

Cynulliad Cenedlaethol Cymru  
Y Pwyllgor Plant, Pobl Ifanc ac Addysg  
Gwaith dilynol ar yr adroddiad Cadernid Meddwl  
MOM: 01  
Ymateb gan: Cyfarwyddiaeth Iechyd Plant Cymunedol,  
Bwrdd Iechyd Prifysgol Caerdydd a'r Fro

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National Assembly for Wales  
Children, Young People and Education Committee  
Follow-up on the Mind over Matter report  
MOM: 01  
Response from: Community Child Health Directorate, Cardiff and  
Vale University Health Board

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### Overarching issues

**Key recommendation (2018).** That the Welsh Government make the emotional and mental well-being and resilience of our children and young people a stated national priority. This status should bring with it a commitment to:

- provide adequate and ring-fenced resource for our schools to become community hubs of cross-sector and cross-professional support for emotional resilience and mental well-being. Schools cannot shoulder this responsibility alone - the support of other statutory and third sector agencies, most notably health, is essential;
- ensure that emotional and mental health is fully embedded in the new curriculum;
- ensure that everyone who cares, volunteers or works with children and young people is trained in emotional and mental health awareness, to tackle issues of stigma, promote good mental health, and enable signposting to support services where necessary. This should include working with professional bodies to embed training in initial qualifications and continuous professional development; and
- publish every two years an independent review of progress in this area. This process should involve children and young people throughout.

**Recommendation A (2019):** The key recommendation in our Mind over Matter report called for the emotional well-being and mental health of our children and young people should to be a national priority. Further to this, we recommend that the Together for Children and Young People Programme is extended to help ensure sustainable improvements in access to support services within both primary and secondary care through Child and Adolescent Mental Health Services (CAMHS), as well as supporting the whole-system approach. It is our view that the Together for Children and Young People Programme should be extended to coincide with the end of Together for Mental Health 2012-22, the Welsh Government's 10 year strategy to improve mental health and well-being.



RAG status	Why have you given this RAG status?	Where, realistically, should we be by April 2021?	What needs to be done to get us there?
	CYP Mental Health has been made a priority although allocation from WG is an all age Mental Health one it came with priorities for CYP. Unaware of any specific progress re ring-fenced resource for schools. Unaware of any major progress re training	It would be helpful to have a national framework but how the system in each local area is operationally delivered needs flexibility.	Consistent communication from national work streams and providers of services at all levels. Full engagement with national programme – unclear how communication list arrived at as often miss to get any information on national TYCYP events whilst being a major stakeholder
<b>The new curriculum</b>			
<b>Recommendation 1 (2018).</b> That the Welsh Government publish, within three months of this report’s publication, a route map of how health (led by the Together for Children and Young People Programme) and education (led by the Health and Well-being Area of Learning Experience) will work together to inform the new curriculum. This route map should contain clear milestones and specify the agencies or individuals responsible for delivery.			
RAG status	Why have you given this RAG status?	Where, realistically, should we be by April 2021?	What needs to be done to get us there?
	Unaware of health involvement in this at a local level	Health services developing a network of support with partner agencies to ensure pathway into NHS services	Communication
<b>Measurement of well-being in schools</b>			
<b>Recommendation 2 (2018).</b> That the Welsh Government prioritise the work of improving measurement of well-being in schools within the inspection framework in order to drive activity and performance. The development of these measures should involve all relevant stakeholders to ensure that they are fit for purpose and do not lead to unintended consequences. Most importantly, children and young people should be involved in the process of preparing these measurements to ensure that they capture correctly the factors that influence their well-being. These measures should be available within six months of this report’s publication, or form part of the report of the independent review of the implications of the educational reform programme in Wales for the future role of Estyn, whichever is the earliest.			
RAG status	Why have you given this RAG status?	Where, realistically, should we be by April 2021?	What needs to be done to get us there?



