

Agenda – Children, Young People and Education Committee

Meeting Venue:	For further information contact:
Video Conference via Zoom	Llinos Madeley
Meeting date: 9 June 2020	Committee Clerk
Meeting time: 13.00	0300 200 6565
	SeneddCYPE@senedd.wales

Informal pre-meeting

(13.00 – 13.30)

In accordance with Standing Order 34.19, the Chair has determined that the public are excluded from the Committee's meeting in order to protect public health. This meeting will be broadcast live on www.senedd.tv

1 Introductions, apologies, substitutions and declarations of interest

(13.30)

2 COVID-19: Evidence session on the impact of COVID-19 on the physical and mental health of children and young people – with nursing, paediatric and general practitioner representatives

(13.30 – 14.15)

(Pages 1 – 22)

Dr David Tuthill, Officer for Wales – Royal College of Paediatrics and Child Health

Lisa Turnbull, Policy & Public Affairs Adviser – Royal College of Nursing

Dr Mair Hopkin, Royal College of General Practitioners

Attached Documents:

Research Brief



Senedd Cymru
Welsh Parliament

Scrutiny of Covid-19 and its impact on children and young people from disadvantaged backgrounds – Summary Note 1

CYPE(5)-15-20 – Paper 1 – Royal College of Paediatrics and Child Health

CYPE(5)-15-20 – Paper 2 – Royal College of General Practitioners Wales

3 Motion under Standing Order 17.42 (ix) to resolve to exclude the public from the meeting for Item 4 of today's meeting

Break

(14.15 – 14.25)

4 COVID-19: Consideration of evidence

(14.25– 14.45)

5 COVID-19: Evidence session on the impact of COVID-19 on the physical and mental health of children and young people with third sector representatives

(14.45 – 15.30)

(Pages 23 – 44)

Simon Jones, Head of Policy & Influencing – Mind Cymru

Kate Heneghan, Head in Wales – Papyrus

Sarah Stone, Executive Director for Wales – Samaritans Cymru

Stephanie Hoffman, Head of Social Action – Meic Cymru

Attached Documents:

CYPE(5)-15-20 – Paper 3 – Mind Cymru

CYPE(5)-15-20 – Paper 4 – Papyrus

CYPE(5)-15-20 – Paper 5 – Samaritans

CYPE(5)-15-20 – Paper 6 – Meic

6 Motion under Standing Order 17.42(ix) to resolve to exclude the public from the meeting for item 7 of today's meeting

(15.30)

Break

(15.30 – 15.40)

7 COVID–19: Consideration of evidence

(15.40 – 16.00)

8 COVID–19: Evidence session on the impact of COVID–19 on the physical and mental health of children and young people with psychiatry and psychology representatives

(16.00 – 16.45)

(Pages 45 – 63)

Dr Kristy Fenton, Consultant child & adolescent psychiatrist at Hywel Dda University Health Board and Chair of the Royal College of Psychiatrists Wales' Faculty of Child & Adolescent Psychiatry

Dr Liz Gregory, Consultant Clinical Psychologist and representing Applied Psychologists in Health National Specialist Advisory Group

Dr Bethan Phillips, Highly Specialist Clinical Psychologist at Cardiff and Vale University Health Board and Co–Chair of Division Clinical Psychology in Wales

Attached Documents:

CYPE(5)–15–20 – Paper 7 – Royal College of Psychiatrists

CYPE(5)–15–20 – Paper 8 – British Psychological Society

9 Papers to note

(16.45)

9.1 Additional information from NSPCC Cymru following the Committee meeting on 18 May

(Page 64)

Attached Documents:

CYPE(5)-15-20 – Paper to note 1

9.2 Letter from the Chair of the Children, Young People and Education Committee to the Deputy Minister for Health and Social Services – request for further information following the Committee's evidence sessions on 18 May on the impact of COVID-19 on vulnerable children

(Pages 65 – 66)

Attached Documents:

CYPE(5)-15-20 – Paper to note 2

9.3 Letter from the Chair of Finance Committee regarding engagement activities and Plenary Debate on the Welsh Government's Spending Priorities 2021-22

(Pages 67 – 69)

Attached Documents:

CYPE(5)-15-20 – Paper to note 3

9.4 Letter from the Minister for Education – response to the Committee's letter of 12 May requesting further information on the impact of Covid-19 on children and young people

(Pages 70 – 76)

Attached Documents:

CYPE(5)-15-20 – Paper to note 4

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

(16.45)

11 COVID-19: Consideration of evidence

(16.45 – 16.55)

12 Committee's approach to forthcoming legislation

(16.55 – 17.15)

(Pages 77 – 83)

Attached Documents:

CYPE(5)-15-20 – Private paper

Document is Restricted

Scrutiny of Covid-19 and its impact on children and young people from disadvantaged backgrounds

Summary Note 1

June 2020

The Children, Young People and Education Committee is exploring how the outbreak of Covid-19 is affecting all aspects of life for children and young people in Wales. The Committee is keen to hear from everyone involved in supporting children and young people across sectors, including – but not limited to - education, health, social care, and youth work. In April 2020, the Committee launched an open consultation to seek views on, and experiences of, the impact of the pandemic. A child friendly version of this call for views is also available.

With this in mind, it was of importance to the Children, Young People and Education Committee to ensure the voices of young people from disadvantaged backgrounds are at the forefront of scrutiny. To support this, the citizen engagement team have focused on how to engage

specific audiences who could be considered as from disadvantaged backgrounds. This summary note includes the key findings to date.

The engagement approach includes working closely with partner organisations who communicate with young people regularly. By offering guidance and encouragement to these organisations, they have enabled the citizen engagement team to collate valuable experiences directly from young people and to bring these to the Committee's attention.

In addition, by adjusting the questioning used for the main Call for Views, a paper worksheet has been created for young people who may require a non-digital route to engage with the consultation. This has been distributed with the support of partner organisations and findings will be included in subsequent summary notes.

This will be the first of several summary notes that will be presented periodically throughout the consultation. Each summary note will be divided into 2 parts:

- Part 1 - Themes arising of relevance to the Committee's selected meeting topic in the coming week
- Part 2 – General themes emerging from children and young peoples' views outside of the next meeting topic

The themes and quotes have been selected on the basis that they are occurring themes and poignant to the current situation. Where it's possible and appropriate general information has been linked to the quotes to add context within this summary note.



Part 1 - Themes on Physical and Mental Health

Restricted outdoor spaces and overcrowded housing – Many young people have reported a limited amount of outdoor space available to them and therefore they lack the opportunities to do exercise and maintain a good physical health during this time. They also reported concerns about not being able to play with their friends, although they appeared to understand why.

"I always get up early. I like going for big walks with my mum and my sister. Or if I'm at my Dad's I'll go on my bike. I always want to be outside. We can't stay outside for too long now though. My garden isn't big so there's not much space there." - Young person

"The last time I went outside was when I came back from school 5 weeks ago. I don't have a garden so we go and clap on the doorstep every Thursday for the doctors." - Child asylum seeker

"My sister and her baby moved in with us and now the house is overcrowded." - Young person

"I miss seeing my friends and being able to play team sports the most." - Young person

"I miss my friends, teachers and being able to go outside to play." - Young person

Access to food – We received a comments about free school meals and shopping during the lockdown and school closures.

"The free school meals help but they don't go far enough. My mum gets the voucher but it doesn't last the week. It's really hard to access food right now and we can't go to a large shop because they are too far away and we can't all go inside." - Child asylum seeker

"Going to the shops is difficult, being pregnant and now that I have split up with my partner. I could not get a taxi until recently due to the lockdown. I struggle with not being able to see much of people." - 22 year old woman, living in independent accommodation

"Some young people are also not able to access their banking information due to branches being closed and them not having access online. This is causing stress and worry as they are unsure if payments have gone in, bills have been paid and if they have enough money to go shopping." - Professional working with young people

Concerns about mental health – A range of comments were made from young people suggesting theirs or other young people's mental health could be affected by the lockdown and school closures.

"I suffer with my mental health and this has really affected it. I feel as if I've lost my freedom. I've felt low and know my mental health has gone downhill. I'm not sure why I feel like this, I think I'm being excluded from things and often feel alone. I have apps on my phone that I was told about by CAMHS. I use these a lot to help." - Young person

"People need to keep in touch, they need internet access, laptops, top-ups for their phone, so they can contact friend's family or others. Otherwise it would be bad for my mental health." - Young person

"We need people to engage with teachers, youth workers and to be able to use digital platforms, we need screens for face interaction. Lack of access could add to or bring back demons, sitting in the same walls can be so detrimental to your mental health." - Young person

"I'm staying in my bedroom all day, I don't have a routine to keep me afloat. I feel like I've lost myself. I don't sleep or eat; I have no friends to talk to. In education I was able to see some friends but it's not the same." - 16 year old in foster care

Possible discrimination towards these groups – One young person felt that as a care experienced young person they were discriminated against in view of the restrictions and this was having an impact on their mental and physical health.

"If you have mental health problems, the fresh air means you feel better and so you need more of it. We are less likely to have a garden and so need to leave the house more than others. Why can't there be more understanding that we need to be away from home for longer? Care experienced young people are often more known by local police and some are targeted, not understanding we may be out for mental health reasons and not just physical health." - Care experienced young person

"Why is it so hard for vulnerable and social care children to get access to mental health help?" - Care experienced young person

Part 2 - Additional Key Findings

Lack of digital provision or confidence online (particularly with regards to education)

- the following comments highlight some of the thoughts and experiences of young people and professionals or parents around this theme.

"I do my work sometimes. I don't like doing it at home. We've only got one iPad at my mums and I have to wait for my sister." - Young person

"What is needed are mobile phones and internet. If I could not speak to people with Zoom, I would feel lonely and isolated and that I could not take part in anything. I need to see people's faces, it is more personal" - Young person

"I have Zoom meetings with teachers. I don't really like this as I prefer to talk on the phone. I don't really enjoy talking like that as I feel embarrassed but I know it's a good way. I like the face to face when I'm actually with people. I have missed a few lessons as I felt stressed." - Young person

"The school offered us a chrome book but I didn't want to explain to them that we don't have broadband. We receive such a small amount of money a week as asylum seekers that we have to make a choice between either a meal or broadband. I'm very grateful for what we do received but it's very difficult." – Parent asylum seeker

"A family had no tech at home so, despite living on benefits too they took out a £500 loan for an iPad so the 10 year old could do the same work as classmates." - Professional working with young people

Long term effects of the lockdown – Many young people were concerned about the future and what this would look like. They also had concerns around potential attachment issues that may occur from not seeing friends, family, or having to communicate with them in an entirely new way.

"I am concerned about how lockdown is really affecting young children. They are being told not to socially/physically interact, that can't be good." - Young person

"I miss seeing people especially when they can help me by taking me to things and places [for education and employment opportunities]. I was supposed to be having 1 to 1 help looking for jobs but a text doesn't really help. I could have gone on a retail course but that's stopped now." - Young person

"I was supposed to complete year 11 this summer and sit by GCSE's. I'm very anxious now as this doesn't look possible. There has been lots of different things said about this but I still don't really understand the process and because of illness I took a lot of time off last year, my predicted grades are low and there's nothing I can do about it. The school said we might be able to sit our GCSE's next year while we do our A Levels but I think that would be too stressful." - Young person

RE: Your call for evidence on the impact of Covid 19

The Covid-19 pandemic is unfolding and having a major impact on services across Wales. This extra-ordinary time has led to Health Boards facing unprecedented pressure, mostly in adult and critical care. Children are less likely to be significantly affected by Covid, but their routine conditions such as infectious disease will continue to occur. Paediatricians have helped this national effort by transferring junior staff to adult areas, closing paediatric wards to allow adult patients a greater footprint and working in novel and unusual ways. The RCPCH is concerned that children may suffer more from “collateral damage” and unintended consequences from the restrictions due to Covid 19 epidemic than from the infection itself.

There is a need to plan for recovery within health services and to meet the needs of children and young people. We are in contact with Welsh Government officials to help them understand the dynamics that require consideration.

The specific issues we have highlighted include:

- **Community paediatric neurodevelopmental service.** Work reallocation, redeployment of staff and pausing some community services during Covid 19 mean that there will be a backlog in assessments, particularly for neurodevelopmental conditions which cannot always be addressed with video consultations.
- **Safeguarding services including child protection medical assessments** must be maintained to protect children coming to harm from physical, emotional or sexual abuse. Some presentations are achieved through detection and reporting frequently provided by health visitors and school nurses - some of whom are currently redeployed. There was a major concern about a rapid drop off of referrals for children with concerns. The RCPCH is working towards developing a position statement setting out high level principles around child protection during this period, which I will forward to you upon publication.

We are also working towards a position statement on ensuring the health needs of children are met during school closures and how these considerations should be built in to the process of re-opening schools. Again, I will forward this to you upon publication.

Thank you for the opportunity to contribute to the inquiry into the COVID-19 outbreak on children and young people in Wales.

