

# Inquiry into the emotional and mental health of children and young people – summary of visits

November 2017

We launched our inquiry into the emotional and mental health of children and young people in Wales in summer 2017. To frame our scrutiny of the services and support available to children and young people, we split into two groups to undertake visits in north and south Wales on 28 September 2017. This paper provides a written summary of the information shared with us during those visits.

## Where did we visit?

In north Wales we visited **Ysgol Pen y Bryn** in Colwyn Bay, a primary school that has been teaching mindfulness for the last seven years to improve the emotional wellbeing and resilience of its pupils. We also visited the **Nant y Bryniau Education Centre** within the **North Wales Adolescent Service (NWAS) Unit** in Abergele. NWAS provides residential intensive treatment for young people who has severe and complex mental health issues. Nant y Bryniau provides education and support for those admitted to NWAS and those receiving specialist support in the community.

In south Wales we visited **Hillside Secure Children's Home** in Neath. Hillside is the only secure children's home in Wales, providing accommodation for young people aged 12 to 17 years. We also visited **Tŷ Llidiard** in Bridgend which has 15 beds to care for young people from across mid, south and west



Wales who require specialist mental health support.

### Why did we arrange visits?

The visits were arranged to enable us to speak directly with children and young people, teachers and health practitioners. We also wanted to ensure that the views and experiences of those directly affected by policy in this field could help inform our questioning of witnesses later in the scrutiny process and shape the conclusions we will draw and recommendations we will make to the Welsh Government.

### Why did we choose the locations we chose?

As it would be difficult to ask primary school pupils (due to their young age) and those requiring specialist support (due to the extent of their support needs) to provide evidence in a formal setting or in writing, visiting the locations selected (a primary school and three specialist services) enabled us to gather evidence about areas we may otherwise have struggled to reach.

We would like to thank all those who enabled these visits to take place, but particularly those children and young people who shared their views and experiences so willingly and openly with us.

### Ysgol Pen y Bryn, Colwyn Bay

We had the opportunity to meet with staff and pupils at the primary school, including the head teacher and a school governor. The purpose of the visit was to observe and discuss Ysgol Pen y Bryn's approach to emotional and mental wellbeing, particularly its work on mindfulness.

#### Developing emotional intelligence and healthy coping mechanisms

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Ysgol Pen y Bryn is committed to developing the emotional intelligence and healthy coping mechanisms of its pupils aged 3 -11. One of the approaches it uses to do this is mindfulness.

Mindfulness is used to develop an ability to pay deliberate attention to experiences from moment to moment. Its aim is to enable someone to tune in to what is going on in their mind and body, day to day, without judging that experience. According to the Mental Health Foundation, mindfulness can enable people to change the way they think and feel about their experiences, especially stressful experiences, and it can increase an individual's ability to manage difficult situations and make wise choices.<sup>1</sup>

Mindfulness-based approaches are typically taught through meditation skills which include bringing attention to the breath and the body when still and when moving.<sup>2</sup> A growing body of evidence has found that when people intentionally practise mindfulness on a regular basis they feel less stressed, anxious and depressed,<sup>3</sup> and live with greater wellbeing, mental clarity and care for themselves and others.<sup>4</sup>

#### Mindfulness in a school setting

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Ysgol Pen y Bryn became involved in mindfulness in 2010. Teachers developed their own practise before teaching the children. In 2011, two of the teachers along with an experienced mindfulness teacher and a neuroscientist started to develop, in collaboration with the **Mindfulness in Schools Project**, a mindfulness curriculum for key stage 2 (ages 7 – 11) called 'Paws B'. Ysgol Pen y Bryn teachers became trainers in the curriculum and have subsequently trained hundreds of teachers from around the world.

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<sup>1</sup> Mental Health Foundation, **Be Mindful**, accessed October 2017

<sup>2</sup> UK All Party Parliamentary Group on Mindfulness (October 2015), **Mindful Nation UK**, accessed October 2017

<sup>3</sup> Mental Health Foundation, **Be Mindful**, accessed October 2017

<sup>4</sup> UK All Party Parliamentary Group on Mindfulness (October 2015), **Mindful Nation UK**, accessed October 2017

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The curriculum introduces children to daily practices and shows children how mindfulness can be useful in their lives. It also explains what different parts of the brain do and how mindfulness can be beneficial to the development of the brain. Research undertaken on the '*Paws B*' curriculum show children have improved concentration, self-regulation and appropriate choices. Additionally, research has indicated improved wellbeing for the teachers teaching mindfulness.

