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: 19 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 3

(09.15 – 10.15) (Pages 1 - 37)

Andy Bell, Deputy CEO, Centre for Mental Health

Sian Taylor, Clinical Lead for Primary CAHMS, Aneurin Bevan University Health board

Angela Lodwick, Head of Services CAMHS & Psychological Therapies, Hywel Dda University Health Board

Richard Maggs, Medical Director for Adult Mental Health Services, Swansea Bay University Health Board

Andrea Parry, Team Leader Iechyd Da Youth Health Team, Hywel Dda University Health Board

Emma Haggerty, Eating disorders clinical lead, Aneurin Bevan University Health Board

Attached Documents:

Research brief

Centre for Mental Health – CYPE(6)-20-22 – Paper 1

Senedd Cymru
Welsh Parliament

Aneurin Bevan University Health Board – CYPE(6)–20–22 – Paper 2

Hywel Dda University Health Board CYPE(6)–20–22 – Paper 3

Break

(10.15 – 10.25)

3   Mental Health support in Higher Education – evidence session 4

(10.25 – 11.25)   (Pages 38 – 51)

Dr Liz Forty, Royal College of Psychiatrists Wales

Dr Julie Keely, Royal College of General Practitioners Wales

Dr Kim Dienes, Lecturer, Psychology, Swansea University

Attached Documents:

Royal college of Psychiatrists Wales – CYPE(6)–20–22 – Paper 4

Royal College of General Practitioners Wales– CYPE(6)–22–20 – Paper 5

4   Mental Health support in Higher Education – evidence session 5

(11.30 – 12.30)   (Pages 52 – 61)

Simon Jones, Head of Policy and Campaigns, Mind Cymru

Dominic Smithies, Influencing and Advocacy Lead, Student Minds

Attached Documents:

Mind Cymru – CYPE(6)–20–22 – Paper 6

Student Minds – CYPE(6)–20–22 – Paper 7

5   Papers to note

(12.30)

5.1 Forward work programme

(Pages 62 – 63)

Attached Documents:

Letter from the Head of Oxfam Cymru and Director of WEN Wales – CYPE(6)–20–22 – Paper to note 1

5.2 Legislative Consent: Schools Bill

Attached Documents:

Letter from the Chair of the Children, Young People and Education Committee to the Minister for Education and Welsh Language – CYPE(6)-20-22 – Paper to note 2

5.3 Welsh Government Draft Budget 2022-23

Attached Documents:

Letter from the Deputy Minister for Social Services – CYPE(6)-20-22 – Paper to note 3

5.4 Summer exam series 2022

Attached Documents:

Letter from the Chief Executive of Qualifications Wales – CYPE96)-20-22 – Paper to note 4

5.5 Services for care experienced children: exploring radical reform

Attached Documents:

Letter from the Chair of the Children, Young People and Education Committee to the Minister for Social Justice and the Deputy Minister for Social Services – CYPE(6)-20-22 – Paper to note 5

5.6 Forward work programme

Attached Documents:

Joint letter from the Minister for Health and Social Care; Deputy Minister for Social Services and the Deputy Minister Mental Health and Wellbeing – CYPE(6)-20-22 – Paper to note 6

6   Motion under Standing Order 17.42(ix) to resolve to exclude the public from the remainder of this meeting
(12.30)

7   Mental Health support in Higher Education – consideration of the evidence
(12.30 – 12.35)

Agenda Item 2

Document is Restricted

Research papers from Centre for Mental Health

Student Space evaluation: https://www.centreformentalhealth.org.uk/publications/student-space
Making the grade: https://www.centreformentalhealth.org.uk/publications/making-grade
Finding our way: https://www.centreformentalhealth.org.uk/publications/finding-our-own-way

CYPE(6)-20-22 - Paper 2

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](#)

Ymateb gan: Bwrdd Iechyd Prifysgol Aneurin Bevan

Response from: Aneurin Bevan University Health Board

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

This section refers exclusively to Higher Education in ABUHB public health colleagues have been linking with the student's union to produce resources which are available on the Melo website.

The focus of some of this work has been on the needs of the LGBTQ+ student group who have been proactive in identifying the needs of that student population.

Across the age range the impact of the social distancing and isolation associated with Covid has affected different young people in different ways, some report missing out on face to face – peer and classroom opportunities. Others seem to have enjoyed the remote learning but have found it more anxiety provoking as activities revert to face to face provision.

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.

The work undertaken by ABUHB public health and Coleg Gwent has been publicised widely on the Coleg Gwent social media channels to raise awareness for staff and students of the resources. The public health team have the Gwent Connect 5 training

package for staff across health and local authority to undertake a short module (1.5 days) around understanding how to talk about mental health and wellbeing.

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

YP in schools and FE

In ABUHB Schools InReach Practioners are working closely with schools to support teachers and schools' staff to identify those young people who need additional support. They have a specific, named CAMHS professional attached to each school. The staff can contact In Reach to arrange a consultation regarding any young person in the school. Any discussion regarding children in sixth form and over 18 would require consent from the young person prior to seeking consultation.

How effectively the Higher education sector and NHS work together to deliver the right mental Health support for individual students and when they need it:

YP in schools and FE

YP in schools and FE

In ABUHB Schools InReach Practioners are working closely with schools to support teachers and schools' staff to identify those young people who need additional support. They have a specific, named CAMHS professional attached to each school. The staff can contact In Reach to arrange a consultation regarding any young person in the school. Any discussion regarding children in sixth form and over 18 would require consent from the young person prior to seeking consultationAny staff working in schools or colleges who are supporting 16+ students are also able to access all the varied In-Reach training courses.

Are there specific issues with access to NHS mental health support for individual students and when they need it: - transitioning from CAMHS to adult services – issues of sharing data?

Young people known to CAMHS, and actively working with the service, would have the opportunity for care to be discussed as required with any professional to whom they transition as part of a move once 18. This is usually local adult services and young people are usually 18+ by the time they move away to Higher education and start changing GP.
In the last few years, no one has approached the team about someone who is past

their 18th birthday. If this request were made, on the basis of an anonymous conversation, In Reach would direct the teacher to some resources that the young person could use (e.g. Silver cloud).

Specific transition arrangements have been made for YP with Eating disorders, this starts well before their 18 Birthday at around 17.5 years and links are made between the adult ED clinicians and the CAMHS team, joint sessions are planned and the YP is prepared for the handover of services. Some young people have co-produced a preparing for adulthood group which they attend as part of the move from the CAMHS to adult clinical models in ED care. Seamless care can become a little more complicated if the YP is planning to go away to study in HE but there are lots of examples where on a case-by-case basis this has been discussed and care plans discussed between clinicians to ensure a smooth transition. With Clinical teams being flexible around their offer to support the YP.

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

In Reach Consultation post 16: using the same model of approach as we do with our secondary schools, a fortnightly x2 hour consultation slot has been booked for each term. This is for staff at the college (learning coaches etc) to access an In-Reach practitioner for advice around a young person's emotional wellbeing and mental health.   In Reach have adapted the parent/young person's consent form for consultation so that our 16- and 17-year-olds can consent to their name being discussed in consultation (and consequently entered onto electronic records to share information in CAMHS). Staff can also ask for more general advice around themes and topics of interest, as well as anonymous consultations. The team have been very clear with staff that they can only discuss 16- and 17-year-olds in FE colleges. It does seem that extending the In Reach offer to all age students in FE is needed.

Training: all staff who work at the campus can access the online training modules In Reach offer.   They can also access bespoke training delivery, face-to-face, at the school or college (FE) campus as long as they have a minimum of 6 staff who will attend.

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

It is a positive step forward that funding for further education settings will now come under one funding stream, with a unifying strategic vision, there is however little reference made to establishing a whole system approach for mental and health and wellbeing.

Within ABUHB we have shaped our whole school approach for school communities using the Welsh Government Framework for Embedding a Whole School Approach to emotional health and wellbeing. This provision is available to all school communities, so will include comprehensive where there is a sixth form provision. Central to this approach is the importance of listening to young people and staff to understand the unique wellbeing challenges facing the community. It is through using inquiry-based approaches that communities are able to identify their wellbeing needs and, with the support of the Whole School approach for wellbeing team, design a whole system approach which is tailored to the needs of the community. The elements of a whole school approach will include a commitment to staff wellbeing, access to advice and support, access to specialist consultation (ie. InReach) signposting to other agencies for more specific support, opportunities for play, interaction, and fun. A whole school approach to wellbeing should increase students and staff sense of safety, belonging, efficacy, agency, and care.

4. Argymhellion ar gyfer newid | Recommendations for change

The School Health Research Network SHRN data collection only covers young people up to school year 11. It does not gather information from the school years 12 and 13 (16+). Clinicians working in both adults, CAMHS and school based services all expressed a view that there is a gap in understanding the mental health and wellbeing needs of these post 16 learners.

To really understand the transition issues at age 18 and from FE to HE a similar data collection in first year in HE would be most valuable.

Silver Cloud has been well received in ABUHB and the uptake reflects this. The data collection does not ask about education status, so it is not possible to extract form the report what percentage of the YP accessing the resource are students.

5. Arall | Other

CYPE(6)-20-22 - 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](#)

Ymateb gan: Bwrdd Iechyd Prifysgol Hywel Dda

Response from: Hywel Dda University Health Board

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**
   - Hywel Dda University HB have significant challenge in respect of the rurality and geographical challenge for many students compounded by a lack of regular transport in many areas.

   - Transition from school to adult education can be a stressful and disorientating experience for young people who have to negotiate the anxieties of living independently , having to budget, manage independent living and develop new friendships and peer relationships.

   - Having to register in a new area with a GP may be challenging especially for those who already have a disorder or having treatment with the different services available or even no service in some areas due to variation in service provision or smaller Health Boards etc

   - Within HDUHB, we have established an All Age Single Point of contact(SPOC) also known as NHS 111 Option 2 and the service have established links with Pembrokeshire college where the team have attended their open days, engaged with the new cohort of students and care providers to highlight the referral pathway (self referral and/ or professional referral) in an attempt to de stigmatise mental health.
   The adult MH team are also attending their World Mental Health Day October 10th to promote the service .

