

Agenda – Children, Young People and Education Committee

Meeting Venue:

Committee Room 1 – Senedd

Meeting date: 14 December 2017

Meeting time: 09.15

For further information contact:

Llinos Madeley

Committee Clerk

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Private Pre-meeting

(09:15 – 09:30)

1 Introductions, apologies, substitutions and declarations of interest

(09:30)

2 Inquiry into the Emotional and Mental Health of Children and Young People – Evidence session 6

(09:30 – 10:30)

(Pages 1 – 29)

Royal College of Psychiatrists

Professor Alka Ahuja, Visiting Professor, University of South Wales,
Consultant Child & Adolescent Psychiatrist and Chair of the Child &
Adolescent faculty, Royal College of Psychiatrists in Wales

Dr Amani Hassan, Child Psychiatrist and Learning Disability consultant

Dr Warren Lloyd, Consultant Child & Adolescent Psychiatrist, Associate
Medical Director Mental Health and Learning Disabilities – Hywel Dda

University Health Board *

Dr Peter Gore Rees, Consultant Child and Adolescent Psychiatrist, Clinical
Director Children and Young People Central Area – Betsi Cadwaladr University
Health Board*



**All attending in their capacity as Members of the Royal College of Psychiatrists*

Attached Documents:

Research Brief for Evidence Sessions 6, 7 and 8

CYPE(5)-35-17 – Paper 1 – Royal College of Psychiatrists

Break

(10:30 – 10:45)

3 Inquiry into the Emotional and Mental Health of Children and Young People – Evidence session 7

(10:45 – 11:45)

(Pages 30 – 33)

Dr Bethan Phillips, British Psychological Society

Dr Rose Stewart, British Psychological Society

Dr Abigail Wright, British Psychological Society

Dr Liz Gregory, Applied Psychologists in Health National Specialist Advisory Group

Attached Documents:

CYPE(5)-35-17 – Paper 2 – British Psychological Society

4 Inquiry into the Emotional and Mental Health of Children and Young People – Evidence session 8

(11:45 – 12:45)

(Pages 34 – 50)

Lowri Wyn Jones, Programme Manager – Time to Change Wales

Ian Johnson, Senior Research & Evaluation Officer – Time to Change Wales

Sara Payne, Fostering Practice Manager – Barnardo's

Sandra White, Central Services Manager – Action for Children

Attached Documents:

CYPE(5)–35–17 – Paper 3 – Time to Change Wales

CYPE(5)–35–17 – Paper 4 – Barnardo's Cymru

CYPE(5)–35–17 – Paper 5 – Action for Children

5 Paper(s) to note

(12:45)

5.1 Letter from the Cabinet Secretary for Health and Social Services and the Minister for Children and Social Care – follow-up from draft budget session on 22 November

(Pages 51 – 55)

Attached Documents:

CYPE(5)–35–17 – Paper to note 1

5.2 Letter from the Cabinet for Finance to the Chair of the Finance Committee – Welsh Government draft budget

(Page 56)

Attached Documents:

CYPE(5)–35–17 – Paper to note 2

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

(12:45)

7 Inquiry into the Emotional and Mental Health of Children and Young People – consideration of the evidence received

(12:45 – 12:55)

Document is Restricted

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Y Pwyllgor Plant, Pobl Ifanc ac Addysg | Children, Young People and Education
Committee Ymchwiliad i Gwella Iechyd Emosiynol ac Iechyd Meddwl Plant a Phobl Ifanc
| Inquiry into The Emotional and Mental Health of Children and Young People
EMH 37

Ymateb gan: Coleg Brenhinol y Seiciatryddion
Response from: Royal College of Psychiatrists



The Royal College of Psychiatrists is pleased to respond to the Children, Young People and Education Committee inquiry into the emotional and wellbeing of children and young people in Wales.

The inquiry looks specifically at Child and Adolescent Mental Health Services (CAMHS), an area of intense scrutiny over the years not just in Wales but in the UK. CAMHS have been under extreme pressure and this has been highlighted in the WAO reports, the original CYPE inquiry and our written and oral evidence to the inquiry. The lack of financial and human resources coupled with an increase in demand left those working in CAMHS feeling overwhelmed, impacting on patient care.

In November 2016, we welcomed the Health Minister's announcement at the time to develop an improvement Programme, rather than conduct another review. We must stress first and foremost that this was a positive step to making improvements – focusing on "what can be done", rather than "what is going wrong". For the first time it was also backed by a significant increase in funding, which is vital for change to happen.

The Programme has successfully brought together a number of health and social care professionals and third sector organisations to work jointly towards reaching common goals. It looks at all stages of mental health conditions, from prevention to specialists services. The focus of the Programme is on quality outcomes and patient need.

Professor Dame Sue Bailey, past President of the Royal College of Psychiatrists and Advisor to the T4CYP remarked at the RCPsych in Wales's child and adolescent faculty meeting in October 2016, that the work in Wales should be seen as a beacon because it is further ahead than any other UK nation in delivering a values-based model of children's mental healthcare. The findings of the Values-Based CAMHS Commission, spearheaded by the College and published in their report *What really matters in children and young people's mental health* outline what needs to be done to obtain values-based outcomes and Wales is clearly further ahead with the development and approach of the T4CYP.

We are pleased that the Cabinet Secretary for Health, Social Care and Sport meets regularly with T4CYP Government Advisors to drive forward improvements to service provision. We would say that, whilst we have seen improvements at the high-end of service delivery, we are yet to see the same advances in prevention and early intervention, particularly in tackling stigma and focusing on mental health education and awareness in schools. We welcome the announcement of additional funding for a pilot scheme to run in three Health Board areas, ensuring a dedicated CAMHS professional works directly with cluster schools to offer regular training, advice and support, and to be the link between schools and mental health services.

Specialist CAMHS

Q. The extent to which new (and/or reconfigured) services are helping to reduce waiting times in specialist CAMHS. Whether the improvements in waiting times Welsh Government expected from CAMHS have been met.

1. There has been a significant reduction in the numbers of children waiting long times for specialist CAMHS. Some Health Boards record a major reduction in waiting times.
2. However, whilst there has been a reduction waiting times, there is no evidence to suggest a reduction overall in the number of patients being seen.

Q. What the data tells us about the variations in practice (equity of access) across Wales.

3. The data show that the variations in practice have diminished. Significant work is still required to overcome the backlog but all areas have made vast improvements and there is probably less variation in the management of severe mental illness than before. More needs to be done to eliminate variation entirely and there is a larger variation in the way primary mental health services are delivered, again though the gap has narrowed.
4. There has been general agreement in adopting the Choice & Partnership Approach (CAPA), an outline agreement in the service specification, which we welcome.
5. There have always been regional differences in resource allocation and access to CAMHS. In CAMHS we often see inverse care where access is more available to those who need it least. Access is most difficult for people from deprived areas and with certain populations, such as those with learning disabilities, looked after children, and those from the BME community. Models of care and performance measures need to expand to ensure outreach liaison and consultation to hard to reach groups is scrutinized as much as direct work in outpatients.

Q. The extent to which changes have addressed the over-referral of children and young people to CAMHS.

6. The number of referrals to CAMHS has not reduced and we continue to experience a large number of referrals to specialist CAMHS. However, it is important to recognise that primary care services have since been enhanced so more children will be picked up.

Q. Referrals and access to CAMHS by individual Health Board, including the restrictions and thresholds imposed by CAMHS

7. Restrictions and thresholds are necessary to ensure that specialist services are available to those who need them, when they need them. Our Members have raised concerns that they have seen too many unnecessary patient referrals to specialist services, when the best type of treatment could be provided by primary care. The *Making Sense* report written by young people who have themselves lived experience, says, "Nothing could be more wrong than treating a troubled child for a mental health problem if their difficulty really lies externally, with family, school, or if they are experiencing normal reactions to life events such as parents separating, bereavement, etc."¹
8. GPs need the training and confidence to identify and treat or refer appropriately. This is of particular concern as GPs are reporting growing numbers of people presenting with mental health conditions. GPs are relying on local primary care mental health services and allied health professionals to assess and treat common mental health disorders. However, we would call for better mental health training in primary care.
9. College is looking into ways to address this. We are currently working with GPs to develop a training programme in areas where there is a need for better support. A recent RCPsych in Wales and RCGP Wales survey of GPs highlights that most respondents would welcome training on a range of conditions including depression, anxiety, eating disorders, and bereavement. For many children the GP is not seen as an accessible service so support also needs to be given to all professionals in health, social care and education to build capacity and enable them to identify and support referral for those most in need.

