuum of learning.</p>

	<p>early age in school, and ensure that current gaps in the foundation phase related to these skills are fully addressed. We would support investment for programmes such as SKIP Cymru to be rolled out across the country to ensure that every school in Wales is able to adequately support children to learn these skills.</p>	
6.	Rejected	
7.	<p>The Welsh Government should ensure all secondary schools regularly consult pupils on the choice and range of physical activities available to them and ensure their views are taken into account.</p>	<p>The new curriculum will provide opportunities for parents and carers, learners, and the community to help develop and shape their school's curriculum. This includes consideration of the physical activities available to learners and to take their views into account.</p> <p>The School Sport Survey is an online, national survey, primarily interested in the attitudes, behaviours, and opportunities young people have with regards to sport. The survey not only helps Sport Wales and the sector understand who, where, and how young people take part in sport, but helps tell a compelling story of sport, and importantly for this iteration, gives insight into the impact of the pandemic. The Survey is one of the largest, per capita opportunities in the world for young people to have their say on sport. On March 28th 2022, the fifth iteration of the survey launched, inviting schools across Wales to take part. The survey recently closed on Friday 22nd July.</p> <p>Over 116,000 pupils and approximately 950 teachers took part in the 2022 School Sport Survey, providing detailed insight into the needs, demands and motivations of young people. The data is in the process of being analysed (July-August 2022). School level reports will soon be provided whilst LA level insight and national reports will be expected to be published in October. Teachers and schools who took part in the School Sport Survey will soon receive school level reports to ensure that their planning for sporting offers can be based on direct feedback from pupils.</p> <p>Sport Wales also want to ensure that young people in Wales have access to high quality sport and physical activity opportunities beyond the school day. To facilitate this, this year they have led and coordinated a 'pilot phase' of an Active Beyond the School Day initiative. This has been supported by a</p>

		<p>£300,000 Welsh Government investment and is specific to work outside of the curriculum.</p> <p>The development of the Daily Active Schools Programme will embed pupil and schools voice in the development of future approaches. Insight work has begun to consider initial views to help develop next steps, which is being led by Public Health Wales.</p>
8.	Rejected	
9.	<p>We recommend that the Welsh Government gives physical education a greater priority in the new curriculum and makes this priority clear to Estyn, and that physical activity should be given greater priority in Estyn's inspection regime for schools. We believe that the inspection framework should include adherence to the 120 minute a week requirement, but also the quality of the physical education experience.</p>	<p>The new Curriculum for Wales will be introduced from September 2022. At the heart of the Curriculum for Wales framework there are four purposes which are central to every decision made about the new curriculum. One of the four purposes is to support children and young people to become 'healthy confident individuals. Central to the new curriculum will be a Health and Well-being Area of Learning and Experience and aims to ensure that learning and support around issues such as physical, mental and emotional health are provided to all young people in Wales. For the first time, Health and Well-being will have equal status in law to other important areas of the school curriculum.</p> <p>The Curriculum and Assessment (Wales) Act contains a range of provisions aimed at ensuring that health and well-being will form part of the curriculum for every school and setting. Developing physical health and well-being is included as a key concept within the mandatory What Matters code, and it is specified in the following terms: Developing physical health and well-being has lifelong benefits.</p> <p>Learners will be encouraged to develop the confidence, motivation, physical competence, knowledge and understanding that can help them lead healthy and active lifestyles which promote good physical health and well-being.</p> <p>Considerable consideration has been given to children's physical development in the new curriculum.</p> <p>There is a range of support and guidance available for schools, including a National Network that has been established to bring together teaching professionals, experts, stakeholders, policy makers and enabling partners to identify and address the barriers to, and opportunities for, the implementation of Curriculum for Wales, including Health and well-being. The conversations will provide a key opportunity to discuss a national approach to resources, supporting materials and professional learning needs.</p>
10.	<p>The Welsh Government should ensure that greater emphasis is placed on physical activity in the Initial Teacher Education</p>	<p>The Welsh Government developed and published in March 2017 new criteria for the accreditation of Initial Teacher Education (ITE) programmes. All programmes of ITE delivered in Wales since September 2019 have been required to be independently accredited against these criteria. As part of meeting the requirements of accreditation, these new programmes of ITE will ensure that new teachers</p>

	(ITE) programme and as part of all teachers continuing professional development.	<p>are able to teach the four purposes of the new curriculum and the six Areas of Learning and Experience, ensuring that a greater focus on teaching of physical activity.</p> <p>The ITE Partnerships will also develop approaches to assist aspiring teachers to understand the importance of research-informed practice, so that teachers are taught the importance of keeping up-to-date with research, including research on learners' physical health and well-being, to inform their teaching practice on an ongoing basis throughout their working lives. We are currently undertaking a refresh of the criteria for the next round of accreditation for programmes commencing in September 2024. The mental and physical health and well-being of both school staff and learners is one of the areas that will be strengthened during the refreshed process.</p>
11.	The Welsh Government must make Community Focused Schools a reality for everyone, and ensure consistency of access to school facilities for physical activity opportunities beyond school hours across Wales. The Welsh Government should report back to this Committee on progress within twelve months of the publication of this report.	<p>Research and inspection evidence is clear that schools which build upon effective learning and teaching and operate as Community Focused Schools, are those which have the greatest success in overcoming the impact of poverty on educational attainment. As such, we need to ensure that our schools operate as Community Focused Schools, reaching out to parents and carers and engaging with the whole community.</p> <p>Over the coming months we will invest £3.84m in increasing the number of Family Engagement Officers employed by schools with part of their role to be focused on improving pupil attendance. We will also provide £660k funding to trial the appointment of Community Focused Schools Managers and £20m capital investment to allow schools to develop further as community assets.</p> <p>There will be three key aspects to community focused schooling:</p> <ul style="list-style-type: none"> • Family Engagement - whereby schools communicate well with families and involve parents in supporting their children's learning. • Community Engagement - where the facilities of the school are used as the basis for family, adult and community learning and a range of community activities. • Multi-Agency working – where public services are joined up in the support of children and young people from low-income households. This might involve healthcare, mental health support and third sector agencies. By creating better partnership working across different areas we are more like to provide better support for children and their families who are experiencing difficulties.
12.	The Welsh Government should share good practice, where schools are providing wider	As part of our work to promote Community Focused Schools we will continue to highlight examples of good practice through our communications activities and any guidance produced.

