

Agenda – Children, Young People and Education Committee

Meeting Venue:

Committee Room 1 – Senedd

Meeting date: 18 January 2018

Meeting time: 09.15

For further information contact:

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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 12

(09:30 – 10:30)

(Pages 1 – 34)

All Wales Heads of Children’s Services, Welsh Local Government Association and the National Adoption Service.

Sally Jenkins, Head of Children and Families Services, Newport City Council and Chair of All Wales Heads of Children’s Services

Annabel Lloyd, Head of Children’s Services – Merthyr Tydfil County Borough Council

Suzanne Griffiths, Director of Operations – National Adoption Service

Cllr Geraint Hopkins, Welsh Local Government Association Deputy

Spokesperson for Health and Social Care and Cabinet Member for Adult and Children’s Community Services – Rhondda Cynon Taf County Borough

Council



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Attached Documents:

Research Briefing

CYPE(5)-02-18 – Paper 1 – All Wales Heads of Children’s Services, Welsh Local Government Association and the National Adoption Service

Break

(10:30 – 10:45)

3 Inquiry into the Emotional and Mental Health of Children and Young People – Evidence session 13

(10:45 – 11:30)

(Pages 35 – 45)

CWYS and the Wales Principal Youth Officers’ Group (PYOG)

Sianne Morgan, Development Manager at Volunteering Matters

Sophie McCarthy, Young Person

Alison Mawby, Project Manager at KPC Youth in Pyle

Jo Sims, Chair of the PYOG

Steve Davis, Vice Chair of PYOG

Attached Documents:

CYPE(5)-02-18 – Paper 2 – Council for Wales of Voluntary Youth Services

CYPE(5)-02-18 – Paper 3 – Wales Principal Youth Officers’ Group

4 Motion under Standing Order 17.42 to resolve to exclude the public from the meeting for item 5

(11:30)

5 Inquiry into Flying Start: outreach – Consideration of the draft report

(11:30 – 12:00)

Lunch

(12:00 – 13:00)

6 Inquiry into the Emotional and Mental Health of Children and Young People – Evidence session 14

(13:00 – 13:45)

(Pages 46 – 51)

Royal College of Paediatrics and Child Health (RCPCH)

Emily Arkell, Head of Policy RCPCH

Dr Simon Fountain–Polley, Consultant Paediatrician

Dr Catherine Norton, Consultant Paediatrician

Dr Shabeena Hayat, Senior Community Paediatric Registrar

Attached Documents:

CYPE(5)–02–18 – Paper 4 – Royal College of Paediatrics and Child Health (RCPCH)

7 Inquiry into the Emotional and Mental Health of Children and Young People – Evidence session 15

(13:45 – 14:40)

(Pages 52 – 58)

Royal College of Nursing (RCN)

Lisa Turnbull, Policy & Public Affairs Adviser – RCN Wales

Angela Lodwick, Head of Specialist Child & Adolescent Mental Health

Services, Hywel Dda University Health Board

Attached Documents:

CYPE(5)–02–18 – Paper 5 – Royal College of Nursing Wales

8 Paper(s) to note

(14:40)

8.1 Letter to the Clerk from Universities Wales – Scrutiny of the Welsh Government Draft Budget 2018–19

(Pages 59 – 61)

Attached Documents:

CYPE(5)–02–18 – Paper to note 1

8.2 Letter to the Clerk from Governors Wales – Scrutiny of the Welsh Government Draft Budget 2018–19

(Pages 62 – 79)

Attached Documents:

CYPE(5)–02–18 – Paper to note 2

8.3 Committee Forward Work Programme

(Pages 80 – 82)

Attached Documents:

CYPE(5)–02–18 – Paper to note 3

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

(14:40)

10 Inquiry into Emotional and Mental Health of Children and Young People – Consideration of Evidence

(14:40 – 14:50)

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 63

Ymateb gan: Penaethiaid Gwasanaethau Plant Cymru, Cymdeithas

Llywodraeth Leol Cymru a'r Gwasanaeth Mabwysiadu Cenedlaethol

Response from: All Wales Heads of Children's Services, Welsh Local Government Association and the National Adoption Service



1. Introduction

We welcome the opportunity to comment on the Children, Young People and Education Committee's inquiry into the emotional and mental health of children and young people. Given the investment that has been made into Children and Adolescent Mental Health Services (CAMHS) in recent years, the focus that has been placed on these services and the previous reviews it is appropriate to take time to consider the issues covered by the inquiry and look at how we can all best meet the needs of children and young people.

We acknowledge and lend our support to the importance of and need to have arrangements in place for an early intervention and prevention approach to emotional and mental health services for children but we wanted to focus this submission on the children who are in need of care and support services from social care including those who are or have been care experienced.

The reality is that the investment made thus far to CAMHS services in Wales has had little impact on these children who are less likely due to structural / service issues or the complexity of their needs to have benefitted from the changes that have been made. We recognise the challenge of needing to address prevention and early intervention as well as fund intensive services but none the less believe that a specific shared and joint approach with a clear health role should be developed for these children and young people.

2. Issues / Challenges being faced

We know that most children will live fulfilling lives and enjoy their childhood. In recent years we have seen more and more young people becoming aware of issues and seeking help and advice from services which is to be welcomed. Males are now more willing to access these services than in the past. We are seeing anxiety and stress representing the most common reported problem, along with self-worth issues and relationship difficulties. Recent surveys suggest that young people continue to place a much higher priority on their mental health than their predecessors, and are more likely to seek help. Perhaps partly as a result of such heightened awareness, greater than ever demand is being placed on mental health services.

However, the challenges faced by some children and young people will have a profound effect on their emotional and mental wellbeing. As well as evidence of substantial numbers of children and young people in the general population who are increasingly struggling with problems such as anxiety, depression and self-harm, there are also smaller numbers who are struggling with potentially life-threatening conditions such as eating disorders and psychosis and those in need of extensive and ongoing care and support services most often due to abuse, neglect or disability. As well as the obvious effects on their health, this harms their life chances, with research showing those who develop problems in the early years fall behind socially and academically.

The Local Government Association's (LGA) publication, '*Best start in life: Promoting good emotional wellbeing and mental health for children and young people*', identifies a number of key messages setting out why mental health and wellbeing in childhood matters. These include:

- Pregnancy and early years are critical; early interactions directly affect the way the brain develops and so the relationship between baby and parents is vital
- One in four babies live in households affected by domestic violence, mental illness or drug and alcohol problems
- One in five mothers suffer from depression, anxiety or in some cases psychosis during pregnancy or the first year after birth. Teenage mothers are three times more likely to suffer from post-natal depression
- Once a child has fallen behind in the early years they are more likely to fall further behind than catch up
- Those with mental health and conduct disorders are twice as likely to leave school without qualifications
- The cost to the economy is estimated at £8.1 billion for each annual birth cohort – that's almost £10,000 per baby. Nearly three quarters of that is linked to the impact on the child.

Figures from the Early Intervention Foundation show that in Wales, we spend £1.1bn per year on the range of damaging problems that affect children and young people. This includes mental health problems as well as issues such as domestic violence and abuse, child neglect and maltreatment, youth crime and exclusion from education and the labour market. While this figure is substantial, it is only the immediate fiscal cost so does not capture any lasting effects into adult life and sometimes into the next generation, nor the wider social and economic costs.

By the age of 18, three quarters of people who go on to develop mental health problems in adulthood will already have started to experience these

symptoms. The cost to children's life chances and their future wellbeing is profound, as is the cost to society in increased costs and lost opportunities.

There are specific additional issues and costs for care experienced children. Analysis by Loughborough University suggests that a lack of support for looked after children's emotional wellbeing, and allowing placements to break down, could be more expensive than providing specialist support to prevent such placement breakdowns. The analysis shows for example that:

- One child's unstable and unsupported experience of care cost £22,415 more per year (including health, social care and criminal justice costs) than another child's stable and well supported care journey
- If a child who experienced nine placements had received a package of specialist support to keep his placement stable, this could have saved an estimated £67,851 over 11 years (approximately a 10 per cent reduction in costs)

NSPCC, 2015, Achieving emotional wellbeing for looked after children.

The pressure on all public services is exacerbated by the ongoing cuts, while the excoriating cuts in local authority budgets have diminished the prospects of developing early intervention and prevention services focussing on emotional well-being and mental health. Supporting children, young people, families and carers before a crisis and before the need for specialist interventions will always be preferable to more costly and interventionist options. However, assuming such services are available is, in much of Wales, a specious assumption with few options available other than the increasingly limited statutory provisions. "Signposting" at an early stage of need, while admirable, presumes the existence of early intervention and prevention services.

2.1 How are services currently experienced?

The identification of many of the issues comes from young people themselves, who report struggling to access support for emotional and mental health issues. Over the past twenty-five years through previous reviews and inquiries of CAMHS, as well as *Together for Children and Young People* (T4CYP), children and young people have repeatedly voiced their concerns about the paucity of access to services, the inconsistency of provision, the adult focus of the models of intervention and the absence of child friendly environments for those who do receive services. There is a need to continue to strengthen the focus on prevention across the range of services, to build resilience of children, young people and families, reduce reliance on statutory services and facilitate de-escalation from intensive support where appropriate. Importantly, this needs to include health services working with community-based organisations to support children and young people in the development of life skills and refocusing resources towards early, direct interventions that strengthen the resilience and functionality of families. Our recent experience underlines increasingly that young people often hold the key to unlocking solutions to what may appear to be “wicked” issues, and it is particularly the case that a co-production approach is suitable here. Young people are themselves very interested in changing the support that is available to them and know what ‘good’ would look like.

The recent Public Health Wales CAMHS Needs Assessment recognised that children who are looked after or in need are known to be at greater risk of mental health problems. It also identified a lack of connectivity between different policy and service areas working in children’s mental health. Whilst the Social Services and Well-being (Wales) Act 2014 offers one definition of well-being, in practice there are differences in social services, education and health policy and legislation. Some positive examples of integrated practice have been designed and are delivered independently within each of these areas but a more systematic and integrated approach at a national, strategic, regional and local level, would benefit children and young people. The differences in definitions and understanding together with the continued lack of connectivity lead to additional challenges and a lack of shared

ownership in discharging the well-being duty. There is a compelling and pressing requirement to develop a common language, assessment tools and strategic planning framework. At present, different agencies have varying definitions of the words used in relation to emotional wellbeing / mental health/illness and also of terms such as 'prevention' and 'early intervention'. In turn this can lead to inconsistency in those who meet thresholds for services, including CAMHS and specialist CAHMS, even though presenting needs can often be very similar.

There are a range of local authority services provided to children and young people to help support their emotional and mental health needs, needs which will often be complex. These include early help and preventative services delivered under a plethora of funding arrangements, including, Families First and Flying Start, interventions linked to the provision of care and support under part 4 of the Social Services and Well-being (Wales) Act 2014. Moreover, for those children and young people who are looked after, we provide or purchase a range of fostering, residential provision and specialist interventions aimed at improving their well-being and that of children and young people who leave the looked after system into varying arrangements at varying ages. These are in addition to the range of health and education services such as Speech and Language Therapy, Occupational Therapy, sensory, educational psychology (EP), physiotherapy, child psychology and CAMHS. However, our recent evidence to the Public Accounts Committee to their inquiry on care experienced children and young people, demonstrated the very real and significant pressures and challenges being experienced across local authority children's services. This includes increasing demand and complexity of cases, which negatively impacts on both the availability and cost of appropriate placements, as well as leading to an increasing need for assured access to services to support these placements. The reality is that in the face of increasing demand and complexity, services for the care and protection of vulnerable children are now, in many areas, being pushed to breaking point; both financially and practically. The crisis experienced within the provisions for children who are

looked after is exacerbated by the disconnect across service areas. The frustrations experienced by so many professionals at the inability to align services consistently for children regardless of their geographical placement and frequent mismatch between presenting behaviours and formal diagnosis / service offers is acute but pale into insignificance against the frustration and sadness of children, young people and families.

Our evidence to the Public Accounts Committee also recognised the fact that CAMHS in Wales are under more pressure than ever before and despite additional investment and staffing, still does not meet demand. Despite some very committed work by individuals within health, local authorities continue to face a challenge in sourcing health services to offer sufficient priority to the emotional and mental health needs of children in care and care leavers. This results in the burden of responsibility being placed on local authority children's social services. There has been a long standing disconnect between the access threshold applied by CAMHS and the presenting emotional needs of looked after children and care leavers. The issue of looked after children and care leavers' rights to an appropriate range of provision to meet their psychological and emotional health needs, when they need it and for as long as they require it, including the transition into adulthood, needs to be urgently addressed on an all-Wales basis. There are isolated examples of psychological therapies being deployed to good effect by health services to meet the needs of specific groups of looked after children which, if extended across Wales, could go some way to addressing this. In addition to the pockets of good practice found in health, the *National review of care planning for children and young people subject to Public Law Outline pre proceedings*, undertaken in 2016 by Care and Social Services Inspectorate Wales (CSSIW), found a number of local authorities had compensated for the deficit in provision by diverting social work resources into psychological provision.