Q. Whether the changes have helped to improve specialist CAMHS' ability to respond out of hours and at times of crisis; whether out of hours care is working effectively, and specifically looking at the needs of those children and young people who present and are assessed at hospital A&E departments.

10. Each Health Board has developed new or enhanced existing crisis intervention teams that are either working closely with the new liaison teams, or with inpatient services, or working as outreach teams or

¹ <http://www.hafal.org/wp-content/uploads/2015/06/A-report-by-young-people-on-their-well-being-and-mental-health.pdf>

community intensive teams. Health Boards have designed their services specifically to work on meeting their population's needs and the services that were already available. There is now a national network for Assertive Outreach for CAMHS – ED Network, led by Glyn Jones. The T4CYP Programme reports into this network regularly.

11. We understand that the number of children and young people being detained in police cells has been dramatically reduced and in some areas the figures have reached zero. We must ensure however that they are being assessed in the appropriate health-based places of safety and not simply moved elsewhere.

Q. Whether there is sufficient in-patient capacity in Wales.

12. There are currently 19 beds in Ty Llydiard and 12 in Abergele and access is often difficult. We still send some patients requiring complex care across the border. There are no beds for forensics, Learning Disabilities and the under 11's requiring inpatient services within Wales.

Funding

13. In our previous submission to the Committee in 2014, we raised concerns that the pressures from Acute Health Care in other specialties frequently detract from appropriate specialist CAMHS resourcing. In 2015, we called for all Health Boards to have an Executive Board Member for mental health and learning disability, to ensure that appropriate priority would be given to these areas. Despite the injection of funding to bolster specific mental health services, Health Boards still need to give mental health and learning disabilities the attention it deserves.
14. The Welsh Government has invested additional funding to children's mental health services, outlined below:
 - £2.7m to support the NHS-led service change and development of CAMHS including support specialist services, ensuring young people are assessed when they present in crisis at an A&E department or are arrested under s136 of the Mental Health Act 1983.
 - £1.1m to support the development of psychological therapies for children and young people across Wales.
 - £2m for the assessment and treatment of ADHD, autism and other neurodevelopmental conditions, which will improve the provision of services for young people
 - £800,000 to increase the capacity of local primary care mental health teams to support young people preventing the need for children to be referred to specialist services unnecessarily
 - £800,000 invested in earlier intervention for young people developing psychosis between the ages of 15 and 24
 - £250,000 to develop services for the most vulnerable young people who are already in - or are at danger of entering - the youth justice system; and
 - £250,000 for transitions for people with eating disorders.

- £4.5m into school counseling services
- £1.4m into a pilot project linking CAMHS with schools.

15. We are pleased that officials are monitoring Health Boards on recruitment to these posts but acknowledge that training numbers need to be increased to create sufficient professionals to sustainably fill an expanded CAMHS in the future.

Q. The extent to which access to psychological therapies for young people has improved. Whether there has been a subsequent reduction in the use of medication for young people.

16. Psychological therapy has always been a fundamental part of the therapeutic armory for CAMHS with all staff able to deliver models of therapeutic care. There has not been the same level of focus as with adult therapies e.g. through the Adult Matrics work. We welcome the recent development of an All Wales CAMHS Psychological therapies special interest group and hope this can now progress.

Q. How the additional funding has been used to improve provision for children and young people in local primary mental health support services

17. There has been improved access but the model focused on GP entry and assessment and treatment has not been beneficial. In the first years of running the new local primary care mental health support services Health Boards were held to account for assessment and brief intervention targets, which were purely output driven. We are pleased that the new service model incorporates consultation, training and signposting with a focus on quality outcomes. In addition, the new Primary Care Pathway will work together with the CAMHS Pathway which will enable single points of entry, based on the 'no bounce' principle.

Q. The extent to which the funding has been used to meet the needs of vulnerable children and young people, for example, children who are in care, children and young people with ADHD and autistic spectrum disorders, and those who are already in or at risk of entering the youth justice system, including those who are detained under section 136 of the Mental Health Act 1983.

18. Funding bids were targeted at improving provision to all of the above groups. There is evidence that ASD/ND waiting times and care pathways are improving. Links have been established with the National Adoption service and some excellent models of care developed; however, this is not universal and currently Health Boards and regional partnerships vary in their ability to develop services outside of those affecting the outpatient waiting times performance. We are very pleased overall with the development of the all-Wales neurodevelopmental assessment pathway and the integrated autism services that have improved integration between health and social care and between primary and secondary care,

based largely on the Prudent Healthcare principles.

Transition to Adult Services

19. Transitioning from child to adult mental health services is a very difficult time in an adolescent's life. The service model of CAMHS differs greatly from AMHS and this stark transition from a multi-disciplinary, nurturing environment to a more formal, one-to-one style of care can be hard for many. The challenges and difficulties of the transition for young people, their families and the clinicians involved in their care are complex and well documented
20. The College Report 182 Building and sustaining specialist CAMHS to improve outcomes for children and young people², states that "Joint transition protocols must be agreed and implemented between CAMHS and adult services. Transitions of care must be planned and involve the young person and their family." In Wales, the care and treatment planning process of the Mental Health (Wales) Measure performs a similar role. The problem of transition of young people who meet criteria of current adult services should be solved by improved working between current service providers. The lack of a national Adult mental health equivalent body to T4CYP or the Eating Disorders/CAMHS network means developing all-Wales process at a pace is more problematic.

Q. How well planned and managed transitions to adult mental health services are.

21. The T4CYP has produced Transitions Guidelines and a Transitions Passport, which seek to address these particular issues. We welcome the documents and are pleased that transitions will no longer be compulsory on the day of the person's 18th birthday. The guidance stipulates that transitioning should be a gradual process which should begin when the child is ready. This approach is more needs-led than service driven and when implemented should result in better quality of care. This is particularly important in eating disorders, where those with eating disorders are at risk of maturing at a much slower pace, and we welcome the extra £500,000 recurrent funding for ED transitions services. So we are pleased that the guidance begins to address the problem how to improve the experiences of young people with transition trajectories that do not meet current eligibility criteria for adult services, such as those with eating disorders, neurodevelopmental problems, personality disorders and moderate/severe anxiety and affective disorders.
22. The College is developing a work plan to best meet the new guidance. The Chairs of the Child and Adolescent Faculty in Wales, the General Adult Faculty in Wales and Eating Disorder Faculty are forming a small working group to ensure that members follow guidance as intended.

Q. Links with Education (emotional intelligence and healthy coping

² <http://www.rcpsych.ac.uk/files/pdfversion/CR182x.pdf>

mechanisms)

23. We understand that the Cabinet Secretary for Education is working closely with the Cabinet Secretary for Health, Sport and Wellbeing to better meet the emotional and mental health needs of children in schools and we welcome this. It is important that schools are given better support and guidance from Welsh Government. Educational institutions play a large part in children's lives. Schools therefore have a responsibility to develop pupil resilience and the ability to cope with the stresses they may face either because of school (homework, exams, bullying) or with family life.
24. Most mental illnesses are manifested in the early years of life. If left untreated emotional distress is very likely to carry on into adulthood. Early intervention is the best form of prevention. Again, we welcome the recent announcement of investment into a pilot project where a dedicated CAMHS professional works regularly in cluster schools to provide training, support and advice and help with referrals.
25. Prevention and early intervention strategies can be successfully used in schools but there is a worry that wellbeing and emotional intelligence is not embedded in the current curriculum and will not always be covered in Public and Social Education (PSE) classes. The Donaldson Report³ recommends that six areas of learning and experience are embedded into the school curriculum, including expressive arts; health and wellbeing; humanities; languages, literacy and communication; maths and numeracy; and science and technology, but we are yet to see these incorporated into the curriculum.

Q. The work being done to ensure children and young people are more resilient and better able to tackle poor mental well-being when it occurs:

26. We noted in our original response to the Committee in February 2014 a recent audit of the Wales Primary Mental Health Group highlighted CAMHS as one of the biggest gaps in their competencies and that teacher training had no child development or mental Health component. We hope that £1.4m investment will improve training, support, brief interventions, and referrals to be then rolled out across Wales.

Q. Children's access to school nurses and the role school nurses can play in building resilience and supporting emotional wellbeing.

27. School nurses are part of the Tier 1 primary care mental health services and therefore have a responsibility in pupils' mental health. They must therefore have the relevant training and link with School Counsellors.
28. The school must ensure that pupils are aware that there is a school nurse available who is responsible for all pupils. Pupils should be encouraged to seek the advice of a nurse or of a counsellor. This is an important point.