The plan is to replicate this in Carmarthenshire and Ceredigion ,to promote the new service and also to ensure the quick access
The NHS 111 service is also looking at business cards to be located in the colleges and also visual posters so students can access the service to have support when required ,and inform students when this will be a 24-hour service.

- HDUHB has in place a dedicated team experienced in working across schools, colleges and the universities (Up to age 25) called Iechyd Da who would also utilise the professional line for support and advise when required .The Iechyd Da team are based within the college setting which enables a close working relationship

Hywel Dda University Health Board (HDUHB) Youth Health Team (YHT) was first established in 2008 as a multi-professional team to work proactively with vulnerable young people throughout Carmarthenshire.

The aim was to reduce health inequalities and address health issues which may be a barrier to their involvement in education, training and employment. In 2014, the team expanded the service to Ceredigion.

Iechyd Da works with vulnerable young people up to 25 years of age, across the counties of Carmarthenshire and Ceredigion. We focus on those who are not in school e.g. those who are not in mainstream education (alternative curriculum and electively home educated), those who are NEET (not in education, employment or training), Looked After Children and young people and care leavers, those who are supported by the Youth Support Service (including Youth Justice) and, those who are homeless or vulnerably housed.

- In Aberystwyth, we have a Link Mental Health Practitioner who liaises with the University and the Practice Development Nurse . There is a plan to establish a pathway and improve links with Aberystwyth university to support students and reconnect with the pathways

- There are certain groups of young people who will face additional pressures , those with known mental health disorders may find their mental health and wellbeing challenged due to additional stressors, people with Autism or Neurodiverse conditions will also face additional pressure and may struggle to adjust to the different experience University brings. Transition from S-CAMHS to Adult Mental Health services can be extremely challenging as these young

people may find that not only are they moving to a different area they also have to navigate the complexities of new health services and finding support.

- The effect of the Covid-19 pandemic has brought significant challenges for students with disruption to education and life in general . Disruption to normal developmental activities such as leaving home and going to university is seen as a particular transition and with this not happening many young adults have missed out on key life events which may have an impact on their future resilience and opportunities. The disruption to young people in college / university must be acknowledged and prevented from occurring in the future. We are seeing higher levels of mental ill health /disorder in the community , increased referrals to mental health services ,higher complexity and acuity compounded by the Covid-19 impact which will remain evident for many years.

- During the Covid-19 pandemic, and in line with government guidelines as to how we were able to work with young people and their families whilst maintaining social distancing, our team members had to adapt and adjust their working practices accordingly as the college where our office is based closed to all staff from the morning of March 24th 2020.

- In addition to the considerable referrals received regarding the emotional health and wellbeing of children and young people, we received referrals for young people who found aspects of lockdown and restrictions challenging and, subsequently, found the return to education and training overwhelming. This was compounded by additional life stresses eg bereavement, parental separation, reduction in family income and unstable housing.

During the pandemic Iechyd Da Youth Health Team:

1. Offered distance based support utilising the technology available ie Teams, Whatsapp and Zoom
2. Offered 1:1 support in line with government guidelines and Health Board governance
3. Continued to offer health support to supported housing placements for young people across both counties
4. Collated emotional health packs and distributed them to young people and partner agencies across both counties
5. Packs were also sent to colleagues in Pembrokeshire and Swansea upon request
6. Liaised with our colleagues able to offer counselling services at this time for young people unable to access services through an education establishment.

7. Liaised with colleagues across all sectors regarding young people who are educated through alternative provision, electively home educated, those who receive support from school based social workers and education welfare service, those who are attend traineeship placements and individuals classed as NEET.
8. Linked in with colleagues to address the emotional health and wellbeing needs of Young Carers
9. Fulfilled any and all statutory duties through working closely with our colleagues in children services, youth support services and youth justice services.
10. Pre-emptively held discussions across both counties with the relevant parties regarding how to manage the post lockdown transition for young people who are particularly vulnerable eg at risk of offending behaviour, substance misuse issues, sexual health matters, child sexual exploitation, county lines and misper risks.

Children's Public Health Pilot

- In November 2020 funding was secured from Welsh Government via the Public Health Directorate for a pilot to extend the services provided by Children's Public Health across the Hywel Dda University Health Board region. The decision was reached to setup a ChatHealth service for Children and young people aged 11-25. ChatHealth is an age appropriate digital platform for health information and local services, it is designed for users who are more comfortable asking for help via messaging.

  The pilot took place in February 2021. Iechyd Da Youth Health Team and school health nurses have worked in collaboration to address the emotional health and wellbeing of school aged children in the region, both those who access mainstream school and those who do not. In addition to this, both teams are passionate to contribute their time and energy to the reduction of health inequalities experienced by some children, young people and their families.

Iechyd Da Youth Health team currently work all year round and it was decided that the pilot would be used to establish the need for School Nursing on a 52 week basis, and thereby contribute to the ongoing development of 2 dynamic and ever evolving services.

2. Adnabod a darpariaeth | Identification and provision

- Within HDUHB, we have developed the School In Reach Service (SIR) which has the fundamental aim of supporting teachers to identify early those students who may be struggling with emotional or mental health concerns and ensure, through early intervention, the right support is provided or signposting the right agency ie school counselling or SCAMHS is prioritsed . We have benefited from this new investment from Welsh Government with a workforce that is able to prioritse early intervention and prevention as a priority. Each school has a named link worker who is available to deal with requests for consultation , provide training and ensure a whole school approach is adopted.
- The Sir team is able to prioritse emotional and mental health supporting teachers and this is a model that can be extended to colleges and universities if additional resources were available.
- Communication with parents/ trusted adult and the need for clear lines of coummication and support for vulnerable students where there is a risk that adult learning model may result in some young people not getting the support they need.
- Training for lecturers on mental health and understanding the indicators.
- Within HDUHB, we have developed a Transition Lead Post based in S-CAMHS who is able to support the transition of young people from S-CAMHS to Adult Mental Health Services . The Transition Lead is working with adult colleagues to promote the development of more responsive services for young people who transition to adult mental health services , ensure they do not "drop out" from services and we have a Transition Policy agreed which ensures that at 17.6 yrs transition plans are discussed and agreed where relevant . We have also promoted the Transition Passport advcocated by Welsh Governent with young people .We have also employed a Peer Mentor support worker who will support young people as they transition for 3 months to ensure they go to appointments and advocate for them.
- Within our Early Intervention Psychosis Team (EIP) we have commissioned MIND to support us with young adults returning to work or education .This service is called the Individual Placement Support Servcie (IPS) which is focused on ensuring that young adults with mental health disorders are supported to obtain employment either full /part time or to resume their educational studies . The MIND support workers are able to support students

,meet with employers/ tutors and act as a advocate for the young person to assist them to achieve their full potential.

- KOOTH – we have commissioned for 2 years an on-line digital counselling service for young people (11-18) to support emotional wellbeing , this digital resource appeals to CYP with the focus on digital accessibility and anonymity.
- SilverCloud- we are currently working with Powys HB on a pathway for referrals to the SilverCloud CBT programme, again a online provision which will address key mental health disorders.
- The post pandemic landscape is further complicated by the current cost of living crisis. Increasingly, we are seeing high numbers of emotional health referrals form a diverse group of service users.
- With each different group comes different challenges; there are notable similarities in young people struggling with the impact of increased isolation and decreased socialisation due to the lockdowns and restrictions.
- There has been a noticeable increase in referrals for young people who are electively home educated and for school refusers. The team continues to support communities of interest already facing inequalities eg. People who are: care leavers/young people in care, gypsy and traveller, homeless/vulnerably housed, the lgbtq+ community, people who are living in poverty, have experience of domestic abuse, have experience of substance misuse, learning difficulties, sensory issues and young carers.

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

We acknowledge the proposal for all funding being streamlined however there remains much work to be done in ensuring a whole system approach to address mental health and wellbeing across tertiary providers.

The evidence for the School In Reach service could be considered as a approach to strengthen emotional and mental health support across college/ university settings with dedicated resources . Support and training for educators/ lecturers should also be considered to promote early intervention ,promote support and intervention and also to prevent burn out when supporting students with emotional or mental health concens.

4. Argymhellion ar gyfer newid | Recommendations for change

1. To learn from the School In Reach evaluation and recommendations

2. To give equal priority to young adults at a point in their life when transitioning to adult services and Education providers

3. Consider the impact across Wales of rurality and lack of pubic transport in certain areas.

11. Arall | Other

Within HDUHB, we have established an All Age Single Point of contact(SPOC)

All Age Mental Health Single Point of Contact

Mental Health & Learning Disabilites Services have been working with Welsh Government (WG) to implement an all-age Mental Health Single Point of Contact (SPOC) operating via the national 111 service.

The structure of the service means that local care is provided by locality-based teams, which was highlighted as service need during the Transforming Mental Health (TMH) consultation. The aim of the MH SPOC is to improve service user and carer experience and reduce the number of people attending A&E in a mental health crisis by increasing the support available in the community. The Service provides triage of urgent mental health requests for help, ensuring that service users, carers and referrers receive an efficient and timely response when accessing mental health services or needing advice, support and signposting.

It is an open access all age telephone triage service which is accessed via the national 111 call line, by selecting Option 2. Hywel Dda are the first health Board in Wales to offer the service publicly since mid-June 2022. It currently operates from 09.00am – 11.30 pm 7 days a week. The service is available to any individual of any age residing within the Health Board footprint of Ceredigion, Carmarthenshire and Pembrokeshire. This includes anyone visiting the area, including those who may be homeless or living in temporary accommodation.