Emotional and mental well-being initiatives in schools			
<p><b>Recommendation 3(2018).</b> That the Welsh Government undertake a review of the numerous emotional and mental well-being initiatives underway in Wales’s schools, with a view to recommending a national approach for schools to adopt, based on best practice. The Welsh Government should work with exemplar schools such as Ysgol Pen y Bryn in Colwyn Bay to develop elements of this national approach, including but not limited to mindfulness</p> <p><b>Recommendation C (2019):</b> Further to Recommendation 3 in our Mind over Matter report, the Welsh Government must ensure the implementation framework for schools is published without delay, by December 2019. This is to ensure that all schools are working to a fundamental set of principles in relation to children and young people’s emotional well-being and mental health and are supported to do this. We want the Welsh Government to be working with schools to implement the guidance and to begin the self-evaluation process.</p> <p><b>Recommendation 4 (2018).</b> That the Welsh Government, while undertaking the review we call for in recommendation 3, work in the meantime with the Samaritans to develop its Delivering Emotional Awareness and Listening (DEAL) Programme for wider use in schools in Wales. Subject to the results of the DEAL evaluation that is underway, the Welsh Government should fund the extension of the programme to the primary school sector.</p> <p><b>Recommendation 7 (2018).</b> That the Welsh Government issue interim guidance to health and education services (and other relevant statutory bodies) about the support they should deliver for emotional and mental health in schools. This should specify the support that they should expect from each other as statutory services. This guidance should remain in place, and should be resourced adequately, until the findings of the in-reach pilots are reported to us and others. The guidance should be issued within three months of our report’s publication and reviewed after the in-reach pilots conclude.</p>			
RAG status	Why have you given this RAG status?	Where, realistically, should we be by April 2021?	What needs to be done to get us there?
	If this guidance is available it has not been shared with all Stakeholders	A framework for evaluated effective support to schools with room for collaboration between services.	A national framework underpinned by local collaborative arrangements which ensure a system wide approach. Recognition that one 3 <sup>rd</sup> sector programme may be best suited in some instances but one size does not fit all and there is room for many initiatives to work together, so long as they are based on sound evidence and principles



School counselling			
<p><b>Recommendation 6 (2018).</b> That the Welsh Government assess the quality of the statutory school counselling available, not least how the service copes with increasing demand, tackles stigma and meets the needs of children and young people. This should include consideration of providing counselling support online and outside lessons/school, and for those younger than 11 years old.</p>			
RAG status	Why have you given this RAG status?	Where, realistically, should we be by April 2021?	What needs to be done to get us there?
School staff			
<p><b>Recommendation 5 (2018).</b> That the Welsh Government commission a mapping exercise of the availability of non-teaching staff in schools to support emotional and mental health and well-being, and the anticipated level of future need. This exercise should provide an outline of how any shortcomings will be addressed.</p>			
<p><b>Recommendation 8 (2018).</b> That the Welsh Government pilot the role of “guidance teacher” in Wales, or adopt another model that allocates responsibility for the emotional and mental health of pupils to a lead member of teaching or nonteaching staff.</p>			
<p><b>Recommendation B (2019).</b> To ensure that all school staff have a sufficient understanding of children and young people’s emotional and mental health and well-being, the Welsh Government should develop—as a matter of priority—a programme of compulsory training for new and existing school staff.</p>			
RAG status	Why have you given this RAG status?	Where, realistically, should we be by April 2021?	What needs to be done to get us there?
Primary health care			
<p><b>Recommendation 9 (2018).</b> That the Welsh Government make available the management data tracking progress in relation to local primary mental health support services (LPMHSS) waiting times for assessment and interventions for children and young people since the commencement of the provisions of the Mental Health (Wales) Measure 2010.</p>			
<p><b>Recommendation 10 (2018).</b> That the Welsh Government set out an improvement plan for local primary mental health support services (LPMHSS) for children and young people in Wales. This should provide an assessment of current levels of provision, the anticipated demand for</p>			



services over the next 5-10 years, and the estimated level of resource needed to join the two. It should also outline how LPMHSS will engage with other statutory and third sector services, and provide the most accessible, appropriate and timely “intermediate” support services to bridge the gap between emotional resilience support on the one hand, and specialist CAMHS on the other. The improvement plan should outline clearly the pathways available for children and young people so that signposting to and between each level of services is clearer and simpler. It should make explicit reference to how LPMHSS should liaise with schools in particular.

