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Agenda – Children, Young People and Education Committee

Meeting Venue:
Committee Room 1 – Senedd
Meeting date: Wednesday, 24 May 2017
Meeting time: 09.30

For further information contact:
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Pre – meeting (09.15 – 09.30)

1 Introductions, apologies, substitutions and declarations of interest

(09.30)

2 Inquiry into Perinatal Mental Health – Evidence session 1

(09.30 – 10.30) (Pages 1 – 44)

Rhiannon Hedge, Senior Policy and Campaigns Officer – Mind Cymru
Josie Anderson, Senior Policy and Public Affairs Officer – Bliss
Dr Sarah Witcombe-Hayes, Senior Policy Researcher – NSPCC

Attached Documents:

Research Brief

CYPE(5)-16-17 – Papur | Paper 1 – Mind

CYPE(5)-16-17 – Papur | Paper 2 – Bliss

CYPE(5)-16-17 – Papur | Paper 3 – Joint response from NSPCC Wales, The National Centre for Mental Health and Mind Cymru.

Break 10.30 – 10.40

3 Inquiry into Perinatal Mental Health - Evidence session 2

(10.40 - 11.40) (Pages 45 - 55)

Helen Rogers, Director - Royal College of Midwives Wales
Sarah Fox, Professional Policy Advisor - Royal College of Midwives
Jane Hanley, Perinatal Mental Health Specialist - Institute of Health Visitors
Sharon Fernandez, Institute of Health Visitors

Attached Documents:

CYPE(5)-16-17 - Papur | Paper 4 - Royal College of Midwives

CYPE(5)-16-17 - Papur | Paper 5 - Institute of Heath Visitors

4 Inquiry into Perinatal Mental Health - Evidence session 3

(11.40 - 12.40)

Ian Jones, Professor of Psychiatry - Maternal Mental Health Alliance

5 Paper(s) to note

(12.40)

Letter from the Cabinet Secretary for Education

(Pages 56 - 57)

Attached Documents:

CYPE(5)-16-17 - Papur | Paper 6 - i'w nodi | to note

Letter from the Minister for Lifelong Learning and Welsh Language

(Page 58)

Attached Documents:

CYPE(5)-16-17 - Papur | Paper 7 - i'w nodi | to note

Letter from the Cabinet Secretary for Education following the meeting on 5 April

(Pages 59 – 62)

Attached Documents:

CYPE(5)-16-17 – Papur | Paper 8 – i'w nodi | to note

Letter from the Chair of the External Affairs and Additional Legislation Committee

(Pages 63 – 65)

Attached Documents:

CYPE(5)-16-17 – Papur | Paper 9 – i'w nodi | to note

Letter from the Children's Commissioner for Wales – The Right Way: A Child's Approach

(Pages 66 – 82)

Attached Documents:

CYPE(5)-16-17 – Papur | Paper 10 – i'w nodi | to note

Letter from the Cabinet Secretary for Communities and Children

(Pages 83 – 84)

Attached Documents:

CYPE(5)-16-17 – Papur | Paper 11 – i'w nodi | to note

Letter from the First Minister to the Children's Commissioner for Wales

(Pages 85 – 90)

Attached Documents:

CYPE(5)-16-17 – Papur | Paper 12 – i'w nodi | to note

Letter from the Police and Crime Commissioner for South Wales

(Page 91)

Attached Documents:

CYPE(5)-16-17 – Papur | Paper 13 – i'w nodi | to note

Agenda Item 2

Document is Restricted

Children, Young People and Education Committee: Inquiry into Perinatal Mental Health

Response from Mind Cymru

1. Who we are

1.1 We're Mind, the mental health charity for England and Wales. We believe no one should have to face a mental health problem alone. We provide advice and support to empower anyone experiencing a mental health problem. We campaign to improve services, raise awareness and promote understanding.

2. Introduction

2.1 Mind Cymru welcomes the opportunity to respond to the committee's inquiry. Perinatal mental health is an area in which we have worked for a number of years, through our 'Two in Mind' project, our network of 20 Local Minds across Wales and in our policy and campaigning work.

2.2 There are differing definitions of the 'perinatal' period and the length of time it spans. Mind uses the term perinatal to describe the period from pregnancy up to the first year of a child's life, and we recognise the impact perinatal mental health problems can have on a whole-family basis including parents, infants and wider support networks.

2.3 In addition to our own response, we have also submitted a joint response with the NSPCC and the National Centre for Mental Health specifically focusing on a joint research project we are engaged in, which is mapping perinatal mental health support across Wales and investigating the extent to which statutory services in Wales are meeting national standards and guidelines. We have tried to avoid duplicating here any content from that response and would refer the committee to the above mentioned joint response in answering questions related to that project. We would encourage the committee to closely study the findings of that project once it reports later in the year.

3. Key messages

3.1 Poor perinatal mental health is a systemic problem and can impact on parents, their support networks and an infant's wellbeing. Stigma and fear of discrimination plays a significant role in preventing many people experiencing perinatal mental health problems from seeking help.

3.2 The development of community perinatal mental health services across Wales has been positive and many people are now receiving support that wasn't available to them a year ago. However gaps in acute care and the lack of a mother and baby unit in Wales need to be urgently addressed.

3.3 There is a lack of awareness of key perinatal mental health learning for family workers and a need to expand this.

3.4 To see a continued improvement in service provision, the multitude of services that support parents and infants through the perinatal period must be joined-up and consistent in their approach. One negative experience can deter someone from seeking the support they need. Examples of best practice being well communicated will be crucial as services continue to develop.

4. The prevalence and cost of perinatal mental health problems

4.1 Perinatal mental health problems affect up to 20% of women at some point during pregnancy or in the year after childbirth. This might be a new mental health problem or another episode of a mental health problem they have experienced before.

4.2 Types of perinatal mental health problems include perinatal depression and anxiety, post-partum psychosis, PTSD and perinatal OCD. Some women also experience eating problems around pregnancy.

4.3 Research commissioned by the Maternal Mental Health Alliance and published in 2014 found that 'taken together, perinatal depression, anxiety and psychosis carry a total long-term cost to society of about £8.1 billion for each one-year cohort of births in the UK. This is equivalent to a cost of just under £10,000 for every single birth in the country'[1]. The financial incentive

[1] https://www.centreformentalhealth.org.uk/costs-of-perinatal-mh-problems

for investing in prevention and ensuring people get speedy access to support is clear; where support is not accessible or available in the first instance, many will need more intensive and more costly support further down the line.

4.4 In a survey of 644 people in Wales conducted by Mind in March 2016, we asked the question; if you experienced a mental health problem during pregnancy or during the first year of your child's life, did you receive the support you needed for your mental health problem? 46% of people said no, 43% said yes and 11% of people said they weren't sure. Since that survey there has been development of perinatal mental health community services across Wales and so may well not reflect the current picture, but can serve as an indicator of the extent to which services needed to improve prior to the announcement of the investment of £1.5 million last year.

4.5 The stigma surrounding mental health and the additional societal scrutiny of mothers can make people extremely reluctant to disclose that they are struggling with their mental health or bonding with their infant. Many fear their infant will be taken away from them and they will be viewed as incapable of being a good parent.

5. Third Sector partnership working

5.1 The third sector can play a vital role in the delivery of support for those experiencing perinatal mental health problems, and in identifying gaps in service provision through their understanding of local population need. We have set out below some examples of positive partnership working from the Mind network.

5.2 Mind Cymru's Welsh Government funded project, **Two in Mind,** aims to support parents and professionals through:

- Early intervention resources: Making early intervention CBT-based resources (face to face, book and online) available for all family practitioners to use; specifically Enjoy Your Bump (antenatal); Enjoy Your Baby (Post-natal); Enjoy Your Infant (ante/post-natal attachment).

- Training: Building capacity in primary care by training family practitioners in the new accredited Level 3 qualification and Level 2

certificate in Maternal and Infant Mental Health, now part of the Healthy Child Programme Wales recommend training.

5.3 Two in Mind has played a key role in optimising the social and emotional environment of the infant in Wales. This has been achieved by supporting new parents and helping them bond with their children and therefore helping prevent some of the adverse childhood experiences we know can cause lifelong harm. We have built capacity in primary care training over 250 practitioners in understanding the importance of early relationships with a further 250 committed to training in the next few months across health, education, social care and the 3rd sector. Initial results show that there has been a 30% shift in confidence and knowledge for these practitioners directly benefiting the families they work with.

5.4 We have also been supporting Betsi Cadwaladr UHB build capability in perinatal mental health awareness amongst 400 health visitors, midwives and others. 282 individuals have also used our early intervention resources during the ante-natal an post- natal period accessing the resources through digital and face to face CBT courses. The interventions have shown a 100% improvement in low mood symptoms, anxiety and infant/parent relationships.

5.5 **The Perinatal Project** is a joint project between Neath Port Talbot Mind and Abertawe Bro Morgannwg LHB offering a support service for expectant/new mothers who are experiencing mental health or emotional health problems or are identified as at risk of doing so. This project is facilitated jointly by Mind staff, health visitors and play workers, offering a safe, relaxed environment for the mother to gain support, information and advice from staff as well as helping to reduce isolation and build supportive relationships with other new/expectant mums. This early intervention work ensures the woman gets timely support and services when it is needed, resulting in positive outcomes, including - improved well-being, developing and building on coping skills and resilience, and a positive experience of accessing a mental health service. We also offer new and expectant mums a CBT course, entitled 'Enjoy your Baby'.

6. Inpatient provision

6.1 As the committee has already noted, there is currently no specialist mother and baby unit in Wales for perinatal mental health care. Prior to its closure in 2013 there was just one unit in Wales, in the Cardiff and Vale health board area. The closest available support to mothers in Wales requiring care in a mother and baby unit tends to be in Bristol or Birmingham, a considerable journey time from many areas of Wales, in some cases over three hours. This means that many people who need this type of support face a choice between receiving inpatient care more locally but being separated from their infant, or remaining with their infant in a specialist unit but being forced to travel far from their support networks to do so.

6.2 The risks from loss of bonding opportunities in the early days of an infant's life are well evidenced and can have a longer-term impact on mothers, babies and the wider family and result in longer recovery times for mental health problems.

6.3 It is worth noting that although the re-establishment of a unit in Wales would be a step forward, one mother and baby unit in Wales would not fairly deliver an accessible service for all of Wales –for example, if it were based in Cardiff as the unit closed down in 2013 was, many mothers needing inpatient care outside of South Wales would still have to travel far from their families and support networks. Where inpatient services would serve more than one health board area, a fair funding agreement in which the burden was shared between areas would need to be in place to ensure its sustainability.

6.4 We feel the lack of a mother and baby unit in Wales is an issue of political accountability as well as one of accessibility. While these services are delivered in England under different leadership and scrutiny, this leaves a group of patients from Wales receiving a service for which the Welsh Government cannot influence the quality of care and the National Assembly for Wales cannot properly hold the Welsh Government accountable for that quality of care. While cross-border care is commonplace along the Welsh borders in many areas of health care, and is often the best option for a

patient in receiving treatment close to home, we believe this is a very different issue given that many mothers requiring admittance to a mother and unit will not live within reasonable distance of one.

6.6 With regards to evidence of need, figures often used pointing to the number of women from Wales who are treated in a mother and baby unit are unreliable in demonstrating how many women require this level of care, due to many women feeling unable to travel a long distance for treatment. We would refer the committee to figures recently obtained through the Assembly Research Service by Steffan Lewis AM, which found that in Cardiff and Vale health board area alone, 21 women between January 2015 and January 2017 were identified that would have been admitted to the Welsh MBU had it been open.

7. Community perinatal mental health services

7.1 As is the case in health services in general, initiatives for prevention and early intervention have a clear financial incentive, and services delivered in the community can reduce the need for more acute or crisis care.

7.2 Mind Cymru welcomed the Welsh Government's £1.5million investment into new community perinatal mental health services last year, albeit with a warning that the need for specialist inpatient care remained an issue. It has been reported that more than 1,500 women have been referred to the new community services since April 2016, demonstrating the demand that existed for these services.

7.3 The research project we are undertaking in partnership with the NSPCC and National Centre for Mental Health will comprehensively report on the availability of provision and the extent to which it is meeting national standards and guidelines. We would however stress the importance of health boards continuing to share learning beyond the period of establishing these services, so that they can deliver the best care they can in the long-term.

8. Training for staff

8.1 When services are working well, the number of professionals and points of contact women (and partners) tend to have during pregnancy and a child's

infancy provides many opportunities for perinatal mental health problems to be disclosed or identified.

8.2 The value of training for staff who are not mental health professionals but can nonetheless play a key role in identifying support needs has been demonstrated through our Two in Mind project. Statutory services who have contact with parents and their infants through the perinatal period must ensure their staff receive a consistent, high quality standard of training to enable them to deliver the best care they can for those at risk of or experiencing perinatal mental health problems.

8.3 Family workers are a key group that need to be reached, not just through broadening the availability of training, but also through raising awareness of its importance and impact in the first instance.

Summary

1. Bliss welcomes the Committee's focus on perinatal mental health and its interest in how services are complying with national standards. We would like to draw particular attention to the mental health needs of mothers of premature or sick babies, which can be significantly different and more prevalent than those of the wider maternity population. Bliss' research has found that, while national standards exist for mental health services for mothers of babies in neonatal care, psychological support on neonatal units in Wales is woefully insufficient and requires urgent attention.