Subsequently, the team that created '*Paws B*' developed a further curriculum - '*The Present*' - for ages 4 -11. This provides further practices, neuroscience and mindful activities across the curriculum. Research is underway currently to assess its impact.

It was emphasised that while mindfulness is practised throughout the school, it is a matter of choice and children do not have to practise it if they do not wish. It was also emphasised that mindfulness forms only one part of the school's wider approach and commitment to the pupils' emotional wellbeing and mental health.

### Examples of teaching mindfulness

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During our visit we observed and participated in mindfulness lessons with year 6, year 3 and year 2 classes. Exercises were tailored to each age group.

**Year 2 (ages 6-7):** On arrival year 2 pupils were busy playing on the school yard. The teacher employed mindfulness techniques to promote calm on their return to the classroom. Asking pupils to sit on the carpet at the front of the room, the teacher guided the children to "close their eyes" and "focus our minds on being back in the classroom - not in the playground". The subsequent exercises included 'mindful looking' as pupils faced partners, mirroring each other's movement in turn. They also did 'back to back breathing' in pairs which encouraged them to tune in to each other's breathing. Finally, they were invited to speak with their partners to discuss situations in which they may choose to use mindfulness.

**Year 3 (ages 7-8):** Pupils were invited to undertake an exercise with their eyes down or closed, counting how many normal breaths they take in a minute. During the exercise the teacher reminded them if their minds wandered, they could use their breath to return to concentration. At the end of the lesson, in response to the teacher asking "How did you feel?", one pupil said "It lifted my body up". The teacher's narrative was positive and inclusive throughout, encouraging pupils to congratulate themselves

on their mindfulness and reassuring them “there’s no right or wrong answer”.

**Year 6 (ages 10-11):** The teacher gathered the class and asked them to sit. She then asked them to close their eyes or look down and concentrate on feelings in their feet. She encouraged them to imagine putting a “spotlight torch” there, drawing it up to their calves, then knees, then thighs, considering the feeling of their hands being placed on their laps. The teacher commented regularly that it was fine if the young people were losing concentration or if their minds were wandering, asking them to try to bring themselves back if they could. Following the exercise, the teacher led the children in a discussion about the different parts of the brain, linking physical functions with various emotional reactions. Pupils discussed how, where and when they could use mindfulness, recognising which part of the brain would be shaping their behaviour. Pupils were then given a series of case study scenarios, and asked in groups to discuss how mindfulness might help them respond to such situations.

At the end of our visit we were invited to a roundtable discussion with the school’s ‘Mindfulness Ambassadors’. As year 5 and 6 pupils, they have been appointed to work with the teaching staff to develop new techniques and to run a ‘Mindfulness Club’ where they can help other pupils practise their mindfulness. As Ambassadors they also speak with younger year groups and tell them about mindfulness and how it can help.

During a discussion with the headmaster, a school governor and the school’s mindfulness lead, we were told of the importance of underpinning the introduction of mindfulness with the sufficient training and buy in of teachers, and robust analysis of its impact. It was noted that some of the challenges to its introduction included the availability of time and funding for staff training, and the misperception of mindfulness as a religious rather than secular discipline. When asked about the extent to which the school (as a leader in this field) had been involved in discussions about the new curriculum, particularly the wellbeing strand, they noted that they had not been approached for advice by either pioneer schools or Welsh Government. The school’s mindfulness lead was vice chair in the Health and Wellbeing Area of Learning Experience (AoLE) for a short period of time, but this was not specifically related to mindfulness.

### **What did the children at Ysgol Pen y Bryn tell us?**

One pupil explained that their older sister (who was a year 6 Pen Y Bryn pupil at the time) taught them mindfulness when they were in year 2. **“I used to get really nervous all the time, and they said it will help to calm me down and I’ve been doing it ever since”**. The pupil also said that their sister still uses mindfulness in secondary school and they teach their parents to use it.

One pupil said **“I use petal practice (opening and closing your hand in time with your breathing, as if holding a petal in it)’ when I get worried about a test”**.