Evidence is still emerging regarding the extent of the medical impact on children from COVID-19, however GPs and their teams understand there will have been knock-on consequences of the outbreak and the necessary lockdown restrictions. These include:

Access to health care

- Children may have had non-COVID-19 related ailments but not made contact with the GP either through the misconception that general practice was unavailable or over concerns that contacting the GP may put the child or parent at risk of COVID-19 if they had to attend a surgery. This could mean that they missed out on important diagnosis and treatment.
- For similar reasons, some children will have missed out on the routine vaccination cycle.
- There is a particular challenge for new parents. Health visitors are no longer seeing new babies face to face and while this does not prevent them providing care, it does place a greater reliance on parents, potentially first-time parents, identifying any issues with the baby's health which might have been identified by a health visitor.
- It must also be remembered that new parents would typically have family and friends rallying around to help them following the birth. This is constrained by the lockdown.

Social isolation

- Children's development requires social interaction and it is important that educational attainment is not seen in isolation from this social need. While technology offers some opportunity to maintain social ties, it will not be the same as a child would typically be used to.
- It would be interesting to see research carried out into the differing experiences of lockdown for children with siblings compared to those without.
- There is a concern that the experience of COVID-19, lockdown and isolation could become an Adverse Childhood Event for some children.
- Children who have caring roles for parents who are unwell themselves will not be getting the break from that duty which they normally would by attending school or social activities.

Economic deprivation

- Social isolation will have disproportionately affected children in families on lower incomes and with less access to space to exercise. As such, there could be concerns regarding the nutrition and wellbeing of some children.
- Social isolation could also have caused inequalities in terms of access to technology to maintain contact with friends and keep up to speed with their education. This applies both to the ability of the family to pay for technology and the availability of good broadband and mobile telephone connections in the location.

- The implementation of the policy to continue to provide free school meals during the pandemic should be assessed to ensure consistency of access to meals and their nutritional standard.

Safeguarding

- We note that it has been reported that the number of calls to Childline regarding physical and emotional abuse and instances of domestic violence have markedly increased during the lockdown period.
- Under lockdown restrictions, if someone actively wants to harm a child in their household, there is nowhere for that child to go to get away, and no other adults in their life to spot signs of concern. The usual safety net of interaction with teachers, school nurses, after school clubs and activities are all lost.
- With technology playing a larger role than ever in children's lives, so the risks associated with it are heightened. This includes the potential of viewing harmful images or becoming victims of grooming and online abuse.

Stress

- In the short-term children who had been suffering from stress and anxiety related to taking exams have tended to see symptoms ease due to the cancellation of GCSE and A level examinations.
- In the long-term the inconsistency over how comprehensive one child's education will be during the home-schooling period compared to another could lead to stress for those who struggle to keep up with the highest achievers in the class. While this isn't exclusively an issue related to COVID-19, the extraordinary circumstances are likely to exacerbate the issue.
- There is also stress for a parent who unexpectedly finds themselves required to balance working from home (or the unique variety of stress which comes from being furloughed or job insecurity) and being a stand-in teacher. This stress can then spread around the whole household including children at a time when respite is very limited. This would be particularly pertinent where parents of children may themselves have health concerns or complex needs.
- Children may also be feeling anxiety and stress due to worrying about COVID-19 news coverage or illness in family members. Due to social isolation they may be unable to talk about this to adults and friends outside the home.

In conclusion

At this juncture it is difficult to understand the scale of the child health challenges posed by COVID-19. It will be essential to consider the wide spectrum of consequences of the prevalence of the virus, the lockdown measures and the resulting social isolation. We also know from previous epidemics and pandemics that a divergence of resource can have a significant wider impact on health and wellbeing.

A particular concern relates to mental health support. The prevalence of COVID-19 and associated lockdown is likely to have led to some cases becoming more acute and the lack of normal routine a challenge for the wellbeing of many. After lockdown we are expecting a surge in negative mental health symptoms among patients with anxiety, agoraphobia, OCD, depression etc. This could include unique COVID-19 based problems. Capacity in primary care for talking therapies must be available to cope with this increased demand for both children and those caring for them.

RCGP Wales has worked constructively with NHS Wales, Welsh Government and other health sector organisations including the BMA/GPC and Academy of Medical Royal Colleges, Wales. We will continue to do so as Wales seeks to minimise the impact of COVID-19.

Agenda Item 5

Senedd Cymru
Y Pwyllgor Plant, Pobl Ifanc ac Addysg

Welsh Parliament
Children, Young People and Education Committee

Ymchwiliad i effaith argyfwng Covid-19 ar
blant a phobl ifanc yng Nghymru

Inquiry into the impact of the Covid-19 outbreak on
children and young people in Wales

COV 92
Ymateb gan: Mind Cymru

COV 92
Response from: Mind Cymru

We're Mind Cymru, the mental health charity.

We work nationally and locally.

Nationally, we campaign to raise awareness, promote understanding and drive change.

We're also the first point of call for information and advice, providing mental health information to people in Wales over a million times every year.

Locally, in communities across Wales, independent local Minds provide life-changing face-to-face support to more than 25,000 people each year.

Together, we won't give up until everyone experiencing a mental health problem gets support and respect.

Introduction

During the lockdown, children and young people have been separated from their peer groups, their education and their daily lives. These are highly unusual circumstances which will have affected all children and young people, albeit in different ways and to a different extent.

Knowing exactly what has been going on behind closed doors has been a challenging exercise for both adult and young people's mental health. We have identified that there have been increased feelings of anxiety and low mood from across the population and this will manifest itself in different ways depending on the individual.

There is a common belief that following the pandemic there will be a range of issues for professionals and communities to tackle. However, it will only be once lockdown eases, and we start to see people being prepared and confident to seek support again, that will we know the full extent of support needed.

This uncertainty should not be an excuse for not making preparations for an increase in need. Mind Cymru believes that mental health and emotional wellbeing should be at the forefront of planning for the next phase of the pandemic, with support for children and young people, including any return to school, being clearly planned and delivered with the needs and views of pupils in mind.

Recommendations

Mind Cymru make the following key recommendations:

- We believe that the Welsh Government consultation on the Whole School Approach framework on emotional wellbeing and mental health should be opened as soon as possible, so that it can be approved in the Summer, and implemented at the beginning of the new school year.
- We suggest that best practice in emotional wellbeing and mental health, as being developed for the new curriculum, be introduced as soon as possible, without the wait for the formal commencement of the Curriculum for Wales 2022.
- Preparation for a return to school should include Inservice Training/Hyfforddiant Mewn Swydd for all school staff so that they are best placed to deal with any emotional distress experienced by their pupils, and also how best to support their colleagues.
- The issues with Children and Adolescent Mental Health Services (CAMHS) identified in the 2018 Mind over Matter Report by the CYPE Committee have not been resolved, and we believe that there should now be an urgent timetable for implementation of the Mind over Matter recommendations so that CAMHS can better meet the future needs of children and young people, particularly with regards to the anticipated increase in need following the pandemic.
- Whilst there has been nothing to suggest a reduction in service quality it would be welcome to have an update from Healthcare Inspectorate Wales on how young people's inpatient mental health units have coped during the pandemic.

What has happened to Children and Young People

- Following the outbreak of the Coronavirus in Wales, ordinary school education ended on 20 March 2020. However, schools remained open to ensure safety for vulnerable children and to allow key workers to attend their place of employment.
- Information on how children and young people are experiencing the lockdown period is incomplete. However, there have been concerns regarding isolation from friends, confusion about the impact of the virus upon family and friends, the abrupt conclusion to examination preparation and, for some, concerns about spending greater time in difficult family situations at home.
- Mind is conducting an ongoing survey of young people aged 13-17, across England and Wales. 63% of young people responding say that their mental health has 'got a bit worse' or 'much worse' during recent weeks. Nearly 70% say that feeling lonely has made it worse and almost 76% say that not being able to see friends or their boyfriend/girlfriend has made their mental health and wellbeing worse. Not being able to go outside was another high-ranking factor, with 72% saying this had made their mental health worse or much worse in recent weeks.
- When experiencing a mental health problem for the first time, young people and their families may not understand what is happening and need medical support to provide some advice, guidance and offer support. It has been well documented that, for a range of medical conditions, people are not approaching the health service, so referral to the appropriate place for support have potentially not been as effective during the lockdown.
- It is important to recognise that the impact of the pandemic and lockdown period will vary and that it is a natural, human reaction to be slightly more anxious or experience a feeling of dislocation due to the nature of the measures taken.
- There will be a number of young people who will have experienced emotional trauma and grief during the pandemic. This may include not just death but also physical and emotional loss while close family members are isolated, incubated or separated from them while carrying out essential roles.
- The nature of lockdown means that the economic impacts of increased poverty, job losses and issues within the family and household all have the potential to have greater impact upon children and young people's mental health, even more than these might do under normal circumstances.
- In particular, this includes families who were already in poverty before lockdown, BAME communities, families of key workers who have been away at work and those who have experienced bereavement during this period, or where family members have been unwell.
- It is important that appropriate support is provided to children and young people to deal with the emotional impact of the pandemic and lockdown, to recognise the widespread impact of these experiences and that they will surface in a range of manners and contexts which we do not yet understand. It is also important not to medicalise these problems or to ignore them.

Education

This section of our submission focuses on emotional wellbeing and mental health within the school community

School Counselling Services

- Approximately 11,500 young people receive school counselling each year.
- School counselling services across Wales quickly moved from face-to-face to digital delivery. We do not know the numbers of pupils accessing this service at present. Challenges included appropriate equipment, loss of privacy and limited experience of delivering online counselling.
- Mind Cymru welcome the £5m announced by the Education Minister for school counselling services and supporting teachers' mental health. However, this is the same amount of funding as previously allocated for the whole school approach in 2020/21, so it is currently unclear whether this is additional funding. If this funding was considered important prior to the coronavirus outbreak, then further funding will be necessary to meet need caused by the outbreak.
- In welcoming this investment, it is also important to remember that not every child will need to access school counselling in order to be or feel supported.
- Nevertheless, a consistent annual number of participants, around 11,500, implies that there has been a capacity ceiling in place, rationing resources to meet demand. Additional training of counsellors, or paying for more, should increase the capacity.
- It remains unclear how the referral system for school counselling services is operating, and how new referrals take place. According to reports of the 2018-19 year, around 50% of referrals were made by school staff, and a little over a third by pupils themselves. In the absence of regular contact between staff and pupils, this pathway will irrevocably change.
- We note Welsh Government guidance listing the webpages to register for school counselling services, and the Health and Social Care Minister's comments to committee on 5th May that young people will expect online services. However, there is still limited information on what is actually taking place on the ground across Wales.
- Following the pandemic, it will be important to review the use of online and non-face to face support based on the views of young people and the outcomes delivered. This should provide clear learning for the future development of service provision, including any period where face to face support has to again be suspended.

A return to school

- The return to school will be an emotionally challenging time for pupils and school staff, and their emotional wellbeing and mental health should be prioritised by schools and Welsh Government.
- Whilst recognising that everybody's experience of the 'lockdown' period will have been unique, we anticipate that there will be a new cohort of children and young people facing emotional distress as a result of the pandemic; having experienced abuse, neglect, grief or anxiety amongst other negative emotions, and it is still unknown what negative coping mechanisms will have been adopted during this time.
- There must be recognition that some pupils may have had more intense experiences during the lockdown due to being from communities that are more vulnerable to the virus, having family members working on the frontline or being in unsafe family situations.
- We welcome the inclusion of mental health within the first of the Education Minister's key principles for a return to school, and her recognition in Committee (19 March and 28 April) that a long-term approach must be adopted to help young people deal with these challenges.
- In that context, Mind Cymru believe that supporting the mental health and emotional wellbeing is an integral part of the wider Welsh Government response to the pandemic, and that resources should be allocated to support mental health and emotional wellbeing in line with the allocation of resources to prevent and treat coronavirus.

We believe that the following considerations need to be made in preparing for a return to school:

- Preparation for a return to school should include Inservice Training/Hyfforddiant Mewn Swydd for all school staff so that they are best placed to deal, on a universal and individual level, with any emotional distress experienced by their pupils, and also how best to support their colleagues, who may be experiencing similar.
- All schools should participate in this, with support provided by Regional Educational Consortia, delivered at a local level. Estyn should use their Wales-wide knowledge to ensure that best practices are identified and spread widely.
- It is likely that re-opening schools will place children and young people in new circumstances for which they are not well prepared. This could include new teachers, smaller class sizes and a different peer group from the ones which they knew before the lockdown, as well as the behavioural changes associated with any social distancing in place at that time. When school re-opens, children should be part of peer re-integration or team-building to help them normalise their new situation.
- Summer holiday months should be used to assist children and young people who may have particular difficulties in re-adjusting to a school environment. Any experience that schools may have of 'transitioning', e.g. from nursery to

foundation phase, or from primary to secondary school, should be used at this time.