The requirement for psychological and psychiatric assessment, intervention and support through the Family Courts and then into placements continues

to be an area of unmet need. Local authorities are resorting to filling the gap with expensive and often unsustainable solutions to broker between the demands of the courts and the availability of the health services. The assessments are frequently then repeated when resource does become available in order to revisit recommendations and identify services available locally.

The National Adoption Service (NAS) have also submitted separate evidence to the inquiry and we would wish to endorse their comments. They point to some of the difficulties faced by adopters in accessing a service from CAMHS, linked to lack of therapeutic support as well as the lack of 'adoption awareness' within the service. They also point to the fact that the prevention / early intervention ethos of the mental health measure and the T4CYP programme, does not appear to have had an impact on demand for targeted and specialist support for children and young people. The NAS call for there to be:

- timely access to an adoption aware CAMHS service
- access to a range of psychological therapies that help adopted children recover from the result of early trauma or early attachment problems
- support in managing children and young people who display challenging behaviours, particularly aggression and violence to adults
- adopters having access to consultations with CAMHS; and
- improved links between CAMHS and regional adoption services.

3. Relevant developments

Population Needs Assessments under the Social Services and Well-being (Wales) Act

All regions have recently published their own population assessments. The issue of access to CAMHS is highlighted by a number of the assessments as an area which needs to be addressed.

It is recognised by some regions that more support is needed for those not reaching CAMHS thresholds and many regions report increased referrals in recent years. In response many regions are already reviewing and responding to pressures on CAMHS services in their area. The recently produced National Population Assessment Report identifies that current provision in response to the emotional and mental health needs of children and young people needs development and includes the following proposals:

- developing a single point of access for CAMHS
- developing a single point of access for primary mental health and family support services
- school counselling services
- raising awareness of mental health in schools and promoting youth mental health first aid
- self-harm pathway between health and education and PSE lessons addressing self-harm
- educating those working with young people on dealing with someone who self-harms or is experiencing anxiety and depression
- emotional well-being services being directly provided
- a CAMHS crisis response service.

The focus remains on increasing the availability of support to address the emotional needs of children and young people, to prevent escalating need or unnecessary referrals to CAMHS.

Together for Children and Young People Programme

Previous reviews of specialist CAMHS in Wales have identified that the service is under more pressure than ever before but does not have the capacity to meet demand. 'Together for Children and Young People' (T4CYP) was launched by the Minister for Health and Social Services in February 2015. Led by the NHS in Wales, this multi-agency service improvement programme is aimed at improving the emotional and mental health services provided for

children and young people in Wales. We have welcomed the significant investment of over £7.6m into young people's emotional and mental health in Wales which supports this programme of work. However, much of this work has been focussed on specialist CAMHS services and health provision. Whilst this is in part a reflection on the demands being placed on services we believe there are opportunities to have a greater focus on early intervention and preventative services, with Regional Partnership Boards providing an avenue to embed joint planning and joint decision making through local arrangements.

Adverse Childhood Experiences

Adverse childhood experiences (ACEs) are now well documented potentially traumatic events that can have negative, lasting effects on physical and mental health and well-being. These experiences range from physical, emotional, or sexual abuse of the child, to parental separation, parental substance misuse, domestic violence, parental mental illness, or the incarceration of a parent or guardian. There is an increasing focus on reducing ACEs such as alcohol and drug use, domestic violence, mental illness, as well as continuing to address child maltreatment, verbal, physical and sexual abuse. Although there are opportunities across childhood and adolescence to prevent or moderate the effect of ACEs, the evidence shows that we can have the greatest impact if we focus our efforts in preventing and/or protecting against the impact of ACEs for both parents and children during the first 1000 days of life from conception to age two.

Those families who may have more complex or entrenched difficulties require assessment and coordination by a specialist worker to develop and deliver plans which will incorporate a range of specialist responses from dedicated services such as Family Support Services and Looked After Children teams. Children and young people known to be at greater risk of mental health problems include those experiencing family breakdown; those in the Looked After System; those showing behavioural problems making

them at risk of exclusion from school and children who have experience of trauma. It is important to identify those at risk of mental ill health as early as possible. ACEs have a major impact and multiple long-lasting effects into later adult life; the wide-ranging health and social consequences of ACEs emphasise the importance of preventing them before they happen.

We know that the impact of adverse experiences of children looked after have been shown to have a lifelong effect, making it all the more important to address the well-being of children whilst in care or in the arrangements that those who cease to be looked after move on to. A recent research paper from the Wales Adoption Cohort Study by Cardiff University, examined the presence of Adverse Childhood Experiences (ACES) in a cohort of 370 children placed for adoption in Wales in 2014/15. This showed that 47% of the cohort had experienced at least 4 Adverse Childhood Experiences (ACES) before they were placed for adoption, compared to 14% in the general population and placing this group of children in the highest risk group for later life difficulties. Although there is not a comparable study for children who remain looked after, their early and ongoing childhood experiences are likely to be similar and therefore be at a similar or even increased risk of later life difficulties. These experiences will often manifest themselves at critical transition points in a child's/young person's life (e.g. physiological changes, or changes in schooling). It is important the right services are in place at these times to build resilience both for the children/young people and their parents / carers and wider families. Good well-being underpins any chance of success in ensuring children in care flourish and move on from traumatic experiences. Levels of subjective well-being are found to predict future health, mortality, productivity and income.

All regions have discussed the significant impact of ACEs in their population assessments, for children experiencing them to the long-term impact on adults who have experienced them. Many regions are looking to address the impact of ACEs through action plans and preventing ACEs through tackling the causes. This is being done through a broad sweep of initiatives including

parenting support and the development of programmes using other funding sources e.g. the Police Innovation Fund.

4. What needs to change

A continued emphasis on emotional, mental health and well-being is essential so that services can identify early where there may be additional need for support. This is vital to prevent young people requiring the services of specialist CAMHS and our only option for tackling the impact of ACES and reducing the likely recurrence of ACES in future generations. The focus on the work to minimise, reduce and repair the impact of ACEs carries an imperative but there needs to be an equal and significant emphasis on improving services for children, young people and their families who are experiencing and living with emotional distress and trauma.

Timely access to the right emotional and mental health care is crucial if we are to support better mental health among children and young people and reduce the long-term pressure on all high level need services such as CAMHS and children's services.

The Public Health Wales CAMHS needs assessment identifies that the current model of CAMHS may not be appropriate for the current complex service environment, so we need to consider whether the current model is fit for the future. Current practice tends to transpose an Adult Mental Health model of service provision onto children's services, so whilst a child's difficulties may have arisen because of things happening in their environment the system makes it their responsibility to make changes in their lives. The expectation is that they are able to present themselves for therapy with the ability to take control of their lives, having an understanding and insight into how their difficulties arose and then being able to take action to make these changes. However, a child's ability to be able to do this is much more limited than an

adult¹. Young people themselves also warn us that we must not medicalise growing up², they highlight the importance of getting appropriate help at the earliest possible opportunity, rather than allowing problems to escalate to crisis point.

The agreed view of AWHOCs is that changing to an integrated approach to assessment and provision of care that is less clinic based and more multi-agency in approach is an essential element to any successful future provision. The development of a national pathway and approaches would go some distance in addressing the differences we experience across Wales. This change would have impact upon the lives of looked after young people in all areas regardless of whether they continue to live in their home local authority and health board area or move elsewhere.

To date, the emphasis on the additional funding allocated to children's mental health services has been towards improving specialist CAMHS within the existing model of provision. However, the greatest gains are more likely to be made by strengthening universal prevention and early intervention services, rethinking how we deliver services for those most in need with presenting behaviours of trauma regardless of diagnosis and improving the capacity of the whole system to respond to the needs and concerns identified by children, young people and their families.

Specialist CAMHS should be for the very few children who need a medical model and is an important and vital resource. However, there needs to be far greater collaboration and shared learning between specialist CAMHS and professionals working in earlier intervention and other areas of specialism. Our experience has demonstrated the need to improve access to emotional wellbeing / mental health services at an early stage, thus preventing the need for longer term interventions from CAMHS. There continue to be significant numbers of young people who require psychological support

¹ <https://weneedtotalkaboutchildrensmentalhealth.wordpress.com/2017/10/22/first-blog-post/>

² Making sense – A report by young people on their well-being and mental health

(intensive or remedial intervention) and examples of positive services although there remains very limited provision.

Sometimes the way that health, education and social care services are provided can make it particularly difficult for looked after children to get the help they require to address their health needs. They may have missed school-based interventions through unstable schooling, and increased absence. Those placed outside their local authority area can face problems accessing health services for a variety of reasons. The limited resources of emotional wellbeing / mental health services may mean it is difficult to respond to the unrecognised or undiagnosed mental health needs of looked after children – who may also suffer mental health stigma. Those children and young people in care, on the edge of care or who have been in care are doubly disadvantaged. Not only are they more likely to have health needs but the services they need to help and support them are often harder for them to access.

Looked after children and young people often have higher levels of health needs than their peers, and these are often met less successfully – leading to poorer outcomes. In particular, they have significantly more prevalent and more serious emotional and mental health needs (mainly because of the frequency with which these children enter care with problems arising from poverty, abuse, neglect, or trauma from other family circumstances). This does not mean that every child or young person who is looked after has greater needs. Yet, practitioners providing services to children and young people, and to families with children, need to be aware of the increased likelihood that this might be so. ‘The system’ must be able to identify those individuals whose needs are greater and to provide the support they need, both in a timely manner. It is also important that this access and support continues to be available for those children and young people who move on to alternative arrangements so that there is continuity but also support for latent vulnerability that re-emerges at a later stage.

The Making Sense report, written by young people, advocates support from people they trust - friends, educational counselling services and teachers - as a way to address the majority of children and young people's emotional needs and overall development. This finding is very much in keeping with the spirit of early intervention as advocated by both the Social Services and Well-Being Act and Well-being of Future Generations Act.

Improving the mental health and wellbeing of young people is of course not just a job for CAMHS, it is a task in which all practitioners in contact with children and families have a role to play. However, all require the skills, resources and confidence to effectively support children and families. It is vital to raise awareness and knowledge of mental health issues in the community, including in schools, to improve outcomes and reduce stigma. Staff training and development is crucial, but so is development and support for foster carers and postadoption support where needed. There are a number of key elements to consider in our approaches, including:

- Children, young people and families benefit most from an integrated approach to support provision, which follows them through their 'life journey'. Treating their physical and mental health needs holistically, through services which are properly 'joined up' and can continue regardless of geography, avoids the problems of negotiating a fragmented system.
- Early identification and support of health needs, particularly emotional and mental health needs, greatly reduces escalation of problems, the costs of which – both personal and economic – can have a major impact both on individuals and wider society.
- Children in care generally have fewer problems accessing services if they are placed in their 'home' authority, which also helps to maintain important social relationships. Support is especially important at times of transition.
- It is recognised that access to support for care leavers can be particularly challenging, as leaving care coincides with a transition

from children's health and wellbeing services such as CAMHS to adult's services. We need to make sure there are clear pathways in place which identify what happens at key transition points, such as when a child leaves care. There is a need to carefully manage transition from CAMHS to adult mental health services to maintain continuity of relationships and manage different experiences of services. Services need to be joined up at an earlier stage for young people and their families to be informed and aware of adult services.

There also continues to be a role for information, advice and assistance services, including Family Information Services (FIS) to coordinate some of these services. Dewis Cymru is also available as an online directory of services. For example, Wrexham FIS have a partnership approach in supporting families awaiting treatment or diagnosis from CAHMS.

5. Conclusion

The current system is fragmented and stretched public services budgets are leaving many children and young people without opportunities to access early help services while at the same time children and their families who are experiencing significant trauma are floundering without the services to meet their needs. Community services need to be given greater support to help children and young people with mental health issues access services as early as possible in a bid to stop their condition from deteriorating. We would like to see the following changes developed and implemented

- A common language to inform one approach to understanding, assessing and responding to children and young people's emotional well-being and mental health needs
- One national strategic framework and model for improving the emotional well-being and mental health of our children and young people that brings together leaders in health education, social services, police and third sector as equal partners

- One national integrated approach to assess and support looked after and formerly looked after children and young people
- One national integrated approach to assessment and support young people who require Secure Accommodation that focuses on responding to the crisis and safe and sustainable exit

We are all aware of the need to implement meaningful change with alacrity. For children and young people, a failure to arrest the current and long lasting crisis will have a profound impact on their future.