When a call comes through Option 2 the caller will be connected to a Mental Health Practitoner based in either Bryngofal, Llanelli or Whitybush Hospital in Haverfordwest. The Option 2 facility means that the caller will bypass the 111-call

service and be directly connected to our local teams. Using a recognised triage tool and compassionate focused interventions Practitioners will assess the mental health needs of the individual and as appropriate escalate. They will connect individuals to the most appropriate mental health and well-being provision to meet their needs in a timely manner, including those with common mental health problems and those with more complex, acute and high-risk presentations.

Callers can self-refer or calls can come from family, friends, carers etc. A secondary Professional Line can be accessed by calling a local telephone number which has been shared with health board and partner professionals. This line provides mental health advice on assessment and triage to a wide range of professionals such as GP's, Police, WAST, 111 service, Accident & Emergency (A&E) Local Authority, Third Sector and other health professionals.

There will be a phased implementation of the service to 24 hours a day, 7 days a week, 365 days a year as remaining staff onboard. The expected date for 24/7 operation is early November 2022.

Agenda Item 3

Royal College of Psychiatrists Wales
Response to Mental Health Support in Higher Education Institutions

For further information, please contact:
Kate Lowther
Policy Officer, RCPsych Wales
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The Royal College of Psychiatrists is the professional medical body responsible for supporting psychiatrists throughout their careers, from training through to retirement, and setting and raising standards of psychiatry in the United Kingdom.

The College aims to improve the outcomes of people with mental illness and intellectual disabilities, and the mental health of individuals, their families and communities.

In order to achieve this, the College sets standards and promotes excellence in psychiatry; leads, represents and supports psychiatrists; improves the scientific understanding of mental illness; works with and advocates for patients, carers and their organisations. Nationally and internationally, the College has a vital role in representing the expertise of the psychiatric profession to governments and other agencies.

RCPsych Wales represents more than 600 Consultant and Trainee Psychiatrists working in Wales.

1. Student service managers, counsellors and Mental Health Advisors (MHAs) report increasing numbers of clients and an increase in the severity of the problems that trouble them. Some of this increased demand is a result of the unprecedented expansion in the number of young adults entering higher education.

2. About 3.7% of students declare a mental health condition when they apply to university representing a 450% increase between 2011 and 2021.[1] This figure represents about half of those who have a mental health issue. Once at University, first-year students have to adapt to new environments and ways of learning. Academic demands and workload increase, and university courses require much more self-directed learning and the capacity to manage time and prioritise work. These can be disrupted by mental disorder, neurodevelopmental issues, and misuse of drugs and alcohol. As a result, students can face academic decline that can result in the need to repeat academic years or even to withdraw from university or college.

3. For those who need specialist services, there can be several barriers on the pathways to care:

   - Some students, particularly international students and men, may be sensitive to the fear of stigmatization
   - There may be long waiting lists for services such as clinical psychology and psychotherapy
   - Achieving access and maintaining continuity of care can be difficult when students are in one place during term time and return home or go elsewhere during holiday periods.

4. The student group is one whose education and experience have often fostered capacities for reflection and introspection. They are more likely to seek some form of counselling or psychotherapy and have a greater chance of benefiting from it. They are generally less enthusiastic about psychotropic medication and less tolerant of medication side-effects such as drowsiness, poor concentration and sexual dysfunction.[2] It is important that service provision is designed with these factors in mind to maximise the acceptability and effectiveness of treatment.

5. The student population is becoming increasingly diverse and some of this diversity is creating new pressures on counselling and mental health services. At the same time, there have been changes in universities and other higher education institutions (HEIs) which have made them less able to cope with mental disorders in students, for example staff: student ratios have declined through failure to increase staff numbers in proportion to the

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[1] md-7067-mental-health-report-2021-v4 (1).pdf
[2] mental-health-of-higher-education-students-(cr231).pdf (rcpsych.ac.uk)

increase in numbers of students. Academic staff are under constant pressure to maintain and improve research output as well as to develop their teaching, and this can mean that less time is available for pastoral care. It seems likely that pressure on public finances will exacerbate these problems in the next few years.

<u>Vulnerable groups.</u>

6. Some groups of students in higher education are disproportionately affected by poor mental health or face different challenges when attempting to access support. Young women, international students and people from the LGBTQ+ community are three of these groups, and their particular challenges are highlighted below.

Young Women

7. Since 1993 the NHS in England has been carrying out surveys every seven years of mental ill health in the population. The most recent was carried out in 2014 and was reported in 2016. Since 1993 there has been a steady increase in the prevalence of 'common mental disorders' in women. The levels in men have risen to a much smaller degree. In 2014, the one-week prevalence of such disorders was 20.7% in women and 13.2% in men.

8. The gender gap has become more pronounced since 1993, and especially in young people, to the point that the report designates young women as a high-risk group. In the 16-24 age group 26% of women compared to 9% of men reported a common mental disorder in the week preceding the survey. One in four young women reported that they had harmed themselves at some point in their lives. In 2000, the figure was much lower at 6%.

9. In common with findings in the general population, female students report increased rates of mental health symptoms. The impacts of childhood sexual abuse, sexual victimisation, and abuse perpetrated by intimate partners may contribute to this. There is a need for health promotion efforts to focus on both would-be perpetrators and potential victims to tackle this problem.

International Students

10. It's important to be aware of the struggles an international student may have as they adjust to living and studying in the UK, with the possible impact on their mental health. This can be challenging for practitioners working with students, with limited time to provide an effective and sensitive response.

11. Seeking help from a mental health professional may present additional barriers, particularly if the student is from a society where mental health difficulties carry a particularly strong stigma.

12. Institutions and health providers share a desire to support their student populations and help them to succeed, whatever their social or cultural background. It is incumbent on HEIs and health providers to work together to make the support available comprehensible, transparent and accessible for all students, including international students, with sensitivity to their varying needs.

LGBTQ+
13. UCAS data shows that Transgender applicants are 6.1 times more likely to share a mental health condition in their university application, while bisexual applicants are 6.0 times more likely to declare, and gay women/lesbians are 5.7 times more likely.[3] Research shows that people from the LGBT+ community experience high levels of poor mental health and wellbeing and report suicidal thoughts and actions.[4]

COVID-19
14. The COVID epidemic has thrown up a new raft of issues that will have to be considered in the context of student mental health. These will apply to all students but will weigh more heavily on those with histories of mental ill health. Such students may already find it difficult to integrate with a new social environment and to build relationships with clinicians, support staff, academic staff and their fellow students. These difficulties will be exacerbated by the restrictions arising from COVID. Problems may arise in the following areas:

- Increased general anxiety and/or depression amongst the student population arising from: anxiety about getting COVID; the effects of the COVID crisis on their course and their assessments; anxiety about finances because of fewer opportunities for paid work; anxiety about future career prospects; anxiety about family back home being at risk of, or ill with, COVID; anxieties about living in shared accommodation.
- Social isolation of students because of increased use of remote learning
- Impacts of social distancing on engagement with student clubs, societies, and social events
- Possible changes in use of alcohol from social to solitary drinking
- A larger proportion of NHS and student support services being provided virtually rather than face-to-face, with a likely reduction in effectiveness and engagement, possibly leading to under-recognition of problems and failure to provide treatment, therapy or support
- Effects of COVID on GP registration of students, it being even more important for Higher Education Institutions to ensure that students are registered, allowing a prompt response to students who develop symptoms of COVID or who test positive
- The international student cohort likely being reduced in the next year or two but likely to need enhanced support (both from HEIs and NHS)

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[3] md-7067-mental-health-report-2021-v4 (1).pdf
[4] LGBTI-Populations-and-Mental-Health-Inequality-May-2018.pdf (lgbthealth.org.uk)

- An increased need to promote physical activity in students, possibly preventing the development of COVID and ameliorating symptoms in those who do contract the illness
- The majority of first year students having been offered places on the basis of predicted, rather than actual, exam results; some students with predicted results below their potential and others whose prediction has inflated their grades; some students being angry and disappointed at not getting on to the course of their choice and other struggling with the academic demands of their courses.

NHS and HEI collaborative working

15. The Welsh University's, and NUS Wales, have all launched their health and wellbeing strategies over recent years. Universities are working in partnership with staff, students and the wider community to ensure that supporting positive mental health and wellbeing is an integral part of university life. Student mental health is an increasing priority as the evidence shows that students are at higher risk of developing many mental health problems than the general population, and many individuals first experience issues whilst at university.

16. Higher education institutions have long provided counselling and disability support for their students. A newer professional group that has grown in numbers since the 2003 report is Mental Health Advisors (MHAs) and, more recently, Mental Health Mentors. These individuals and, increasingly, teams are expected to adhere to standards of professionalism which ensure safe and effective practices within HEIs, and to undertake a range of roles. They assess how mental health difficulties affect learning, assess needs, and assist students in developing context-specific, individualised, self-management strategies. They recommend appropriate adjustments within the higher education setting to enable learning, and liaise with external agencies to support students in accessing appropriate treatment and support. Many have professional NHS backgrounds and are thus well placed to coordinate activity at the interface between HEIs and the NHS. MHAs are often also given responsibility for mental health promotion. They advise on mental health policy and disability rights for students with serious and enduring mental health difficulties.

17. The Student Health Association (SHA) is an association of general practitioners and primary care nurses who provide services to students, either exclusively or as part of a larger practice population. There is an involvement and experience in the management of student mental health which is considerably greater than that provided in routine GP settings. They are more cognisant the effects of mental disorder on academic progress and the impact of academic pressures on student mental health. In such cases, GPs often liaise directly with student counselling services, disability services, MHAs, academic staff and university support services, NHS specialist services and voluntary services.

18. The Mental Health University Liaison Service is also available for students living in Cardiff. This is a service which supports students who experience sub-crisis mental health difficulties, or those who have long-standing complex needs. This will address a gap which has been identified between the mandate for Student Support Services at university and the threshold for NHS Secondary Care Mental Health Services, where students require an NHS referral or assessment.[5]

Early identification of individuals who need targeted support

19. General practitioners (GPs) and their teams make vital contributions to the prevention of mental illness, early detection, and longer-term management.