³ Donaldson, G (2015) Successful Futures: Independent review of curriculum and assessment arrangements in Wales, OGL.

Nurses and counsellors are often not aware of a child's mental health and emotional state unless the child seeks support. Teachers are more likely to notice a change in a child's behaviour, and therefore should have the training and confidence to approach a child. The real issue therefore is to train teachers in spotting the signs of mental ill health, such as self-harm, suicidal thoughts, depression, and anxiety.

29. Wales is the only UK nation that legally binds local authorities to provide appropriate counseling services in secondary schools and this is welcomed. We must ensure that these services are well supported, and through evaluation, are meeting the needs of pupils. Data show an overall improvement in reduction in psychological distress.⁴ This must be consistent in all areas around Wales.

Q. The extent to which health, education and social care services are working together.

30. Primary Care Mental Health services comprise a range of health, social care and educational professionals as well as the third sector. It is a complex system that relies on excellent communication channels, clear pathways, and multi-disciplinary working. Such a complex system comes with greater risk of things going wrong.

31. The Programme has launched the Child and Adolescent Local primary Mental Health Support Services Pathway in line with the Mental Health (Wales) Measure to provide consistent care across the whole of Wales. The document provides guidance on a range of areas that, if met, would ensure the effective delivery of good quality care for children and young people. It includes an Activity Performance and Outcome Measures that would enable comparisons across the country.

32. The RCPsych in Wales is holding a joint seminar with Welsh Government in November on improving the integration between health, education, and social care services for children who require mental health services and will be using the new Pathway to drive forward the discussions. The seminar will highlight where integrated services are working and where they are not. The participants will be grouped by their geographic location to discuss patient pathways and these will then be compared to gain an all-Wales view on how well services are integrated. We are happy to share the results of this event with the Committee.

September 2017

⁴ <http://gov.wales/docs/statistics/2017/170329-counselling-children-and-young-people-2015-16-en.pdf>

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Ymateb gan: Cymdeithas Seicolegol Prydain
Response from: British Psychological Society

Specialist CAMHS

- The extent to which new (and/or reconfigured) services are helping to reduce waiting times in specialist CAMHS. Whether the improvements in waiting times Welsh Government expected from CAMHS have been met.
- What the data tells us about the variations in practice (equity of access) across Wales.
- The extent to which changes have addressed the over-referral of children and young people to CAMHS.
- Referrals and access to CAMHS by individual Health Board, including the restrictions and thresholds imposed by CAMHS
- Whether the changes have helped to improve specialist CAMHS' ability to respond out of hours and at times of crisis; whether out of hours care is working effectively, and specifically looking at the needs of those children and young people who present and are assessed at hospital A&E departments.
- Whether there is sufficient in-patient capacity in Wales.

1. Comments:

The Society believes that the above terms of reference could also:

- Include multi-agency work that supports/facilitates CAMHS referrals and as a result, assessment and support might be helping to reduce CAMHS referrals.
- Include an explanation of at what point/level of need, referrals are most effectively made.
- Additionally, the Society believes that the scope of the investigation should include paediatric/Child Health Psychology services. As these services are not always included under specialist CAMHS but deal with the mental health of children and adolescents, it is essential that they are included within the inquiry.

Funding

- Annual expenditure on CAMHS in cash terms and as a percentage of the overall spending on mental health, by local Health Board.
- The extent to which access to psychological therapies for young people has improved. Whether there has been a subsequent reduction in the use of medication for young people.
- How the additional funding has been used to improve provision for children and young people in local primary mental health support services
- The extent to which the funding has been used to meet the needs of vulnerable children and young people, for example, children who are in care, children and young people with ADHD and autistic spectrum disorders, and those who are already in or at risk of entering the youth justice system, including those who are detained under section 136 of the Mental Health Act 1983.
- The effectiveness of current planning and commissioning arrangements to address the needs of young people who have early onset of a severe mental illness, such as psychosis.

2. Comments:

The Society believes that the following should be included:

- The type(s) of psychological therapies that are accessed most and least but also those perceived the easiest/hardest to access, by children, young people, parents and professionals.
- A clear definition of the type(s) of psychological therapies that are most effective in supporting areas of need. Also, the psychological therapies that are considered to be most effective at each level of intervention, for example- universal, administered to every member of a population, targeted and specialist interventions, designed for at-risk groups, delivered to individuals and groups that require higher levels of support from professionals with greater expertise. Intervention is considered to be necessary at each of these levels to be effective (Dunsmuir and Hardy, 2016)
- A definition of how psychological therapies are being individualised and tailored to the specific needs of a person, a central aspect of the current Welsh Additional Learning Needs Reform.
- Clarification on whether a more complex level intervention at an earlier stage can save money in the long term.

- The inquiry may also wish to add ‘children and young people with long-term physical health problems’ in to the section on vulnerable children (fourth bullet point)

Transition to Adult Services

- How well planned and managed transitions to adult mental health services are.

3. Comments:

The Society believes that the terms of reference should also consider:

- How outcomes in regards to transitions to adult mental health services are best monitored/measured.
- Specific areas of support/barriers for effective transition.
- The transition of care from paediatric psychology to adult health psychology services

Links with Education (emotional intelligence and healthy coping mechanisms)

- The work being done to ensure children and young people are more resilient and better able to tackle poor mental well-being when it occurs including:
 - The development of the Health and Wellbeing Area of Learning and Experience as part of the new curriculum.
 - Children’s access to school nurses and the role schools nurses can play in building resilience and supporting emotional wellbeing.
 - The extent to which health, education and social care services are working together.
 - The take up and current provision of lower level support and early intervention services, for example, school counselling services.

4. Comments:

In addition to the above, The Society believes that the terms of reference should specifically include:

- Children and young people’s access to and involvement of educational psychologists in supporting mental health in schools; and joint working between educational psychologists and CAMHS. There is an increasing consensus that Educational Psychologists can play a positive role in supporting wellbeing (Squires, 2010; Squires & Caddick, 2012).
- The extent to which school staff feel ‘ready’ and ‘able’ to support change for children and young people. The application of psychology in support of the work of teachers can support teachers’ well-being and resilience and yield cost-effective beneficial outcomes for staff and children. (Gibbs & Miller, 2014)

References

Gibbs, S., Miller, A. (2014) *Teachers' resilience and well-being: a role for educational psychology*. *Teachers and Teaching: Theory and Practice*, **20(5)**, 609-621.

Hardy, J., Dunsmuir, S., (2016) *Delivering Psychological Therapies in Schools and Communities*. BPS. Leicester.

Squires, G. (2010). *Countering the argument that educational psychologists need specific training to use cognitive behavioural therapy*. *Emotional & Behavioural Difficulties*, **15(4)**, 279-294.
doi:10.1080/13632752.2010.523211

Squires, G., Caddick, K. (2012). *Using group cognitive behavioural therapy intervention in school settings with pupils who have externalising behavioural difficulties: An unexpected result*. *Emotional & Behavioural Difficulties*, **17(1)**, 25-45.doi:10.1080/13632752.2012.652423

End.

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Ymateb gan: Amser i newid Cymru

Response from: Time to Change Wales

This response is being submitted on behalf of Time to Change Wales Young People’s Programme by the delivery partners – Mind Cymru, Hafal and Gofal. In this capacity we will only be focussing on the consideration relating to links with education (emotional intelligence and healthy coping mechanisms) – lower level support and early intervention to prevent mental ill health in children and young people through the Time to Change Wales anti-stigma and discrimination campaign.

The Time to Change Wales Young People’s Programme funded by the Big Lottery is a new campaign working with nine pilot schools across Wales (three in South, Mid and North Wales) to change and evaluate the way young people, parents and teachers think and act about mental health.

Building on work already carried out by Time to Change in England, we’re working to improve and adapt existing programmes to fit the Welsh educational environment. And, following successful pilot projects, we hope to embed this improved attitude towards mental health problems within the Welsh curriculum.

We believe that tackling stigma has to be a central theme in improving the overall emotional wellbeing of children and young people. We have to create environments where pupils feel safe to explore their emotions and discuss difficult feelings, which enable them to develop their own solutions or seek help at the earliest opportunity.

About Time to Change Wales

Time to Change Wales is the first national campaign to end the stigma and discrimination faced by people with mental health problems, delivered by a partnership of three leading Welsh mental health charities: Gofal, Hafal and Mind Cymru.

