

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: 21 February 2024	0300 200 6565
Meeting time: 09.30	SeneddChildren@senedd.wales

Hybrid

Private pre-meeting

(09.15 – 09.30)

1 Introductions, apologies, substitutions and declarations of interest

(09.30)

2 Scrutiny of Estyn Annual Report 2022 – 2023

(09.30 – 10.45)

(Pages 1 – 24)

Owen Evans, His Majesty's Chief Inspector, Estyn

Claire Morgan, Strategic Director, Estyn

Jassa Scott, Strategic Director, Estyn

[Estyn Annual Report 2022-2023](#)

Attached Documents:

Research Brief

Break

(10.45 – 11.00)

3 Implementation of education reforms – evidence session

(11.00 – 11.30)



Senedd Cymru
Welsh Parliament

Owen Evans, His Majesty's Chief Inspector, Estyn
Claire Morgan, Strategic Director, Estyn
Jassa Scott, Strategic Director, Estyn
Dyfrig Ellis, Assistant Director, Estyn

[The new Additional Learning Needs system](#)

4 Papers to note

(11.30)

4.1 Information from Stakeholders

(Pages 25 – 27)

Attached Documents:

Letter from the Chief Executive of Qualifications Wales

4.2 Residential Outdoor Education (Wales) Bill

(Page 28)

Attached Documents:

Additional information from Parentkind

4.3 Information from Stakeholders

(Pages 29 – 32)

Attached Documents:

Briefing note from Auditory Verbal

4.4 Residential Outdoor Education (Wales) Bill

(Pages 33 – 34)

Attached Documents:

Letter from the Equality and Human Rights Commission to the Minister for
Education and Welsh Language

4.5 Childcare – a follow up inquiry

(Pages 35 – 36)

Attached Documents:

Letter from the Chair of the Children, Young People and Education Committee to the Chair of the Equality and Social Justice Committee

4.6 Welsh Government White Paper on Ending Homelessness in Wales

(Page 37)

Attached Documents:

Letter from the Minister for Climate Change

4.7 Welsh Government Draft Budget 2024–25

(Pages 38 – 80)

Attached Documents:

Letter from the Minister for Health and Social Services, Deputy Minister for Social Services and Deputy Minister for Mental Health and Wellbeing

4.8 Welsh Government Draft Budget 2024–25

(Pages 81 – 83)

Attached Documents:

Letter from the Deputy Minister for Health and Wellbeing to the Chair of the Health and Social Services Committee

4.9 Do disabled children and young people have equal access to education and childcare?

(Pages 84 – 89)

Attached Documents:

Letter from Guide Dogs Cymru

4.10 Mental Health support in Higher Education

(Pages 90 – 107)

Attached Documents:

Joint letter from the Minister for Education and Welsh Language and the Deputy Minister for Mental Health and Wellbeing

4.11 Residential Outdoor Education (Wales) Bill

(Pages 108 – 110)

Attached Documents:

Letter from Sam Rowlands MS to the Chair of the Legislation, Justice and
Constitution Committee

4.12 Residential Outdoor Education (Wales) Bill

(Page 111)

Attached Documents:

Additional information from the Association of Directors of Education in
Wales following the meeting on 24 January

4.13 Services for care experienced children: exploring radical reform

(Pages 112 – 114)

Attached Documents:

Letter from the Deputy Minister for Social Services

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

(11.30)

6 Consideration of the evidence heard in the previous sessions

(11.30 – 12.00)

Document is Restricted

QW(1)300124

30 January 2024

Dear Colleague

Today, after many months of thorough analysis and ongoing stakeholder engagement, we published our [Full 14-16 Qualifications Offer decisions report](#).

Your responses to our consultation, over 500 of them, together with many informative conversations and discussions with stakeholders, have enabled us to reach these decisions. We have carefully considered all of this feedback and you can now read a full report on our [decisions, an executive summary and a youth friendly report here](#).

In these reports we describe an innovative, exciting, inclusive and challenging new qualifications offer that will support learners in meeting the aims and purposes of the Curriculum for Wales.

Reflecting the principles of progression and the four purposes of the Curriculum for Wales, this offer will equip young people with skills for life, learning and work, helping them to become qualified for the future.

By 2027, along with new Made-for-Wales GCSEs, learners in Wales aged 14-16 will be able to choose from:

- VCSEs (Vocational Certificate of Secondary Education)
- Foundation qualifications
- Skills for Life and Skills for Work qualifications
- Personal Project qualification

Learners have played a key part in all our decisions helping us to describe the range of National 14-16 Qualifications. These qualifications will:



- prepare learners for the challenges of modern society, reflecting the diversity of the world we live in
- incorporate digital technologies to future-proof qualifications
- include a range of relevant, engaging, and varied assessment methods
- support positive mental health and wellbeing
- promote positive teaching and learning experiences
- help learners make meaningful connections across their learning

What happens next?

We will continue to involve practitioners and stakeholders in our work with further engagement and consultations planned for 2024. We will be working closely with awarding bodies who want to develop this new exciting offer. The new qualifications will be approved by September 2026, giving schools a full academic year to prepare for first teaching in September 2027.

A package of teaching and learning resources will be made available to support the transition, and all information on the National 14-16 Qualifications can be accessed via our [Have Your Say portal](#).

Find out more

If you would like to learn more about the consultation outcomes and decisions, [register now to join our webinar on 1 February at 4pm](#).

Further details and publications are also available on the [Qualifications Wales website](#).

Thank you once again for your support, feedback, and contribution. We are now looking forward to the next phase of our Qualified for the Future reform work, and will keep you informed and involved in the journey as we move into a new chapter for education in Wales.

Yours sincerely



Philip Blaker

Chief Executive

Agenda Item 4.2



16 Old Queen Street
London, SW1H 9HP
0300 123 5460
parentkind.org.uk
info@parentkind.org.uk

February 1, 2024

Dear Sarah,

Please find a response from Parentkind in relation to my appearance before the Committee on 24 January 2023.

The principle of an opt-out is well established as the Residential Outdoor Education Bill states that the guidance "must provide that residential outdoor education is not compulsory for pupils to attend". Section 42 of the Curriculum and Assessment (Wales) Act 2021 and related sections also confirm that schools can make exceptions and exemptions on an individual basis to typically compulsory elements of the curriculum where appropriate.

Neither the Bill or the explanatory memorandum specify how those opt-outs work in practice. However, it may not be necessary for a particular approach to implementing this to be specified in legislation. We would expect the overwhelming majority of schools to already have clear processes in place to accommodate seeking parental permission and opt-outs for school trips and similar activities, and it would be reasonable to anticipate that these will be used and adapted as necessary for residential outdoor education provided under the Bill, provided that it is clearly communicated to schools and parents that attendance is not compulsory.

Specifying a particular approach in legislation may not be desirable as it could cause additional work for schools in ensuring they are compliant with a specified approach rather than being able to use existing processes which are compliant with existing legislation and working effectively.

We would strongly encourage individual schools to adopt Parentkind's *Blueprint for Parent-Friendly Schools* - an evidence-based foundation for school leaders and staff. The Blueprint parental participation framework offers methods to embed good parental involvement and engagement and sets out how schools can effectively maximise and build upon parents' contributions, to create positive partnerships with parents for the benefit of all children.

Good quality communication can help reduce the possibility that children entitled to FSM or other potentially disadvantaged groups do not miss out on educational opportunities offered by residential outdoor education.

Frank Young

Director of Policy and Research

Auditory Verbal therapy: Transforming outcomes for deaf children in Wales



What is Auditory Verbal therapy? A specialist early intervention that supports deaf babies and children to learn to listen and talk.

What are the benefits? Deaf children can achieve the same level of spoken language and education outcomes as their hearing peers.

Can everyone access Auditory Verbal therapy? No, unfortunately 92% of deaf children in the UK who could benefit are currently unable to access Auditory Verbal therapy.

Who is Auditory Verbal UK?

- We are an award-winning charity that supports deaf babies and children to learn to listen and speak through Auditory Verbal therapy.
We are the only charity in Wales that provides this specialist, family centred, approach and equips parents/carers with the tools to support the development of their deaf child's speech and language.

What is the situation in Wales?

- There are around **270 deaf children under 5 in Wales**. These children are currently falling behind their hearing peers and are at high risk of social exclusion, bullying, poor mental health and lower employment prospects.
- **There are currently no certified Auditory Verbal therapists in Wales**. To ensure that every deaf child has the opportunity to access an Auditory Verbal programme close to where they live or via telepractice, **there needs to be 12 specialist therapists in Wales**.
- AVUK provides the internationally accredited training programme in this approach and has a proven track record of training practitioners across the UK and internationally.
- AVUK is currently working with a small number of speech and language therapists and teachers of the deaf across Wales who have begun their training in this specialist approach.

It takes 3- 5 years to train in this specialist approach whilst working with deaf children. Two professionals from South Wales recently completed our foundation course (the first six months of training) and two Teachers of the Deaf based in North Wales completed our foundation course last year.



Deaf children and their families being supported in Wales

Auditory Verbal UK currently supports three children (two families) in Wales.

Jed and Zach*, twins from Porthcawl, are almost three years old and are both on an Auditory Verbal programme thanks to a bursary from The Moondance Foundation. Jed and Zach have profound bilateral hearing loss, which was diagnosed at birth after the Newborn Hearing Screening Programme, as well as a rare genetic condition which affects their heart. The boys were fitted with bilateral cochlear implants at the age of two, with surgery delayed by a year because of the global pandemic. Their family joined an Auditory Verbal programme at AVUK in February 2022 and are currently having monthly appointments to support the development of their listening and spoken language, and together with our Family Support Manager, we have been supporting them to access the statutory services that are available to them.

Greta* joined an Auditory Verbal programme in early 2022, with her place also being funded by The Moondance Foundation. Greta, who is 3 and a half years old and lives in Cardiff, has profound hearing loss and had bilateral Cochlear Implant surgery in 2021 at Cardiff hospital. Since February 2022, Greta's family have been working with a certified Auditory Verbal therapist in monthly appointment to support Greta to use her technology to learn to listen and speak.

Auditory Verbal UK has supported a number of children from Wales who have now graduated from the programme.

Naasir* from South Glamorgan was on an Auditory Verbal programme at AVUK between 2016 and 2020. Naasir has additional needs associated with executive functioning, emotional regulation, self-monitoring, organisational and planning skills. During Naasir's time on the programme, he began to close the gap between his language age and chronological age and his final Pre-School Language Scales (PLS) assessment showed he had made 10 months' total language progress over the previous 6 months. Naasir's Mum said: "AVUK is extremely knowledgeable and helpful to parents to look outside of the box... we had full care with AVUK. I really felt supported."

Lily*, who also lived in South Glamorgan, was on the programme for 20 months between 2010 and 2011. Her first assessment on joining AVUK's family programme at the age of 3 years, showed Lily had spoken language equivalent to a child aged 2 years and 1 month. With each passing month, the gap between Lily and her typically hearing peers would have widened. However with Auditory Verbal therapy, Lily's parents were able to support accelerating Lily's spoken language development such that by 4 years old, she had a language age of 4 years and nine months, supporting her to have the same opportunities in life as her hearing peers.

*Names have been changed.

The situation

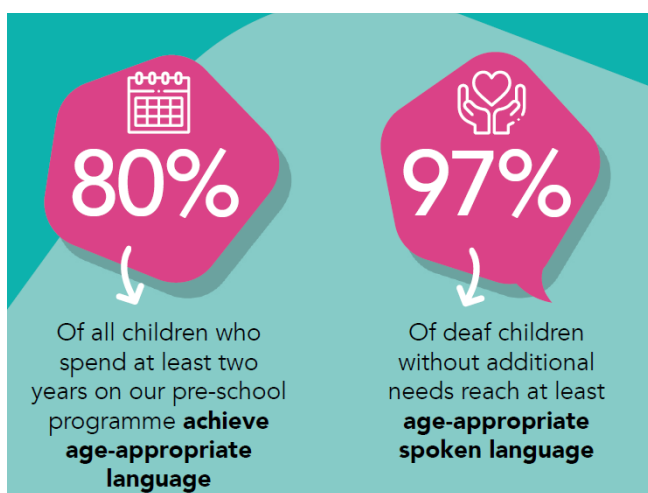
Deaf children in Wales currently face the prospect of lower academic achievement, lower employment, and are at higher risk of poor mental health, bullying and social exclusion.

But it doesn't have to be this way. When deaf children and their families have access to early and effective support opportunities are transformed. Early support should be available to all deaf children, whether their parents choose to communicate with spoken language, sign language or both.

For deaf children whose families want them to learn to listen and talk, early and effective support is vital to achieving the outcomes that we know are possible and maximise the investment already being made in newborn hearing screening and hearing technology.

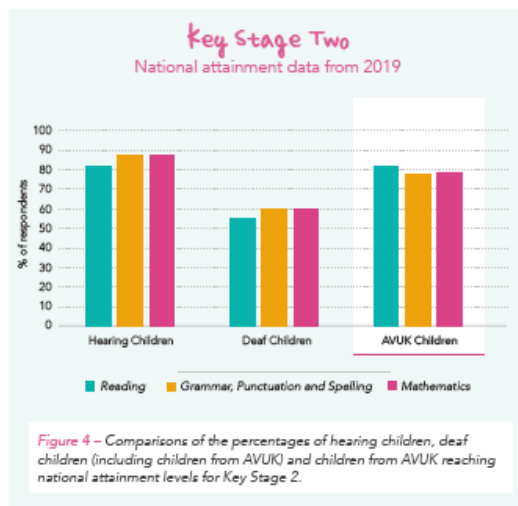
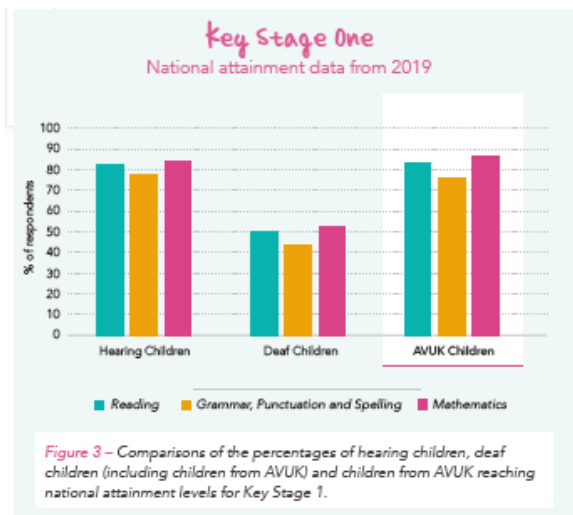
Auditory Verbal therapy

Auditory Verbal therapy is an early intervention, family-centred coaching programme which equips parents and caregivers with the tools to support the development of their child's listening and speaking. The evidence-based specialist therapy supports deaf children process the sound they get from their hearing technology, like cochlear implants and hearing aids, to develop language so they can learn to talk like their hearing friends.



The benefits of Auditory Verbal therapy are clear. Approximately **80%** of children who attend an Auditory Verbal programme for at least two years achieve the same level of spoken language as their hearing peers, rising to **97%** of children without additional needs. The majority of these children attend mainstream schools and are attaining educational outcomes on a par with hearing children (as show in graphs below). The full return on government investment in diagnosis and hearing technology is being realised for these children. They are getting an equal start at school

and the health and education benefits are lifelong.



Watch the [‘Power of Speech’](#) event in the House of Commons, celebrating what deaf children can achieve.

The mission: it’s time to end the postcode lottery for Auditory Verbal therapy and ensure it is an option for all deaf children.

Contact us: To read more about AVUK, please visit: www.avuk.org. If you are interested in contributing to our campaign or would like any further information, please contact Victoria Bishop-Rowe, Head of Communications and Engagement at Auditory Verbal UK, on victoria.bishop-rowe@avuk.org or call 0203 763 6490.



Jeremy Miles MS
Minister for Education and Welsh
Language

Via email

Thursday 01 February 2024

Dear Minister,

Subject: Clarification of Committee Comments

We would like to thank you for citing the EHRC during the Children, Young People and Education Committee on 24 January, during evidence session 8 of the Residential Outdoor Education (Wales) Bill.

You mentioned that we are developing online learning for practitioners and how they can meet the statutory duties on them. We wanted to clarify that this isn't what we are producing and there may have been some confusion with other resources we have published, for example the [Public Sector Equality Duty: Guidance for schools in Wales](#).

Bydd y Comisiwn yn croesawu gohebiaeth yn y Gymraeg a'r Saesneg.

The Commission welcomes correspondence in Welsh or English.

Ff/T: 029 2044 7710

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If you would like any further information or explanation, please don't hesitate in contacting us.

A copy of this clarification has been sent to the CYPE Committee for fullness.

Yours sincerely,

Ruth Coombs

Head of Wales

Direct telephone: 029 2044 7700

Bydd y Comisiwn yn croesawu gohebiaeth yn y Gymraeg a'r Saesneg.

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equalityhumanrights.com

Jenny Rathbone MS

Chair, Equality and Social Justice Committee

05 February 2024

Follow-up inquiry into childcare and parental employment

Dear Jenny,

Thank you for your letter dated 3 January. As Chair of the Children, Young People and Education Committee, I would very much welcome the opportunity to be involved in your inquiry into childcare and parental employment. As you eluded too in your letter the Committee's collaborative approach on cross-cutting issues has previously been very positive and constructive.