**Recommendation F (2019).** Further to Recommendations 9 and 10 in our Mind over Matter report, we expect to receive a copy of the NHS Delivery Unit’s review of Local Primary Mental Health Support Services, as well as the Health Board improvement plans, this summer (2019). Publication of this information will help to provide a better understanding of whether there is enough capacity in the primary care CAMHS

RAG status	Why have you given this RAG status?	Where, realistically, should we be by April 2021?	What needs to be done to get us there?
	<p>All Health boards report data regularly and it is scrutinised by the delivery unit on a regular basis</p> <p>Review complete and published by DU</p> <p>Funding allocated ( for 2 years) for early prevention via Regional Partnership boards</p>	<p>Improved capacity at Primary CAMHS (PCAMHS) to support the systems approach rather than a purely refer on for Part 1 assessment model</p>	<p>Continued long term investment in order to recruit train and maintain the workforce. Short term funding initiatives via ICF mean it can be difficult to recruit to PCAMHS professionals to support developments. Consideration for the 28 day target to be amended to 25 working days to allow for better workforce planning around bank holidays and reduce the volatility of this measure. It would be helpful to consider consultation activity, quality measures and outcomes rather than solely the 28 day target.</p>

**Care pathway**

**Recommendation 11 (2018):** That the Welsh Government ensure:

- consistent pathways for all specialist CAMHS services, based on the national referral criteria once agreed, are implemented by all health boards (and related agencies where relevant) in Wales within six months of this report’s publication;
- each pathway is accompanied by defined standards against which all health boards can be measured and benchmarked consistently; and



<ul style="list-style-type: none"> <li>information is made publicly available so that health boards and the Welsh Government can be held to account for performance in a transparent and well-informed way.</li> </ul>			
RAG status	Why have you given this RAG status?	Where, realistically, should we be by April 2021?	What needs to be done to get us there?
	<p>Draft referral guidelines in place but there is still confusion between PCAMHS and SCAMHS. From a service user basis distinction between disparate services is not user friendly. It is also likely that the severity of some conditions may determine which service is best placed to offer appropriate support and it is difficult for standardised criteria to be able to describe this in an appropriately nuanced way.</p>	<p>A roadmap with clear but brief information publically available for users</p>	<p>Consideration of recommendations in PCAMHS review and clarity of purpose. Consider symptomatic descriptions of criteria to support referrers and residents with decision-making.</p>
<p><b>The 'missing middle'</b></p> <p><b>Recommendation 12 (2018).</b> That the Welsh Government outline as a matter of urgency, and within three months of this report's publication, how it intends to address the challenges faced by the group of children and young people who do not meet the threshold for specialist CAMHS but for whom alternative services are not available – the so-called "missing middle". This should include:</p> <ul style="list-style-type: none"> <li>the detailed steps it will take over the next six months to ensure that their needs are met and that relevant agencies are held to account for delivery; and</li> <li>an account of the consideration given to focusing referral criteria on levels of distress experienced by children and young people (the source of which can be behavioural, social (including attachment-related disorders) and/or medical in nature), rather than on a medically defined, diagnosis basis alone. This should include consideration of replacing the current "pyramid" model of care with the "iceberg" model presented to us in evidence.</li> </ul> <p><b>Recommendation E (2019).</b> We want to see the Welsh Government implement Recommendation 12 in our Mind over Matter report as a matter of urgency, including publishing details of it how it intends to take forward the early help and enhanced support workstream to reduce the 'missing middle'. We request an update from the Welsh Government on progress by the end of October 2019.</p>			
RAG status	Why have you given this RAG status?	Where, realistically, should we be by April 2021?	What needs to be done to get us there?