Neonatal services in Wales

2. Every year, over 2,700 babies in Wales are admitted to neonatal services for lifesaving care. That means that one in 12 of all babies born in Wales is admitted to neonatal care because they are premature or sick. The care that these babies receive in the first few hours, days and weeks of their life is absolutely crucial so that they have the best possible chance of survival and going on to have a good quality of life.

3. Premature and sick babies are currently cared for in 11 neonatal units across Wales. The service provided across these units is co-ordinated by the Wales Neonatal Network which advises Health Boards and works with units and neonatal transport services to ensure that babies receive the care they need, as close to home as possible.

4. In 2010, the Health, Wellbeing and Local Government Committee conducted an Inquiry into Neonatal Care, and progress was reviewed by the Children and Young People Committee in 2012. These cross-party reports expressed serious concern about medical and nurse staffing levels in neonatal care and set out recommendations to address the challenges facing the service in Wales.

5. In 2016 Bliss published the Wales Bliss baby report: time for change which found that neonatal services still do not have the staff and resources that they need to be able to meet the *All Wales Neonatal Standards*, putting babies' safety and long-term health at risk. Specifically in relation to mental health, the report showed that **parents have no access to any psychological support** at over half of units.

Mental health for parents of premature or sick babies

6. When a baby is born premature or sick, it is an extremely stressful and anxious time for parents. In most instances, parents will not know in advance that their child will require specialist care after birth and this shock can compound their feelings of stress and loss. It is therefore vital that there is adequate access to psychological support from admission to the neonatal unit, as well as after a baby has been discharged home.

7. Evidence shows that mothers of babies admitted to neonatal care are up to **40 per cent** more likely to suffer from post-natal depression and other mental health conditions compared to the general population of new mothers.[i] A 2015 study recommends that the emotional needs of parents in the neonatal unit are of equal importance to the development of their babies and must have frequent input from experienced neonatal mental health professionals to support them throughout their stay.[ii]

8. Neonatal units are often located far from family homes, meaning parents often find themselves unable to be with their baby for as long as they would like due to long and expensive travel to the neonatal unit. This can also be an incredibly expensive time as parents need to pay for additional travel, food, childcare for older children and accommodation to be near their baby on top of all the normal baby costs. Parents in Wales told us that they spent an extra £260 for every week their baby was in neonatal care.[iii]

9. This creates real barriers to parents being with, and caring for their baby. Some parents will not be able to visit their baby every day at all. Of the parents who responded to Bliss' survey 54 per cent reported that cost of travel affected their ability to visit their baby at least some of the time, and 64 per cent felt their ability to visit their baby was affected by the distance they had to travel at least some of the time. This has a real impact. Parents reported that not being able to be with their baby as much as they wanted to affected how well they bonded together.[iv] This seemed to be a particular difficulty for fathers who usually have to return to their normal working hours long before their baby is discharged.

''I was very isolated because I had to travel to Liverpool to be with my baby. This contributed massively to my Postnatal Depression, which affected bonding'' (Mother of a baby born at 25 weeks)

10. The additional financial pressure causes additional stress and worry to families, and this in itself can have an impact on parent's mental health. One in two parents reported that their mental health had worsened as a result of the financial burden, and nearly a fifth said that their mental health was 'significantly worse'.[v]

Current standards for perinatal mental health within neonatal services in Wales

11. The Welsh Government's *Together for Mental Health Delivery Plan 2016-2019* highlighted the need for improved access to perinatal mental health services. We particularly welcomed its key aims for every health board to have a perinatal health service, and ensuring women who are identified as having serious pre-existing mental health conditions are referred to specialist services.[vi]

12. However, it is concerning that there is no reference of support specifically for parents whose baby is admitted to neonatal care, nor are they considered a high-risk group for adverse mental health outcomes.

13. The *All Wales Neonatal Standards* state that families should have access to psychiatric support and psychological advice from clinical psychologists specialising in neonatal care. The BAPM *Service Standards* also require that neonatal intensive care units provide access for parents to a trained counsellor from the time their baby is admitted. The *Bliss Baby Charter* states that parents and families should have access to psychosocial support.

14. Despite this, Bliss' research shows that:
    - Only 5 out of 11 neonatal units in Wales were able to offer parents access to psychological support of any kind, either on the unit or via referral.
    - 0 out of 3 NICUs had a dedicated MH work available to parents without delay.

- 2 out of 3 NICUS were unable to offer parents any trained MH support at all, even via referral.
- Parents of the most critically ill babies are often left without any emotional support or psychological help.[vii]

> "No psychological support was offered. The nurses provided me with support on emotional days but it was quite a lonely experience, day after day of sitting next to an incubator for hours on end." (Mother of baby born at 32 weeks)

15. **Recommendation**: National policy on perinatal mental health must acknowledge the significant impact of having a premature or sick baby on maternal mental health, and identify this group as being at high risk of adverse outcomes.

16. **Recommendation**: Health Boards, with advice from the Wales Neonatal Network, should look at how to ensure there are enough trained mental health workers available across neonatal care. Optimum staffing is vital to ensure that parents have dedicated support, and is essential for outcomes for babies.

Space for support

17. Neonatal units should have sufficient facilities to enable psychological support to be provided appropriately. When a baby dies or their condition is deteriorating it is important that parents have space to not only come to terms with the news and to express their initial sadness and grief in a safe environment, they also need a room so they can spend time with their baby after their death to say goodbye and to make their last memories.

18. In England we found that, while some units have dedicated bereavement facilities, many units do not and rely on normal accommodation or quiet rooms. Not only can availability be an issue, which may impact on a family's privacy, but the time they want to spend with their precious baby may be cut short.

19. Sufficient accommodation is an essential component of good bereavement facilities, especially in the absence of a dedicated bereavement suite. The *All Wales Neonatal Standards* state that neonatal units should provide one room per intensive care cot for parents which

should be free of charge, have bathroom facilities, and be within a ten to 15 minute walk of the unit. However, our research has shown that none of the three neonatal intensive care units had enough parent accommodation to meet the All Wales Neonatal Standards requirement for one room per intensive care cot. Of the three local neonatal units in Wales that had intensive care cots in regular use, only two had sufficient parent accommodation to meet these standards.

"There definitely needs to be a counselling service for parents. Having a premature baby is traumatic, especially when they have health issues or when there is a death. The nurses on the unit were fantastic and talked to me a lot about what was happening. They supported me through my daughter's palliative care and helped with funeral arrangements. However, having spoken to other parents we all agree that we needed some counselling." (Mother of twins born at 24 weeks)

Support out of area

20. Families of the sickest babies may receive care at a neonatal unit within a different Health Board, which can lead to difficulties in accessing ongoing psychological support when they move to a hospital closer to home. It's vital that continuity of psychological support is considered in the planning of services to avoid parents falling through the gaps. While work is being undertaken to put in place community perinatal mental health services in each Health Board region, it is Bliss' understanding that the specific needs of families experiencing neonatal care are not yet a part of this process.

21. **Recommendation**: Mental health provision on neonatal units must be joined up across Health Board areas, and with local community services, to ensure a simple pathway for families who receive care on more than one neonatal unit and those who need continued support once their baby has been discharged.

22. **Recommendation**: Service planning and referral pathways should also be sensitive to the needs of families who may be with their baby at a neonatal unit far from home, and who may not be in a position to travel to services located in a separate location for weeks or months.

[i] Vigod, S.N., Villegas, L., Dennis, C.L., Ross, L.E. (2010) Prevalence and risk factors for postpartum depression among women with preterm and low-birth weight infants: a systematic review, BJOG, 117(5), pp.540-50

[ii] Hynan, M.T., Steinberg, Z., Baker, L., Cicco, R., Geller, P.A., Lassen, S., Milford, C., Mounts, K.O., Patterson, C., Saxton, S., Serge, L., Stuebe, A.,(2015) 'Recommendations for mental health professionals in the NICU,' Journal of Perinatology, 35 S14-S18

[iii] Bliss (2014), *It's not a game: the very real costs of having a premature or sick baby in Wales*

[iv] Bliss (2014), *It's not a game: the very real costs of having a premature or sick baby in Wales*

[v] Bliss (2014), *It's not a game: the very real costs of having a premature or sick baby in Wales*

[vi] Welsh Government (2016) Together for Mental Health: Delivery Plan: 2016-19

[vii] Bliss (2016) Bliss baby report

About the NSPCC

We're leading the fight against child abuse in the UK and Channel Islands. We help children who've been abused to rebuild their lives, we protect children at risk, and we find the best ways of preventing child abuse from ever happening. Learning about what works in the fight against abuse and neglect is central to what we do. We are committed to carrying out research and evaluation to make sure the approaches we're taking are the right ones and we share what we have learnt with partners.
Abuse ruins childhood, but it can be prevented. That's why we're here. That's what drives all our work, and that's why – as long as there's abuse – we will fight for every childhood.

About the National Centre for Mental Health

The National Centre for Mental Health (NCMH) brings together world-leading researchers from Cardiff, Swansea and Bangor Universities to learn more about the triggers and causes of mental health problems. We aim to help improve diagnosis, treatment and support for the millions of people affected by mental ill-health every year, as well as tackle the stigma faced by many. Key to achieving these aims is to engage with services and their users, the third sector and the wider public to increase understanding of mental illness, and by supporting and undertaking mental health research.

About Mind

We're Mind, the mental health charity for England and Wales. We believe no one should have to face a mental health problem alone. We provide advice and support to empower anyone experiencing a mental health problem. We campaign to improve services, raise awareness and promote understanding.

1. Introduction

1.1. This response is on behalf of three organisations; NSPCC Cymru/Wales, The National Centre for Mental Health and Mind Cymru. NSPCC Cymru/Wales, National Centre for Mental Health and Mind Cymru are working together on a research project which is investigating perinatal mental health service provision across statutory and voluntary sectors within Wales, which provide support to women experiencing a range of perinatal mental health difficulties. Together we are pleased to be given the opportunity to contribute to The National Assembly for Wales' Children, Young People and Education Committee's Inquiry into Perinatal Mental Health. With increasing social and political recognition and commitment towards tackling perinatal mental health across the UK, we feel that this inquiry in Wales is both timely and welcome.

However, as the new Welsh Government investment for improving perinatal mental health care has only recently been allocated, and some health boards are at the beginning of their perinatal service development journey, we believe that perinatal mental health needs to be a long-term priority for the Committee. An inquiry at this time will provide a partial picture of perinatal mental health provision as it is evolving. We believe it is important to carry out a follow up inquiry once new services are more established which will provide a more complete picture of perinatal mental health care in Wales.

1.2 Key Recommendation:

- We strongly recommend that the committee carries out a follow up inquiry into perinatal mental health in Wales in early 2018.

2. Background

2.1. 2017 marks an important and timely year to put a spotlight on perinatal mental health in Wales, as we have seen significant investment in improving perinatal mental health care. In June 2015, the Health and Social Services Minister announced more than £8million (per year) of new Welsh Government investment in adult mental health services across Wales. As part of this, £1.5million (per year) was allocated to improve better outcomes for women, their babies and their families with or at risk of, perinatal mental health problems. This investment represents an important component of the Welsh Government's early years approach. This £1.5million is being used to establish new specialist community perinatal mental health services in each of the seven health boards across Wales, and will include the appointment of thirty community-based specialist staff (doctors, nursing staff and other healthcare professionals) offering prenatal and postnatal treatment, care and support for women and their families experiencing perinatal illnesses (Welsh Government, 2016). The All Wales Perinatal Mental Health Steering Group (AWPMHSG) has been established with representation from key stakeholders, all seven Health Boards, commissioners, third sector and those with lived experience to oversee this process and monitor progress, share good practice, and to give people a voice. The Welsh Government has also demonstrated its commitment to tackling perinatal mental illness in Wales, through the introduction of a mental health strategy '*Together for Mental Health'.*

2.2. NSPCC Cymru Wales, The National Centre for Mental Health and Mind Cymru welcome these developments and the Welsh Government's focus on improving maternal mental ill-health. However, we feel there is a need to understand more about the levels of perinatal mental health service provision, and women and their partner's experiences of having a perinatal mental health condition identified and managed in Wales. NSPCC Cymru Wales, The National Centre for Mental Health and Mind Cymru have developed a one year research project which aims to address this gap in knowledge by investigating the provision of services for perinatal mental illness within Wales, which provide support to women experiencing a spectrum of perinatal mental health difficulties. What we find out from this project will help us to understand whether mums and their families are getting the support they need to live with and manage perinatal illnesses in Wales.

3. Research Project

3.1. Project Name

Investigating Perinatal Mental Health Services for Women and their Families in Wales

3.2. Project Overview

NSPCC Cymru/Wales, National Centre for Mental Health and Mind Cymru are working together on a project which is investigating the provision of services for perinatal mental illness across statutory and voluntary sectors within Wales, which provide support to women experiencing a spectrum of perinatal mental health difficulties (ranging from mild, moderate, severe). The project also seeks to explore what it is like for women and their partners in Wales to live with, and manage these types of illnesses. This is a multiphase project, which will run from March 2017 to March 2018. The sample for the project will be midwives and health visitors; mental health teams or perianal mental health teams; third sector organisations delivering perinatal mental health services in Wales; and women and their partners with lived experience of perinatal mental health difficulties in Wales. The project will be mixed methods in design and draw on qualitative and quantitative methods, including self-completion surveys and semi-structured interviews. What we find out from this project will help us to map out what services are available for women and their partners in Wales experiencing perinatal mental health problems. It will help us to understand whether mums and their partners are getting the support they need to live with and manage these types of illnesses.