	access to their facilities, including solutions for overcoming difficulties relating to governance, staffing and transport arrangements.	
13.	We recommend that the Welsh Government works with Estyn to ensure it includes, as part of its inspection regime, an assessment of the choice of activities available in schools, equality of access for girls and boys and whether pupils are being consulted on the activities being provided.	<p>Estyn introduced revised inspection guidance for schools and PRUs in Spring 2022. Opportunities for inspectors to consider pupil's physical development and opportunities for physical activities are noted in four of the five inspection areas. Estyn's inspection reports of individual schools very rarely include details relating to differences in the provision for, or experiences of, pupils based on their sex or gender. Due to the broad scope of what Estyn inspects, Estyn reports by exception where the provision is particularly strong or where there is significant cause for concern.</p> <p>Through Estyn's thematic work they are able to consider specific issues in depth and are keen to review the implementation of Curriculum for Wales through a series of thematic reports looking at the areas of learning and experience. This could include a thematic review relating to the health and well-being area of learning and experience. Working with Estyn, Welsh Government officials will develop this as an option when considering priority areas for Estyn's 2023-24 annual remit.</p>
14.	The Welsh Government should work with Sport Wales to raise the profile of women's sport. This could include a programme of "female sporting role models" visiting schools to talk about their experiences and encourage more girls to participate in sporting activities.	<p>Sport Wales have been working in partnership with the International Working Group on Women in Sport which is being hosted in the UK from 2022 - more information about the IWG can be found at: https://iwgwomenandsport.org/. This collaboration is the world's largest network dedicated to advancing gender equity and equality in sport, physical education, and physical activity. The partnership will promote the profile of women in sport and build learning and capacity for the sport sector in Wales.</p> <p>Sport Wales also works in partnership with several National Organisations who help deliver and promote sport for a range of communities – including specifically working with women and girls. One example is Street Games Wales 'Us Girls Programme.' which was launched in Wales in 2015.</p> <p>The Young Ambassadors programme, funded by Sport Wales and the Youth Sport Trust, supports more than 4000 Young Ambassadors in schools, colleges and universities across Wales who create and deliver opportunities for their peers and even adults to be physically active through sport. In turn, the programme is providing young people with confidence and skills to be the sporting leaders of the future. More information about the programme can be found here.</p> <p>In 2021 the Welsh Government provided the Urdd with funding under the Winter of Wellbeing to support</p>

		<p>a national netball competition and the #FelMerch Conference. The national netball competition saw over 2,000 girls from 120 teams competing in a one day event, promoting the benefits of participation, exercise and healthy and active lifestyles. The #FelMerch Conference was a two day residential experience for women and young girls, building on the momentum of the wider #FelMerch programme. #FelMerch aims to inspire, support and empower girls and young women between the ages of 14 and 25 to become active through sport within a safe and welcoming environment.</p>
15.	<p>The Welsh Government and Sport Wales should stipulate in funding applications for physical activity programmes that investment will only be made in programmes which emphasise a genuinely inclusive approach to the provision of physical activity and include equality impact assessments which ensure that considerations for disabled children and young people are incorporated from the outset.</p>	<p>The new Sport Wales funding approach has been implemented. This specifically utilises data that ensures investment is driven by inclusivity. The approach has embedded equality within the distribution of investment to ensure that all recipients of Sport Wales partnership funding must be able to impact on equality objectives.</p> <p>Further to this, Sport Wales has been working with the Centre for Digital Public Services to broaden its approach to community funding. This has taken a user research approach, speaking directly to hundreds of individuals and organisations to remove barriers to accessing funding, particularly for the most underrepresented groups. The implementation of a Crowdfunder approach has also built-in inclusivity by prioritising investment by areas of deprivation.</p> <p>There is currently an open capital funding investment approach, with the organisation developing a strategic approach to this funding element as part of the £8m capital investment provided by the Welsh Government. Priority will be given to deprivation and equality agendas in how this future funding will be distributed.</p>
16.	<p>The Welsh Government should explore how the Pupil Development Grant could be utilised to help address the deprivation gap in physical activity levels.</p>	<p>Year on year, we have extended the Pupil Development Grant (PDG). It now supports even more of our most vulnerable learners. As well as the free school meals element, the PDG suite now includes looked-after children, those in the early years, those in pupil referral units, and those in education other than at school provision. The newest element – PDG-Access – has been introduced to support parents with some of the costs of the school day, including sporting activities.</p> <p>The PDG funding is given directly to schools and is it up to them on best use of spend as they know their locality best. The Pupil Development Grant is being used in some schools to promote sporting activities. Many operate after-school clubs and some provide transport to the local swimming pool. In previous years at Ysgol y Foryd Infants School, Rhyl, the learners have benefitted from the support of the grant being used for physical activities. The school was a pilot for the new curriculum delivery of the Physical Literacy programme. The programme included Bike-ability skills and outdoor education,</p>

		incorporating a residential visit for Year 2. The extension of Physical Literacy work in this way has seen a positive impact on pupils' health and lifestyles and has increased their engagement in learning generally which has impacted positively on standards.
17.	The Welsh Government should review Sport Wales' efforts to reduce the deprivation gap in physical activity levels given the lack of progress.	<p>Sport Wales are currently leading an innovative approach to establish five Sport Partnerships within Wales. Sport Partnerships will transform the way community sport is developed, delivered, led, and funded - responding to the needs of each community within the five regions.</p> <p>A Sport Partnership brings together a collaboration of key stakeholders within a defined region, who understand the importance and have a focus on delivering the benefits of sport and physical activity. Led by insight, they will provide strategic leadership and planning at a regional level, with a common purpose that at a local level, everyone can be involved in sport and physical activity through a range of opportunities that best meet their needs.</p> <p>Through Sport Partnerships, we are planning for future generations by taking steps to prevent inequalities in participation in sport and physical activity across Wales. Tasked with bringing about system change they will be the catalyst to tackling two long standing issues:</p> <ul style="list-style-type: none"> • Ensuring there is the right support and opportunities in place for those who are not regularly physically active, with a clear focus on removing barriers for those who need the most help. • Taking steps to meet the high latent demand from those who are active but want to do much more.
18.	We recommend that the Welsh Government makes arrangements to put in place longer-term funding arrangements to enable Sport Wales and its partners to plan more strategically.	<p>In March 2022, the Welsh Government provided Sport Wales with a term of government remit, supported by a three year budget for 2022-23 to 2024-25. The budget includes a capital allocation of £8m per annum to invest in sports facilities.</p> <p>The new investment approach will provide indicative funding offers over a multi-year period for all National Governing Bodies and Regional Sport Partnerships. The National Partner funding approach is also in development with the aim to provide multi-year offers. The funding commitments will naturally be contingent on the funding delivered by the Welsh Government to Sport Wales.</p>
19.	We recommend that the Welsh Government review the use of Section 106 agreements to	Collection of data for the Sustainable Development Indicators was paused during the pandemic. We will look to resume data collection to see how local authorities are delivering open and green spaces through the planning system, in line with national policies in Planning Policy Wales.

	<p>see if they are being utilised by local authorities to ensure the provision of safe and accessible green spaces in new housing developments.</p>	
<p>20.</p>	<p>We urge the Welsh Government to reconsider its position on the use of consequential funding from the soft drinks industry levy and commit to utilising it to increase physical activity and reduce the burden of obesity in Wales, as has been done in other parts of the UK.</p>	<p>As with all consequential funding, the sum is added to the overall Welsh Government budget and allocated in line with our priorities. Promoting good health and well-being for everyone is one of our key priorities which is why we continue to support people to adopt healthy lifestyles, breaking down the barriers that ill-health place on employment and opportunity, and tackling the generational cycle of poor health and inactivity.</p> <p>We have invested over £13m in 2022-24 to help deliver the aims of the Healthy Weight: Healthy Wales strategy. The two-year delivery plan which is supported by this funding has a focus on prevention and early years to support a number of areas across government to enable change.</p>

Agenda Item 4.1/1s

Jeremy Miles AM
Gweinidog y Gymraeg ac Addysg
Minister for Education and Welsh Language



Llywodraeth Cymru
Welsh Government

Ein cyf/Our ref MA/JMEWL/2616/22

Jayne Bryant MS
Chair
CYPE Committee

28 September 2022

Dear Jayne,

Thank you for your letter of 8 August seeking an explanation for the decrease in the number of pupils in mainstream settings who are registered as having special educational needs (SEN) or additional learning needs (ALN) compared to last year, and why some pupils who were previously registered as having SEN will not be provided with an individual development plan (IDP).