	<p>Limited progress in some areas though much greater understanding of attachment related issues and impact. Many schools are now aware and some have trauma informed practice. The challenge remains accessing support.</p> <p>Are we defining Specialist CAMHS or PCAMHS? PCAMHS have a major role to play in supporting the system</p> <p>Some funding provided via regional partnership boards for early help and through transformational funding but this is short term</p>	<p>Review of use of funding in each area to see how this has supported system change.</p> <p>Delivery of a system which 'holds on' rather than 'refers on', through the delivery of consultation advice and support services to the system by CAMHS professionals both primary and secondary. Utilisation of a wider workforce to support CYP – recognition of the role the School Health Nurse can play in this area</p>	<p>Ability to maintain services and trained staff through consistent resources. Ensure that we are not medicalising or syndromising broader societal issues and that health is part of a wider multi-disciplinary approach rather than the 'provider of last resort' via an A&amp;E attendance.</p>
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### Neurodevelopmental services

**Recommendation 13 (2018).** That the Welsh Government develop an immediate recovery plan for neurodevelopmental services in Betsi Cadwaladr University Health Board to address the unacceptably long waiting times faced by over 1000 children and young people.

**Recommendation I (2019).** We recommend the Welsh Government fully implement Recommendation 13 in our Mind over Matter report in relation to neurodevelopmental services. Alongside this, the Welsh Government should:

- set out a clear plan of how it will support Health Boards, local authorities and third sector partners to meet the needs of the estimated 40-50 per cent of children and young people who do not meet the threshold for diagnosis but need some help, to ensure that families are not left feeling unsupported;
- routinely publish data on neurodevelopmental performance so that there is greater transparency and understanding of whether Health Boards are achieving the 26 weeks waiting time standard for assessment;
- provide further details of how the Welsh Government intends to monitor the performance of neurodevelopmental services, so that frontloading support into assessment to meet the 26 week waiting time standard for assessment is not done at the expense of providing interventions following assessment;
- publish the findings of the demand and capacity modelling work it is undertaking to ensure effective neurodevelopmental service models are in place across all areas of Wales.



RAG status	Why have you given this RAG status?	Where, realistically, should we be by April 2021?	What needs to be done to get us there?
	Information published on ND data but this is regarding first face to face appointment. Demand and capacity work to be led by Delivery unit just commencing No consistent service support for those with no diagnosis but local early help services beginning to deliver	Clear pathways with data measured regularly Understanding that when a diagnosis is not given it does not mean help is not needed and families feel supported Major public communication and awareness plan	A needs assessment The demand and capacity modelling complete Workforce development Education and support for parents Clarity on suite of evidence-based interventions to be provided by statutory organisations
<b>Qualitative measures of performance</b>			
<b>Recommendation 14.</b> That the Welsh Government prioritise work to ensure qualitative measures of performance are developed to sit alongside existing referral to assessment waiting time data within six months of this report’s publication. This information should be made publicly available so that those responsible can be held to account for service delivery and performance.			
RAG status	Why have you given this RAG status?	Where, realistically, should we be by April 2021?	What needs to be done to get us there?
	Work on implementing an outcomes framework being piloted and supported by Public Health Wales	Evaluation of pilot areas	Full roll out of evaluation framework Training and development work to ensure standard interpretation of outcomes and clear descriptions of system characteristics and measures and indicators that contribute to the delivery of those outcomes.
<b>Crisis and out-of-hours</b>			
<b>Recommendation 15 (2018).</b> That the Welsh Government, within six months of this report’s publication, in relation to crisis and out-of-hours care: <ul style="list-style-type: none"> <li>work with Welsh police forces to scope an all-Wales triage model which would see mental health practitioners situated in police control rooms to provide advice when children and young people (and other age groups, if appropriate) present in crisis;</li> <li>outline how resources could be directed towards enabling crisis teams in all health boards to provide training and cascade expertise to other frontline services, particularly colleagues in A&amp;E, in border areas (to improve cross-border relations with those centres most often accessed by Welsh domiciled patients), and in schools (to normalise conversations about suicide and self-harm in particular);</li> </ul>			