The findings will be written up into a report and disseminated at a launch event in March 2018 (TBC).

3.4 Project Aims

The central aim of this research is to investigate the provision of services available for women and their families experiencing a range of perinatal mental health difficulties across Wales. In doing so, this project plans to:

1. Identify and map out what services are available across statutory and voluntary sectors in Wales for women and their families experiencing perinatal mental health difficulties across the spectrum of need (ranging from mild, moderate, severe).

2. Gauge whether statutory services in Wales are meeting national standards and recommendations (i.e. NICE Guidelines and CCQI standards).

3. Illustrate examples of best practice in perinatal mental health services across Wales, and identify where enhancements are needed to better support women and their families experiencing perinatal mental health difficulties in Wales.

4. Explore the lived experiences of women and their partners who have had a perinatal mental health problem identified, managed and treated in a Welsh context.

3.5 Project Design

3.5.1 Method

In order to gain a more informed picture of the services available for women and their partners experiencing perinatal mental health problems in Wales, a qualitative and quantitative mixed methods research design is being implemented.

A survey method has been developed to capture health professionals and third sector organisations experience of identifying, responding to and managing perinatal health problems of women and their families in Wales. The surveys focus upon confidence and knowledge of perinatal mental health, identification, perinatal mental health services offered, referrals, training and education, partnership working, gaps in perinatal service provision and ideas for service development. *Please note that the surveys are currently in development and question topics many change over the coming weeks. Snap survey technology will be used to develop the online surveys and collate the data. Semi-structured interviews with mental health teams, specialist community perinatal mental health teams or third sector organisations may also be drawn upon to gather some more detailed information about the type of service being delivered and examples of best practice.

A survey method has been designed to explore women and their partners experiences of having a perinatal mental health condition identified, managed and treated in Wales. The survey focuses on mental health problems experienced, contact with health professionals, support services and interventions received, challenges to accessing services, gaps in service provisions and ideas on how to develop perinatal mental health services in Wales. *Please note that the surveys are currently in development and question topics many change over the coming weeks. Snap survey technology will be used to develop the online surveys and collate the data.

3.5.2 Sampling

The project will draw upon a non-probability sampling approach, and use a combination of purposive sampling, convenience sampling, and snowball sampling.
The participants in this project will be:

- Midwives and health visitors
- Mental health teams or Specialist Community Perinatal Mental Health Teams
- Third sector organisations providing services to support women with perinatal mental health difficulties
- Women (18+) with lived experience of perinatal mental health problems
- The partners (18+) of women with lived experience of perinatal mental health problems

The criteria for participation for health professionals and third sector organisations will be that they are practicing within Wales or delivering perinatal mental health services within Wales. The criteria for participation for women and their partners will be based upon being over the age of 18 and having experienced a perinatal mental health problem while living in Wales. Extensive effort will be made to ensure that the project is inclusive and that the lived experience participants involved will have experienced the range and severity of perinatal mental health conditions (e.g. anxiety and depression, OCD, eating disorders, PTSD, psychosis). Extensive effort will also be made to ensure that the participants included in this project will be from across Wales, as it is important to represent the needs of women and their partners living in urban and rural areas.

3.5.3 Recruitment

The main recruitment method for this project will be through online advertising, key stakeholder networks, relevant blogs and newsletters. Research adverts will also be distributed at key perinatal conferences and events. We will also be drawing upon a snowball sampling technique, by asking existing participants to pass along the email survey invite, the research advert or link to the survey to anyone they think might be interested in taking part in the project.

3.5.4 Ethics
This project has been approved by the NSPCC Research Ethics Committee in April 2017.

3.5.5 Data Management, Reduction and Analysis
All qualitative and quantitative data will be collected and analysed by NSPCC Cymru/Wales. Early analysis will be shared with project partners, and the advisory group for feedback and suggestions. Where appropriate and feasible, the analysis will also be shared with some participants in the project.

3.5.6 Collaboration
A key strength of our project design is that we have developed it in collaboration with the perinatal community of practice in Wales. We have spent a great deal of time identifying and consulting with relevant perinatal mental health stakeholders in policy, research, practice, the third sector and those with lived experience. The All Wales Perinatal Mental Health Steering Group have agreed to officially endorse this project and act as the advisory group for project. This is a significant development, as the AWPMHSG has representation from all seven health boards in Wales, as well as third sector, academic members and those with lived experience who are all directly involved in developing and informing the development of perinatal services in Wales. The endorsement of this group and their expertise has been an invaluable asset in the development of this project.

3.6 Output and Dissemination
The final research document will be in the form of a partnership branded report. A summary will be developed which will be translated into welsh. Prior to publication, the final report will be reviewed, edited and signed off by all project partners. The report will also be reviewed by our advisory group and where possible the participants that took part in this research. The final draft report will be submitted for peer review via the NSPCC. It is anticipated that the report will be disseminated at a launch event for policy makers, commissioners, health practitioners, those with lived experience and the third sector interested in perinatal mental health, in March 2018 (TBC)

4. How the Project Supports the Committee's Calls for Evidence

4.1 We feel that our collaborative project is very important to the Committee, as it has the potential to inform the Perinatal Mental Health Inquiry. Our research will specifically address the Committee's call for evidence around:

The level of specialist community perinatal mental health provision that exists in each Health Board in Wales and whether services meet national standards

Our project aims to identify and map out what services are available across statutory and voluntary sectors in Wales for women and their families experiencing perinatal mental health difficulties across the spectrum of need (ranging from mild, moderate, severe), and gauge whether statutory services in Wales are meeting national standards and recommendations (i.e. NICE Guidelines and CCQI standards).

4.2

Our project will also explore several areas with has the potential to support the Committees call for evidence on:

The Welsh Government's approach to perinatal mental health

Our project will be outlining relevant Welsh Government policy on mental health/perinatal mental health. This includes seeking to identify funding for perinatal mental health services which have been allocated to each health board in Wales, and how this money has been used to develop additional services.

The pattern of inpatient care for mothers with severe mental illness who require admission to hospital across both specialist mother and baby units (designated mother and baby units in England) and other inpatient settings in Wales.

Our project will seek to identify what happens to women in Wales with severe mental illness who require admission to hospital. This includes seeking data on how many women have been admitted to mother and baby units outside of Wales (2015/16) and the process for this. To do this we will be working with perinatal mental health teams in Wales, and with the 'Tier Four Perinatal Mental Health Services Task and Finish Group' (chaired by the Director of Nursing of WHSSC) of the 'All Wales Perinatal Mental Health Steering Group'. We hope that the report that the Task and Finish group are preparing on a shortlist of Tier Four Models and recommendations (June 2017) will feed into our project findings.

Consideration of how well perinatal mental healthcare is integrated, covering antenatal education and preconception advice, training for health professionals, **equitable and timely access to psychological help for mild to moderate depression and anxiety disorders, and access to third sector and bereavement support.**

Our project will be asking health professionals and third sector organisations who are delivering perinatal services about any training they have received and any areas they would like more training on. We are also asking about any perinatal mental health training that teams are delivering to other health professionals. Our project will also address facilitators and barriers to working in partnership across sectors (e.g. statutory and third sector), and draw out examples of

best practice. We will also be exploring the lived experiences of women with perinatal mental health problems, and will address preconception advice from health professionals; routine questions about mental health and emotional well-being, service referrals, and treatments and interventions received.

Whether services reflect the importance of supporting mothers to bond and develop healthy attachment with her baby during and after pregnancy, including breastfeeding support.
Our project will be exploring whether or not perinatal mental health services identified (statutory & third sector) address infant attachment. We will also be asking our participants about whether they have received any training on infant mental health and if they feel they have any training requirements.

4.3 We feel that our collaborative project is very important to the Committee, as it has the potential to inform the Perinatal Mental Health Inquiry. As our project has recently started, we do not have findings we can share with the Committee at this time. However, we would very much like this project to inform the work that the Committee is doing on perinatal mental health in Wales. We would welcome the opportunity to present our findings to the Committee when they are available in March 2018.

We feel that perinatal mental health needs to be a long term priority for the Committee. **We also strongly recommend that the committee carries about a follow up inquiry into perinatal mental health in early 2018**, as we feel this will allow for more time to gather an up-to-date picture of all of the perinatal mental health service developments happening in Wales. This will present an opportunity to work across sectors to identify gaps in perinatal provision and determine what changes are needed to ensure that women and their families are getting high quality expert care at the right time to help them manage their perinatal mental health conditions in Wales.

We would be pleased to discuss any of the areas we have outlined in our response in further detail if this would be helpful to the Committee.

The Royal College of Midwives
8th Floor, Eastgate House, 35-43 Newport Road, Cardiff, CF24 0AB

The Royal College of Midwives' response to National Assembly for Wales' Children, Young People and Education Committees Inquiry into Perinatal Mental Health

The Royal College of Midwives (RCM) is the trade union and professional organisation that represents the vast majority of practising midwives in the UK. It is the only such organisation run by midwives for midwives. The RCM is the voice of midwifery, providing excellence in representation, professional leadership, education and influence for and on behalf of midwives. We actively support and campaign for improvements to maternity services and provide professional leadership for one of the most established clinical disciplines.

The RCM welcomes the opportunity to respond to this consultation and our views are set out below.

Background

The RCM finds it shocking that suicide is a leading cause of death of women during pregnancy and particularly up to one year after the birth of baby. Also,

- Approximately 10-15% of women suffer from some form of mental health problems during pregnancy or following the birth of a child
- Approximately 15-20% of women suffer from postnatal depression

Perinatal mental ill health is devastating not only for women but also children, partners and wider family.

The RCM therefore welcomed the significant investment set aside by Welsh Government in 2016 for improving mental health services for pregnant women and new mothers. £1.5 million (per year) allocated for women with perinatal illnesses has had the opportunity to transform services in many Health Boards. It has been a significant step forward and has resulted in many women receiving timely and high quality care when they most need it. Midwives in Wales feel reassured that there are services for them to refer women in need to now.

Perinatal Services – Outpatient

Each Health Board in Wales has established a perinatal mental health community specialist service to offer prenatal and postnatal treatment, care and support for women and their families experiencing perinatal illnesses. This care is provided by doctors, nursing and midwifery staff and other health care professionals. The care in each health board is tailor-made for the population needs of that individual health board but a Community in Practice network, managed by Public Health Wales, brings together key stakeholders to share good practice and encourage development. This structure has developed excellent collaborative work enhancing good communication between the multi professional groups. The RCM welcomes midwives involvement within the perinatal mental health teams.

It is likely that the developing and enhancing of Perinatal Mental Health Services in Wales at an outpatient level has the potential to modestly reduce the demand for inpatient services. However, some acute perinatal mental health diagnoses will need inpatient services regardless of the quality of outpatient facilities.

Perinatal Services – Inpatient

There is currently no Mother and Baby Unit provision in Wales. The service in Cardiff closed in 2013 and the RCM understands that this was due to a combination of staffing and resource issues combined

with low demand. If a women with acute perinatal mental health illness requires an adult mental health inpatient bed, this will either be provided for the mother only within a health board facility or a mother and baby unit facility bed can be commissioned from England.

Based on current population demographics, it can be estimated that between 50-70 women a year in Wales will require an admission for mental health illnesses within the first postpartum year. Welsh Health Specialist Services Committee (WHSSC) state that annually for the past 3 years, less than 5 women from Wales have been given placements in mother and baby units in England. Therefore it can be estimated that 45-65 women are being separated from their baby's for their inpatient mental health care in Wales annually.

Recommendations

The RCM believes that much good work has been undertaken is the last 12-18 months in Wales to develop perinatal mental health services. We would encourage the committee to consider exploring the following issues to increase the standard of care still further:

- *The RCM supports enhanced training of midwives*
  The RCM is aware that there is often a significant delay in seeking and receiving appropriate treatment for perinatal mental health and that is likely in part, to be due to lack of knowledge and confidence from front line health care professionals in recognising signs and symptoms in the earliest stages. Consider the level of training that is necessary for midwives (and health visitors), the front line staff who care for all new mothers, to identify as early as possible any mental health issues that may be developing. Midwives and Maternity Support Workers play a pivotal role in identifying mental health issues but report feeling on the back foot, adequate quality training would minimise this.

- *The RCM would welcome national auditable standards of care*
  Consider clear and nationally recognised referral pathways that have timelines and are consistent throughout Wales. The RCM

believes there needs to be flexibility between Health Boards to ensure local needs are met but that cannot be at the expense of a service that is clear and consistent to clinician's and service users regardless of health board boundaries

- *The RCM wants appropriately skilled staff within specialist perinatal mental health services that want to work in Wales*
  Investment and recognition that perinatal mental health services is a specialist area that requires appropriate strategic leadership. This will ensure adequate training is available to develop and maintain skills as well as job plans that will attract the most skilled candidates to apply to work and stay in Wales. These roles include Maternity Support Workers, Midwives, Occupational Therapists, Counsellors, Clinical Nurse Specialists, Psychologists and Psychiatrists amongst others. Some specialist roles are currently extremely difficult to recruit into with Wales. The RCM supports the role of the Specialist Midwife being an essential part of all perinatal mental health teams.

