

Cynulliad Cenedlaethol Cymru
Y Pwyllgor Plant, Pobl Ifanc ac
Addysg
Ymchwiliad i Hawliau plant yng Nghymru
CRW 20
Ymateb gan: Ysgolion Eglwys Llandaf: Ysgol
Uwchradd Esgob Llandaf, Ysgol Gynradd
Dinas Llandaf yr Eglwys yng Nghymru, ac
Ysgol y Gadeirlan, Llandaf.

National Assembly for Wales
Children, Young People and Education
Committee
Inquiry into Children's rights in Wales
CRW 20
Response from: Llandaff Church Schools: The
Bishop of Llandaff High School, Llandaff City
Church in Wales Primary School and the
Cathedral School, Llandaff.

Presented by Llandaff Church Schools: The Bishop of Llandaff High School, Llandaff City Church in Wales Primary School and the Cathedral School, Llandaff.

Although we represent schools in both the maintained and independent education sector, the evidence listed below is common to us all. It is not possible for us to conclude how representative this is nationally, it is likely that other schools face similar situations but may not be aware of the opportunity to respond to enquiries of this sort.

The evidence here is submitted from The Bishop of Llandaff High School, Llandaff City Church in Wales Primary School and The Cathedral School, Llandaff in response to the question "How effectively the Welsh Government responds on a strategic basis to the Concluding Observations of the UN Committee on the Rights of the Child". The Concluding Observations of the UN Committee on the Rights of the Child raised concern across a large number of areas. This submission will limit itself to the following:

1. High levels of air pollution in our cities
2. Inadequate services for children's mental health and well-being needs

1. High levels of air pollution in our cities;

Concern:

- a. There are a number of major roads in and around schools in Llandaff, as well as in Cardiff as a whole, which are dangerous for cyclists and pedestrians.
- b. This leads to more people driving their children to school, increasing the danger for cyclists and pedestrians and also increasing the level of pollution in and around schools.
- c. Work by Public Health Wales estimates that the equivalent of over 220 deaths each year among people aged 30 and over in the Cardiff and Vale area can be attributed

to nitrogen dioxide (NO₂), with many more citizens suffering ill health as a consequence of poor air quality.

- d. Poor air quality has been shown to increase cardiovascular and respiratory disease, particularly coronary heart disease, cerebrovascular disease and heart failure.
- e. In terms of nitrogen dioxide (NO₂), 10 µg/m³ is considered the 'safe' threshold by World Health Organisation, below 40µg/m³ is the current legal requirement.
- f. Due to the high levels of traffic in Cardiff, there are several areas which routinely suffer from a dangerous build-up of NO₂, defined by a concentration greater than 40 µg/m³. One of these areas is situated in Llandaff, which was designated as an Air Quality Management Area in 2013.
- g. Despite the focus since 2013 on improving these pockets of poor air quality, there has only been limited success. Air Quality Wales estimates that Mitre Place in Llandaff regularly exceeds 40 µg/m³, the average being 42.0 µg/m³, putting our pupils, and those at other schools in the local area, routinely at risk.
- h. Opportunities for schools to take action to reduce the impact of pollution on children are hampered by planning restrictions, for example it is not possible to put in place a plant screen around playgrounds or playing fields due to the need to protect the view and the appearance of certain buildings. Applications for funding for charging points for electric cars have also been rejected.

Suggested remedies:

All our schools have experienced local traffic and air pollution problems for the pupils in their care. This suggests that additional work needs to be done to enable the Welsh Government to effectively respond on a strategic basis to the Concluding Observations of the UN Committee on the Rights of the Child, with reference to high levels of air pollution. For example:

- i. Mandatory cycle lanes and pedestrian routes provided away from the traffic to protect the safety of pupils travelling to school on a bike or on foot - this would also reduce children's exposure to toxic air.
- ii. Working with schools to develop opportunities for "park and ride" schemes for pupils travelling to school.
- iii. Improve public transport infrastructure to reduce reliance on cars.
- iv. Planning regulations should support measures which protect children from being exposed to dangerous levels of air pollution, for example with the development of "green walls" or entrances that prioritise pedestrians and cyclists.
- v. Invest in infrastructure to support the growth in use of electric vehicles for people who need to use a car for work.

2. Inadequate services for children's mental health and well-being needs;

Concern:

- a. Our pupils have experienced difficulty in negotiating eligibility criteria for access to Child and Adolescent Mental Health Services (CAMHS) and there is a variety in expertise in GP surgeries when making a referral. For example, if pupils suffer with mental health difficulties, the School Designated Senior Person for children's welfare will write a letter of concern to the GP and ask them to contact the Child and Adolescent Mental Health Services to obtain support for the child. Some GPs are able to negotiate access to Mental Health Services much faster than others leading to inequality of provision for young people and unacceptable waiting times for urgent appointments (often up to 4-6 months).
- b. Provision of early help from Children's Services, for example the "Change, Grow, Live" programme, is not made clear to schools or to GPs, again leading to inequality of provision and lack of access to care.
- c. There is not enough access to mental health interventions, such as counselling, available through the Child and Adolescent Mental Health Services. An increasing number of families are forced to access private mental health care due to the long waiting list and this option is not available to many. Again this leads to inequality of provision and lack of access to care.
- d. Maintained schools in affluent areas with very few pupils receiving Free School Meals have a very small pupil deprivation grant, making it impossible for them to offer early intervention strategies such as Place2Be and Emotional Literacy Support (ELSA), which is needed for all pupils, regardless of background. Although School Based Counselling is available in some Local Authorities, for example Newport, to pupils from the age of 4, this is not the case in, for example Cardiff, where it is not available until pupils are 11. Again this leads to inequality of provision and lack of access to care.
- e. Some GPs are reluctant to refer to the Child and Adolescent Mental Health Services for children nearing the age of 18. Furthermore, this service stops when a child reaches the age of 18, denying young people crucial support at an important time of their lives.
- f. Outcomes for young people are often delayed when issues arise which involve children from different Local Authorities. All Local Authorities follow the All Wales Child Protection Procedures but there is a distinct lack of communication between social workers across authorities. We have experience of cases which involve pupils from two different local authorities, with the information and support provided from one being excellent and the other Local Authority taking very little action and failing to keep parents informed. This is enormously distressing for families and potentially damaging to the children concerned.

Suggested Remedies

All our schools have experienced significant variation in the quality of support provided for children and young people. This suggests that additional work needs to be done to

enable the Welsh Government to effectively respond on a strategic basis to the Concluding Observations of the UN Committee on the Rights of the Child, with reference to support for children's mental health and well-being needs. For example:

- i. Additional instruction or training should be provided to GP surgeries on the process of referrals to Child and Adolescent Mental Health Services, on what constitutes urgent support and on what early help is available.
- ii. An audit of the level of expertise amongst GPs in mental health care would help planning for and provision of support.
- iii. Mental health services, including an emotional well-being service, should be available for all pupils from the age 5, when statutory education begins, and continue throughout a young person's education, no matter their age.
- iv. A more unified approach should be adopted for all Local Authorities for all matters relating to the mental health and well-being of children and young people.