- ensure that follow-up support is being provided by health boards after discharge, provide information on how health boards monitor this provision, and commit to making this information publicly available to ensure transparency and accountability;
- ensure that all health boards are adhering to the requirement to hold designated beds that could be staffed adequately for unders-18s in crises, indicating how this will be monitored and reported in future, and what steps will be taken if such beds are not available;
- implement with pace and in a uniform way across health boards the single point of access approach to specialist services, to ensure timely and appropriate access to support, urgent or otherwise; and • reflecting on the results of the review of crisis care, outline what more needs to be done to deliver a safe and cost-effective 24/7 crisis care service in all areas of Wales, how that will be done, and by when.

**Recommendation G (2019).** Further to Recommendation 15 in our Mind over Matter report, we recommend that the Welsh Government undertake an urgent piece of work to better understand how and why children and young people access crisis/out of hours support. Further improvements to crisis and out of hours care for children are needed to help ensure children and young people can access immediate support when they are in distress, at any time. Access to mental health crisis support must be consistent across Wales, which may require Welsh Government investment to support those Health Boards currently unable to extend their services.

RAG status	Why have you given this RAG status?	Where, realistically, should we be by April 2021?	What needs to be done to get us there?
	Crisis teams in place across health board Varying models for out of hours support and problems with sustainability Some areas looking a possible joint health/social care arrangements Delivery unit to undertake review of crisis services	Review complete Sustainable models reviewed and evaluated	Work between CAMHS and Adult services to sustain a model and agree a Young People specific pathway. Review of support to children in crisis/YP in distress and work between health and social care.

### Suicide

**Recommendation 16 (2018).** That the Welsh Government, in relation to suicide specifically, work with expert organisations to:

- provide, within three months of this report’s publication, guidance to schools on talking about suicide and self-harm, to dispel the myth that any discussion will lead to “contagion”;
- work with expert organisations to prioritise the issuing of guidance to schools where there has been a suicide or suspected suicide; and

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- ensure that basic mental health training, including how to talk about suicide, becomes part of initial teacher training and continuous professional development, so that all teachers are equipped to talk about it.

**Recommendation D (2019).** Further to Recommendation 16 in our Mind over Matter report, the Welsh Government must ensure that all schools and local education authorities implement fully the guidance on suicide and self-harm to be introduced in September 2019.

RAG status	Why have you given this RAG status?	Where, realistically, should we be by April 2021?	What needs to be done to get us there?
	Multiagency work taking place, unaware if schools have been issued with guidance	Guidance rolled out	Awareness and communication raising

### In-patient services

**Recommendation 17 (2018).** That the Welsh Government:

- engage as a matter of urgency in addressing the reduced capacity in the north Wales in-patient unit; and
- provide in its response to this report an action plan detailing the practical support it is going to give to Betsi Cadwaladr University Health Board to return the unit to its commissioned capacity of 12 beds by summer 2018.

**Recommendation H (2019).** Further to Recommendations 17 and 18 in our Mind over Matter report, we want to see urgent action taken to address the demand pressures for in-patient care throughout Wales. We recommend the Welsh Government :

- ensure the capital works at Ty Llidiard are completed by the end of Summer 2019 and that the unit is in a position to accept children and young people at risk of suicide and self-harm;
- ensure the staffing issues at Abergele are resolved urgently so that the unit is in a position to accept children and young people at risk of suicide or self harm.
- explore with greater urgency options for creating extra in-patient capacity, specifically to cater for children and young people with complex needs who are currently placed outside of Wales;
- put in place more effective arrangements for 'stepping up' or 'stepping down' between different levels of intervention;
- provide capital investment to help progress at greater pace some of the opportunities for more integrated commissioning in relation to mental health, welfare and youth justice.