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 13

Ymateb gan: Cyngor Cymreig y Gwasanaethau Ieuenctid Gwirfoddol
Response from: Council for Wales of Voluntary Youth Services

The Council for Wales of Voluntary Youth Services (CWVYS) is the national, independent representative body for the voluntary youth work sector in Wales with a current membership of 96 organisations that work with over 250,000 young people between the ages of 11–25 years. It is estimated that 40,000 volunteers and 4,000 paid staff are engaged in delivering work with young people within the voluntary youth work sector.

Current membership reflects the huge diversity and rich variety of voluntary youth work and youth support services and includes both national and local/community based organisations.

CWVYS seeks to work in close co-operation with partners from across the voluntary and maintained youth work sectors, believing that such joint working creates better results and serves the wider sector well.

We welcome the opportunity to respond to the consultation and in doing so, seeks to fully represent the views of its member organisations.

GENERAL

CWVYS subscribes to the view presented in the *Youth Work National Occupational Standards*; namely, that youth work ‘*assists young people to develop holistically, working with them to facilitate their personal, social and educational development, to enable them to develop their voice, influence and place in society and to reach their full potential*’.

CWVYS also espouses the routes to specialist support for young people as outlined in *Youth Work in Wales: Principles and Purposes: the ‘Five Pillars of Youth Work’*

In addition, it is important to highlight that ‘*Youth work in Wales is based primarily on a voluntary relationship between young people and youth workers. The Youth Service is a universal entitlement, open to all young people within the specified age range of 11-25*’

The voluntary youth work sector continues to be able and willing to deliver open access (or universal) and targeted youth work – either within collaborative partnership frameworks and/or within individual organisations, where both open access and targeted delivery co-exist ‘under the same roof’, for the benefits of all young people.

EVIDENCE

Whilst CWVYS is able to provide a strategic overview of such issues, discussions with CWVYS Member organisations located in each of the CWVYS Regional Group have elicited key, operational and contextual perspectives. i.e. where youth workers, youth support workers and volunteers come into daily contact with young people who present a wide range of factors and behaviours. In addition, in a non-formal and informal environment and with opportunities to discuss issues with a youth worker, young people are able to highlight worries and anxieties about themselves but also mental health of peers, family and others.

The interactions between youth workers and young people occur through contact established via open access provision. Based on the critically important voluntary relationship between young people and youth workers, this non-judgemental and supportive approach enables young people to engage and to highlight issues of emotional health and well-being. Some of the evidence provided by Member organisations is set out here:

Volunteering Matters (Pontypool) report how an increasing number of young people have informed workers of low-level mental health problems during the last two years. The organisation believes that there is a limited understanding of mental health issues amongst young people and this is exacerbated by a lack of specialised support services.

The response to this situation was typical of a go-ahead youth work organisations: it established a programme (Mind Matters) to meet the needs of those same young people by developing and delivering peer-led sessions, workshops and activities.

Concentrating on peer-to-peer education approaches, this programme successfully combines youth work methodology, young people-led design plus delivery with topics such as self-esteem, motivation, confidence and resilience. The programme also includes work on sexual health, isolation, loneliness and early intervention. www.volunteeringmatters.org.uk

Media Academy Cardiff identify training, funding and specialist support as key factors in meeting the emotional health and well being of young people. In its work with young offenders, MAC sees a problem with the lack of structural funding for early identification of mental health issues – and that an intervention post-CAMHS is generally ‘too late’.

MAC also highlights a real need for youth service funding and training. The organisation's award-winning Triage service emphasises the need for a focus on early intervention and prevention; youth workers engage directly with young people in a non-formal, informal setting and on the latter's 'own terms'. www.mediaacademycardiff.org

KPC Youth (Pyle) highlight long delays for access to CAMHS as being a real problem for young people in need of support. In addition, they identify the length of time between identification and referral processes as being of particular concern: this adds stress and complications for the young people involved (as well as the likelihood of involvement in activities likely to increase negative well being) whilst placing greater strain on youth service provision.

KPC suggests that local mental health services need to be better equipped to react more quickly. One way in which this might be achieved is to share information on 'who does what' locally (from both mental health and youth work providers).

Additionally, the organisation suggests that a simplified guide relating to local mental health service provision would be helpful, as would access to inclusive training on early recognition.
www.kpcouth.com

GISDA (Caernarfon) has developed a specific approach for working with mental health issues – this is low cost in delivery terms but does require a financial investment in training of staff.

The approach, called 'Fi/Me' is based on the Psychologically Informed Planned Environment (PIPEs) method and outlines the involvement of a stable, welcoming and trusting youth work relationship. It identifies the need for continuity and consistency in planning and delivery – in both the provision and length of time required to support young people.
www.gisda.org

Dr Mz (Carmarthen Youth Project): refers to the need for young people to access open youth work provision and highlights young people for whom the organisation provides a safe and welcoming alternative to home environments. Staff there say that 'youth work is vital in helping to keep young people on an even keel and a sense of belonging for young people at the Project is key'.

Dr Mz states a clear need for out-of-hours referral processes for young people in crisis. Staff also make a case for more flexibility regarding referrals for 'low levels' of mental health problems but also greater support for early intervention: waiting lists locally are typically 3-8 months in length. The

organisation sees itself as having an important role to play, here, and is willing to do its utmost to support young people.

However, it identifies a need for:

- more 'joined up' working between services
- to break down barriers at grassroots levels between youth work practitioners and mental health services
- an increase in staff working with young people on mental health issues to reduce waiting times
- more mental health awareness training for youth workers
- better communication between agencies in positions to support young people

www.drmz.co.uk

YMCA XXXX cite the case of XXXX, a 22 year old asylum seeker originally from XXXX, who was known to youth workers at the organisation and who sadly committed suicide very recently after seeking but failing to receive support, which resulted in him becoming destitute. His case was not being dealt with by YMCA XXXX but by a local refugee support charity, who tried all it could to access services on XXXX behalf.

This case highlights the increasing and disturbing prevalence of apparently inadequate service provision for young people who are homeless, for those who are refugees and asylum seekers and for whom services are not available in times of greatest need and crisis.

www.ymcaswansea.org.uk

Play Wales | Chwarae Cymru highlights how play contributes to children and young people's ability to develop core resilience and flexibility, with resultant increases in physical and emotional wellbeing.

Play opportunities also encourage children and young people to become adaptable, socially aware and communicative whilst enabling creative and fun responses to situations. The organisation also outlines how play supports the development of self-sufficiency, independence and ability to express a range of emotional responses.

www.playwales.org.uk

OTHER

- The Committee will also no doubt be aware of recent reports such as Liverpool University's 'Millennium Cohort Study' published by the National Children's Bureau (involving 10,000 young people) which suggests that a quarter of young females and one in ten young males show signs of depression at the age of 14. Factors include exam stress, body image, socio-economic background, race, gender and parental pressures amongst others.

- These findings are borne out by the recent Welsh Health Survey, which reports that in many areas there are significantly more people experiencing mental health issues than those reporting being treated for mental health issues. The Cardiff Assessment make the point that around 50% of people enduring mental health problems will ‘display symptoms by the age of 14 and many others at a younger age, which should mean that services should be able to shape their provision for the needs of the future. At the Wales level, 10% of children have mental health issues such as stress, anxiety, and depression. In North Wales, the number of self-harming incidents has more than doubled between 2012-13 and 2015-16)’ (*Well-being in Wales: Planning today for a better tomorrow*, Future Generations Commissioner for Wales, 2017)
- The Welsh Government’s recently-announced initiative to support pupils with emotional and mental health issues across 200 schools is welcome news, as is the fact that CAMHS-trained practitioners will be deployed to deliver these services. However, we are duty-bound to once again highlight the fact that children young people spend far more of their time outside of school than they do in formal education settings – with many choosing to spend time with open access youth work provision. This, we would suggest, is where the need is greatest: out of school hours and within non-formal and informal environments and where access to mental health services are best placed as part of universal offer for young people in Wales.
- In Scotland, 2018 has been designated the ‘Year of Young People’ and CWVYS’s sister organisation, Youthlink Scotland, is exploring youth work and the health and social care sector’s contribution to young people’s mental health and wellbeing at its National Youth Work Conference in November. This is being co-organised and co-delivered in association with NHS Health Scotland. CWVYS suggests that such an opportunity needs to be grasped as soon as possible in Wales, in order to effect strategic and operational conversations about how to provide better, more joined-up mental health services for 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 16

Ymateb gan: Grŵp Prif Swyddogion Ieuencid Cymru

Response from: Wales Principal Youth Officers' Group

The *Wales Principal Youth Officers Group* (PYOG) is the representative group of officers nominated by each local authority as the professional and strategic head of the Youth Service. The group has an established role in advising on the strategic development and delivery of youth services and other associated initiatives and is a sub-group of the *Association of Directors of Education in Wales* (ADEW). The PYOG also has a strategic connection with the *Welsh Local Government Association* (WLGA) via the Lifelong Learning Policy Officer (Youth).

The PYOG welcomes the opportunity to respond to the *National Assembly for Wales Children, Young People and Education Committee* inquiry into *The Emotional and Mental Health of Children and Young People*, particularly given the valued contribution which youth work makes to the emotional well-being of young people aged 11-25 years via an educative approach in a variety of settings.

Introduction

1. For those young people who access the provision, Youth Work is widely recognised as having a crucial role to play in developing their **ability to transition successfully to adulthood**, in becoming positive members of their local communities and recognising their place in and contribution to the global community. It is based on a voluntary, trusting relationship developed over time with young people between the ages of 11-25 years of all backgrounds and abilities. Youth work has a valuable contribution to make to the health and well-being of these young people, which will be described in further detail later in this submission.
2. Youth Work in Wales is now (as of 1st April, 2017) a registered profession with the *Education Workforce Council* and has for some time had its own qualifications framework and National Occupational Standards, which define its key purpose as to:

“...enable young people to develop holistically, working with them to facilitate their personal, social and educational development, to enable them to develop

their voice, influence and place in society and to reach their full potential.”

3. Youth Work offers successful preventative, open access provision which provides a non-stigmatising environment and acts as an access route for young people to get more specialised services (see below). The **‘Five Pillars of Youth Work’ in Wales (Youth Work in Wales: Principles & Purposes)** are that it is **Educative; Expressive; Participative; Inclusive and Empowering.**

Positive outcomes for young people

4. As a minimum requirement to providing strong foundations for them to thrive, young people need to be happy, healthy (physically and emotionally) and resilient. Whilst we all have risk factors present which can create environments for negatively or positively affecting our ‘well-being’, young people in particular (as they transition from childhood to adulthood) are at a time in their lives when **such risk factors can be amplified due to this transitional phase – undergoing numerous changes both physically and emotionally.** Whilst the adolescent mind and body is developing the robustness required to ‘cope’, it is also at its most vulnerable with factors such as peer pressure, modern lifestyles, bullying, bereavement, anxiety, familial change etc. - all potentially having a profound impact on a young person’s self-esteem and ability to learn.
5. It is commonly accepted that young people today experience far more complex and faster lifestyles than previous generations, with the recent addition of social media meaning that almost everything captured or written is available and is accessible immediately. This can of course have both positive and negative impacts and the key to negotiating this high level assault on the senses and broad range of choice is education – **understanding consequences, developing critical thinking and learning how to make informed choices.** With an ageing population becoming more reliant on younger generations, **young people now, more than ever, should be seen as assets to society and communities and social policy needs to reflect this.** However, we have a long way to go as young people are often seen as a problem to fix e.g. being identified as NEET (Not in Education, Employment or Training).
6. The Youth Service is often in a unique position to contribute to a number of important agendas (Education, Health, Social Care, Social Justice etc.) in improving outcomes for young people. The work is based on a **voluntary relationship** between worker and young person, which starts where the young person wants it to - a Doctor may see a patient first, a school teacher a pupil and a Police Officer an offender, but Youth Workers engage with a young person first and on their (the young person’s) terms and throughout the journey with this individual.