Since our beginnings in 2012, our work, which has so far focussed on adults in Wales, has already seen a 4.8% positive change in public attitudes towards mental health. Following this success, we’re now introducing our Young People’s Programme – a focused anti-stigma and discrimination programme led by, and for, young people, using the knowledge and insight gained from our work on the adult campaign.

time to change**Wales****amser i newid****Cymru**

In England, Time to Change have been running a tried-and-tested Young People's Programme since 2012. Their work so far has given us valuable insights and research into what has been successful in schools and gives us a strong basis from which to start in Wales.

"You don't have to do much, it's not a question of enormous resources, it's just a change of mind-set, giving children resources to manage their emotional wellbeing, you can do that through the curriculum, and it has a massive impact."

Kate Donovan, Deputy Head Teacher, Newall Green High School,
Manchester

Scoping the TTCW's Young People's Campaign

1 in 10 young people will experience a mental health problem and, sadly, 90% of those young people will experience stigma and discrimination. Stigma stops young people seeking help; it stops them living normal lives and sometimes makes them give up on their hopes and dreams. By normalising the conversations around mental health young people are less likely to feel stigmatised and more willing to seek help and support earlier to prevent long term mental ill health.

Mental health has been recognised as one of the most important areas for development by Welsh Government. It is one of the national indicators in the Wellbeing of Future Generations (Wales) Act 2014, is a priority area in Welsh Government's Together for Mental Health strategy and is highlighted as an important issue within the Welsh Curriculum Reform and by the Children's Commissioner for Wales.

50% of respondents to a Time to Change Wales commissioned survey said it's not easy to talk about mental health in school. The majority of respondents had never talked about mental health with their teachers, and many commented they had never received any information about mental health in school, despite issues such as anxiety and depression being common amongst their peers.

Helping young people to develop the capacity to talk more openly about mental health can have a substantial impact on emotional wellbeing. Alongside this, increasing knowledge and awareness of what to do if they, or their friends, suffer from a mental health problem will assist pupils with dealing with challenging issues at crucial moments within their lives, as well as helping staff involved in their pastoral care. Improving pupils' wellbeing will improve their focus and help them perform well in their exams while dealing with normal life.



What the Time to Change Wales campaign involves

Pilot schools are given support to embrace a 'whole school approach' to mental health by developing an action plan and signing the TTCW pledge to reduce the effect and potential risks of being unable to talk about poor mental health and empower students and staff to create an open and supportive culture.

We are working with nine schools (three in South, Mid and North Wales) over a three year period to provide face to face workshops to 5,000 pupils delivered by our Young Champions. Time to Change Wales Young champions (young people with lived experience of mental health problems) will visit the schools and share their stories with students from Year 9 upwards and staff which will help people learn more about mental health, stigma and discrimination and be able to speak more openly about mental health. All pupils receiving the workshop will be asked to complete 3 surveys – pre and post workshop and three months later to see if their perceptions and attitudes to mental health have shifted or remained the same during that period.

Pilot schools will support in the development of a toolkit of resources to give teachers and students the confidence to start conversations around mental health and be able to deliver their own Time to Change Wales campaign within their schools. These resources will be readily available online for all schools across Wales to access and use to end stigma and discrimination.

A wider TTCW social marketing campaign is also being launched over the forthcoming month to target children and young people and will be along similar lines as our #reachout campaign for adults and include digital stories to raise awareness and encourage young people across Wales to be proactive and join the campaign to end stigma and discrimination towards mental health.

Conclusion

Whilst we are at the early stages of this project, we would hope that the feedback we receive from pupils and the work of the campaign will provide valuable insight to inform policy and practice in the area of improving the emotional wellbeing of children and young people.

Cynulliad Cenedlaethol Cymru | National Assembly for Wales

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

Ymchwiliad i Gwella Iechyd Emosiynol ac Iechyd Meddwl Plant a Phobl Ifanc | Inquiry into The Emotional and Mental Health of Children and Young People EMH 24

Ymateb gan: Barnardo's Cymru

Response from: Barnardo's Cymru

1. Information and working context of Barnardo's Cymru

Barnardo's Cymru has been working with children, young people and families in Wales for over 100 years and is one of the largest children's charities working in the country. We currently run 86 diverse services across Wales, working in partnership with 16 of the 22 local authorities.

Every one of our services is different, but each believes that every child and young person deserves the best start in life, no matter who they are, what they have done or what they have been through. We use the knowledge gained from our direct work with children to campaign for better child and social care policy and to champion the rights of every child. We believe that with the right help, committed support and a little belief, even the most vulnerable children can turn their lives around. We aim to secure better wellbeing outcomes for more children by providing the support needed to ensure stronger families, safer childhoods and positive futures.

2. Specialist CAMHS

Waiting times

The experience of Barnardo's Cymru is that, in some parts of Wales, the prioritisation of funding towards intake and assessment for CAMHS, has resulted in positive outcomes in terms of reduced waiting times.

However, whilst we welcome the reduction in waiting times in these areas, there are concerns that:

- There is a lack of investment in support services required to manage the increased identification of need.
- There is a perceived absence of suitably qualified professionals available to offer a range of psychological treatment options, such as CBT, DBT and family therapy.
- The increased focus on diagnosis of children and young people will result in those without a diagnosis being denied the appropriate support they require, which is particularly the case for younger

children, whose symptoms may not necessarily fit with a particular diagnosis.

In some parts of Wales, it was reported that waiting lists remain increasingly high, with some young people waiting up to a year for an appointment with CAMHS.

Variations in practice and equity of access across Wales

The view of Barnardo's Cymru is that there is a continuing issue of inequity of access across Wales in terms of both availability and variety of services to support children and young people with mental health issues.

There seem to be pockets of good practice, with strong service offers for certain conditions, whereas other services are chronically underfunded and overwhelmed. Access to services in rural communities is still proving challenging to some of our service users due to reduced levels of service delivering across wide geographical areas.

There was a concern amongst our staff that service closures are resulting in a loss of expertise and learning as well as the loss of service provision for children, young people and families.

There is a need for more sharing of knowledge in certain areas. In many local authorities, there are knowledge exchange fora. However, there are inconsistencies across Wales in terms of how they operate and which professionals or organisations are included in each network.

Over-referral to CAMHS

The majority of Barnardo's Cymru services work with children, young people and families with high levels of social and emotional need. Practitioners are familiar with dealing with trauma and negotiating crisis with individuals and families. However, inevitably, there will be issues that arise for staff where they feel they have a lack of knowledge, confidence and back up in addressing distressing presenting issues or behaviours. What helps in these situations is having access to specialist mental health consultation and support and having clearly laid out pathways whereby other services can be engaged in support, decision making and, where necessary, onward referral.

In Newport, a CAMH service offers psychological consultation to professionals working with children, young people and families and, where necessary, training. As well as helping to reduce inappropriate referrals to CAMHS, this helps to ensure an appropriate, safe practice response.

Referral and access to CAMHS according to individual health boards, restrictions and thresholds

Barnardo's Cymru notes that there remain concerns of high thresholds for CAMHS, which can leave overworked and underqualified professionals to handle cases, which should have more specialist support.

Lack of communication between CAMHS and other services working to support children and young people with mental health needs, can also create siloed working.

Out of hours, emergency support and A&E

We are aware of some positive developments in this area, including dedicated CAMHS nurses being available at hospitals and on-call for the overdose monitor in Newport for example. This dedicated service, means that children and young people presenting at A&E, including those with suicidal behaviours who may be seen as high risk, are able to be seen and assessed by a CAMHS nurse and referred onto CAMHS as appropriate.

Where young people do present at emergency departments during crisis points, there is a need for professionals to communicate with health and social services to identify the root causes of distress and offer the most appropriate long term support for those individuals. However, this follow up work is not always carried out consistently.

In-patient capacity

Some children and young people using our services travel long distances to access in-patient services. This removes them from their families and support networks, which can cause stress and add to their overall distress.

Rather than remaining in an in-patient facility, which can further alienate children and young people from their family and support networks, our staff suggested that there may be opportunities to offer more intensive support in communities.

The transition back into community based services for those leaving in-patient units can be difficult. This suggests that, where possible, a young person's mental health might be better supported by having intensive services delivered within the community teams, though we understand that this would not always be appropriate.

3. Funding

Commissioning processes and relationships between local authorities and third sector organisations are extensive, established and generally well understood. However, our limited experience of being commissioned to

deliver services by LHBs is different. These commissions have been more complicated and difficult to achieve.