20. Liaison with NHS services is an important part of the MHA role. Many students find accessing mental health services challenging, particularly if it is the first time they have required a formal mental health assessment. A MHA may be able to offer consultative support to staff to facilitate an early intervention response to emerging concerns. The adviser can act as a bridge between higher education, the NHS, and other providers outside the higher education sector, often playing a key role in coordinating a network of support services and acting as a central focus for external agencies wishing to share information or consider support plans for students. When appropriate, they will be active in sharing issues of concern with GPs and statutory services involved in a student's treatment, particularly when supporting the student in accessing services.

21. In many institutions MHAs and counsellors have developed good links with early intervention and crisis assessment and treatment teams, and direct referrals to these have proved very beneficial to students.

Issues with NHS service access

22. The fact that students often divide their time between home, university and other locations creates difficulties in providing continuity of care for those with long term mental health conditions. An additional factor is that the transition to university-based services may require transition from Child and Adolescent to Adult Mental Health Services. When students manage to access treatment, there can often be big gaps when they return home or are travelling during vacations while still receiving care.

23. The student going to university should be advised to contact and meet the Mental Health or Disability Advisor at their intended place of study to discuss ay support that may be required and to consider applying for Disabled Students' Allowance.

24. It is important that all possible efforts are made to ensure that students register with a general practice as soon as possible after arrival at university. The fact that a patient cannot be registered with more than one practice at

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[5] Supporting students' mental health - News - Cardiff University

a time can lead to discontinuities as the student moves from home to university and back again. There may, for example, be delays in the transfer of medical records and in the timely prescription of medication.

25. The NHS should consider how better to manage the issue of registration in students who divide their time between home and university. This should be done in a way that does not lead to financial detriment in university-based general practices. One option might be the creation of a common electronic and/or patient-held medical record.

26. The efforts of NHS services and those provided by HEIs can be better coordinated. Although they tend to focus on different parts of the spectrum of psychiatric disorder, there is a large overlap between the activities of these services and considerable scope for improvement in collaborative working. There is a need to consider developing appropriate protocols for the sharing of confidential and sensitive information.

27. The Mental Health University Liaison Service (MHULS) is a new NHS mental health service in Wales, being piloted for all students living in Cardiff and studying in one of the city's universities. The service provides support for students from Cardiff University, Cardiff Metropolitan University, University of South Wales and The Royal Welsh College of Music and Drama who experience sub-crisis mental health difficulties, or those who have long-standing complex needs.

28. The pilot has been developed by the South East Wales Mental Health Partnership and will address the identified gap between the mandate for Student Support Services at each university and the threshold for NHS Secondary Care Mental Health Services, where students require an NHS referral or assessment. Students can access this service – which is based on their university campus - through referral from their University Student Services team, Adult Liaison Psychiatry, or their GP. NHS mental health nurses are based on campus to provide students with a means to be assessed, referred and guided through NHS mental health services. Their universities are also involved in ongoing support plans. Such coordinated initiatives will be fundamental to improving collaborative working between universities and the NHS and facilitating access to mental health provision for students.

The wider post-16 education sector promotion of good mental health

29. Universities in Wales, as across the rest of the UK, are increasingly adopting a whole university approach to mental health and wellbeing and recognise mental health as a strategic priority. All aspects of university life promote and support staff and student mental health.

30. This whole university approach requires that all aspects of university life promote and support staff and student mental health and recognises the effect of culture and environment, and inequalities, on mental health and wellbeing. For some time now, the higher education sector in Wales has been working to transform universities into healthy settings. This approach recognises that all university staff and students have a role to play and that universities must also continue to develop partnerships with healthcare providers and other external organisations to further develop coordinated approaches to improving access to mental health care.

31. Universities are working to embed health and wellbeing in both course design and curricula development and delivery. Programmes have been developed in Wales to support student health and wellbeing, for example, mental health literacy courses, which may either be embedded within core curricula or provided as additional courses that students can choose to undertake. Universities and Student Unions in Wales have developed learning communities, peer mentoring programmes, reflective practice groups as well as more targeted mental health interventions. The evidence base for some of these interventions is growing however funding is required to enable research to provide evidence in relation to specific programmes and interventions and their impact on student health and wellbeing, both in the short and long-term. Co-creation with students should be a core requirement for research in this area.

32. Transition to university is now well recognised as a risk period in relation to mental health and wellbeing, both transition to university and the various transitions through which students progress throughout their university journey. Programmes to support specific groups of students in their transition to university life in Wales are being introduced, for example those supporting widening participation students, students with autistic spectrum or mental health conditions. Again evaluation of such initiatives is essential in further developing the evidence base around student health and wellbeing.

Welsh Government policy, legislation and funding

33. Welsh Government would be able to better support students' mental health by introducing stricter controls on energy prices and the cost of living. Balancing study and work, many students already struggle to make ends meet without the added pressure of rising energy costs. To combat this, Welsh Government could also work with universities to ensure that warm spaces are provided on campus for students.

34. Additionally, debt is a cause for concern when considering the mental health of students in higher education. Students must anticipate going into a highly competitive work environment. They will often enter working life

saddled with large debts incurred from student loans, which takes its toll on the mental health of students.

35. Funding for research to develop an evidence base around student health and wellbeing would be a useful step that the Government could take, as well as continuing to fund the MHULS.

<u>Tertiary Education and Research:</u>

36. In the context of the Tertiary Education and Research (Wales) bill, when looking ahead to what a whole-system approach to mental health and well-being in post-16 education may look like, it's essential that there is continuity across all providers of mental health care, namely universities and health boards.

37. The new Commission for Tertiary Education and Research could have a role in:

a) Overseeing student wellbeing and support services
b) Looking at ways schools, HEIs and universities could join up information flow about student needs (ensuring confidentiality and provision of opt outs)
c) Looking for shared protocols between universities, the third sector, accommodation providers, university health services, GPs and secondary care.

<u>Recommendations for change</u>

1. Consider approaches to information sharing between schools and universities around mental health needs of students whilst respecting privacy and choice.
2. Consider having someone who can be nominated as a point of contact in the event of a student mental health crisis.
3. Enhance university provision and encourage joint working between wellbeing services, student health services and external agencies including third sector and NHS.
4. Develop shared agreements between FE, Universities, accommodation providers, the third sector and the NHS on a geographical basis.
5. All HEIs should have a working group that oversees the implementation of good practice in relation to student mental health.
6. Services should be integrated – students who are mentally troubled may come into contact both with NHS mental health services and those provided by universities, such as counselling. Outcomes will be better if these inputs are integrated and coordinated.
7. Resource allocation – it's important to ensure that services based in both HEIs and NHS are given sufficient resources to meet demand.

8. Improve communication with families – anyone who is involved in helping mentally troubled students should, wherever appropriate, seek the consent of the student to engage their family in the processes of assessment and treatment.
9. Research – the development of existing and new services in students will only be effective if it is informed by up-to-date research.
10. COVID – The NHS and HEIs should be alert to the impacts of the COVID pandemic and do whatever is possible to minimise their effects and find alternative ways of meeting the needs of students.

CYPE(6)-20-22 – Paper 5

RCGP CYMRU WALES

Senedd Cymru Children, Young People and Education Committee's into Mental Health support in Higher Education: RCGP Cymru Wales Response

The Children, Young People and Education Committee has requested written evidence regarding mental heath support in higher education. The Committee has asked for comment regarding the extent of need, how universities can identify need and provide mental health solutions and how policy can assist in this provision.

Extent of need

RCGP Cymru Wales members are accustomed to dealing with mental health issues that present in patients from the local community. The nature of higher education means that it presents unique challenges. Mental health charity, Mind, illustrates that there are several potential sources of poor mental health for students in higher education:

- meeting and working with new people
- the pressure of exams, deadlines for written work or presentations
- managing their own finances for the first time
- homesickness
- balancing the demands of studying with other commitments, such as caring responsibilities or work
- maintaining relationships with family and old friends
- leaving home, finding new housing, and living with new people. [1]

A news article, published in June 2022, stated that 94% of universities reported an increased demand for counselling following COVID-19 as the above factors were exacerbated by the isolation, uncertainty and health anxiety that has come with the pandemic.[2]

Identification and Provision

These challenges are potential sources of stress which mean cause poor mental health. However, the circumstances above can also create barriers for accessing support or treatment

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[1] Mind, Student Life: https://www.mind.org.uk/information-support/tips-for-everyday-living/student-life/about-student-mental-health/

[2] https://www.walesonline.co.uk/news/education/nhs-mental-health-nurses-based-24284862

for mental health. Students are often many miles away from family members, established friendship groups and will not yet have a relationship with the GP in their new location.

Universities encourage students to register with the GP on site, however this can present a problem as many students spend the extensive breaks in the academic year in their 'home town', meaning that continuity of care is not possible. It is not practical to register with the closest GP each term and holiday period, meaning that students will spend some of their time without access to a health care professional, other than out of hours services.

It is not just the practicality of students moving between locations which cause issues for the provision of mental health care. If a student wishes to see their GP regarding a mental health issue there will usually be a substantial waiting time, after which time the student have moved locations again.

Due to this practical problem, universities provide onsite counselling services and wellbeing provision[3] , however there have been anecdotal complaints of these services in Wales[4] and research into the effectiveness of these services is in its infancy.

An article in the British Journal of Guidance and Counselling found great differences between the amount of treatment sessions and their frequency, however the study reported that students broadly found the service effective.[5] However the article acknowledged that the data was somewhat unreliable.[6] The study, which considered over 5,500 students from UK universities only involved one Welsh university, and therefore much research is needed to test the efficacy of the counselling services available in Welsh Universities.[7]

There is also some evidence to suggest that even if students could practically access support from a GP that they would not choose to, as there is a perception that they will be dismissed as being 'too sensitive' or will be given medication as a 'quick fix' without any further support.[8] Indeed this may be the course of action taken by university GPs, due the practical issues with referrals for students, described above.