Together for Children and Young People (T4CYP) and Specialist CAMHS

7. As Youth Work is an education (not health) provision, the PYOG does not consider itself to be in a position to comment directly on some of the considerations of the inquiry e.g. reduction in waiting times, quality of data, thresholds, funding etc. However, Youth Work as a profession has always worked keenly, collaboratively and productively with the Health sector and is more than willing to contribute fully to the proposed new way of working, which has been termed Prudent Health Care as well, as the principles of T4CYP. It is the PYOG's contention that this ought to include a strong and valued preventative Youth Service, empowering young people to become valued members of their communities.
8. The Youth Service is currently not directly involved in developments in relation to the T4CYP programme at strategic level and has not yet linked up formerly at operational level. However, there is and has traditionally been a great deal of joint (Health sector/Youth Service) work going on at local level – indeed, Health and Wellbeing was the third most delivered type of provision across the 22 local authority Youth Services in 2015-16¹. The PYOG also welcomes the recent development of *Enhanced Access* in Primary Mental Health Care, whereby each Local Health Board (LHB) has a designated point of contact for CAMHS concerns/issues. This provides opportunities for non-clinical staff to discuss the needs of and potential solutions for young people with emotional well-being issues. However, it is still too early since the introduction of this to make any judgement on its effectiveness. The PYOG also has a link to T4CYP via the WLGPA Policy Officer's role on one of the work-streams, where opportunities for presenting relevant policies and practice have been invited and well received, and youth work influence has been welcomed.
9. **Youth services act as an important preventative service**, often keeping a young person from getting to a critical point where further, acute and far more expensive, interventions e.g. social services, housing, CAMHS, police etc. are required. By working closely with a young person via a (voluntary) relationship built on trust and helping them navigate through their difficulties and experiences, **the need for more acute and expensive interventions is often avoided**. However, whilst Youth Workers are trained to a high level and are skilled at engaging with young people, there has been a tendency in recent times to increasingly target the work at specific groups of young people. Whilst the sector continues to make strenuous efforts to retain open access provision (particularly given that young people of all backgrounds and abilities experience life pressures which, from time to time, they struggle to cope with and which, for some are – or become – prolonged or chronic medical issues), substantial reductions in funding

across the sector has meant that a great deal of open access provision has disappeared.

Barriers

10. The PYOG has also responded to the *National Assembly for Wales (NAfW) Health & Social Care Committee Call for Evidence on Physical Activity of Children and Young People*. In its submission, the PYOG is calling on this Committee to cross-reference the work of this inquiry, as physical health is important to positive emotional/mental health. In a similar manner, the PYOG calls on this Committee to do likewise.
11. The Youth Service is acutely aware that young people can face a number of barriers to accessing opportunities for physical activity. One reason is the **increasing influence of technology**. Whilst offering numerous positive opportunities, it is essential that a balance is struck between the use of social media and other technologies and being physically active – and physical activity providers need to recognise this by offering provision which is relevant, engaging and fun. For some, whilst not necessarily essential to accessing physical activity opportunities, access to outdoor facilities, parks, open spaces etc. (particularly for those living in urban areas), may be a further issue. For more structured opportunities, funding can also be an obstacle.
12. Whilst there is a focus on our ageing population in relation to loneliness, some of the above factors (there are others, of course) also contribute to too many **young people also feeling lonely and isolated**. This can be exacerbated by lack of support from some parents when their children get into their teenage years, as reported recently by the Children’s Societyⁱⁱ, which describes a “...shocking scale of teenage neglect...”, stating that “Neglect at home during teenage years can be as damaging as neglect during early childhood”. Whilst this is a societal issue which needs to be addressed, young people in these circumstances need other outlets and support mechanisms in their lives – this requires joint (involving relevant professions as well as young people) and innovative solutions.
13. It is also crucial to ensure that **young people are consulted regularly** to learn what they perceive to be barriers to accessing services. Whilst their concerns, priorities and solutions can reinforce those of professionals, they can also be quite different and often more relevant e.g. transport is frequently raised as a barrier for young people, particularly in rural areas where access to services can be more challenging and even prohibitive.
14. There are issues around **body image and body confidence**. **Poor self-esteem** in young people can act as a major barrier to engaging in physical activity, particularly within formal education where compulsory group participation is required; classes are often large and many activities are mixed gender. This approach can create barriers for those

individuals experiencing difficulty with self-image, self-worth, self-esteem or those exploring and establishing their own identities. Although Youth Work offers many specific avenues for young people to participate and develop their physical activity (provision such as DoFE, leisure and sports activities for example) Youth Work's preventative **contribution to young people's personal, social and emotional health** can be underestimated, with its ability to increase young people's desire and confidence to access provision such as sports groups, extra-curricular activities etc. This can be particularly relevant for those young people who are deemed vulnerable. Youth Workers also act as competent advocates, acting in the best interests of the young person whilst aiding the development of skills for that individual.

Opportunities

Education

15. As an education provider, the Youth Work sector welcomes the inquiry's focus on the contribution of education to emotionally resilient children and young people. However, the intended **scope does not appear to capture the contribution of the broad range of education providers** but appears to focus solely on schools. Whilst schools engage with the majority of young people aged 11-25, they are far from being the only education provider – **the education 'family' is much broader than this**, including Youth Work, the wider Youth Support Services, Colleges of Further and Higher Education, Work Based Learning Providers, Education Otherwise Than At School (EOTAS) settings, special schools (PRU's/EBD Centres etc). Across these providers is a wealth of expertise in well-being support, promoting and developing resilience, self-esteem, self-efficacy etc., which needs to be factored in to the continuum offered to young people. For example, independent (previously known as school based) counselling services are quite appropriately mentioned but it is often Youth Work that acts as the 'wrap-around' support for a young person before, during and after counselling interventions – **young people are often encouraged to engage with Youth Work following counselling input for good reasons as the provision complements clinical input.**
16. Welsh Government and the education sector in Wales are currently developing a new curriculum, which is designed to better reflect the demands of 21st century learning, the needs of employers and the needs of children and young people. There are real opportunities for the education family - in its broadest sense – to work closer together. In order to develop an inclusive and effective curriculum, this also **needs to involve other agencies such as Youth Work and health providers** (particularly in relation to the Health and Well-being Area of Learning – see below) in making a more comprehensive/holistic contribution to both its development and delivery.

17. Whilst all four of the main purposes of the new curriculum have the well-being of learners implicit throughout, one of the four is that of *Healthy, Confident Individuals*, with a specific ‘area of learning’ being that of *Health & Well-being*. Building Block 3 of the proposals is to ‘extend and promote learners’ experiences’, which presents opportunities for schools and communities to work together in providing a rich menu of opportunities for learning. The aim is to make the new curriculum available by 2018, with all schools ready to deliver it by 2021 – time is of the essence.

Should you have any further queries about this submission or the work of the Youth Service generally, please do contact:

ⁱ <http://gov.wales/statistics-and-research/youth-services/?lang=en>

ⁱⁱ <https://www.childrensociety.org.uk/what-we-do/research/troubled-teens-understanding-adolescent-neglect>

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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 23

Ymateb gan: Coleg Brenhinol Pediatreg ac Iechyd Plant

Response from: Royal College of Paediatrics and Child Health (RCPCH)

1. About the RCPCH

The RCPCH works to transform child health through knowledge, innovation and expertise. We have over 500 members in Wales and over 17,500 worldwide. The RCPCH is responsible for training and examining paediatricians. We also advocate on behalf of members, represent their views and draw upon their expertise to inform policy development and the maintenance of professional standards.

For further information please contact Gethin Jones, External Affairs Manager for Wales: gethin.jones@rcpch.ac.uk or 029 2050 4211.

2. The emotional and mental health of children and young people in Wales

RCPCH welcomes the renewed focus on the emotional and mental health of children and young people (CYP) in Wales.

In January of this year, we published the [*State of Child Health 2017 \(SOCH\)*](#) report, which pulled together data from across the UK on 25 indicators to provide a snapshot of child health and wellbeing. Welsh teenagers were found to have amongst the poorest life satisfaction rates across the UK.

Between January and October 2016, we consulted 326 children and young people across the UK to obtain their experiences, explore their views on the indicators and to inform the recommendations. Feedback was sought through online and ballot paper surveys, semi-structured interviews, discussion activities and activity-based workshops.

Mental health was highlighted as a major area of concern for children and young people, particularly issues around self-esteem and self-confidence (on a personal level and within relationships), lack of support in both primary

and secondary schools and the need to reduce waiting times for mental health services.

Children and young people felt they had a lack of knowledge around mental health, with specific anxieties around how to deal with mental health concerns in themselves and others, as well as questions about who they should turn to for guidance. Many children and young people thought that mental health education should be specifically taught from primary school onwards so that they could be more confident and better prepared to cope with the challenges of mental health in adolescence and adulthood.

3. RCPCH policy recommendations

The data highlighted in the SOCH report, along with this feedback from children and young people and input from RCPCH members informed a series of [Recommendations for Wales](#) that we published alongside SOCH.

The following recommendations are designed to maximise mental and emotional health for children and young people in Wales.

- The Welsh Government should take immediate steps to embed **statutory and comprehensive personal, social and health education programmes** (including sex and relationships education) across all primary and secondary schools. The new curriculum for Wales should use the Health and Wellbeing Area of Learning Experience to continue that approach.
- **Estyn should inspect the provision** of personal, social and health education programme within a robust framework.
- **The Welsh Government should ensure that compulsory evidence based health and wellbeing programmes are embedded in all primary and secondary schools** which foster social and emotional health and wellbeing, through building resilience, and specifically tackling issues around social inclusion, bullying, drug and alcohol use and mental health.
- **Professional bodies** representing all those working with infants, children and young people in health, social care, education, criminal justice, and community settings should equip their members with the **necessary tools** to identify mental health issues through the promotion of resources such as the MindEd portal.
- The Department for Education and Skills should ensure that **all schools make mental health support available to their pupils.**

We note the recent announcement by the Health Secretary and Education Secretary that CAMHS practitioners will be recruited to work with schools in three areas across Wales in a pilot scheme designed to upskill teachers to recognise and deal with low level mental health problems; and to ensure that when further intervention is required, further support is available for teachers and children, along with pathways to specialist services. We greatly welcome this announcement of an innovative model being trialled. We welcome also the commitment to properly evaluate the pilot scheme with a view to rolling it out with an evidence base. However, work still needs to be done to support children in schools outside of these pilot schemes and in the interim period. Also, professionals who work with children outside of education still need to be upskilled to identify mental health issues and respond appropriately.

4. The views of children and young people

These recommendations are backed up by evidence from children and young people in Wales. We have conducted two roadshows in Wales over the past year to hear from CYP about their experiences with health services and thoughts on their own and their peers' health. Mental health was identified as a priority at both, and is repeatedly cited as a major concern amongst CYP in all our engagement work.

Other common themes that came up in these sessions and which we regularly hear from CYP included:

- **Waiting lists and insufficient provision of services:** “We need better mental health services. ...better alcohol & drugs services & awareness”; “Feel that services don’t have time for you and are too busy... services are meant to see you regularly but they forget and don’t come”
- **The need for teachers and other adults who work with CYP to have basic understanding of mental health and be able to signpost to services where appropriate:** “Teachers need courses on mental health, more advice to parents & families on health issues”.
- **The need for CYP to be meaningfully involved in the design of services they use:** “Why give us surveys when 90% of the time you’ve made your decision. How can it change? How can it be different?”; “We know first-hand how to change the systems to help”
- **The need for effective communication between agencies** “Communicate between organisations to know what effect health issues have on young people”

5. Views from the frontline

Paediatricians, both in hospitals and in community settings, have substantial contact with children and young people experiencing mental health problems and neurodevelopmental disorders. To provide a case study and a view directly from a clinician, we asked a Community Paediatric Senior Registrar with experience in CAMHS to comment on some of the specific issues identified by the Committee.

Early intervention and prevention programmes teaching resilience; the role of education in preventing mental health issues.

“I have not seen any direct or clear effect on resilience from early intervention and prevention programmes as I have not heard it mentioned by children, families or professionals I work with. Early intervention is certainly required but this needs doing far more.

“I believe Education are in the best position to look out for mental health issues developing. There is no service able to monitor children and their families like schools. I believe investing in teaching resilience and mindfulness much earlier, in primary school, will equip all children with some coping mechanisms and help stop the stigma of mental health issues.”

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.

“I am unsure of the effect seen on generic CAMHS waiting lists but, in some areas, other services have taken over a great section of the workload (ASD & ADHD) so any decrease in CAMHS waiting times has to be considered with the increase in waiting times for community paediatrics and neurodevelopmental assessments. I have also seen that, within six months in CAMHS, there have already been two waiting list initiatives, one in generic CAMHS and one in neurodevelopmental CAMHS and further ones are planned for the end of the summer. This suggests, with the current workforce/system, services are unable to stay on top of the number of referrals. It is clear that CAMHS are up against a near impossible task as the patients they have are extremely difficult to discharge so the numbers on their books are ever increasing.

“Within the CAMHS I have worked in there have been a number of agency staff employed for clinical duties and secretarial duties. There is stress felt in

both the clinical and administration areas and, with limited admin support, the clinical staff have to carry out more admin tasks which limits their clinical time.”

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

“I have seen children who really needed a CAMHS review but which I struggled to get for them or for which they had to wait so long I was concerned about problems escalating further. It is understandable that thresholds for accepting referrals has had to change but this means other services, like community child health, need to be better equipped to deal with the mental health issues which remain unaddressed.