Others gave examples of when they use mindfulness and its benefits, including:

**“It helps me when I’m worried”**

**“It calms me down- I use it outside school”**

**“Before going to sleep – breathing in and out”**

The youngest children we spoke with – aged 6-7 – told us that they used mindfulness in the following situations:

**“If someone falls and they are angry they can use it”**

**“You can use mindful breathing to calm you down”**

**“In class, when it’s noisy, you can use it to try to concentrate and focus”**

**“If you make a mistake in your work you can do mindful breathing”**

**“If you get told off!”**

### **Nant y Bryniau Education Centre, NWAS, Abergele**

During our visit we had an opportunity to meet with the teacher-in-charge of Nant-y-Bryniau Education Centre and her deputy. We also had an opportunity to meet briefly with members of the multi-disciplinary team within the North Wales Adolescent Service's in-patient unit, and some of the young people being treated and taught on site.

#### **Background - North Wales Adolescent Service Inpatient Unit**

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Young people who have severe and complex mental health issues are admitted to NWAS for a period of residential intensive therapeutic treatment. The NWAS unit was opened in 2009 to provide a seven-day service. It was built with 18 beds (12 on a treatment ward and 6 on an acute ward) and an on-site school (Nant y Bryniau).

The unit provides support for young patients experiencing mental health problems such as severe eating disorders, mood disorders, self-harm issues, suicidality, psychosis and others. Staff explained that, in recent years, the successful establishment in north Wales of the specialist community CAMHS 'Kite' team, and more recently the Specialist Eating Disorder Team, has led to the unit receiving a higher proportion of in-patients whose health needs are more complex or who have been more resistant to treatment and support in the community. Kite also provides 'short admission intensive' treatment as a 'step up'/'step down' to/from - community services and the in-patient unit.

#### **Nant y Bryniau Education Centre**

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During stays at the NWAS unit, young people attend the Nant y Bryniau Education Centre as part of their care. Nant y Bryniau is run by Conwy Local Education Authority on behalf of - and with funding from - all local authorities across north Wales. It is situated in a purpose-built facility adjacent to the NWAS inpatient ward.

As well as providing education and support to the young people who are admitted to NWAS, Nant y Bryniau also works with children from across north Wales who are receiving treatment via the intensive community support 'Kite' team and who are unable- due to a range of severe mental health conditions - to engage with full-time, mainstream education. They access Nant-y-Bryniau either by attending the unit or they are supported in their locality to liaise with their existing school or college.

### **Teaching resource and capacity**

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There are three full time qualified teachers at the Centre, all of whom previously worked in mainstream schools but developed an interest and expertise in teaching young people with mental health issues before joining the unit. To be able to react to fluctuations in the number of patients accessing the school, Nant y Bryniau uses supply teachers regularly. The staff noted that they have drawn on the same small pool of supply teachers for a number of years to ensure that they have fluid access to sufficiently expert and experienced, qualified staff. Staff noted that they felt adequately resourced in terms of qualified teachers, teaching assistants, and administrative support. They highlighted, however, that there was a disparity in provision between north and south Wales, reporting more limited education provision in the Bridgend unit.

### **Links between education and health**

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Staff at Nant y Bryniau told us that they work with those young people who have been admitted to the NWAS unit and their home school or college to provide a personalised learning plan to help pupils stay on track with their education for as long as they are in hospital. Clear efforts are made by the school to provide education in Welsh and/or English, subject to the pupil's preference. Teachers and teaching assistants at Nant y Bryniau work closely with staff in the home school to make sure that the young people are able to work on similar areas to their peers, but in a managed and supported way that takes account of the need to minimise pressure during a very challenging period. They also work with them to plan discharge carefully and integrate/re-integrate to the appropriate education setting in their home area.

Teaching staff also explained that they work closely with each young person's healthcare team in order to be aware of any issues that may affect their ability to work at their best level and keep safe. Teaching staff also attend training alongside their health colleagues

For those over 16 who may have left school, Nant y Bryniau help them find relevant courses, including routes into further and higher education, and vocational training. Support is also provided for transition to adult services by the education and health teams.

For those accessing Nant y Bryniau as a community-based patient, hospital transport – manned by volunteers – brings pupils to the school. Staff



highlighted that while this worked well in most cases, it was more of a challenge for those who live further from the unit due to time and distance.