As you are aware the issue of childcare and parental employment has been raised during our inquiry into access to education and childcare for disabled children and young people.

As part of the evidence gathering process, we meet with parents, carers and organisations who said that it was a challenge for them of children and young people with disabilities and / or additional needs to secure and maintain paid employment. Summary notes from these meetings are available on the inquiry [webpage](#) together with all the meeting [transcripts](#) and consultation [responses](#) which you may find helpful.

You will also be aware that, we [wrote](#) to the Minister for Economy on this issue and recently received a [response](#).

Should you require any further information on the above please contact the Clerking team.

I very much look forward to working with your Committee again and to receiving the relevant meeting information.

Yours sincerely,



Jayne Bryant MS
Chair

Croesewir gohebiaeth yn Gymraeg neu Saesneg.

We welcome correspondence in Welsh or English.



Llywodraeth Cymru
Welsh Government

Julie James AS/MS
Y Gweinidog Newid Hinsawdd
Minister for Climate Change

Our ref: JJ/PO/0039/2024

Jayne Bryant MS
Children, Young People and Education Committee
Senedd Cymru
Cardiff Bay
Cardiff
CF99 1SN

6 February 2024

Dear Jayne,

I am writing to thank you and your Committee for the formal response to the White Paper on ending homelessness in Wales. I am grateful for your detailed and comprehensive response to our proposals.

I welcome the nine recommendations made by the Committee and my officials will consider them carefully as part of the wider analysis of responses to the consultation, which closed on the 16 January.

I note the overall feedback from the Committee to secure stronger protections for care leavers in Wales. I assure you that I share your concerns regarding the experience of homelessness amongst young people leaving care and I believe the White Paper and subsequent legislation provide an important opportunity to address these concerns and transform the experience of these young people as they transition from care towards independent living. This will include how we improve our work in regard to corporate parenting and how we ensure access to secure, suitable accommodation to help us end any perception or experience that care equals a “predictable route” towards homelessness and ends cycles of repeat homelessness.

I look forward to working closely with the Children, Young People and Education Committee as we develop the White Paper proposals and bring forward legislation.

Yours sincerely

Julie James AS/MS
Y Gweinidog Newid Hinsawdd
Minister for Climate Change

Canolfan Cyswllt Cyntaf / First Point of Contact Centre:
0300 0604400

Bae Caerdydd • Cardiff Bay
Caerdydd • Cardiff
CF99 1SN

Gohebiaeth.Julie.James@llyw.cymru
Correspondence.Julie.James@gov.Wales

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.

Agenda Item 4.7

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 & Wellbeing



Llywodraeth Cymru
Welsh Government

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

7 February 2024

Dear Jayne

Following the Children, Young People and Education committee's draft budget scrutiny session on 11 January, we are writing to provide you with the further information and papers that were requested during the session.

Firstly, we agreed to provide further information on how the NHS planning framework supports ring-fencing of funding for children and young people. As stated in the Minister of Health and Social Services' previous letter of 23 January, the terminology used during the session indicating that children's services were 'ring-fenced' would benefit from clarification.

Allocations for children and young people are not ring-fenced from a funding perspective, and instead we wish to convey that there are specific expectations within the planning framework that relate to quality and equity of services and how they impact on children's services. We are keen to see evidence of the approaches being taking across these areas set out in the narrative of the three-year plans.

NHS Integrated Medium Term Plans (IMTPs) will be submitted to Welsh Government by the end of March. Each IMTP will be reviewed by policy leads as part of the statutory assessment process. An update can be provided to the Committee once this process is concluded in May.

Secondly, please find attached to this letter minutes from the Whole School Approach Delivery Board meetings. As discussed during the session, we extend our invitation for you to attend these meetings in your role as CYPE committee chair as an observer but with full participation rights in order to provide maximum scrutiny and gain the most value from these proceedings.

Thirdly, we can confirm that we will provide an update on the modelling work that the Welsh Health Specialised Services Committee is undertaking regarding mental health services. The information will be available later this year.

Next, we have been asked to provide further information on *“Public Health Wales’s evaluation of the all-Wales diabetes prevention programme for children and families pilot projects”*. However, there may have been a misunderstanding, as the Children and Families Pilot projects and the All Wales Diabetes Prevention Programme are unrelated. Rhun Ap Iorwerth’s request for further information was based on the Children and Families Pilot projects, to which the following information is tailored.

Children and family weight management pilots, branded PIPYN, are being funded in Cardiff, Merthyr and Anglesey as part of the [Healthy Weight Healthy Wales](#) strategy. The pilots consist of a ‘nested intervention’ of weight management support for families with children aged between three and seven, who are above the 91st centile for weight. The programme of support is tailored to the individual family, with families working with a family support worker over a period of eight weeks to set and achieve goals. The goals will be linked to the ‘[10 steps to a healthy weight](#)’ identified by Public Health Wales as being important to maintaining a healthy weight in the early years. Goals could be around parenting practices, such as limiting screentime or establishing sleep routines, or include practical life skills such as meal planning or preparing meals.

Alongside the nested intervention is a whole system approach, which aims to increase family access to services and activities aimed at improving the diet and/or activity levels of children aged between three and seven. This approach has included grant support to providers who specialise in physical activity sessions for children under seven years old. The nested intervention part of the programme aims to support individual families to make long-term changes to parenting practices, dietary choices, and activity levels. Success will be measured by family participation and engagement with the programme.

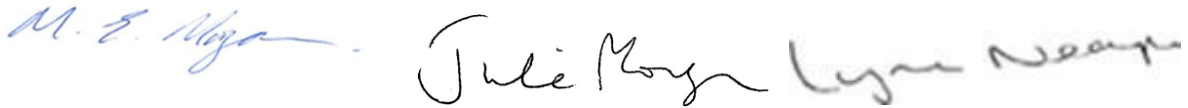
The whole system approach includes evaluation about the number of accessible opportunities available for young children and their families to be active or learn about a healthy diet within the wider community. It also includes in-depth interviews and network analysis to evaluate alignment and collaboration between different organisations and stakeholders towards the children and family pilot goals.

An initial early assessment of the whole system approach taken within the three pilot areas has been completed by Glasgow University. The report included recommendations for each pilot area to further strengthen their local networks. This assessment will be repeated periodically to evaluate progress.

Finally, we agreed to share with you the specific details of the range of provision that the £19 million allocation to Regional Partnership boards will provide. Please find enclosed an overview of the activities for each Regional Partnership Board that are being delivered under this model of care, as well as two good practice examples.

We hope this information is useful.

Yours sincerely



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

Health and Social Care Regional Integration Fund

Model of Care: Supporting Families to stay together safely and therapeutic support for care experienced children NEST/NYTH

Cardiff & Vale £2,084,429	
Right support, right time, right person	<ul style="list-style-type: none"> • Delivering Family Group Conferencing through an independent provider. • Contributing to the work of each local authority to reunify children and young people home/close to home through additional social work and leadership capacity & family support via a 3rd sector provider.
CYP with a Complexity of Need – community	<ul style="list-style-type: none"> • ARC (Adolescent Resource Centre – Regional) – Delivering direct support and therapeutic interventions to young people on the edge of care at risk of becoming looked after. • Delivering therapeutic support to children and young people who are looked after and adopted and supporting placements through training.
Cwm Taf Morgannwg £802,796	
Choice Project	<ul style="list-style-type: none"> • Established to identify and work directly with women and their partners at risk of having their children taken into care at birth, or during infancy. • Trauma informed prevention focussed service, enabling support, education and fast track access to specialist sexual health nurses who provide accessible, evidence-based services that are tailored and co-produced with our clients. • The CHOICE service delivers a clinic in a box, working in partnership with allied agencies within voluntary, third sector and statutory organisations engaging directly with the most vulnerable members of our communities.
MAPSS Therapeutic Support service	<ul style="list-style-type: none"> • A specialist therapy-led service that can deliver consistent and high-quality therapy intervention.
Supporting Change Systemic Practice	<p>Funding is directed to a number of service elements:</p> <p>Systemic Practice Model Systemic Therapist</p> <ul style="list-style-type: none"> • Supporting the pace of change within the service systemic model of practice plan. • Enhancing psychosocial case formulation space. • Support from a Systemic Therapist. <p>Outreach post</p> <ul style="list-style-type: none"> • Work with fathers to promote their inclusion in managing and reducing risks within their family unit.

	<ul style="list-style-type: none"> • The additional outreach resource and case formulation time will allow planned approaches to working with fathers as a strength within a family system. <p>Improved Pre-Birth Pathway</p> <ul style="list-style-type: none"> • Providing support to mums (and dads) during early pregnancy where there are social care concerns regarding potential parenting. <p>Improved packages of intervention</p> <ul style="list-style-type: none"> • Supporting children and young people safely remaining within their family and supporting reunification.
<p>Gwent £1,474,163</p>	
<p>Children's Emotional Health & Development</p>	<p>Several projects:</p> <ul style="list-style-type: none"> • Focus on a partnership-based, relationship-oriented strategy. • Emphasises collaboration across multiple agencies, including local authorities, health boards, and educational institutions. • Aims to strengthen family bonds and prevent unnecessary placement disruptions for care-experienced children. • Addressing gaps in mental health services, particularly for individuals falling into the "missing middle". <p>The Therapeutic Support for Care Experienced Children project</p> <ul style="list-style-type: none"> • To address complex mental health needs, facilitate transitions to community-based care, and provide individualised support. This project incorporates therapeutic interventions, such as Dialectical Behavioural Therapy (DBT), to enhance emotional well-being. <p>Enhanced Edge of Care (EEOC) project</p> <ul style="list-style-type: none"> • Focuses on preventive measures and early interventions to address challenges faced by families especially those at risk of breakdown. <p>Skills 4 Living</p> <ul style="list-style-type: none"> • Highlights a relationship-based, partnership approach that actively involves care experienced young people in shaping the project. • Emphasis on therapeutic support and tailored interventions. <p>MYST (My Support Team) project</p> <ul style="list-style-type: none"> • Provides therapeutic support including Dialectical Behavioural Therapy (DBT) to enhance emotional skills and confidence.

Children's Early Intervention & Resilience	Families First <ul style="list-style-type: none"> Partnership approach involving families, foster carers, and multi-agency professionals to enable a holistic understanding of the care-experienced young person's context and enhances the overall support structure.
North Wales £9,867,139	
Early intervention	<ul style="list-style-type: none"> The system is for children and young people aged 0 - 25 years and aims to get the right help to the baby, child or young person as quickly as possible. The EI model is designed to respond quickly to mental health problems and find early resolution in the community where the baby, child or young person lives, ideally without the formal involvement of mental health services. To promote mental wellbeing and recognise when a child or young person may have developmental or mental health problems through universal services. An integrated and co-ordinated service hub model that will undertake proactive outreach work.
Repatriation & prevention services	<ul style="list-style-type: none"> The model is for children and young people aged 0 - 25 years and aims to get the right help to the baby, child or young person as quickly as possible. The aim of Repatriation and Prevention is to provide co-ordinated support focusing on the needs of the family and child, to prevent the child becoming looked-after. Provides a direct therapeutic service to reduce the number of looked after children, including reducing the need for, and the number of expensive, out of County placements and to support the development of a high quality local care provision for North Wales children. Supports avoidance of family breakdown including adoption breakdowns.
Building Family resilience to prevent escalation	<ul style="list-style-type: none"> The model is for children and young people aged 0 - 25 years and aims to get the right help to the baby, child or young person as quickly as possible. Providing support to the whole family to build resilience and deliver positive outcomes for the child. The approach is focused on strengths-based practice, which build on

	<p>people's abilities, personal assets, and community resources, without ignoring difficulties.</p> <ul style="list-style-type: none"> • This work is delivered by the Strengthening Families Services, Family Conferencing Services, Child Development Centre and Multi-Systemic Therapy Teams across the region.
Intensive residential support for children with complex needs	<ul style="list-style-type: none"> • The model is for children and young people aged 0 - 25 years and aims to get the right help to the baby, child or young person as quickly as possible. • Supports children and young people with more severe mental health problems requiring specialist intervention and or a multidisciplinary approach through multi-disciplinary teams (MDT) of practitioners providing a range of interventions to children, young people and families, including teams with specific remits. • The aim of the service is to support families to stay together through the provision of intensive support in a short-term residential setting for the child. • The residential settings, or Residential Assessment Centres, will provide focused support for the child / young person on a short term basis, enabling the MDT to provide support to the families while the child is supported with the aim of moving back to their family / carer.
Specialist support for children with complex / specialist needs	<ul style="list-style-type: none"> • Forms part of the 'High risk and very complex needs - acute/ specialist including safeguarding Programme'. • Supports children and young people at the greatest risk and those with specialist needs e.g. gender dysphoria. These are generally services for a small number of children and young people who are deemed to be at greatest risk of rapidly declining their mental health, or from serious self-harm who need a period of intensive input. • This project includes small group homes, secure accommodation and effective safeguarding teams
Intensive support teams for children with complex needs	<ul style="list-style-type: none"> • This service prevents escalation of care needs and supports children and young people whatever level of support is required including through universal services. • To provide intensive co-ordinated support for the child through specialised services, which is the right support and prevents escalation.

Powys £610,000	
Edge of care	<p>Aims to safely prevent and reduce the number of children and young people entering care.</p> <p>Key areas of focus:</p> <ul style="list-style-type: none"> • Emotional resilience skills of each parent and child • Individual parent/child needs; including substance misuse issues or mental health • Attachment-based issues • Specific support on issues the child faces e.g. learning needs or mental health issues • Disengagement with education • Dissuasion from risky behaviours through youth participation
West Glamorgan £1,894,177	
MATSS (Multiagency Therapeutic Support Service) – Swansea	<ul style="list-style-type: none"> • Therapeutic service within an Edge of care provision and with a statutory organization • Referrals received by a single point of entry process. • The Swansea In house Therapy Service adopt a 4 staged model of consultation/formulation and outcomes. • Acknowledging trauma, thinking systemically with a neuro sequential lens while care planning for vulnerable and traumatized children is evidence based best practice, whether care experienced or not.
MATSS (Multiagency Therapeutic Support Service) – NPT	<ul style="list-style-type: none"> • Aims to promote secure attachment as a means of helping children/young people and their carers maintain placements or children/young people to remain with their families so that families can stay together. • Uses a team around the family approach where other services such as education and health are included
Working Together Project (Edge of Care)	<ul style="list-style-type: none"> • A referral-based service that Social Workers can access through a single point of entry process. • Aim: to understand the presenting need for children, young people and families and be able to understand what matters and offer the right service at the right time. • Work in a trauma centred way
Post adoptive children and families	<ul style="list-style-type: none"> • Support for adopted children • Virtual hub consultations • Access to direct therapy • Support for adoptive parents • Aims to support families to remain together better able to manage the challenges of parenting their children.

<p>Step up / Step down</p>	<ul style="list-style-type: none"> • Providing preventative and seamless services. • Providing Information, Advice and Assistance to the family by skilled staff. • Developing Recovery Plans for step down to Children Services or relevant agency. <p>Support includes:</p> <ul style="list-style-type: none"> • 3 specialist workers from Mind, Dyfed and West Wales Drug and Alcohol Service support children, families and women during pregnancy. • Perinatal mental health support, which provides universal and target support to families where becoming pregnant or being a new parent puts them at increased risk of mental health challenges. • Family Intervention Team parenting support. • Trauma Informed Training. • Bespoke support plans developed for young carers and parents, based on identified need.
<p>Edge of Care</p>	<p>Aim to reduce children entering care by providing specialist support and interventions to:</p> <ul style="list-style-type: none"> • Reduce numbers of children and young people entering care or enable young people to return home from care safely. • Provide short term interventions, supporting families to develop problem solving skills, build resilience and achieve sustainable behaviour change. • Support the keeping families together strategy.
<p>Complex Needs Project</p>	<ul style="list-style-type: none"> • RIF has funded one post in Carmarthenshire to work as part of the Health Board Occupational therapy team and to start to develop an integrated service model. • An integrated approach for occupational therapy.
<p>School Safeguarding and Assessment</p>	<p>Aims to improve outcomes for children through engagement in education and to ensure that all learners are safeguarded (including those who are electively home educated) and the needs of vulnerable learners are met, in line with the ACEs and wellbeing agenda.</p> <ul style="list-style-type: none"> • Improved school attendance for pupils referred to the service. • Ensure educational entitlement for learners who are home educated and those who are referred in on a Missing From Education basis.

	<ul style="list-style-type: none"> • Access to appropriate support and early intervention for vulnerable learners and their families.
Grow your own	<ol style="list-style-type: none"> 1. Increase numbers of qualified social workers in the department (reducing the vacancy rates). 2. Reduce the workload for establishment staff as a result of allocations to trainees and ultimately to them as qualified social workers. 3. Improve our ability to carry our preventative work with greater numbers of qualified staff to manage the wider workload, thereby reducing over time our crisis-led work. 4. Increase number of Welsh speaking SWs through local recruitment. 5. Develop a career progression pathway for eligible internal staff.

Good practice examples of Children’s projects funded by the RIF:

Example 1

Region: **North Wales**

Project: **Intensive residential support for children with complex needs Step up Step Down – Enhanced Foster Care model**

The project aims to promote placement stability and prevent placement breakdown, prevent escalation into residential placements for children at risk of this, and facilitate ‘stepping down’ from residential settings.