However, the pandemic may have brought a potential solution. As was reported in June 2022, Cardiff University has introduced NHS mental health nurses following the pandemic to cope the increased demand for services. These nurses from the NHS have been funded by the Mental

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[3] Cardiff University, Health and Wellbeing: https://www.cardiff.ac.uk/study/student-life/student-support/counselling-and-wellbeing
[4] The Courier, February 2021: https://www.thecourieronline.co.uk/6-page-complaint-to-cardiff-university-for-lack-of-student-support/
[5] Broglia E et al, British Journal of Guidance and Counselling, 2020: https://www.tandfonline.com/doi/full/10.1080/03069885.2020.1860191
[6] Broglia E et al, British Journal of Guidance and Counselling, 2020: https://www.tandfonline.com/doi/full/10.1080/03069885.2020.1860191
[7] Broglia E et al, British Journal of Guidance and Counselling, 2020: https://www.tandfonline.com/doi/full/10.1080/03069885.2020.1860191
[8] Mind, Stories: https://www.mind.org.uk/information-support/your-stories/learning-to-cope-with-anxiety-and-panic-attacks-at-university/

Health University Liaison Service and the pilot is expected to run until December 2022. Cardiff university described the initiative as bridging the gap between NHS mental health services and what can be practically accessed by University Students given their unique circumstances, however RCGP Cymru Wales feels that this 'gap' should be bridged on a permanent basis not simply for one university term.

Policy and recommendations

As in RCGP's 2021 report, Fit the Future: Relationship Based Care, it is clear that a strong relationship between a patient and their GP practice is conducive to improved outcomes including for mental health.[9] Patients who know and trust their GP are more likely to seek help sooner and to disclose more information about their symptoms.[10] This enables the GP to work with the patient to find an appropriate solution. As above, students who feel that they will not be listened to must not have a foundation of trust with their GP. This is understandable given the practicalities of moving from one place to another which is a common part of student life. Therefore, Welsh Government, Universities and Health Boards must provide for that relationship to be created.

This is especially the case for more serious instances of mental illness such as those resulting in self harm. Mughal et al, writing in the British Journal of General Practice note that GPs can be integral in noticing where instances of self-harm occur due to the existing relationship with the patient and the resultant ability to identify changes in demeanour, the same is true of general mental health. [11]

Professor Ed Watkins, Professor of Experimental and Applied Clinical Psychology at the University of Exeter, writing for the National Institute of Care and Research, advocates for a 'whole university' approach. [12] He states that this would involve ' all aspects of the university including culture, curriculum, assessment, and formal services to contribute to improved wellbeing. [This model would involve] universities [being] responsible for promoting good mental health and flourishing in students.'

This would remove the onus for safeguarding of the students away from health services and towards the university itself. It would address the fact that students often miss the community of home however, as above, university lead services often miss the high standard of care that patients are used to receiving from their family doctor.

RCGP Cymru Wales feels that the solution, would be something akin to the pilot currently underway at Cardiff University, whereby NHS professional work closely with the University to provide quality care, strong relationships and a sense of community.

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[9] RCGP Fit for the Future: Relationship Based Care 2021: https://www.rcgp.org.uk/getmedia/69a69459-59e2-4cfa-9fa5-3331895eeea0/fit-future-relationship-based-care-june-2022.pdf

[10] RCGP Fit for the Future: Relationship Based Care 2021: https://www.rcgp.org.uk/getmedia/69a69459-59e2-4cfa-9fa5-3331895eeea0/fit-future-relationship-based-care-june-2022.pdf

[11] Mughal et al, British Journal of General Practice, 2019 ncbi.nlm.nih.gov/pmc/articles/PMC6428479/

[12] National Institute for Health and Care Research https://www.nihr.ac.uk/blog/universities-need-to-support-the-mental-health-and-wellbeing-of-students/2916

This approach echoes that of Duffy et al, writing in the Lancet in 2019. [13] They suggest that a multidisciplinary NHS team working in tandem with academic advisors and university staff would provide a solution that brings students and community NHS services together.[14]

Duffy suggests that access to self-help resources is the first point of call and these should be supplied by the University. If the student then requires additional support, they can be triaged by an onsite specialist team who can refer to local community services. [15]

This is a potential solution however work is still needed to allow for a student to be able to access support wherever they may be located at various points during the academic year. Also, more work needs to be done in the safeguarding of vulnerable students to encourage them to access support before they reach crisis point.

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[13] Duffy et al, The Lancet, 2019: https://www.thelancet.com/journals/lanpsy/article/PIIS2215-0366(19)30275-5/fulltext

[14] Duffy et al, The Lancet, 2019: https://www.thelancet.com/journals/lanpsy/article/PIIS2215-0366(19)30275-5/fulltext

[15] Duffy et al, The Lancet, 2019: https://www.thelancet.com/journals/lanpsy/article/PIIS2215-0366(19)30275-5/fulltext

CYPE(6)-20-22 - Paper 6

Mind Cymru Initial Response

October 2022

> *"During my time at university I attempted to access support but was put on multiple waiting lists or offered one session. I think due to difficulties in accessing support many students feel like there's no point seeking help as not much will change."*
>
> *"Same as with university services, the waiting lists are very long and not enough counsellors. Considering that adult services are for those over 18s, those NHS waiting lists are far lengthier than university ones since it is not just students trying to get help."*

We welcome the Children, Young People and Education Committee's inquiry into mental health support in higher education as one of the growing issues areas for the sector. We know the sector are making every effort to support as many students as they can and work with the relevant NHS services.

Higher education institutions need to address a particular set of issues in order to meet the needs for their students, including:

- Enabling supportive staff and courses
- Creating an open culture and tackling mental health stigma, both within the staff base and the student body
- Clear signposting to what support is available
- Robust referrals to services in and between the university and the NHS, to ensure no student "falls through the gap"
- Students facing the transition from CAMHS to AMHS receiving adequate help
- A person-centred, needs-based approach to mental health and wellbeing

We are aware that demand has been increasing for support with the number of UK applicants through UCAS declaring a mental health condition having risen by 450% in the last 10 years to 3.7% of all applicants[1]. Due to the nature of much of the data in the higher education sector being held privately by universities, there is little to be gleaned beyond service user testimony, such as those quoted above. For demand to be appropriately assessed a joined-up approach to data sharing is needed from the sector. UCAS regularly produce helpful admissions data, and perhaps a top-down approach in this model would greatly assist strategy development in this area.

Whilst anyone can experience poor mental health, we know that our mental health is affected by a range of different determinants, much like our physical health. Inequalities can impact on access to appropriate mental health support, and this must be recognised in the context of this inquiry. The pandemic highlighted how these inequalities fundamentally impact on the risk of experiencing poor mental health. There is a need for higher education institutions to consider in particular how support is provided to students who experience poverty, from Black and other ethnic minority communities

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[1] https://www.ucas.com/corporate/news-and-key-documents/news/450-increase-student-mental-health-declarations-over-last-decade-progress-still-needed-address

(including international students), those with caring responsibilities and some course specific support for those undertaking certain degrees, such as medical students.

> *"I would love to see short training courses on mental health first aid to give students the confidence to open up and help others if needed. There is not much information and advice on supporting others, and many people do not have the confidence to approach a friend or start a conversation about mental health because they might not know what to say."*

In the 2019/20 academic year, Mind worked with a series of universities in England as part of our Mentally Healthy Universities programme with outcomes of:

- Ensuring students were equipped to manage their mental health and thrive at university.
- Ensuring students had the knowledge and tools to manage their mental health and wellbeing.
- Ensuring students were prepared to manage their mental health in future employment.
- Reducing stigma and improving peer support for university staff.
- Making positive changes to the way universities think and act about mental health

To achieve this the programme we developed delivered six workshops/interventions:

- Wellbeing Essentials sessions for students.
- Tools and Techniques for Mental Health: a four week resilience-building intervention for students.
- Looking After Your Mental Health at Work sessions for students.
- A training course and ongoing support for new Staff Mental Health Champions: volunteers whose role is to reduce stigma and raise awareness of mental health.
- A training course and ongoing support for new Staff Mental Health Peer Supporters, whose volunteer role is to provide peer support to their colleagues in their workplace.
- Worked with universities to meet the Mental Health at Work commitment

Just under three-fifths of students (58%) and 73% of staff had personal experience of mental health problems. A third of students (33%) and over half of staff (53%) used or had previously used mental health services. The majority of students who engaged with the programme evaluation were UK/EU students (86%) who were female (73%), white (88%), aged 16-24 (77%).

The programme identified a range of recommendations both for Mind as a provider but also for government and higher education institutions themselves:

- Ensure mental health and wellbeing in the education system is prioritised and sufficient funding is allocated for support services, training and resources. This includes staff as well as students.
- Prioritise supporting staff with their mental health – Universities should sign the Mental Health at Work Commitment and embed the six standards within their institution and invest in research on the causes of poor mental health for university staff, including those from diverse backgrounds to inform future work.
- Invest in providing training and tools for students – Mental health training, information and support should be provided throughout students' university experience, not just at the start.
- Implement Peer Supporter and Mental Health Champion roles – Support should be provided by higher education institutions to staff to carry out these roles.

- Senior leadership prioritise mental health and support future initiatives – Higher education settings should encourage senior management to prioritise the mental health of their staff and students.
- Take a whole university approach – Apply for Student Minds' University Mental Health Charter and take forward Universities UK's Stepchange: mentally healthy universities.
- Review and address the systematic causes of mental health problems for students and staff – Higher education institutions should review and address the causes of mental health problems within their specific demographic of students and staff.
- Invest in research on best practise approaches to support the mental health needs of students from a range of backgrounds. This should include international students, students from racialised communities, LGBTQ+ students, disabled students and those with caring responsibilities.

> *"I personally experienced so many difficulties accessing services and my antidepressant medication and I was not allowed to be registered at two GPs at once. I found whenever I went home I had to get my parents to post my medication which was expensive and I often missed many doses."*

The relationship between university based mental health support and that available in the wider community is critical in providing students with consistent support. If a student has a more severe and enduring mental health problem it is likely that their support would be placed within the Local Health Board delivery rather than within the university. Creating a seamless support between these services is key to the overall student mental health experience.