- During 'lockdown', many parents will have spent more time than usual with their children and recognise their educational and behavioural states. A means of liaising with parents to transfer this knowledge to teachers will be necessary.
- There may be some pupils who may, for whatever reason, have fallen through the cracks and are receiving limited support. Local authorities should maintain robust records of children and young people in their area, and ensure that everybody is receiving support. This particularly includes those in receipt of Education Other Than At School (EOTAS).
- Within this context, we note the right to an education under the UN Convention on the Rights of the Child. It is important that schools recognise the development of behavioural problems amongst pupils, and there is not a de facto movement towards suspension or expulsion of pupils from the classroom as a result. Policies and practices on suspension and expulsion need to be developed rapidly so that traumatised children are not further disadvantaged if they are unable to adapt to the classroom situation.
- We have made further suggestions (see Appendix One) of actions that schools should take to prepare themselves for the return to school of children and young people.

A Whole School Approach to Mental Health and Emotional Wellbeing

- Even before the outbreak, there was an increased focus upon mental health and emotional wellbeing as part of a Whole School Approach and the direction of travel for the new curriculum. Mental health and emotional wellbeing of both pupils and staff must now be central to education policy going forward as we consider the return to school.
- The importance of the Whole School Approach is its acceptance that feelings and concerns are an ordinary part of growing up and not part of a medical diagnosis. The Whole School Approach helps young people to process and understand these emotions, with additional support, such as counselling, available to those with greater or more enduring struggles.
- Welsh Government officials have developed a Whole School Approach framework to emotional wellbeing and mental health, and discussed this with their reference stakeholder group. Consultation on this document has been delayed as a result of the coronavirus outbreak. The principles which underpin this approach should be applied to the school re-opening process.
- We believe that the Welsh Government consultation on the Whole School Approach framework on emotional wellbeing and mental health should be opened as soon as possible, so that it can be approved in the Summer, and implemented at the beginning of the new school year.
- We suggest that best practice in emotional wellbeing and mental health, as being developed for the new curriculum, be introduced as soon as possible, without the wait for the formal commencement of the Curriculum for Wales 2022.

- More now than at any point during the development of the Curriculum for Wales 2022, pupils' mental health and emotional wellbeing are clearly a central and cross-cutting part of the new school curriculum, providing an opportunity for young people to discuss and process their feelings, and normalise help-seeking when its needed.
- Mind Cymru has experience of delivering Whole School Approach interventions in schools, having piloted work in schools in the Newport area. Our learning from this was recently presented to the Children's Commissioner for Wales. For the committee's information, a brief explanation of our Whole School Approach is included in Appendix Two.

School Staff Welfare

- Within all of this, we recognise that school staff are not mental health practitioners and they should not be expected to fulfil that role. However, it is implicit that, within their pastoral role and regular contact with pupils, they are well placed to identify young people with challenges, and to support and signpost appropriately.
- We also recognise that many school staff will also have struggled with their mental health and wellbeing during this difficult period, and will continue to face those challenges upon a return to school.
- School staff, like all other frontline support such as those working in the NHS and in care settings, should get high quality and sector-specific mental health support and advice. This could be organised by Welsh Government through Regional Educational Consortia and local authorities, or by utilising the 'Our Frontline' partnership which is run by a number of charities.

A return to lockdown

- This submission has the positive view that a return to school will be possible and that services can be re-structured to deal with the emerging situation.
- However, we must also recognise the possibility of 'waves' of pandemic and that 'lockdown' occurs on more than one occasion, meaning the opening and closing of schools and services, and the emotional and physical disruption that this will cause for young people.
- Welsh Government must make plans for how schools will operate if this becomes a prolonged situation and how they will support children and young people's mental health if they are to spend much of their school career learning remotely and not in physical contact with teachers and peers.

Mental Health Services

This section focuses on Children and Young People's Mental Health Services, including those considered within the Mind over Matter report.

Children and Adolescent Mental Health Services (CAMHS)

- The issues with Children and Adolescent Mental Health Services (CAMHS) identified in the 2018 Mind over Matter Report by the CYPE Committee have not been resolved, and we believe that there should now be an urgent timetable for implementation of the Mind over Matter recommendations so that CAMHS can better meet the future needs of children and young people, particularly with regards to the anticipated increase in need following the pandemic.
- Whilst Welsh Government and NHS Wales have been monitoring CAMHS referral numbers on a weekly basis, this information hasn't been published in any format, and so it is difficult to understand the bigger picture.
- It is intuitive that more people will experience distress at a time of national concern. However, we recognise that ordinary pathway referrals may not be in place through the school system, that parents and young people may feel disinclined to access GP services because they feel it is not as important as other medical needs or that they are not able to recognise the symptoms of mental health problems so that they visit the doctor, and that individuals are less willing to visit hospitals because they fear contracting the disease.
- We believe that, although CAMHS may be able to deal with the flow of patients at present, requests will substantially increase during coming months. We know that there were gaps in service provision and that many young people experienced long waiting lists before the pandemic. It is important that resources are provided in line with need, rather than a tightening of thresholds to ration available resources.
- A better resourced Primary CAMHS would be well placed to deal with an increase in demand from young people whose problems are too challenging for schools to resolve, but whose problems may not meet the thresholds for Specialist CAMHS. This should be conducted in a way which means that referrals can be quickly assessed and signposted to the most appropriate interventions or other methods of support, so that we do not develop a culture of long waiting lists, followed by further delays in delivery. Local Health Boards should provide a plan for how this will be achieved within their area.
- The Welsh Government should also publish the 2019 NHS Delivery Unit report on Primary CAMHS, alongside a timetable for implementation of its recommendations.
- Although it would be hoped that substantial investment in emotional health in schools, in Primary CAMHS and the 'missing middle' would reduce the number of referrals to SCAMHS, an increase in demand should be anticipated here as well. Health Boards should provide clear plans as to how they will deal with this, including the recruitment and training of appropriate staffing numbers, ensuring

assessment and treatment take place in a timely manner and that outcomes and evaluation are effective.

- It is intuitive that the impacts of the coronavirus outbreak will continue to impact for a long period of time after the outbreak has concluded. That requires a vision for long-term support on an individual and community level.

Young People's Inpatient Services

- At the beginning of the outbreak, concerns were raised that staff redeployment from young people's mental health services to deal with Covid19 issues would lead to discharge of inpatients into the community without appropriate support.
- Welsh Government's evidence to the committee (5th May) was that some inpatients had been discharged, but they were satisfied 'that was only undertaken where it was clinically safe to do so and where the community support was in place.' It was also suggested that where there had previously been a reduction in available staff, due to illness and self-isolation as well as redeployment, there was capacity in both North and South Wales.
- Knowing that there were anticipated challenges with capacity, we would like reassurance that all possible cases of transfer to inpatient services were considered with the same entry threshold as before the outbreak.
- We are aware of changes in inspection and mental health review services provided by Healthcare Inspectorate Wales (HIW) due to the pandemic, and understand there was continued contact between HIW and inpatient units during this period.
- Whilst there has been nothing to suggest a reduction in service quality it would be welcome to have an update from Healthcare Inspectorate Wales on how young people's inpatient mental health units have coped during the pandemic.

Appendix One

Suggested activities that schools should undertake:

Any response to coronavirus in our schools should cover:

- School leadership
- Support for pupils (universal)
- Support for young people with a mental health problem (targeted)
- Approach to behaviour and attendance
- School engagement and academic attainment/progression
- Workplace wellbeing for staff

For pupils, a good response should include:

- Strategic approach to mental health, led by governors and SLT
- Strategic approach to behaviour and attendance, led by SLT, which responds to the experiences and needs of children and young people
- Resourced Senior Lead for Mental Health, with the right knowledge and tools
- Mental health integrated into schools' safeguarding approach and work of the Designated Safeguarding Lead
- High-quality, well-resourced pastoral support for all pupils, supported by leadership
- Curriculum re-designed to be responsive to the needs and experience of children, that supports children to 'catch up' with education in a realistic and holistic way
- High-quality universal interventions, eg school assembly, extra-curriculum, lessons and activities
- Information and resources for pupils on mental health, self-care and where to go to for support
- Resources for staff on pupil mental health, bereavement and loss
- Quiet space and trusted adult to go to for all pupils in the school, if needed
- School culture that promotes wellbeing and stamps out stigma
- Availability of school counselling for all who need
- Strong referral routes to mental health services and local support offers
- Student voice opportunities, so pupils are heard and valued

For staff, a good response should include:

- Supportive approach to absence and sickness, including those who are unable to return to work if shielding
- Supportive line management and supervision for all staff
- Commitment to workload management and work-life balance from senior leadership
- School culture that promotes wellbeing and stamps out stigma
- Opportunities for training and to develop new skills in response to the new ways of working
- Staff voice and wellbeing activities

Appendix Two

Mind's Whole School Approach to Mental Health

The development of the Whole School Approach to Mental Health

Initially we conducted a rapid review of over 150 research articles, both published and grey literature, to understand the existing evidence base for mental health interventions in schools in English speaking countries. Building on this evidence base, across England and Wales, we carried out in-depth conversations with 130 children to find out what they want and need. We asked over 140 teachers and parents what they think is missing. We also spoke with our expert local Minds, who are already providing support to children and young people in schools.

We found that schools want to do more but find it hard to find the time or resource and say they need expert help. Teachers and parents told us they want a whole school approach to mental health. They want to understand the issues, to have the tools and resources they need, and to know where to access support for young people and themselves so they can feel more confident and have important conversations.

Children and young people told us they want help for their mental health in schools. They want help that's respectful, practical and flexible, not medical or judgmental. Young people told us they place huge value on their mental health and wellbeing and want it to be given the same importance as academic success.

We found lots of different ways to develop a whole school approach to mental health, but limited evidence that backs up what works best. What's clear is that support needs to be broad enough to reach all members of the school community, but flexible enough to give specialist support to those who need help the most.

In partnership with six local Minds across England and Wales, two in London, we took a service design approach working alongside 2,000 members of the school community to design and develop core interventions of the whole school approach to mental health.

Aim of our approach

Our aim is to help young people to cope more easily with the challenges of everyday life, help them to manage stress, and to build supportive relationships with their peers.

Every school that follows our approach will:

1. promote good mental health and wellbeing to everyone as a right
2. support everyone with a mental health problem
3. find causes of poor mental health and find ways to keep everyone well
4. respect diversity and promote equality
5. and build external partnerships to support children and young people achieve their very best.

"Everyone should get support and help."

Pupil

"School community must work together for the benefit of pupils, teachers and parents."

Parent

"Please tell me how, rather than another why. Most accept there is a need, we need support on how to implement."

Senior Leadership Team member

Mind's Model

Once schools have signed up to Mind's whole school approach to mental health, they are supported through a four step programme:

Step 1: Whole school mental health survey

All members of the school community (pupils, parents & school staff) complete a survey to understand their knowledge of their school's approach to mental health and their personal mental health experiences. Alongside which, a designated member of the senior leadership team completes a survey on behalf of their school to understand the school's current approach to mental health.

The results of the surveys are compared to understand the school's current strengths, differences in practice and perception and areas for development.

Step 2: Bespoke action plan

The school is supported to recruit a representative action planning group made up of pupil, staff and parent representatives. The group are responsible for reviewing the whole school mental health survey data and designing an action plan to enhance strengths and address areas for development.

Step 3: Implementation of action plan

Actions can be largely grouped under three categories

- 1) School owned actions e.g. review of policies & procedures, appointing lead member of SLT/governor for mental health
- 2) Mind interventions e.g. mental health awareness training for staff, 1-1 support for pupils, peer support for parents
- 3) Signposting to community assets

Step 4: Monitoring & Evaluation

To measure the impact of the whole school approach to mental health pilot two have a two level monitoring and evaluation process

- 1) Quantitative evaluation of interventions utilising validated measures – to assess impact at an intervention level
- 2) Whole school mental health survey check in – to assess impact at a school level and review area's targeted in the action plan

The school are encouraged to continuously review their action plan in relation to findings of the monitoring and evaluation and changing needs within their school.

Impact of the approach

Mind's whole school approach to mental health has been or is being delivered in 35 schools. Our evaluation of the 17 schools taking part in 2018/19 has shown

- There are some indications that culture is starting to change, for example where **conversations** about **mental health** have been **encouraged**.
- There has been **positive change** to pupil and staff **mental wellbeing** and **coping** skills.
- The programme has had a **positive impact** on pupil and staff **knowledge** about mental health.
- The programme has helped pupils and staff to feel more **confident to support others**.

Senedd Cymru
Y Pwyllgor Plant, Pobl Ifanc ac Addysg

Welsh Parliament
Children, Young People and Education Committee

Ymchwiliad i effaith argyfwng Covid-19
ar blant a phobl ifanc yng Nghymru

Inquiry into the impact of the Covid-19 outbreak on
children and young people in Wales

COV 29
Ymateb gan: PAPYRUS – Atal
Hunanladdiad ymhlith Pobl Ifanc

COV 29
Response from: PAPYRUS - Prevention of Young
Suicide

PAPYRUS –Prevention of Young Suicide response to the COVID19 Children, Young People and Education Committee – CONSULTATION 5.5.2020

PAPYRUS –Prevention of Young Suicide

PAPYRUS is a UK wide charity which focuses on suicide prevention in those aged up to 35 years of age. PAPYRUS has a helpline HOPELINEUK which operates every day of the year to support people who are struggling with thoughts of suicide (up to age 35 years) it is also here for any concerned other who may be worried about a young person who may be experiencing thoughts of suicide. This includes family, friends, professionals who work with young people.