**Recommendation 18 (2018).** That the Welsh Government use the results of the review of in-patient capacity in Wales as a basis to:

- provide as many services as close to home as possible for Welsh domiciled children and young people;
- engage in dialogue with NHS England about options for the creation of very specialist in-patient beds that could serve populations both sides of the border; and



<ul style="list-style-type: none"> <li>explore the viability of using spare in-patient capacity on the NHS estate to provide step-down services for those leaving placements.</li> </ul>			
RAG status	Why have you given this RAG status?	Where, realistically, should we be by April 2021?	What needs to be done to get us there?
	Work underway within Welsh Health Specialist Commissioners regarding the Tier 4 inpatient capacity	Full utilisation of all available capacity	Options to increase capacity explored Options to extend criteria to include low secure and behavioural/attachment issues should be explored Units should be able to take admissions 24/7 and be able to provide a place of safety until appropriate services can be accessed.
<b>Transitions</b>			
<p><b>Recommendation 19 (2018).</b> That the Welsh Government, in light of the importance of the transition period in retaining engagement with support services and the heightened vulnerabilities of young people as they enter adulthood, require health boards and local authorities to report to them on a six monthly basis:</p> <ul style="list-style-type: none"> <li>the steps they have taken to ensure implementation of the transition guidance;</li> <li>their assessment of their level of adherence to the guidance; and</li> <li>details of the challenges they encounter when seeking to deliver smooth transitions and how they are mitigating those risks</li> </ul> <p><b>Recommendation J (2019).</b> Further to Recommendation 19 in our Mind over Matter report, and given the heightened vulnerabilities of young people as they enter adulthood, we recommend that the Welsh Government consider all options for improving transitions, including exploring the extension of CAMHS up to the age of 25, to provide an extended period for young people to move into adult services, rather than immediately transferring to adult mental health services when they turn 18.</p>			
RAG status	Why have you given this RAG status?	Where, realistically, should we be by April 2021?	What needs to be done to get us there?
	Transition guidance document has been shared Unaware of any consideration regarding extending the age range of CAMHS to 25 although certain services such as early Psychosis support span the 14-25 age range	Transition guidance implemented	Work between CAMHS and Adult services to sustain a model and agree a Young People specific pathway. Transition to be viewed as more fluid and be able to adapt service provision to meet need, rather than just specifically around age.



Psychological therapies			
<p><b>Recommendation 20 (2018).</b> That the Welsh Government, in light of the current variation in provision and the crucial role therapeutic interventions have to play, set out a national action plan for the delivery of psychological therapies for children and young people. As a minimum this should include:</p> <ul style="list-style-type: none"> <li>• an outline of how primary, secondary and specialist services will work together to ensure a range of therapeutic services across the spectrum of need are delivered effectively;</li> <li>• specific plans for developing and maintaining a stream of sufficiently trained (and regulated/registered) therapeutic practitioners;</li> <li>• details of the proposed review of prescribing trends for children and young people with emotional, behavioural and mental health problems, building on previous work undertaken by Professor Ann John and including an assessment of whether other interventions have impacted on these trends, to begin in the next 12-18 months; and</li> <li>• an assessment of the plan’s financial implications and affordability, and how its outcomes will be measured.</li> </ul> <p><b>Recommendation K (2019).</b> The Welsh Government should work proactively with the Health Education and Improvement Wales (HEIW) to ensure the CAMHS workforce is prioritised in the 10 year workforce strategy. We would welcome further information about plans for developing and maintaining a stream of sufficiently trained therapeutic practitioners to deliver interventions to children and young people.</p> <p><b>Recommendation L (2019):</b> Further to Recommendation 20 in our Mind over Matter report, we recommend the Welsh Government publish the children and young people’s version of Matrics Cymru by December 2019, alongside details of how this will help to ensure a range of therapeutic services across the spectrum of need are delivered effectively to children and young people across Wales.</p>			
RAG status	Why have you given this RAG status?	Where, realistically, should we be by April 2021?	What needs to be done to get us there?
	Unaware of any progress in this area	Workforce and training plans in place for this scarce skills group Outcomes framework for evaluating impact of interventions.	Review of evidence-based interventions for CYP emotional and mental health. Clarity on definitions of outcomes and guidance on what measures and indicators may be used to evaluate impact and success
Prescribing and medication			
<p><b>Recommendation M (2019).</b> Our view as expressed in Recommendation 20 of our Mind over Matter report, that a national review of prescribing trends for children and young people with emotional, behavioural and mental health problems is needed, remains unchanged. In the absence of such a review, we recommend the Welsh Government provide us with further assurances on this issue by December 2019.</p>			