### Early intervention in schools

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While staff at Nant y Bryniau recognised that specialist 'tier 4' CAMHS services would always be essential for a proportion of children and young people, they highlighted the need for more work on prevention and early intervention in schools. They commented that training on emotional and mental health is needed as part of the process of qualifying as a mainstream teacher, and that continuous professional development ought also to require ongoing training in this area. They stated that the school nurse service does a 'brilliant' job, but is 'very very stretched' in north Wales in their experience.

To deliver improvements in this area, teachers at Nant y Bryniau suggested that each school should have a named 'mental health tsar', explaining that if emotional health and wellbeing was seen as simply an 'add on', it would never be addressed properly. The teachers we met at NWAS noted that, while it was not officially part of their role, they were trying to become increasingly engaged with schools in north Wales, and were keen to be seen as a resource from which mainstream schools could draw expertise. They noted that they had links with national groups such as Units United<sup>5</sup> and the Royal College of Psychiatry Quality network for **inpatient** and **community** CAMHS. An example of good practice mentioned was that of Gwynedd, where the education service had a member of staff from CAMHS currently seconded to them. Nevertheless, despite their expertise, teachers at Nant y Bryniau had not been involved in shaping the new curriculum, particularly the wellbeing strand.

Staff at Nant y Bryniau referred to some examples of successful 'emotional resilience' initiatives, including:

- **Young Minds'** and **Boingboing's** work on **academic resilience**, which has provided a framework for mainstream schools to follow as an approach to early intervention/ preventative work in the field. Their Resilience Framework provides a whole school approach for developing resilience and supporting well-being. It also provides free resources and training materials for schools;

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<sup>5</sup> Units United is a UK wide CAMHS 'tier 4' hospital schools collaborative network

- **MindEd**, described by Nant y Bryniau staff as an ‘excellent resource’ that provides free online training in relation to mental health for schools, parents and health professionals.

### **Inpatient capacity**

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While the NWAS Unit was initially built to house 18 beds, in recent years, only 12 beds have been available. Some staff attributed this to the ‘successful management’ of a higher number of young people in the community via the specialist Kite team. Others noted that it was due to difficulties recruiting and retaining the number of specialist staff needed to maintain the full complement of beds, noting that the increase in the complexity of needs in recent years had dictated the numbers who could be safely admitted. Staff indicated that a range of plans for the closed ward of 6 beds had been – and continued to be – considered, including its use as a day unit

Due to the number and nature of beds available, and current staffing numbers and skills mix, it was acknowledged that some young people from the north with particularly high risk or complexity were being treated outside Wales. Examples were given of young people having to travel from the Llŷn peninsula as far as London and Norwich to access the specialist in-patient care they needed.

### **Geographical ‘reach’**

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It was unclear where exactly the lines of NWAS’ ‘jurisdiction’ were drawn between the north and the south, especially with regards to populations in north Powys and north Ceredigion (since our visit NWAS has confirmed that Ceredigion sits outside its geographical area though there has been occasion for NWAS’ clinical lead to be consulted about a young person in this area due to his expertise). It was also noted that, while all efforts were made to cover the whole of north Wales, geography was a significant disadvantage for some of those young people who lived in areas far from Abergele. Nevertheless, staff noted that in such cases they worked closely with the Kite community team and other relevant services to provide an appropriate level of education support, regardless of location.

### **What did the young people at NWAS tell us?**

While at NWAS we spoke with two teenagers, both of whom had been admitted for inpatient treatment at NWAS and were attending Nant y Bryniau Education Centre.

One of the young people told us that while in secondary school they had been **bullied, particularly via social media and text messages**. They became poorly as a consequence, but did not disclose. Their brother was the first to notice that things were not right. While they spoke with the school counsellor they did not feel it helped, nor did they feel that the counsellor appreciated the seriousness of their case. After visiting the GP the young person was **referred to CAMHS but has to wait a number of months before being seen**. While they reported receiving **good support via the specialist community team**, prior to that they felt that they had **seen too many different people**. When we spoke, the young person had been at NWAS for four months and was receiving treatment for severe anxiety and an eating disorder.

Another young person with whom we spoke had a long history of accessing CAMHS services in England and Wales, and had been engaged in some form for over four years. As a **cross-border patient** the young person referred to their experience of **different waiting times** in England and Wales, and highlighted that the **processes for being referred for support was an issue in border areas**. The young person explained that **initially they had not met the threshold for CAMHS** and that **specialist treatment had only really resulted from a series of crisis episodes** in which the young person had been admitted to hospital as an emergency paediatric inpatient.

