

1 About us

1.1 Hafal is a charity and company limited by guarantee which speaks for people in Wales with a serious mental illness (including schizophrenia, bipolar disorder, and other conditions involving psychosis or loss of insight), their families and carers, and for a wider group of vulnerable people for whom we provide services.

1.2 Hafal is governed by our Members – about 1,400 people who are mainly service-users and carers – who elect our Trustees who are themselves mainly users and carers. We manage services in all 22 counties of Wales and also facilitate 232 carers support meetings each year. Together these services support over 6,000 service users and carers every year. Many of our 330 staff also have experience of mental illness or as carers.

1.3 We have positive experience of empowering users and carers to support themselves: we pioneered the use of holistic recovery plans for use by users (now incorporated in Welsh legislation) and also rolled out our widely-used 10 Point Plan for Carers.

1.4 In addition to supporting individuals we have mobilised users and carers to support each other through information campaigns, training, and peer support, including our Reducing Risk – Achieving Recovery research project on criminal justice.

1.5 Hafal has extensive experience of working with criminal justice agencies through our Appropriate Adult, Prison Link, Out of the Blue, and Access to Justice services.

1.6 Hafal's work with children and young people continues to grow and develop ranging from our specialist integrated early intervention psychosis teams where we provide timely and effective support to young people experiencing a first episode of psychosis, and more recently our work via Hafal Crossroads where our services are tailored to individual needs, to children living with a wide range of disabilities and health conditions. Hafal also continues to campaign to improve mental health services for children and young people.

2 Summary of our response

2.1 Hafal strongly supports the Rights of Children and Young Persons (Wales) Measure 2011 and the underpinning intention of the Welsh Government

2.2 Hafal is concerned that insufficient progress is being made in ensuring full compliance with the measure.

2.3 Hafal believes the Children's Commissioner for Wales must be given greater powers to intervene where the measure is not being followed both in letter and spirit.

3 Our responses

3.1 The extent to which the Rights of Children and Young Persons (Wales) Measure 2011 has influenced the Welsh Government's decision making, including its financial allocations and whether it has fulfilled the Convention's 'general measures' of implementation;

This is difficult to assess as the Children's commissioner does not have sufficient powers to ensure local authorities and health boards act on Welsh Government policy in this area. We believe the Welsh Government has too much of a 'hands-off' approach with local service provision to ensure its effective implementation.

3.2 Evidence of whether the Measure has led to improved outcomes for children and young people; whether the duties within the Measure have been embedded effectively across Welsh Government cabinet portfolios and policy;

Taking mental health as an example, we struggle to see significant change, in particular, the Welsh Government and Together 4 Children & Young People strongly supported the principles in Hafal's Making Sense Publication (attached) that Children and Young People did not want specialist mental health services as their first port of call, but yet the Welsh Government then funded exactly that in the pilot project for CAMHS. Welsh Government must be consistent in policy and implementation if we are to be able to assess impact.

There are still poor or no suitable facilities for inpatient care for Children and Young People with complex mental health issues and we remind the Committee of the recent closure of Regis Healthcare in Ebbw Vale and the impact this had on Children and Young People who then had to leave Wales for their specialist care.

3.3 The extent to which the Welsh Government has implemented its duty to promote knowledge and understanding of the UNCRC amongst the public, including children and young people;

We know there are some excellent examples of such work with the Youth Parliament, the Wales Observatory, and engagement with Children in Wales but this is not uniform to all Children and Young People and relies on specialist organisations rather than being seen as driven by Welsh Government. This also tends to be represented by CYP who are already positioned to act in this way and there needs much greater work for those CYP who are so disadvantaged that they would not be currently able to participate.

3.4 The extent to which the Welsh Government has sought to ensure that its duties within the Measure are translated into the work of the public bodies it provides funding to, including local authorities and NHS bodies;

We see evidence of awareness of the duties in Welsh Government consultations and speeches but we are not convinced this ends up in solid evidenced implementation, particularly by the time this gets to local authorities and health boards. Due regard is simply the starting point but too often this is treated as a tick box exercise and not part of a longer term more complex commitment to ensuring the rights of the child. In addition, due regard is inadequate and the impact upon children (especially the most vulnerable) found when the measure is applied, is deemed lower in priority than economic benefits (amongst others – trade and industry being the biggest).

3.5 How the duty to have 'due regard' to the Convention on the Rights of the Child is being implemented in practice and whether Child Rights Impact Assessments are being used as a meaningful tool;

We know for the development of services that these assessments are lacking in full inclusivity and remain focussed on a particular issue rather than as Children and Young People as a population. The dearth of Youth Services is testimony to the fact that the impact of austerity has not been reflected in such assessments as without Youth Services, Children and Young People cannot be engaged. We would however argue that Youth Services are often better placed in the third sector than with local authorities with their ability to be more independent, reactive and accessible.

4. Hafal's specific vision for addressing mental health issues with children and young people –Making Sense

9.1 Our key priorities for our addressing mental health issues with children and young people are:

- a. Expand and/or create high-quality support provided by non-mental health professionals e.g. teachers; school, college and university counselling services and youth groups etc. Specialist CAMHS should support the much smaller numbers of young people with the highest need.
- b. Don't medicalise growing up. Over-referral to CAMHS is having disastrous consequences for children and young people in Wales. Our consultation, involving over 500 people, found that three-quarters of CAMHS users have a negative experience of the service. Less than half said the service helped them get better and move on.
- c. Reform CAMHS' referral systems. Strict referral criteria must be enforced and an absolute timescale for referrals must be introduced. Training should be given to all referrers to implement Wales wide criteria on what constitutes an appropriate referral. Referrers need to know who to refer where.
- d. Embed emotional intelligence and healthy coping mechanisms into school's curriculum. Children and young people spend significant amounts of time at school. It is only natural that education should play an important role in their holistic development as people. Over two-thirds of young people said 'talking about feelings' was most important to maintain good mental health.
- e. We believe that in addition to reform of referral systems there needs to be a review of how CAMHS teams operate. We would like to see analysis of such issues as the proportion of working time spent by teams in face-to-face contact with clients and their carers; or How CAMHS sustains focus on outcomes.
- f. We are deeply concerned about the transition point to adult mental health services. This can be a difficult time because young people can find themselves dealing with different people and different services. 38 percent of CAMHS users said flexibility over the age young people move to adult services is the most important way to improve the transition.
- g. Improve data collection and accountability. We must analyse what works and what doesn't. To do this, CAMHS teams within the local health boards in Wales must collect the same data to effectively measure outputs.
- h. Support carers. 87 percent of carers of CAMHS users said they did not feel that CAMHS valued their opinion or kept them informed. Carers often have clear insights into what action will be most effective for the person they care for. They can often clearly see what is not working (and so wasting resources). Carers need to be listened to.
- i. Listen to young people. Nationally and locally, mental health services and others need to sustain dialogue with young people on a collective basis. We also need to listen to individual young people when services are being planned and delivered. This isn't just about listening and then going away and making a plan and deploying the services: it means literally making the plan jointly with the young person in the room and then involving them in delivery.