RAG status	Why have you given this RAG status?	Where, realistically, should we be by April 2021?	What needs to be done to get us there?
	Unaware of any report in this area	Review carried out and recommendations issued	Review of practice and consultation on recommendations
<b>Advocacy</b>			
<p><b>Recommendation 21 (2018).</b> That the Welsh Government, within six months of this report’s publication, commission a review of the current provision of – and need for – advocacy services for children and young people accessing all mental health services, not just those in in-patient settings. This review should be undertaken in consultation with key stakeholders such as the Children’s Commissioner, the National Youth Advocacy Service, commissioned providers of services, and children and young people. Based on the review the Welsh Government should assess the viability of providing an active offer of advocacy to all children and young people accessing mental health services and should publish a full account of its conclusions.</p>			
RAG status	Why have you given this RAG status?	Where, realistically, should we be by April 2021?	What needs to be done to get us there?
	Awaiting Welsh government draft advocacy principles for CYP	Framework in place	Work to continue Role of advocates to be clearly defined and a minimum skill set devised Consideration of accessibility and hard to reach communities, BME/deaf etc.
<b>Vulnerable children (including children who are care-experienced, adopted or have experience of the youth justice system)</b>			
<p><b>Recommendation 22 (2018).</b> That the Welsh Government work across agencies to ensure that the emotional and mental health needs of children and young people are assessed on entry to care and on receipt of a referral order within the youth justice system, and routinely thereafter. This will help inform planning of adequate provision of multi-disciplinary support to meet their often-complex needs in a timely and appropriate way.</p> <p><b>Recommendation 23 (2018).</b> That the Welsh Government, within six months of this report’s publication, undertake a piece of work on the provision of emotional, behavioural and mental health support for looked after and adopted children. This should:</p> <ul style="list-style-type: none"> <li>• be informed by the activity of the Ministerial Advisory Group on looked after children and the T4CYP Programme’s work; and</li> <li>• consider, in the case of looked after children, the extent to which public bodies are adhering to their responsibilities as corporate parents to provide both the physical and emotional support they need.</li> </ul> <p><b>Recommendation N (2019).</b> The Welsh Government should provide more detail about—and evidence that—the workstreams of the Joint Ministerial Advisory Group on outcomes for children, the whole-school approach programme, and the Together for Children and Young People</p>			