### Hillside Secure Children's Home, Neath

During our visit we had the opportunity to meet with several staff at Hillside Secure Children's Home including the management team, the clinical services team, support services and education, as well as with young people to talk about their experiences.

#### Background – secure children's homes

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Hillside secure children's home is the only secure unit in Wales. It provides secure accommodation for young people aged 12 to 17 years. Previously, the unit had predominantly been commissioned to provide Youth Justice Board (YJB) beds (for those on criminal orders) but the balance has changed in recent years and the unit now has 6 Youth Justice Board commissioned beds and 16 Welfare Beds (local authority commissioned beds). The management team explained that the group of young people they now work with can often be more challenging, with children at the unit having the most complex needs, many having experienced severe trauma.

Hillside currently works in partnership with a number of organisations including: WCADA SWITCH, to provide drug and alcohol interventions; Tros Gynnal, to provide advocacy services; Barnardo's/Taith, to provide sex offender therapy; and CAMHS, working with GPs, psychiatrists and psychologists to risk assess for self-harm/ suicide, to undertake mental health, emotional and behavioural assessments, and to deliver interventions, programmes and therapies.

#### Welfare beds

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Secure units are a last resort for local authorities and tend to be used when residential care or specialist foster care arrangements break down. A court order is needed and there are strict referral criteria. Local authorities have commissioning arrangements in place with Hillside and are responsible for meeting the costs, which are around £800 per night to accommodate a young person. The average of length of stay for a young person referred by the local authority is reported to be around 3.5 months. The placement is reviewed regularly and when the young person's social worker is confident that the needs of the young person have been met, they will make arrangements for the court order to be reviewed and will identify a suitable care placement in the community.

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### **Demand/placing Welsh children as close to home as possible**

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The Management team explained that demand for beds at Hillside is extremely high, with reports that the unit could be filled three times over. The unit provides secure accommodation for young people from England and Wales, though it will prioritise Welsh young people where possible. On the day we visited Hillside, six out of the 22 young people were from Wales. If a Welsh young person cannot be accommodated at Hillside, transfer arrangements will be put in place to ensure that young person can be transferred back once a bed becomes available.

### **Care Officers/Attachment**

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We heard how important Care Officers are to the young people at the unit, providing stability and routine on a day-to-day basis. The management team explained that every member of staff at the unit receives training based on the Trauma Recovery Model. The importance of stability and attachment was evident and there was some discussion about the importance of developing attachment services in the community and about the attachment work done at Hillside.

### **CAMHS**

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Hillside funds its own clinical care team comprising a clinical psychologist, assistant psychologist, and community psychiatric nurse. It also has a visiting consultant psychiatrist. We were told that a decision was taken to develop specialist CAMHS provision in-house, in part because of the problems the unit was experiencing in accessing community CAMHS services, particularly long waiting times. We were also told that nearly 90 per cent of the young people at Hillside had previously been referred to CAMHS. We heard that CAMHS cannot act quickly enough to meet the needs of young people and that young people need to be stable in order to access services. It was reported that CAMHS is not geared up to meet the needs of young people in crisis or with chaotic lifestyles, which we were told was illustrated by the “3 strikes and you’re out” rule when young people do not attend appointments.

### **Education**

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We met with the unit’s Education Manager and Head of Cefn Saeson School which provides teaching support. We heard how many of the young people at Hillside had not been to school for up to 2 years. Some of the young people told us that they felt better about themselves and had ambitions for

the future after getting back into education at Hillside, which boosted their self-esteem and confidence.

### Transition planning

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We were told that the importance of transition planning and having portable assessments cannot be overstated. Staff at the unit highlighted the importance of being able to pass on their assessments to the relevant local authority to secure stability for young people when they leave the unit.

Secure units are expensive and there was a feeling among staff at Hillside that often cost is driving local authority decision making with regards to the length of time a young person stays at Hillside. This can lead to repeat admissions or inappropriate care placements in the community. We were told that another barrier is the lack of suitable placements in the community; it was highlighted that once young people have been placed in a secure facility they can often be seen as “naughty children” with placements difficult to find. The unit can challenge local authority decisions, but formal responsibility for care planning rests with the local authority and so the unit’s influence can be limited. We heard that the YJB resettlement pathway works much more effectively than the arrangements in place to support young people on welfare orders.