As I mentioned during our session on 14 July, I had expected to see certain statistical fluctuations since the reforms we are introducing are so significant. The pattern of decreasing numbers was also mirrored in England when they introduced their special educational needs and disability (SEND) reforms.

However, some local authorities in Wales have shown significant changes in the number of pupils registered as having SEN or ALN this year which has required further investigation.

I asked my officials to interrogate the SEN/ALN data in the PLASC return and to meet with local authorities to understand the reasons for the decrease in the number of pupils on the SEN/ALN register. The meetings with local authorities identified several reasons to explain the decrease, although common factors emerged.

Firstly, the imminent implementation of the ALN Act provided an opportunity for the newly appointed Additional Learning Needs Co-ordinators (ALNCos) to revise their SEN/ALN registers to ensure they are fit for purpose, with all pupils registered meeting the legal definition of having either SEN or ALN.

Secondly, we have learned from some local authorities that it was necessary to revise the registers because there have been inconsistencies in how SEN was reported and registered in the past, with a likely over-identification in the general numbers of pupils on the SEN/ALN register.

For example, some pupils who were in receipt of catch-up support should not have been identified as requiring Special Education Provision (SEP), while those with a short term Special Educational need (SEN), who received time-limited interventions could remain on the register for months or even years after the intervention ceased. We have been informed

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We welcome receiving correspondence in Welsh. Any correspondence received in Welsh will be answered in Welsh and corresponding in Welsh will not lead to a delay in responding.

that the appropriate removal of these groups of pupils added to the decrease in this year's PLASC.

Thirdly, the principles of inclusive education, placing the individual's needs at the centre of their education, underpin the new Curriculum for Wales. Teachers now have greater flexibility and in preparation for the roll out of the curriculum have increased their skills to address individual pupils' needs. Although the introduction of the Curriculum for Wales is on-going, aspects of a more inclusive teaching method have been developing in Wales for some time.

For example, where additional support for reading may have previously been considered special educational provision (SEP) in some schools, it is now more likely to be considered and addressed through differentiated teaching; good quality, holistic provision available to all, which does not require a School Action Plan or an IDP.

And fourthly, the general learning difficulties (GLD) category was removed from this year's data collection. It was originally intended to be used for pupils awaiting an assessment before a more specific SEN category could be used to identify them. However, over 30,000 pupils had been identified as having GLD in last year's PLASC which is far above the expected figure for pupils awaiting an assessment. Removing the GLD category led to many pupils being removed from the SEN register altogether since they could not be identified as having another category. This strongly suggests that many pupils categorised as having GLD did not in fact meet the legal definition of having SEN or ALN.

During the meetings with local authorities, it became clear that some had already sought assurances from their schools and interrogated the SEN/ALN data to ensure the identification and reporting of ALN is quality assured.

It would appear that in preparing for the introduction of the ALN system, with the support of ALNCoS and other key partners, schools have tightened administrative practices and corrected some historic inaccuracies. It is not so much that the ALN system has 'raised the bar', rather that the bar had been lowered in some settings under the previous system. We will continue to work with those local authorities and take a watching brief.

It remains too early to judge how successful implementation has been, or whether registers reflect a more accurate picture than in previous years since this year's PLASC data was collected only six weeks after the first cohorts began to move from the SEN system to the ALN. However, it does provide some insight into how schools have been preparing for the ALN system.

An ALN Reform monitoring and research programme is currently being procured, alongside a programme of engagement with parents and young people to understand their experiences of the new system. The recently established national steering group will ensure an ongoing dialogue with the sector to support implementation, identify and resolve issues. The monitoring and research will provide vital intelligence around implementation, and to understand the impact on the ALN reforms.

In addition, my officials are working with Estyn to seek further assurance that the roll out of the ALN system in schools is effective and improving educational outcomes. I hope to offer the Committee more news about these plans during the Autumn term.

On your request for additional data, I would be pleased to provide you with bi-annual figures on number of pupils with SEN or ALN. Although the PLASC is an annual collection, schools currently still provide us with weekly attendance records which includes each pupil's SEN/ALN status. These will be sent to you every six months.

It should be noted that changes to the ALN PLASC data collection is part of a longer-term piece of work to ensure it represents a robust data source on learners with ALN. An internal working group will convene in the Autumn to plan and engage key stakeholders in any proposed changes to the data requirements for the January 2025 data collection. Until then no additional changes will be made in order to track and monitor a consistent data set for the remainder of the implementation period. My officials are also exploring a range of mechanisms to track pupils who have been removed from the SEN register to ensure their educational progression is not negatively affected.

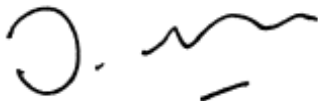
Finally, it is important to note that schools and local authorities are under a duty to decide whether a learner has ALN when the matter is brought to their attention. Any pupil recently removed from the SEN register has the right to talk to their school to request an IDP if their needs cannot be met without additional learning provision (ALP).

We have not moved away from my predecessor's statement that "having ALN is the same as having SEN." It still holds true that "if a child or young person has SEN they are also likely to have ALN." All pupils who were appropriately placed on the SEN register should be provided with an IDP under the ALN system if they still require ALP (and in the case of a young person, that they consent to having an IDP).

As we move into the second year of implementation, it is still too early to assess progress on implementation, but feedback from the sector, families and stakeholders is currently positive.

I look forward to keeping you apprised on research, evidence and insights around implementation and policy realisation as it comes forward.

Yours sincerely,

A handwritten signature in black ink, consisting of a circular initial followed by a series of wavy lines and a short horizontal stroke.

Jeremy Miles AS/MS
Gweinidog y Gymraeg ac Addysg
Minister for Education and Welsh Language

CYPE(6)-18-22 - Paper to note 12

Education reforms: Additional Learning Needs

September 2022

Dear Jayne Bryant MS,

We are writing to you regarding the publication of the *Key education reforms: summer 2022 check-in letter*. Thank you for raising this issue with the Welsh Government and drawing attention to these concerning matters.

We hope the below information assists in the Committee's inquiry into the Reforms and discussions with the Education Minister and the Welsh Government.

We are currently surveying parents/carers of deaf children and professionals who work with deaf children about their thoughts and understandings of the ALN Reforms. We want to highlight some early evidence from these surveys before the next Committee meeting. We will soon submit a full response to the Committee's inquiry on the ALN Reforms once our surveys are complete.

Priority issue areas:

- IDP eligibility
- The use of non-statutory one-page profiles for deaf learners in place of IDPs
- Deeply rooted misunderstandings of the ALN Reforms amongst professional staff across Wales as a result of misinformation

The early findings from our surveys have not alleviated our long-standing concerns around the implementation of the ALN Reforms. Of particular concern are the; the 'raising of the bar' for IDP eligibility, the use of one-page profiles in place of IDPs and misinformation amongst professionals.