There is variation between LHBs across Wales, with some being easier to engage and work with than others. However, it seems to us that a new 'language' and framework for commissioning services from the third sector may be required. Certainly, if the 'Together for Children and Young People Programme' aspiration of growing a platform of more psychological and trauma informed non-medical community support services is to be achieved, then this is an issue that will need to be addressed.

Access to psychological therapies, reductions in medication

Our experience is that there remains a need for wider access to a variety of psychological therapies, which should be evidence based and carried out by professionals who are sufficiently qualified to offer these treatments.

In some areas, we think that the prescription of medication to children is at a suitable level, whereas in other areas, medication can be seen as a first resort rather than the last, as we would hope it should be.

In one area, we are aware of parental demand for medication for their children being met with an option to access parenting groups which have focused on alternative strategies to medication to respond to and manage issues presented by their children. In other areas, parents accessing Barnardo's Cymru services have reported benefits, in terms of being able to understand and manage their children's mental health issues, from accessing some wider peer support networks.

Primary Mental Health

Our experience is that although Primary Mental Health Care is good in some parts of the country, the quality and accessibility of provision is not consistent across Wales, with some services experiencing very large caseloads.

Vulnerable children and young people

There have been examples of good practice in terms of CAMHS staff being situated within multi-agency teams, working with vulnerable children, young people and their families, such as in Youth Offending Teams. Other services delivering to vulnerable groups, such as substance misusing young people or care leavers, might also benefit from this approach.

A recent report produced by Barnardo's¹, looked at mental health

¹ Smith, N. (2017) Neglected Minds: A report on mental health support for young people leaving care
http://www.barnardos.org.uk/19222_neglect_minds_a_report_on_mental_health_2.pdf

needs for care leavers in England. Within the recommendations was a call for specialist mental health workers to be embedded into leaving care teams and for more training on mental health to be offered to all professionals working with care leavers. We recognise that leaving care teams in Wales would also benefit from these developments.

There can be real barriers to engagement with families who have multiple needs and vulnerabilities. Our services report that in some areas work has been done to enable better engagement with these families, by improving communication between health, social services and the third sector.

4. Transition to adult services

The experiences of transition for young people using our services are mixed. There are issues relating to the difference in practice culture between CAMHS and AMHS which present barriers for young people. Within AMHS, the stricter policies around not attending appointments can be difficult for young people to adjust to. In some cases, young people may be at risk of losing their options for support.

Barnardo's Cymru, in partnership with Welsh Government, has developed a service user led guide, for those transitioning from CAMHS to AMHS called the Transitions Passport. The passport speaks directly to the young people, in the hope that this will empower them to have an improved experience of moving from children to adult services. It is the intention that the passport will be rolled out across Wales. In order to be effective, a dedicated transitions worker needs to support young people in using the passport.

5. Links with education

Assigning health and wellbeing as a key area of learning and experience, and the increasing awareness of emotional health within inspection frameworks creates an opportunity for improved emotional intelligence and prevention of illness.

However, we are concerned that funding should be put in place to ensure that schools are not put under any extra strain, in terms of resources and budgets, which could jeopardise the good intent of the curriculum. We would argue that a whole school approach is important to implementation.

School nurses

We are concerned about the resourcing of the school nurse provision. In some areas, school nurses are working across a number of schools, and carry heavy workloads. Barnardo's practitioners sometimes found it difficult to establish lines of communication with busy school nurses.

School based counsellors

Issues raised by practitioners in relation to school based counselling include the following:

- Many young people report positive benefits from receiving this support. However, counselling does not suit all young people and we didn't receive any information of other emotional health support available within a school environment.
- It has been the experience of a Barnardo's Cymru school based counselling service that delivering some of the counselling sessions outside school can benefit those who feel stigmatised when accessing a service in school.
- There remain problems in relation to young people with more profound need being referred on in order for them to receive more intensive support. These young people sometimes do not meet the CAMHS thresholds. Again, this reflects the paucity of psychological therapy available in Wales.
- Due to high demand, and a loss of ring-fenced funding for the service, counsellors are often overworked and concerns were raised about their wellbeing.

Action for Children's response to the Children, Young People and Education Committee's inquiry into the emotional and mental health of children and young people

September 2017

Summary

Action for Children recommends that:

- More resources are invested into mental health services outside CAMHS to reduce pressure on waiting lists and increase the capacity and reach of lower tier services
- CAMHS should adapt referral thresholds to consider the intensity and impact of a young person's mental health issues to prevent children resorting to harmful coping behaviours.
- Improved collaboration between CAMHS and other agencies would help to establish a better understanding of CAMHS' referral criteria
- There should be an agreed single point of referral to ensure a more stream-lined mental health offer for children and young people.
- Health Boards should increase provision of psychological therapies for all children and young people to address the historic and social aspects of their mental health issues.
- CAMHS and adult mental health services should regularly engage with children and young people in-between appointments to ensure that their medication is appropriate.
- Funding for school-based counselling should be ring-fenced and counselling should be monitored, assessed and quality-assured to ensure young people get the best support.
- School-based counselling needs to consider all aspects of a child's life and should be complimented by family therapy when appropriate so that improvements at home can support improvements to a child's wellbeing at school.

Introduction

From before they are born until they are into their twenties, Action for Children - Gweithredu dros Blant helps vulnerable children across Wales. We improve the lives of 22,500 children, young people, parents and carers in Wales every year. We work with the Welsh Government and the National Assembly for Wales to make sure every child can reach their potential. We succeed by doing what's right, doing what's needed and doing what works for children.

Action for Children (AfC) welcomes the opportunity to contribute to the Children, Young People and Education Committee's consultation on the emotional and mental health of children and young people. Through our work in Wales, we know that families experience significant difficulties accessing the emotional and mental health support they need from the health systems, which can intensify the problems they experience. Around 41% of the

children and young people referred to us have identified emotional needs.¹ AfC's staff are equipped with the appropriate skills and training to effectively support these children and young people. Most of these young people access school-based counselling, which improves their social skills, engagement in education and learning and communication skills. We also deliver counselling and therapeutic support through family-based interventions, which transform children's behaviour, parental confidence, family communication and relationships.

This response considers the impact of the structure and practices of the existing health systems across the *A, B, C D* and *E* Health Boards (please refer to key) and we present suggestions to facilitate further improvements. The evidence has been gathered from in-depth interviews with four young parents aged between twenty and twenty-five years, and thirteen practitioners from across AfC's range of services. In addition, evidence has been gathered from a small survey designed for children and parents, including children in care, young carers, young parents and children with disabilities. It reflects the experiences of eighteen children and young people based in the same services, and aged between eight and twenty-five years.²

The extent to which new (and/or reconfigured) services are helping to reduce waiting times in specialist CAMHS.

1. AfC acknowledges the considerable changes that have been made to address the waiting times for an assessment from CAMHS, across each of the health boards referenced above. Waiting times for assessments for neurological disorders have been reduced to an average of twenty-six weeks across the Health Boards referenced above, although waiting times for depression and anxiety remain unchanged at four to eight weeks. Nevertheless, waiting times are still too long, and the figures referenced reflect the average rather than the maximum waiting times. Some children and young people are waiting considerably longer, which can intensify their mental health issues.
2. These findings have been echoed by the findings from AfC's survey, in which children, young people and parents described the waiting times for assessment from CAMHS as 'too long', particularly when they exceeded three months. And in one of our interviews, a young parent from the area covered by Health Board B admitted to taking an overdose because she couldn't wait for support from adult mental health services any longer. This demonstrates the significant impact that lengthy waiting lists can have on vulnerable children and young people.

¹ This figure reflects the needs of the children and young people accessing our direct support services and would most likely increase if we could also reflect the needs of those who access our universal support services.

² The survey data cannot be segmented to reflect the different arrangements for mental health provision within the remit of each Health Board. This decision was made to protect the anonymity of those who responded to the survey. However, the information we gathered from practitioners enabled us to contextualize this information and consider arrangements in different locations.

3. The findings of the survey also showed that children and young people who waited more than eight weeks for treatment to begin described the wait as 'too long' and indicated that their mental health worsened during this period. In one case, a child's anxiety and self-harming behaviours increased as they waited for treatment. Based on the information gathered for this response, AfC is extremely concerned that children and young people are not receiving appropriate support at the point of need, which can have catastrophic consequences for children, young people and their families.

"It feels like there's nothing there. We've tried everything. The support out there nowadays has gone crap." Young Person

Recommendation: The Welsh Government should invest in a wider range of mental health services outside CAMHS, to increase the capacity and reach of lower tier and earlier intervention services and reduce pressure on CAMHS waiting lists. This would ensure that young people can access appropriate support, when they need it most.