Enhanced Foster Care project is provided by CAMHS with a specific psychology element and is embedded within Children’s Services. This project includes:

- Training and development.
- Contribution to assessments or provision of complementary standalone developmental assessments to inform placement and care with particular attention to defining the kind of therapeutic input that would be appropriate.
- Developing pathways and facilitating access to CAMHS, neurodevelopmental and other services
- Integration of the network, joint casework with Social Work colleagues, supervision of relevant, specialist elements of Social Work colleagues’ casework, and provision of a psychological perspective to the network when requested although not involved in casework.
- Robust pathways have been re-established for looked after children, CAMHS and the Neurodevelopmental Team including establishing a handover model after an intensive intervention.

What is being done differently?

The total cumulative number of cases stood at 35 covering a period of 6 months. The types of work completed include: transition work into or between placements, detailed assessments supporting placement stability and screening for other support such as Play Therapy.

The psychological input has enabled a better understanding of a child's motivation for their behaviour and tailored approaches accordingly. Social Workers have gained more clarity around cases and confidence *"to be able to progress forward and be clear in terms of what may be needed – CAMHS intervention/life journey work/ understanding of behaviours and responses and how foster carers can further understand and guide their responses"*. 100% of those who took part in training delivered by the psychologist felt more informed, learned how to take an empathic approach to address issues as well as preventing escalation.

'The project has provided better insight into how we work directly with children and young people as well as being able to explore different strategies and levels of support. It has strengthened our links with health professionals and allowed a more reflective space to explore areas of need and how we manage concerns we may have within a more therapeutic way'.

Example 2

Region: **West Wales**

Project: **Edge of Care Service**

This project provides structured, evidence-based interventions that enable families to develop problem solving skills, build resilience and achieve positive, sustainable behaviour change. Trained and experienced staff provide a rapid response to children and families in crisis, enabling them to address and overcome the difficulties that have led to the family being at risk of breakdown, and prevent further escalation and referral to care proceedings. Whether it's to limit the risk of children being moved into care, to address complex multiple needs across a family unit or to support the re-unification of families post care order, this project is committed to develop and deliver innovative and impactful solutions that meet identified needs with the aim of improving the lives of children and families affected.

Each county is contributing elements of the project to implement on a regional level. In Carmarthenshire they are working with colleagues to break the intergenerational cycle of care. A clinical analysis of family history, strengths, difficulties, and common themes are explored to ensure that generational factors are tackled. The relationships that we develop helps to break down the barriers enabling a more honest approach to tackling the issues whilst also be there to recognise the strengths and achievements families make and be able to celebrate this in a meaningful way.

In Pembrokeshire they are providing intensive support with continuous in-house training and peer supervision to support families to build on their strengths to improve relationships and increase support networks to enable children to remain (or be returned to) living within their family network safely.

In Ceredigion an Edge of Care Support Worker is working within the local authority and Health Board, alongside Children and family Assessment Teams, safeguarding, Education, Community Mental Health Team, Child & Adolescent Mental Health Service, acting as a single point of contact. In the county they have developed an Edge of Care Step-up/step-down provision and is now established, and been tested as a good practice.

What is being done differently?

Carmarthenshire: From Oct 22 – March 23, **31** Families and **84** children were supported. During this period 9 became looked after with 1 being rehabilitated at home.

- **13** enjoyed family and friends' arrangements.
- **8** children were reunited with their birth family.
- **51** children were maintained with their birth family.
- A family of 6 children have exited the pre proceedings process and names removed from the Child Protection Register following intensive work.

Pembrokeshire: In the year 2022/23, **87%** of children remained (or were returned to) within their family network following Edge of Care intensive support. In reviewing the long-term outcomes 12 months after intervention (2021 to 2022) **81%** of the children remain cared for within the family network.

Feedback from children and families in Pembrokeshire is that they feel supported throughout and they formed good working relationships. Parents report they did not feel judged, and they really enjoyed having someone to talk to and having someone who really listened. They felt supported and in control of their lives to make decisions to make things better for their families.

The project continues to improve the Edge of Care service, striving to further improve bridging the gap between children's and adult services as well as partners in health and external agencies so families are getting the right support at the right time which is a critical aspect for families who are in crises.

Joint Ministerial Oversight and Delivery Board

First Meeting: 22/05/2023, 10:00

Microsoft Teams

Present

Name	Representing
Lynne Neagle, MS	Deputy Minister for Mental Health and Wellbeing
Jeremy Miles, MS	Minister for Education and Welsh Language
Kirsty Davies-Warner	Deputy Director Equity in Education, Welsh Government
Chris Parry	Secondary Headteacher, Lewis Boys School
Mark Campion	Estyn
Prof Simon Murphy	DECIPHer (schools health research network)
Rocio Cifuentas	Children's Commissioner for Wales
Paula Vaughan	Primary Head-teacher
Alex Slade	Director of Primary Care and Mental Health
Millie Boswell	NEST/NYTH Implementation Lead
Angela Lodwick	Hywel Dda UHB CAMHS Clinical and in-reach service lead
Rhian E Miller	Neath Port Talbot School Counselling Commissioner
Ed Wilson	Public Health Division
Jason Pollard	Equity in Education Division
Alexa Gainsbury (attending on behalf of Dr Julie Bishop)	Public Health Wales

Apologies:

Name	Representing
Dr Julie Bishop	Director of Health Improvement, Public Health Wales

Dr Dan Burley	Whole School Approach Research Lead KAS
Dr Dave Williams	CMO Adviser on Child and Adolescent Psychiatry
Prof Ann John	Welsh Government Adviser on Suicide and Self-harm

Minutes:

1. Welcome and Introduction	MEWL	The Minister for Education and Welsh Language (MEWL) opened the meeting and provided an overview of the role of the Oversight and Delivery Board, alongside the Whole School Approach and the expected outcomes.
2. Terms of Reference and Membership	DMMHW	<p>The Deputy Minister for Mental Health and Wellbeing (DMMHW) emphasised the importance of the Board providing challenge and scrutiny to drive forward policy.</p> <p>DMMHW asked the Board to corroborate whether the Terms of Reference (ToR) needed any alternations, and to consider whether the Board's membership required extending,</p>
	RC	Rocio Cifuentas asked to be noted as an observer, which DMMHW accepted.
	SM	Simon Murphy queried whether the group's membership covered non-mainstream education settings in terms of expertise (referral units, Pupil Referral Units)
	DMMHW	DMMHW highlighted that the Stakeholder Reference Group sits under the Oversight and Delivery Board, which has a wider membership to capture areas not directly represented on the Oversight and Delivery Board.
	JP	Jason Pollard corroborated that the Stakeholder Reference Group includes representation from PRUs and EOTAS, but there is no representation on the Oversight and Delivery Board.
	DMMHW	DMMHW observed that this reflected the fact that the Board's role is to challenge and scrutinise rather than specifically inform policy. There were no further comments on the ToR or membership.

		DMMHW handed back to MEWL to discuss the Work Programme.
3. Work programme	MEWL	<p>MEWL outlined that beneath the Board are seven workstreams which cover the key activities and issues across education which support wellbeing. Two groups in process of being convened, while others have formally met. MEWL outlined that there will be reports to this board at each meeting for each workstream, provided in a standard format. Future Oversight and Delivery Board meetings will see the bulk of the agenda focused on a deep dive into two of the seven workstreams per meeting, whilst looking at activity, progress, and how barriers to success can be addressed. MEWL expressed a desire for members to share opinions of the workstreams and use their perspective on whether the reports and their regularity provide adequate information.</p> <p>MEWL then outlined the five reports that have been completed: school and community-based counselling, whole school approach framework implementation, whole education integration, Stakeholder Reference Group and the CAMHS in-reach paper. The two groups yet to meet are the Education Workforce Group and the National Youth Stakeholder Group (managed by Children in Wales).</p>
	AG	Alexa Gainsbury raised that she sits on the Stakeholder Reference Group, and wanted to ensure that children who are not substantially attending any form of mainstream, PRU or SEN education have a place in the Board's focus.
	MEWL	MEWL agreed that it is important that those children are included.
	MC	Mark Campion stated, in relation to the work stream reports, that it is important to consider quality of services and their impact on young people.
	RM	Rhian Miller identified in the counselling report that it details school staff counselling, but not school staff supervision. RM suggested it is

		worth capturing what that looks like as a national picture.
	SmB	Sinead McBrearty commented that in terms of doing the oversight role effectively, she would find it useful if a couple of bullet points at the end of the report that highlighted the priorities for the next period, to ensure progress is tracked.
	MEWL	MEWL agreed with comments and suggested that tracking progress helps to achieve a qualitative sense of what people feel is a priority alongside the data.
	SM	SM queried how the workstreams are integrated and how the integration is overseen.
	MEWL	MEWL said that it is the group's role to draw common themes across the workstreams.
	DMMHW	DMMHW stated that in relation to SM's point, in the pre-meet the possibility of having a programme overview with a risk register was discussed, along with RAG rating individual actions within workstreams to ensure the granular details are highlighted in each report.
	MEWL	MEWL noted that when looking at the school counselling template, the reports need to allow the Board to see the scale of some of the challenges, giving detail on why barriers are preventing success to enable the Board to understand how challenges can be tackled.
	JP	JP agreed and maintained that we're keen to explore challenges with the workstreams. JP referred to AG's membership point and assured that attendance in non-mainstream schools will have a focus.
	RM	RM said that covid and the mental health issues created during this time, has increased counselling demand which is leading to longer waitlists.

	RC	RC noted that all of the sections on the reports should be completed to help better understand the need.
	RM	RM stated that in her local authority, counselling has been extended to year one as early intervention to better support children's development.
	MEWL	MEWL closed the item and maintained that by the next meeting, there will be seven reports and the two deep dive areas will have been selected.
4. Alignment of the WSA & NEST/NYTH Frameworks and Terminology	DMMHW	<p>DMMHW introduced the item and explained that some practitioners have experienced confusion as to which framework (the whole school approach and NEST/NYTH) they should be following, rather than considering the frameworks as coterminous. DMMHW noted that when followed together, they enable the whole system approach to wellbeing.</p> <p>DMMHW noted that the challenge possibly arose due to the different publication timings of the two frameworks, instead of being launched together. DMMHW highlighted the need for better alignment and communication across education with stakeholders that both frameworks seek to fulfil the same purpose.</p> <p>DMMHW asked the Board to agree the re-branding of the whole school approach to strengthen the association with NEST/NYTH. To reinforce this, DMMHW noted the suggestion of a communication strategy to support and promote the link. DMMHW maintained that having recently had the two-year anniversary of the publication of both frameworks, that provides a good opportunity to promote the message.</p> <p>DMMHW noted the need for the NEST/NYTH awareness training currently being developed, to be promoted for school staff. DMMHW invited Millie Boswell to provide further information.</p>
	MB	MB explained that when working with the regional partnership boards, which is where predominantly the NEST/NYTH framework is

		being taken forward, the awareness training should provide clarity when partners are working in conjunction with education, health, the third sector and children's services.
	DMMHW	DMMHW asked for any comments or suggestions regarding the alignment.
	AG	AG wanted to identify a potential risk, as PHW are working towards integrating the whole school approach for emotional mental wellbeing with the Healthy Schools Program, and the subsequent feedback that PHW has had from the system and schools is that clarity and understanding are paramount. AG wanted to raise caution that we don't separate the framework from that wider whole school approach to health and wellbeing work and make sure it stays both aligned to NEST/NYTH, whilst also seen as part of that overall package.
	SmB	SmB said that reading the paper, it seemed that there might be an opportunity to highlight the helpfulness of the relationship between NEST/NYTH, and the whole school approach. We're talking about levels of the system, and whilst the whole school approach delivers the education element of NEST/NYTH, there is a bidirectional relationship. The helpful part is that NEST/NYTH enables the whole school approach. The capacity and responsiveness of the wider system is a key mitigation for the issues and of stress and strain that present in schools around trying to deliver and implement this. NEST/NYTH enables the wider system to work at its best and therefore educators can focus on what they're doing and focus very much on whole school approach.
	RM	RM stated that the rebranding is very much needed. RM queried if it is possible as part of that rebranding, to highlight the school staff wellbeing element, because RM thinks that's something isn't embedded everywhere, as highlighted in the school-based counselling report. RM maintained that there is probably an opportunity to highlight the importance of that.

		RM posed that work is being undone as school staff wellbeing levels are low. RM suggested that staff wellbeing is embedded into teacher training.
	CP	Chris Parry emphasised the strength of the brand for the whole school approach and noted that sometimes it takes a long time for messages to infiltrate schools, however the whole school approach is gaining traction. CP corroborated the importance of addressing staff issues as well as the pupil's issues. CP believes the NEST/NYTH framework to be important, as is an explanation that the framework is an extra level of support, as it is equally important that colleagues don't experience confusion about different or competing frameworks.
	GB	<p>Gemma Burns wanted to comment on the NEST/NYTH framework and just how the focus of NYTH/NEST should be around normal developmental contextual frame for understanding all children's growth and development and what all children need to grow and thrive, including staff.</p> <p>GB agreed that there needs to be clarity around how the two frameworks link together. RM stated that conversations about how the ALN transformation fits within the NEST/NYTH framework, and about how all of these policies and approaches fit within this overarching vision of what we know children need to grow and to thrive.</p> <p>GB felt that there was a slight emphasis in the report that NYTH/NEST might be something used to identify children with early mental health problems or early difficulties. And whilst it can perform that function, it's absolutely for every child at every point in every interaction. RM noted that we need to be clear that we don't confuse schools, and that it becomes a deficit model.</p>
	MC	MC maintained he understood the point about rebranding and believes it's taken a little while for some schools to catch on to the branding, not because it wasn't important, but at the time of the document arriving, schools were still in that COVID operational work. MC observed that only this year we're beginning to really see schools reference the framework and use it as a basis for

		<p>some of their and improvement planning work and wouldn't want to lose that. Keeping the whole school approach in the branding is important, and MC stated he's not entirely sure about the potential for it to be a single policy document going forward.</p> <p>MC noted he sees the NEST/NYTH framework as the high-level overarching document about underlying principles that we all work to in all different sectors, working with children, young people and their families and promoting that developmental approach. The whole school approach document is specific guidance in the education sector for schools. It is important to make it very clear that the frameworks are connected and part of a consistent approach.</p>
	RC	<p>RC welcomes this discussion and the paper, because she has also shared the confusion about the different frameworks, where they overlap and how they differ, and agrees with MC's comments that they are both very different.</p> <p>The whole school approach to emotional and mental wellbeing is a school's focused framework, whereas NEST/ NYTH is a whole system approach which is not just for schools, but for other organizations and very much reflecting its origins within health and public health. They overlap, but RC wouldn't see them as the same body and I'm not sure if a single policy framework would be helpful for schools, given that's our focus today. I also have had some confusion about the other whole school approach, and I think there's a danger of having too many whole school approaches to too many things, and particularly when the shorthand terminology is just to talk about whole school approach, it can risk people not really knowing which one we're talking about.</p> <p>Although RC does think the mental health framework is the one that most people are becoming more familiar with and is becoming more recognised. Going forward it would be important to clarify where they overlap and how the NEST/NYTH framework can complement and add value, but perhaps not to make them completely the same thing.</p>

	DMMHW	<p>DMMHW thanked members for their comments and noted that we would still have the two separate frameworks because the whole school approach is statutory guidance as it's been voted on in the Senedd but observed the aim is to improve communication so that people understand in the school sector, the interconnection between NEST/NYTH and the whole school approach.</p> <p>DMMHW stated that it is important to emphasise to school staff who are under a lot of pressure and have a lot of burden of work, that this NEST/NYTH framework isn't something new, but that that relates very clearly to the work of the whole school approach.</p>
	JP	<p>JP wanted to note that yes, we have put a lot of communications to introduce the terminology, whole school approach into the collective consciousness of schools, and it is good that it has gained some traction now. With some amended communications around NEST/NYTH and the relationship with a whole school approach, particularly bringing in the points SmB made around looking at the benefits, NEST/NYTH can bring added value to the whole school approach for schools.</p> <p>JP observed that we do have a commitment in the whole school approach framework to review the document, and one of the key themes when we do undertake that review would be to look at the relationship between whole school approach, and not just NEST/NYTH, but also the healthy schools, ALN and how all the various pieces of the system are fitting together. A much broader review may suit rather than just something which focuses on the implementation of the whole school approach to mental health and emotional wellbeing.</p>
	DMMHW	<p>DMMHW reinforced RM's point about training, noting that hopefully we'll discuss the workforce at the next meeting, which isn't just about workforce wellbeing, but also about making sure the workforce has the skills to implement these policies. DMMHW stated if we can roll out a form of attachment training to the workforce, then they would naturally understand the alignment between the two frameworks.</p>

		<p>Referring to MC and RC's comment that there may be some confusion between the guidance on the whole school approach for mental health and the framework for the Welsh Network of Healthy Schools Scheme, DMMHW noted that WG have been clear that mental health and emotional wellbeing is the top priority.</p> <p>DMMHW noted the Board has reached some agreement to look at the communications around the alignment, but to be mindful of the comments that have been made about the value of the whole school approach brand and look to try and improve communication with stakeholders so that they understand it better.</p> <p>DMMHW handed over to MEWL for the final item.</p>
5. AOB and Date of Next Meeting	MEWL	MEWL asked members if they wished to raise AOB.
	MC	<p>MC stated Audit Wales are currently working on thematic work looking at young people's experiences at the point at which they require specialist CAMHS, and so are hoping to carry that work out over this financial year.</p> <p>MC noted a concern about the hundreds of young people who are waiting for specialist CAMHS and what had led them to that point. Estyn are interested in what services could have been better to prevent them getting to the point of being referred to specialist CAMHS.</p>
	RM	RM noted that the funding for the work with the local authorities has been reduced, so we will need to be aware of that when comparing data to previous years.
	MEWL	<p>MEWL acknowledged both points.</p> <p>MEWL asked members to consider the date and content of the next meeting. MEWL observed that the intention is for the Board to meet terminally but must keep in mind that this meeting has been rescheduled twice, so suggested the next meeting take place in October or November.</p>

		<p>MEWL suggested that for one of the deep dives for the next meeting, the Board should focus on the education workforce group.</p> <p>MEWL queried if there was a consensus on which workstreams should be the focus of the other deep dives slot.</p> <p>MEWL noted RC's suggestion of whole education integration, and RM's mentioning of school counselling.</p>
	DMMHW	<p>DMMHW concurred that school-based counselling would be a good idea as the report highlighted some issues and variations between authorities.</p>
	MEWL	<p>MEWL concurred and stated that the focus for the next meeting would be education workforce and school-based counselling and look at whole education integration in the following meeting.</p> <p>MEWL thanked members for attending and contributing to discussions.</p>

Actions:

Secretariat	Agree date for the next meeting in October/November.
Secretariat	Modify reports to include bullet points indicating priorities and progress for each workstream
Secretariat	Produce a programme overview with a risk register, along with RAG rating individual deliverables within workstreams.
Secretariat	Ensure reports allow for the capturing of the scale of challenges, and detail on why barriers are preventing success.