IDP eligibility

As outlined in the [letter](#) dated January 12, 2022, we were worried about misinterpretations on IDP eligibility which could negatively affect deaf children. We were concerned that there would be an effective 'raising of the bar' in terms of who is eligible for the statutory support plan.

Sadly, our evidence currently suggests that IDP eligibility continues to be misinterpreted and that there has been a raising of the bar for IDP eligibility.

Non-statutory one-page profiles

As mentioned above, we are concerned that the threshold for eligibility is being raised as some deaf learners are receiving non-statutory one-page profiles as opposed to IDPs. This is effectively recreating the Individual Education Plan/Statement divide of statutory and non-statutory plans.

There is no established system set-up to challenge these one-page profiles and there is no pathway for legal recourse. We are concerned that the non-statutory nature of one-page profiles may not be being made clear to parents or deaf learners being given them.

The aim of the Reforms, as detailed by the ALN Code, does not envision a system where some children receive non-statutory plans by the back door. This is in effect raising the bar for IDP eligibility for learners with additional learning needs.

ALN Reforms misinformation

Early responses to our professionals survey tells us that there are concerns around how deeply rooted misinformation regarding the ALN Reforms are. Professionals are telling us that their workload is being taken up with correcting misinformation that is prevalent throughout their local authority areas.

We have received casework that have added to our concerns. In one example, a school said that it could not afford the support so decided not to provide an IDP, rather than seeing whether the IDP could be owned by a local authority. We have also received an example from a Teacher of the Deaf outlining that the information on assessments they had completed for a child and provided to the school was not considered by the ALNCO to be “evidence” for an IDP.

More information

Thank you for taking the time to consider the issue areas raised above. If you would like more information or to discuss this further then please contact george.baldwin@ndcs.org.uk.

CYPE(6)-18-22 - Paper to note 13

Jeremy Miles AS/MS
Gweinidog y Gymraeg ac Addysg
Minister for Education and Welsh Language

Eich cyf/Your ref
Ein cyf/Our ref

Jayne Bryant MS
Chair
CYPE Committee



Llywodraeth Cymru
Welsh Government

30 September 2022

Dear Chair,

Welsh Government response to CYPE Committee 2022-23 Draft Budget report:

Recommendation 24: The Welsh Government must provide the Committee with 6 monthly updates on the progress of the implementation of the ILE programme, including information on how the Welsh Government is promoting the programme to learners in Further Education.

Over the past six months, significant progress has been made in relation to the implementation of the ILE programme, a Welsh Government funded programme delivered by International Learning Exchange Programme (ILEP) Ltd, a subsidiary of Cardiff University, as the Programme Executive.

After launching under its new name, 'Taith', in February, Susana Galvan was appointed as Executive Director of the Programme Executive and has successfully led the team through the first Pathway 1 call. Pathway 1 provides the majority of Taith's activity, and is focused on individual mobilities for learners, researchers and staff. Projects vary from 1 to 2 years for all sectors, apart from the HE sector which has predominantly 3-year projects.

The call was launched in March and was open for applications until May. As the largest part of the programme in terms of funding, it was encouraging to see strong interest in Pathway 1 from all sectors. Following assessment of applications by external assessors and a review by the Taith Funding Committee, the ILEP Ltd Board of Directors met to consider the recommendations, and by the end of July, all successful applicants had been notified of the outcomes.

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We welcome receiving correspondence in Welsh. Any correspondence received in Welsh will be answered in Welsh and corresponding in Welsh will not lead to a delay in responding.

Table 1. Value of projects awarded by sector

	No. of applications	No. of projects awarded	Total awarded (£)
Schools	22	15	2,140,041
FE/VET	4	4	1,011,759
Youth	20	13	1,197,695
Adult Education	10	6	146,622
Higher Education (Education)	8	8	4,139,100
Higher Education (Research)	6	6	1,417,500

Table 2. Indicative numbers of Pathway 1 mobility participants by sector

	Youth	Schools	FE/VET	Adult Education	HE (Education)	HE (Research)
Outward	458	1,465	526	75	1,662	465
Inward	97	395	141	20	289	105
Total	555	1,860	667	95	1,951	570

N.B. These numbers are subject to change as projects progress.

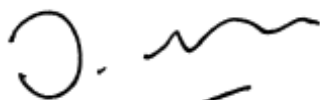
The above figures represent a total of 52 successful applications, including 6 consortium applications that consist of 101 organisations from the Youth, Schools and FE/VET sectors. The indicative partner countries specified at this stage are wide reaching and span across Asia, Africa, North and South America, Europe and Australia.

Pathway 2 (Partnership and Strategic Collaboration), which will support projects with a more strategic theme, will launch on 5 October 2022 and will provide more funding and mobility opportunities for learners and staff.

Taith has a strong programme team behind it who are responsible for the day-to-day running of the programme. There is a designated manager for Further Education, Vocational Education & Training, and Adult Education whose role is to lead on programme engagement across the three sectors.

In addition to the programme team, Taith is governed by an Advisory Board that meets on a regular basis to provide oversight from across the education sector. Advisory Board minutes are published at <https://www.taith.wales/advisory-board/>. Importantly, all sectors are represented at the Board, including Further Education representation from ColegauCymru. Feedback from stakeholders, including at the Advisory Board, has been a crucial part of the development of Pathway 2. The Taith team will support eligible beneficiaries by holding drop-in sessions and webinars over the application period.

Yours sincerely,



Jeremy Miles AS/MS

Gweinidog y Gymraeg ac Addysg
Minister for Education and Welsh Language

WELSH GOVERNMENT RESPONSE TO THE RECOMMENDATIONS FROM THE CHILDREN, YOUNG PEOPLE AND EDUCATION COMMITTEE REPORT: EVERYBODY'S AFFECTED - PEER ON PEER SEXUAL HARASSMENT AMONG LEARNERS

Minister for Education and Welsh Language; Minister for Social Justice September 2022

The testimonials on *Everyone's Invited* and the evidence provided within Estyn's report have made for uncomfortable reading; it is difficult to accept the reality that is the lived experience of some of our children and young people.

It is our duty to listen, but more importantly to act, to give children and young people in Wales the opportunity to grow up free from damaging and limiting ideas around gender roles, power and control and give them the tools to be empowered to call out unacceptable behaviours.

We must work with children and young people to educate on the importance of safe, equal and healthy relationships; and that harmful behaviour is always wrong. It is also important to work with adults to support them to model appropriate behaviour and uphold children and young people's rights to equality, information and safety.

I recognise that whilst educational settings have an important role, so do the other adults and organisations that affect learners' lives. I also recognise the need to empower children and young people to input their views in to our work which is why I particularly welcome the recommendations relating to capturing the voice of the child, for example through young people's advisory groups.

I would like to thank the members of the Children, Young People and Education Committee for their report. The report and the recommendations provide a valuable steer to our work in this space and will directly influence the multi-agency action plan on peer on peer sexual harassment.

I have set out my response to the Report's individual recommendations below.