The staff at the unit explained that they often do follow up outreach work with young people once they have left the unit, but this is very much led by the young people.

The value of a having a ‘step-down’ facility, especially for young people who have been placed on lengthy orders was explored during our visit. We were told that a step-down facility of around 4 beds would provide the opportunity for semi-independent living in a secure setting. We heard about a similar facility that has been established in Scotland.

### What did the young people at Hillside tell us?

On CAMHS, the young people told us that **accessing CAMHS services in the community was extremely difficult**. One young person told us that “you need loads of evidence to go to the GP”, explaining that you had to gather as much information as possible to “prove” how unwell you are. They went on to say that **most young people get turned away by the GP, or put on medication**. There was a strong feeling that primary care/ community services in both England and Wales are failing young people. One young

person felt strongly that “when a young person gets to the point where they were asking help, support should be provided”. It was also felt that medication should be used as a last resort.

### Tŷ Llidiard, Bridgend

During our visit we had the opportunity to meet with the multi-disciplinary team at Tŷ Llidiard, comprising a consultant psychiatrist, nursing staff, clinical psychologist and psychotherapist. The Committee Chair also had an opportunity to meet with two in-patients.

#### Background - in-patient unit

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Tŷ Llidiard is a 15 bedded unit comprising two wards, a general ward and an extra care ward. Tŷ Llidiard take referrals/admissions from 6 Local Health Boards across Mid, South and West Wales, caring for patients aged 12 to 18 years who present with a mental illness.

#### Demand

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During our visit, we heard that the unit receives around 120 referrals a year, of which approximately 90 patients are accepted. We were told that the unit mainly treats young people with psychosis, eating disorders, severe depression, and mood instability. It does not accept admissions for patients requiring specialist support with a moderate to severe learning disability, conduct disorder, forensic patients or those with a substance misuse problem as the primary diagnosis. These young people are supported elsewhere.

Consultant psychiatrists working in the community CAMHS teams make referrals to the in-patient unit rather than GPs. The young person will be assessed upon admission and have an MDT review meeting two weeks later whereby they will receive a further period of assessment/treatment or discharged to the community to continue their recovery. The unit also accepts crisis admissions as referred by the Community Consultants. They said that they had seen an increase in the unit admitting young people for short term stays because of an increase in the use of new psychoactive substances (also referred to as 'legal highs').

The unit has a large multi-disciplinary team which is involved in assessing the young person on admission and providing therapeutic support. Young people are admitted for varying length of stay depending on their needs. As much as possible, there is a focus on discharging patients at the earliest opportunity so that young people can be treated at home with a package of care to support them in the community.



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We were told that per episode, the average length of stay at the unit is 7 weeks. The UK national average for inpatient treatment is around 10 weeks. This illustrates the point made about minimising the time young people spend in in-patient care.

We were told that the costs for in-patient care at Tŷ Llidiard are slightly below the UK national average, costing around £34,000 per episode.

We heard that there is no waiting list for the unit. There are no problems with recruitment but the unit has experienced some problems with staff retention. This is attributed to the investment of funding for community CAMHS, which means staff have left their positions at the unit to take up promotion opportunities within the community teams.

There was a view expressed that some patients are admitted to the unit without prior assessment and treatment in the community; staff emphasised the importance of in-patient care for young people being a last resort. It was clear that staff felt that the demand for CAMHS is not matching need, despite recent investment. They reported seeing more cases of mental ill-health related to emotional dysregulation, substance misuse and eating disorders.

### **Commissioning arrangements**

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Staff at Tŷ Llidiard told us that there has been a reduction in patients requiring placements outside Wales. We heard that the number of young people in out of area placements at any one time is between 2 to 5 patients. We were told that this is due to patients requiring specialist support eg more security and higher staffing ratios

The unit has 19 beds. However, it is only commissioned to provide 15 beds based on the current staffing compliment and the security of the building. We were told that if the building could be reconfigured to provide more secure accommodation in a separate area additional beds could be brought into operation, thereby reducing the number of out of area placements further. A proposal for bringing the additional beds into current commissioning arrangements is currently being considered by the Health Board's clinical director and commissioners.

We were told that on average, bed occupancy is around 8 young people per night. The unit is, however, managing more young people than that, for example, with some young people on home leave. However, the staff felt

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strongly that current commissioning arrangements do not recognise the importance of home leave as part of the clinical care package for young people.