As the quote from one of the young people we spoke to testifies to, confusion between home services and those near university can lead to issues with things such as medication, which can have enormous wellbeing implications. Joined-up thinking and clear pathways, as well as easy-to-understand guidance can make all the difference.

Another recent graduate we spoke to recalled sign-up forms for a transfer to a GP surgery near their halls of residence being handed out in induction week, but with little follow up and not much understanding from the staff distributing the documents as to how the healthcare system would work as a student.

It is not just an issue of getting a consultation, it is the quality and nature of the consultation itself that is often the issue. For some, going to see their GP could be a daunting experience. Mental health discussions can be a nerve-wracking, vulnerable experience for many. Where possible, students need to be given clear guidance as to what this step could involve, if it is the right one for them, and what they can expect from the university support services in tandem. There needs to be a no wrong door approach, with different professions communicating effectively.

> *"At university age, the transition to AMHS from CAMHS will be ongoing for anybody. Perhaps the additional transition of starting university would put added pressure here. The main issue I can think of is keeping in touch with their therapist if they already have someone and they are moving to a university away from home, they may not offer remote treatment. Also in regard to moving their GP maybe this would cause an issue if someone wants to stick with their therapist, but they're based in a different health board and so would have to stop seeing them. Breaking away from their home, family, friends, schoolteachers and then ALSO their therapist, could be incredibly difficult."*

We feel it is important to highlight the specific experiences of young people arriving at university having moved from CAMHS to adult services. Mind's Sort the Switch report, published in May 2022, spoke to young people who had experienced the move to adult services and found that:

- Their needs, thoughts and feelings about moving to adult services are often unheard
- Many feel abandoned at 18 with inappropriate or no support
- Trying to move between services can make mental health problems worse
- Welsh Government guidance is not being fully and consistently implemented, leaving young people without support

Many young people will be entering university at the age of 18, and some are likely to have experienced this transition. They may be feeling vulnerable and isolated from their familiar mental health support services, which is why it is so vital that, where suitable and possible, university services can communicate effectively with the NHS.

Even if young students enter adult services as their primary means of mental health support, clear information with universities along this journey can make all the difference. The warmer the relationship students can have with university support services from the first moment of their studies, the more likely they are to feel settled during their studies, and hopefully achieve their potential.

A rarely discussed issue for students is the transition from student support services to something suitable afterwards, whether with the NHS or otherwise. Some universities are known to offer recent graduates careers a limited few advice appointments after finishing their studies to help them into their futures, but a similar provision does not exist for mental health support.

There are several clear mitigating reasons for this, such as the demand for services already being high. However, there is need to ensure that there is ongoing support for a young person who may be moving away from the support mechanisms they have developed both in terms of services as well as socially. An end of studies may be a suitable time for some to cease their current mental health support, but for others it can trigger a series of issues, as graduation can be a daunting experience.

Solutions to this will require creativity and innovation, but it is a pressing issue that must not be overlooked if the higher education sector (and this inquiry) would like to evaluate the student mental health journey in full. Ideas may include:

- Improving integration with the NHS, not just for specialist care. Strong links with GPs (particularly if the student is staying in their study city) would be enormously beneficial to stop graduates feeling like they have "fallen through the gap".
- One or two post-graduation appointments, whether with the counselling service itself or with a mental health adviser assessing options could offer good signposting and ensure momentum feels like it is not lost
- Wider ideas could include things schemes such as social prescribing or something in the model of Mind's Active Monitoring service. These could offer interim support or help move some of the care more into the community

At the heart of both of these transitional issues is the necessity for students to be listened to. At these sensitive times in their lives, they must feel that their needs are being taken seriously. This needs to be recognised at a Welsh Government and an institutional level with urgency.

Mind Cymru will be submitting more substantial written evidence to the Committee in due course.

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

As the UK's student mental health charity, Student Minds endeavours to ensure that we utilise the latest academic literature, the insights of colleagues across the sector and by engaging students to hear about their experiences.

Our own research from over the last 18 months has given us a reliable overview of the current extent of need. We have consistently seen around 1 in 4 students reporting having a diagnosed mental health issue and a further 1 in 4 self-reporting an undiagnosed mental health issue. Research from UCAS has shown that applicants disclosing having a mental health condition has increased by 453% over the last 10 years. Mental health challenges are seemingly common amongst the student population.

It is positive that students are becoming increasingly comfortable and confident in disclosing their mental health condition, talking about their challenges and seeking help. The need to tackle stigma around mental health is fortunately less needed. But this does in part contribute to increasing demand for support services.

In addition, as we're seeing a general increase in the number of students experiencing mental health challenges we're also seemingly seeing an increase in the complexity of support needs. Key issues that students report as contributing to their mental health are around financial hardship; academic pressure; loneliness and isolation; discrimination, harrassment and bullying. We also see notable disparity with some student groups when it comes to the challenges they face with their

mental health - particularly: LGBTQ+ students; international students; disabled students; Black and racialised students; women; students from low socioeconomic background. This disparity is clear in terms of differences in reporting experiencing mental health difficulties, accessing help, having a positive experience with support services and ultimately health outcomes.

In regards to Covid-19, we published research exploring the impact the pandemic had on student mental health - University Mental Health: Life in a Pandemic. While the short-term impact was stark and notable it still may yet be too early to fully understand what the long-term impacts and ramifications of the pandemic may be.

The nature of the student experience means that there are many factors that can have an impact upon mental health which is why it's so vital that universities have a strategic, holistic, whole-university approach to supporting their students.

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https://www.studentminds.org.uk/mh-inequalities-international-students.html

https://www.ucas.com/file/513961/download?token=wAaKRniC

https://www.centreformentalhealth.org.uk/publications/mental-health-inequalities-factsheet

https://www.studentminds.org.uk/mh-inequalities-international-students.html

2. Adnabod a darpariaeth | Identification and provision

At Student Minds, we're confident that Higher Education Institutions have, broadly, been improving in how they address student mental health, despite the scale and complexity of the challenges. But, while positive steps are being taken across institutions to improve the culture, policies and practice around student mental health - there is still a way to go for the sector when it comes to confidently supporting the scale and complexity of student mental health challenges. We'd also like to note that we have 60 universities signed-up to the University Mental Health Charter Programme this academic year (2022-23), and whilst we had great

involvement from Welsh institutions in our development roadshow, currently none of those 60 are Welsh institutions.

There is increased confidence in discussing mental health openly at university. We have been seeing a constant increase in rates of disclosure and help-seeking. While this could be perceived to be an indication of an increasing demand due to an increase in either scale or complexity of challenges that students are facing, these increases are at least in part due to a reduction in stigma, a growing confidence in talking about mental health, wider knowledge of services that are available to support students and an improvement in help-seeking behaviours and skills.

We surveyed just over 1,000 students about how they felt about their institution's efforts in our research in January 2022. Our findings were that 52% of those surveyed agreed with the statement "The environment/culture at my university is healthy and allows me to thrive and succeed". 14% disagreed and the remaining 34% were neutral. We'd want to see this shift over time more into agreement, as universities implement a whole university approach.

In regards to early identification of students and institutions' readiness to proactively support students, we think this is going to need to be an urgent focus for the sector in the coming years. There is an assumption and expectation that staff across different parts of a university are joint-up and have constructive knowledge about individual students - in reality it may be the case that not all staff requiring knowledge receive adequate training and guidance to do so, and that across departments staff and services aren't communicating proactively enough to identify students who may be struggling at a point where an early intervention could be positively impactful.

We have consistently found in our research that students most commonly seek mental health support from their university, but that GPs / Doctors are a close second. A key issue we see students face is the challenge of continuity of support throughout the calendar year when students might be living between two addresses over the course of the calendar year, but only able to register with one GP surgery. We are also aware from engagement with practitioners across multiple regions in the UK of certain mental health conditions where waiting lists for specialist support are particularly high, such as for eating disorders support and wait times for ADHD diagnoses. Flexibility for students to be able to access healthcare is key. And quality information sharing between universities and services so that students don't fall

through gaps is going to be vital to ensure a comprehensive support package for students.

On transitions, we have a number of resources available to students - both before and after they start university. The University Mental Health Charter also identifies transitions as a key domain for institutions to focus on within their whole-university approach to student mental health.

References:

https://www.officeforstudents.org.uk/advice-and-guidance/student-wellbeing-and-protection/student-mental-health/mental-health-challenge-competition-improving-mental-health-outcomes/

https://www.ucas.com/file/513961/download?token=wAaKRniC

https://www.universitiesuk.ac.uk/what-we-do/policy-and-research/publications/minding-our-future-starting-conversation

https://www.studentminds.org.uk/transitions.html

https://www.studentminds.org.uk/universitychallenge.html

https://www.studentminds.org.uk/grandchallenges.html

https://universitymentalhealthcharter.org.uk/

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

We welcome this consultation and inquiry to explore how the Welsh government could be further supporting student mental health.

There have been well received efforts from the Welsh government (and in particular HefCW) to support students - such as the funding to support students through the pandemic, the innovative approaches being taken in Welsh institutions and the support for Student Space, Student Minds' support platform available in English and Welsh language.

Moving forwards we're keen to ensure this continued commitment and would encourage the Welsh government to address the issue of student mental health

strategically and holistically. Our framework for addressing student mental health, as set-out in the University Mental Health Charter, is to encourage a whole-university approach. This approach is well evidenced, strategic and will be impactful in the long-term. Supporting and enabling Welsh institutions to develop their policies and strategies in line with the good practice principles set out in the Charter would be a considerable step forward.