Recommendation 1. The Welsh Government and Estyn must adopt/continue to use the definition of sexual harassment used by Estyn in its 2021 report 'We Don't Tell our Teachers', including the specific examples of peer on peer sexual harassment Estyn used in its work with pupils *Page 24*

Response: Accept

The multi-agency action plan under development adopts this definition and will be the definition utilised when commissioning any further research or reviews in this space.

Financial Implications – None. Any additional costs will be drawn from existing programme budgets.

Recommendation 2. The Welsh Government must create a Young People's Advisory Board, made up of a representative sample of young people across Wales, to co-design the Welsh Government's response to peer on peer sexual harassment. *Page 25*

Response: Accept

Ensuring our work is relevant and meets the needs of our children and young people is vital. We will work with relevant partner organisations on establishing this, ensuring to link in and maximise existing groups and networks where this is appropriate and would add value.

We recognise the central role the online component plays in peer on peer sexual harassment highlighted in Estyn's 'We don't tell our teachers' report. Ensuring that the voice of children and young people is at the heart of our response is vital, and as part of the work being taken forward this year, we will be establishing a children and young people's advisory panel for digital resilience. Panel members will be invited to share their online experiences and provide opinions and insight that will shape and inform the direction of our work.

Financial Implications – None. Any additional costs will be drawn from existing programme budgets.

Recommendation 3. The Welsh Government must carry out an awareness-raising campaign, co-designed with the Young People's Advisory Board (see Recommendation 2), targeted at learners across Wales, to improve understanding of what constitutes sexual harassment. *Page 25*

Response: Accept

We understand the importance of communicating with children and young people, and have, over several years, developed clear and simple content in appropriate formats, most recently in relation to introducing the new Curriculum for Wales and the teaching of Relationships and Sexuality Education in the new Curriculum for Wales.

We will work with the Young People's Advisory Board and our stakeholders to develop an awareness raising campaign around peer-on-peer sexual harassment, ensuring that all messaging/visual content is tested with children and young people. We will also consider the findings of recent research undertaken with young people across Wales on the how they would like to receive communications from Welsh Government.

Recognising the importance of healthy and respectful attitudes online, we have collaborated with the Football Association of Wales (FAW) to raise awareness of the importance of speaking out against sexual harassment on social media with the thought provoking film 'Calling Out: Online Sexual Harassment'. The film includes

open conversations between Cymru international footballers Joe Allen, Lily Woodham, Esther Morgan and Joe Morrell, empowering young people to understand, challenge and safely report inappropriate sexual behaviour online.

We will continue to work in collaboration with partners and experts to raise awareness and tackle this critical issue.

Financial Implications – Yes. Costs for campaign development, message testing with children and young people would be required. Depending on scope, initial budget would need to be £40,000 and will be drawn from existing programme budgets.

Recommendation 4. The Welsh Government must commission a review into peer on peer sexual harassment among primary school-aged children, drawing on the expertise and guidance of children’s charities, academics and the Children’s Commissioner for Wales as appropriate. *Page 37*

Response: Accept

It would be beneficial to have a greater understanding about children's experiences of gender based bullying or sexual harassment in primary settings and listening to children would be an essential part of any review into this area. However, the participation of children in any learning or discussion on themes of this nature must be developmentally appropriate and topics of discussion should be relatable to children's own experiences and understanding (experience-near). We will therefore take forward discussions with key stakeholders to determine the scope of the review and provide further details to the committee in due course.

Financial Implications – None. Any additional costs will be drawn from existing programme budgets.

Recommendation 5. The Welsh Government must update its statutory guidance to ensure that local authorities collect data from schools on sexual harassment specifically on a monthly basis, analyse that data to identify trends and patterns, and report on their findings at least annually. The data should:

- be collected on the basis of the definition of sexual harassment adopted by Estyn in its 2021 report; and
- be broken down by the nine protected characteristics of the Equality Act 2010 to support schools, local authorities and the Welsh Government to discharge their duties under the Public Sector Equality Duty. *Page 47*

Response: Accept

Whilst an update to the current anti-bullying guidance, 'Rights, Respect, Equality' will be published in early Autumn, this is a living document which will continue to be developed and updated. While the Welsh Government is clear that we expect both schools and local authorities to collect data on all forms of bullying and harassment,

including sexual harassment, the data currently collected across Wales is inconsistent.

As part of the wider work being scoped and delivered to collect data at a national level, the Welsh Government will also consider how data is collected at a local authority level and how this data is reported.

In principle, we accept that this data should:

- be collected on the basis of the definition of sexual harassment adopted by Estyn in its 2021 report; and
- be broken down by the nine protected characteristics of the Equality Act 2010 to support schools, local authorities and the Welsh Government to discharge their duties under the Public Sector Equality Duty.

In the meantime, we will ensure that the agreed definition of sexual harassment is incorporated within the revised guidance, and also commit to exploring placing a requirement on schools and LA's to analyse and report data on sexual harassment.

Financial Implications — None. Any additional costs will be drawn from existing programme budgets.

Recommendation 6. Estyn must include within its inspection framework for routine school inspections, no later than January 2023, consideration of schools' approaches to keeping records of incidents of peer on peer sexual harassment specifically, how schools interrogate that data to identify trends and patterns, and the extent to which that data informs the development of school-based interventions. Such an approach must not penalise or reflect badly on schools simply because they have cases of sexual harassment, but focus on how well schools collect and data and act on that data. *Page 47*

Response: Accept

Estyn accepts this recommendation. Safeguarding learners continues to be an important focus in Estyn inspections. For example, within the inspection area 'care, support and guidance' inspectors evaluate and report on how well schools create a culture of safeguarding to help keep learners safe. Inspectors also consider how well a school or PRU:

- responds to, records, and addresses any alleged incidents relating to bullying, including those involving protected characteristics; prejudice-related bullying, harassment and discrimination, whether by staff or by fellow pupils, including onward referral and reporting where appropriate;
- develops pupils' knowledge and understanding (in line with their stage of development) of emotionally damaging or unsafe behaviours, for example grooming, sexual harassment, discrimination, bullying and extremism;
- keeps pupils safe from the dangers of radicalisation and exploitation;
- uses its arrangements to promote and support an anti-bullying culture and a positive approach to managing pupils' behaviour, including the appropriate use of exclusions; and

- uses their records to improve the quality of provision

The issue of how well schools record and respond to incidents of peer-on-peer sexual harassment was considered in detail in Estyn's thematic report, 'We Don't Tell our Teachers'. Inspectors will consider the effectiveness of the systems and processes used for staff to record concerns and actions and how well they use monitoring systems and stakeholders' views to evaluate the quality of their work and to plan for improvement. One of the recommendations for schools is to:

'Improve the way they record, categorise and analyse incidences of harassment and bullying. Records should include details about the nature and type of incidences, the impact on the victim and appropriate actions in response to both perpetrators and victims. Leaders should ensure they review records regularly and evaluate the impact of their actions on pupils' wellbeing.'

Estyn also recommended that local authorities improve recording of incidents and suggested they:

'Work with schools to collect and categorise and analyse all bullying and harassment data correctly and comprehensively. In addition, support schools to analyse this information regularly to identify trends and put restorative arrangements in place.'

Financial Implications – None. Any additional costs will be drawn from existing programme budgets.