Every day we are hearing how Covid 19 is impacting on lives across the UK.

Our helpline HOPELINEUK is very busy and remains a much needed call, text and email service. Approximately **90%** of our contacts are currently mentioning the pandemic in some way.

Although every contact is different some themes are emerging.

Many are worried about:

- Their health, especially those with underlying health conditions
- Anxiety, depression and panic attacks are common.
- People are sharing their fears about loss of income, potential job loss and the worry of losing their home.
- Many young people are struggling to fight the urge to self-harm
- Students tell us about their concerns over exam cancellations and uncertainties around their academic future. Some report feeling

'robbed' of their opportunity to achieve the grades they were hoping for.

- Some young people tell us they are no longer receiving the support services they need.
- Many say how lonely it is being separated from a partner, family or friends and that the loneliness and isolation has a significant impact on their feelings of suicide.
- We are having more callers talk about family issues including domestic abuse.
- Some young callers miss the 'lack of routine' in their lives.

We have been pushing our text and email service via social media as we are hearing that people don't have the same access to privacy in the current situation and making phone calls to a suicide prevention charity can be challenging.

The Covid-19 pandemic is having a profound impact on the way we live our lives, and Samaritans Cymru is concerned about how it will affect the mental health and wellbeing of children and young people in Wales. Early intervention and reaching high-risk groups is vital to mitigate the risks associated with Covid-19. The pandemic has added an increasing sense of urgency to the need for all schools to adopt a structured and effective approach to emotional health and wellbeing, so that all children get the support they need. The pandemic has also highlighted the need for support services, such as services that support those who self-harm, to adapt and become widely available to everyone that needs help.

While we don't yet have a full picture of how children have been impacted by the pandemic, lockdown measures are likely to affect children from the most deprived communities most. For some children, the lockdown will expose them to adverse experiences, with an increased risk of children going hungry, being neglected and being exposed to domestic violence.¹ Children in the most deprived areas could be experiencing lockdown and social distancing measures in poor quality and overcrowded housing, which could have a lasting impact on their physical and mental health. For those without internet or electronic devices, the ability to continue learning has become even more difficult. Without access to online learning resources, it's likely that those already starting on an unequal footing will continue to fall behind. We are concerned about the impact of the pandemic on young people who have been or who are at risk of being excluded from school or who are vulnerable and are for other reasons not on the school register. These young people are especially at risk of lifelong disadvantage and we have highlighted the issues in a previous [report](#). As we move out of the restrictions it is important that these young people are not forgotten, that we understand what their situation and needs are and take action to support and include them.

In Wales, schools must prepare for an increase in children with mental health needs, including those of children who have experienced trauma and adversity during the months in lockdown. We believe it's essential that trauma informed approaches are rolled out in all schools in Wales. As part of this, teachers must receive proper guidance and training to increase their understanding of trauma-informed approaches and enable them to support all children and young people returning to school. Addressing trauma in schools presents an opportunity to intervene in the cycle of adverse childhood experiences (ACEs). Schools, local

¹ <https://www.bmj.com/content/369/bmj.m2061>

health services, local authorities, public services and the wider public sector must invest and work to reduce ACEs, their impact on individuals and, most significantly, understand the benefits of intervening in the cycle of ACEs.

While children living in deprived household are likely to be disproportionately affected by lockdown measures, most young people have seen their lives change drastically in the last few months. Many have had their education interrupted and are anxious about their prospects.² School can also be a child's only source of support and community and opportunity to interact with their own peer group. A survey by the Mental Health Foundation found the most affected group were young people aged 18 to 24, with 44% saying they felt lonely.³ Loneliness and isolation is a well-evidenced risk factor for extreme emotional distress including suicidal thoughts.

These findings indicate that the pandemic is likely to increase the risk of children and young people experiencing emotional distress, and we continue to call for the Welsh Government to ensure all schools have in place a structured and effective approach to emotional health and wellbeing. This should include a proactive suicide prevention plan, which ensures that children know when and where to seek help and all teachers receive basic mental health awareness training. There should also be an effective suicide response plan which is in place for when a suspected or attempted suicide occurs, and which is informed by expertise in this area. We also continue to call for the Welsh Government to include mental and emotional health in the delivery of the curriculum on a statutory basis, so that every child in every school takes part in lessons on emotional wellbeing. It's more important than ever to build the emotional literacy and resilience of children and young people. Mental health education could enable children and young people better to understand their emotions and emotional distress and develop coping strategies. Crucially, it can enable them to know when they need to ask for help.

Finally, the Welsh Government and NHS Wales should work together to bolster quality self-harm support provided online, by scaling up and fast tracking the development of existing support apps. We are concerned that many young people who self-harm may have been left without their usual coping mechanisms and are struggling to access external support. In the medium term, NHS Wales should provide comprehensive online therapies to deal directly with self-harming behaviour as well as underlying distress.

Evidence suggests that the pandemic could have a significant impact the mental health and wellbeing of children and young people. However, an increase in suicides is not inevitable and mitigating this risk early should be approached with urgency. Here at Samaritans we believe prevention and early intervention is needed to reduce suicide risk.

Please do get in touch if you have any questions.

² [https://www.thelancet.com/journals/lanpsy/article/PIIS2215-0366\(20\)30171-1/fulltext](https://www.thelancet.com/journals/lanpsy/article/PIIS2215-0366(20)30171-1/fulltext)

³ Survey by the Mental Health Foundation. Total sample size was 2221 UK adults aged 18+. Fieldwork to gather the new data was undertaken between 2nd - 3rd April 2020. The survey was carried out online. The figures have been weighted and are representative of all UK adults (aged 18+).

Submitted by ProMo-Cymru in respect of Meic

1. About Meic:

Meic is unique –

- Universal, low threshold and easily accessible central point for information, advice and advocacy support service for children and young people (CYP) in Wales up to the age of 25 in Wales
- Commissioned by Welsh Government through tendering, designed, delivered and managed by ProMo-Cymru since inception in 2008 to the present
- Access to Helpline Adviser Advocate (HAA) from 8am – midnight everyday 365 days per year through instant message, text, phone, email
- Participation and engagement by whole Meic community facilitated via Facebook, Instagram, Twitter, YouTube, and Website
- Meic offers children and young people the chance to have a voice and be heard, listened to and helped, without criteria, without judgment
- Value base embedded in UNCRC and SSWB Act: information, rights, advocacy, safeguarding, early intervention, prevention

2. Meic's experience and expertise is steeped in knowing and understanding:

- Knowing something, and acting on this to make a change, is hard
- Adjusting to change imposed on you is hard
- Both are influenced by a complex interplay of control, influence, power, and motivation – all of which are often hard or out of reach for many children and young people
- Adolescence for many is a difficult transition; the journey that takes place over several years from dependent childhood to independent adulthood is fraught and influenced by many internal and external drivers – some toxic and inhibiting, and others nurturing and empowering
- A rights based approach is essential in giving young people a voice

3. Covid-19 has introduced disruption and uncertainty into all aspects of children and young people's day to day lives: education, family life, relationships. Extrapolated from this is an implied question: the extent to which CYP rights (and outcomes) are being disproportionately compromised for the sake of wider protection concerns. The immediate impact is clear:

- The key feelings being expressed are: alone and overlooked, fearful and scared, worried and anxious
- The key issues being presented are: Covid-19+ mental health and well-being, relationships, education, family life, living arrangements

- The proportion of Covid-19 related contacts to HAAs is approximately 30% of all contacts; this is likely to be an underestimate.
 - Less clear are the longer term impacts, as we emerge from lockdown in the short term, adjust to life with the pandemic in the medium term, and return to a new normal in the longer term.
- 4. Successes and difference made: Helpline Adviser Advocates have been able to intervene across a range of situations and issues to provide information, signposting, support self efficacy, facilitate access to services, protect life – a very few examples include:**
- supporting care experienced young person to establish contact with advocate – having lost contact during transition from face to face to alternative provision,
 - support young person resolve family conflict after being forced to return home to Wales from university in England during lockdown,
 - supporting grandmother concerned about grandson whose mother is frontline NHS worker to explore options around communication about living and care arrangements,
 - supporting the father of 17, soon to be 18 year old, concerned about son's discharge from psychiatric unit into community in context of Covid-19 and transition to adult services, and signposting to advocacy service for YP,
 - supporting young carer of alcohol dependent mother, to access alternative help and support following closure of service she was using due to Covid-19,
 - supporting young person to access school counseling via different route and pathway following changeover to online platform,
 - clarifying lockdown regulations in respect of young person wishing to be with their partner,
 - supporting young person with strategies to relax and help reach calm when anxious and stressed,
 - supporting young person with communication strategies for resolving / avoiding / minimizing arguments with family in household
- 5. Information:**
- following the arrival of Covid-19 ProMo-Cymru significantly scaled up Meic's Covid-19 specific and related communication and engagement strategy in order to mitigate the need and gap resulting from CYPs' reduced face to face contact with education settings, youth services, social care services, community / voluntary sector support services;
 - this has resulted in exponential increases in segmented audience reach and engagement during April and May compared with previous months;
 - the focus has been on 4 key young person friendly and accessible messages and messaging: i) Covid-19 – what is it, what are the regulations, ii) how to stay safe, iii) reclaiming control, iv) Meic is still here

- **Website:**
 - i) accessed by the broad Meic community including CYP and adults (parents, carers, relatives, social care and health professionals, support workers, practitioners, teachers...),
 - ii) device breakdown and YouTube video views suggests demographic is mostly YP – estimated breakdown: 65% CYP / 35% other
 - iii) all-Wales coverage mostly aligned to population spread
 - iv) doubling of number of visitors from 12,000+ to 25,000+ and sessions from 16,000+ to 35,000+ pre / post Covid,
 - v) most popular pages: homepage and get help, most popular articles: Worried About Coronavirus, Activities during lockdown, Tips to Keep Calm, Covid-19 Tag Archive, Getting Parents to let you go out with Friends
 - vi) much of this has been picked up and included in the new mental health toolkit developed by WG and going live 1 June
- **Instagram:**
 - i) accessed mainly by CYP 13 – 34 year age range, two thirds female
 - ii) 4-fold increase in output - including new designs and graphics, stories, and playlist - increase in impressions from 1,000+ to 100,000+, increase engagement, from less than 100 to more than 1000
 - iii) creation of linktree linking Instagram to key links on Meic website
- **Twitter and Facebook (FB):**
 - i) FB demographic: half aged under 25, one third 35+, mostly female, Twitter mostly adult – professional,
 - ii) output (posts) doubled, impressions increased from 32,000+ to just over 400,000, engagement increased from 400+ to 9,000+
- **Most popular post across social media platforms:**



6. What children and young people are telling us:

6.1 Feelings:

- *i don't know what's wrong with me and don't know who to talk to*
- *I just feel sad, and empty. Like my whole body just feels out of energy and sad, I'm eating well, exercising, getting good sleep but I feel unmotivated*
- *I think it's just a combination of feeling stressed about school work and feeling lonely from not seeing friends. Even though I'm stressed I also just can't seem to care, I just don't know what I'm doing*
- *I'm having panic attacks*
- *i have had these voices for a while now, but being in lockdown has only made them worse*
- *I struggled previously with depression. And with this lockdown. I feel like I'm struggling with it again I feel like I'm going down hill and i don't know how to stop it*

6.2 What they are coming to the helpline for:

- *because im already struggling enough with lockdown i dont need relationship problems aswell*
- *are we now officially in lockdown? what does this mean? i live in a household filled with hatred towards me and also work in a food shop. will i still be working, and can i decide where i go into lockdown? im very confused*
- *am i able to go to my mums or boyfriends and continue to stay there for the lockdown*
- *I need advice on how to deal with things better I guess? Like when my parents argue,*
- *Maybe some encouragement and motivation to get my college work done to go to uni?*
- *I think it would be helpful if you had any idea on how to lift ones mood when they are in a bad place*
- *i need someone to talk to about another coping mechanism which may work better for me*
- *I'm 30 and my younger sister is 13. All is not well in her house with my mum and her stepdad. I think it would be best for them to have a break from one another, but I'm not sure what to do in light of coronavirus. Is it reasonable to have her come stay with me for a while? She is also under CAMHS*
- *I had a mentor in school. A counsellor. But they are stopping my session because of lockdown. I have been to camhs previously struggle to talk to her. Only because she didnt talk to be as I was in school. She was hardly there and when we arranged a chat. She always had to cancel*

6.3 Why to Meic helpline:

- *I'm not the type to talk to people, I understand that it could help but It wouldn't make a difference or make things any easier. When I say not the type to talk about people, I mean about problems and struggles.*
- *i don't want to give the impression that I'm weak or can't deal with it.*
- *I thought i was doing okay without any support but it's not getting any better*
- *I never really reach out as I don't really know what could help*
- *i'm not receiving any kinds of support like that because nobody really knows about it.*
- *i don't really want to talk to my parents about it because i have talked to them about things like this before but they just didn't really understand. i have a sister but she is younger than me so that's not very helpful and i don't really have way of getting in contact with people like my GP. i have tried to hint slight things to one of my friends but they just don't really take it seriously because they don't really know how to respond.*
- *I dont find that I talk to people that much about it, I dont want to be a hassle. I very rarely will tell 2 of my friends when they ask how im doing but i dont go into details. The only family I have is my father but I dont have a particularly good relationship with him. But he suffers from depression and I havent told him of my mental health stuggles because i dont want him to get worse worrying*
- *I've come to meic before and I found that it helped*
- *i can vent*
- *She told me that I wasn't trying enough to get better. It made me feel like I wasn't good enough*
- *My mam works in the nhs so is in work all the time. And I don't want to add more stress on her I just feel like I'm struggling but don't want to talk to my family*

7. Road map out of lockdown and beyond:

- While there is some clarity, there remains a lot of uncertainty about the details and impact of what will happen to children and young people's day to day lives, and the longer term consequences on their development, outcomes and opportunities.
- The immediate crisis has generated considerable solidarity, agility, flexibility, and creativity across a spectrum of life (not least the NHS), while at the same time exposing weaknesses and gaps.
- Some of these gaps and weaknesses include (this is not an exhaustive list): i) on-going issues with information: access to it, its accuracy and accessibility, navigating round it to ascertain pathways and processes, ii) inequalities as evidenced with (lack of) access to tech / online / digital alternatives, iii) perpetuating traditional barriers between statutory services and CYP eg: insistence on using Microsoft Office or Skype, when CYP more likely to use What's App, Zoom
- In moving forward to mitigate and reduce the adverse impact of the pandemic specifically on children and young people as they navigate a

fraught journey into independent adulthood, now is certainly the time to seize the day and review traditional models of face to face CYP focused service delivery and awareness raising, and ensure transformational change and alternatives fit for the 21st century.