We would also encourage the new Commission for Tertiary Education and Research to work collaboratively across departments in the Welsh government to address systemic challenges. For instance, Welsh government could further encourage and support NHS partners - in regions where Welsh institutions are based - to work collaboratively with their universities and student representatives to map out emerging needs and trends for the current and next generations of students and share how they are commissioning effectively to support and promote the health of this population. We are aware that some Welsh institutions are already working hard on building these relationships. In addition, to look at ways the Welsh government can mitigate the cost of living pressures and housing challenges impacting students which are well evidenced as having a bi-directional relationship with a students' mental health.

References:

https://universitymentalhealthcharter.org.uk/

https://wonkhe.com/blogs/creating-a-blueprint-for-supporting-student-mental-health/

https://gov.wales/10-million-support-university-students-through-pandemic

4. Argymhellion ar gyfer newid | Recommendations for change

Our main recommendations are as follows:

Encourage institutions to be taking holistic, whole-university approaches to student mental health. Engage with the University Mental Health Charter; use the framework, adopt the principles of good practice and go through the awarding process.

Encourage institutions to utilise toolkits, resources and guidance documents to improve practice, particularly around embedding wellbeing into the curriculum,

improving accessibility and prioritising prevention & early intervention. Examples of recent publications include the Education for Mental Health Toolkit, UUK's Information Sharing Guidance and the Student Services Partnerships Evaluation and Quality Standards (SPEQS) Toolkit.

Ringfence funding to support, reactively, students with urgent needs. For example, having hardship funding for challenges faced during the pandemic or for the current cost of living crisis and long term housing challenges.

Ensure joined-up approaches between institutions and local health care provision.

References:

https://www.advance-he.ac.uk/knowledge-hub/education-mental-health-toolkit

https://sites.google.com/sheffield.ac.uk/universitycounsellingservice/current-projects#h.vb40n5dmnf3

https://universitymentalhealthcharter.org.uk/

5. **Arall | Othe**r

Agenda Item 5.1

29 September 2022

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

Dear Committee Chair,

Feminist Scorecard 2022

We are writing to you to share key recommendations from our Feminist Scorecard 2022 that are relevant to the Children, Young People and Education Committee. The Feminist Scorecard 2022, launched in July this year, tracks the Welsh Government's progress towards advancing women's rights and gender equality in six policy areas:

- Fair Finance
- Caring Responsibilities
- Global Women's Rights
- Equal Representation and Leadership
- Tackling Gender Health Inequalities, and
- Ending Violence Against Women and Girls

Each area is rated using a traffic light system (red, amber, and green), indicating the level of progress towards equality for women and girls in Wales. Your Committee portfolio crosses several areas and we would like to highlight actions needed to improve women's situation in each area below.

Fair Finance

Compared to the last Scorecard published in 2020, Fair Finance has regressed from amber to a red rating. Some positive steps, such as hybrid working, have been made but overall progress has been undone by the pandemic and the cost-of-living crisis. This strongly affects mothers and is a driving factor behind Wales's rising levels of child poverty, especially for children who are raised by single parents and families who experience intersecting discrimination. The Scorecard recommends that the Welsh Government should:

- Address the prevalence of women in part-time work through better investment into childcare and social care, so that unpaid care work truly becomes a choice.
- Monitor and report annually on the effectiveness of the Economic Action and Employability Plans and Economic Contract in narrowing the gender, ethnicity and disability pay gaps.

Caring Responsibilities

Like Fair Finance, the area of Caring Responsibilities has regressed from amber to red over the last two years. This shows the close connection between child poverty, women's position in the labour market and the unequal distribution of care work in Wales. The Welsh Government has made positive commitments around childcare, but the pace of action does not reflect the urgency for change. We recommend Welsh Government:

- Make the Childcare Offer affordable and accessible for parents of all children from six months.

- Invest in nursery and early education provisions to ensure they are accessible to all parents who are eligible, when and where they need them. This should particularly address the lack of provision during atypical working hours, provisions for disabled children and those with additional learning needs as well as provision in rural areas.
- Expand childcare provisions to unemployed parents to support them in seeking employment and to asylum seekers to allow them to take ESOL classes and prepare for getting refugee status.
- Collect robust equality data as part of the evaluation and monitoring of the Childcare Offer to ensure equality of access and eligibility.
- Ensure both childcare and social care as a profession is valued and improved, through measures like a sector-wide real living wage, better career progression, support for mental health & well-being of care workers. as a profession is valued and improved, through measures like a sector-wide real living wage, better career progression, support for mental health & well-being of care workers.

Ending Violence Against Women and Girls

The Welsh Government provided swift emergency funding during the pandemic. However, there is a critical need for sustainable funding for specialist services, especially for women with no recourse to public funds, which scored red in this section. We welcome the Welsh Government's commitment to coordination across policy areas like substance misuse, housing, social services and education, but it is critical that this is accompanied with a secure and sustainable funding model for Violence Against Women, Domestic Abuse, and Sexual Violence (VAWDASV) specialist services. We recommend that the Welsh Government ensures that the commitment to joined-up working is reflected on the ground and consistently embodies a supportive, rather than punitive, approach towards mothers leaving abuse.

Participants at a community launch of the Scorecard also highlighted the risk that children are exposed to domestic abuse from not receive support when the mother is exposed to violence and demanded more investment to improve the coordination across the VAWDASV support system and to leave no one behind.

We would be grateful for the opportunity to meet with you to discuss how we can work together to ensure that women and girls in Wales will not be held back for many years to come. Please contact Fadhilah Gubari at Oxfam Cymru to arrange a suitable date for a meeting on fgubari1@oxfam.org.uk.
.
We look forward to your response.

Yours sincerely,

Sarah Rees
Head of Oxfam Cymru

Catherine Fookes
Director of WEN Wales

Agenda Item 5.2

Y Pwyllgor Plant, Pobl Ifanc ac Addysg

—

Children, Young People and Education Committee

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—

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Jeremy Miles MS
Minister for Education and Welsh Language

3 October 2022

Schools Bill

Dear Jeremy,

The Business Committee referred the Legislative Consent Motion (LCM) on the Schools Bill to the Children, Young People and Education Committee and the Legislation, Justice and Constitution Committee. We considered the LCM during our meeting on 21 September.

I would be grateful if you could provide us with some more information about the School Bill to inform our discussions:

1. In your letter to the Llywydd dated 19 July 2022, you stated that you were in the process of carrying out a legislative competence analysis in relation to the Bill as it progresses. Please could you provide us with any updates on your findings?

2. Clause 52(2) of the Bill contains a power for the UK Government to make regulations containing amendments that are consequential on the provisions of the Bill. This power could be used to make regulations containing consequential provisions that apply in Wales and there is nothing in the Bill which would require the UK Government to consult or obtain the consent of the Welsh Government or the Senedd before exercising this power. Do you have any concerns about clause 52(2), and if so what steps do you intend to take to mitigate your concerns?

We also understand that the next meeting of the UK Education Ministers Council will be hosted by the Welsh Government. Please can you set out when that meeting is scheduled to be held, and whether you intend to raise the Schools Bill - including any concerns that you have about the impact of the Bill on devolved Welsh powers – during that meeting?

Senedd Cymru
Welsh Parliament

Our reporting deadline for the Schools Bill LCM is currently 1 December. I would therefore appreciate your response no later than 10 November to enable us to consider your response at our meeting on 17 November and draft our report on the LCM before the reporting deadline.

I have copied this letter to the Chair of the Legislation, Justice and Constitution Committee, Huw Irranca-Davies MS.

Yours sincerely,

Jayne Bryant MS

Chair

Croesewir gohebiaeth yn Gymraeg neu Saesneg.

We welcome correspondence in Welsh or English.

Agenda Item 5.3

CYPE(6)-20-22 - Paper to note 3

Julie Morgan AS/MS
Y Dirprwy Weinidog Gwasanaethau Cymdeithasol
Deputy Minister for Social Services

Llywodraeth Cymru
Welsh Government

Jayne Bryant MS
Chair
Children, Young People and Education Committee
Welsh Parliament
Cardiff Bay
Cardiff
CF99 1SN

3 October 2022

Dear Jayne,

I write in follow up to the Welsh Government's response to recommendation 6 of the Committee's report on the 2022-2023 Welsh Government Draft Budget published earlier this year.

You will recall that recommendation 6 in the report is: *The Welsh Government must set out a clear and detailed timetable for its plans to reform services for looked after children as set out in the Programme for Government and response to the Children's Commissioner for Wales' Annual Report. The timetable must include key implementation milestones and associated funding requirements.*

Our response to that recommendation stated that "*We are currently working through plans, including funding and timetabling to take forward our Programme for Government commitments which we can provide at a future date".* The purpose of this letter is to provide you with an update on how these plans are progressing.

New governance arrangements for transforming children's services
We have been working to review the governance structure for the transformation of children's services. This work has looked at a future structure which would include a Ministerial Oversight board. The Board will be supported by a new Delivery Group which will replace the existing Oversight Board, to programme manage delivery and implementation of the Programme for Government commitments.

We have developed an infographic which outlines how all the services and Programme for Government commitments link up with children at the heart of that diagram. This is being used to refine our plan outlining deliverables, interdependencies and timelines which the Delivery Group will oversee. This will be finalised next month. I will keep Committee up to date on progress against the plan.

<u>Information on forthcoming events which all inform the radical reform of children's social services.</u>
There are several activities due to take place before the end of 2022 which I would like to update Committee on, all of which support the work we are taking forward. These are:

The **Inaugural Care Experience Summit to shape radical reform of services** was due to take place on 10 September but had to be rescheduled due to the passing of Queen Elizabeth II. The Summit will enable care experienced young people to work with Welsh Government Minsters and their teams across portfolio to develop a coherent vision of what radically reformed services would look like, influencing policy and service delivery across portfolios as it affects them. The Summit is currently being rescheduled and will take place before the end of the calendar year.
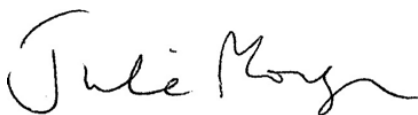
On the 4 October, a launch event will take place to present the results of **the Family Drug and Alcohol Court (FDAC) interim evaluation** of the Cardiff and Vale Pilot which began at the beginning of this year. The FDAC is an alternative family court for children's care proceedings. It is specially designed to work with parents who struggle with drug and alcohol misuse problems. The court looks to take a problem-solving approach to proceedings, which parents can choose to enter rather than going through standard care proceedings.