Joint Ministerial Oversight and Delivery Board

First Meeting: 24/10/2023, 09:30

Microsoft Teams

Present

Name	Representing
Lynne Neagle, MS	Deputy Minister for Mental Health and Wellbeing
Jeremy Miles, MS	Minister for Education and Welsh Language
Nicola Edwards	Deputy Director, Equity in Education Division
Prof Simon Murphy	DECIPHer (schools health research network)
Faye McGuinness	Director of Programmes for Education Support
Dr Gemma Burns	Clinical Psychologist at Aneurin Bevan Health Board
Rhian E Miller	Neath Port Talbot School Counselling Manager
Chris Parry	Secondary Headteacher, Lewis Boys School
Dr Julie Bishop	Director of Health Improvement, Public Health Wales
Dr Dave Williams	CMO Adviser on Child and Adolescent Psychiatry
Angela Lodwick	Hywel Dda UHB CAMHS Clinical and in-reach service lead
Kevin Palmer	Deputy Director, Pedagogy, Leadership and Professional Learning Division
Paula Vaughan	Primary Head-teacher
Matt Downton	Head of Mental Health and Vulnerable Groups
Sinead McBrearty	Chief Executive Officer for Education Support

Apologies:

Name	Representing
Mark Campion	Estyn
Rocio Cifuentas	Children's Commissioners Office
Millie Boswell	NYTH/NEST Implementation Lead
Alex Slade	Director of Primary Care and Mental Health

Minutes:

<p>1. Welcome, apologies and minutes/actions of last meeting.</p> <p>DMMHW</p>	<p>The Deputy Minister opened the meeting and read out apologies. DMMHW asked if attendees were content with the accuracy of the previous minutes.</p>
<p>RM</p>	<p>Rhian Miller noted that her title is listed as school-based counselling commissioner, when in fact she is school-based counselling manager for Neath Port Talbot.</p>
<p>DMMHW</p>	<p>DMMHW assured that RM's title will be corrected. DMMHW asked if there were any further points on accuracy. Members were content, so DMMHW recapped on the actions of the previous meeting, all of which were completed. DMMHW invited comments, none were voiced. DMMHW handed over to MEWL for item 2.</p>
<p>2. Workstream updates</p> <p>MEWL</p>	<p>MEWL noted that the reporting template now allows for RAG rating against each individual milestone, as seen in the latest workstream reported circulated ahead of the meeting. The Education and Training workstream has not been constituted, so there is no report for that group. However, the workforce workstream will feature as a substantive agenda item in the meeting.</p> <p>MEWL highlighted that one of the actions from the Stakeholder Reference Group included a suggestion to extend membership of the O&DB to include a representative of the WLGA and ADEW. MEWL welcomed comments on that proposal.</p>
<p>DMMHW</p>	<p>DMMHW maintained that the purpose of this group was to provide challenge on delivery, and it would be useful to have an ADEW representative as long as they understand that would be their role. DMMHW suggested that ADEW would cover off the role of the WLGA.</p>
<p>MEWL</p>	<p>MEWL acknowledged and asked for any further comments. None were offered. MEWL asked that we invite ADEW and explain the context of the group to the WLGA, to make sure everyone is clear on the purpose of the board. MEWL then handed over to Jason Pollard to raise pertinent issues that have arisen from the workstreams.</p>
<p>JP</p>	<p>JP thanked MEWL and reaffirmed that the reports of the meetings from each of the workstreams have been circulated on the standard reporting template. As requested, an overview was produced of the workstreams, which is now RAG rated with the deliverables and milestones for each group. This will be updated for each meeting, with RAG</p>

	<p>ratings changed as necessary, alongside milestones as they are delivered, and new ones developed.</p> <p>JP noted that in relation to the work of the Stakeholder Reference Group, we will now be looking to add a new commitment around the development of a strategy for monitoring and evaluating our whole school approach activity. This will look to pull together all the various strands of activity, both work going on locally within schools, regionally within local authorities and consortia and nationally at the strategic level, which will build on our previously published evaluability assessment.</p> <p>In relation to the current work, information provided in the overview demonstrates that activity is on course, with all except six of the milestones and deliverables being rated green. Of the six that aren't rated green, which are instead rated amber, four of them relate to the Stakeholder Reference Group. The first two relate to the governance of the group, specifically agreeing membership and clarity on links with other workstreams. So, these are short term low risk, which should be resolved in time for the next meeting.</p> <p>The last two amber items related to the development of resources and also access to those resources on the Hwb for professionals who currently only have limited access to the platform. This will require ongoing discussions for this to progress. In relation to the development of resources, that will also be impacted by future budgetary decisions. In relation to the next amber item which sits within the Cross Government Group, this relates to the need for more tailored resources to be developed for specific groups of learners, such as BAME and learners who are in hospital long term, who may need more support than the generic resources that we have developed so far. This will require us to identify some additional capacity and resource to take that forward, meaning this could be a longer-term amber action. The final amber action relates our National Youth Stakeholder Group and in particular the work on children and young people's views and awareness of the whole school approach. This is an ongoing piece of work which has been rated as amber due to the churning membership of the group, and this will need to be managed by Children in Wales on our behalf. JP welcomed any comments and questions.</p>
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JB	Julie Bishop wanted to reflect on what's been said about challenge and the role of the O&DB in challenge. JB said she wasn't certain where the milestones came from and whether they are in themselves sufficiently ambitious and clear in terms of moving the program forward. JB suggested that, with the role of this group in mind, it would be beneficial to make sure that members are clear about the milestones for each workstream, enabling us to assess where they can be challenged and stretched.
MEWL	MEWL acknowledged JB's point and noted that RAG rating has its place but if it's not measuring and capturing stretching targets, then we're left with only a partial picture.
DMMHW	DMMHW reflected on what JP raised with regards to young people's input into the whole school approach and noted that it is a concern if the voice of young people doesn't feed into the work that we're doing. On the DMMHW's Healthy Weight, Healthy Wales delivery board, there are two members of the Welsh Youth Parliament. DMMHW acknowledged that it can be challenging involving young people during the day because they've got commitments but suggested that it would be worth trying. The Welsh Youth Parliament are very good at providing challenge, so having young voices incorporated would be advantageous.
MEWL	MEWL agreed.
GB	Gemma Burns reiterated the importance of young people's voices, and wondered about the opportunity to tie that in with the work that happens around the whole school approach framework, paying attention to what the voices of young people are within their contexts. This will ensure the work done around the whole school approach is meaningful and concrete for them, and centres on their lived experience of everyday life. One of the things the framework offers is the opportunity to really think with young people within their school contexts around what works, what the impact is for them and how it is impacting on their wellbeing.
MEWL	MEWL acknowledged and invited David Williams into the discussion.
DW	David Williams maintained that it is important to have strategy and challenge at this top end, however, the services we're delivering on the ground should be using the voice of young people in that as well. If we're going to have an action plan, we must be clear about the authority they wish to give it. Those people making those decisions on the ground to deliver the services you want to see need to make sure they are getting the right information to enable them to change and adapt, and one of those key things is listening to young people. It is great that we've got a national view, but we

	absolutely need to get to the point where it's part of the way we do business on the ground locally as well.
SM	Simon Murphy noted that he will be looking at the voice of young people in the evaluation. He's already started doing a number of school Deep Dive case studies where the voice of young people will be included, so that will feed into the evaluation as well.
MEWL	<p>MEWL thanked DW and SM for their input. MEWL said that firstly, he wanted to think on the point that JB made around having a lens on the milestones to make sure they are sufficiently stretching. MEWL suggested tasking each of the workstreams with that particular challenge, to reflect on whether they have settled upon sufficiently stretching targets, and to amend or propose improved ones. As we do the deep dive into each of the workstreams, let that be a particular question that we are asking, and a particular challenge that we set: in looking at each one in depth, do we feel the milestones are in the right place. MEWL suggested letting the workstream groups have a chance to check, before we apply our own lens as a Board. MEWL asked if members had any thoughts on that cause of action or felt there was a better way of assessing the strength of the milestones. No member ventured to comment. MEWL asked that the workstreams assess their milestones, to see if that increases the level of confidence we have in the deliverables and the challenge they provide.</p> <p>Secondly, on the voice of young people, MEWL asked officials to think about how we can do that differently. MEWL drew on the suggestions in relation to the Youth Parliament and the work being done around the framework as a template. MEWL asked if by the next meeting, officials can bring a refreshed thought on how we can better involvement of young voices. MEWL then handed back to the DMMHW to introduce the next item.</p>
3. Workforce Wellbeing/Training (Deep Dive) DMHHW	<p>DMMHW introduced item 3, the deep dive on the workforce workstream. DMMHW noted that going forward, we'll have two deep dives at every meeting. The meeting will be extended to an hour and a half, otherwise there is a worry that sufficient ground won't be covered to keep up the momentum on what we're doing.</p> <p>This workstream has two parts to it. One is focused on the wellbeing of the school workforce because, as we know, if teachers aren't in a good place in school, then staff won't be</p>

	<p>in a position to support young people. DMMHW maintained that it is also about upskilling teachers, school staff and the wider school workforce to have the necessary skills, knowledge, and expertise to support children and young people with their mental health. Subsequently, this is critical to the success of what the Board is trying to achieve. If we don't get that aspect of the workforce right, then we will never be in a position where the whole school approach is a whole school approach. It will just be something where we're bolting on things, which is not where we want to be. The focus of today's deep dive is on the latter aspect, the upskilling of the workforce to support children and young people. DMMHW welcomed Kevin Palmer, Max White and Sarah Reid from Welsh government's Pedagogy, Leadership and Professional Learning division, and handed over to KP to present and take questions.</p>
<p>KP</p>	<p>KP thanked the DMMHW and said that the main focus of the slides is the workforce professional learning piece, to give members a sense of where things stand in the system. KP noted that when the slides come up, there will be three adjacent and overlapping areas to talk about in the report, and they are: ALN, neurodiversity and the whole school approach. The reason that it comes across like this is, when people go into the system and look at what other people are doing, they often wrap the whole school approach in with ALN or they wrap it in with a range of other areas. Thus, the whole school approach bubbles up in different aspects of the provision that is covered. At the end, there will be some options around how we take that bubbling up and make it an actual surface as opposed to bubbling up in indiscrete areas.</p> <p>KP began by introducing the context and noted that what was being shown focused on ALN, but said that the whole school approach will, as previously stated, bubble up into all of these different areas. KP read out the bullet points on the slide that detailed what would be covered: the ALN modules that are on Hwb, where the whole school approach is referenced in those modules, an account of what's going on in ITE, in induction and throughout the school improvement and professional learning strategic partners, where this takes place in the National Masters in Education, and what's going on with the Academy. KP noted that there is work underway by Education Support in the PL space as well.</p> <p>KP talked about context, and noted that there are pressures in the system, specifically around ALN and mandatory training. The slides show a clear understanding of what's</p>

available currently in the system, and having done this work and looked into it, KP maintained that he would characterize this as the platform for something more direct, possibly directive and more specific around the whole school approach. KP moved onto the ALN modules that are on Hwb and explained that a range of modules are available for anybody: teachers, teaching assistants, even the general public can see these because they're open access. There are a range of introductory and then specialist, more detailed and higher-level modules available across the whole range of ALN. The model has an advanced, intermediate and core section, but the core section is really built around the needs of ALN Co's and then advanced and intermediate for the more general workforce. KP showed a slide which demonstrated that the whole school approach is embedded in things like principles of inclusive practice and supportive environment. It is not an explicit unit or an explicit aspect of that provision. We may find that we want it to be presented in that way. KP moved to initial teacher education. KP showed an empty template that was sent out to all initial teacher Ed providers, and asked them three questions – one on ALN, one on neurodiversity and one about the whole school approach. KP said that they asked the following questions: 'is this taught in the core of the program and what number of hours were committed? Is it towards in as an option in the program? And what number of hours are committed?'

All but one of KP's HEI's responded. None of them said they taught any of those three items in the core, although there is a touching on ALN in the core of several of them, and none of them said that they dealt with the whole school approach in the core. All of them said that they committed hours to all three of those areas as options in their program. KP maintained that the first conclusion from that is, we probably need to strengthen that position in some guidance or initial teacher Ed providers, through the way in which they interpret the standards for initial teacher Ed and how that gets articulated in their curriculum.

It is an uneven picture. One of them in particular commits a significant amount of time to the whole school approach as a specific, but nonetheless optional item, within their curriculum. To reference induction and the professional standards. KP reflected on his description of the whole school approach as embedded in induction as opposed to specific or explicit in it. KP noted that they are currently undergoing an evaluation of the standards and how they're having an impact on the system. There is a live opportunity

there, should anyone decide to take it, to make something more specific in the professional standards and in the induction phase on the whole school approach.

KP drew out some scenes from the induction program. Specific sessions on ALN, in line with the standards, and then all the providers of induction programs, previously called regional consortia, all include coverage of the whole school approach in the one-year induction program. So just for context, induction is the one year post initial teacher education phase when you're in practice becoming a fully qualified teacher, where you have a percentage of time allocated to your professional learning and an induction program that the providers provide to cover those aspects. There's space there to make the whole school approach something more explicit in the induction program. Across our strategic partners, this is the wider PL piece. KP noted that this is a quick description of a program on strategic leadership for mental health and wellbeing and showed the members the program outline. KP maintained that as shown in the program outline, positive health and mental health and wellbeing is included. The latest figures show that we've got around 200 people through that program with a projection for a further 200 in the current school year. There is coverage in there, but again, it's in the context of a wider program on strategic leadership.

In the in the national Masters, there is not really very much covered. There are modules and inclusive classroom practice on leadership management of ALN, and then on excellence in practice. But there is nothing specific on the whole school approach. Having talked to the Masters providers, KP said that there is space there, should we choose to occupy that space by using the whole school approach, as an example of lead, a form of leadership at whole school level. It's not a vacuum, but there's space that can be made for us to push the whole school approach more, specifically in the Masters.