Recommendation: The Welsh Government should continue to invest in CAMHS to ensure that those needing specialist help are adequately supported and to enable CAMHS to reduce waiting times for all cases in line with the Welsh Government target of 26 days.

Referrals and access to CAMHS by individual Health Board, including the restrictions and thresholds imposed by CAMHS.

4. Referral criteria have tightened across all Health Boards. CAMHS only accept referrals when a young person's issues are high-end and life-threatening. For example, in the area covered by Health Board D, it was reported that self-harm is no longer enough to guarantee an appointment unless a child or young person's life is in danger. Furthermore, an increasing number of young people are turned away for support from CAMHS, which increases pressure on services delivering lower tier interventions. Although our staff are highly competent and well-trained, increased workloads and complex cases heighten the level of risk attached to the conditions under which our practitioners operate. AfC is concerned that children and young people aren't receiving the right level of support and as a result, their mental health issues are escalating. This causes more stress for young people and their families, compounding the issues they already face.

"They refused to work with me because I was too angry. But I thought that's why they were supposed to work with me. My little brothers had been adopted and my little girl was taken away by the police when she was like hours old. How did they expect me to feel? I was 16. How did they expect me to feel!?" Young Person

Recommendation: CAMHS referral thresholds should consider the intensity and the potential impact of a young person's mental health symptoms. This would help to avoid cases in which children and young people resort to harmful behaviours that compound their difficulties while they wait for an assessment.

The extent to which changes have addressed the over-referral of children and young people to CAMHS.

- Given the lengthy waiting lists and the strict criteria, referrals to CAMHS are usually made in a crisis and as a last resort. If an alternative and more appropriate option was available, referrals would be directed elsewhere. However, young people and practitioners frequently mention that there are few available alternatives. In other situations, over-referral occurs because criteria are being continually tightened and changes aren't communicated widely.

"There's nothing else out there. There aren't enough general mental health services for children. So, it's only 'over-referral' according to CAMHS' own criteria." Practitioner

Recommendation: CAMHS should improve communication with external agencies so that partners have a better understanding of CAMHS' referral criteria. When referrals are rejected, CAMHS should work with wider agencies and commissioners, in the best interests of children and young people, to ensure that an alternative mental health offer is provided.

- AfC is aware that changes are being implemented to deliver services through a single and integrated pathway of referral, led by a multi-agency team. However, in the area covered by Health Board D, there seems to be more than one point of entry, which undermines the purpose of a single pathway. A health-led team focus on assessments for neurological disorders and CAHMS lead another team. Therefore, children's referrals are delayed as they bounce between different places. In addition, some multi-agency teams struggle to secure collaboration with health services, which can mean that children and young people still struggle to get the mental health support they need.

Recommendation: CAMHS should improve collaboration with multi-agency teams and agree a single-point of referral for mental health assessments to discuss changes to referral criteria, enhance multi-agency working and ensure young people get the help they need.

The extent to which access to psychological therapies for young people has improved and whether there has been a subsequent reduction in the use of medication for young people.

- AfC's survey found that most children and young people with mental health issues had been offered psychological support from CAMHS, including therapies like counselling,

Cognitive Behavioural Therapy (CBT) and Dialectical Behaviour Therapy (DBT) and these were perceived to be effective. Although the number of respondents in our survey is too small to generalise from, this snapshot is encouraging. Furthermore, practitioners working under the remit of Health Board E have noticed increased access to CBT, systemic psychotherapy and family therapy through community mental health teams. They also acknowledged that fewer children referred from CAMHS to lower tier interventions had been prescribed medication. However, those working within the footprint of Health Board B were concerned that mental health services were still over-reliant on medication. Some parents choose to withhold medication because they prefer their child's natural behaviour, rather than the side-effects of medication.

"It's not really useful. We don't do nothing that will change my life except medication. I think my past has a big impact on my life and I would like them to go through it, but we don't do that. We just talk about the voices in my head and if they've been telling me to kill anyone. I think if we did address the past my life would improve." Young Person

8. With respect to adult mental health services within the area covered by Health Board B, some psychiatrists seem to be unwilling to refer young people for psychological support, despite repeated requests from young people and external practitioners. A young person from this area also reported that her psychiatrist would change medication, without considering her views and preferences. Another young person had their medication switched to a less effective product and was left to struggle with the symptoms of her mental health issues while she waited for her next appointment.

"I asked him several times and he was so sarcastic. He just said, 'I can...' [My practitioner] had to force him and he eventually agreed, but nothing ever came from it and the last time I saw him was in April." Young Person (August 2017)

Recommendation: Psychological therapies should be offered to all children and young people where clinically appropriate as part of a standard and comprehensive offer of mental health support that moves beyond the medical model. Health Boards should continue to invest in a wider range of psychological therapies.

Recommendation: Mental health services should provide follow-up phone calls to discuss any changes in medication in-between appointments. Changes to medication should always account for the views of the young person and/or responsible parent or carer.

The extent to which the funding has been used to meet the needs of vulnerable children and young people, for example, children who are in care, children and young people with ADHD and autistic spectrum disorders, and those who are already in or at

risk of entering the youth justice system, including those who are detained under section 136 of the Mental Health Act 1983.

9. As mentioned above, there have been significant attempts across local health boards to reduce assessment waiting times for children and young people with potential neurological disorders, although waiting times are still lengthy. Furthermore, when a child has been diagnosed as having an autistic-spectrum disorder, they aren't always given access to support groups that can tackle their anxiety. Their emotional needs aren't acknowledged. Our discussions with young people and practitioners also established that children in care are now offered more timely assessments. However, AfC's practitioners working in the area covered by Health Board B, are aware that some young people are deliberately getting themselves arrested with the intention of accessing quicker support from CAMHS and adult mental health services. This can have a detrimental effect on their future life chances and suggests that although improvements have been made, waiting times for vulnerable children and young people are still too long.

Recommendation: Health Boards should make further attempts to reduce assessment and treatment times for CAMHS and adult mental health services for vulnerable children and young people; the Welsh Government should continue to invest in a wider range of appropriate and accessible mental health services to prevent young people from having to take drastic steps to access support.

Children's access to school nurses and the role school nurses can play in building resilience and supporting emotional wellbeing.

10. AfC's Family Intervention Team in the area covered by Health Board E provide monthly consultations for the benefit of school nurses. They have praised the work undertaken by the local nurses to address the mental health and emotional needs of the children and young people they serve. The nurses were described as "very wise" and their eagerness to work with psychologists was acknowledged.

"The school nurses are amazing. They deal with so much. But there is no longer a full-time nurse in every school." Practitioner

11. More generally however, AfC's practitioners recognise the limitations of this role. Schools have limited budgets, so they must share the costs of hiring a school nurse and therefore, the nurse is only available to support children and young people on certain days, and at particular times. Therefore, many school nurses don't have the time to support young people with their emotional and mental health and prefer to focus on the prevalence of physical illnesses within the student population. This demonstrates that when school resources are reduced, it can have a knock-on effect on other areas. In this case, more

pressure is placed on services like CAMHS because intervention isn't provided early enough at the right level.

12. These points were echoed by the findings of AfC's survey. Almost all school-age children and young people with mental health and emotional issues had accessed support from school nurses. However, there was a mixed response in relation to the effectiveness of the support that was offered. Although many young people expressed positive opinions about their school nurse, others said that the school nurse couldn't offer enough support or wasn't able to appreciate their mental health and emotional needs.

13. AfC welcomes the Welsh Government's recent announcement about strengthening CAMHS provision in schools by piloting the provision of a dedicated CAMHS practitioner. This will improve working arrangements between health and education for a more comprehensive offer of mental health support for children and young people. We hope that this service will be rolled out to all schools in due course and that this CAMHS practitioner will ensure that the mental health literacy of the staff and student populations improves, and that school nurses are equipped to provide a good level of emotional and mental health support for children and young people.

Recommendation: The Welsh Government should expand provision of the school-based CAMHS practitioner and ensure that school nurses are supported by this practitioner so they can deal with children and young people's mental health and emotional issues.

The take up and current provision of lower level support and early intervention services, for example, school counselling services.

14. Many of our survey respondents had accessed other options offered by schools, including counselling, pastoral care and a visiting educational psychologist. However, waiting lists for counselling support are too long and the number of sessions provided is too limited. While AfC has welcomed the introduction of school-based counselling, our practitioners are concerned that without ring-fenced funding and under the new funding arrangements, money will get absorbed into a school's budget and the quality of counselling offered by schools could become further diluted, with poorer outcomes for children and young people.