Public consultation on eliminating profit proposals – The public consultation on a **r**ange of potential areas for primary legislation, including implementation of the Programme for Government and Co-operation Agreement commitment to eliminate profit from the care of children looked after will close on 7 November. Work will be undertaken to review the responses and develop the next steps to take this forward.

Corporate Parent charter - The draft corporate parenting charter is currently being finalised. We will be working over the next couple of months now to taking forward a national conversation. Organisations and senior leaders signing up to the Charter will be making a clear public commitment stating their support of care experienced young people and by so doing be held accountable to ensure a better offer of support is provided to care experienced young people by all parts of the public sector.

I hope that this response is helpful in updating on the work being taken forward to support the transformation of children's services and the focus to deliver our commitments within the Programme for Government.

Yours sincerely

Julie Morgan AS/MS
Y Dirprwy Weinidog Gwasanaethau Cymdeithasol
Deputy Minister for Social Services

Agenda Item 5.4

CYPE(6)-20-22 - Paper to note 4

By email

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

4 October 2022

Dear Jayne

We are happy to provide the Committee with more information about the decisions made related to grading in Summer 2022 and would also like to take the opportunity to inform the Committee of the decision made by the Board in relation to grading in November 2022/Summer 2023.

In operationalising the decision for outcomes to fall broadly midway between those seen in 2019 and 2021 it was always our intention that judgements made within the process should err on the side of more positive outcomes. This was to recognise the very specific context for awards this year and to give learners confidence that they would not be disadvantaged relative to their peers elsewhere. However, until July this commitment fell short of taking specific action to weight outcomes towards those seen in 2021.

The processes for awarding GCSEs, AS and A levels are broadly similar across jurisdictions, but differences exist. These are partly because the context for ensuring comparability is slightly different across jurisdictions. In Wales, where there is one awarding body (WJEC) delivering made-for-Wales qualifications, our focus is on comparability over time. In England, as well as considering comparability over time Ofqual must consider comparability across the four awarding bodies awarding GCSEs, AS and A levels.

As detailed work progressed to operationalise the grading policy in England, Ofqual became concerned that there was a risk that the approach taken there could lead to outcomes that fell below a simple interpretation of the midpoint, so decided in July to weight the approach towards 2021 outcomes. This meant that the technical process to enact the 'broadly midway' policy was weighted 60:40 towards 2021.

Whilst we were party to discussions leading up to this decision, we were not involved in the decision itself, which was rightly for Ofqual to make as it related to awards in England. We were less concerned that the approach taken in Wales would lead to outcomes falling below a simple interpretation of 'broadly midway' but decided that the interests of learners in Wales were best protected by mirroring the approach taken by Ofqual. Ultimately, we would not want learners in Wales to be at a disadvantage relative to their peers taking the same qualifications in England. We then worked with WJEC to implement a similar weighting towards 2021 outcomes for learners taking made-for-Wales GCSEs, AS and A levels.

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Pack Page 68

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As you have noted, this does lead to the potential issue of a 'cliff edge' of correction back to pre-pandemic standards in 2023. We share the Committee's concern that this should be avoided and, therefore, recommended to our Board that the approach towards grading in 2023 should aim for outcomes that are <u>broadly midway between 2019 and 2022</u> – in effect seeking to implement a further step towards pre-pandemic standards in 2023 rather than a firm correction back to them. In making this decision the Board considered:

- The ongoing impact of the disruption to education because of the pandemic and the likelihood that some disruption from illness and other social factors may continue into this academic year
- The fact that a full correction to pre-pandemic standards in 2023 would present too much of a cliff edge
- The unitised nature of many qualifications in Wales (particularly the relationship of a 'coupled' AS and A level model) meant that it would not be possible to make a full correction to pre-pandemic standards because of the approach taken in 2022[1].

The Board also considered the position that was likely to be taken by Ofqual, which has now been confirmed, that similar qualifications under the made-for-England policy will be awarded at a pre-pandemic standard in 2023, using outcomes in 2019 as the benchmark.

This means that the grading approaches will be slightly different across jurisdictions in 2023, while Wales takes more time to correct back to pre-pandemic standards. In making its decision, the Board reflected on supportive feedback provided by several stakeholders in Wales. The Board also considered the risks associated with taking a different approach to Ofqual but considered that these risks were manageable and did not outweigh the considerations outlined in the bullet points above. It is currently intended that there will effectively be a correction to pre-pandemic standards in Wales in 2024[1].

We announced our decision in relation to grading in November 2022 and Summer 2023 on 29 September – the same day as Ofqual announced its decision. Representatives that we have engaged with from HE have welcomed the early clarity that we have provided.

I hope that this information has addressed the points raised in your letter, but please feel free to contact me if I can be of any further assistance.

Yours sincerely

Philip Blaker
Chief Executive

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[1] There will be some effect from grading decisions in AS levels and some GCSE units made in 2023 into outcomes in 2024. However, the impact will be small.

CYPE(6)-20-22 - Paper to note 5

**Y Pwyllgor Plant, Pobl Ifanc
ac Addysg**
—
**Children, Young People
and Education Committee**

Jane Hutt MS
Minister for Social Justice

Julie Morgan MS
Deputy Minister for Social Services

11 October 2022

Evaluation of the basic income pilot for care leavers

Dear Jane and Julie,

We have recently launched our inquiry into care-experienced children. The inquiry will focus on headline priorities for reform of the care system: where change would make the biggest difference to the lives of children and young people.

We recognise that the basic income pilot for care leavers is ongoing and that it is too early to scrutinise its impact.

However, we would appreciate some information at this early stage about how the pilot will be evaluated. I would be grateful if you could you update us on:

- Your work gathering baseline data, which will be used to establish how the pilot has impacted on the lives of the young care leavers. We would appreciate information about the individuals/organisations alongside whom you will be carrying out this work, and the progress of that work to date.

- The procurement of the two separate but integrated pieces of work relating to the evaluation of the pilot: the combined process and impact evaluation, and the in-depth qualitative ethnography study.

Please could you provide us with this information no later than Friday 25 November?

We would also be grateful for 6 monthly general updates thereafter on the implementation of the pilot and any early signs of its impact. Specifically, we would welcome any ongoing feedback you receive from the care leavers themselves, wider

stakeholders, and – of course – your views and the views of Welsh Government officials and partner organisations administering the pilot.

Yours sincerely,

Jayne Bryant MS

Chair

Croesewir gohebiaeth yn Gymraeg neu Saesneg.

We welcome correspondence in Welsh or English.

Senedd Cymru
Welsh Parliament

CYPE(6)-20-22 - Paper to note 6

Eluned Morgan AS/MS,
Y Gweinidog Iechyd a Gwasanaethau Cymdeithasol
Minister for Health and Social Services

Julie Morgan AS/MS,
Y Dirprwy Weinidog Gwasanaethau Cymdeithasol
Deputy Minister for Social Services

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

Llywodraeth Cymru
Welsh Government

Russell George MS,
Chair
Health and Social Care Committee

SeneddHealth@senedd.wales

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

SeneddChildren@senedd.wales

11 October 2022

Dear Chairs,

Thank you for your letter of 11 July and follow up e-mail from the Clerk dated 28 September.

We are now in a position where, in some cases, events have overtaken the request outlined in the Committee's original joint letter as a number of submissions have already been sent. Therefore, we thought it would helpful if we set out the current situation and our intended approach moving forward, particularly as in some cases we are already in a position where we have committed to regular reporting to the Committees.

The current position is that the following requests have been fulfilled:

- an update on provision of health & social care in the adult prison estate was issued to the Health and Social Care Committee on 02 September.

- the written evidence paper in advance of general scrutiny by the Health & Social Care Committee was issued on 01 September. The breadth and complexity of the request was wide and resulted in a strategic response, but we will be happy to pick up on any details within the topic headings outlined by the committee in our session on 6 October.

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.

- the written evidence paper in advance of the Ministerial scrutiny session for the Health & Social Care Committee's inquiry into mental health inequalities was issued on 22 September. We were pleased to attend the session itself on 28 September when we were able to answer further, specific questions from Committee members.

There was an additional joint request from the Health & Social Care Committee and Children, Young People and Education Committee for an update on a range of recommendations in respect of the following inquiries carried out in the previous Senedd term: Loneliness and Isolation (December 2017); Use of Antipsychotic Medication in Care Homes (May 2018); Suicide Prevention "Everybody's Business" (December 2018); Mental Health in Policing and Police Custody (October 2019); Impact of the Covid-19 outbreak, and its management, on Health and Social Care in Wales: Impact on Mental Health and Wellbeing (December 2020); Perinatal Mental Health in Wales (October 2017) and Perinatal Mental Health – follow up; Mind over Matter (October 2018) and Mind over Matter: two years on (October 2020)

We have previously committed to provide regular updates to both Committees on the majority of these inquiries and you will be aware we have recently provided substantive written updates on Suicide Prevention "Everybody's Business", Perinatal Mental Health and the provision of health & social care in the adult prison estate.

With regards to the many other requests, particularly as there is no commitment to provide periodic written updates, there is also, of course, the opportunity throughout the year for us to update the Committees and answer questions as part of the planned general scrutiny sessions.
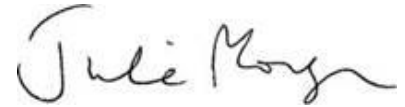
Yours sincerely,

Eluned Morgan AS/MS
Y Gweinidog Iechyd a Gwasanaethau Cymdeithasol
Minister for Health and Social Services

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

Julie Morgan AS/MS
Y Dirprwy Weinidog Gwasanaethau Cymdeithasol
Deputy Minister for Social Services