KP noted that there is work being undertaken in the National Leadership Academy working with two HEI's specifically on the whole school approach. That has been developed for five months now and has done some piloting but is ready to go on to the next phase if we decide to take it on to the next phase. One of the options will be to take the Academy and the HEI work and merge that with what's happening with our regional school improvement and PL providers and make a

	<p>specific program that is dedicated to the whole school approach.</p> <p>KP maintained that there are options, the first of which is a common remote asynchronous E module – a specific professional learning module that is about the whole school approach. There are three audiences for this. There's a leadership audience, a teaching audience and support professional learning audience as well. Then we have the option to strengthen that position in initial teacher Ed and seek to strengthen it in the induction phase by specifically requiring providers to the work, maybe with this module or with something else. Thirdly, it would be possible for us to provide an INSET guidance and support pack for head teachers to use at their own discretion in INSET time. The stronger version of that is to provide further guidance on INSET as to this being a priority in the context of INSET, though obviously everything wants to be a priority in the context of INSET. The other option is that we specifically commission a PL program, that could be a partnership of providers, the Academy and the HEI's, building on the work they've already done and having a specifically commissioned professional learning program that operates live in the wider community. Next option, probably on cost benefit analysis, not a favourite option, would be a unit within the Masters. However, KP maintained that it is quite expensive to develop a unit for the Masters for a relatively small number of people. The last consideration is that we make the whole school approach an element in the new NPQH. KP said that we're currently rebuilding the National Professional Qualification for Headship, which means redesigning the content and all of the learning and assessment objectives in that qualification. A simple option would be to insert the whole school approach as an element within that qualification. That would mean that going forward, every new head teacher from the point at which we launched a new NPQH would be required to have this professional learning in whole school approach, and that would happen year on year. KP then invited questions and comments.</p>
DMMHW	<p>DMMHW thanked KP. DMMHW said that she feels very strongly that we've got to get this aspect right, and it does feel like we're a long way from that. DMMHW maintained that it must be compulsory, we commissioned the ITE provision, so we shouldn't have people coming in to work with young people without that basic understanding of mental health and wellbeing. We're not talking about making</p>

	<p>teachers therapists, it's having that basic understanding. DMMHW said that she thinks we need a much more uniform offer for professional learning going forward, to work with the existing workforce. There's too much variety. DMMHW noted that we should be as prescriptive as we need to be, to make sure that we get this right, otherwise we're going to continue to drift. DMMHW invited contributions from the room.</p>
SMB	<p>Sinead McBrearty observed that one of the things she's been hearing on the ground and in other parts of the UK is around the self-awareness, ability, self-knowledge, and personal professional development the professionals need in order to be able to step into the whole school approach wholeheartedly. Pulling that back, what we found is a lot of educators are unable to take a step because they themselves are triggered by something from their own past. They don't know how to engage in a conversation safely and securely, and so there's almost a double layer of avoidance. Not only did they see something, but they can't step toward it because they haven't had the support themselves to be able to do it. There are things we have in place that are supportive of that in Wales and there's access and recourse to support for educators where they identify that. But one of the things SMB is looking at in England and also Scotland and probably will come up in Northern Ireland, is around the non-technical development that we need to wrap into the ITE and the leadership NPQH that supports people in their soft skill development that isn't explicitly mental health, but allows them themselves to develop the skills that enable them to execute the whole school approach and support others. SMB wanted to register the thought, because it could be an enabler to allow the whole school approach to be implemented, alongside the technical, 'what needs to happen and who needs to support in what ways'.</p>
DMMHW	<p>DMMHW advised that there's a lot of contribution offers, so will take them all, and then bring KP in to answer.</p>
RM	<p>RM said that KP's presentation was helpful and interesting. She observed that it seems that we're trying to drive culture change from the bottom up and the top down at the same time, which is always a challenge. RM would certainly welcome that inclusion of the whole school approach in the NPQH and the highest level of prescription we can have around any of this training is important, so that we're not reliant on individuals valuing it or not. RM thinks at teacher training level, while understanding the pressures there, it's important so that at the beginning of their career, we are embedding this cultural message and there's a value system in what we're talking about here. We need to be embedding that right at the beginning of people's careers, because once</p>

	<p>people are in, trying to get teachers out for training, is very difficult. And then they're at the mercy as well of the culture we currently have. So, we're trying to undo them rather than starting right from the beginning. RM agreed with SMB's points, and acknowledged that at the moment, we have a system whereby we put our young teachers into environments where they don't know who they are, much less what their triggers are. And then they are put in a classroom environment five times a day with 30 people at a time, where all of the triggers are being triggered. What is the impact of that on things like our exclusion figures? There needs to be an element of personal development. School based counsellors have to go through their own personal therapy around self-reflection to be able to do that work. We're at a point now where perhaps we need to introduce some of that into teaching, that self-awareness that self-development, and that's partly why in NPT, they've developed work around school staff supervision. When you have that self-knowledge, plus the theoretical understanding, plus the reflective space, then we can develop and nurture those skills in our young teachers. That softer element is really key now and without that, RM is struggling to see how we will embed this across the board.</p>
SM	<p>SM reflected about the need to integrate the professional learning in this area with professional learning in the more traditional mental health and wellbeing workforces to ensure that the implementation is integrated. For example, SM mentioned that he's been doing work with the Welsh Network of Healthy Schools workforce to promote data driven health and wellbeing work and aligning that so teachers and the schools know about it as a resource that they can draw on for that implementation. SM noted that the overview might be a useful phase we could do at some point and said that he is happy to help with that.</p>
GB	<p>GB thanked KP for the presentation. GB noted that as a psychologist, what comes to her all of the time is the importance of understanding child development. Before we even get into mental health and wellbeing, how are our teachers and staff being supported to understand that children develop through many, many phases and will have ups and downs and bumps along the way? GB observed that in terms of thinking about the training and support that we give people, it's important to understand what their role is within the system. They will all need something different depending on what their role is. We know that we need to have senior leaders on board to understand that a well-functioning system, where people are clear about what their role is, what their job is, whose work is what work, comes out of a system that functions effectively together. GB said that she's really in two minds about the fact that we should</p>

	<p>instil that the whole school approach is distinct and separate from everything else. Or should it be weaved into everything that everyone does. Sometimes when we talk to teachers, there's a sense of 'this is something else that needs to be done', rather than 'this is everything that we do all of the time, every day'. GB corroborated SMB's point in terms of thinking about the fact that it's not just about the teaching and the training, it's about the support structures, the spaces for people to feel safe, that they're heard, that they belong. Teachers understand the concepts, they just don't have enough time, resources and staff to be able to do it.</p>
<p>DW</p>	<p>DW reinforced GB's point, that actually what we want is the training on the values and principles that caused us to require the whole school approach. The whole school approach is currently the solution we've got for the gap we thought we had. Any future training needs to be done where possible together across agencies as well, because that's helpful. The whole school approach is about the relationships that allows you to deliver the impact of training. We're very good across Wales about doing the knowledge and skills aspects of the training, we're not good at following it through to support the application of those training, by creating the correct environments. The whole school approach team and the school in-reach team is about being able to feed the system and nurture the system, so we can actually apply the skills learned in theory. We sometimes remove bits of humanity from our workforce, or they think they have to behave in a different way when they are a professional.</p>
<p>CP</p>	<p>Chris Parry noted that he was interested in the presentation and maintained that he is really encouraged by the idea that the whole school approach is being embedded in all those aspects looked at today. CP would agree with everybody in saying that the more robust and prescriptive we can make that, the better. CP noted that it's important to separate out the whole school approach to the application of some of those elements to teachers themselves, in terms of the workforce and how well the workforce is, because it is not a well workforce. The workforce is overworked and there is low morale for all the reasons that we've looked at. CP observed that there are some really encouraging steps being taken to address teacher workload as a key issue, but even within that area, what we end up looking at is teachers are often very quick to look at the workplace and what's going on in the workplace. What teachers are far less good at is looking at their own health and wellbeing and applying some of those lessons that they're trying to put in place for pupils, to themselves. One of the things that we need to do a lot better is to have a really joined up approach to providing teachers with information that they need in order to manage</p>

	<p>their own health and wellbeing and make that part of their training from day one, for them to understand all the warning signs for burnout and stress and anxiety and other potential issues. What are the practical steps you can take, or the things you can do, how can you keep yourself healthy? And there are some really, really good resources out there that we can pull together, but it would almost be useful for us all if we could have a one stop shop that we can go to and begin to pull together those approaches. That's something that CP is looking at as a school, very strongly at the minute. How can we make it easy for people to flag up the resources that are out there, so people can self-manage a lot better? Unless we address the Wellness of the profession, we'll struggle to transfer that onto pupils as well.</p>
PV	<p>Paula Vaughn echoed what has been said so far. PV maintained that she welcomes the discussion and the points raised are really good points. Speaking from a ground level, PV thinks that all this training that has been talked about so far being embedded in other things, then gets lost in the system and doesn't always give value to the whole school approach. There are so many other things to consider in school, professional learning needs to be visible. The resources on Hwb can get lost, even down to the ALN - PV I didn't know those things were available until she had the agenda. Messages can be lost across the whole system, and so availability needs to be very visual to everybody. It has to get across the whole system. Some of the things that have worked well, such as the trauma informed schools has had influence across Wales, and so other modes of help need to match that level. If it is a genuine whole school approach, then any training has to be NHS and education coming together, or at least part of that training. PV does like the idea of an INSET guidance pack for every school and then maybe link into some e-modules as well. Perhaps, as with the ACES, work was launched with having an NHS professional come to school and begin that discussion. So having some face-to-face contact but also a pack and e-modules to deepen and give breath to the training are some of the things that PV thinks head teachers would be looking for.</p>
AJ	<p>Ann John observed that training packages fall on deaf ears if people don't feel it relates to the environment that they're working in. It's important to create the processes and policies within school so that the whole school approach looks real to people. AJ said she is a governor in a school, and the governors were reviewing what the school called their behaviour policy, which was all punishment focused. And as governors, AJ helped to turn it into a values policy and made it both, while including teachers in it. For certain schools, the infrastructure of applying a whole school</p>

	<p>approach isn't there. In some ways, a training and awareness module won't be enough. It's that whole structure and policy, within which people are looking at development and mental health in the whole school approach, that needs to happen to enable all those things, because the response from teachers to all that was amazing. AJ noted that the school even had things like behaviour and achievement points, and noted that the governors asked, 'why don't you just look at the ratio?' and it was one to four (behaviour points being the four) and just the change of that in an inset day training day, teachers saw the response changes. INSET days are where people are at, but you've got to have the systems within a school and the structures for any training package to mean anything.</p>
<p>JB</p>	<p>JB noted that in the work that PHW have been doing on implementation and the deep dives that the schools do, this issue is the one that comes up as the priority universally. JB observed that there's not a single school that has not identified either workforce wellbeing or the skills to support young people as being a priority. JB also noted that we need to remember that teachers are also people, and so there are wider work areas, the work for Healthy Working Wales, or supporting mental health and wellbeing in the workplace, and some of the work that we're doing to support resources for happiness are equally relevant in this context. We don't need to duplicate.</p>
<p>RM</p>	<p>RM wanted to pick up on the recent points around personal responsibility, and while RM thinks that's essential, we do need to address that with caution as well, because while that is true, we do have a system with elements of dysfunction, and we don't take a child in a dysfunctional family and say, 'what we need to do is increase the resilience of this child, so they can cope with the disfunction'. We look at the system around the child and we have to acknowledge that any human being put under the pressures that we put our teaching workforce under would respond in the ways that we're seeing, and that's why we have a situation where teacher wellbeing is lower than that of the general population, coupled with we are asking teachers to do things now that if they were in a different profession, they would have more support to action. For example, teachers are listed as tier one mental health professionals, under the Mental Health Measure Wales 2011. RM maintained that she is passionate about supervision, and every other professional who is a mental health professional would have access to supervision as a professional standard. Not because there's a deficit with an individual, but because those professions value that as a professional standard, it is mandatory. We need to be ensuring that that we are putting</p>

	<p>in the appropriate support for all the things that we're asking our teachers to do, and we need to acknowledge that any person put under these pressures would be responding in the ways we're seeing.</p>
<p>MEWL</p>	<p>MEWL added that this has been a very, very good discussion, and observed that we've had input from a range of different perspectives and there's some obvious tensions around what we are talking about, which is inevitable. On the one hand, we don't want this to feel like yet another thing which teachers have to do, and yet it needs to feel sufficiently distinctive for it to be given the value that PV was talking about. It needs to feel expected, but not imposed – rather, organic. It's quite a complex thing and as a result it'll be responded to in different ways. The point RM made at the end is a much broader point and is fair. It's not simply about wellbeing interventions, it's about workload, impacts and broader context. MEWL maintained that it seemed to be applying a common-sense lens to what he's been listening to. MEWL wondered whether we should think about the following: the workstream obviously hasn't yet been set up, but it seems the first order is to get the workstream set up and to make this the top priority for the workstream and for there to be some fast milestones for developing some detailed suggestions and how to resolve some of things we've talked about today. The second thing is more conceptual but feels important. The sort of issues we're talking about, the whole school approach and separately and in a different way, but equally, except it tells us something about an overall approach, the work that we're doing in the ALN space, feels that there are a set of concerns which perhaps in the past we would regard as additional, but in schools today, they are absolutely at the core of the experience of learners. Things have changed and that's an important lens to bring to how we address some of these areas. It seems there are aspects of what we've been talking about from a whole school approach capacity and competence and training perspective, which are so fundamental that we would expect every practitioner to have a grasp of them. It may not be the whole school approach, but it may be aspects of development. MEWL acknowledged that there'll be people more expert than him who can draw that distinction. There'll be some things which are at the absolute core of what we would expect all practitioners to know, and we would need to have quite a high level of expectation that they are leaving ITE or certainly induction, having got that. There's a separate set of skills dispositions which would be additional to that which are less prescriptive, but we would recognize that practitioners with those extra things are particularly skilled at</p>

	<p>this. MEWL added it would be useful to find a way of differentiating between the course aspect where we really have a high level of expectation, and the less course-based things which we would encourage, but probably fits into a more permissive context. Having the workstream grapple with that is probably the next step.</p>
DMMHW	<p>DMMHW thanked MEWL for encapsulating a lot from a complex discussion. DMMHW invited KP back in to provide answer to contributions.</p>
KP	<p>KP said he wanted to give every contribution a place in the feedback but would write his notes down and provide them in written form. KP said he understood the compulsory and ITE message, that is very clear from the group, KP also acknowledged the uniform offer message, that everybody should have access to the same thing according to where they are in in the school system. KP answered to SMB's point on what he called 'mindset shift'. KP said he's often having this conversation about professional learning as mindset shift, whether that's realizing the new curriculum or understanding that the school system has changed in terms of the wellbeing of its participants, and that means a kind of professional learning design that takes account of supervision, from RM, coaching and mentoring, something that not an instructional one-day thing, but is somewhat more embedded. What we're looking at is culture change based on values and principles. KP noted that the Minister would expect him to use DARPLE as an example of this. KP maintained that we've got examples of where this works, so we can transfer those examples. KP also drew from the general conversation and noted that we've got to engage people at key points in their careers. We've got to get them at ITE, we've got to get them at induction, and we've got to get them somewhere before they reach leadership in general practice. And then we've got to get them as they come into leadership as well. That's structurally very simple. KP then answered to CP's point, about linking this with the wider environment for what we do in schools. The Minister will know we're working on a workload and wellbeing charter as part of our work with unions. It must fit in with that. We're fitting it into the school improvement and inspection environments as well, so it's taken account of there, and KP said he is attracted by the idea of a wellbeing one stop shop and needs to talk to CP a little bit more about that. Background to DW and the multi-agency approach, yes, absolutely. We need a multi-agency approach to letting our workforce in on this, and said that to the point GB made, child development is an all-age issue. Children develop from the time they're born to the time they're 20 and we don't take account of that in the later years. In adolescence especially,</p>

	<p>we don't take sufficient account of that in professional learning, but we do have a health and wellbeing area of learning. We have a link in with the curriculum so that there are ways of making those links. To SM's point, on the integrated PL approach, KP thinks that both SM and GB gave us that sense that the whole school approach to health, environment, the curriculum environment, can be more integrated in a way that doesn't make this a new job, but the job, and that's a significant message. KP thanked PV for her comment and noted that getting that balance between embedded, discreet but most importantly visible, is a message he's got very clearly and is part of the design work. KP came back to AJ's point about making this relevant to school life, so it's not an additional thing, it's our job as a professional practitioner, it's relevant to our school lives and that brought governors into play. We need to think about what we do for governors in the PL space as well. KP maintained that MEWL's notion of, we put it in the work stream, we think about a core experience and core knowledge, skills and attitudes that every practitioner must have, and then we think about those who are who are working on the area of learning in health and wellbeing, those who are working in support and mentoring positions in schools. There are different roles in schools where you need to know different things. KP observed that MEWL's point is beginning to design the PL program. KP said he can take that away, write it down and work with the team of officials and some experts to give us a design for a PL program that meets the kind of demands that you've just articulated.</p>
DMMHW	<p>DMMHW added that we've got lots of expertise in Wales to help with this development. DMMHW mentioned the Gwent attachment team and said we've got people who can help us put this together in an exciting way. DMMHW summarized on the back of what MEWL said by way of actions:</p> <ul style="list-style-type: none"> • the workforce group will be established as a matter of urgency. • a work program will be put together based on the discussion that we've had today with milestones that we can consider. <p>DMMHW thanked the group for the productive discussion and handed back to MEWL.</p>
4. AOB and Close of Meeting	<p>MEWL introduced the AOB and noted that, as mentioned earlier, we're looking to try to extend the meetings from the hour that we have to maybe an hour and a quarter or perhaps an hour and a half, so that we can do two deep dives rather than one. We've just seen that one has taken</p>

MEWL	<p>up the larger part of the hour and that's absolutely as it should be because it's been a substantive discussion. MEWL said it would be ambitious to try and get through one at a time. We need to do it more quickly than we otherwise could in the hour. We aim to do two deep dives and MEWL maintained that he would be grateful for comments on what two areas you think should be the focus of the next meeting.</p> <p>MEWL added, as part of the evaluation of the whole school approach earlier in the summer, we did a survey of school leaders and wellbeing leads to ascertain take up and thoughts on the framework and supporting the guidance and supporting materials. We had 136 schools respond to the survey. The result will be published mid-November and members will be provided with a copy of the final report when it's been published. A date has not been set for the next meeting, but we'll look for a slot early in the New Year and then send an invite around. MEWL asked for any reflections on what two areas might be the focus of the next meeting and said that comments could also be taken after the meeting had ended.</p>
DMMHW	DMMHW highlighted we were going to do school counselling as the second deep dive for this meeting, but obviously workforce has been a major deep dive. DMMHW said she would be keen to cover school counselling at the next meeting.
MEWL	MEWL noted, and asked members to send comments through to us after this meeting on what the second deep dive should be. MEWL thanked members for their participation and for the reflections that were shared.