Recommendation: The Welsh Government should ring-fence funding for school-based counselling to ensure that the counselling on offer is of good quality and sufficiently meets the needs of children and young people.

15. Our practitioners have also noted that school-based counselling is based on an "individualistic" model of support. Where appropriate, support should be offered to the whole family to address a young person's mental health and emotional needs and to build

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their resilience. If improvements to adverse situations in the home environment could mirror improvements to adverse situations at school, then we could ensure better and longer-lasting outcomes for children and young people's emotional and mental health.

"We don't go into schools and say, 'we know best'. We listen and they listen to us and hear what's happening. That's the magic ingredient really – how we communicate. The work done at school can mirror what's going on at home." Practitioner

Recommendation: Where appropriate, family therapy should complement school-based counselling to address the needs of the whole family and ensure that issues in the home environment can be tackled alongside issues in the school environment to address a child's mental health and emotional needs more effectively in the long-term.

16. According to the Welsh Government's school-based counselling Operating Toolkit, school-based counselling should be delivered by counsellors who are members of a professional body, work under an ethical framework and access regular continuing professional development.³ These guidelines ensure that school-based counselling is of good quality. The Welsh Government used to collect statistics every term to establish the presenting and predominant issues arising within school-based counselling. These statistics were used to ensure that a quality service was provided and to guide the future development of services and improve mental health literacy through materials, like a toolkit for practitioners. However, now, the Welsh Government only collect these once a year. This has been accompanied by a decline in the number of quality assurance meetings attended by commissioners, providers and Welsh Government officials. AfC is concerned that these changes will lead to a decline in the quality of counselling provided to meet the needs of children and young people in schools.

Recommendation: School-based counselling should be regularly monitored and assessed and should be quality-assured to ensure that all children and young people across Wales are offered the same quality of mental health and emotional support.

For further information, please contact:

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³ Welsh Government. 2011. *School-based Counselling Operating Toolkit*. Available online: <http://gov.wales/docs/dcells/publications/110823toolkitmarch11bi.pdf>

Vaughan Gething AC/AM
Ysgrifennydd y Cabinet dros Iechyd a Gwasanaethau
Cymdeithasol
Cabinet Secretary for Health and Social Services



Llywodraeth Cymru
Welsh Government

Huw Irranca-Davies AC/AM
Y Gweinidog Gofal Cymdeithasol a Phlant
Minister for Children and Social Care

Ein cyf/Our ref: MA P HID 4289 17

Lynne Neagle AM
Chair, Children, Young People and Education Committee
National Assembly for Wales
Cardiff Bay, Cardiff
CF99 1NA

1 December 2017

Dear Lynne,

At the Children, Young People and Education Committee held on 22 November 2017, we agreed to provide you with some further information arising from discussions at that meeting.

You asked for information on the following two areas:

- The process adopted by the Welsh Government to establish whether it is appropriate to undertake a Child's Rights Impact Assessment as opposed to an Integrated Impact Assessment, particularly in the context of the Draft Budget (Llyr Gruffydd AM).
- The funding forecast for the Flying Start, Families First and Communities First programmes. (Lynne Neagle AM)

The information below follows the same order as these bullets.

The process adopted by the Welsh Government to establish whether it is appropriate to undertake a Child's Rights Impact Assessment as opposed to an Integrated Impact Assessment, particularly in the context of the Draft Budget

Impact assessments for programmes and policies, including children's rights impact assessments, are carried out as the proposals for those programmes and policies are developed. Therefore, where they are required they are carried out, and reviewed as necessary, from the development stage through to implementation and review of the policy or programme.

To decide whether a full Children's Rights Impact Assessment (CRIA) is required, all officials have access to guidance on CRIsAs, including a training package on the Welsh

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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.

Government intranet and a template setting out the steps to completing a CRIA. The Children's Rights Scheme provides a series of flowcharts to help officials to decide whether a CRIA is required. The CRIA template and flowcharts from the Children's Rights Scheme are attached at Annexes 1, 2 and 3 for reference.

An integrated impact assessment of the 2018-19 outline draft Budget was published as part of the budget package on 3 October, this included Children's Rights and can be found at <http://gov.wales/docs/caecd/publications/171003-budget-narrative-a-en.pdf>. As part of the detailed budget planning undertaken by Ministers on decisions taken within their portfolios a range of impacts are considered. Full assessments will only be carried out where they are considered necessary, if a budget decision has led to a change in policy.

Following the production of the Public Policy Institute for Wales report 'Reducing Complexity and Adding Value: A Strategic Approach to Impact Assessment in the Welsh Government', a project is currently underway to deliver a new framework for impact assessments in 2018. The framework's objectives include

- giving clear and explicit purposes for impact assessments across the range of government interventions;
- reducing complexity and applying impact assessments in a proportionate way while concentrating on the quality of understanding, evidence and judgment; and,
- integrating the impact assessment process with the substantive direction of the Wellbeing of Future Generations Act.


The Wales Observatory on the Human Rights of Children and Young People's evaluation of the CRIA process in 2015 recommended streamlining the CRIA process, and this will be taken account of as part of the project to deliver a new framework for impact assessments.

The funding forecast for the Flying Start, Families First and Communities First programmes

For 2018-19 the Flying Start and Families First allocations to local authorities have been maintained at 2017-18 levels - £76.052 million and £38.352m respectively. This demonstrates the Welsh Government's ongoing commitment to early intervention, prevention and support delivered through these key family support programmes across Wales and enables us to build on the positive outcomes achieved so far.

In February 2017, the former Cabinet Secretary for Communities and Children announced the Communities First programme would be phased out by March 2018. In 2018-19, £24.035m is available to support Communities for Work Plus (£11.891m) and Legacy Fund (£6.000m), with remaining funding (£6.144m) covering Communities for Work match funding, Shared Outcomes projects (Citizens Advice Cymru and Streetgames) and a contractual commitment with Big Lottery for the former Community Asset Transfer Scheme.

Yours sincerely,



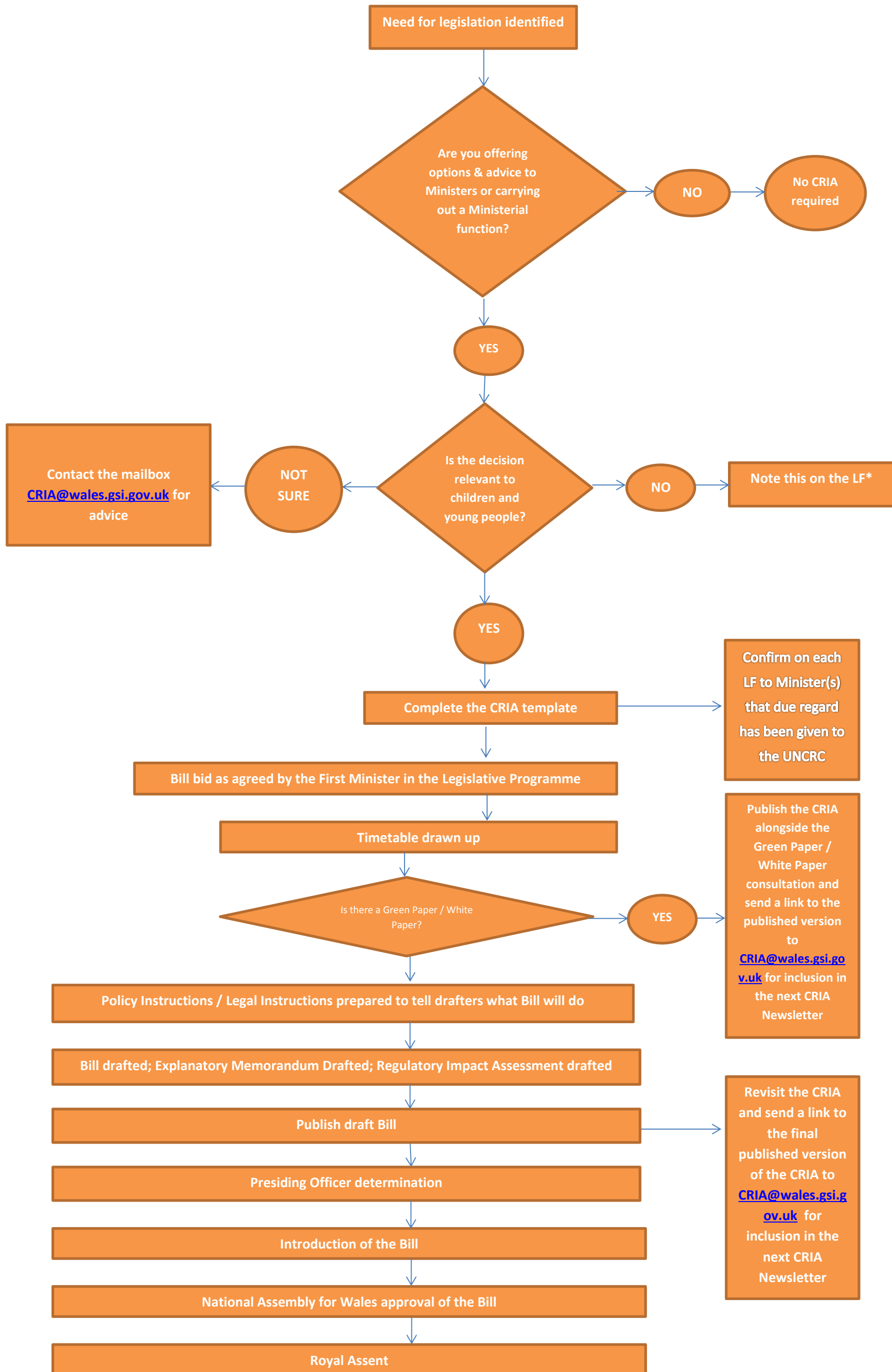
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Cabinet Secretary for Health and Social
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Huw Irranca-Davies AC/AM
Y Gweinidog Gofal Cymdeithasol a Phlant
Minister for Children and Social Care