- *The RCM believes that no woman should be separated from her baby unless it is clinically indicated.*
  The RCM recognises that in some situations, for the safety of the baby separation is necessary but anecdotally the RCM is aware that women in Wales can be separated from their baby because of a lack of a Mother and Baby Unit. This can have long term consequences on bonding and establishing relationships and should be avoided if at all possible. Mother and Baby Unit's in the right locations have the potential to achieve the RCM's goals:

    - The right treatment is required in the right place
    - Care should be delivered as close to the woman's family as is possible
    - Separation of mother and baby should only occur if clinically indicated
    - Women are at the centre of their care package

Conclusion

The RCM welcomes the opportunity to respond to the National Assembly for Wales' Children, Young People and Education Committee's Inquiry into Perinatal Mental Health. Maternal mental health has rightly been given increased attention over the last several years as it has a profound long-term effect on many families. A caring, compassionate service that can be delivered in a timely and appropriate manner by skilled professionals is within our capabilities. This should be an achievable goal within the short to medium term.

The Royal College of Midwives
May 2017

Institute of Health Visiting
Royal Society for Public Health
John Snow House
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15/05/2017

The Institute of Health Visiting response to National Assembly for Wales' Children, Young People and Education Committees Inquiry into Perinatal Mental Health

The Institute of Health Visiting, (established in 2012) is a charity, academic body and professional organisation whose charitable objectives are to improve outcomes for children and families and reduce health inequalities through strengthened health visiting services.

The iHV provides professional leadership for and on behalf of all health visitors across the UK. The work of the Institute is supported through:

- Education and training
- Quality assurance processes
- Research
- Creating new leadership in the profession
- Working in partnership

The iHV really do believe that there is "no health without mental health" and have been very conspicuous in the campaign for improved perinatal mental health services across the UK. Indeed staff involved have worked in this arena for at least 20 years. Our national actions include but are not limited to:

- Being an active member of the operations and stakeholders groups of the Maternal Mental Health Alliance
- Creation of PMH Champions *
- Creating face to face perinatal mental health (PMH) Champions Forums in the 12 Strategic Clinical Network Regions across England
- Being a member of NHS England Clinical Reference Group for PMH
- Attending annual Ministerial round tables on perinatal mental health

- Founding member of the All Party Parliamentary Group (APPG) Conception to Age 2: the first 1001 days'
- Being a member of the Steering Group for RCGP Clinical PMH Programme
- Partnership working, for example with the RCOG and RCM in a project led by NHS England Benchmarking to collect data focused on PMH provision in universal health services
- Representation on Health Education England national stakeholder group for PMH
- Co-writing of national curriculum for all professionals working with MH
- Contributing to national frameworks e.g. a national job description for Perinatal and Infant specialist health visitor posts
- Supporting a range of research projects to develop the evidence base in PMH
- Having effective working alliances with national and international organisations (e.g. UK and International MARCE Society, The WAVE Trust, 1001 Critical Days, and the All Wales Perinatal Mental Health Steering Group) with an interest in improving the perinatal mental health of infants, fathers and mothers
- Supporting PhD research – What constitutes a 'listening visit?

The iHV welcomes the opportunity to share our learning and contribute to this consultation, our response is detailed below. As we currently don't have a Welsh officer or department our remarks will be general rather than specifically related to the Welsh context.

It is known that between 10 and 20% of women develop a mental illness during pregnancy or in the first year after having a baby. If untreated, these perinatal mental illnesses can have a devastating impact on the women affected and their families. Suicide is the leading cause of death during the perinatal period which is shocking but preventable.

As the only professionals who have home based as well as clinic contact with nearly all families during both pregnancy and the early years, health visitors are in an inimitable position to influence health outcomes for every mother, every father and every baby. They are critically important to the effective prevention, detection and treatment of perinatal mental illness.

Health visitors' universal reach into **every** family whatever their social and citizen status, together with their skills and understanding of physical, social and mental health, and their ongoing relationships with families, make them ideally placed to promote the emotional wellbeing of parents and babies; to raise awareness about perinatal mental health/illness early and to tackle stigma. Furthermore to identify women who are at risk or suffering from mental health problems early and to ensure these women get the support they need promptly. Health visitors are increasingly working with fathers affected my perinatal mental illness and should always be alert to any fall out from the parents illness on their ability to both care for, and bond with their infant.

The iHV welcomes the much needed attention on perinatal mental health services across the UK. Perinatal mental illness rarely occurs as an isolated need and effective interagency working is crucial. Reflecting on the involvement we have had within England, we would like to draw attention to the need for specialist services to be linked into an well integrated

pathway of care, supported by effective universal services that can identify and refer women at the earliest opportunity. Specialist perinatal mental health services can only support women with the most severe mental health problems. Around 75% or more women with perinatal mental health problems will not meet the thresholds for these services. Health visitors can help these women, either through offering brief interventions and support directly, or through referring women to other services, such as IAPT and/or GPs.

Initiatives such as the iHV PMH Champions training programme* and Specialist Health Visitors in Perinatal and Infant Mental Health are expected to play a valuable part in reducing the incidence and impact of PMH problems– creating savings on child and adult mental health services, and improved public health. However if health visitors do not have the sufficient time, skills and resources to offer a meaningful service to all families, many of these women will fall through the gaps, with potentially devastating short and long term consequences.

We were delighted to see that two of the aims of the new HCP in Wales relates to PMH and IMH:

- To promote bonding and attachment to support positive parent-child relationships resulting in secure emotional attachment for children.
- To promote positive maternal and family emotional health and resilience.

Recommendations

- The iHV commends the positive collaborative approach that the All Wales PMH Steering Group utilise and believe they are in a good position to facilitate consistent high quality standards across Wales- whilst still retaining some of the flexibility that is required at a local level. It is our understanding that support of the development of this group into a formal managed network with representation from across the spectrum of PMH care would be a positive move for Wales.
- The iHV supports training in perinatal and infant mental health for all health visitors as part of the core training, mandatory updates, annually or biannually according to the rate at which the evidence base develops. Furthermore enhanced training in practice as part of continuing professional development. This training should be based on an agreed national curriculum such as that currently being written by the iHV. This will help ensure that prevention, early recognition and early intervention form a strong backbone for the development of the body of perinatal mental health care services across Wales. Health practitioners in some parts of Wales, particularly those within Flying Start areas, have already benefited from the very successful iHV Perinatal Mental Health Champions model* and it is recommended that this be considered for further implementation across Wales.
- The iHV has been impressed by how the Welsh Assembly is enhancing support for parents through Flying Start and their enhanced Healthy Child Wales programme. The iHV would however advise the Welsh Assembly that it is good practice by health visitors to assesses a mothers (and fathers) mental health at 6 weeks and 3-4 months postnatally as these are peak times for early identification of mental illness. Currently the guidance is to only do this formal assessment at 6 months which we

believe is too late and will lead to unnecessary negative consequences for the whole family.

- We would advise that any additional perinatal mental health services being made available to Flying Start families are made available to all families as perinatal mental illness cuts across all social categories.
- The iHV also supports inter-agency perinatal mental health training as *when practitioners at a local level come together- good things begin to happen at a local level.* Effective interagency training is the basis of effective interagency perinatal mental health teams, "Those that work together should train together" (Better Births, 2016).
- The iHV supports combined multi agency perinatal AND Infant mental health training that is family centered.
- The iHV supports the plans for a Mother and Baby Units in Wales led by a perinatal psychiatric teams who could also act as a source of specialist support for politicians and professionals across Wales.
- No mother should be needlessly separated from her baby during such the perinatal period and Mother and Baby Units prevent this.
- The team around the mother and her family is most effective when it includes specialists to receive referrals, primary care workers (GPs, HVs, MWs) and the third and voluntary sector to offer on-going support beyond what an be offered by professionals.
- Both individual and group approaches should be invested in. Group approaches have the benefit of creating a social circle for the mother, loneliness can have significant impact on the development and recovery from perinatal mental illness.
- Opportunities for physical activity, such as those currently being showcased in Powys (Pram Walks) should also be encouraged [such as the iHV 'Ready Steady Mums' scheme which] is mum led and HV supported and serves to get mothers out of the home benefiting their emotional and social as well as their physical wellbeing.
- The iHV recognises the diverse geographical terrain of Wales and the challenges this represents in terms of families being able to access services within rural communities. The iHV is aware of innovative programmes currently being implemented by PMH services ('Mind Mums Matter') which are designed to tackle these inequalities.
- The importance of the role of fathers and PMH is also recognised and the iHV encourages the current formation of Fathers' Groups nationwide, which support the needs of fathers who may be suffering themselves from the effects of perinatal mental illness.
- Finally new opportunities need to be created to audit and evaluate local services with the results fed back to and owned by staff who should drive improvements.

Conclusion

The iHV welcomes the opportunity to shape the mental health of women and their families in Wales through this inquiry into perinatal mental health. The developing mental health landscape provides a window of opportunity for commissioners, service users, policy makers, frontline practitioners and the wider public health workforce across Wales to rework health and social contracts to deliver a successful perinatal mental health action

plan. A strategic plan that is perceptive, proactive and fully engaged. A plan that will effectively and efficiently translate into improved health outcomes. A plan that meets the needs of the population today and at the same time considers the health and well-being of future generations. A plan that *will* deliver the right care at the right time by the right people.

***iHV Champions programme**

The iHV has a very credible track record for delivery in up-skilling health visitors and others such as midwives, GPs, obstetricians, mental health nurses in PMH so that they are able to:

- recognise those that may be at risk of, or are suffering from perinatal mental illness (PMI)
- detect PMI at the earliest opportunity
- understand how PMI may affect the parent-infant relationship and child outcomes across the life-course
- know how to manage mild to moderate PMI
- confidently refer mothers and fathers/partners to the right service in a timely manner
- feel confident to recognise and manage risk in relation to; suicide, self-harm, risk to others and safeguarding

Since 2013 the iHV have created over 550 HV PMH Champions. Feedback from the iHV HV PMH Champions highlighted the value of a multi-agency approach to PMH training and the need to integrate the importance of the parent-infant relationship and developing infant mental health, so as to facilitate the right care for all members of the family, available at the earliest opportunity at every local level. In response we have created and delivered a two-day perinatal and infant mental health (PIMH) combined multi-agency Champion training. In addition the iHV has also trained 261 HV Infant Mental Health Champions. Following an initial pilot training in 2015, we now have 435 multi-agency Champions (with several commissions ongoing). They come from a range of backgrounds including; health visiting, psychiatry, general practice, midwifery, obstetrics, social workers, primary care and voluntary sector practitioners. Therefore, we have trained over 1000 perinatal and infant mental health Champions with further training dates ongoing.

A Champions remit is to cascade the learning *and* be an ambassador for perinatal mental health within their local area. A survey in 2014 demonstrated that HV PMH Champions were cascading the training and they had become local leaders and local champions for increasing parity of esteem for PMH. Champions were developing integrated pathways and new services, such as parental support groups. The survey showed Champions were leading transformational change for PMH in their local communities, by reducing stigma, raising awareness and forming meaningful clinical networks. We know that iHV HV PMH Champions have cascaded the learning to over 10,000 public health practitioners.

-

Kirsty Williams AC/AM
Ysgrifennydd y Cabinet dros Addysg
Cabinet Secretary for Education

Llywodraeth Cymru
Welsh Government

Ein cyf/Our ref KW/00525/17

Lynne Neagle AM
Chair
Children, Young People and Education Committee

SeneddCYPE@assembly.wales

4 April 2017

Dear Lynne

Thank you for your letter of 21 March requesting clarification about two of the policy intentions flowing from the UK Government's Higher Education and Research Bill ("the Bill"). I would also like to take this opportunity to thank the Children, Young People and Education Committee for its work and support for the Legislative Consent Memoranda relating to the Bill.

Teaching Excellence Framework (TEF)

I received a letter from the NUS Wales on 16 January, which was sent to all Assembly Members, outlining their concerns in relation to the Bill. I responded on 6 February indicating that I recognise and share some of the concerns identified by NUS Wales about the UK Government's proposals for the TEF. The criteria for operation of the TEF are not those that the Welsh Government would put forward as we do not share the same marketisation approach to higher education reform favoured in England. That said, the UK Government has made a number of changes to the TEF scheme operating prior to passage of the Bill that place institutions in Wales on a more level playing field with counterparts in England. These include taking account of the context of higher education in Wales through training for assessors, allowing contextual information prepared by HEFCW and Universities Wales to be submitted with applications from Welsh institutions, and ensuring that the delivery of Welsh-medium provision will contribute towards the assessment.

I am also aware that some members of the Welsh higher education sector consider that participation in the TEF may be necessary for reputational and competitive reasons. The Welsh Government is committed to the local, national and international success of our higher education institutions and I do not want them to be at a disadvantage in comparison to the rest of the UK. Participation in the TEF is voluntary and it is currently a matter for Welsh institutions as autonomous bodies to determine whether they wish to participate in this UK Government policy.

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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.

That said, I am aware that the Bill was subject to further amendments at Lords Report Stage (March 2017). The clause in the Bill which provided for the Welsh Ministers to consent to higher education providers in Wales participating in the TEF arrangements has been removed from the Bill. This is as a result of a non-Government amendment being agreed by the Lords. As currently drafted, the Bill will allow higher education providers in Wales to apply to participate in the arrangements without the need for Welsh Ministers' consent. My officials understand that the Department for Education (DfE) intend that provision for the Welsh Ministers to provide consent in relation to the participation of higher education providers in Wales is reinstated in the Bill before it is passed.