Actions:

Secretariat	Correct RM's title on ToR and minutes.
Secretariat	Invite an ADEW representative to sit on the board.
Secretariat	Ensure the short-term amber deliverables in the Stakeholder Reference Group relating to governance are resolved by the date of the next meeting.
Secretariat	Officials to bring a refreshed thought on how we can better involvement of young voices and incorporate them into our work to the next meeting.
Secretariat	Ensure each of the established workstreams reflect on whether they have settled upon sufficiently stretching targets, and to amend or propose improved ones by the date of the next meeting.
KP	Summarise feedback in written form and circulate to members.

KP	Establish the workforce group as a matter of urgency.
KP	A work program should be be put together based on the discussion had, with milestones that we can consider.
Secretariat	Prepare deep dives into the school counselling workstream and take comment from members on what the second deep dive should be.

Agenda Item 4.8

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



Llywodraeth Cymru
Welsh Government

Eich cyf/Your ref
Ein cyf/Our ref
Russell George MS
Chair
Health and Social Services Committee

Cc:
Equality and Social Justice Committee
Children, Young People and Education
Committee Legislation, Justice and Constitution
Committee

07 February 2024

Dear Russell,

During my appearance at the Health and Social Services Committee on the 17th January, I agreed to supply details of the Welsh Government's substance misuse funding.

This has been the most challenging budget since devolution but I have prioritised our substance misuse investment to vital frontline services to ensure some of the most vulnerable people in our society continue to have access to services and support. However, this has required some difficult decisions.

In spite of the challenging budget, I have continued to protect our substance misuse funding and this has now, overall, risen to just over £67m. Substance Misuse Action Funding (SMAF) is provided directly to our Area Planning Boards (APBs) and this will rise by £2m in 2024/25 to £41m. This £2m increase in our funding will be allocated to the ring-fenced allocations for children and young people and complex needs funding both increasing by £1m, to £6.25m and £4.5m respectively. In addition, within the £41m we will continue to support the highly successful use of injectable buprenorphine (Buvidal) with £3m, over half of which supports criminal justice prescribers in the community. Health Boards receive funding for their substance misuse treatment services through their allocation letters and this will increase by £812k to just over £22.9m in 2024-25. Details of these funding decisions are at Annex A.

The committee asked for details of any support we provide for Brynawel. We do not fund Brynawel directly from Welsh Government with any revenue funding as placements are

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

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

funded either by local authorities or through the ring fenced £2m for residential treatment provided to APBs. Placements are made, led by service user choice, through our Rehab Cymru framework. However, I'm pleased to say that in February 2023 we awarded Brynawel £795,000 of capital funding for the expansion of their service through the purchase and refurbishment of a neighbouring property.

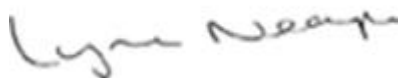
In addition to our funding for substance misuse services, we also continue to support our Out of Work Peer Mentoring Service. The service helps people recovering from substance misuse and/or mental ill-health through peer support and will be funded with £5.4million in 2024-25. The service aims to support up to 10,000 people including 3,000 young people across Wales between its start in October 2022 and March 2025. This service is a successor to the previous European funded service between 2016-2022.

I referred to the Wales Police Schools Programme (WPSP) at Committee. The programme is currently funded through the substance misuse budget but faced with potential cuts to frontline services I have decided to prioritise our substance misuse investment to ensure access to vital services and support. Therefore, I have had to withdraw the Welsh Government's funding contribution of £1.98m per financial year to the programme from the 31st March this year. The landscape around wellbeing for learners on a range of important issues has changed significantly since the introduction of the programme. Many areas are now subject matter that would be considered in mandatory health and well-being learning in Welsh schools. Relationships and Sexuality Education (RSE) covers a number of areas, including substance misuse, online safety and domestic violence. There are further plans to develop more resources for schools to inform learning about a range of health and wellbeing issues and my officials are working with colleagues in education to maximise learning from the programme

My officials will continue to work with the Police to work through the implications of the withdrawal of the Welsh Government's match funding for the programme. The Welsh Government will continue our close relationship with the four Police and Crime Commissioners and forces in Wales and they are valued partners.

I am copying in the chairs of the Equality and Social Justice Committee, Legislation, Justice and Constitution Committee and the Children, Young People and Education Committee.

Yours sincerely



Lynne Neagle AS/MS

Y Dirprwy Weinidog Iechyd Meddwl a Llesiant
Deputy Minister for Mental Health and Wellbeing

Annex A.

	2023-24	2024-25	Change
Substance Misuse Action Fund	£39.063m	£41.063m	+£2m
Wales Police Schools Programme	£1.980m	£0	-£1.980m
Drug & Alcohol*	£1.542m	£1.022m	-£520k
Capital	£2.5m	£2.5m	£0
Health Board ring fence	£22.102m	£22.912m	+£812k
Overall total	£67.187m	£67.497m	+£312k

*The Drug and Alcohol Budget supports key central services and activity. These include Public Health Wales, WEDINOS, Naloxone and evaluations of both MUP and Buvidal.

Agenda Item 4.9



17 January 2024

Dear Sarah

We are writing as Third Sector members of the Wales Partnership for Children and Young People with a Vision Impairment.

We work together with the shared aim of improving access to education and life skills for those children, from birth and through transition to higher education and adult life.

We have received an update to the Senedd Children Young People and Education Committee's inquiry into access to education and childcare for disabled children and we note a final session with the Advisory Group will take place this month.

In the written and oral evidence to the inquiry submitted by RNIB and Guide Dogs, we highlighted areas of great concern, but we are writing now to seek your reassurance that our evidence clearly reflected the issues which amount to a crisis in the educational process in Wales for young vision impaired people.

RNIB and Guide Dogs explained this in detail in our evidence to the Committee, but we wish to further highlight our specific concerns about the shortage of Qualified Habilitation Specialists (QHS) and Qualified Teachers of Vision Impaired (QTVI), both essential for learning and development inside and outside the school gates.

There is only one local authority in Wales where habilitation support is provided for vision impaired children by a Vision Rehabilitation Specialist, who is qualified to work with children and paid for from within social care. Habilitation Specialists are employed within education, but it is critical that vision impaired children are referred to them at the earliest possible age so



that parents and families can be shown how to support their child's development.

A child with sight learns by observing others, but spacial awareness, physical co-ordination and daily living skills such as eating with cutlery, dressing and moving around safely have to be developed through teaching and learning. Habilitation specialists support this development.

It is critically important that a vision impaired child is assessed by a qualified teacher of children with a vision impairment (QTVI) who will recommend individual strategies which will support the child to access the curriculum.

The RNIB's FOI research (2023, (1), reflects a patchwork of specialist support -

- VI services providing support across 12 local authorities reported having no strategic lead with the mandatory qualification for QTVI or a lead QTVI. This represents provision for over half the local authorities in Wales.

Children and young people in some areas are missing out on vital support.

The level of specialist support available varies widely across authorities:

- Ten local authorities confirmed having over fifty children or young people with a visual impairment per QTVI.
- The ratio of QTVI to children and young people ranges from 1:13 to 1:85.
- The time between referral and an initial visit from a QTVI ranges from 2 weeks to 2-3 months.

Habilitation



- The percentage of children and young people on VI service active caseloads who are accessing habilitation support ranges from below 9% to 48%.
- Waiting times for habilitation support vary from 1 week to 12 months.



We note that a meeting with stakeholders was held as part of the enquiry on 27 September and that the National Deaf Childrens Society raised this lack of specialist support. We did not have that opportunity so we very much hope you will include this representation in evidence.

We have a best practise model in Wales which could be extended into a regional working approach rather than the postcode lottery we have now. A South East Wales regional service offers specialist support to families and vision impaired children and young people from birth through school years, as well as those vital skills for everyday life. They are managed by an experienced Vision Impairment Specialist, support is matched to the child and family's needs, in the classroom and outside school. This service works across five local authorities who provide regionally funded support.

It is our experience that Regional Partnership Boards have a poor understanding of the importance of specialist support for vision impaired children of any age. This, along with a failure to take a long-term robust approach to recruiting and training a specialist work force has led to a critical shortage. The Welsh Government's commitment to future generations and the rights of the child requires us to find strategic solutions which directly address this without further delay.

Recommendations

That the Committee commissions evidence of the gaps in specialist support currently available for children with a vision impairment and multi-sensory impairment across Wales; (this could include children who are deaf or have hearing impairments)

That when Regional Partnership Boards conduct the next Population Needs Assessment, they are required to assess what specialist support is needed.



- That immediate action is taken to boost the numbers of Qualified Teachers for Vision Impairment (QTVIs) and Registered Qualified Habilitation Specialists (RQHSs). This should include a clear and fully funded plan of action to improve recruitment and opportunities to qualify into the profession.
- To ensure that there is adequate and protected high needs funding for local authorities to develop effective VI team structures and deliver a consistent level of specialist education services across Wales to meet the needs of children and young people with VI no matter where they live.

1. RNIB Freedom of Information Report, Wales, 2023
[Freedom of Information Reports | RNIB](#)

Signatories

Rosaleen Dempsey

Deputy Lead, Children, Young People, Families & Education, Devolved Nations
RNIB (Royal National Institute of Blind People)

Sarah Hughes

Head of Vision Impairment Service
Sensory & Communication Support Service

Owen Williams

Director

[Wales Council of the Blind](#)

Ellie Russell

Royal Society for Blind Children

Jane Sharp



Education Specialist, QTVI
RNIB

Debra Parry
Habilitation Specialist, SenCom,
Torfaen County Borough Council

Rachel Scrivens
Habilitation Specialist, SenCom,
Torfaen County Borough Council

Branwen Jones
Operations Manager
Guide Dogs Cymru

Andrea Davies
Specialist Education Support Officer
Guide Dogs Cymru

Cath Lewis
Policy and Campaigns Manager
Guide Dogs Cymru

Andrea Gordon
External Affairs Manager
Guide Dogs Cymru

Agenda Item 4.10

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

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



Llywodraeth Cymru
Welsh Government

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

8 February 2024

Dear Jayne,

During 2023 the Children, Young People and Education Committee undertook an inquiry into Mental Health Support in Higher Education. The final report (March 2023) recommended, among other things, that:

'the Welsh Government provides us with regular information and any available data on the roll-out of the whole-system approach in pre-16 education. This information should be provided twice a year and should provide us with the information to understand the impact the roll out is having on children and young people's emotional and mental well-being, as well as the extent to which it is building resilience'.

On 26 May we responded, noting that we had agreed our governance and reporting arrangements for the Whole School Approach to Emotional and Mental Wellbeing (WSAEMW), the education aspect of the wider NEST/NYTH whole system approach.

Our response also stated we would provide a single annual report (covering the academic year) towards the end of 2023, early 2024 and we are pleased to attach with this letter the first such report. The report builds on the information provided in the letter from the Deputy Minister for Mental Health and Wellbeing in response to your letter of 15 September regarding the rollout, implementation and barriers to progressing the WSAEMW. However, providing information by academic year has proved difficult due to differing timeframes used in reporting aspects of our work, something we will seek to align for the future.

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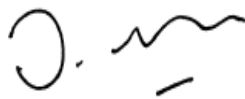
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Rydym yn croesawu derbyn gohebiaeth yn Gymraeg. Byddwn yn ateb gohebiaeth a dderbynnir yn Gymraeg yn Gymraeg ac ni fydd gohebu yn Gymraeg yn arwain at oedi.

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

We hope you find the report informative and useful to your ongoing work in relation to the emotional and mental wellbeing of children and young people.

Yours sincerely,

A handwritten signature in black ink, appearing to be 'J. Miles' with a stylized flourish.

Jeremy Miles AS/MS

Gweinidog y Gymraeg ac Addysg
Minister for Education and
Welsh Language

A handwritten signature in black ink, appearing to be 'Lynne Neagle'.

Lynne Neagle AS/MS

Y Dirprwy Weinidog Iechyd Meddwl a
Llesiant
Deputy Minister for Mental Health and
Wellbeing

Whole School Approach to Emotional and Mental Wellbeing update for Children, Young People and Education Committee

Introduction

In March 2021 the Welsh Government published the statutory guidance, the Framework on Embedding a Whole School Approach to Emotional and Mental Wellbeing¹ (WSAEMW) against the backdrop of the Covid19 pandemic. Since then we believe we have made steady progress in implementing the requirements of the guidance. Initial rollout was hindered by the impact and recovery from the Covid19 pandemic, when schools and local public health team capacity was focused on controlling the spread of the virus and ensuring continuity of learning during the 2021/22 academic year. The rate of implementation increased during the 2022/23 academic year and continues to improve. The pandemic adversely affected the wellbeing of children and young people and also the ability of services to recover and manage the backlog of individuals requiring support. In addition, children and young people's wellbeing is now being affected by the subsequent cost of living crisis; where we know the impact poverty can have on the emotional wellbeing of individuals, families and wider communities.

Governance arrangements

As noted in the Deputy Minister for Mental Health and Wellbeing's letter to the Chair of the CYPE Committee on 9 November the Welsh Government now has in place governance and reporting arrangements for the Whole School Approach, with an Oversight and Delivery Board, jointly convened by the Minister for Education and Welsh Language and Deputy Minister.

The Board meets termly (with the next meeting on 21 February) with a specific focus on scrutiny and challenge (the February meeting will consider the work of the school counselling workstream) to ensure consistent and effective implementation of our Framework and the associated work.

Beneath the Board seven workstreams report on the key activity required to successfully meet our wellbeing objectives. These are:

- implementation of the Framework;
- rollout of our CAMHS school in-reach service;
- expanding and improving school counselling;
- education workforce wellbeing and training;
- a whole education group, which looks at wellbeing across the whole sector from foundation to higher education;
- a stakeholder reference group which considers issues such as resources, monitoring and evaluation; and
- our National Youth Stakeholder Group which ensures the voice of children and young people informs activity.

¹ [WG42005 \(gov.wales\)](https://gov.wales/wg42005)

WSAEMW roll out

1. Framework implementation

As noted in the Welsh Government’s response to the CYPE Committee Chair’s letter of 15 September, we have provided Public Health Wales (PHW) with £670,000 in the 2023-24 to support implementation of the statutory guidance. This has enabled PHW to recruit seven (whole time equivalent) implementation coordinators, working across the seven health board regions and alongside the Welsh Network of Health Promoting Schools Schemes (WNHPSS).

Progress to embed the Framework across maintained schools in Wales continues to improve, particularly among schools with secondary-aged learners.

Every health board has reported that 100 percent of maintained schools in their area are aware of the statutory guidance and have been offered support from Implementation Co-ordinators or WNHPSS Co-ordinators to progress with implementation. As of November 2023, 95 percent of maintained secondary schools have engaged with Co-ordinators, as a minimum attending a briefing session to understand the process to undertake self-evaluations, this involves using a standardised toolkit developed by PHW and which supports the school in assessing strengths, weaknesses and engaging with the school community to develop an action plan. of strengths and areas for improvement in relation to implementation (recorded as “on-board”), the majority of which have commenced their self-evaluation. This represents a significant increase over the 2022/23 academic year, with roll-out continuing to improve through the Autumn term (see table 1)

In September 2022 15 percent of all schools and 31 percent of secondary schools were undertaking self-evaluations and 6 percent and 12 percent respectively had action plans to address areas for improvement. As of November 2023 this has increased to 59 percent of all schools and 82 percent of secondary schools undertaking self-evaluations and 33 percent and 57 percent respectively with action plans in place.

Table 1

School type	Sept 2022			July 2023			Nov 2023		
	Contact made ^[1]	Self-evaluation commenced ^[2]	Action plans ^[3]	Contact made	Self-evaluation commenced	Action plans	Contact made	Self evaluation commenced	Action planning
Primary	18% (220)	12% (141)	5% (55)	59% (731)	48% (579)	24% (285)	66% (795)	54% (650)	28% (341)
Secondary	48% (99)	31% (45)	12% (24)	86% (176)	73% (150)	46% (94)	95% (195)	82% (168)	57% (116)
Special schools & PRUs	34% (21)	31% (19)	15% (9)	77% (48)	73% (45)	47% (29)	86% (53)	86% (53)	60% (37)

All schools	23% (340)	15% (223)	6% (88)	63% (951)	52% (774)	28% (408)	71% (1045)	59% (868)	33% (494)
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^[1] **On-board** – schools have, as a minimum, attended a briefing session with Implementation Co-ordinators/WNHSS Co-ordinators and indicated their intention to commence self-evaluation.

^[2] **Self-evaluation** – Schools have commenced or completed their self-evaluation of strengths and needs against the WG Framework

^[3] **Action plans** – schools have action plans in place for improvement against priorities identified in their self-evaluation

Whilst performance indicators for the implementation of the WSAEMW continue to improve addressing variation in engagement between local authority areas is a priority. This is being addressed alongside maintaining momentum with schools already engaged to ensure they embed actions for improvement in their School Development Plans (SDPs). A further priority is to strengthen alignment between WSAEMW and CAMHS School In-Reach activities, enabling schools to improve support for those children and young people who do not meet the threshold for specialist CAMHS.