Recommendation 7. The Welsh Government must ensure that any reviews into peer on peer sexual harassment in Further Education and primary schools consider how effectively schools and colleges collect, categorise and analyse sexual harassment data to identify trends and develop school-/college-based interventions. *Page 48*

Response: Accept

With regard to Estyn's current thematic review of peer-on-peer sexual harassment in further education, the Welsh Government has requested Estyn to ensure that this aspect is included.

Similarly, we will also request that any future reviews/research within primary schools includes considering the effectiveness of data collection and analysis.

Financial Implications – None. Any additional costs will be drawn from existing programme budgets.

Recommendation 8. The Welsh Government must ensure that pupils are taught about the underlying causes of peer on peer sexual harassment – such as unhealthy depictions of sexual relationships and behaviours across society amplified by pornography, social media, online gaming platforms and others - as part of current Personal and Social Education and future Relationships and Sexuality Education curricula. *Page 56*

Response: Accept

The world around us is evolving rapidly and significantly. As a society we are becoming ever more aware of changing family structures and relationships; shifting social, cultural and religious norms in relation to sex, gender and sexuality; advances in technology including the rising influence of social media and increased use of digital communications and devices; changing laws and rights around relationships, sex, gender and sexuality.

RSE is an important support in enabling learners to navigate these changes. Understanding how relationships are formed, developed and maintained enables children and young people to develop skills and attitudes to support them in their own relationships throughout their lives. These may include family relationships, friendships, professional relationships, romantic and sexual relationships. Learning about both relationships and sexuality supports young people to develop the knowledge and skills needed to make sense of their thoughts and feelings and to effectively navigate rapidly changing influences. Learners need to be supported to respond to these and, where appropriate, feel equipped to challenge harmful stereotypes and perceptions and seek help and support.

The mandatory RSE Code, at a developmentally appropriate phase, includes learning on:

Understanding the impacts associated with sexual material and intimacy online, including the ethical and legal implications. And, ***“An awareness of how sexual material and media often represents gender, sexual activity, bodily appearance and relationships in unrealistic and harmful ways.”***

Through the ‘Keeping safe online’ area of Hwb, we provide a range of resources and guidance to support schools to educate learners on considerate and respectful behaviour online.

This has included working with expert partners such as **Childnet International** to publish age-appropriate toolkits for practitioners to address online sexual harassment in schools and empower learners to ask for help if they need it. The **‘Just a joke?’** and **‘Step up, speak up’** toolkits include a series of lesson plans and activities that address online sexual harassment in an age-appropriate way and raise awareness of unacceptable online behaviours to prevent them from becoming normalised.

Financial Implications – None. Any additional costs will be drawn from existing programme budgets.

Recommendation 9. The Welsh Government must treat peer on peer sexual harassment as an Adverse Childhood Experience and ensure that it prioritises, and allocates resources to its response to peer on peer sexual harassment accordingly. *Page 62*

Response: Reject

Adverse Childhood Experiences, or ACEs, refers specifically to a group of ten intra-familial sources of childhood adversity and trauma (i.e. events where parents may have some control), which have been the subject of extensive research for over 25 years. Studies from around the world, including those undertaken in Wales by Public Health Wales, have consistently found a strong association between these ten ACEs and poorer health and wellbeing outcomes across the whole life course. However, reservations have been expressed that focusing on just the ten ACEs ignores the existence and impact of a wider range childhood adversity, including extra-familial events and circumstances over which parents might have little or no control. This includes structural and social inequalities like poverty and discrimination, in all forms. This was an issue which was identified during the review of the Welsh Government's ACEs policy, undertaken in 2020. One of the review's key recommendations was for the Welsh Government to take a more holistic view to tackling childhood adversity and trauma and to extend the policy's reach beyond the ten ACEs, to include other sources of adversity.

The Welsh Government is currently developing an ACEs plan. The plan will be built on the ACE's evidence base but will recognise other sources of childhood adversity which also prevent children from having the best possible start in life and the opportunity to achieve their potential. Experiences like peer-to-peer sexual harassment would be encompassed within this broader definition of, and approach to tackling childhood adversity, alongside issues like bullying, racism, additional learning needs and chronic illness and bereavement.

Training in ACEs has been offered to all schools in Wales. We plan to undertake a review and refresh the existing training materials, in light of the planned changes to the Welsh Government's ACEs policy and the recent publication of a trauma-informed practice framework for Wales. The framework has adopted a holistic approach to sources of trauma and adversity, not just those included in the current list of ten ACEs. The Welsh Government's ACEs plan will be published this autumn.

Financial Implications – N/A

Recommendation 10. The Welsh Government must, alongside the Young People’s Advisory Board (see Recommendation 2), carry out a review into the support provided to young people who have experienced peer on peer sexual harassment, with a view to making recommendations to schools, local authorities and others as required to improve the quality and timeliness of that support. *Page 62*

Response: Accept

Considering the level and efficacy of the support provided to children and young people is important in helping to design and inform future interventions and there are existing data sources we can draw from. For example, the Estyn thematic review in to peer on peer sexual harassment provides rich data on the experiences of young people with questions and activities that relate young people's ideas about how settings best respond to and prevent peer sexual harassment. The findings from the Committee’s engagement with young people aged 11 to 18 also provides valuable data.

Rather than an isolated review, the engagement work that will be undertaken as part of updating the Rights, Respect and Equality guidance, and the development of the whole school approach to RSE, will provide an opportunity to consider the support provided to children and young people who have experienced peer on peer sexual harassment.

It is also important to consider intersectionality with other issues and as such we will need to ensure that any subsequent recommendations take in to account learners lived experiences and background. We will therefore need to align with the LGBTQ+ action plan, RSE implementation and the Anti Racists Wales Action Plan.

Financial Implications – None. Any additional costs will be drawn from existing programme budgets.

Recommendation 11. The Welsh Government must ensure that schools and colleges create a culture in which sexual harassment is unacceptable, reports of sexual harassment are taken seriously and responded to promptly and consistently. *Page 93*

Response: Accept

Estyn’s report, ‘We don’t tell our teachers: experiences of peer-on-peer sexual harassment among secondary pupils in Wales’, found that peer-on-peer sexual harassment is more prevalent online and outside school than in school.

Whilst it acknowledged this is a wider societal issue, we recognise that creating an ethos and culture of rights, respect and equity within schools is key to tackling peer-

to-peer sexual harassment and its impact on children and young people. Welsh Government officials are developing a Whole School Approach to RSE which will set out guidance for schools to create this culture throughout education settings and will go further than the teaching of RSE in the classroom. This is expected to be published in Spring 2023.

This Whole School Approach will also link to our statutory anti-bullying guidance, 'Rights, Respect, Equality' which includes sexual harassment.

To ensure all schools in Wales embed a culture where sexual harassment online is recognised as unacceptable and dealt with appropriately, we will provide all education practitioners and school staff with training opportunities. The training which will be available from Autumn 2022 is designed to support all staff to understand, prevent and have the confidence to respond to incidents effectively.

The draft LGBTQ+ Action Plan published in 2021, and the forthcoming updated LGBTQ+ Action Plan, aim to address, through concrete actions, issues concerning physical or sexual harassment and violence, as well as hate crime against LGBTQ+ people – the latter one continuing to rise, most notably against trans people.¹

These messages will also be reinforced through the national awareness raising campaign.