<p>Programme are linked and working in tandem to ensure that the most vulnerable children and young people are having their emotional and mental health needs assessed and can access support promptly. The Welsh Government should provide a further detailed update to the committee on this, together with timescales for progressing this work. In the meantime, we remain deeply concerned about the provision of emotional well-being and mental health support for care-experienced children.</p>			
RAG status	Why have you given this RAG status?	Where, realistically, should we be by April 2021?	What needs to be done to get us there?
	<p>Unaware of any national work that has been communicated to local services</p> <p>Locally work is in place through Integrated Care funding to provide a psychologically informed approach to children who are looked after</p>	<p>Vulnerable children have access to services that are trauma informed and to specialist CAMHS support where this is required</p> <p>Support to access substance misuse treatment services is provided with assurances of confidentiality and no automatic removal from current placement</p>	<p>Development of trauma informed services as part of the systems wide transformation</p> <p>Better link up with substance misuse services</p> <p>Specialised MDT community services, supporting children in PRUs and refuges</p>
<p><b>Working with the third sector</b></p>			
<p><b>Recommendation 24 (2018).</b> That the Welsh Government, within three months of this report, act on the evidence received from the Royal College of Paediatrics and Child Health that it needs to establish an overarching group “with teeth” to manage the joint working that is needed between statutory and third sector organisations in order to deliver effective and timely emotional and mental health support services.</p>			
RAG status	Why have you given this RAG status?	Where, realistically, should we be by April 2021?	What needs to be done to get us there?
	<p>Does TYCYP not fulfil this role?</p>	<p>Engagement of the third sector in collaborative arrangements</p>	<p>A national framework underpinned by local collaborative arrangements which ensure a system wide approach.</p> <p>Recognition that one 3<sup>rd</sup> sector programme may be best suited in some instances but one size does not fit all and there is room for many initiatives to work together, so long as they are based on sound evidence and principles</p>
<p><b>Workforce</b></p>			



<b>Recommendation 25 (2018).</b> That the Welsh Government ensure that all health boards respond promptly and comprehensively to surveys on workforce numbers conducted by the Royal Colleges in Wales. This will help enable the design of services that take into account staffing capacity and respond in an effective and innovative way to any shortages.			
RAG status	Why have you given this RAG status?	Where, realistically, should we be by April 2021?	What needs to be done to get us there?
	The Health boards respond to any workforce surveys requested	Requirements identified in workforce planning	In place
<b>Welsh language services</b>			
<b>Recommendation 26 (2018).</b> That the Welsh Government ensure the T4CYP Programme undertake a comprehensive piece of work on the current and future availability of Welsh language emotional and mental health support services.			
RAG status	Why have you given this RAG status?	Where, realistically, should we be by April 2021?	What needs to be done to get us there?
<b>Reporting and data</b>			
<b>Recommendation 27 (2018).</b> That the Welsh Government require health boards to report expenditure on emotional and mental health services for children and young people in a uniform way to increase accountability and transparency. This data should include information on all services, not specialist secondary CAMHS services only, and should be broken down by area (e.g. primary, secondary, crisis, therapeutic, third sector etc.) This information should be made publicly available so that those responsible can be held to account in relation to the affordability, relative prioritisation and value for money of the services provided.			
RAG status	Why have you given this RAG status?	Where, realistically, should we be by April 2021?	What needs to be done to get us there?
	Information available from Health Boards and recently requested where services are badged as Emotional and Mental Health. Other services which contribute will not have ring-fenced budgets	Consistent request for information by Welsh Government with clear criteria for reporting	Clear criteria and requirements for reporting issued Ensure these are embedded within services as data is difficult to collect on an ad hoc basis and more consistent and directly comparable information will be provided if information requirements are defined well in



			advance and captured/reported consistently over time.
<b>Youth work</b>			
<b>Recommendation O (2019).</b> The Welsh Government must ensure that within its Draft Budget for 2020-21, and in future financial years, sufficient funding is allocated to youth work in recognition of the vital role it has to play in supporting the emotional well-being and mental health of children and young people.			
RAG status	Why have you given this RAG status?	Where, realistically, should we be by April 2021?	What needs to be done to get us there?
	Funding has been allocated to the Youth Service however joint initiatives are hampered by recruitment to short term funded posts	Youth services already have a focus in this area.	More ongoing funding commitment would help recruitment Where funds are allocated to all age mental health or ICF/Transformation monies, clarity on what is expected to be allocated to CYP as a minimum.