We want momentum to continue and the Minister for Education and Welsh Language and Deputy Minister for Mental Health and Wellbeing made this point to PHW when they met in September 2023. PHW have set an ambition that 80 percent of schools with secondary learners will have identified actions within their SDPs by March 2024, increasing to at least 90 percent by March 2025.

2. Survey of schools

The Welsh Government undertook a survey of school leaders and practitioners in summer 2023 to understand the progress of schools and education settings in developing and delivering their WSAEMW in their learning settings. The survey invited responses from school leaders (a member of the school’s senior management team including headteachers, assistant headteachers, or deputy headteachers) and well-being leads on behalf of their learning settings. The research aims of the survey were to:

- Map the progress of schools in developing and implementing their WSAEMW,
- Explore the extent of support that schools have received to develop and implement their approach,
- Examine the use of relevant resources by schools,
- Understand how schools’ progress, as well as the support they have received and their use of resources, varies based on the characteristics of the schools.

A total of 152 responses were received, although some schools submitted more than one return and in total responses were received from 136 (9 percent) of schools. The findings were published as a Government Social Research bulletin on 16 November 2023².

²[Whole-School Approach to Emotional and Mental Wellbeing: Research bulletin \(gov.wales\)](https://gov.wales)

Overall respondents reported that their schools were at various stages of developing their whole school approach, with both primary and secondary schools most frequently reporting that they were in the action planning stage (slightly under one in three primary schools and over one in three secondary schools), followed by continuous improvement and implementation (around one in five primary and secondary schools for both stages). A small group of schools (5 percent) indicated that they had not started to develop their whole-school approach.

Under half of schools (47 percent) reported that they had contact from their dedicated Implementation Coordinator or local WNHPSS to support the development of their approach once a term or more frequently, although a higher proportion of secondary schools reported that they received more frequent engagement than primary schools (around two in three secondary schools compared to two in five primary schools). Of respondents who have had communication, three quarters (75 percent) reported being 'Quite' or 'Very satisfied' with the quality of their support, 13 percent indicated that they were 'A little' satisfied and 4 percent reported that they were 'Not at all satisfied'.

Most respondents (86 percent) reported that their school had used the statutory framework to some extent, although 10 percent of respondents indicated that they were not aware of the framework. Amongst schools who had used the framework, respondents from secondary schools were slightly more likely to indicate that the framework was 'Very' or 'Quite useful'.

The intention is to undertake further work with school leaders and practitioners, through interviews and focus groups to further explore some of the issues arising from the survey. This work will occur during 2024.

3. CAMHS Schools In-Reach

The CAMHS Schools In-Reach service, which sees dedicated mental health and wellbeing practitioners in schools providing consultation, liaison, advice and training, for school staff, remains an important element of our WSAEMW programme of work. During 2023-24 we are providing over £5m to support the service in local health boards.

Currently, there are 136 full time equivalent practitioners (FTE) spread across the teams. Each team has formed a strong identity with their schools and partners, has a depth of local intelligence (in relation to local services, schools and third sector provision) and are working to influence the culture and ways of working of schools and partner organisations.

The Welsh Government funds PHW to provide national oversight and coordination of the In-Reach service and PHW has identified common themes across the CAMHS In-Reach teams in terms of 'how the service works' across the nation. These are:

- collaboration with others,
- relational approach,
- enabling schools,
- strong leadership,

- complimenting other services
- addressing systems around the child.

In addition, common themes on 'what the service does' are:

- upskilling school staff,
- creative problem solving with the school,
- culture and systems influencing,
- being locally intelligent,
- bridging services,
- preventing escalation
- Normalising (including reducing stigma).

These are initial findings from PHW analysis of engagement with In-Reach teams, and further validation of these themes with the In-Reach teams will be happening in the next few months to inform a final narrative of the offer across Wales.

In addition, PHW, working with the Welsh Government and partners will prepare a CAMHS In-Reach Learning Report (to be published in Autumn 2024). This intends to capture the work of CAMHS In-Reach to date, review the current theory of change, review data collection methods and report on the value/impact of this service in return for the investment with recommendations.

PHW are bringing together clinical and team leads from each of the In-Reach services for regular cross-regional networking opportunities, enabling sharing of good practice and to review and improve monitoring data collected by the local teams, including strengthening locally collected impact data.

In addition, individual CAMHS In-Reach services are reported directly to the Welsh Government as part of the NHS Performance Framework. Progress is reported bi-annually during October (covering the period April to September) and April (covering the previous October to end March). The information reported is variable and makes comparison across areas difficult with a range of qualitative and quantitative information provided. The priority for coming months is, working with PHW and health boards, to review data collection and standardise the range of information provided for consistency and comparison. We hope this work can be completed to inform the October 2024 reporting period.

In addition, one of the key recommendations of the CAMHS review undertaken by the Performance and Assurance Team, was to review the current guidance and develop a CAMHS service specification for Wales that will support equity of access, quality and outcome measurement and reduce variation. The NHS Executive has worked with several partners including, clinicians, managers, third sector organisations, parents and carers, to develop a document aligned to legislation, clinical guidelines and national priorities. This is currently under consultation with Welsh Government officials and partners, including the Health Boards and will include the In-Reach service within its scope.

Notwithstanding the inconsistent reporting thus far, the last reporting period has shown the following progress across health boards.

ABUHB - Majority of schools in Gwent have engaged with in-reach through consultation, group work and training. There are only a few primary schools and alternative provisions that have not engaged in anything, but they have been sent information.

Secondary schools have dedicated fortnightly slots for consultation and primary schools and alternative provisions have monthly slots available to them. Between September 2022 and July 2023, ABUHB completed 3,116 consultations to all schools. 2,033 group sessions were offered to young people in secondary schools. 1,418 staff received online training and 92 schools received in person training.

BCUHB - In collaboration with Director of Education for Denbighshire and the Chief Education Officer for Conwy financial support was provided to promote Compassionate Leadership at the counties headteacher's conferences in June 2023 and delivery of the FRIENDS Resilience programme within the two counties. The East team are providing support with the development of GP In-Reach service in Wrexham/Flintshire, with the aim of being developed with GP Family Wellbeing Practitioners. The Clinical Service Manager and Senior Education Mental Health Practitioners have met all LA Education Officers to promote the service.

CTMUHB - SHINE (CAMHS In-Reach) have worked closely with WSAEMW implementation leads to operate a pilot programme. SHINE have completed one phase in over fifty schools. The Shine team have organised regular multi-agency co-production workshops in each locality area. Multi-agency forums are now in situ across the localities with good engagement. In-Reach have provided significant input into approximately 80-85 per cent of the schools in CTM.

HDUHB - The multi-agency steering group is well established since 2021, quarterly meetings are held and membership includes representatives from all stakeholder groups including LA partners, ALN DECLO, WSAEMW Implementation lead and school staff. LHB continues to engage with relevant priority groups/partners including ALNCO, Head teacher Forums and the Emotional Health and Well-being Group. Team Leads continue to attend TAPPAS (team around pupil, parent and school) meetings for every secondary school to offer advice and support. Good links have been made with Mind and Adferiad on their new Children and Young People Sanctuary projects.

PtHB - The Service continues to develop and has experienced some changes in staff and challenges from staff absence, which may have had an impact on relationships with schools, but consultation work was prioritised and the response to referrals and performance in terms timescales was not affected.

Staff contact schools as a minimum twice in a school half-term and have developed relationships with assigned schools and key stakeholders, offering staff training, learner learning and consultation. The Service has a central telephone number and email, so schools are able to contact a member of the team during office hours and have a Twitter/X account to share relevant information relating to emotional health and wellbeing in schools. A Powys annual wellbeing calendar is developed and is shared with schools.

SBUHB - Participate in the monthly Emotional Health and Wellbeing Forum, a meeting that allows multiple agencies from the school communities to gather and share the current status in relation to their services. To develop relationships the LHB invited a head teacher and school based counselling lead to attend the interview panel for the In-Reach team lead.

Regularly attend meetings with primary school heads and engage with wellbeing leaders within Secondary Schools. Tailor training programmes to meet the specific needs of the school and actively contribute to the LEA training program. Actively participate in events such as Wellbeing Wednesday and parent workshops to foster discussions on mental health. Also utilise social media, distribute termly newsletters and send yearly questionnaires to schools.

C&VUHB - The In-Reach clinical lead has continued to engage with regional partners. Over the past year, a monthly meeting with Cardiff Education Services was established to progress the joint core emotional wellbeing offer for schools and to explore opportunities for further partnership development. The clinical lead has recently joined the Vale Wellbeing Leads Meeting.

Worked with LA and education partners in the development of thinking around topics pertinent to schools such as Self-Harm and Emotional Based School Avoidance/Anxiety Based School Avoidance. Conversations with leads from primary schools have started (through attendance at Headteachers Forum and via email to schools inviting representatives to attend a focus group) and are planned to continue to understand needs and support. Termly newsletter is sent to over 500 recipients. This includes updates on work, news, and details of upcoming training and service developments.

4. Use of PDG to support wellbeing

Regional Education Consortia / Local Authorities are required to submit to the Welsh Government a Support Plan setting out how they will ensure effective use is made of the PDG in line with the *High Standards and Aspirations for All* eight key areas, one of which includes the Health and Well-being of Children and Young People. An analysis of the support provided using PDG on Wellbeing in 2022/23, highlighted the key contribution this funding provides to support our wellbeing agenda. Examples of support include:

Education Achievement Service

- All schools received a bespoke grant from the EAS to fund a key member of staff to become the Wellbeing Lead for that school.
- The WSAEMW is promoted in all professional learning events.
- A bespoke document for each LA is currently in development to be shared with all its schools mapping the national, regional, and local offer available to support each school to embed the WSAEMW framework.

Central South Consortium

- Meet monthly with PHW Implementation Leads that cover the region to discuss key priorities and areas of focus and have supported all direct school engagement events that cover all three local authorities.
- Worked with the PHW Implementation Leads to identify additional PL opportunities that would support both the WSAEMW and wider equity and wellbeing work across the region.

Partneriaeth

- Worked with the School Improvement Adviser Teams across each LA to increase understanding and awareness of the WSAEMW and the link with the PDG to ensure that school strategic planning is robust and in line with all expectations.

Neath Port Talbot LA

- Education Support Officers have engaged with all school leaders to develop an understanding of WSAEMW.
- All schools have attended two training sessions on the WSAEMW Self Assessment Toolkit with PHW.
- Many schools continue to use PDG to support wellbeing interventions e.g. ELSA, relationship based play, school based counselling. The Inclusion Service continue to provide professional learning and support to schools who recognise the need to support pupil's emotional health and wellbeing.

Ceredigion LA

- A majority of schools in the local authority are reporting that they are spending their PDG on health and wellbeing and a majority of schools report that health and wellbeing is where they spent the majority of their PDG.

Powys LA

- Share emerging practice is supported by the use of funding to ensure a cohesive approach. Clear guidance is being developed to support the wellbeing of all learners. Partnership working is well developed but is being further strengthened with a range of partners, including the Healthy Schools Team, which supports many settings and schools.

5. Professional learning and development

The most important thing we can do to implement the WSAEMW is to upskill our schools workforce. We are in the process of commissioning a professional learning response and package of support which will underpin teaching staff, their development and ongoing learning in relation to the WSAEMW. Linked to this it will also address the need for learning around child development and neurodiversity, recognising the interdependencies. This is a considerable step change in the provision of professional learning and will take time to develop but the Welsh Government is committed to making progress at pace in this area due to its importance in underpinning our wellbeing commitment.

WSAEMW impact

Measuring the impact of our work in this area is not straightforward as there are many interdependencies impacting the wellbeing of children and young people and these occur both in and outside the school environment. There is no 'silver bullet' and changing cultures takes time. However, there is a range of activity underway to measure and evaluate our work at the strategic, local and school level. This includes some of the work outlined in this report, such as routine monitoring of implementation progress, PHW and Welsh Government led evaluation activity and the independent evaluation by the Wolfson Centre.

In 2022 we published the evaluability assessment³ for the WSAEMW to aid implementation and evaluation. This report suggested reviewing the logic model as the programme of work progressed. To this end, PHW convened relevant stakeholders in November 2023, to consider establishing the overall evaluation narrative for the WSAEMW following a logic model approach. This event determined the following aims going forward:

1. Communication between all researchers/evaluators on a quarterly basis.
2. Clarifying the research questions being answered for the full programme and identifying any evaluation activity gaps to be addressed.
3. Creating an overall narrative bringing together each of the evaluation strands and updated logic model
4. Integrate the progress over the next year, into the new Health Promoting Schools programme of work.

Item 3 above will provide an overview of all research and evaluation activities. The plan will also aim to outline how the implementation and impact of the WSAEMW can be monitored long-term within the Health Promoting Schools Programme of work.

In addition to this there is much work already occurring upon which to build and which provides us with a snapshot and benchmark of the wellbeing of our children and young people.

In April the School Health Research Network published the 2021/22 Student Health and Wellbeing Survey report⁴. The survey was completed online in the classroom by 123,204 students across years 7 to 11 in 202 schools (196 maintained schools and six independent schools), and the report showed:

- at least 'slightly raised' mental health symptoms in almost a half of learners (46 percent) and 'very high' symptoms in almost a quarter (24 percent) using the Strengths and Difficulties Questionnaire. An increase from 39 percent and 19 percent, respectively, in 2019.
- The percentage with elevated (i.e. at least 'slightly raised') mental health symptoms increased with age. However, between 2019 and 2021, the percentage increased disproportionately in the younger age groups (years 7 and 8) compared to the older age groups (years 9-11).

³ [Whole School Approach to Mental and Emotional Wellbeing: evaluability assessment | GOV.WALES](#)

⁴ [National Data - School Health Research Network \(shrn.org.uk\)](#)

- Elevated symptoms were more common in girls than in boys, with this gap widening with age. Between 2019 and 2021, the percentage with elevated symptoms also increased disproportionately in girls (from 44 percent to 53 percent) compared to boys (from 34 percent to 36 percent).
- Elevated symptoms were more common in learners from the least affluent families, but there was no evidence of this gap widening between 2019 and 2021.
- Overall, 62 per cent of learners agreed there was mental health support at their school, declining from 67 percent in 2019. Girls were less likely to agree there is support compared to boys (59 percent vs. 66 percent), with a greater decline since 2019. Those in older age groups were also less likely to agree there is support.

While the survey showed that most young people are healthy and happy with their lives, it evidenced a decline in positive results on many indicators of mental health and wellbeing, as well as school, family and social life, compared to data collected in 2019, before the COVID-19 pandemic. On many of these indicators, the decline in positive results was more marked in girls than in boys.

The Welsh Government is keen to extend the School Health Research Network and Student Health and Wellbeing Survey to primary schools and have been funding pilot work to explore how this can be effectively accomplished. The report of the first primary school survey undertaken across school years 3-6 (i.e. 7-11 year-olds) was published in October⁵. Self-reported data were collected online from students in the classroom. The national averages are based on 32,606 responses from 354 primary schools in Wales, collected between September 2022 and March 2023. Schools in 21 out of 22 local authorities took part. The final version of the survey included 19 questions for years 3 and 4, 28 questions for year 5, and 33 questions for year 6.

The report presents overall results, as well as results by school year, gender, and family affluence (only asked of learners in school years 5 and 6), along with a brief narrative summary. A brief selection of findings in relation to mental health and wellbeing are:

- The *Me and My Feelings Questionnaire* is a validated tool consisting of 16 questions, assessing emotional and behavioural difficulties. Overall, more than a quarter of learners (27 percent) reported elevated emotional difficulties, with 13 percent reporting potentially clinically significant emotional difficulties. Some 14 percent of learners reported elevated behavioural difficulties, with 8 percent reporting potentially clinically significant behavioural difficulties.
- On average, girls were more likely to report emotional difficulties than boys, and boys were more likely to report behavioural difficulties than girls. However, those who identified as neither a boy nor a girl were the most likely to report both emotional and behavioural difficulties.
- Learners from less affluent families were more likely to report both emotional and behavioural difficulties than those from more affluent families. The pattern by age was less clear.

⁵ [National Data - School Health Research Network \(shrn.org.uk\)](https://shrn.org.uk)

The survey showed that most children aged 7-11 are healthy and happy with their lives. However, a substantial minority reported emotional and/or behavioural difficulties; experience of bullying; less positive engagement with school, staff and/or other learners; and worries about the transition to secondary school.

Addressing some of these issues in schools will be a key focus of school based counselling support services. Counselling is an important aspect of the support we provide under the auspices of the WSAEMW. Local authorities are required to make reasonable provision of independent counselling services for children and young people aged between 11 and 18 on the site of each secondary school that it maintains and for pupils in Year 6 of primary school. In recent years we have also asked counselling commissioners and providers to extend support below the current year 6 threshold to younger children. The Welsh Government collects annual data from local authorities on counselling provision and publishes the data. The last such report was published⁶ in March 2023 for the 2021/22 academic year (academic year 22/23 will be published in March 2024). It showed:

- 12,522 children or young people received counselling services in 2021/22 an increase on the 10,601 receiving support in the previous year.
- School-based and other education staff were the most common form of referral, accounting for over half of all referrals (56 percent).
- Females accounted for around two thirds of children and young people who received counselling in 2021/22 and males accounted for a third.
- 20 percent of all children and young people who received counselling were in Year 10.
- Anxiety and family issues were the most common type of issue for children and young people who received counselling.
- 87 percent of children and young people did not require onward referral after completion of counselling sessions.