Financial Implications – None. Any additional costs will be drawn from existing programme budgets.

Recommendation 12. Estyn must include within its inspection framework for routine school inspections specific consideration of how schools and colleges respond to and support learners who have reported and/or experienced sexual harassment, and to address the behaviour of individuals who have perpetrated it. Such an approach must not penalise or reflect badly on schools simply because they have cases of sexual harassment but focus on how well schools deal with cases and support pupils. *Page 94*

Response: Accept

Estyn accepts this recommendation. Estyn recognises that schools have an important role in dealing with the problem of peer-on-peer sexual harassment and agree with the report that it is not the sole responsibility of schools to deal with the issue of peer-on-peer sexual harassment. In Estyn's thematic report they highlighted that peer-on-peer sexual harassment is a societal issue and that parents as well as relevant external agencies have an important role to support schools in educating young people about this issue. Estyn have revised their inspection guidance within

¹ Hate Crime Figures Available Online at: [Hate crime, England and Wales, 2017 to 2018 - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/statistics/hate-crime-england-and-wales-2017-to-2018); <https://www.gov.uk/government/statistics/hate-crime-england-and-wales-2018-to-2019> ; <https://www.gov.uk/government/statistics/hate-crime-england-and-wales-2019-to-2020>

the inspection 'Care Support and Guidance' to ensure that inspectors consider how well a school or PRU:

- provides well-considered support for pupils' physical and mental health and wellbeing;
- helps pupils to understand issues relating to equality, diversity and inclusion and develops the values of respect, empathy, courage and compassion;
- fosters shared values, such as honesty, fairness, justice and sustainability;
- helps pupils to understand the needs and rights of others, both locally and as members of a diverse world, and promotes human rights;
- challenges stereotypes in pupils' attitudes, choices and expectations; and
- promotes principles that help pupils to distinguish between right and wrong

Inspectors will continue to engage in internal professional dialogue to discuss how to include specific activities to enable them to further evaluate how well schools record and respond to incidents of sexual harassment and how well they address the behaviour of perpetrators. Although inspectors will consider these aspects, they will only report by exception, if there is particularly strong or weak practice.

Financial Implications – None. Any additional costs will be drawn from existing programme budgets.

Recommendation 13. The Welsh Government must make ring-fenced funding available to schools for all school staff to undertake training on identifying, responding to, and reporting peer on peer sexual harassment. That funding should include provision for schools to provide cover for teachers who are taken out of class, if necessary. *Page 94*

Response: Accept

We recognise the importance of professional learning (PL) in relation to all aspects of the curriculum relating to relationship and sexuality education. Schools are already allocated grants that are ring-fenced for professional learning, and they are in receipt of guidance in respect of how they can invest in PL and how they can use the grants to cover teachers who are undertaking PL activities.

Ultimately, decisions about PL are for Headteachers to make in response to the needs of their learners and practitioners, though all schools will recognise the PL requirements that will come from the realisation of the new curriculum and a whole-school approach to RSE. From September 2022 onwards, we will ensure that resources are directly allocated to the Professional Learning practitioners need to realise RSE and issues within that area including sexual harassment.

Financial Implications – None. Any additional costs will be drawn from existing programme budgets.

Recommendation 14. The Welsh Government must work alongside Estyn, relevant academics, and the Young People’s Advisory Board (see Recommendation 2) to gather and collate examples of sex and relationships education that learners consider to be effective in addressing peer on peer sexual harassment, with a view to creating a bank of resources for schools and colleges to facilitate the sharing of good practice across Wales. These, alongside the RSE Code where appropriate and possible, must inform the provision of sex and relationships education to older learners whose year groups are not covered by the Curriculum for Wales. *Page 95*

Response: Accept

The Curriculum division will work with practitioners, partners and stakeholders (including those set out above) to review RSE resources and identify effective resources that align to the RSE Code for sharing nationally on Hwb.

Whilst there is no standardised curriculum within further education, we will explore the opportunities to collate and share best practice for colleges.

Financial Implications – None. Any additional costs will be drawn from existing programme budgets.

Recommendation 15. The Welsh Government must write to local authorities and/or schools to ensure that schools have clear policies on acceptable mobile phone use by learners throughout the school day, those policies are well-communicated to learners, staff and parents, and are consistently enforced by school staff. *Page 96*

Response: Accept

The use of mobile phones in schools is included the Welsh Government [Behaviour management in the classroom: guidance for secondary schools](#). This guidance dates back to 2012 and all areas of technology have evolved considerably in the last 10 years. My officials will consider changes that might be required to this guidance alongside the [All Wales attendance policy](#) and the [Exclusion from schools and pupil referral units guidance](#).

Financial Implications – None. Any additional costs will be drawn from existing programme budgets.

Recommendation 16. The Welsh Government must publish the findings of the 2019 review that was carried out into the Wales police schools programme. *Page 96*

Response: Accept

The Deputy Minister for the Mental Health and Wellbeing has provided the Committee with the findings of the review of the Wales Police Schools Programme that was conducted in 2019. We understand that this will be published by the Committee.

Financial Implications – None. Any additional costs will be drawn from existing programme budgets.

Recommendation 17. The Welsh Government must work with local authorities to create and maintain databases of third sector organisations that provide support services for schools and colleges that could assist them in their response to peer on peer sexual harassment. *Page 97*

Response: Accept

The Safeguarding in Education Group (SEG) is a network of education safeguarding professionals from local authorities and other organisations across Wales which contributes to the development of effective safeguarding policy and practice in education services. We work with the SEG to discuss a range of issues which impact on safeguarding matters, within education and on a multi-agency basis, and provide mutual support and share good practice. We propose to work with SEG to compile this database.

Financial Implications – None. Any additional costs will be drawn from existing programme budgets.

Recommendation 18. As part of its wider work on raising awareness of peer on peer sexual harassment in schools, the Welsh Government, alongside the Young People's Advisory Board (see Recommendation 2), must carry out an awareness raising campaign targeted at parents and families to:

- raise awareness of peer on peer sexual harassment, including how and when it is perpetrated and the impact of sexual harassment on young people;
- help parents and families talk to and support their children, including to address their children's inappropriate behaviour, if necessary; and
- improve understanding of the risks of young people accessing inappropriate online content/platforms, the age restrictions associated with those platforms, and what steps parents can take to limit their children's online access. *Page 98*

Response: Accept

We understand the importance of communicating effectively with parents and carers and have, over several years, developed awareness raising campaigns targeting parents/carers on a wide range of topics in education, most recently in relation to the teaching of Relationships and Sexuality Education in the new Curriculum for Wales.

We will look at how we can utilise the 'Call Out Only' campaign to develop messaging for parents/carers around peer-on-peer sexual harassment, taking into consideration lessons learned from previous parental campaigns and activity already taking place around RSE.

We will work with children and young people to educate on the importance of safe, equal and healthy relationships; and that harmful behaviour is always wrong. We must give children and young people in Wales the opportunity to grow up free from damaging and limiting ideas around gender roles, power and control and give them the tools to be empowered to call out unacceptable behaviours.

We must also work with adults to support them to model appropriate behaviour and to empower children and young people's rights to equality, information and safety.