ANNEX 1: LEGISLATION – BILLS

Do I need to undertake a Children’s Rights Impact Assessment (CRIA)?



ANNEX 2: LEGISLATION – STATUTORY INSTRUMENTS (SI)

Do I need to undertake a Children’s Rights Impact Assessment (CRIA)?

Need for subordinate legislation identified e.g.:

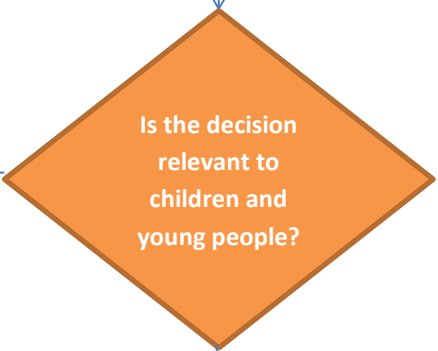
- New Acts
- Existing Acts
- EU Directives
- Annual Requirements



NO

No CRIA required

YES



NOT SURE

NO

Note this on the LF*

YES

LF to seek Ministerial permission to draft SI

Complete a CRIA to confirm to Ministers that due regard has been given to the UNCRC

LF to seek Ministerial permission to go out to consultation

If consulting, publish CRIA as part of the consultation and send a link to the published version CRIA to CRIA@wales.gsi.gov.uk to be centrally logged and for inclusion in the next CRIA Newsletter

LF to seek Ministerial permission to make SI
(All SIs have Explanatory Memorandums)

Revisit and send a link to the Final published version CRIA to CRIA@wales.gsi.gov.uk to be centrally logged and for inclusion in the next CRIA Newsletter

Statutory Instrument made and laid before National Assembly for Wales (NAfW)

(negative)

Statutory Instrument is laid before the NAfW

Statutory Instrument considered by the NAfW

Statutory Instrument voted by the NAfW

Statutory Instrument made

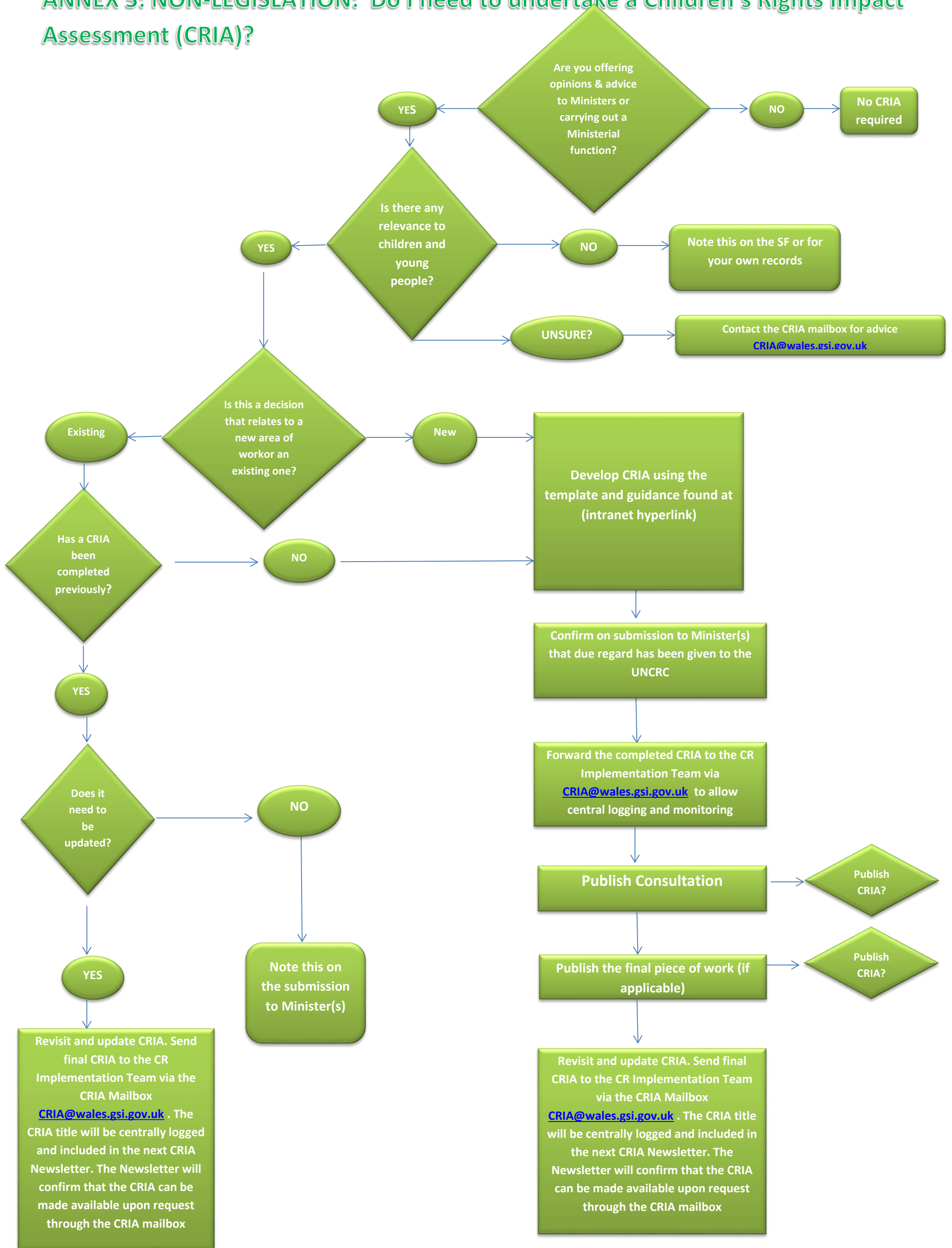
(affirmative)

No procedure

ASSEMBLY PROCESS

*LF – Legislation Folder

ANNEX 3: NON-LEGISLATION: Do I need to undertake a Children's Rights Impact Assessment (CRIA)?





Llywodraeth Cymru
Welsh Government

Ein cyf/Our ref

Simon Thomas AM
Chair
Finance Committee
National Assembly for Wales
Cardiff Bay
Cardiff
CF99 1NA

4 December 2017

Dear Simon

Further to my letter dated 22 November, I enclose a copy of the restated draft Budget 2018-19 Main Expenditure Group (MEG) BEL tables reflecting the new portfolio structures. The tables will be available from the following link on the Welsh Government's website from 2pm today.

<http://gov.wales/funding/budget/draft-budget-2018-19/?lang=en>

As I stated previously this is a purely administrative exercise to regularise changes to the new structures and Ministerial portfolios.

I am copying this letter to the Chairs of the policy committees.

Mark Drakeford AM/AC
Ysgrifennydd y Cabinet dros Gyllid
Cabinet Secretary for Finance

Bae Caerdydd • Cardiff Bay
Caerdydd • Cardiff
CF99 1NA

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

Gohebiaeth.Mark.Drakeford@lyw.cymru
Correspondence.Mark.Drakeford@gov.wales

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

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