END

Ymchwiliad i effaith argyfwng Covid-19
ar blant a phobl ifanc yng Nghymru

COV 98

Ymateb gan: Coleg Brenhinol y
Seiciatryddion

Agenda Item 8

Welsh Parliament
Children, Young People and Education
Committee

Inquiry into the impact of the Covid-19 outbreak
on children and young people in Wales

COV 98

Response from: Royal College of Psychiatrists
Wales

The Royal College of Psychiatrists in Wales (The College) is the professional medical body responsible for developing and supporting psychiatrists throughout their careers, and in setting and raising standards of psychiatry throughout Wales.

The College aims to improve outcomes for people with mental disorders and the mental health of individuals, their families and communities. In order to achieve this, the College sets standards and promotes excellence in psychiatry; leads, represents and supports psychiatrists; improves the scientific understanding of mental illness; works with and advocates for patients, carers and their organisations.

The Royal College of Psychiatrists Wales is pleased to respond to this inquiry. In determining a response, we have highlighted 2 initial areas, alongside a comment on recovery planning. The College would be very happy to provide any further evidence to the committee, in writing or virtually. Our areas:

- The impact of the COVID-19 outbreak upon the mental health of children,
- Delivering core child and adolescent NHS services during the pandemic and beyond.

The impact of the COVID-19 outbreak upon the mental health of children

The COVID-19 pandemic is impacting upon the mental health of children and adolescents everywhere, not least in Wales.

Parents and children are under great strain at present. Routines are disrupted and parents may be working from home, with very restricted childcare resources - if any at all. Fears of losing family will be causing anxiety and where families have had to face the tragic loss of a family member to COVID-19, the pandemic is also disrupting the normal bereavement process for families. This may result in adjustment problems for families, PTSD, depression, and self-harm.

The impacts of loss and grief may also be greater for families in poverty, where people living in deprived areas in England were demonstrated to have significantly higher mortality than those living in the least deprived areas¹. We can't say that this is the case for certain in Wales, but it would appear likely.

Otherwise, parents may be anxious about the pandemic and its financial implications, and its more than likely that their children are picking up on their fears and vice versa. Together this can cause huge psychological distress for family members.

The committee should be aware of how the COVID-19 outbreak has a greater psychosocial impact upon children in poverty, with intellectual disability or Autism Spectrum Disorder (ASD), with previous adverse childhood experiences (ACE's) and with serious mental illness (SMI).

Children in poverty - The committee will be aware of the issues of child poverty that exist in Wales, and the relationship between poverty and poor mental health. This stands to be greater affected by financial losses faced by families in the inevitable economic recession which in turn may result in an increase in mental illness, substance misuse disorders and suicidal behaviours among parents. Mental illness and substance misuse can influence parental-child relations and increase the risk for mental health problems in Wales.

There is also evidence to suggest that domestic abuse and child abuse increases during economic recessions as exposure to perpetrators is increased, and as perpetrators seek ways to regain a sense of control over their situation.

Families in poverty are also less likely to be able to have the resources to engage with telepsychiatry initiatives in a safe and confidential environment. The Welsh Governments announcement, at the end of April, of £3 million to support digitally excluded learners in Wales is welcomed but this could be extended to children who need to access mental health services, too. ²

Children with Intellectual Disability or Autism Spectrum Disorder – Children and adolescents with chronic disorders are also at greater risk. They may find it hard to understand the situation and the necessity for the restrictions resulting in increased anxiety and agitation, for the parents, too. The loss of day to day routines, activities and schooling is likely to have a more adverse impact on children with ID than those without and as schools re-open, this additional routine change may cause distress.

Children with ASD commonly have co-morbid anxiety disorders, and it is important that parents are supported to manage any anxieties children may have.

The committee may already know that children with disabilities are at greater risk of child abuse, however, this risk increases during the lockdown not only for the financial distress outlined above but also due to children and adolescents with ID having a lack of social control and impaired ability to communicate. There remains a real risk that young people with ID may face dangers and harms in silence.³

Children with ACEs – Children and adolescents that have had adverse experience before the pandemic will be especially vulnerable during and after the pandemic. The experience of ACEs is associated with a higher risk of mental health problems, and maltreatment or child abuse has been found to be associated with greater emotional reactivity and decreased emotional regulation. This may suggest that children and adolescents with ACE's are at a high risk of developing COVID-19 related anxieties and

struggling to manage with some of the challenges presented by COVID-19 and the lockdown.⁴

Children with SMI – Most mental illnesses require regular psychotherapy and psychiatric treatment and so maintaining access to services is important, as well as maintaining assessment pathways for new diagnosis. Mental illnesses may worsen if there is not prompt assessment, possible diagnosis and treatment.

Furthermore, children with pre-existing SMI may be at a greater risk of becoming distressed due to what they hear or see on the news. After the world economic crisis in 2008, an increase of self-harm was shown in a number of studies and predominantly among adolescents.⁵

In contrast, it has been anecdotally suggested, that some children and adolescents with eating disorders may be showing improvements out of school, where parents are working from home and have greater oversight of their children's routine.

It should be noted that these groups are not mutually exclusive, and a child may have any combination of these characteristics meaning the impact of COVID-19 is compounded.

Coronavirus and the impact upon people with protected characteristics

It is important to note how people from BAME background are more likely to be exposed to the factors which deteriorate poor mental health. An individual from a Black, Asian or minority ethnic background is more likely to experience poverty, to have poorer educational outcomes, to be unemployed, and to come in contact with the criminal justice system⁶. These, in turn, are risk factors for developing a mental illness.

Emerging data from the COVID-19 pandemic clearly shows that BAME groups are significantly more likely to die from COVID-19⁷, the reasons for this are currently not well established, though societal inequalities are likely to play a role.

Delivering core Child and Adolescent Services during the pandemic and beyond

In addition to the impact the virus may have on children and young people, it is clear that the virus is also affecting the mental health and well-being of NHS and social care staff. This may be affecting the ability of staff to deliver services. The ONS has reported a sharp rise in the number of people reporting high levels of anxiety and our survey of psychiatrists has found that there has been an increase in the number of urgent and emergency cases seen by psychiatrists.

Our recent surveys of psychiatrists (15th-17th April and 1st-6th May) have also highlighted significant concerns that psychiatrists are being forced to put themselves and their patients at risk, delivering care without adequate PPE or access to tests for themselves, their families or their patients.

Our recommendations for delivering core services

- *Consistent message sent to the public that if a child has a mental health, parents and carers should still be able to access services*
- *Consistent message sent to social care that referrals should still be made for children if they are at risk*
- *Mental health services must be adequately supported to deal with the increase in urgent and emergency demands*
- *Expand and monitor efforts to ensure all staff working in mental health care get access to the PPE and COVID-19 tests they need, and guidance on which scenarios PPE should be used.*
- *NHS Wales should closely monitor the implementation of the guidance on infection control and offer additional support to those areas that are struggling to follow them.*
- *Provide ongoing support to healthcare staff after the initial peak and give them support to recover before any potential second wave.*
- *Invest in expanded mental health services to cope with the likely rise in demand for services following the initial COVID-19 peak.*
- *Invest in support for the general population in the event of an economic downturn.*

How has demand for Child and Adolescent Mental Health Services changed?

Our survey of psychiatrists working in the NHS has found that the COVID-19 pandemic has led to an overall increase in emergency and urgent

appointments and an overall decrease in the number of patients they have seen for more routine support:

- Emergency interventions/appointments - 13% have seen workload increase, 30% have seen a decrease
- Urgent interventions/appointments - 36% have seen workload increase, 32% decrease
- Appointments/interventions normally conducted within four weeks - 11% have seen an increase, 54% a decrease
- Appointments/interventions normally within three months - only 14% have seen an increase, compared to 39% seeing a decrease
- Appointments/interventions normally after three months - just 5.5% have seen this area of workload increase, compared to 51% who have seen these caseloads decline.

These statistics represent feedback from all specialisms, but psychiatrists are reporting a significant drop off rate in regular referrals to child and adolescent mental health services. Far fewer children are being referred from primary care, from schools (due to closure) and from social care to mental health services. In other cases, patients have been anxious about attending face-to-face appointments for risk of catching the virus or spreading the virus to clinicians. The drop of in referrals is particularly concerning for patients with mental health conditions which have an increased mortality rate such as eating disorders, bipolar disorder and schizophrenia. For these and many other mental illnesses early assessment are diagnosis is essential to recovery.

The decrease in non-urgent cases is as concerning as the rise in urgent and emergency cases expressed by some of our psychiatrists. It is much harder for mental health teams to deliver routine services while managing social distancing, wearing PPE, and dealing with an increase in urgent and emergency cases and supporting patients who may have COVID-19.

Psychiatrists report to us their concern that temporary drop offs in some activity represents a calm before the storm, due to some services being delayed and some patients avoiding contact due to fear of infection or concern that they are being a burden on the NHS. We are also aware that at the start of the crisis some staff were redeployed to manage COVID-19 elsewhere which affected capacity, but they have since returned to their normal roles. It is critical that people are aware that NHS mental health services are still open. Those who fail to get the help they need now, may become more seriously ill further down the line.

Another area where our psychiatrists have expressed significant concerns is within addiction services. Our Addictions Faculty members have told us that some people with alcohol addictions problems are drinking much more and becoming even more chaotic in their lifestyles as a result of the pandemic. We have had reports of a significant number of people relapsing because of the strains of lock down and being cut off from their friends and families. It is especially important that people living with children or adolescents can get help for substance misuse issues in order to reduce the detrimental impact that these issues can have on family relationships and subsequently child mental health.

How mental health services have adapted to the crisis

Many providers of mental health services reacted quickly to change the way services act in response for the crisis. Many psychiatrists are currently working an 'altered timetable' due to reconfiguration of services. Aneurin Bevan Health Board were already piloting the 'CWTCH' project, connecting with tele-health to children in hospitals, before the pandemic began. That work has been rolled out significantly across secondary and primary care since.

During the COVID-19 pandemic, it is essential that those who use mental health services continue to get the care they need. Remote consultations, using telephone calls, audio and video to provide care for patients has already become a fundamental part of the way mental health services provide care. As we move beyond the peak of the crisis, this is likely to become more standard practice and there are concerted efforts to continue to increase capacity.

It is important that families have access to the internet and internet enabled devices to ensure that parents and their children can access mental health services. This is not only important for allowing psychiatrists to see children remotely, but where children are on in-patient wards, these tools also allow them to maintain valuable links with their families. This is especially invaluable if it is decided that a ward be 'locked down' in order to manage the spread of COVID-19 in hospital settings.

Where families don't have video-conferencing tools, the use of telephone consultations may be sufficient for lower risk conversations or to ensure engagement.

The College has [published online](#) resources for people with a mental illness and their carers on issues such as medication and how to manage their conditions during the crisis.

Inpatient Accommodation

The majority of mental health units in the UK were never designed to contain a highly contagious illness. Potential environmental risks include aged estates with a significant proportion of dormitory style accommodation, small shared offices, shared computers, shared patient facilities, sitting or dining rooms, shared toilets, poor ventilation and air-conditioning. This is also true for many CAMHS units. Particularly worryingly last year there were 1,176 patients (UK-wide) having to share mixed dormitories⁸.

In addition, it is often the case that some patients may be unable to follow advice on containment, isolation and testing, which presents a further clear infection risk to be considered and managed.