YP Core (the Young Person's CORE is a ten item measure designed for use with the 11-18 years age range) is used to measure psychological distress reported by young people, both before and after counselling. The average improvement in YP Core score amongst children and young people who received counselling in 2021/22 ranged from 3.8 in Ceredigion to 11.8 in Neath Port Talbot.

We are also in the process of considering a formal evaluation of the impact of counselling services, involving developing a paper that summarises key evidence on the effectiveness and impact of statutory school and community-based counselling services for children and young people. This paper will bring together research previously commissioned by the Welsh Government that contains a focus on evaluating the impact of counselling services for children and young people, alongside statistical analysis monitoring information provided by local authorities about their counselling services

In addition, LAs also provide a range of management information to the Welsh Government, to support the direct grant funding for counselling support (£2.1m in 2023-24) they receive as part of the WSAEMW. This management information

⁶ [Counselling for children and young people: September 2021 to August 2022 | GOV.WALES](#)

showed that for the academic year 2022/23 the number of sessions provided for pupils was 111,800. Across 12 of the LAs a total of 3,092 sessions have also been provided to staff.

All 22 LAs also provided the total number of counsellors (FTE) that were in post as at the end of the 2022-23 Academic Year. Overall, the number of counsellors (FTE) in post was 158.14. This number has increased since the 2019 review report, where 110.7 counsellors were in post.

The number of pupils on waiting lists at the end of 2022-23 Academic Year has reduced by 17% since 2019.

At July 2023 the average waiting times for primary school pupils were 4 weeks or less for 9 of the LAs and in excess of 4 weeks for 11 LAs, and 2 LAs not running waiting lists. For secondary school pupils the average wait for counselling is 4 weeks or less in 11 LAs and in excess of 4 weeks at 11 LAs.

The longest maximum wait was 60 weeks and the shortest maximum wait 1 week. 13 LAs reported a decrease to the maximum wait whilst 5 reported an increase compared to the 2019 review.

We also provide funding to support the delivery of universal and targeted wellbeing interventions in schools; and to train teachers and other school staff on wellbeing; and dedicated support for PRUs and children in EOTAS, recognising this cohort are likely to have increased wellbeing needs. In the current year we have provided £1.1m for interventions and training and £350,000 for PRU/EOTAS support.

Management information provided by LAs for the 2022/23 academic year show that a wide range of training and interventions (including at PRUs, SEBD schools (Social Emotional & Behavioural Difficulties), SRB (Specialist Resource Based) schools and other EOTAS provisions) have been utilised throughout the LAs. The most prevalent programmes funded by LAs using the Welsh Government grant funding include:

- Emotional Literacy Support Assistants (ELSA)
- Emotionally Based School Avoidance (EBSA) Programme
- Trauma Informed Schools (TIS)
- Outdoor area or activities (including garden, allotments, forest schools,)
- Mental Health or Psychological First Aid
- Developmental Play/Play Therapy
- Lego based therapy/Lego Club
- Seasons for Growth (grief education programme)
- Physical activity/sports

In 2022/2023 PHW drew together learning from a range of data to describe the early phases of embedding the WSAEMW. The learning to date includes the following:

- The WSAEMW framework is highly valued by schools and professional stakeholders.

- Feedback from the Implementation Coordinators suggests that the delivery of the programme had contributed to the strengthening of local cross-sector partnerships.
- Schools have recognised the potential benefits that the approach brings for promoting positive mental health and wellbeing for learners and staff.
- Schools felt supported by their Implementation Coordinators in the process of self-evaluation and action planning.
- Schools reported that competing demands for their different priorities were challenging.

In 2023/2024, a learning report⁷ was published exploring how and why schools have engaged with the self-evaluation process; investigating how the guidance and tools have been used and the extent to which the whole school community has been involved. The things that appear to make a difference to successfully embedding self-evaluation are:

- Foster a culture that values identification or where complementary action can be taken to maximise impact and reduce burden.
- Have strong leadership that implements a structured approach to self-evaluation aligned to school development and improvement plans.
- Develop school engagement activity that meets the needs of different groups in the school community.
- Consider all the views when determining priorities for improvement.
- When priorities are identified, work through the entire relevant domain area as a school community before agreeing on intervention activity or drawing in external support.
- Enhance continuous improvement by exchanging learning and experience with other schools to develop a shared understanding of self-evaluation approaches.

The latest learning report will be published in 2023/2024 and has explored how schools have planned and implemented action to protect and promote mental wellbeing. Emerging findings point to how schools overcome challenges in navigating the crowded space of interventions and initiatives in order to choose what fits for them. Also, the various roles, responsibilities and resources that contribute to selecting, implementing and understanding the impact of action are explored, alongside the influence of school culture.

The evaluation will continue into 2024/2025 and will focus its next phase on exploring WSAEMW as part of the wider system at local, regional and national level, describing the role of multi-agency partnerships, including CAMHS In-Reach.

In measuring future impact there are also several areas of activity currently underway or planned upon which we can draw including:

- PHW are conducting a mixed-methods evaluation focused on the implementation of the Framework across several stages, including self-assessing needs and strengths; creating an action plan; and implementing,

⁷ phw.nhs.wales/topics/promoting-individual-and-community-wellbeing/whole-school-approach-to-emotional-and-mental-wellbeing-learning-report/

system wide-working. This work draws on feedback from diverse schools across every area of Wales that have already engaged with implementation coordinators and the workforce supporting these schools. It is uncovering what works for whom and in what circumstances, to inform the continuous improvement of school-level activity and any necessary adaptations to supporting resources.

- The Wolfson Centre for Children’s Mental Health is conducting an evaluation of the WSAEMW. The aim of this evaluation is to explore the contribution of the statutory framework in improving young people’s mental health and emotional wellbeing in Wales, and considering the recovery from the COVID-19 pandemic. The evaluation will also identify to what extent the framework has contributed to changes to the system of mental health and wellbeing practices in and around schools. The evaluation is running until 2025 and includes a range of data collection research methods across three workstreams:
 - The context of existing practice prior to and then following the framework,
 - Implementation over time in individual schools,
 - Data on learners’ mental health and well-being over time.

The evaluation has completed the first phase and data from all work packages is being reviewed to consider the contribution of the framework. Two research papers are being produced:

1. A paper exploring quantitative data on learners’ well-being up to 2021 to provide a baseline for the context of introducing the Framework.
2. A paper exploring initial system responses to the Framework, outlining where early changes are being seen or not and why.

Conclusion

We hope the Committee finds this report useful and that it underscores the Welsh Government’s commitment in this area.

Wellbeing is central to ‘Our National Mission: high standards and aspirations for all’⁸. It underpins all aspects of learning and by tackling the impact of poor wellbeing, building resilience and supporting our children and young people when they need it, we can have a much wider impact including on behaviour, attendance and attainment to name but a few.

In relation to behaviour, policy needs to be framed in terms of supporting the individual and viewing behavioural issues as a symptom of underlying wellbeing issues. The overall consensus is that instances of challenging (and sometimes aggressive) behaviour have increased since the pandemic. More young people are presenting with mental health or wellbeing issues and are unable to self-regulate. It is therefore important that supportive approaches to improving pupil behaviour

⁸ [Our national mission: high standards and aspirations for all \[HTML\] | GOV.WALES](#)

should be seen as integral to improving learner and staff wellbeing and learning within our schools. These are key components of the reforms to address educational inequalities that were already underway in Wales before the pandemic.

Wellbeing is also central to our new attendance guidance – Belonging, Engaging and Participating, which sets out approaches to help practitioners and partners to improve learner engagement and attendance. It recognises the overlapping causes which lie behind learner absence and/or disengagement from education, including mental health and wellbeing. That is why the multi-agency National Attendance Taskforce, announced by the Minister for Education and Welsh Language in October, alongside publication of the guidance will need to ensure wellbeing is central to its work as it looks to provide strategic direction, set priorities and identify further tangible actions to drive improvements in attendance and re-engage learners.

In 2023 we also provided funding for an Attainment Champions' pilot project delivered by the National Academy for Educational Leadership. The pilot aimed to explore ways of reducing the impact of poverty on learners' attainment by drawing on the knowledge and experience that exists within our schools and amongst our school leaders who have achieved sustained success in this area to support other leaders who are at an earlier stage of the journey. The project evaluation demonstrated that collaborative professional learning has a profound impact on leadership, provision, and practice and importantly that wellbeing for both staff and children was better supported through this approach.

In concluding it is also worth noting that, whilst important, the school is merely one part of a much wider system which needs to function effectively to ensure that children and young people requiring support are able to access that support in an appropriate and timely fashion. It is also worth noting that schools are busy spaces and one whose priority is education. They are not 'mental health treatment' centres and should not be burdened as such, but they are one of those valuable spaces in a child's life that provides an environment of wellbeing and a place to develop good and trusting relationships.

In this respect the NYTH/NEST framework⁹ compliments the WSAEMW framework and seeks to take a whole system approach to mental health and wellbeing services for babies, children and young people. Our governance around NYTH/NEST is aimed at fostering the principles of a connected system. We are developing annual National NYTH/NEST reporting which will provide progress updates on the implementation of NYTH/NEST both nationally and regionally.

A NYTH/NEST Self-Assessment and Implementation tool has been co-produced and is being piloted by ten organisations and will be finalised following their feedback. The launch event will occur in February. In addition, NYTH/NEST and children's rights training has also been co-produced with the Children's Commissioner for Wales' office, ABUHB and young people, it is currently being piloted and will be finalised following feedback and made available to all sectors on the HEIW Y Ty Dysgu website.

⁹ [NEST framework \(mental health and wellbeing\): introduction | GOV.WALES](#)

February 2024

Agenda Item 4.11

Sam Rowlands

Member of the Welsh Parliament for
North Wales

-
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Huw Irranca-Davies, MS
Chair of the Legislation, Justice and Constitution Committee
Senedd Cymru,
Cardiff Bay,
CF99 1SN

12 February 2024

Dear Huw,

Residential Outdoor Education (Wales) Bill

I would like to take the opportunity to again thank the Committee for the time it has taken to consider the detail of the Residential Outdoor Education (Wales) Bill.

I am writing in response to Adam Price MS' request that I provide examples of legislative provisions that compel certain elements to be included in guidance. I have included in the Annex to this letter a selection of recent examples that address this point, from Acts of both Senedd Cymru and the UK Parliament.

I am copying this letter to the Chair of the Children, Young People and Education Committee, and the Chair of Finance Committee.

Yours Sincerely,



Sam Rowlands MS
Member of the Welsh Parliament for North Wales

Annex

Act	Section	Explanatory note
Historic Environment (Wales) Act 2023	196(1) The Welsh Ministers must issue guidance to the bodies listed in subsection (2) on— (a) how the bodies may contribute to the compilation of historic environment records and assist in maintaining the records, and (b) the use of historic environment records in the exercise of the bodies' functions.	Section 196 requires the Welsh Ministers to issue guidance to local authorities, National Park authorities and Natural Resources Wales on how they may contribute to the compilation and maintenance of the historic environment records and on the use of the historic environment records in the exercise of their functions.
The Environmental Protection (Single-use Plastic Products) (Wales) Act 2023	2(3) The Welsh Ministers must prepare and publish guidance about— (a) the single-use plastic products that are prohibited under this Act; (b) the application of any exemptions listed in column 2 of the Table in paragraph 1 of the Schedule.	This section also requires Welsh Ministers to prepare and publish guidance about the single-use plastic products prohibited under the Act, and how any exemptions listed under column 2 of the Table should be applied.
Social Partnership and Public Procurement (Wales) Act 2023	9(5) The Welsh Ministers must issue guidance about the composition of the public procurement subgroup (including for the purpose of achieving an appropriately representative membership), and the SPC must have regard to that guidance.	<p>This section requires the SPC to take all reasonable steps to establish a specific subgroup concerned with public procurement within six months of section 9(1) coming into force.</p> <p>It further requires that the Welsh Ministers specify and publish the quorum for the public procurement subgroup meetings, produce guidance to which the SPC must have regard when appointing members including guidance for the purpose of ensuring its membership is appropriately representative and the procedures to be followed during meetings.</p> <p>The section also sets out specific matters which the procedures to be published by the Welsh Ministers must deal with, these are the</p>

		same as those covered in the procedures which are specified and published in relation to the full SPC.
Tertiary Education and Research (Wales) Act 2022	Section 134(5) The Welsh Ministers must publish guidance regarding factors to be taken into account in deciding whether to approve a body or individual for the purposes of this section.	The Welsh Ministers must publish guidance setting out the factors that will be taken into account when approving a body or individual with whom the information may be shared.
Data Protection Act 2018	12(2) The Secretary of State may by regulations...specify what the guidance must include.	The Secretary of State is able to specify what the guidance must include.



Agenda Item 4.12

Additional information from the Association of Directors of Education in Wales following the meeting on 24 January

ADEW agreed to provide more detail on a potential opt out option under section 42 of the Curriculum and Assessment (Wales) Act 2021.

The process for the disapplication of pupils from the curriculum is a complex one and the legislation is set out on HwB.

<https://hwb.gov.wales/curriculum-for-wales/summary-of-legislation>

It would be my view that it would be a cumbersome mechanism to use and not necessarily appropriate for every young people who did not want to participate in a residential trip if that was made a mandatory by way of this Bill.

Agenda Item 4.13

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

15 February 2024

Dear Jayne,

Thank you for your letter of 19 December which sought clarity on steps leading to the closure of the Family Drug and Alcohol Court (FDAC) pilot in November last year.

I have attached at **Annex A**, a response to the questions included within your letter. When we launched the two-year pilot programme for the FDAC in November 2021, it was always with the intention to test how the approach could work in Wales. The Committee will appreciate before committing to any long-term service we will need to carefully consider the results of the pilot. Once we have done this analysis, we can decide on whether rolling out Family, Drug and Alcohol Courts is the most suitable, cost-effective model to provide sustainable support for families where there are concerns of substance misuse.

I will write again to the Committee about our future plans for the FDAC pilot following our detailed consideration of the pilot evaluation with key stakeholders.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Julie', written in a cursive style.

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

Question 1

Can you confirm that Welsh Government officials regularly attended FDAC Strategic Steering Group meetings and, therefore, knew before the evidence session on 14 September that the FDAC pilot would (or was very likely to) end in November 2023 given the absence of Welsh Government funds to extend the pilot until the evaluation could be completed?

I can confirm that Welsh Government officials did regularly attend FDAC Strategic Steering Group meetings. When the Pilot programme was launched in November 2021, we did from the outset say that the pilot would be for two years and subsequently would finish in November 2023.

At the time of the scrutiny evidence session on 14 September 2023, we were still actively trying to identify funding to extend the pilot until the evaluation was completed. We were only made aware of Cardiff local authority's decision to close the pilot after it had been communicated to members of staff.

Question 2

Why was the request for funding to extend the pilot, and the possibility of that request being refused, and the implications of that refusal not raised with us during the evidence session on 14 September?

It was not raised during the evidence session on the 14 September because as outlined above we were still working to identify funding and were hopeful that it could be found.

Question 3

Prior to the evidence session on 14 September, what discussions - if any - did you have with members of the judiciary and other key staff involved in the delivery of the FDAC pilot about your decision to refuse the councils' funding request and close the pilot in November 2023?

Prior to the evidence session on 14 September, the council's funding request had not been refused and as outlined above we were still considering the funding request and trying to identify possible funding within our budgets. This request for additional funding came late in the day.

Question 4

Do you believe that the manner by which the Welsh Government and council leaders communicated with stakeholders about the closure of the pilot has affected the goodwill of professionals associated with FDAC, including members of the judiciary, and consequently negatively impacted its chance of future success?

As outlined in the response to question 1, we were only made aware of Cardiff local authority's decision to close the pilot after it had been communicated to members of staff. We agree the handling of this could have been better.

Questions 5 – 7 – the Future of FDAC in Wales

Our response to the Committee's recommendation 9 remains unchanged "*The Welsh Government will review the evaluation of the Cardiff and Vale of Glamorgan pilot to consider sustainable delivery models for a National Rollout. We will work with local authorities, members of the judiciary and other relevant stakeholder to ensure key partners are involved in advising and scoping future FDACs in Wales*".

The Committee will appreciate before committing to any long-term service we will need to carefully consider the results of the evaluation of the pilot. Once we have done this analysis, we can decide on whether rolling out Family, Drug and Alcohol Courts is the most suitable, cost-effective model to provide sustainable support for families where there are concerns of substance misuse. Sustainability is vital when considering future roll out of this and any service and that is why it was one of the key requirements when we invited expressions of interest to take forward the pilot. As per our response any next steps will be taken forward working together with our partners not least the Local Family Justice Board.

A key consideration for future service delivery will be the role of Integrated Family Support Teams (IFSTs). The IFST service is a provision unique to Wales which aims to support the needs of vulnerable families in crisis where parental substance misuse is having an impact on the welfare of children.