“A more effective way of working would be for closer CAMHS and community paediatric working. A CAMHS nurse therapist told me that she used to run a joint CAMHS/Paed's initial assessment clinic years ago in England so that tricky behavioural and emotional issues could be seen together and teased out and a management plan be developed together. She also used to run training in mental health which was funded jointly by health, education and social services so all three services attended the training and worked together more effectively. This is what we should be aiming to do more of as this would be efficient working at the same time as addressing everyone's need to be trained in mental health.”

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.

“School aged children who are referred for ASD (Autism Spectrum Disorder) are, in Swansea, referred by their school to ND (neurodevelopmental) team. This is now a separate service to CAMHS. It cannot however take on ADHD as these patients, once diagnosed and likely to require medication, need regular review which the ND team does not have capacity for. This, at the present time, remains unaddressed and does reflect the capacity issues of CAMHS services.

“There needs to be more support for families of children with ASD and ADHD such as a neurodevelopmental nurse who is able to see the families a few weeks after they have the diagnosis to go through any questions they have. There should also be more parent workshops & groups. ADHD often feels that it gets forgotten. There is less research into ADHD and less educational material is available for families. Children and their families have to rely on medication for control of symptoms as there is nothing else to offer. However, the NICE guidelines state that medication should be offered alongside parent support / education workshops. This means that for the ADHD population there is certainly no decrease in medication use.”

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

“We are constantly seeing children and young people who have no coping mechanisms, no buffers or protective factors to help them through either mental health issues or difficult times in their lives. Resources are limited so the additional efforts could focus on those children identified by the ACE (Adverse Childhood Experiences) study, for example those who have been abused or experience domestic violence.”

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

“The contact I have had from school nurses is that they don't have time to do their own job as they would like to, let alone now teach resilience.”

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

“I have met children within CAMHS who have used their school counsellor but some don't like to go due to the stigma.”

Response from the Royal College of Nursing Wales to the Children, Young People & Education Committee's inquiry into the emotional and mental health of children and young people in Wales

The Royal College of Nursing Wales is grateful for the opportunity to respond to this important inquiry. Outlined below are our responses on the four broad areas of consideration: specialist CAMHS; links with education; funding; and transition to adult services.

Overview

The role of nurses in the emotional and mental health of children and young people

- I. Nurses and the wider nursing family are key stakeholders in actively promoting and improving the mental health and wellbeing of children and young people. Nurses care for children and young people with wide ranging needs and in a multitude of different settings, such as schools, the community and hospitals. Whilst some specialist nursing roles such as a Children's Mental Health Nurses or General Practice Nurses, play a key role in providing interventions which help to treat mental ill health of children and young people, other nursing roles such as such as School Nurses, are central to the promotion of emotional wellbeing and providing vital support for children and young people in maintaining their emotional and mental health.
- II. It is essential that all healthcare professionals undertake the right level of training and education to acquire the level of skill, in the areas of children and young people's emotional and mental health, which is appropriate to their role and the type of exposure to different issues which they will encounter. In addition, healthcare professionals should be trained to identify signs of mental ill health where necessary, and sign-post to other services and refer to specialist interventions where appropriate.

Specialist CAMHS

Access to specialist nurse led services

- III. Children and Young People's Mental Health Nurses have a key role in providing direct support to children, young people and their families, as well as educating and supporting other professionals, including teachers and school nurses, to promote emotional and psychological wellbeing. Access to specialist and targeted services in a timely manner can make all the difference to a child or young person's long term health and wellbeing.
- IV. Specialist nurses can provide a range of therapeutic interventions including

cognitive behavioural therapy, dialectical therapy and family therapy, as well as the management of deliberate self-harm. Access to other professionals such as health visitors, who can provide invaluable support for children and their families, particularly in relation to advice around maternal and infant mental health, is also key to the emotional and mental health of children and young people.

- V. It is vital that health care professionals who work with children and young people are employed in the right numbers and with the right skills to be able to deliver appropriate levels of care. As already outlined, of equal importance is that the workforce who come into contact with children and young people (within health, education and beyond) is appropriately educated in children and young people's mental health issues so that they are equipped with the knowledge and skills needed to identify, sign-post or treat people as appropriate to the scope of their role.

Primary & Secondary CAMHS services

- VI. The Royal College of Nursing Wales has been made aware via members working in mental health services that there are issues around the delivery of Primary CAMHS and Secondary CAMHS in Wales. Secondary CAMHS in general are multidisciplinary services targeted at those with moderate to severe mental health needs, whilst Primary CAMHS are an intervention and assessment service with short term therapies targeted at those with mild to moderate mental health issues. There can be a lack of clarity around the eligibility criteria for each which can result in confusion and a certain amount of fluidity around which services children and young people are referred to. This lack of clarity can also create variation dependent upon location and also on individual consultant opinion. It can therefore depend where you are and who you are seen by as to which of the two services you are referred to.
- VII. Furthermore, Primary CAMHS in some areas are not always able to access Secondary CAMHS, meaning that there is no flow-through for patients who may initially access primary services, but need further treatment and support from secondary services.

Waiting lists and the Mental Health Measure

- VIII. Part One of the Mental Health Measure 2010 requires that, from October 2012, Local Primary Mental Health Support Services (LPMHSS), of which Primary CAMHS would be a part, offer: primary mental health assessments; short-term treatment or support; referral to secondary mental health services. In reality however, we understand from some of our members that some services are becoming unmanageable, in part because of the pressures around waiting lists. As such, the Committee may want to ask Health Boards what the current status

is of their LPMHSS services, and how stable or sustainable they are. One of the aims of Part One of the Measure was to reduce waiting times and therefore improve outcomes, but reports from our members suggests that this aim is not necessarily being achieved.

- IX. Funding has been released by Welsh Government to help improve waiting lists. However, whilst some waiting lists for some services have seen improvements, it is not clear whether this is in part due to patients being referred to alternative services instead (e.g. to primary instead of secondary), thereby exacerbating the problems, and the challenges just being moved from one place to another. Again, this may be one area which the Committee would like to consider further.

Links with Education

Educating the workforce and equipping families

- X. Ensuring that the workforce and parents/carers have the knowledge to recognise and support children and young people who have mental health needs is crucial. It is essential therefore that the workforce involved in working with children and young people have appropriate levels of training in mental health issues for this age group, and the existing workforce are able to upskill in these areas where needed.
- XI. The Together for Children & Young People Programme is beginning to promote resilience via increased early intervention and prevention. However, in many respects, the work around this to date has served to identify some of the gaps in knowledge of professionals working with children and young people of how to approach mental health issues, and this in turn can have an impact on the competence and confidence of the workforce in this regard.
- XII. The RCN has partnered with MindEd which is a free educational resource aimed at upskilling the workforce, as well as parents and carers. The resources offer free online learning and information to help educate the workforce, plus advice and information for families and carers, and an example of how technology can be utilised to communicate vital information.
- XIII. There are two resources:
- MindEd for Families – online advice and information to help families understand and identify early issues and how best to support children. Specific pathways have been developed to signpost school nurses and others to key modules to complete.
 - MindEd for Professionals and Volunteers – provides adults who care or work with young people the knowledge to support their wellbeing, the understanding to identify a child at risk of a mental health condition, and the confidence to act on their concern and, if needed, signpost to

services that can help.

- XIV. It is worth noting that appropriate levels of training and education should also not just apply within health and education settings, but for other professions which work with children and young people as well, such as social services, the police, foster carers and youth workers.

The role of the school nurse

- XV. As identified in the Welsh Government's School Nursing Framework, the role of the School Nurse is pivotal in supporting the emotional wellbeing of children and young people of school age, and initiatives run by school nursing teams can provide vital services which improve mental wellbeing. School Nurses will be involved in the prevention agenda via a public health approach to building resilience through informing pupils about emotional and mental wellbeing, as well as using skills in identification and early intervention to escalate concerns where appropriate. They can provide open access drop-in services, offering pupils a safe place to discuss a wide range of health issues, including mental health issues.
- XVI. The School Nursing Framework sets out a minimum expectation of the level of knowledge for school nursing services in Wales. The standard has been written with a rights based approach in line with the UNCRC (1989). It has been recommended by RCN members in the school nursing profession, that in order to meet these standards, the degree programme curriculum leading to the school nursing qualification should be revised and enhanced in the areas of emotional and mental health, and that existing staff in post would benefit from being upskilled in these areas.
- XVII. An RCN Wales Nurse of the Year Winner 2016, Jacqueline Jones provides an example of best practice in school nursing. Jacqueline worked tirelessly with children, young people and families to develop and provide a model of school nursing that is highly visible, accessible and makes a difference to those who need it. It included the school nurse speaking at the school assembly each month, a presence on the school website, posters about the school nurse role and contact information, as well as increased involvement in PSHE lessons to support young people to build emotional resilience.
- XVIII. Young people and fellow professionals provided exceptionally positive feedback in terms of the way in which the role of the school nurse had been highly instrumental in supporting young people to protect, re-establish and maintain their emotional and mental wellbeing.
- XIX. It is important to note that being able to fulfil this level of dedication to the emotional needs of children and young people is dependent on having the time and capacity to prioritise this vital element of the role. School Nurses plan,

coordinate, deliver and evaluate appropriate health interventions and public health programmes for all school aged children and young people in Wales. This often means significant workloads with many competing priorities such as immunisation, implementing the Child Measurement Programme, educating and providing advice and support on a range of issues such as sexual health, substance misuse and eating disorders, as well as playing a strategic and coordinating role within a wider multi-agency team across health and social care. School Nurses must be employed in sufficient numbers, and enabled to prioritise the emotional needs of the children and young people in their care, as well as the physical needs.

- XX. Furthermore, the statutory provision of school counselling services has benefited children and young people immensely but, if effective early intervention and prevention is to be fully realised, then there is a need for them to be resourced to be available to younger pupils at primary school. Many areas work within current resource confines to try to provide additional services but this is not always possible due to limited budgets. The Committee therefore may want to consider whether counselling services should be made available to younger school-aged children.

Funding

- XXI. With evidence suggesting that demands on mental health services are increasing, and with the ongoing pressures around waiting lists, it is clear that significant additional resources are needed in order for tangible improvements to be achieved. Consideration needs to be given as to whether this should comprise short-term funding initiatives targeted at reducing waiting lists, or whether it should also involve a wider and more concerted effort to increase the capacity within mental health teams to cope with demand and create a more sustainable and responsive service in the long-term.
- XXII. Appropriate resources must be in place to enable the workforce to undertake necessary levels of training and education, as well as having access to Continuing Professional Development (CPD) as required. Investment in education, training and CPD is an important means for maximising what the workforce can offer and contribute.
- XXIII. It should be noted that the staff involved in waiting list initiatives can face extra demands on their shifts and longer working hours which, in turn, can affect morale. Not only does this have the potential to impact negatively on the quality of care which staff are able to deliver, but it can also have an impact upon the recruitment and retention of staff. In areas where there are already existing shortages of mental health nurses, this would be detrimental to the service being delivered.

Transition to Adult Services

- XXIV. The journey from adolescence into adulthood is a particularly challenging time for all young people from biological, social and psychological perspectives. For young people with any form of disability, long-term conditions or significant mental health problem, this is made even more difficult. At the same time as their own care needs are evolving, they are moved between different health care services which will often have significant differences in the expectations, style and culture of these services.
- XXV. The Royal College of Nursing has the following standards on service provision in relation to transition to adult services:
- Services need to be flexible and based on the needs of the young person, rather than focused on the needs of the service.
 - Local services must work together, along with the young people and their families, to plan the transition. This includes working with mental health services where necessary, including child and adolescent mental health services, adult mental health services and emergency inpatient services.
 - Service providers should examine the way transition services are delivered. Services may need to be redesigned so that they truly meet the needs of this client group. More recently the concept of co-production and co-design have been successful models of engaging young people to manage their long-term conditions such as sickle cell disease.
 - In order for young adults to be more engaged in their own treatment, services should be accessible and acceptable to these patients. For example, drop-in clinics, online information, and the use of apps and social media can make a service more accessible and approachable.
 - In planning to meet an individual's needs, NHS and social services providers should not overlook the services available locally from the voluntary sector.
- XXVI. There should be a shared protocol between children's and adults' services, which is a genuinely shared arrangement, and is properly implemented. A transition should appear as seamless as possible to the young person. If possible, the young person should have the opportunity to visit the clinic in advance or meet the team who will take on their care. They should be given time and support to adjust to the transition, and the opportunity to say goodbye to staff and friends connected to the children's service before they leave.
- XXVII. Parents or carers will have varying degrees of contact with, and responsibility for, the young person. It is important for key workers to understand this level of contact and also to agree appropriate communication channels in collaboration with the parents/carers and the young person. These discussions must include issues of confidentiality between professionals, young people and parents, and the outcome of these discussions should be clearly documented.