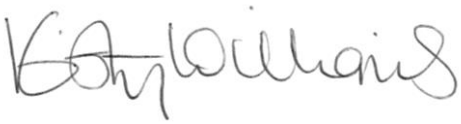
My officials are in regular contact with DfE officials in relation to the Bill but the Welsh Government remains opposed to full cost or near full cost fees. We do not believe that higher education should be organised on the basis of a market. However, the Welsh HE sector must be able to operate across national boundaries, and be able to react to reforms in England while remaining competitive in an environment that has significant cross-border flows of students. The Diamond report stated (and the Welsh Government accepted) that Welsh institutions should be able to charge fees at a similar level to that charged in England. However, I wish to be absolutely clear that tuition fees in Wales will not be linked to TEF ratings. The Welsh Government will continue to set tuition fee levels to its own criteria, taking account of financial sustainability, how we maintain our international competitiveness and the impact on students. Additionally, I have made clear to the UK Government that I do not want to see the ability of Welsh institutions to recruit international students to be linked to TEF.

Research funding

The UK Higher Education and Research Bill will introduce major changes in the way research is funded in the UK by the creation of a new body, UK Research and Innovation (UKRI). I made a statement to the National Assembly on 31 January 2017 on the Welsh Government's response to the report by Professor Ellen Hazelkorn on reform of post-compulsory education in Wales. I will soon be consulting on proposals to establish a single, strategic authority, overseeing post-compulsory education and training. It is currently proposed that the new authority will be responsible for planning, funding, contracting, ensuring quality, financial monitoring, audit and performance. The consultation will also set out proposals for the conferral of research funding functions on the new authority.

In line with Professor Hazelkorn's recommendations, I proposed that the current functions of the Higher Education Funding Council for Wales would be transferred to the new Authority, which would operate at arm's length from the Welsh Government. I have given a commitment that the autonomy and academic freedom enjoyed by our universities would not be affected by these changes. We will be considering in the same consultation how best to respond to the changes now being introduced at UK level in relation to research and innovation through the creation of the UKRI.

Yours sincerely



Kirsty Williams AC/AM
Ysgrifennydd y Cabinet dros Addysg
Cabinet Secretary for Education

Alun Davies AC/AM
Gweinidog y Gymraeg a Dysgu Gydol Oes
Minister for Lifelong Learning and Welsh Language

Llywodraeth Cymru
Welsh Government

Ein cyf/Our ref: MA(P)/ARD/1310/17

Lynne Neagle AM
Children, Young People and Education Committee
National Assembly for Wales
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5 April 2017

Dear Lynne,

Thank you for your recent correspondence.

As you rightly say, RhAG have shared their national overview of the Welsh in Education Strategic Plans 2017-20 with me and I subsequently met with them to discuss their concerns. The Welsh Language Commissioner has also shared her concerns with me. I can assure you that both sets of correspondence have and will be taken into consideration.

In my statement in plenary on the 14th March, I voiced my concerns about some of the plans. I also wanted to emphasise my message to Local Authorities that the way forward for the Welsh in Education Strategic Plans is through collaboration and partnership working. That is why I have appointed Aled Roberts to carry out a rapid review of the plans involving meeting with all Local Authorities to gain their thoughts and views.

He is due to complete his work at the end of April/early May and will provide me with a report on his findings.

I am happy to share the content of that report with you when it becomes available. This will I'm sure be useful for you in the wider context of your consideration of the Welsh in Education Strategic Plans.

We know that the WESPs have the potential to support the delivery of Welsh Government's Welsh-medium education strategy. Our work will continue on strengthening our partnership working with Local Authorities both locally and regionally so we may maximise opportunities that collaboration and sharing ideas may bring.

Yours sincerely

Alun Davies AC/AM
Gweinidog y Gymraeg a Dysgu Gydol Oes
Minister for Lifelong Learning and Welsh Language

Kirsty Williams AC/AM
Ysgrifennydd y Cabinet dros Addysg
Cabinet Secretary for Education

Llywodraeth Cymru
Welsh Government

Ein cyf/Our ref: MA/P/KW/0941/17

Lynne Neagle AM
Chair - Children, Young People and Education Committee
National Assembly for Wales

21st April 2017

Dear Lynne,

I would like to thank the Children, Young People and Education Committee for undertaking an Inquiry into Teacher's Professional Learning and Education.

I would also like to thank you for your letter dated 11 April which highlights some of your additional considerations following my attendance at CYPE Committee on 5 April.

Based on recent evidence from Estyn and OECD, I am confident that our professional learning reform journey in Wales is already on track. Our vision for professional learning is progressing at pace, with enhanced digital professional learning support available by September 2017 and a fully integrated national approach by September 2018. We are moving rapidly from a model where professional learning was mostly delivered away from the school setting to a collaborative, practitioner-led experience which is embedded in classroom practice. Over the next five years, I am committed to developing a national approach to career-long professional learning that builds capacity from ITE and is embedded in the self-improving school system and evidence-based research. Actively engaging in professional learning is a primary responsibility of all educational practitioners to develop individual and collective expertise and ensure consistency of excellence in our teaching profession.

My responses to the questions outlined in your letter are detailed below:

Are you confident that all teachers in Wales will have access to the training they need to deliver on the Welsh Government's policy initiatives by 2021? How will delivery be ensured? Has there been any analysis of the how much this will cost?

I welcome the positive commentary within the recent OECD report reflecting the progress that has already been made in the 'various measures taken to support the professional learning of teachers.' The report also duly acknowledged the increase in school to school collaboration and participation in networks. Resonating with the OECD recommendations, the development of a high quality teaching profession and continuing to deliver high quality national professional learning across all career stages is at the forefront of our education

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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.

reform agenda. Delivery of major system reform, such as that set out in A Curriculum for Wales, can only happen if we have a system, and a workforce, that delivers a transformed curriculum for every learner in every classroom. This is a major ongoing piece of work, and we will continue to review the profession's capacity to deliver.

During 2016-17, I initially awarded £1.44m to support professional learning pioneer schools in designing and developing the National Approach to Professional Learning focused on fast track, professional learning priorities including digital, leadership and assessment for learning. In September, I awarded an additional £2.25m to enhance professional learning funding streams and strengthen consortia delivery capacity. In December, I awarded an additional £1.3m allocation to enable consortia to undertake a range of support activities including strengthening cluster working to share professional learning developments and support the iterative development process.

Comparable funding levels will be awarded during 2017-18, with enhanced funding for professional learning pioneer schools to support their integration into the AOLE working groups and also to support the development of schools as learning organisations. In addition, I have committed an additional £100 million over the Assembly term to drive up school standards, which includes enhanced funding to support the transition to a self improving system and to specifically support Welsh and Digital professional learning developments. I will also award EIG funding to ensure that finance is not an impediment to professional learning.

Future funding priorities beyond 2017-18 will need to be determined in light of emerging professional learning priorities, specifically linked to Qualified for Life 2 and the Strand 3 AOLE Working Groups.

Are you committed to the Regional Consortia model of delivering professional development? What do you see as its main benefits? How will consistency of provision and access be ensured across the Consortia.

The two key drivers behind establishing the regional model were:

- a large critical mass of effective schools with the entire range of excellent provision available in each region
- a new system built on international research and evidence facilitated by the regions, but delivered largely by successful current practitioners.

Both these changes have been increasingly embedded since 2014, and continue to be developed. New professional learning is planned and delivered in accordance with the locally identified needs of schools. Regions ensure that national education priorities are placed in a regional context.

Through our National Model for School Improvement, regional consortia can monitor and evaluate professional learning whilst allowing for national challenge and review according to a planned programme. I need confidence regarding the consistency of approach and personally attend the autumn challenge and review events in all four regional consortia, giving me and my officials an opportunity to challenge and be challenged on our work in this area.

Welsh Government is in discussion with Estyn to commission a national thematic review focused on the quality of emerging professional learning provision to equip practitioners to

embed the new curriculum. To continually review the quality and impact of professional learning provision developed in partnership with pioneers, regional consortia have commissioned a range of internal/external evaluations including thematic reviews of pioneer engagement and cluster working, professional learning impact assessments and an internal evaluation of professional learning hubs.

This has provided a firm foundation to go to the next step and develop a collaborative national approach to professional learning. This new approach was strongly endorsed by OECD in their recent review.

Can you provide more detail on the Regional Professional Learning Action Plans and the National Successful Futures Implementation Plan? What will they contain? How will they be resourced? How will they relate to each other when in operation?

Regional action plans were submitted by the four consortia regions to draw down funding to support the Pioneer Schools Network and Professional Learning Grant for 2017-18. The plans detail professional learning programmes currently available across the career development pathway milestones and work streams to develop enhanced professional learning provision in partnership with the pioneer schools. Revised regional plans have recently been submitted by consortia to claim professional learning funding allocations for the Spring Term 2017. The same monitoring and reporting requirements will underpin consortia grant funding awarded during the 2017-18 financial year.

The National Successful Futures Implementation proposal outlined a detailed structure for realising the recommendations of the Donaldson Review. Work led by the Successful Futures Programme Team will support the transition to a tiered delivery approach, with Welsh Government and Consortia delivery plans developed in parallel.

Regional action plans are the mechanism to monitor and report on expenditure of consortia grant funding for pioneer schools and professional learning capacity building funding. Plans for 2017-18 are currently under development. The Successful Futures Implementation Proposal is a wider reaching plan, focused on delivery. The tier 2 elements of the plan are currently being further developed by Welsh Government to co-deliver our Successful Futures commitments in partnership with regional consortia.

Do you expect there to be any increase in costs once the national offer is available in July 2018? If so, could you provide further information on this?

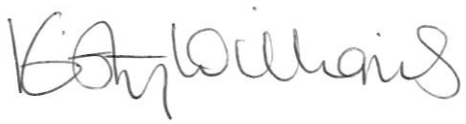
Between now and 2018 we will build on the collaboration model for professional development. We have clear plans for developments in curriculum, teaching, leadership and wellbeing. Schools will, with the support of regions establish individual and whole schools professional learning needs.

We are working closely with the OECD on a major programme “schools as learning organisations” to embed this approach.

Our approach to the use of the outlined £100m and resources relating to the implementation of the new curriculum (MEG) will provide additional funding in this area. However, we will be expecting schools to be using resources currently being deployed on more traditional forms of training and development.

In terms of costs, we are in a challenging period for the public purse. An effective national approach, learning from each other and using effective research must all play their part in building an efficient and effective approach to Professional Learning.

Yours sincerely



Kirsty Williams AC/AM
Ysgrifennydd y Cabinet dros Addysg
Cabinet Secretary for Education

Cynulliad Cenedlaethol Cymru
Y Pwyllgor Materion Allanol a Deddfwriaeth Ychwanegol

National Assembly for Wales
External Affairs and Additional Legislation Committee

Lynne Neagle AM
Chair, Children, Young People and Education Committee
SeneddCYPE@Assembly.Wales

27 April 2017

Dear Lynne

Great Repeal Bill White Paper

Following our discussion of Brexit issues at the Chairs' Forum on 5 April 2017, and in light of decisions taken by the External Affairs Committee at its meeting on 3 April 2017, I am writing to inform you of the work that the External Affairs Committee has planned in relation to the Great Repeal Bill White Paper.

I am also writing to invite you and your committee to contribute to this work.

The Great Repeal Bill and the UK Government's broader approach to legislating for Brexit, poses the Assembly and its committees some significant challenges.

The final shape of this Bill will have significant implications both in terms of the Assembly's role in the Brexit process and its place in the constitutional order of the United Kingdom.

The White Paper offers the Assembly its first opportunity to influence the legislation and, arguably, its best opportunity.

I see two key aspects to this scrutiny:

1. **Devolution:** ensuring the Assembly and Welsh Ministers are not prevented from taking an appropriate role in the process; and

2. **Balance of executive power:** that an appropriate balance is struck between the powers and pace needed by Welsh Ministers to complete their legislative task with the need for proper Assembly oversight.

Whist the External Affairs Committee has been established by the Assembly to take a lead on these issues, such is the scale of the task ahead that I believe most Assembly committees will need to play a part in the Assembly's response. We will maximise the Assembly's ability to influence the final shape of legislation by working collaboratively and coordinating our work where possible.

I would welcome your views on the Great Repeal White Paper and the UK Government's broader legislative approach to Brexit. Our terms of reference are as follows:

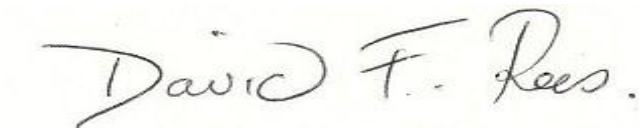
In the context of the UK Government's White Paper, to assess whether:

- the Assembly's role in the Brexit legislative process, and in scrutinising executive functions, in areas of devolved competence is protected;
- principles of effective law making are being observed;
- the Welsh people, stakeholder and organisations have sufficient opportunity to contribute to the legislative processes established by the Bill;
- the Bill enables the Assembly to exercise appropriate control over delegated powers provided by the Bill; and
- the Welsh Government's response is sufficient.

The External Affairs Committee is preparing to gather evidence during the first half of the Summer Term, with a view to reporting in early June. Should you wish to respond to this letter, then I would be grateful for responses by Friday 2 June 2017.

We are planning to continue our scrutiny of this legislation (and the implications it has throughout and following the Brexit process) should the Great Repeal Bill be introduced later in the year and I will write to you again should the timescales for this become clearer.

Yours sincerely



David Rees AM

Chair of the External Affairs and Additional Legislation Committee

Agenda Item 5.5

Comisiynydd Plant Cymru
Children's Commissioner for Wales
Sally Holland

11 April 2017

Dear Colleague,

Re: The Right Way: A Child's Rights Approach

We live in an era where public sector leaders in Wales are expected to stretch the public purse like never before. Finding new ways of dealing with increased demands and limited resource is a challenge I want to help overcome.