We are concerned that some NHS mental health estates are unsuitable, making it very hard to follow guidance. The guidance includes recommendations that all new patients coming into a mental health, learning disability, autism, dementia or specialist inpatient facility are tested for COVID-19, including asymptomatic patients, and kept separate from other patients until they get their results back.

As shown above many of our psychiatrists have expressed significant concerns that they are currently unable to access testing for their patients. To date it has been very difficult to effectively cohort due to lack of adequate access to testing, therefore it is important that effective delivery of this change in testing policy in mental health settings is monitored and not overlooked.

Many sites also lack the space to keep patients separate especially those with mixed dormitories. Consideration is needed on how Health Boards can be supported to undertake the complex task of cohorting effectively within their estates, both in the immediate term and looking to the medium and longer term.

On admission, space is needed for confirmed COVID cases, a second space for patients confirmed via testing to be COVID negative and a third space patients whose COVID status is unconfirmed while test results awaited. In addition, patients who need shielding should be kept away from those with confirmed COVID.

It is important to understand the extent to which local areas are able to follow this guidance, and this is monitored, and additional support is offered to those areas that are struggling to follow them.

How can we support children and adolescents after the initial peak?

Returning to a structured routine will be vital for supporting children going forward. Some children may initially be feeling less stressed without the pressure of school, however, as they return, they may feel pressured to catch up. We know that children tend to reflect their caregiver's emotion and therefore it is important to support teachers and parents as we exit the lockdown.

Teachers need to feel safe in schools, so that their own anxieties about the virus aren't projected on to the children they teach.

Parents, who themselves may feel under significant pressure due to the economic downturn and may need additional support to look after their children.

The increased risk of child maltreatment and household dysfunction may not fall immediately after the pandemic, and any ACEs of children during this time may last a life time.

It seems inevitable that once the pandemic is past its peak, there will be an increase in demand for mental health services and for support for children and adolescents. Although we can't anticipate now, how great that demand will be there are some indicators.

The recent ONS wellbeing survey found that between 20 March and 30 March 2020 almost half of the population of Great Britain (49.6%) reported high levels of anxiety. This compares to 21% of people who said the same last year⁹.

A significant economic downturn following the crisis is widely predicted and there is strong evidence of a link between economic difficulties and higher rates of mental health problems and suicide¹⁰. We have already seen from the recent ONS survey that people who had experienced a reduction in household finances because of COVID-19 reported 16% higher anxiety on average¹¹.

Mental health services, which are overstretched at the best of times, will come under even more pressure. One of the biggest causes of this is a lack of trained staff.

In March, we released our manifesto for the [2021 Senedd Cymru elections](#). We highlighted particular areas of focus for developing the workforce in Wales that will support ambition, and it's essential that this is confirmed and commitments are made within the mental health workforce strategies that have been outlined within Welsh Government's 'Together for Mental Health Strategy'.

It is important that these commitments are not forgotten, and that recommendations from our manifesto are brought forward in working towards achieving parity between services; and respective of parity in developing parity for a mental health workforce.

The Emergency Coronavirus Legislation and Mental Health

Schedule 8 of the Coronavirus Act creates the ability for changes to be made to mental health legislation across the UK. These changes have so far not been enacted apart from those related to the Mental Health (Northern Ireland) Order 1986 - in Northern Ireland.

The changes to the Mental Health Act 1983 (England and Wales) (MHA) would allow certain functions relating to the detention and treatment of patients to be carried out with fewer doctors' opinions or certifications. It also temporarily allows for the extension or removal of certain time limits relating to the detention and transfer of patients. Full details of what this would entail can be found on our website¹²

Although Black British adults had the highest mean score for severity of mental health symptoms, they were the least likely to receive treatment for mental illness. Where they do come into contact with services, it is disproportionately based on a detention order requiring them to stay in hospital¹³.

If this legislation is enacted, it would disproportionately impact these groups. We are extremely conscious that enacting MHA emergency powers would weaken patient safeguards, so it is essential that their use must always be justified. People shouldn't be denied access to the care they need, and potentially left in a situation where their own life is at risk due to a lack of staff. If those needing care don't get it because of a depleted workforce, it will further affect an already disadvantaged group and so on balance.

We have monitored the views of psychiatrists closely in relation to delays that may have been experienced in using the MHA in the last few weeks.

75% of psychiatrists had not reported trouble convening a MHA assessment in Wales, only 7% had (the remaining responders are not convening community MHA assessments during their work)

Presently we do not believe there is an evidence base to justify enforcement of the MHA amendments in Wales, should they be enacted by the UK Government.

Enacting the MHA emergency powers would weaken of patient safeguards. Therefore, their use would need to be justified every single time they are used.

If emergency powers are enacted, they should only be used where necessary and justifiable. It is essential that it is clearly communicated that the powers, if enacted they should not be used nationally, only where the lack of staff caused by the COVID-19 crisis means a patient's safety is being put at risk and where there is no alternative.

We are also very conscious that the MHA is currently applied disproportionately to people from some BAME communities.

RCPsych recognises that racism and racial discrimination is one of many factors which can have a significant, negative impact on a person's life chances and mental health. We are particularly concerned about the disproportionate impact on people from Black, Asian and minority ethnic communities, notably those of Black African and Caribbean heritage. It can lead to substantial disparity in access to and experiences of various areas of psychiatric care, including crisis care, admissions, pathways into care, readmissions, use of seclusion and detentions under MHA.¹⁴

We have highlighted our cautious position to Welsh Government.

In 2018 the RCPsych paper on racism in mental health¹⁵ highlighted that although Black British adults had the highest mean score for severity of mental health symptoms, they were the least likely to receive treatment for mental illness. We repeat our calls that efforts to tackle this should be urgently prioritised by Government, non-governmental organisations and professional bodies.

Following this paper, the National Collaborating Centre for Mental Health based at the RCPsych published a document called Advancing Mental Health Equality (AMHE)¹⁶ which is a resource to support commissioners and providers to tackle mental health inequalities in their local areas¹⁷. This document should be a key tool for mental health commissioners to plan how they should reshape their services as they adjust following the COVID-19 crisis, including how any use of remote consultations and other digital solutions are appropriately designed.

Additionally, The College has endorsed the Cultural Competency in Mental Health Services initiative that has been developed by Diverse Cymru, working closely in its development and in ensuring that every health board is working towards this standard.

Reducing Restrictive Practices

People with a learning disability and/or autism in inpatient settings are already vulnerable to and disproportionately represented in the use of inappropriate and excessive restraint, seclusion and long-term segregation. Restrictive practices are also used disproportionately on those from ethnic minority communities, women and girls.¹⁸

During the pandemic services and staff are still required to commit to reducing their use of restraint. The only changes to patient care should be those needed to manage and prevent the spread of COVID-19. At every opportunity, they should consider whether there is a less restrictive option available to them. Any use of restraint must be appropriate, be proportionate to the risks involved and end as soon as possible. Providers should refer to their ethics committees where required and as always it is essential that all staff using restraint techniques are fully trained.

RCPsych has developed the COVID-19 Mental Health Improvement Network to support mental health teams to share and learn from each other to maintain and improve safety in response to the COVID-19 pandemic. It is working to identify areas where improvement packages are needed during this period, one of such areas is restrictive practice. A short "[change package](#)" is available, along with a series of webinars in order to support services in this area.

Once the initial crisis is over it is critical that learning from RCPsych's [reducing restrictive practice programme](#) is considered for wider roll-out across Wales. The initial pilots from England have demonstrated that with

the right support health boards can significantly reduce how often they use restrictive practices.

Additional Comment

We have closely monitored the views of psychiatrists, patients and services during this time. It is important to recognise how the mental health workforce, alongside patients and carers have adjusted to the pandemic under significant pressure.

It does further highlight that there is not parity between physical and mental health, and that there is need to strategically invest to support some of the most vulnerable people in society.

It is essential that the College has direct contribution in how services will look to recover and prepare for a second phase.

We must all also ensure that planning considers opportunities that can be sustained, post COVID-19 and will continue to have an impact across the health service.

Once such consideration that the College would particularly choose to be highlighted and recognised, is the successful work of Technology Enabled Care Cymru (TEC Cymru). The rollout of telehealth and video consultation was informed from a pilot project 'CWTCH', for CAMHS services in Gwent. The pilot lead, Prof Alka Ahuja was subsequently seconded to Welsh Government as a clinical lead for TEC Cymru.

There are a number of additional innovations that stand to make a significant improvement to services, across the NHS as well as ensuring we work towards a parity between services. These are highlighted in our manifesto and we believe will compliment much of the Committees considerations that will inevitably arise from this inquiry, in considering what the Health & Social Care service could like in recovery and post COVID-19. We would be keen to follow up and give further suggestion to the Committee.

As a final point, in this response.

40% of psychiatrists in Wales have reported that their mental health and wellbeing has suffered or significantly suffered during this time. Alongside

the challenge presented by the nature of the virus; there is more that can be done to support the impact of a pandemic on mental health services, its patients and workforce. The College is well positioned to advise and reflect on the experiences of psychiatrists.

Our additional recommendations

- *That specialist mental health services have a direct voice within the recovery planning from Welsh Government*
- *That the impact upon the wellbeing of Psychiatrists (and its unique determinants as highlighted in this response) as well as the wider NHS and Social Care workforce is further examined by Welsh Government in partnership with the College.*

¹ <https://www.gov.uk/government/publications/covid-19-review-of-disparities-in-risks-and-outcomes>

² Challenges and burden of the Coronavirus 2019 pandemic for child and adolescent mental health: a narrative review to highlight clinical and research needs in the acute phase and the long return to normality. J, Fegert. Et al. 2020. *Child and Adolescent Psychiatry and Mental Health* 14(20), Available: [Available here](#)

³ibid

⁴ ibid

⁵ ibid

⁶ Equality and Human Rights Commission, 2016, *Healing a Divided Britain*.

⁷ ONS, Coronavirus (COVID-19) related deaths by ethnic group, England and Wales: 2 March 2020 to 10 April 2020,

⁸ <https://www.hsj.co.uk/finance-and-efficiency/exclusive-hundreds-of-patients-kept-in-distressing-dormitory-style-wards/7025290.article>

⁹

<https://www.ons.gov.uk/peoplepopulationandcommunity/wellbeing/bulletins/personalandeconomicwellbeingintheuk/may2020>

¹⁰ <https://www.mentalhealth.org.uk/statistics/mental-health-statistics-poverty>

¹¹

<https://www.ons.gov.uk/peoplepopulationandcommunity/wellbeing/bulletins/personalandeconomicwellbeingintheuk/may2020>

¹² <https://www.rcpsych.ac.uk/about-us/responding-to-covid-19/responding-to-covid-19-guidance-for-clinicians/legal-covid-19-guidance-for-clinicians>

¹³ NHS Digital (2017) Mental Health Act Statistics, Annual Figures: 2016-17, Experimental statistics

¹⁴ Royal College of Psychiatry, Racism and Mental Health, 2018 https://www.rcpsych.ac.uk/pdf/PS01_18a.pdf

¹⁵ https://www.rcpsych.ac.uk/docs/default-source/improving-care/better-mh-policy/position-statements/ps01_18.pdf?sfvrsn=53b60962_4

¹⁶ <https://www.rcpsych.ac.uk/improving-care/nccmh/care-pathways/advancing-mental-health-equality>

¹⁷ <https://www.rcpsych.ac.uk/improving-care/nccmh/care-pathways/advancing-mental-health-equality>

¹⁸

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/778897/Modernising_the_Mental_Health_Act_-_increasing_choice_reducing_compulsion.pdf

Senedd Cymru
Y Pwyllgor Plant, Pobl Ifanc ac Addysg

Ymchwiliad i effaith argyfwng Covid-19 ar
blant a phobl ifanc yng Nghymru

COV 79

Ymateb gan:
Cymdeithas Seicolegol Prydain

Welsh Parliament
Children, Young People and Education
Committee

Inquiry into the impact of the Covid-19 outbreak
on children and young people in Wales

COV 79

Response from: British Psychological Society

Scrutiny of Covid-19 and its impact on children and young people (including students in further and higher education)

The British Psychological Society, incorporated by Royal Charter, is the learned and professional body for psychologists in the United Kingdom. We are a registered charity with a total membership of just over 60,000.

Under its Royal Charter, the objective of the British Psychological Society is "to promote the advancement and diffusion of the knowledge of psychology pure and applied and especially to promote the efficiency and usefulness of members by setting up a high standard of professional education and knowledge". We are committed to providing and disseminating evidence-based expertise and advice, engaging with policy and decision makers, and promoting the highest standards in learning and teaching, professional practice and research.

The British Psychological Society is an examining body granting certificates and diplomas in specialist areas of professional applied psychology.

Publication and Queries

We are content for our response, as well as our name and address, to be made public. We are also content for the Committee to contact us in the future in relation to this inquiry.