- XXVIII. All staff should receive training about the needs of the young adult facing transition. Staff in adult services should be given training in issues relating to young people's developmental and wider social and emotional needs. Pre-registration modules should include a proportion of time devoted to the issues of transition from children's to adult services. Similarly, it is beneficial for a post-registration module to be available which can be aimed at a variety of professionals which also includes time to consider transition issues and examine transition needs.

About the Royal College of Nursing

The RCN is the world's largest professional union of nurses, representing over 430,000 nurses, midwives, health visitors and nursing students, including over 25,000 members in Wales. The majority of RCN members work in the NHS with around a quarter working in the independent sector. The RCN works locally, nationally and internationally to promote standards of care and the interests of patients and nurses, and of nursing as a profession. The RCN is a UK-wide organisation, with its own National Boards for Wales, Scotland and Northern Ireland. The RCN is a major contributor to nursing practice, standards of care, and public policy as it affects health and nursing. The RCN represents nurses and nursing, promotes excellence in practice and shapes health policies.



Llinos Madele
Clerk to the Children, Young People and Education Committee
National Assembly for Wales
Cardiff Bay
Cardiff
CF99 1NA

Submitted in hard copy and via email to: SeneddCYPE@assembly.wales

21 December 2017

Dear Llinos

Scrutiny of the Welsh Government Draft Budget 2018-19

We thank the Committee for its continued scrutiny of the budget in relation to higher education, including highlighting issues in relation to the presentation of the baseline figures for higher education (Recommendation 2).

On a point of detail, we are concerned that the Committee's report could inadvertently provide a misleading impression of the funding and financial position of universities without a further note or qualification. Underpinning Recommendation 10, we note that the Committee's report states that:

"... total income for the higher education sector in Wales has increased by approximately £270 million between 2010-11 and 2015-16. This includes both grant funding to higher education institutions (HEIs) - through Higher Education Funding Council for Wales (HEFCW) - and income from students' tuition fees, which makes up the majority of HEIs' income."

We hope that the following note will assist the Committee in finding the clarification it seeks on the reasoning behind the Welsh Government's decision to invest £10m in higher education for 2018/19.

Since 2010/11, as correctly identified in the report, the total income of universities in Wales grew by £271m to £1,514m in 2015/6, based on official data published by the Higher Education Statistic Agency data and reported by Stats Wales. A more detailed analysis of how university funding works is included in the enclosed guide to university funding and student finance or via this [link](#) for the English version and [here](#) for the Welsh language copy.

In particular, it is noted that:

- The total income figures point to growth in turnover but not to increased surpluses. That is to say, the total income figures as presented in the Committee's report, in particular, do not reflect the costs associated with the activities responsible for generating the increased income. For example, if a university increases income by winning a research grant from a Research Council, this does not provide a surplus which can be spent on other activity since the grant is given for a specific purpose. Indeed, the sector has had reduced surpluses in the three of the five years since 2010/11, and went into deficit in 2014/15. Despite signs of recovery in 2015/16, HEFCW's assessment of the financial health of the sector points out that the surplus levels for 2015/16 is partly due to accounting changes and describes the position in 2015/16 as mixed.¹ It forecasts "the Welsh HEIs' financial results for the next financial year 2016/17, and forecasts for subsequent years, to reflect lower financial surpluses, and deficits in some cases, as well as lower future fee income growth projections."
- It should also be noted that the tuition fee income figures also include income from all students, including overseas students, postgraduate students, and part-time students.
- Staff costs and other operating expenses have also risen significantly over this period. Also it should be noted that 30% of any additional income arising from the maximum fee increase was used specifically for agreed expenditure plans regulated by HEFCW.²
- HEFCW's recent report also concluded (p.9) that 'without increased surpluses and continued government support, there is a risk that Welsh HEIs will be unable to maintain the scale of investment required to meet rising student expectations.
- A recent HEFCW circular states that 'The Welsh Government's 2017/18 budget for higher education represented a reduction of £347.8m, or 77%, since 2010/11. HEFCW allocations to Welsh universities have correspondingly continued to fall, reaching £99m for 2017/18 academic year³ which is the steepest decline of all the UK nations.

The additional income for universities in the 2018/19 budget is absolutely necessary at this stage. It should also be noted that interest payable has nearly tripled over this period from £13.5m to £37.8m, pointing to increased reliance on borrowing. As highlighted in our response to the Finance Committee's consultation on the Draft Budget 2017/18, there remain significant financial risks for universities to manage before the Diamond recommendations in relation to funding are fully implemented. This includes risks in relation to future EU recruitment, international and home recruitment, inflationary cost pressures such as rising construction costs, increased pension liabilities, and significant uncertainties arising from Brexit.

¹ HEFCW Circular W17/33HE Financial position of higher education institutions in Wales: 2015/16 financial results (see [here](#)).

² See for instance HEFCW Circular W14/14HE Fee Plan Guidance 2015/16 ([here](#)).

³ See HEFCW Circular W17/11HE, [here](#).

Please do share this letter with members of the committee on a confidential basis if it is helpful. We would also be happy to come along and chat to you further about how university funding works.

Yours sincerely

A handwritten signature in blue ink, appearing to read 'Lisa Newberry'.

Lisa Newberry
Assistant Director
Email - l.newberry@uniswales.ac.uk

Agenda Item 8.2



Promoting and developing high quality school governance

11th January 2018

Llinos Madeley
Clerk
Children and Young People's Committee
National Assembly for Wales
Cardiff Bay
Cardiff CF99 1NA

Dear Ms Madeley

As Governors Wales we would like to take the opportunity to register our concerns and offer a response to sections of the correspondence from the Cabinet Secretary for Education to the Chair of the Children, Young People and Education Committee (17 November 2017 CYPE(5)-33-17). Our specific concerns relate to the section titled "Sufficiency of Local Authority and Regional Consortia support for governors."

The key reason for submitting this letter is to ensure that in Wales we retain the quality of support services, irrespective of the delivery point, for our unsung governor heroes who are at the heart of everything Governors Wales does. There is a need to place on record our response and seek to clarify key aspects of the correspondence from the Cabinet Secretary for Education to the Chair of the Children, Young People and Education Committee (17 November 2017 CYPE(5)-33-17). Our main concern is that governors across Wales will not be receiving equitable, timely and high quality support services to ensure they fulfil their roles and responsibilities effectively.

We are facing many changes in the education system. Governors more than ever before play a vital role in school improvement and rightly deserve effective support in order to equip them to play their full part.

We seek to query the accuracy of some aspects of the information that has been provided, as we are keen to preserve the good reputation that Governors Wales has worked so hard for over the years.

We also offer some comments for your consideration:

1. Whilst the statutory responsibility for governor services rests with local authorities, which in some cases they have delegated to regional consortia, we are aware of a significant variance in governor services that are provided across Wales. As such, Governors Wales has, through their long-standing involvement with the ADEW group, worked collaboratively with both LAs and regional consortia to support the continued development of services to governors throughout Wales.

Ms Llinos Madeley

2. Local authorities indeed have the statutory responsibility for providing training for governors. We also recognise that training in some cases is delivered directly by the LA or regional consortium in their area. We are aware however, of areas where training is not provided by the LA or the Regional Consortium and in these cases, they commission trusted providers to fulfil their statutory obligations. Consequently, we have worked proactively with several LAs who rely heavily on Governors Wales in this respect.
3. Governors Wales is pleased to note that many of our publications are also used widely by LAs, Regional Consortia, headteachers and many support agencies throughout Wales. This helps to minimise duplication of work and deliver a consistent message. However, our ongoing review process indicates that information provided by LAs on their websites provides detail that would in fact appear to contradict the evidence supplied in the correspondence to the committee. For example, as far as we are aware, one LA has produced a handbook, which uses extracts from the Governors Wales' handbook;
4. The information provided in the correspondence to the committee also gives the impression that governors do not need the services provided by Governors Wales. Selected extracts from the 2015 Report on Governors Wales activities have been used to justify this.
5. Governors Wales welcomed the 2015 Report and responded proactively to officials at the time, offering a general commentary with some caveats, particularly where a recommendation was thought to be unworkable due to its financial, and employment law implications. We responded comprehensively to all the recommendations of the 2015 report in a solution focussed way, seeing it as an integral part of our organisational development process. A detailed action plan was produced. Disappointingly, we have yet to receive any acknowledgment of our response relating to the 2015 Report's recommendations. Regardless of this, our proposed action plan has been the template for Governors Wales' annual work plan. The progress of work plans has been routinely scrutinised by Welsh Government. New Government initiatives and policies have been successfully incorporated into the plans as they were introduced.

Governors Wales has always fully supported and helped drive Welsh Government's policies in the most appropriate and timely way. Moreover, we have consistently and successfully delivered on the annual work plan agreed with Welsh Government, despite the ever changing and ever more demanding education climate.

6. Helpline calls, email queries and website traffic have increased year on year. The annual increase is a clear indicator of the value and respect held by our key target audiences for these services and underpins the need for them. The summary report, as enclosed, and further information that can be provided also demonstrate that our services are used extensively and are highly valued by governors. The reference to 'some improvement' as the correspondence indicates, therefore leaves us confused, disappointed and saddened as we have been working to (and consistently achieving) Welsh Government Key Performance Indicators.

Ms Llinos Madeley

The contacts from LA Governor Services teams has been consistently high over the last few years, which reflects their respect for the quality of our work, as well as our commitment to work collaboratively to develop the services to governors. The absence of Governors Wales will inevitably put added stress on national and local government's already strained resources.

A further concern is the probable loss of the out of office hours helpline across Wales which supports our key target audience of governors out of office hours.

7. The 2015 Review Report also mentioned that Welsh Government should consider providing a specification for the support for governors that they would need and look to tender such services to ensure competitiveness and value for money. Whilst we very much welcomed this approach and were prepared to compete for the work, this has yet to be initiated. We are disappointed not to be able to demonstrate our value-added services.
8. We are proud that Governors Wales has established itself as the national representative and consultative body for school governors across Wales, involving governors, governor associations/networks etc. The organisation has ensured governors receive the support services they deserve, and has maintained a national voice on all appropriate bodies. The promotion and support for the continued development and maintenance of local democratic governor associations is key to our existence and provides a platform through which we facilitate the sharing of best practice.
9. Considerable efforts have been made to raise income to supplement the finances of Governors Wales particularly through projects and governor training. We have steadily built our portfolio of work over the last three years to generate additional revenue. This is an area of work we have seen as key to our long-term strategy work and have pursued as much as possible.
10. Governors Wales services are relied upon even more by LAs, in response to the reduction in support that they are able to offer, as a result of budgetary cuts. Governors Wales is able to provide a level of experience and expertise at an unmatched value-for-money rate, making our involvement extremely cost effective.
11. For Governors Wales to respond appropriately, we would welcome sight of any analysis undertaken regarding the percentage of governors who receive advice from their LA or Regional Consortia. Governors Wales would also value more detail about the specific feedback from Regional Consortia as referenced in the correspondence. As far as Governors Wales is aware, not all regional consortia provide specific conferences for governors.

A salient thought is that with more than 21,000 governors in Wales, and recognising the huge amount of time governors devote to their schools, the cost of paying them for their work would equate to well over three million pounds and would take much needed resources out of the classroom – and there would still be a requirement to train, develop and support them. In this sense, Governors Wales is clearly excellent value for money.

Ms Llinos Madeley

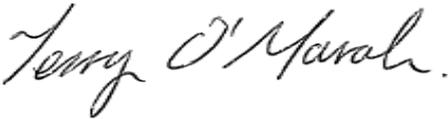
Governors Wales is the widely respected national democratic guide for, and voice of, governors and governor associations across Wales. It is therefore essential for the future of effective school governance in Wales that Governors Wales continues to provide its high quality services.

Governors Wales calls on Welsh Government to reconsider their decision pending a pan Wales review of the support service available for governors.

A supplementary paper outlining Governors Wales' services is attached for information.

Thank you for your consideration.