This new guide is intended to bring to life the real, positive impact public services in Wales can have on delivering a Children's Rights Approach – an approach that will have meaningful impact on how Wales responds to and safeguards the long term needs of its children.

As Wales' children's champion I aspire to a Wales where all children and young people have an equal chance to be the best they can be. But the reality in Wales is that too many children are living in poverty, many children do not have the opportunities to develop their talents and potential, too often children do not know they have rights, and despite being experts on their own lives, children are often excluded from decisions that affect them and are often powerless to hold to account decision-makers or those responsible for services.

This is why I have collaborated with the Wales Observatory on Human Rights of Children and Young People to create this principled and practical framework that will enable more children and young people to be better involved in public services. This is a framework which will lead to better decision making, ensuring there's a real focus on the particular needs of children whose voices can be lost or silenced, creating an environment where public services are accountable to all of its service users.

If you require additional information about any aspect of this guide, please do not hesitate to get in touch.

I want to see a Wales which recognises its children and young people as active citizens with an important contribution to make to their communities and the nation. I'll look forward to working with you to realise this ambition.

With best wishes

Sally Holland
Children's Commissioner for Wales

Croesawn ohebiaeth yn y Gymraeg yn ogystal â'r Saesneg ac mewn amryw o fformatau/We welcome correspondence in the medium of Welsh and English as well as alternative formats.

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THE RIGHT WAY

A Children's Rights Approach in Wales

A Children's Rights Approach is a principled and practical framework for working with children, grounded in the UN Convention on the Rights of the Child

THE RIGHT WAY

Contents

WHY A CHILDREN'S RIGHTS APPROACH

Foreword by Sally Holland, the Children's Commissioner for Wales

As Wales' children's champion I aspire to a Wales where all children and young people have an equal chance to be the best that they can be. In 2017 very many children and young people in Wales lead safe, happy and active lives and feel listened to and respected by the adults around them. However, despite lots of effort by organisations working with children, there remains much to do in order to make rights a reality for all children in Wales.

Too many children are living in poverty and are not receiving the services or resources they need to be healthy, well-educated and to develop to the best of their abilities. These children are not receiving human rights they are entitled to under the United Nations Convention on the Rights of the Child (UNCRC). **A Children's Rights Approach means that organisations will prioritise children's rights in their work with children and families to improve children's lives.**

Many children do not have the opportunities to develop their talents and potential, and face discrimination because of their background, or because they are children. **A Children's Rights Approach means that all children are given the opportunities to make the most of their talents and potential.**

Too often, children do not know they have rights which means they cannot take advantage of the rights they possess. **A Children's Rights Approach means that children are given access to information and resources to enable them to take full advantage of their rights.**

Despite being experts on their own lives, children are often excluded from decisions that affect them. **A Children's Rights Approach means that children are provided meaningful opportunities to influence decisions about their lives.**

Children are often powerless to hold to account decision-makers, or those responsible for services. **A Children's Rights Approach means that authorities and individuals are accountable to children for decisions, and for outcomes that affect children's lives.**

My work is guided by the UNCRC and I strive to ensure that it is implemented fully in Wales. I have created this guide with expert advice from the Wales Observatory on Human Rights of Children and Young People (based at Swansea and Bangor Universities) to encourage public services across the country to commit to the UNCRC and improve how they plan and deliver their services as a result. It contains information on ways to embed children's human rights in organisations and the benefits of doing so. Also included are some inspirational practice examples, which illustrate how some organisations are at the forefront of making rights a reality for children in Wales.

I want to see a Wales which recognises its children and young people as active citizens with an important contribution to make to their communities and the nation. I am certain this guide will provide children and young people with the skills and opportunities to do just that, which, in turn, will help deliver real changes in children's everyday quality of life and equal chances to fulfil their potential.

INTRODUCTION

A Children's Rights Approach is a principled and practical framework for working with children, grounded in the UNCRC. It is about placing the UNCRC at the core of planning and service delivery and integrating children's rights into every aspect of decision-making, policy and practice.

Policy and legislation on children in Wales is underpinned by the UNCRC. The *Rights of Children and Young Persons (Wales) Measure 2011,* the *Social Services and Well-being (Wales) Act 2014* and the *Well-being of Future Generations (Wales) Act 2015* all establish duties on public authorities that contribute toward the realisation of children's rights. A Children's Rights Approach is consistent with these duties, and will help public sector bodies to meet their statutory duties.

Similarly, a range of organisations in the private and non-governmental sectors in Wales have a significant part to play in the implementation of children services, and therefore have an obligation to contribute toward better realisation of children's rights in Wales. A Children's Rights Approach will help organisations in the private and public sectors give effect to children's rights.

This guide provides principled guidance and practical help on a Children's Rights Approach to planning and delivering services for children. The guide explains human rights and their relevance for public authorities and other organisations. It introduces sources of human rights and human rights duties, before explaining how each of the principles of a Children's Rights Approach may be put into operation. The focus is practical, offering guidance on procedures to give effect to children's rights.

The human rights of children

Human rights guarantee basic freedoms and meet the basic needs of all humanity, underpinned by respect for human dignity. Human rights are binding on government and on public authorities at all levels in the UK, and provide a strong ethical framework for planning, decision-making and action[1,2].

Children are entitled to their human rights, including being able to access and exercise their rights. Children's rights are set out in international treaties, including the European Convention on Human Rights (ECHR). Children's rights are entitlements, they are not optional. Children aged 0-17 years are given special human rights protection by the United Nations Convention on the Rights of the Child (UNCRC).

In 1991 the United Kingdom formally agreed to ensure that every child in the UK has all the rights listed in the convention by ratifying the UNCRC. The Welsh Government adopted the Convention as the basis for policy making for children and young people in Wales in 2004. The Rights of Children and Young Persons (Wales) Measure 2011, strengthened and built on the rights based approach of the Welsh Government to making policy for children and young people in Wales, placing a duty on all Welsh Ministers to have due regard to the UNCRC when exercising any of their Ministerial functions.

The UNCRC recognises that children are in a different situation than adults and will often have different needs, and that children face particular challenges because childhood involves stages of physical or emotional development. Part 1 of the UNCRC contains 41 articles, which guarantee children a comprehensive set of rights. Article 42, in Part 2 of the UNCRC requires the State, including public authorities, to make the UNCRC widely known to children and adults. The remainder of Part 2, and Part 3 of the UNCRC deal with monitoring and reporting responsibilities to the Committee on the Rights of the Child.

The rights set out in the UNCRC are an additional safeguard of their safety and development, and support children's capacity to take decisions and act autonomously. All of the articles of the convention cover three main themes: **Participation, Provision and Protection.**

The articles on **Participation** are based on the idea of the child or young person as someone who actively contributes to society as a citizen in the here and now and not just someone on the receiving end of good or bad treatment from others.

Provision articles cover the basic rights of children and young people to survive and develop. These range through health care, food and clean water to education and environment which allows children to develop. The Convention is clear that the best place for a child is normally with their family, and that the Government has a duty to support and assist parents but provide special care when children are unable to live with their parents.

Protection articles deal with exploitation of children and young people at work; physical, sexual and psychological abuse; discrimination and other mistreatments which many still suffer, including in the UK. The Convention makes it a duty for Governments to protect children and young people and, where necessary, to provide rehabilitation for them.

The Committee on the Rights of the Child[3] is a committee of experts responsible for monitoring the implementation of the UNCRC. The Committee holds regular sessions to review and assess the progress toward realisation of children's rights by Governments across the world, including the UK. The Committee also make suggestions to help Governments better realise children's rights. These are set out in documents called General Comments[4].

A 'CHILDREN'S RIGHTS APPROACH'

The model set out in this guide has been developed with public authorities in Wales in mind and takes account of themes consistently highlighted as integral to a **Children's Rights Approach** rooted in the UNCRC. Many authorities will already have procedures which are consistent with a Children's Rights Approach: adopting the principles and practices described below will complement or improve what is already working.

Policy and legislation on children in Wales is underpinned by the UNCRC. The *Rights of Children and Young Persons (Wales) Measure 2011*, the *Social Services and Well-being (Wales) Act 2014* and the *Well-being of Future Generations (Wales) Act 2015* regard to the UNCRC when exercising any of their Ministerial functions.

The principles of a Children's Rights Approach[5] are:

- **Embedding children's rights**
- **Equality and Non-discrimination**
- **Empowering children**
- **Participation**
- **Accountability**

Embedding children's rights

Children's rights should be at the core of planning and service delivery. The UNCRC needs to be integrated into every aspect of decision-making through procedures and actions. At its most basic this requires acknowledgement of the UNCRC as a framework for services impacting on children. Children's rights should guide decisions and actions having a substantial impact on children's lives in areas such as education, health or social care, but also in other areas such as planning, transport and the environment. There should be coordination across departments, and with external organisations to ensure application of the principles and practice of a Children's Rights Approach. This will help ensure that the best interests of the child are a primary consideration in all decision-making affecting the child (as guaranteed by Article 3 of the UNCRC). Policy, procedures and actions, as well as budgets should all be developed and implemented taking into account their impact on children's rights. It should be clear and transparent where children's rights have been taken into account.

In order to put this principle into practice authorities should aim to:

- **Make express reference to the UNCRC** as a framework for service planning and delivery in all significant policy statements or other documents setting out the authority's vision or key objectives (e.g. the corporate plan). This should come from the highest level of an authority. For example: a policy statement, adoption of a charter or pledge (or other instrument).

- **Ensure that leaders and staff**, who are required to put the commitment into practice, are aware of this commitment and familiar with the UNCRC.

- **Develop a strategy or scheme** setting out how it intends to ensure that children's rights are taken into account at all levels of decision-making to facilitate a coordinated Children's Rights Approach across departments and with external organisations.

- **Introduce procedures** to give effect to children's rights, these might include:

  - **developing a communication plan** for staff setting out how the organisation intends to develop awareness and understanding of children's rights;

  - **developing and making use of performance indicators** which reflect children's rights (e.g. should be incorporated in business planning, budgeting and other strategic planning);

  - **children's rights impact assessment** i.e. the proofing of any policy and budgetary decisions for their direct or indirect impact on children (or children's rights assessment integrated into Equality Impact Assessment);

  - **introducing children's rights implementation** as standing items on the agenda of key strategy meetings;

  - **requiring reporting on progress** on children's rights implementation to strategic policy meeting or groups.

- **Prioritise training on children's rights** for all staff, with the intensity of training appropriate to context and role that a member of staff performs.

- **Identify key individuals and/or establish a team** with responsibility to promote children's rights within the authority and to act as champions of children human rights, who are available to support others to develop and implement policy and practice.

- **Carry out an initial and then regular audit** of all significant policy statements or other documents to assess compliance with the above.

- **Carry out an initial and on-going evaluation** of levels of knowledge and understanding of children's rights amongst staff at all levels.

- **Prioritise protection of children's rights** through commissioning, and incorporate the principles of a Children's Rights Approach throughout the commissioning cycle.

- **There should be a clear commitment** to ensuring adequate human and financial resources are allocated to support the organisation to implement children's rights.

Case Study:

A Welsh Health Board has adopted a Children's Rights Charter, which was developed in consultation with children and young people. It sets out 10 overarching commitments to children's rights, all of which reflect different articles of the UNCRC. The charter has been endorsed by the leadership of the Health Board and is to be used as a guide for all staff, planning and operational, to provide a framework for working with children and young people. Since introducing the charter, the Board has appointed a lead on children's rights who works closely with senior management on implementing its commitment. The Health Board has started work on procedures to give effect to children's rights, working closely with the Wales Observatory on Human Rights of Children and Young People. These procedures will include information packs and training for all staff, and on policy tools to monitor and evaluate progress on putting children's rights at the heart of services. The Health Board has also established a Children's Panel to advise the authority on children's issues in healthcare.

Equality and Non-discrimination

Equality is about ensuring that every child has an equal opportunity to make the most of their lives and talents, and that no child has to endure poor life chances because of discrimination. Equality involves treating all children fairly, and providing them with opportunities and resources according to their needs, equal with others, ensuring that they are able to develop to their fullest potential. Authorities should also be aware that children can be affected by direct and indirect discrimination and ensure that policies and practise do not indirectly discriminate against those under 18. Promoting equality means taking action to tackle discrimination. Non-discrimination is a right under the UNCRC (Article 2). There should be no discrimination against children as individuals or as a group, and authorities must be aware of the damaging impact of multiple discrimination: when a child faces discrimination on more than one ground (e.g. a disabled child who is living in poverty). Authorities should be aware of the many barriers impeding access to services, including socio-economic, institutional, and cultural, and should be responsive to the situation of children subject to discrimination and unfair treatment who will need special assistance to enjoy their human rights. **Authorities should understand that decisions taken today can have a discriminatory impact on future generations of children.**

In order to put this principle into practice authorities should aim to:

- **Include a clear commitment** to promoting equality and tackling direct and indirect discrimination (including multiple discrimination) against children and specific groups of children in all significant policy statements or other documents setting out the authority's vision or key objectives (e.g. the corporate plan).

- **Make all staff aware that discrimination** can lead to unfair and unequal outcomes and should make the implications of discrimination against children widely understood by staff, service users and children themselves.