We recognise that whilst educational settings have an important role, so do the other adults and organisations that affect learners' lives. We also recognise the need to empower all learners, regardless of age, in tackling sexual harassment.

Estyn's findings confirmed that children and young people turn more to the internet for support and guidance rather than talking with parents or other adults.

We continue to promote and raise awareness of the peer on peer sexual harassment online and the support available to children and young people and their parents carers through the Keeping safe online area of Hwb. As part of the 'online issues and worries' area on Hwb co-constructed with children and young people they can access advice to develop their understanding of online sexual harassment.

Acknowledging the important role that parents and carers play in addressing children and young people's behaviour online, the 'In the Know' guides on Keeping safe online provide parents and carers with information on the latest and most popular 'apps', social networks and games used by children and young people. The guides provide information for parents and carers on how these apps are used, highlight risks and concerns the apps pose and provide advice and tips on their suitability for children and young people.

In addition to this we will further develop our resources for families with a focus on supporting improved cooperation and communication between schools, learners and their parents/carers in addressing the issue of online sexual harassment.

Financial Implications – Yes. Costs for campaign development, message testing with children and young people would be required. Depending on scope, initial budget would need to be £40,000 and will be drawn from existing programme

budgets.

Recommendation 19. The Welsh Government must publish its statutory national trans guidance for schools and local authorities no later than January 2023. *Page 98*

Response: Accept in Principle

Welsh Government officials are currently working on guidance for schools to support Trans children and young people. This will form part of wider guidance on a whole school approach to Relationships and Sexuality Education (RSE).

While we recognise the urgency in publishing guidance for schools, this is statutory guidance and will therefore require a public consultation exercise, and extensive engagement with children, young people and education practitioners. We aim to publish the guidance in Spring 2023.

Financial Implications – None. Any additional costs will be drawn from existing programme budgets.

Recommendation 20. The Welsh Government must amend its Violence Against Women, Domestic Abuse and Sexual Violence strategy to acknowledge the impact of peer on peer sexual harassment on the safety and wellbeing of female learners, and that tackling peer on peer sexual harassment in and around educational settings must be included in any future workstream arising from that strategy. *Page 98*

Response: Accept in Principle

The Welsh Government has already recognised the need to take forward this work and included this within the Blueprint structure for delivering the Violence Against Women, Domestic Abuse and Sexual Violence (VAWDASV) National Strategy.

One of the objectives set out in the VAWDASV National Strategy is to increase awareness in children, young people and adults of the importance of safe, equal and healthy relationships and empowering them to positive personal choices. This work will be taken forward as part of the Blueprint approach for delivery which includes a working group on the issues affecting children and young people. This group will bring together devolved and non-devolved organisations as well as representatives from the specialist sector to determine the relevant priorities in this space and maintain a focus on delivering for children and young people who are victims of VAWDASV including peer on peer sexual harassment. This working group will take forward the governance of the Welsh Government peer on peer sexual harassment action plan.

The strategy was developed in collaboration with partners and was published for a public consultation. Consultation events were run on our behalf by partner organisations including ones focussed on engaging with children and young people.

This consultative approach shaped the final version of the strategy and highlighted the need for the children and young people workstream.

Financial Implications – None. Any additional costs will be drawn from existing programme budgets.

Recommendation 21. The Welsh Government must publish the LGBTQ+ action plan no later than autumn 2022. The action plan must acknowledge the scale and impact of sexual harassment on LGBTQ+ learners, and set out how the Welsh Government will support schools and others to address it. *Page 99*

Response: Accept

The revised LGBTQ+ Action Plan is scheduled for publication by late Autumn 2022, as expressed by the Deputy Minister for Social Justice Hannah Blythyn MS in her Oral Statement on 21 June 2022 titled “Pride and Progress on the LGBTQ+ Action Plan”.² However, as we finalise the updated version of the Action Plan, LGBTQ+ Policy Officials and action owners are already making progress towards achieving the actions shown in the draft action plan published in July 2021. A dedicated section covers “Education”, including inclusive curriculum, RSE and Transgender Guidance for Schools; but also sections on bullying and hate crimes, and our dedicated actions and ambitions to address those issues.

Financial Implications – None. Any additional costs will be drawn from existing programme budgets.

Recommendation 22. The Welsh Government must proceed with pace on its work to publish a multi-agency action plan to tackle the problem of peer on peer sexual harassment, informed by Estyn’s report and in synergy with other relevant work in progress across government. *Page 99*

Response: Accept

We have established a multi agency group to coproduce the action plan which we plan to publish in the Autumn. The recommendations from the CYPE Committee provide a useful steer for focus and will be reflected in the action plan as appropriate.

Financial Implications – None. Any additional costs will be drawn from existing programme budgets.

² [Oral Statement: Pride and Progress on the LGBTQ+ Action Plan \(21 June 2022\) | GOV.WALES](#)

Recommendation 23. The Welsh Government must provide the Committee with an update in September 2022, and then at 6 month intervals thereafter, on the numbers and proportions of local authorities and schools with RSE leads in place.

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Response: Accept

Welsh Government officials have previously requested information from local authorities on the numbers of RSE leads in place within local authorities and schools – this information was very inconsistent, with some stating that they had plans to ensure RSE leads were in place by September 2022.

Officials will seek to update this information and provide the Committee with an update in September 2022.

Financial Implications – None. Any additional costs will be drawn from existing programme budgets.

Recommendation 24. The UK Government and the Welsh Government should ensure that there is sufficient time given to the Senedd for scrutiny of any future Legislative Consent Memoranda relating to the Online Safety Bill, if amendments are made to that Bill that require the legislative consent of the Senedd. *Page 112*

Response: Accept in principle

The UK Government's Online Safety Bill seeks to establish a new regulatory regime to address illegal and harmful content online, with the aim of preventing harm to individuals.

Welsh Government officials have had regular engagement with counterparts in UK Government both prior to, and following, the introduction of the Bill on 17 March 2022. This engagement has involved discussions in relation to the development of the Bill as well as consultation around priority offences for inclusion.

Following publication of the draft Bill in May 2021, Welsh Government officials have actively engaged with the Department for Digital, Culture, Media and Sport on an exemption for Welsh education institutions and childcare providers at paragraph 10 and Part 2 of Schedule 1 of the Bill.

On 30 March the Welsh Government laid a Legislative Consent Memorandum on the Bill before the Senedd in respect of Clause 175(5) of the Bill as introduced which confers a power on Welsh Ministers to amend a list of Welsh education and childcare providers (Part 2 of Schedule 1) that will be exempt from regulation under the Bill.

We will continue to work with UK Government counterparts to monitor amendments tabled to the Bill during its passage through the UK Parliament. If amendments are made to the Bill that require the consent of the Senedd, the Welsh Government will lay supplementary Legislative Consent Memoranda and will endeavour to allow sufficient time for scrutiny. This will be subject to the UK Government's timetabling of the Bill.

Financial Implications – None. Any additional costs will be drawn from existing programme budgets.

Jeremy Miles MS
Minister for Education and Welsh Language

Jane Hutt MS
Minister for Social Justice

Agenda Item 7

By virtue of paragraph(s) vi of Standing Order 17.42

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