Yours sincerely



Terry O'Marah
Chair

CC Lynne Neagle AM, Chair

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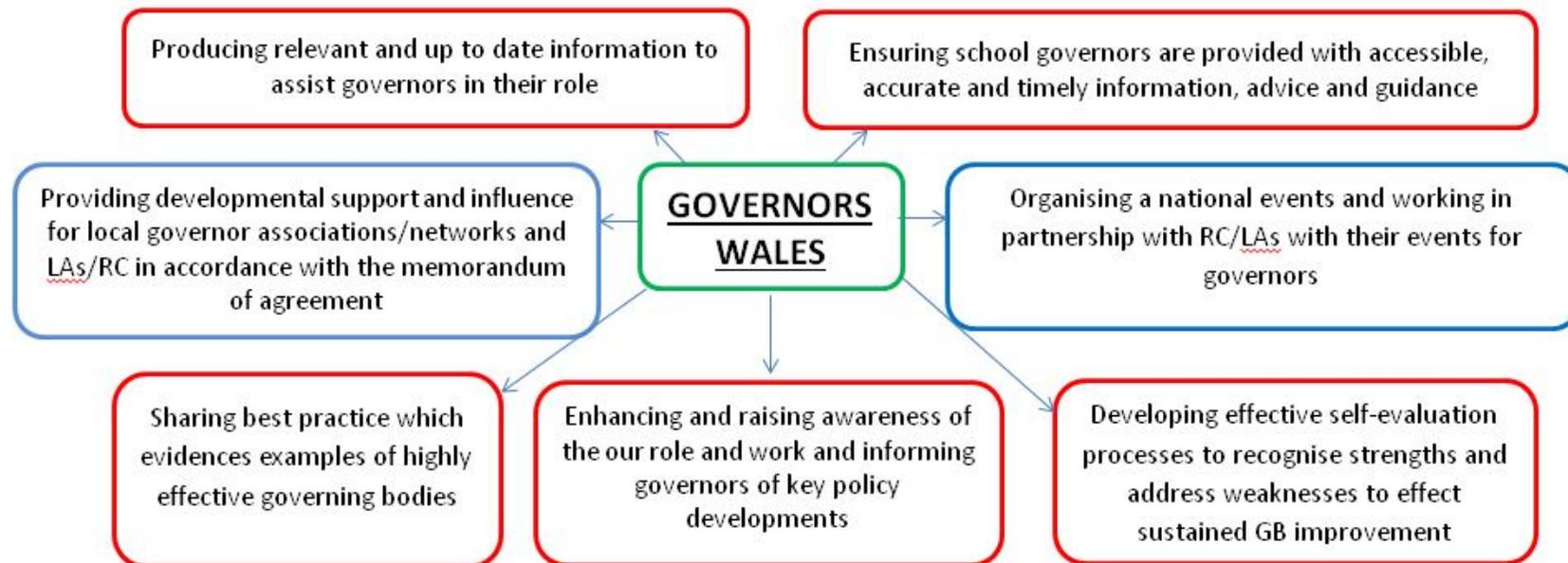
Mission: to promote the delivery high quality education in our schools, through the delivery of high quality school governance

GOVERNORS WALES' HEADLINES

Why Governors Wales?

PACK Page 66

We are the national guide and voice for and voice of school governors in Wales. Our rationale is to improve the effectiveness of governing bodies and to promote high standards to ensure that all learners reach their full potential – How?



All our services are aimed to support and develop the skills and expertise of governors to assist them to deliver their roles effectively and efficiently.

We work closely with Regional Consortia, Local Authorities and ADEW to support, develop and add value to the work they do, sharing good practice, avoiding duplication with our work and ensuring continued value for money. We recognise that many LAs and Regional Consortia use our publications widely across their regions. Governors Wales ensures their services are focused on local and national priorities, and are fit for purpose. We continue to work with key organisations to build and develop partnership working.

We provide high-quality support with only a small experienced team. The staff are supported by a national network of experienced governors, which forms the Board, who voluntarily contribute their knowledge and expertise to help Governors Wales develop, implement and measure the impact of its services. Because of this wider network, Governors Wales can and does influence the way Government policy is communicated and responded to, as witnessed by the consultation on the new governance regulations. The professionalism of the staff, together with the wider network of volunteers, provides a service for governors that would be difficult, if not impossible, to replicate in a different organisation and at the same time offering the equivalent value for money. The national perspective this brings is invaluable.

Governors Wales also has a key role to play in supporting local authority colleagues, consortia and governors across Wales. The knowledge and expertise of Governors Wales personnel with the provision of independent advice is often vital in the successful resolution of governor problems and concerns that arise. This frequently reduces the time and cost of dealing with such matters. As we enter a 'new age' with changes to governance and the curriculum, and governors requiring extra support, this knowledge and expertise will be at a premium.

Governors Wales provides governors with help and advice on how to fulfil their role effectively with examples of 'what good looks like' and case studies to illustrate both good practice and how education law impacts on governing body decisions.

Both school and governing body self-evaluation are critical to the Plan-Do-Review cycle of school improvement. Governors Wales provides guidance and support for both. The national governing body self-evaluation template has been developed and is maintained with the guidance and expertise of Governors Wales. Working with Local Authorities, Regional Consortia and Estyn colleagues, Governors Wales continues to ensure governors to challenge themselves and school leaders and improve their effectiveness through rigorous questioning and evaluation of progress towards agreed aims objectives.

Governors Wales, as an independent organisation has a significant role to play in ensuring that governors have the skills, knowledge and expertise to become fully effective, meet the expectations of local and national government and drive up standards. With the variance in support that is available across Wales due to reduced capacity, LA officers are more reliant on Governors Wales than ever before.

What are the benefits of Governors Wales?

- Greater awareness and understanding of what governing bodies should expect from school leaders and what school leaders should expect from governing bodies to support and implement successful and effective leadership;
- Higher levels of governing body effectiveness;
- Increased focus on the national self-evaluation template and development of the online self-evaluation toolkit to support, promote and develop governing body self-evaluation and promote a consistent approach across Wales;
- Understanding by governors of the ramifications of national policy areas and how this will impact on their role;
- Influencing Welsh Government policy as it impacts on schools;
- Revised and updated mandatory training programmes that develop the current and scope and content available aligned to the key policy drivers.
- Recruitment of governors with the required skill base and knowledge;
- Development of further CPD opportunities for governors;
- Continued high quality advice and support across Wales to ensure governors receive timely accurate advice and support
- Support for LA/RC officers across Wales

Pack Page 68

Governors Wales takes great pride in being the voice for school governors in Wales. No other comparable service exists, and in this time of financial pressure upon local government and flux in education policy generally, we have rarely found our support to be more necessary and welcomed. With the variance in support provision across Wales due to reduced resources and capacity levels LA officers are increasingly reliant on Governors Wales than ever before.

There has been a sustained increase in governors and others using the core services, such as the helpline, website and subscribers to the mailing list. The examples of comments provided below, reflect very positive comments with our work.

Some headlines are noted below:

SUPPORT SERVICES

Helpline – 0845 60 20 100 / helpline@governorswales.org.uk

Governors Wales’ confidential, bi-lingual helpline and helpline email service provides independent advice and support on any issue concerning school governance in Wales. The nature of helpline calls and e-mails received are extremely varied, and continues to reflect the many responsibilities that governors hold, ranging from legal responsibilities, appointment of headteachers, disciplinary and complaints procedures, procedures for meetings and minutes, election of governors and many more. Calls and emails have increased steadily on an annual basis during both office hours and out of office hours – just over 20% over the last 4 years.

The helpline is available between 9.00am – 8.00pm during weekdays and is operated by an expert team of Governors Wales’ staff and experienced governor volunteers from across Wales.

Office Hours	Out of office hours	Emails
<p>The majority of the callers were female (74%) and the most frequent categories of caller using the service falls to:</p> <ul style="list-style-type: none"> • chairs of governing bodies; • LA Officers; and • clerks. <p>MOST FREQUENT QUERIES</p> <ul style="list-style-type: none"> - Complaints procedures - Procedures for meetings / minutes - Committees / terms of reference - Appointment of headteacher / deputy headteacher - Election / appointment of parent governor - Election of chair / vice-chair - Suspension of governors - Disciplinary procedures 	<p>The majority of the callers were female (77%) and the most frequent categories of caller using the service falls to:</p> <ul style="list-style-type: none"> • chairs of governing bodies; and • clerks. <p>MOST FREQUENT QUERIES</p> <ul style="list-style-type: none"> - Complaints procedures - Procedures for meetings / minutes - Suspension of governors - Appointment of headteacher / deputy headteacher 	<p>The most frequent categories of caller using the email service were:</p> <ul style="list-style-type: none"> • Clerks • LA Officers; and • chairs of governing bodies. <p>MOST FREQUENT QUERIES</p> <ul style="list-style-type: none"> - Complaints procedures - Procedures for meetings / minutes - Committees / terms of reference - Training - Policies

As a result of a further increase in helpline queries on complaints, a wide range of FAQs was produced to support governors, as well as other FAQs that were more generally focused - <http://www.governors.wales/faqs/>

98% positive feedback received.

- It helped me in managing a current issue with my GB;
- It has given me the opportunity to look at the subject in more detail and look for further advice locally;
- Gave me a good insight on the issues and gave me clarification on the knowledge that I had;
- It clarified a number of issues which I was able to relate to the appropriate sub-committee;
- It proved a legal point necessary to proceed with an application;
- Assisted in the query by helping to structure a plan to collate information;
- Help to improve the work program of the Governing Body;
- Gave me a better idea of terms of reference, great to have a speedy reply;
- Reflected in effectiveness of the GB to undertake its monitoring role;
- While the answer was as I expected, the reassurance means that I can be more confident when I report to my governing body;
- Provided an answer on a safeguarding query which I have already acted upon in my school;

- The advice enabled me to have meaningful discussions with officers of the LA, which will greatly help improve standards of education for the school;
- We've been able to move forward with the nominations process for parent governors - we were struggling with what to do next;
- It confirmed that Governors had been legal in a decision they had taken;
- Saved considerable time by guiding us straight to the relevant guidelines;
- Enabled me to ask the right questions at a governors' meeting to ensure the appropriate procedures were followed and to ensure accountability;
- Able to carry out action within the guidelines confident that it could not be challenged;
- .. is invaluable;
- Always get a quick answer;
- very convenient to have this facility in the evening, out of work hours;
- people always empathetic and very helpful.

The Governors Wales' website provides up to date, relevant information for school governors.

The website received 37,776 visitors during the financial year 2016-2017,—It continues to be a very welcome source of information for governors in Wales providing up to date, relevant information for school governors.

	% increase
2014-2015	11
2015-2016	3.53
2016-2017	12.78

Most frequent sections viewed:

- Handbook for School Governors in Wales
- Advice and guidance
- Self-evaluation
- Governor Guides
- FAQs
- Fact Files
- Events
- FAQ – what are regional consortia
- Governor Guide – Model committee structure
- News
- Training

Examples of reasons users visit the Governors Wales website:

- News, answers to governing body related questions, advice;
- Clarification of procedural issues;
- For newsletters, consultation information, self-evaluation;
- To learn and be informed;
- Information, advice and guidance;
- Information and checking specific problems.

General feedback:

- Top tips updates are really helpful;
- Navigation look and feel already good;
- Simple easily understood information;
- ... I also think the website is excellent. I couldn't do without the service;
- Very helpful;
- Easy to access;
- Lots of useful information;
- I'm a new clerk, I frequently use the website and downloaded lots of documents -- all very useful;
- [Website is] extremely useful;
- I'm a new headteacher so I use it a lot;
- I like the new format, easy to use.

Publications - <http://www.governors.wales/advice/>

Key publications are updated regularly. Publications produced by Governors Wales convey relevant, up-to-date, accurate information upon which governors can rely. Responses from governors with regard to the relevance and helpfulness of the Fact Files and governor guides have been overwhelmingly favourable. Copies of all publications produced can be downloaded from the website at <http://www.governors.wales/advice/>

During 2016-2017, Governors Wales produced the following guidance:

- Governor Guide on the election and appointment of governors
- Governor Guide on Making a Difference – Careers and the World of Work. A guide for governors in Wales - with Careers Wales
- Fact file on the statutory role of governing bodies
- Governor skills audit questionnaire and matrix

Revisions were made to:

Fact Files:

- Fact File 01-04 Policies (Revision 17)
- Jargon Buster (Revision 10)
- Link Governors – added link governor roles for:
 - ESDGC
 - Amended Literacy, Numeracy and MAT link governor profiles

Revisions were made to:

Governor Guides:

- Collaboration
- Governor Guide on Self-evaluation
- Effective governing bodies
- The Use of Performance data – addition of Pupil Deprivation Grant information
- Committees / terms of reference – added terms of reference for teacher capability appeals and full governing body meetings

Top Tips for Clerks

Top Tips for Governors

‘E’ Bulletins were produced on a half termly basis which are sent out to all schools, chairs of governor associations / networks and governors who have signed up to the Governors Wales mailing list. They provide relevant, useful and timely information that governor associations need to be aware of

<http://www.governors.wales/publications/e-bulletins/>

Mailing list

There has been an increase in the mailing list subscribers over the last three years:

	% increase
2014-2015	48.5
2015-2016	70.2
2016-2017	24.5

Some amendments made to the handbook during 2016-2017, mostly in relation to adding relevant links to other Governors Wales publications and also information on the national self-evaluation template:

April 2016 - Part 1, Section 6 - The policy list

May 2016

Part 3, Section 7 - Self-evaluation

Part 3, Section 8 - How effective is your governing body?