- **Ensure staff understand** the need to take account of the impact of decisions on future generations, including any discriminatory impacts.
- **Gather relevant data**, including disaggregated data, to enable identification of discrimination or inequalities in the realisation of children's rights to identify children who are being or may be discriminated against.
- **Develop appropriate priorities, targets and programmes of action** to reduce discrimination against excluded, socially marginalised, disadvantaged and vulnerable groups and to promote equality for these groups.
- **Include impact assessment of children's rights** in any equality impact assessment (treating age as a protected characteristic), where there is no separate procedure for a Children's Rights Impact Assessment (CRIA).
- **Through the use of CRIA or Equality Impact Assessment (EIA),** ensure children are involved in the proofing of all budgetary decisions that have a direct or indirect impact on them.
- **Provide information to children** to support their involvement in any of the above procedures, in a language or format appropriate to their age and maturity, culture, or disability.
- **Require commissioned services** to be provided in ways that do not discriminate against children or groups of children.

Case Study:
Challenging discrimination against young Gypsies and Travellers

In 2009 the charity Save the Children approached some of the young Gypsy Travellers in a Welsh Local Authority area and asked them what they thought would help them to have their voices heard. The young people suggested that a forum is established to discuss issues that are important to them and to build their confidence, skills and aspirations. The project was originally European Social Fund (ESF) funded but later became a core funded Traveller Education Service offering support to Gypsy Traveller children in all schools across the local authority.

Traditionally within the Gypsy Traveller community, young women have been encouraged to marry at a young age. However by encouraging and supporting these young women (through, for example, peer mentoring projects) to stay longer in education and gain qualifications it has supported them to have a choice with regards to marrying at a young age or instead seeking employment. There has been a considerable improvement in the overall educational attainment of young Gypsy Travellers in the areas, with more young people gaining GCSEs levels 1 and 2.

This service is also supporting Gypsy Traveller children to be involved in influencing decision making in the local authority area as well as at a Wales wide level and Democratic Services have been teaching children and their families about democracy and citizenship. Children are supported to be involved in a variety of different forums, for example from school councils, to the county youth forum, the Police Commissioner's panel, and the Wales Wide Travelling Ahead Forum. The children are also involved in the recruitment processes of staff who work directly with children in the Local Authority area. Young Gypsy Travellers go into schools with the Traveller Education Service to challenge stereotypes relating to the Gypsy Traveller community and the Policy and Community Support Officer and the School Police Liaison Officer also talk to young people across the area about challenging negative attitudes to the Gypsy Traveller community. This programme of work has succeeded in reducing the levels of discrimination against Gypsy Traveller children and their families by the key services working together to generate positive images of Gypsy Travellers and by empowering young people; through increasing their educational attainment, their opportunities to influence decision making and to be involved in the life of their community.

Empowering children

Human rights should empower children. Children's rights should be seen as entitlements; they are not optional. Empowerment means enhancing children's capabilities as individuals so they are better able to take advantage of rights, and to engage with, influence and hold accountable those individuals and institutions that affect their lives. Children should be given information to increase their understanding about human rights, and access to resources to enable them to make use of rights in their everyday lives. Empowering means removing barriers to children's access to information or resources that enable them to understand and exercise their rights. Empowerment is about enabling children to make choices and to affect outcomes for themselves and their families. Empowerment changes the relationship between children and authorities. It means adults handing over some or all power to children, or sharing power with children, so that children can better control and direct their lives, in particular in areas where this ability was previously unavailable to them. This principle applies equally to younger children and should be seen as an important contribution to the development of the child (guaranteed by Article 6 of the UNCRC). It may be especially relevant to children who are members of excluded, marginalised or disadvantaged social groups.

In order to put this principle into practice authorities should aim to:

- **Review services and resources** to identify barriers to children's access, including in collaboration with children as service users, in particular in relation to services to excluded/ marginalised or disadvantaged social groups.
- **Develop appropriate priorities, targets and programmes of action** that enable all children to develop their capabilities and to gain access to resources that support realisation of their human rights (for example, health, education or play).
- **Provide children with opportunities and the skills to engage** with and influence policy processes and mechanisms, (including commissioning), by offering training or information accessible to children of (different ages/abilities) and establish clear guidelines for how children will influence decisions.
- **Gather relevant data,** including disaggregated data and longitudinal data, on resources available to children, in particular in relation to excluded/marginalised or disadvantaged social groups, and make this available to children.
- **Provide children with opportunities** to act collectively to develop ideas and proposals, to take action and to influence decisions.
- **Proactively identify opportunities for children** to take decisions according to age and maturity, including opportunities to make significant choices which transform their lives, and inform children of these opportunities.
- **Provide children with accessible information,** training and education to develop their understanding of their human rights.
- **Provide children with accessible information** on independent human rights providers, advocacy services and professional legal advice.
- **Ensure that resources are identified** in budgets to support education, training and development opportunities for children.

Case Study: Young Commissioners

An historical example of empowering children is provided by a Welsh Youth Council. The Youth Council, together with Barnardo's and the Council's Youth Service supported 28 children to become AQA-trained Young Commissioners. They were involved in commissioning Families First projects, and were able to directly influence decisions on how some of the £29 million available was spent. For more information, see: http://archive.thesprout.co.uk/en/news/cardiff-yountional-award/11413.html

Children's Rights Unit (CRU)

A Welsh Local Authority and Health Board have funded a children's rights unit, set up to ensure that children and young people's rights are respected and protected. By providing information and training the CRU helps children and young people to become aware of their rights, and puts them in a position to be able to demand their rights, or to make a contribution to the running of organisations that have an impact on children's lives, which have traditionally been adult only domains. For example, the CRU Young Trustee Project provides training, 'Preparing to be a board member' to 15-25 year olds on issues of governance and leadership. To date, over sixty children and young people have taken the training, and over thirty children are on institutional boards such as the Welsh Rugby Union, Hillside Secure Unit and the CRU itself. By providing children with the skills required to sit on organisational boards the CRU has contributed to their development as individuals, and has enabled them to participate in decision-making at the highest level, taking decisions that affect the lives of children, as well as adults.

Participation

Participation means listening to children and taking their views meaningfully into account. All children should be supported to freely express their opinion; they should be both heard and listened to. Their views should be taken seriously when decisions or actions are taken that affect their lives directly or indirectly (as guaranteed by Article 12 of the UNCRC).Participation can take place in different forms, appropriate to different circumstances. Children should be supported to take part in decisions that contribute to the lives of their family, shape the communities they live in and wider society. Children's views will need to be taken into account and given due weight in light of their age and maturity, but young age or relative immaturity is no reason for discounting children's opinions or for giving them less attention in decision-making processes. Children should be fully informed and given opportunities to be involved in decision making. It should be clear how children have influenced decisions and how their views have been taken into account, with feedback always given to the children who are involved in the process. Participation should not be understood as an end in itself, but as a process, which is safe, enabling and inclusive, and which supports dialogue between children and professionals. Barriers to participation should be identified and removed.

In order to put this principle into practice authorities should aim to:

- **Include a clear commitment to participation of children** in all significant policy statements or other documents setting out the authority's vision or key objectives (e.g. the corporate plan) and adopt the National Participation Standards.
- **Carry out initial and regular assessment of children's participation** across all areas of a public authority functions. Decide at what level participation will occur in different policies and procedures. A participation model can help define this and clarify the degree of ownership that young people will experience in the process.
- **Prioritise children's participation throughout the commissioning cycle.**
- **Develop appropriate priorities, targets and programmes of action** to increase participation, in particular amongst otherwise excluded/ marginalised or disadvantaged groups.
- **Involve children directly in the design,** monitoring and evaluation of service delivery, and involve children in the proofing of all policy and budgets that have a direct or indirect impact on them, including CRIA or EIA.
- **Identify safe places and space,** including time, for children to participate.
- **Involve children in the recruitment of all staff** who have responsibilities that impact on children.
- **Provide feedback to children and staff** on the outcomes of children's involvement in any of the above procedures, proactively highlighting any changes and/or benefits brought about by their participation.
- **Provide information to children to support their involvement** in any of the above procedures, in a language or format appropriate to their age and maturity, culture, or disability.
- **Ensure that resources are identified** in budgets to support participation.

Case Study:
Local Authority Budget Process

More than 100 children and young people (aged 7 to 18) were invited from local primary and secondary schools in a Welsh Local Authority to participate in the Council's Big Budget conversation. This was the Council's third annual budget consultation with children and young people in the city. Participation was initiated by city officials as part of a broad policy of giving due regard to the UNCRC in policy-making. Council officials developed consultation tools to engage with a total of 114 pupils from primary and secondary schools in advance of the budget. For example, one workshop presented participants with ten budget headings with resources allocated to each. Participants were asked to consider what they would do as the Council if they had to cut 20 percent of the budget. Participants described their rationale for any suggested cuts, or for protecting spending in some areas. The Council asked in this consultation for children and young people's advice on what to prioritise as the Council reduced the overall budget. It is an example of how children can be involved in decision-making processes where resources are constrained and may not be available for the promotion of children's rights, but where the realisation of children's rights could be better achieved through redirecting or retaining funding for particular services.

Accountability

Children's human rights give rise to obligations which demand accountability. Authorities should be accountable to children for decisions and actions which affect their lives. Children should be provided with information and given access to procedures which enable them to question and challenge decision-makers. Accountability requires effective monitoring of children's rights standards as well as effective remedies where there is a failure to meet these standards. For this to be effective authorities need to be transparent and provide reasons for their decisions and actions. Authorities, and all staff with responsibilities that impact on children, must understand that children have human rights and that they have an obligation to respect, protect and fulfil[6] children's rights. All those involved should understand that they are accountable to children for meeting this obligation. Children should be made aware of their human rights, and should be given information to understand the responsibilities and obligations of public authorities and other organisations. To obtain any human right a child must know they are entitled to it and be able to actively claim their human rights, including when making a complaint or challenging decisions and actions. Accountability means holding decision-makers to account, which requires information and data on performance against children's rights standards.

In order to put this principle into practice authorities should aim to:

- **Include a clear commitment** to accountability in all significant policy statements or other documents setting out the authority's vision or key objectives (e.g. the corporate plan).
- **Ensure that accountability** is continued even where services are commissioned from third parties.
- **Ensure that staff understand their responsibilities** and obligations to children including by making this explicit in job descriptions and policies governing the conduct of staff.

- **Staff supervision and performance management** should include individual responsibility for children's rights, including by use of individual performance indicators as appropriate.
- **Carry out children's human rights** monitoring consistently against children's rights standards, including developing applicable children's human rights indicators (which should be developed with the participation of children and made relevant to policy or service areas).
- **Publish annual reports on performance** against children's rights indicators and disseminate the findings widely.
- **Encourage independent monitoring** of performance against children's rights standards, including by involving children in monitoring and/or external review/inspection.
- **Provide children with accessible information** on mechanisms and the process for making complaints, and for holding the authority, or individual staff, to account.
- **Provide children with accessible information** on how to access advice, such as advisory services, human rights advocacy services or professional legal advice.

Case Study:
A UN style reporting process

A Welsh Local Authority established a 'UN-style' reporting process, with a representative body of children and young people playing the role of the UN Committee on the Rights of the Child. The young people evaluated the local authority's Estyn self-evaluation against the standards of the UNCRC. A public hearing was then organised with the Local Authority's Director of Education, the Head of Performance and Community and the Cabinet Member for Education and Safeguarding. The young people asked questions of these senior managers and the elected member in front of an audience of 50 delegates. After the public hearing the young people met to finalise their report. They linked all of their Concluding Observations to the relevant articles of the UNCRC and came up with 30 recommendations for the local authority to deliver on. Their recommendations have been the catalyst for many changes within Education Services at the Local Authority since their report was issued.

CONCLUSION

Conclusion by Sally Holland, Children's Commissioner for Wales

Investing in children's human rights has real benefits for organisations, including contributing to **enabling more children and young people** to be better involved in public services which leads to better decision making, ensuring there's a **real focus on the particular needs of children** whose voices can be lost or silenced, creating an environment where public services are **accountable to all** of its service users.

Children's human rights are delivered internationally, regionally and domestically. The UNCRC is often seen as an abstract concept. This guide is intended to bring to life the real, positive impact public services in Wales can have on delivering a Children's Rights Approach on a local level across Wales, an approach that will have a meaningful impact on how Wales responds to and safeguards the long term needs of its children.

We must endeavour to match the principles of our laws and policy with meaningful actions which improve outcomes for children and young people. Delivering a Children's Rights Approach in Wales will help heighten public awareness of the UNCRC and help us to further foster a culture which promotes thinking about the impact of what goes on in society on children, which challenges bad practice and promotes positive outcomes. Practical improvements leading to beneficial outcomes are essential for children's rights to have real meaning.

FOOTNOTES

[1] Find the core international human rights texts here

[2] Find out more about the Committee on the Rights of the Child here

[3] Read the Committee's observations on progress on Children's Rights in the UK here

[4] Read General Comments published by the Committee here

[5] The principles of Children's Rights Approach are not intended to be used in any particular order. Instead they should be thought about and used together to inform decision-making and service delivery. Inevitably there are some overlaps. For example, empowering children to take decisions and make choices is very close to providing opportunities for children to participate in decisions that affect their lives, and participation will only realise rights for children if it is carried out based on the principle of non-discrimination and equality. However, the overlapping principles are mutually re-enforcing and contribute to a holistic, coherent and comprehensive approach to realising children's rights

[6] Public authorities and other organisations can work toward the realisation of human rights for children by ensuring that they:

- **Respect Rights.** This means not doing anything that interferes with the enjoyment of human rights. For example, authorities should not treat a child's human rights as less important because they are below a certain age, or because they believe they know what is best for the child.
- **Protect Rights.** This means seeking to ensure that others do not infringe human rights. For example, by taking action where there is evidence that children's rights are being violated, e.g. where children are subject to abuse, exploitation, or discrimination.
- **Fulfil Rights.** This means taking action to facilitate the enjoyment or better enjoyment of human rights. For example, making children and others aware of their rights, and ensuring that children's rights receive proper prioritisation for resources.