The current commissioning arrangement has been in place for 2 years. We were told that the unit receives funding from WHSSC for bed occupancy. Staff were unhappy that the contract does not therefore support home leave and were disappointed that they had feedback which suggested the unit could perform better. We were told that in the last financial year, the unit had more admissions and greater bed occupancy than previous years, but still their funding had decreased. We were also told that the contract does not support transitional work in the community despite that being pushed as the model of care. This is how staff working in the unit understood the contract to work. They did not feel that the current bed day contract supports the model of care they are trying deliver from a contracting / financial perspective. However, since our visit, we have been informed that despite there being a risk in recent years that the contract would not be met, ultimately the contract has been met and funding has not therefore been reduced.

We heard about an example in January 2017, where the unit was managing 18 patients with 15 beds, utilising home care arrangements to do this.

### **Multi-disciplinary working**

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The unit has very recently appointed a specialist social worker to work as part of its multi-disciplinary team for 4 days a week. There was some confusion about the funding for this post; with the post eventually being funded from the unit's existing budget. Some staff reported that this should have come from additional funding from the Local Health Boards but that it was not provided.

The staff were extremely positive about the contribution the specialist social worker had already made in improving the quality of patient care; stating that bridging the gap between health and social services had to be a top priority. They described pockets of good practice in the relationship between the unit and the different local authorities they work with, but felt things could be significantly improved. They talked about "clashes" with local authorities and "massive" challenges when it came to looked after children, with social workers not attending review meetings as well problems with transitional care planning. There was a strong message that multi-agency working was not as effective as it could be.

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### Transition planning

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We were told that handing patients back to the community CAMHS teams can be difficult and challenging because of ongoing capacity issues across the country. Staff also told us that they thought more intensive therapy could be provided in the community if there was more capacity.

The importance of the work done at the unit to support parents/ carers whose children have been admitted to the unit was also emphasised.

#### **What did the young people at Tŷ Llidiard tell us?**

The strongest message from the young people was **that the unit needed to be more young-person centred with a greater range of activities needed**. They described being “bored” with only the TV to entertain them in the evenings and on weekends. They talked about the benefits of going out with staff in the evenings or on weekends, for example a visit to the beach, particularly for those young people who aren’t well enough to have home leave.

Overall, the young people we spoke to felt **staff at the unit did their best to support them but described a facility that is very much focused on risk/medical needs** of the young people.

The schooling arrangements at the unit provide routine and structure for the young people as well as giving them a focus and something to do. But the young people told us that the tutors mainly provide educational support to the younger children.

One young person who is keen to finish their A-levels told us of the arrangements now in place for them to attend their own school 5 mornings a week which the young person was very positive about, though the arrangement is dependent on the **capacity of the Mental Health Community Outreach Team** to drive them to - and pick them up from - school.

Both young people described **poor support services in the community before being admitted to inpatient care**. One young person told us, “**The CITT (Community Intensive Therapy Team) just forgot about me**”. The other young person (who has an eating disorder) recalled being taken to see the GP by their mother. The young person reported being sent away after being told it was a “phase”. They subsequently had an appointment with

their school counsellor, explaining that “I saw them once but I didn’t go again as it wasn’t a very nice experience”. They described being dismissed and told again that “it was just a phase and it would pass”. The young person has been admitted twice to Tŷ Llidard because of the severity of their illness.

The young people we spoke to wanted to see **speedier access to CAMHS** once a GP has made a referral. We heard that for one young person their illness was so severe they were admitted immediately to the unit once the CAMHS assessment had been done, but it took 4 weeks for that initial appointment to take place. The other young person told us that once the GP had made the referral, the CAMHS appointment “took ages”, explaining that they were on the waiting list for 8 months before being seen and admitted. They also told us that they had suffered in silence for a long time before that referral was made.

Both young people told us that they felt **more should be done in schools to raise awareness about mental health such as in school assemblies**. They want to see **more young people empowered to talk about their mental health concerns and for teachers to be better equipped to deal with them**. The young people told us that they had been suffering with mental health problems for a long time before they had access to specialist services. They both told us that nobody at school spotted they needed help. One young person told us that they were not aware of any support services such as a school counsellor at their school. They told us that they would often fall asleep in class and that one teacher did ask if everything was ok. They told the teacher yes and ‘that was that’.