March 2017

Part 1, section 5 - How do governors fulfil their responsibilities?

Part 1, Section 6 - What exactly do governors do – the accountable role

Part 2, Section 1 - The corporate responsibilities of the governing body

Part 2, Section 9 – Survive your first governors meeting

Part 4, section 5 – How to handle a complaint

<http://www.governors.wales/handbook/>

National Governing Body Self-Evaluation template

The self-evaluation template was available for governing bodies to use from May 2016. Positive feedback has been received, with governors finding the different sections of the template helpful to assist them at their different stages of development.

The development of an online portal for the self-evaluation framework across Wales has recently been completed.

Further information on the National Self-Evaluation process can be found at <http://www.governors.wales/selfevaluation/>

Conferences / events

Governors Wales arranges conference and events. Examples include:

AGM – 21 September 2017

The Governors Wales Annual General Meeting was held at The Media Resource Centre in Llandrindod Wells in September. Local Governor Associations and groups from across Wales were invited to send representatives. The AGM was followed by a presentation from Representatives from Estyn and Cynnal.

<http://www.governors.wales/publications/2016/07/20/report-agm-presentation-july-2016/>

Feedback from delegates:

- useful to talk to other governors and hear their views. Interesting to see the concerns and issues affecting governors in other areas of Wales;
- as a provider of info to the rest of our governors and obviously improved my own knowledge and learning. Useful info from networking;
- more informed – especially in some critical areas. Feel empowered to challenge and ask questions;
- Estyn input particularly useful from an individual perspective;
- improved knowledge and better governance;
- very informative, hope the online self-evaluation will arrive in south wales very soon, looks excellent;
- good presentation lots of actions highlighted;
- it will help me be better informed, more confident and more resourceful;
- will report back to the governing body of the event with an extension presentation;
- good signposts for CIF & governor self-evaluation. Plus lunch period was very useful meeting with other governors from other regions and Wales to compare experiences and environments;
- provided a strong focus for my work as chair. Excellent forum in the school and role of governors at the school;
- looking forward to using governors self-evaluation tool;
- provided great detail on expectations of GB in Estyn inspection;
- the large number of resolutions highlighted the key issues facing governors;
- provided clear information regarding future changes and will help prepare the school for inspection;
- pursue the self-evaluation review with full governing body and clerk. Encourage clerk to consider the clerk award.

Back Page 74

National Conference and Clerks Award - 16 March 2017

School Governors from across Wales attended an excellent conference on **Governance in the Digital Age** on Thursday 16 March 2017 at Deeside 6th Form College. A range of inspiring speakers followed from school based practitioners, representatives from Welsh Government, Estyn, Local authorities, and GwE, as well as Microsoft UK and SWGfl, providing updates on digital learning and how governors can best support schools on the digital competency framework, and keeping safe online.

Aims of the conference

- A better understanding of the Digital Competency Framework;
- An awareness of “what good looks like” with regards to digital learning in schools;
- Sight of how digital learning is being used to raise standards;
- An idea of the sort of questions that should be asked about the impact digital learning is having in their school.

Examples of feedback from delegates on the impact of the conference include:

- Will have a better understanding of how the digital framework works. Look at raising standards of digital standards.
- Provide some challenges to take back to school.
- Would like to be pivotal in developing this aspect in my school.
- Equipped me with information to enable me to ensure that my role as safeguarding Governor incorporates Online Safety.
- Some interesting individual points across the day which can help with policy, procedure and evaluation.
- Useful insight with progress of DCF which offers good range of questions for me to take back to school.
- Provide useful information for the preparation of implementing the DCF. This will help the governors to challenge schools on their journey and the quality of e-safety and infrastructure in place.
- Enable me to be informed prior to asking the 'right' questions.
- Very valuable day. Impact - to be able to question the H.T. through information.
- More awareness of an increasingly important area- ability now as governors to engage with the subject better.
- I will report back to the Governing body as we prepare to adapt the DCF.
- I am new to the role of parent governor and have been inspired and informed throughout the presentations today. It has given me great food for thought, and directed me towards key resources like Hwb and Governors Wales resources and website.

The conference report and presentations can be accessed via this link: <http://www.governors.wales/publications/2017/03/17/national-conference-report-2017-governance-digital-age/>

Conferences / events

Governors Wales continues to work in partnership with Regional Consortia and other organisations regarding events for governors. Examples include:

CSC 28 June / 6 July / 13 July - Involvement in briefing sessions on “Governors Supporting and Challenging Leadership in School”
Stand at CSC conference “Growing Aspirations” – 23 September 2016
Literature sent for the Schools Challenge Cymru conference - 1 February 2017

EAS 8 October 2016 - Delivery of two workshops on The Critical Friend

ERW publicity material and attendance at events in the ERW area
- Governors safeguarding conference – 21 April 2016 (NPT/Swansea hub)
- Pembrokeshire Chairs of governors event – 27 April 2016
- ERW sharing best practice – 7 July 2016

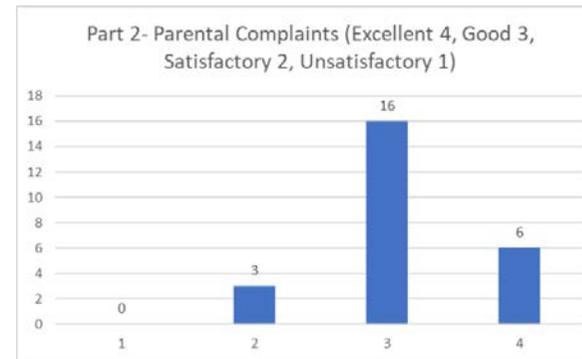
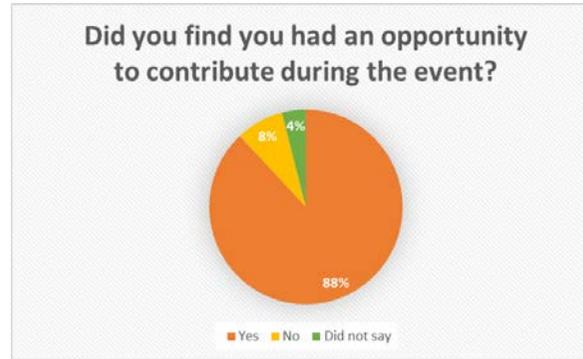
GW 15 June 2016 - Conference, Digital Learning, Llandudno
16 Feb 2017 - GwE conference, Llandudno, ‘Pushing the Boundaries’, Governors Wales stand to distribute information and answer questions and converse with delegates North Wales event –

Examples of twilight sessions delivered by GW as requested by LAs.

- Wrexham Governor Development – Governing Body Strategic Role
- Twilight session for cluster primary school governors, Wrexham – The Critical Friend and Self-Evaluation
- Twilight session for school cluster – The Critical Friend
- Twilight session, Flintshire – Self-Evaluation
- Twilight session, Denbighshire – The Critical Friend

North Wales - Social media and complaints briefing session:

Governors Wales, in conjunction with Judicium, delivered a training session on social media and complaints in North Wales on 25 October 2017. 65 governors and LA officers from across the region were present.



Clerks Award 2017

Governors Wales organises the outstanding Clerks Award that recognises the exceptional contribution clerks across Wales make to the effectiveness of school governing bodies.

- Winner - John Gummery, clerk to governors at St Mary's RC Primary School in Wrexham
- Runner-up - Liz Everson, clerk to governors at Caerleon Comprehensive in Newport

Developmental Support

Regional Support Officers liaise with governor associations, other representatives, consultative bodies and to maintain a dialogue with Local Authority and Regional Consortia colleagues, in order to explore matters of mutual concern or to help find a resolution to an apparently intractable problem. Our two Regional Support Officers help to sustain and influence local governor associations / networks, as well as representing the interests of governors by attending and contributing to a wide range of meetings, working groups, conferences and events.

Examples of Regional Support Officers' input include: helping to influence the work of the North Wales 14-19 Employers' Network; involvement with consultation exercises and initiatives with regional consortia; involvement in consultation exercises with Local Authorities on a range of issues such as Regional School Improvement Services; input into regional governor support groups; raising awareness amongst governors and governing bodies of their roles, responsibilities and duties; identifying, promoting and sharing good practice in school governance; supporting cross-authority governor training and development programmes; attending meetings to encourage schools to meet the Investors In People Standard and other standards of excellence; promoting governing body self-evaluation; assisting with the work and development of local governor associations / fora, to name a few.

Training

Governors Wales has continued to develop its “commissioner role” in North Wales and Powys. The training and development sessions have been devised for:

- Chairs training
- Induction training
- Data training
- Clerks training / forums
- The Critical Friend
- The Strategic Role
- The Effective Governing Body
- Pupil voice
- Complaints handling

Examples of feedback received during these sessions:

- I’m much clearer now about what I need to do.
- I’m an experienced chair, but I got a lot from this and every chair should attend.
- I’m a new governor and didn’t realise the weight of responsibility governors carry.

Governors Wales is also pleased to have been working with Cardiff Metropolitan University to develop a level 3 module on strengthening governance. A pilot will take place in the spring term.

Governors Wales is a very small and cost effective national organisation providing highly valued services for governors.

It is essential for the future of school governance in Wales that Governors Wales continues.

Children, Young People and Education Committee – Forward Work Programme*

**This FWP is based on current available information and is subject to change. Members and their staff will be informed if substantive changes are required.*

Paek Page 80

Meeting Date	Agenda Items
Wednesday 24 January	<p>PUBLIC SESSION 09:30 – 10:00 – The Emotional and Mental Health of Children and Young People – evidence session with National Youth Advocacy Service (NYAS)</p> <p>PRIVATE SESSION (invite only) 10:00 – 12:00 – The Emotional and Mental Health of Children and Young People – Roundtable event for frontline staff on the emotional and mental health support available for children and young people in schools in Wales</p>
Thursday 1 February	<p>PRIVATE SESSION Inquiry into Targeted Funding to Improve Educational Outcomes – External engagement events</p>
Wednesday 07 February	<p>PUBLIC SESSION 09:00 – 13:00 – The Emotional and Mental Health of Children and Young People – evidence panels:</p> <ul style="list-style-type: none"> • Royal College of General Practitioners • Panel of four Health Boards • Panel of three Health Boards • Welsh Health Specialised Services Committee <p>PRIVATE SESSION 12:45 – 13:00 – evidence wash-up</p>
Thursday 15 February	<p>PUBLIC SESSION 09:30 – 11:40 – The Emotional and Mental Health of Children and Young People – evidence panel: Cabinet Secretary for Education / Cabinet Secretary for Health and Social Services and the Minister for Children and Social Care</p> <p>PRIVATE SESSION 11:40 – 12:10 – evidence wash-up 12:10 – 12:30 – Consideration of the Committee Forward Work Programme</p>

RECESS: Monday 19 February – Friday 23 February

Wednesday 28 February	PUBLIC SESSION 09:30 – 12:25 – Targeted funding to improve educational outcome evidence: <ul style="list-style-type: none">• Professor Mel Ainscow (TBC)• Sir Alasdair Macdonald (TBC)• SQW consulting (TBC)• Ipsos Mori / WISERD & NFER (TBC) PRIVATE SESSION 12:25 – 12:30 – evidence wash-up 12:30 – 13:00 – The Emotional and Mental Health of Children and Young People – Consideration of Key Issues
Thursday 8 March	PUBLIC SESSION 09.30 – 15.00 – Targeted funding to improve educational outcomes evidence: <ul style="list-style-type: none">• Regional Consortia – Panel 1 – CSW & ERW (TBC)• Regional Consortia – Panel 2 – GwE & EAS (TBC)• NAHT & ASCL (TBC)• NEU, NASUWT & UCAC (TBC) PRIVATE SESSION 15:00 – 15:15 – evidence wash-up
Wednesday 14 March	PUBLIC SESSION 09:30 – 12:30 – Targeted funding to improve educational outcomes evidence: <ul style="list-style-type: none">• Third Sector panel (TBC)• Estyn (TBC) 11:20 – 12:20 – Estyn Annual report (TBC) PRIVATE SESSION 12:20 – 12:30 – evidence wash-up 12:30 – 13:00 – The Emotional and Mental Health of Children and Young People – Consideration of the draft report
Thursday 22 March	PUBLIC SESSION 09:30 – 11:00 – Targeted funding to improve educational outcomes evidence:

- Cabinet Secretary for Education

PRIVATE SESSION

11.00 – 11.30 – evidence wash-up

11.30 – 12.00 – The Emotional and Mental Health of Children and Young People – Consideration of the draft report

RECESS: Monday 26 March – Friday 13 April