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Published: March 2017

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Cabinet Secretary for Communities and Children

Llywodraeth Cymru
Welsh Government

Ein cyf/Our ref: MA(L)CS/0269/17

Lynne Neagle AC/AM
Chair – Children, Young People and Education Committee
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30th April 2017

Dear Lynne

Thank you for your letter of 12 April on behalf of the Children, Young People and Education Committee, seeking clarification of our position on the Legislative Consent Memorandum for the Prisons and Courts Bill.

In preparing the memorandum, we did consider whether to seek consent for clauses 8, 15-20 and Schedule 1 of the Bill, as well as clauses 4-6, but we concluded that this was not necessary. Our view was that to fall within Standing Order 29, the National Assembly should have enough competence to pass a coherent legislative proposal which could achieve substantially the same effect as the provisions of the UK Government's Bill. We were not convinced that this was the case.

Although these clauses do in part relate to the protection, well-being and care of children, they confer upon the Prisons and Probation Ombudsman considerably broader functions which are not devolved (for example, in relation to deaths in criminal justice institutions). Whilst the Assembly may have legislative competence to create an ombudsman for Wales, that ombudsman would only be able to carry out very limited functions specifically in relation to deaths of children in a secure children's home. As this would only be a very small part of the wide range of functions placed on a statutory footing by the UK Government's Bill, we do not believe the Assembly could achieve substantially the same effect as these provisions. We were not therefore persuaded of the necessity to seek consent for these clauses. We accept, however, that this is not clear cut and that arguments could be made both ways. We all agree that clauses 8, 15-20 and Schedule 1 do relate, at least in part, to the protection, well-being and care of children in Wales.

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

The UK Government has now confirmed that the Bill will not be progressed within this Parliament due to the General Election, so there will be no need for the plenary debate scheduled for 9 May. Should these provisions be introduced in any future Bill, we will give careful consideration to which clauses may need the consent of the National Assembly.

Yours sincerely

Carl Sargeant AC/AM
Ysgrifennydd y Cabinet dros Gymunedau a Phlant
Cabinet Secretary for Communities and Children

Y Gwir Anrh/Rt Hon Carwyn Jones AC/AM
Prif Weinidog Cymru/First Minister of Wales

Llywodraeth Cymru
Welsh Government

Ein cyf/Our ref: MA-L/FM/0266/17

Sally Holland, Children's Commissioner for Wales
post@childcomwales.org.uk

8th May 2017

Dear Sally

Thank you for your letter of 31 March about the United Nations Convention on the Rights of the Child (UNCRC) and its status in Wales, specifically in relation to the Additional Learning Needs and Education Tribunal (Wales) Bill.

As I confirmed in my letter of 6 March, the Welsh Government's commitment to the UNCRC remains absolute. In these times of uncertainty, I can guarantee this government's continued focus on the promotion and safeguarding of children's rights.

The Rights of Children and Young Persons (Wales) Measure 2011 was a milestone. I agree that we must now match the principles of law and policy with meaningful actions to improve outcomes for children and young people. However, I do not agree this requires us to place a general duty to have regard to the UNCRC in all primary legislation relating to children and young people.

The UNCRC is aimed at states and, accordingly, it is for governments to ensure compliance through their laws, administrative actions and other appropriate measures. This is an important principle and, unless the state is directly providing the service, this Convention is not targeted at frontline providers of service.

The Welsh Government, as required by the 2011 Measure, has considered children's rights and ensured they are built into the Bill. By complying with the duties in the Bill, service providers and practitioners will give effect to the rights described in the Convention.

A general due regard duty on service providers concerned with supporting learners with additional learning needs would not itself lead to improved outcomes for these children and young people. It would not guarantee a particular action or result and could, in practice, have the opposite effect and work against the well-intended aims of such a duty.

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

If we were to place a due regard duty directly on those exercising functions under the Bill, we risk distracting frontline practitioners from supporting learners by creating layers of red tape and bureaucracy – teachers, schools and governing bodies would have to evidence that they have taken the convention into account in their interactions with all children and young people with additional learning needs.

The duty would put schools, colleges and other bodies with functions under the Bill at risk of litigation on grounds of procedural failures. Protecting themselves against such risks creates an additional layer of bureaucracy and takes up time and resources which might otherwise have been spent on supporting children and young people and improving outcomes.

In the case of school governing bodies, for example, who in practice will delegate their statutory duties under the Bill to teachers, we must reflect on whether we want them to focus on teaching and supporting children and young people or filling in forms to evidence how their actions adhere to the articles of the Convention.

The additional administrative burden a general due regard duty will place on classroom teachers, lecturers, additional learning needs coordinators, health professionals and others is a situation I cannot support given there is no evidence that it would have a positive impact in terms of improved outcomes.

It is specific and practical duties on public bodies that will result in improved outcomes and this is the approach we have taken in the Bill.

The Bill sets out clear, tangible and enforceable duties on local authorities and governing bodies in respect of children and young people with additional learning needs, which reflect the important and relevant articles of the UNCRC. At its core, the Bill is about delivering on the right of children and young people to an education which develops their personality, talents and abilities to the full. This is hugely important to us as a government and has shaped our approach. By complying with the duties in the Bill, service providers and practitioners will give effect to the rights described in the Convention.

In developing the Bill's provisions, we have promoted children's rights (specifically articles 12 and 13) by seeking the views of children and young people. Their perspectives have directly influenced the approach we are taking. For example, an extensive programme of engagement with children and young people was undertaken during the consultation on the draft Bill. Views gathered during this exercise were used to inform the Bill introduced into this fifth Assembly.

The very purpose of the Bill is to give children and young people who have additional learning needs the same opportunity to be educated as other children, thereby giving effect to relevant provisions of the Convention (including articles 23, 28 and 29). The Bill does this by placing duties on governing bodies and local authorities to consider whether children and young people have additional learning needs; to determine and set out, in an individual development plan, the provision to meet any such needs and to secure that provision. Children and young people have rights to request reviews of their plan and to receive copies of it.

Through the Bill, children and young people have rights to bring their own appeals and claims to the tribunal, with assistance from adults where appropriate. The Bill also provides rights for children and young people to independent advocacy services, to ensure that their voice is heard. Crucially, section 6 of the Bill requires those exercising functions under the Bill to have regard to (among other things) the views, wishes and feelings of the child or young person concerned.

I have attached a summary of our analysis of how the specific provisions of the Bill address the relevant articles of the Convention.

It is intended there will be further guidance on these duties in the Additional Learning Needs Code, which will be made by the Welsh Ministers. In preparing the Code, Welsh Ministers will be subject to the duty in the 2011 Measure.

I am grateful to you for the collaborative approach you and your office have taken to the development of the Bill and wider transformation programme and I know that the Minister for Lifelong Learning and Welsh Language is too. We share your vision for children and young people in Wales and are keen to continue working closely together to deliver this.

I am copying this letter to the Chair of the National Assembly's Children, Young People and Education Committee.

Yours sincerely

CARWYN JONES

Annex

Summary of applicable part of UNCRC Article	ALN Bill section
Article 2 This Article requires state parties to respect and ensure the rights set out in the convention apply to each child without discrimination of any kind, irrespective of the child's disability. It also provides that the state takes all appropriate measures to ensure that the child is protected against all forms of discrimination.	The overall ethos of the Bill is to give legally enforceable rights to children and young people with additional learning needs (ALN), whether the ALN results from a disability, or otherwise, so that they have the same opportunity to be educated as all children. See for example sections 10 and 12, which provide that where a governing body or local authority decides a child or young person has ALN, it must prepare an individual development plan (IDP), and maintain it. Where a governing body or local authority maintains an IDP it must secure the additional learning provision contained within the plan (sections 10 and 12).
Article 4 State parties shall undertake all appropriate legislative, administrative and other measures for the implementation of the rights recognised in the present convention.	This table demonstrates the many ways in which the applicable articles of the UNCRC would be integrated into law through the Bill. The ALN Code to be made under section 4 of the Bill would also be implemented to take into account the relevant rights under the UNCRC.
Article 5 State parties shall respect the responsibilities rights and duties of parents…in a manner that is consistent with the evolving capacities of the child.	Parents, as well as children and young people, have rights to relevant documents, e.g. the IDP, and also to information and advice about the ALN system (section 7). Parents also have rights to bring appeals to the Education Tribunal (section 63(2)) on behalf of their children under the Bill.
Article 12 State parties shall assure to the child who is capable of forming his or her own views the right to express those views freely in all matters affecting the child, the views of the child being due weight in accordance with the age and maturity of the child. For this purpose the child shall in	Section 6 of the Bill puts a statutory duty on persons exercising functions under Part 2 of the Bill to: a) have regard to the views, wishes and feelings of the child, child's parent, or young person; b) have regard to the importance of the child, the child's parent, or the young person participating as fully as possible in decisions relating to the exercise of the function concerned; and c) have regard to the importance of the

particular be provided the opportunity to be heard in any judicial and administrative proceedings affecting the child either directly or through a representative or an appropriate body in a manner consistent with the procedural rules of national law.	child, the child's parent, or the young person being provided with the information and support necessary to enable participation in those decisions. This section is a pervasive requirement that flows throughout all of the applicable functions, and applies to governing bodies and local authorities exercising their ALN functions. The Bill provides direct rights to children and young people to bring a claim to the Education Tribunal. Section 63(2) allows children and young people to appeal to the Tribunal on the matters listed in that section. Children and young people can engage in arrangements to avoid and resolve disagreements (see section 61). Children can bring claims to the Tribunal through their parents, or in their own name (including with the assistance, representation and support of a case friend – section 76). Children and young people are to be provided with independent advocacy services (section 62) in order to assist them to bring claims (and to provide advice at an earlier stage than the Tribunal) and make their voices heard.
Article 13 The child shall have the right to freedom of expression, this right includes the freedom to seek, receive and impart information and ideas of all kinds, either orally, in writing or in print, in the form of art, or through any other media of the child's choice.	See sections 6 and 7 of the ALN Bill (and entry above generally).
Article 23 State parties recognise that a mentally or physically disabled child should enjoy a full and decent life, in conditions which ensure dignity, promote self reliance and facilitate the child's active participation in the community.	One of the overall purposes, and the legal effect of the Bill, is to allow children and young people with ALN, which could be as a result of a mental or physical disability, to fully engage in the education system, with particular provision being made to assist and allow the child to learn. The statutory entitlement to additional learning provision under the

Paragraph 3 of this article specifically provides for recognising the special needs of a disabled child, and ensuring that the child has effective access to and receives education and training in a manner conducive to the child achieving the fullest possible social integration and individual development.	Bill plays a very large part in the enjoyment of a full and decent life of a child or young person with ALN, facilitates self reliance and also facilitates the child's or young person's active participation in the community. There are also provisions in the Bill to maximise the inclusion of children in mainstream schooling and activities (sections 45 and 46).
Article 28 State parties recognise the right of the child to education and with a view to achieving this right progressively and on the basis of equal opportunity.	Again, this reflects the fundamental purpose, and the legal entitlements for children and young people with ALN under the Bill. Where a child or young person requires additional learning provision to enable them to learn, the Bill provides for this. Local authorities and governing bodies must put the provision in place (sections 10 and 12). Furthermore, there are appealable and enforceable rights in the Education Tribunal.
Article 29 State parties agree that the education of the child shall be directed to the development of the child's personality, talents and mental and physical abilities to their fullest potential.	This principle is reflected within the enforceable rights that are outlined in this table, and will be secured through the Bill.
Article 31 State parties recognise the right of the child to rest and leisure, to engage in play and recreational activities appropriate to the age of the child.	The age range of the Bill is from 0-25 and therefore includes very young children who learn through play.

Rt Hon Alun Michael JP FRSA
Police and Crime Commissioner for South Wales
Comisiynydd yr Heddlu a Throseddu De Cymru

South Wales
Police and Crime Commissioner
Comisiynydd yr Heddlu a Throseddu
De Cymru

Lynne Neagle AM
Chair – Children, Young People and Education Committee
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8th May 2017

Dear Lynne

I am writing in response to the consultation letter on the Children, Young People and Education Committee's work on the First 1,000 days.

Within South Wales Police we are working with Public Health Wales in accordance with our Memorandum of Understanding with them which was signed by myself, Chief Constable Peter Vaughan, Tracey Cooper Chief Executive, Public Health Wales and witnessed by Mark Drakeford AM in his role as Minister for Local Government.

Following the publication of the Public Health Wales Adverse Childhood Experience Studies which showed the impact 4 or more ACEs can have on harmful behaviours later in life making it 20 times more likely, use of hard drugs 16 times more likely, and making perpetrating violence 15 times more likely than someone with no ACEs. We are currently working on a collaborative project to explore how we can take an ACE informed approach to dealing with vulnerability which has four main work streams: policing, education, housing and criminal justice.

I understand Janine Roderick, who has a joint role as Policy Lead for Public Health and Policing between Public Health Wales and South Wales Police, is meeting you shortly to provide a briefing on the work we are doing around ACEs and we will be happy to provide you with further updates as the project develops.

Yours ever

Alun

Rt Hon Alun Michael
Police and Crime Commissioner for South Wales

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