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Deputy Minister for Mental Health & Wellbeing



Llywodraeth Cymru
Welsh Government

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

7 February 2024

Dear Jayne

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

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

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

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

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

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

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

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

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

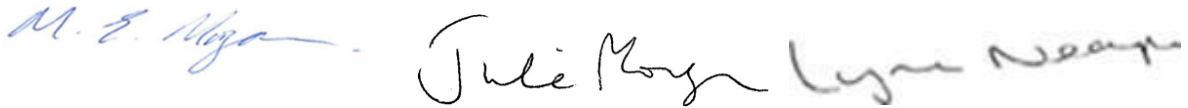
The whole system approach includes evaluation about the number of accessible opportunities available for young children and their families to be active or learn about a healthy diet within the wider community. It also includes in-depth interviews and network analysis to evaluate alignment and collaboration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

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

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

We hope this information is useful.

Yours sincerely



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Health and Social Care Regional Integration Fund

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

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

- The additional outreach resource and case formulation time will allow planned approaches to working with fathers as a strength within a family system.

Improved Pre-Birth Pathway

- Providing support to mums (and dads) during early pregnancy where there are social care concerns regarding potential parenting.

Improved packages of intervention

- Supporting children and young people safely remaining within their family and supporting reunification.

Gwent £1,474,163

Children's Emotional Health & Development

Several projects:

- Focus on a partnership-based, relationship-oriented strategy.
- Emphasises collaboration across multiple agencies, including local authorities, health boards, and educational institutions.
- Aims to strengthen family bonds and prevent unnecessary placement disruptions for care-experienced children.
- Addressing gaps in mental health services, particularly for individuals falling into the "missing middle".

The Therapeutic Support for Care Experienced Children project

- To address complex mental health needs, facilitate transitions to community-based care, and provide individualised support. This project incorporates therapeutic interventions, such as Dialectical Behavioural Therapy (DBT), to enhance emotional well-being.

Enhanced Edge of Care (EEOC) project

- Focuses on preventive measures and early interventions to address challenges faced by families especially those at risk of breakdown.

Skills 4 Living

- Highlights a relationship-based, partnership approach that actively involves care experienced young people in shaping the project.
- Emphasis on therapeutic support and tailored interventions.

MYST (My Support Team) project

- Provides therapeutic support including Dialectical Behavioural Therapy (DBT) to enhance emotional skills and confidence.

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

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

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

West Wales £1,510,829

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

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

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

Example 1

Region: **North Wales**

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

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

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

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

What is being done differently?

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

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

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

Example 2

Region: **West Wales**

Project: **Edge of Care Service**

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

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

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

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

What is being done differently?

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

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

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

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

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

Joint Ministerial Oversight and Delivery Board

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

Microsoft Teams

Present

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

Apologies:

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

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

Minutes:

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

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

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

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

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

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

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

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

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

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

Actions:

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

Joint Ministerial Oversight and Delivery Board

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

Microsoft Teams

Present

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

Apologies:

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

Minutes:

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

ratings changed as necessary, alongside milestones as they are delivered, and new ones developed.

JP noted that in relation to the work of the Stakeholder Reference Group, we will now be looking to add a new commitment around the development of a strategy for monitoring and evaluating our whole school approach activity. This will look to pull together all the various strands of activity, both work going on locally within schools, regionally within local authorities and consortia and nationally at the strategic level, which will build on our previously published evaluability assessment.

In relation to the current work, information provided in the overview demonstrates that activity is on course, with all except six of the milestones and deliverables being rated green. Of the six that aren't rated green, which are instead rated amber, four of them relate to the Stakeholder Reference Group. The first two relate to the governance of the group, specifically agreeing membership and clarity on links with other workstreams. So, these are short term low risk, which should be resolved in time for the next meeting.

The last two amber items related to the development of resources and also access to those resources on the Hwb for professionals who currently only have limited access to the platform. This will require ongoing discussions for this to progress. In relation to the development of resources, that will also be impacted by future budgetary decisions. In relation to the next amber item which sits within the Cross Government Group, this relates to the need for more tailored resources to be developed for specific groups of learners, such as BAME and learners who are in hospital long term, who may need more support than the generic resources that we have developed so far. This will require us to identify some additional capacity and resource to take that forward, meaning this could be a longer-term amber action. The final amber action relates our National Youth Stakeholder Group and in particular the work on children and young people's views and awareness of the whole school approach. This is an ongoing piece of work which has been rated as amber due to the churning membership of the group, and this will need to be managed by Children in Wales on our behalf. JP welcomed any comments and questions.

JB	Julie Bishop wanted to reflect on what's been said about challenge and the role of the O&DB in challenge. JB said she wasn't certain where the milestones came from and whether they are in themselves sufficiently ambitious and clear in terms of moving the program forward. JB suggested that, with the role of this group in mind, it would be beneficial to make sure that members are clear about the milestones for each workstream, enabling us to assess where they can be challenged and stretched.
MEWL	MEWL acknowledged JB's point and noted that RAG rating has its place but if it's not measuring and capturing stretching targets, then we're left with only a partial picture.
DMMHW	DMMHW reflected on what JP raised with regards to young people's input into the whole school approach and noted that it is a concern if the voice of young people doesn't feed into the work that we're doing. On the DMMHW's Healthy Weight, Healthy Wales delivery board, there are two members of the Welsh Youth Parliament. DMMHW acknowledged that it can be challenging involving young people during the day because they've got commitments but suggested that it would be worth trying. The Welsh Youth Parliament are very good at providing challenge, so having young voices incorporated would be advantageous.
MEWL	MEWL agreed.
GB	Gemma Burns reiterated the importance of young people's voices, and wondered about the opportunity to tie that in with the work that happens around the whole school approach framework, paying attention to what the voices of young people are within their contexts. This will ensure the work done around the whole school approach is meaningful and concrete for them, and centres on their lived experience of everyday life. One of the things the framework offers is the opportunity to really think with young people within their school contexts around what works, what the impact is for them and how it is impacting on their wellbeing.
MEWL	MEWL acknowledged and invited David Williams into the discussion.
DW	David Williams maintained that it is important to have strategy and challenge at this top end, however, the services we're delivering on the ground should be using the voice of young people in that as well. If we're going to have an action plan, we must be clear about the authority they wish to give it. Those people making those decisions on the ground to deliver the services you want to see need to make sure they are getting the right information to enable them to change and adapt, and one of those key things is listening to young people. It is great that we've got a national view, but we

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Actions:

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

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