Please direct all queries to:-

Joe Liardet, Policy Administrator (Consultations)
The British Psychological Society, 48 Princess Road East, Leicester, LE1 7DR
Email: consult@bps.org.uk Tel: 0116 252 9936

About this Response

The response was led on behalf of the Society by Elin Llyr and Harry Thompson (Deryn Public Affairs Agency) with contributions from Dr Elizabeth Gregory CPsychol, Division of Clinical Psychology and Chair of Early Help and Enhanced Support (Together 4 Children and Young People Programme)

British Psychological Society response to the Children, Young People and Education Committee

Scrutiny of Covid-19 and its impact on children and young people (including students in further and higher education)

The Committee is keen to consider the impact of Covid-19, and measures adopted to manage the pandemic, on the following areas, and any other areas within our remit you wish to draw to our attention —

- The physical and mental health of children and young people.
- Vulnerable and disadvantaged children (including pupils with special educational needs and disabilities, children in need, looked after children and children eligible for free school meals).
- Children’s services, including social care and safeguarding.
- Early childhood education and care, including impact on the childcare market and childhood development.
- Statutory school education, including arrangements for remote learning, continuity of learning, the impact on educational outcomes and the implementation of the critical workers policy.
- Exams and qualifications (including vocational qualifications).
- Higher and further education, including the financial sustainability of the sector, the effect of changes to courses, student accommodation and other student services, and the impact of this on students’ legal rights.
- Student financial support including the impact on students who have lost their part-time employment.
- Youth work.
- Support available for the workforce, including (but not limited to) health, social care, education, children’s services, and youth workers.
- Parents and carers.
- Children’s rights.

Comments:

Overview

The British Psychological Society believes that the outbreak of Covid-19 will have a significant impact on our children and young people, and we must recognise that the implications for children, families, and their communities, particularly those experiencing deprivation, will be seen for years to come. The crisis is affecting many young people in ways that will risk long-term consequences for their mental health.

Many others – including those who have experienced bereavement, abuse or domestic violence – are also likely to require additional support. The fear of becoming ill or seeing a loved one become ill, the loss of routines, the difficulties of social connection, the impact of loneliness, the disruption to education and the challenges of living in difficult or dangerous situations are creating additional

pressure for young people across the country. Young people who belong to groups that are already marginalised or disadvantaged may be particularly at risk.

Education

The Society welcomes the Welsh Government's announcement on the 18th May of additional funding to support children under 11 years old, focusing upon their mental and emotional wellbeing. Additionally, the extra support for the mental health and well-being of the school workforce is also most welcome.

The Society advocates whole school approaches to address mental health and emotional wellbeing. We have issued guidance for [children, parents, carers and the wider public](#) on steps to protect their psychological wellbeing during and after the coronavirus outbreak.

School staff will have a crucial role to play to ensure that the physical, cognitive and emotional needs of children are appropriately supported. Schools will need to create a learning environment that helps the whole school community understand the many factors affecting their future mental health and wellbeing.

- **We recommend that the Welsh Government prioritises children's social, emotional and psychological wellbeing when schools in Wales do reopen.**
- **We call on the Welsh Government to deliver a wellbeing support package for schools, enabling them to prioritise wellbeing now and over the next academic year, and providing guidance and resources on how to manage transitions when it is safe for students to return to school.**
- **We call for a comprehensive plan to attend to children's mental health needs, including the needs of under-fives.**

School staff will have a crucial role to play to ensure that the physical, cognitive and emotional needs of children are appropriately supported. Schools will need to create a learning environment that helps the whole school community understand the many factors affecting their future mental health and wellbeing.

E-Learning

The Society believes that the need for an overarching approach to help support those most in need has never been starker – especially for those children and young people living in poverty. Although many schools are providing online learning, there will be many children without access to laptops and key resources such as internet connections – and this could lead to stigma and discrimination. The Society welcomes Welsh Government's recently launched "Stay Safe. Stay Learning" programme that aims to ensure that no child or family is left behind in this crisis.

- **As part of the Child Poverty Strategy, we call on the Welsh Government to ensure that it does everything in its power to make resources available to help those children and families most in need through – in particular through these difficult times.**

Wellbeing

The Society notes that Covid-19 is making many children feel unsafe and unsettled, and we believe that it's vital to talk openly to children about what is happening. The Society has published [advice](#) for health professionals, educational professionals, parents and early year's providers on talking to children about illness in light of the ongoing Covid-19 pandemic.

Many children and young people will be facing a major disruption in their routine, education and social lives – and will need support and encouragement more than ever. The Society believes that interruptions to children and young people's basic needs will have a big impact on their emotions and behaviour. Older children are likely to be more concerned with social, moral and emotional aspects of

the pandemic – which could lead to more distress and sadness than in younger children. The Society has published [guidance](#) for parents to help them navigate the emotional effects of the pandemic.

The Society notes that some families will be finding life easier under lockdown. For some children and young people, the lockdown has removed the large areas of difficulties – particularly for those who struggle in a school environment due to bullying or other challenges.

- **We call on the Welsh Government to take this opportunity to re-think ways of learning following this pandemic as part of its implementation of the new curriculum in schools across Wales.**

Online Therapy

As a result of the current pandemic, there has been a significant increase in the use of video platforms for clinical work, particularly with young people. For many clinicians, this is a new way of working and although it's a positive development, there are practical considerations, especially when communicating with children and young people affected by trauma or abuse. The Society has published a [resource paper](#) outlining considerations for psychologists working with children and young people using online video platforms.

Child Psychology Referrals

It is important to note that there has also been a reduction in child psychology referral rates due to the pandemic, as many of the usual referral routes and services have stopped. There is a struggle to reach those children and young people in need, and psychologists are having to think and work more creatively to make sure those children are not left behind.

While mental health professionals deserve enormous credit for responding to the challenges the pandemic brings, many children and young people who were receiving some form of mental health treatment before the crisis are now receiving reduced support or no support at all. Other young people who would not previously have met the threshold for mental health support are likely to require it. Without preventative action, their needs are likely to escalate.

With the restrictions on access to schools, universities and primary care, there is often uncertainty or reticence about how and when to access mental health support. In many cases, young people have also lost the coping mechanisms that could help them to manage their mental health. When it is safe for restrictions to change, there needs to be a clear plan about how to grow and develop services, how to enable social re-integration and how to support groups who are disproportionately affected by the crisis.

- **We call on the Welsh Government to launch a national campaign to reach children and young people, and their families across Wales, to promote positive approaches for maintaining mental wellbeing, working alongside the voluntary sector to do so.**

Post-Covid Recovery Plan

We recognise the scale of the challenge that we're all facing, but by taking bold action now, we can reduce the impact of the pandemic and give hope to thousands of children and young people across the country.

- **We would urge the Welsh Government to consider our role in how psychological evidence and expertise will be a vital part of Wales' post-covid recovery plan.**
- **We call for a strategy for young people's mental health, taking a 'young people's wellbeing in all policies' approach to future policy-making and addressing inequalities that can contribute towards worse mental health.**

End.

Agenda Item 9.1

CYPE(5)-15-20 – Paper to note 1

Additional information from NSPCC following the meeting on 18 May

Provide a note about the trends/ data regarding the increases in our helpline contacts

1. Our adult HL has seen a change in calls after lockdown, compared to before lockdown:

Concerns about emotional abuse of children increased from 10-15% (50%incr)

Parental/ adult health/ behaviours has increased from 19-24%

Physical abuse from 12-14%

Family relationship problems from 5-7% (pre-lockdown this was not in top 5)

2. Childline is a service children turn to of their own volition, where we are really hearing children's voices. There has been a weekly increase in counselling sessions delivered in the first 5 weeks of lockdown.

The proportion of counselling sessions about MH, suicidal thoughts and feelings and family relationships has all increased significantly since lockdown.

There has been a significant increase in counselling about abuse compared to before lockdown.

Counselling for physical and emotional abuse has significantly increased, whereas counselling for sexual abuse has decreased.

Julie Morgan MS, Deputy Minister for Health and Social Services

Dyddiad | Date: 27 May 2020

Pwnc | Subject: **Impact of Covid-19 on vulnerable children**

Dear Julie,

You will be aware from our [letter to the Welsh Government dated 12 May](#) that the impact of Covid-19 on vulnerable children is a priority area of scrutiny for us.

On 18 May we took evidence from representatives of the NSPCC, Barnardo's, the Heads of Children's Services in Wales and the National Independent Safeguarding Board. During the meeting, the Chair of the All Wales Heads of Children's Services Group (AWHOCS) explained that local authorities have been collecting and submitting data to the Welsh Government to "summarise the situation within the local authorities". The AWHOCS Chair went on to explain that the data:

"looks at our ability to operate within the current arrangements, the number of referrals, the number of safeguarding referrals, the number of looked-after children, the number of children on the child protection register, the number of placements affected because of COVID-19, and then there are also questions about the cohort after care, and how many of those young people have difficult experiences financially or experiences that lead to homelessness."

CYPE Committee, [Record of Proceedings \[para 230\]](#), 18 May 2020

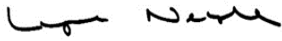
The Committee requests ongoing access to this data to inform its scrutiny of the measures being taken to manage the impact of Covid-19 on our most vulnerable children.

During the meeting, witnesses also referred to the importance of considering the impact of Covid-19 on children not previously considered vulnerable but who may have become vulnerable (or will become vulnerable) due to the current pandemic. This has also been a concern raised consistently by the Committee. **As such, the Committee would be particularly grateful if your response to our letter of 12 May could give specific details on the steps you are taking ensure that children who may not be known to services but are vulnerable/could become vulnerable are provided with information on how to access support.**

I have copied this letter to the Minister for Education given the impact that steps to care for vulnerable children has on the work underway to support our children and young people's education and wellbeing.



Kind regards,



Lynne Neagle MS
Chair

Cc. Kirsty Williams MS, Minister for Education

Croesewir gohebiaeth yn Gymraeg neu Saesneg | We welcome correspondence in Welsh or English.



Senedd Cymru
Y Pwyllgor Cyllid

—
Welsh Parliament
Finance Committee

Chair, Children, Young People and Education
Committee
Chair, Climate Change, Environment and Rural Affairs
Committee
Chair, Culture, Welsh Language and Communications
Committee

1 June 2000

Finance Committee: Engagement and Plenary Debate on the Welsh Government's Spending Priorities 2021-22

Dear Committee Chairs

At our meeting on 21 May 2020, the Finance Committee considered its programme of engagement for the forthcoming Welsh Government draft budget and I am writing to all Chairs of subject committees to share our thinking.

As you will appreciate, in light of current social restrictions due to Covid-19, we are unable to undertake a stakeholder event as we have done in previous years. This is very disappointing as it offers a valuable opportunity to hear from our key stakeholder about their priority areas for the Welsh Government spending prior to the draft budget being laid.

Instead, this year we will undertake online initiatives using Twitter to encourage stakeholders and the general public to put forward their views on spending priorities. I would appreciate your assistance in promoting our online questions/polls via your own communication tools to encourage and engage with a wider audiences. This will assist the Finance Committee to contribute to delivering the most coherent and effective scrutiny of the Government's spending plans during these unprecedented circumstances. We will share the outcome of this engagement with your Committee's to assist with your scrutiny of the draft budget.



Senedd Cymru
Bae Caerdydd, Caerdydd, CF99 1SN

 SeneddCyllid@senedd.cymru

 0300 200 6565

Welsh Parliament
Cardiff Bay, Cardiff, CF99 1SN

 SeneddFinance@senedd.wales

 0300 200 6565

The Business Committee has agreed to schedule a Finance Committee proposed debate during the last week of the summer term on the Welsh Government's spending priorities. We hope the information gathered from our online engagement can be used to inform the debate and holding it prior to summer recess provides a sufficient timeframe for the Welsh Government to take into account the views of the Senedd when formulating its draft budget. Covid-19 will have an impact on public spending for years to come and we believe that holding this debate is vital to ensure the Senedd sets out how it believes the Welsh Government should focus spending over the next financial year. We hope you and Members of your Committees will take the opportunity to contribute to this important debate.

Following the debate, I will write to you again setting out the Finance Committee's budget focus, consultation details and our timetable for budget scrutiny.

If you have any questions about any aspect of the draft budget process, please feel free to contact me or the Clerk to the Finance Committee, Bethan Davies, 0300 200 6372, seneddfinance@senedd.wales

Yours sincerely



Llyr Gruffydd AM
Chair of the Finance Committee

Croesewir gohebiaeth yn Gymraeg neu Saesneg.

We welcome correspondence in Welsh or English.



Agenda Item 9.4

Kirsty Williams AS/MS
Y Gweinidog Addysg
Minister for Education

Ein cyf/Our ref: MA/KW/1709/20



Llywodraeth Cymru
Welsh Government

Lynne Neagle AM
Chair
Children, Young People and Education Committee
Senedd Cymru

4 June 2020

Dear Lynne,

Thank you for your letter of 12 May requesting further information on actions Welsh Government have taken to date to manage the impact of Covid-19 on children and young people. I note that the Deputy Minister for Health and Social Services is writing to you regarding matters within her portfolio, so I am addressing the education elements within my response although I understand that many areas are linked.

I am aware that the circumstances we find ourselves in are difficult for all, but I am concerned that it is especially challenging for our most vulnerable and disadvantaged learners. I am committed to doing everything possible to support learners, parents and carers during this difficult time.

The message during the early part of our response to this pandemic was to minimise the spread of the virus and if it was possible for children and young people to be at home, then they should be. As part of the response, education settings were asked to continue to provide care for a limited number of children and young people - those who are vulnerable (which may include those with a statement of special educational needs (SEN)), and those whose parents or carers are critical to the coronavirus response. It was, and remains, important to ensure all education settings are safe places for children and young people.

We continue to ask local authorities to consider the needs of all children and young people with a statement of SEN and to undertake a risk assessment which accounts for parents/carers views and, where appropriate, takes a multi-agency approach. The risk assessment should focus on determining whether children and young people with a statement of SEN will be able to have their needs met at home with support provided remotely, and whether they would be safer at home than at an education setting. We are developing guidance on risk assessments in consultation with key stakeholders and hope to publish this shortly.

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

Bae Caerdydd • Cardiff Bay
Caerdydd • Cardiff
CF99 1SN

Gohebiaeth.Kirsty.Williams@llyw.cymru
Correspondence.Kirsty.Williams@gov.wales

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

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

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Safety is a primary concern in those schools and childcare settings that are open. However, some learners with additional learning needs (ALN) have a physical disability or underlying medical conditions which may mean the safest place for them is at home. Provision to support the health and social care needs of all learners, whether they are in school or at home, will continue to be based on assessment of need. Alternative ways of providing this support, such as virtual contacts, are being encouraged, and resources to support this are being developed across Wales.

With regards to the Coronavirus Act 2020, we have been considering which, if any, of the statutory provisions relating directly or indirectly to education and the responsibilities of local authorities, schools and governing bodies, might need to be temporarily modified in light of the impacts caused by the virus.

I am working to establish the most appropriate way of modifying these duties, particularly around statutory timescales set out under Part 4 of the Education Act 1996 and the Education (Special Education Needs) Regulations (Wales) Regulations 2002. These modifications will be made as soon as possible, either by way of notice, or through regulations to amend the current duties and/or timescales. Alongside the publication of notices we will issue guidance to accompany and explain the changes. This will outline what they mean for both local authorities and their partners; learners, their parents and the professionals who support them.

My officials have also been working with local authorities and education providers to understand the impact coronavirus is having on their ability to meet their statutory duties.

Providers are facing significant difficulties in meeting the needs of pupils with SEN, particularly in relation to arranging provision specified in a statement and a number of the statutory timescales, such as annual reviews. I am equally aware of the needs of this vulnerable group of learners and the importance of continued education and support.

As such, my officials are working with a targeted group of stakeholders. This includes children's rights organisations, the Children's Commissioner and relevant third sector organisations. Our purpose is to understand the impact of the existing changes, such as the repurposing of schools, and to assess the likely impact any potential future changes to the statutory duties relating to SEN may have on learners and their families.

We are working to find the right balance to account for the concerns of local authorities and their partners; whilst balancing these against the needs and rights of this vulnerable group of learners. We do not intend to disapply any of the duties relating to SEN; but are considering modifying some of the duties to one of 'reasonable endeavours' rather than an absolute duty. Any changes will be supported by guidance which will set out what Welsh Government expects of providers; and what learners and their families can expect.

The intention is that the modifications will provide more flexibility and allow other support or services to be provided, which may not be as set out in a statement, but may go some way to helping to continue to support learners with SEN.

The impact of any modifications we make will continue to be monitored, using the engagement with providers and the stakeholders mentioned above. The route for complaints and the ability to appeal to the Special Education Needs Tribunal for Wales will remain.

While schools remain open for the children of critical workers and vulnerable children, and continue to support the education and learning of pupils remotely, the day to day provision of education is now very different, and we need to recognise that. There are also a range of administrative matters which it is more challenging for local authorities and schools to undertake at this time.

Following discussions with local authorities we have identified some areas where we feel we will need to temporarily modify or disapply certain requirements and I have provided details of these with this letter (see Annex 1). We are also considering the arrangements that will be needed, including any further legislative changes, to support the increased operations of schools.

In the more medium term, I will also be exploring how a transition to the new curriculum might be facilitated by removing some of the more prescriptive or administrative requirements on schools and governing bodies, to provide space for practitioners to develop their new curriculum. The greater focus on health and well-being this will enable will be of particular importance in supporting learners and practitioners through this period of disruption.

I understand the Minister for Health and Social Services gave a commitment to keep the Senedd informed of all such notices issued under the Act, and we will make sure the Committee is informed as and when these powers are used.

During this period where educational settings are only open to a limited number of learners, our aim is to minimise the impact on learning, learners' progress and wellbeing. Our Continuity of Learning Plan, 'Stay Safe, Stay Learning' will support schools and teachers in guiding the ongoing learning for all children and young people, including those with additional learning needs (ALN). Ensuring all learners are "included" is one of four key cross-cutting priorities that apply to all aspects of our Continuity of Learning Plan and aims to ensure all deliverables within the plan have a clear focus on equity and inclusion.

To support all those children and young people learning at home, schools and colleges are making a considerable amount of educational resources available online. This includes resources for learners with ALN. There are a range of digital tools and approaches available across the education system to help ensure continuity of learning for children and young people. This includes resources available through Wales' learning platform, Hwb.

As part of 'Stay Safe, Stay Learning' we are mobilising support for digitally excluded learners in maintained schools. Where there is no current provision in place from their school or local authority we have established a technical solution which enables local authorities/schools to repurpose existing devices from within schools.

Where required, local authorities also have access to a centrally procured service to provide digitally excluded learners with mobile connectivity (MiFi). All costs associated with the licenses for the repurposed devices and the MiFi costs will be met for the duration of school closures from the local authorities' allocation of the Hwb EdTech Capital fund. As part of the Hwb EdTech funding, local authorities will also have the option of replacing these devices with new devices from their funding allocation.

I am also very aware that the phased return to full time, school-based learning will be crucial for our vulnerable and disadvantaged learners – first in terms of their wellbeing, then in terms of their learning. We are already working with our partners and with experts in the field to consider our approach during this phase.

By taking an inclusive and equitable approach across the deliverables of the Continuity of Learning Plan – whether in terms of tackling digital exclusion, learning resources, guidance for parents or guidance on health and wellbeing – I am aiming to ensure the best possible support is available for all learners, both in the immediate term and when we move into the phased return to full time school-based learning.

With regards to provision for those who are educated otherwise than at school (EOTAS), I can confirm that EOTAS learners have been identified as a particular group for consideration within our Continuity of Learning Plan.

We will soon be publishing a guide for parents of EOTAS pupils and pupils with ALN to provide information designed to help parents of these pupils to Stay Safe, Stay Learning. The guide will provide links to resources and to organisations which can support EOTAS pupils, pupils with ALN and their parents.

As part of Stay Safe, Stay Learning, arrangements are being made for local authorities to undertake a survey relating to the continuity of learning and wellbeing of vulnerable and disadvantaged children and young people – including EOTAS pupils. The survey will provide information about vulnerable and disadvantaged pupils, including arrangements that are being put in place to support their learning and their wellbeing. The information we get back will inform our next steps in ensuring continuity of learning, both during this distance learning phase and when educational settings begin to increase their operation.

All education providers should have put arrangements in place to ensure pupils can continue to learn and generally, these arrangements will include online learning or packs of work being delivered to pupils.

I have received assurances from local authorities that they have risk assessed all children supported by a social worker to identify children who will most benefit from having a safe space. I have also said to local authorities they can offer places to pupils who they think are vulnerable because their education provider or family support officer has let them know about this.

Many EOTAS children may be vulnerable and can face risks. The safety and well-being of all our learners is of paramount importance during these challenging times, wherever their learning takes place. We have developed the definition of vulnerable children which is published on the Welsh Government website, and our view is that children living with most risk would benefit from time away from their home environment in a safe place.

This includes a safe place for pupils who are supported by a social worker, and pupils who have a statement of special educational needs.

With regard to support for higher education, Welsh Government provides the most generous student support package in the UK. We have maintained this support, in upfront grants and loans, during this period. Welsh Ministers are under a legal duty to determine the location of full-time undergraduate students and support is paid according to location, as this reflects the expected cost of living.

Full-time undergraduate students who are 'living at home' are entitled to less maintenance support than those 'living away from home, studying elsewhere' or 'living away from home, studying in London'. The amount of grant a student is entitled to increases as household income decreases. There is no proposal to change this policy. Welsh Government

recognises that students will wish to be certain about their location for the coming academic year, so avoiding unnecessary accommodation contracts, and will look to universities in Wales to provide that clarity.

Support for part-time undergraduate students and for postgraduate students does not vary by location.

Universities in Wales responded rapidly to the emerging threat of Covid-19 by moving provision online, and many students returned home. Regulated institutions are responsible for ensuring that provision is of an acceptable quality. Students have recourse to their University and the Office of the Independent Adjudicator if they are not satisfied.

Accommodation contracts are made between accommodation provider and student, and Welsh Government has issued guidance for private sector tenants in light of Covid-19. We have not undertaken analysis of any impact on students' legal rights.

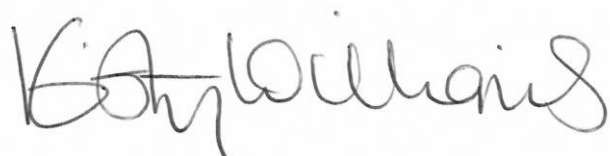
We are currently working closely with HEFCW to explore options for any possible additional financial support that Welsh Government may be able to provide to help stabilise the sector ahead of the next academic year. However, it is clear that scale of the financial support required to maintain stability in the university sector goes beyond what is available within devolved government budgets, and we remain committed to working with all governments of the UK and HM Treasury on a more comprehensive settlement.

I am also working with Ministers from the four nations on a Research and Innovation task force to address the impact of Covid-19 on the research base.

You will be aware that discussions on resource commitments for the 2020-21 financial year are still ongoing. I have provided an indicative annual grant to HEFCW of almost £172m which is an increase on last year's allocation. As my funding letter makes clear, with the need to focus efforts and the Government's limited resources on our response to the outbreak, I have been unable to issue my usual remit letter at this time.

My priority during this period has always been the safety and wellbeing of all our learners, and staff in educational settings. This will continue to be the case as we look to the future. I am grateful for the support of our partners, and the Committee during this very challenging time.

Yours Sincerely

A handwritten signature in black ink, appearing to read 'Kirsty Williams'.

Kirsty Williams AS/MS
Y Gweinidog Addysg
Minister for Education

Coronavirus Act 2020 – Potential areas for Notices under Schedule 17

Area	Proposed Alteration
Definition of pupil - Section 3 of the Education Act 1996	Modify definition so that: <i>'A person is not for the purposes of the Education Act 1996 to be treated as a pupil at a school merely because any education is provided for that person at the school on a temporary basis for reasons relating to the incidence or transmission of coronavirus.'</i>
Section 108 of the Education Act 2002 – specifically The Education (National Curriculum) (Assessment Arrangements for Reading & Numeracy) (Wales) Order 2013 and The Education (National Curriculum) (Assessment Arrangements for Reading and Numeracy) (Wales) (Amendment) Order 2018	Modification to a reasonable endeavours basis. To note we are currently working through broader implications of requirements imposed under section 101 and 108 of the Act.
School Standards and Framework Act 1998 Section 70 (requirements relating to collective worship)	Modification to a reasonable endeavours basis.
The Government of Maintained Schools (Wales) Regulations 2005 – provision 45	Modification to a reasonable endeavours basis.
Headteachers' reports to parents and adult pupils (Wales) Regulations 2011	Modification to a reasonable endeavours basis. With the exception of regulation 5 which needs to remain as an absolute duty so that learners are not disadvantaged,
The School Information (Wales) Regulations 2011	Modification to a reasonable endeavours basis.
The School Performance Information (Wales) Regulations 2011	Disapplication
The School Performance and Absence targets (Wales) Regulations 2011	Disapply for the 2019-20 academic year, we believe regulations may be more appropriate to temporarily suspend these requirements for the 2020-21 academic year as we do not wish targets to be set on the basis of estimated grades
The School Governors' Annual Reports (Wales) Regulations 2011	Modification to a reasonable endeavours basis.

School Organisation Code made under section 38 of the School Standards and Organisation (Wales) Act 2013	Disapplication being considered
The Welsh in Education Strategic Plans (Wales) Regulations 2019	Amendment to extend the date by which a LA Plan must be submitted to WM
School Funding (Wales) Regulations 2010	Modification to reasonable endeavours basis to the requirement for Local authorities to provide schools with their individual school budget for the forthcoming financial year
Education (Induction Arrangements for School Teachers) (Wales) 2015	Amendment to the requirements around induction periods to reflect school closures may prevent NQTs from meeting these
The Education notification of school term dates (Wales) Regulations Act 2014	Make a one-off amendment to temporarily extend the deadline of 31 August 2020 in which LAs must notify WM of term dates they propose to set for 2022/23 to end Dec.
The Education (Admission Appeals Arrangements) (Wales) Regulations 2005	Amendments to disapply certain requirements and modify others

Document is Restricted