

Cynulliad Cenedlaethol Cymru
Y Pwyllgor Plant, Pobl Ifanc ac Addysg
Gwaith dilynol ar yr adroddiad Cadernid Meddwl
MOM: 06
Ymateb gan: Grŵp Prif Swyddogion Ieuencid Cymru

National Assembly for Wales
Children, Young People and Education Committee
Follow-up on the Mind over Matter report
MOM 06
Response from: Wales Principal Youth Officers' Group

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?
Amber	<p>Whilst the sector has yet to be convinced that emotional well-being and mental health has become a national priority, it is essential that it does become so, particularly for children and young people. However, whilst there is a long way to go (particularly in regard to co-ordination and communication), it is evident that there is a clear momentum in this crucial area of work, receiving a higher profile in recent years, particularly in the areas of Health and Education and in large part attributed to the stoic work of the CYPE Committee.</p> <p>In regard to youth work, the sector has been encouraged to receive a greater recognition of its contribution towards improving the mental health and emotional well-being of young people aged 11-25 years - the benefits of youth work as a non-clinical intervention/preventative model based on a trusting and voluntary relationship is referenced on a number of occasions in the Mind Over Matter report e.g. as</p>	<p>Given the evidence produced by the CYPE Committee inquiry plus the plethora of research and evidence available on this subject e.g. regarding Adverse Childhood Experiences, implementation and impact cannot occur quickly enough if we are to avoid further damage to our younger generation’s ability to cope with and positively contribute to modern life. Therefore, it is difficult to put any timescale on what is such an incredibly important agenda, other than to label it as ‘urgent’. A young person currently struggling with negative mental health or emotional well-being, April 2021 will seem an incredibly long way off, perhaps for some too long – they require (and should be entitled to) appropriate support now. UNICEF consistently rates children in the UK as below average or poor in a number of developmental categories, referring to a ‘sticky floor’ in poor children’s cognitive development in their 2016 report https://downloads.unicef.org.uk/wp-content/uploads/2016/04/RC13-ENG-FINAL.pdf?_ga=2.193111021.1169426876.1578060995-1660992440.1578060995 . 2021 is 5 years on from this assessment, meaning that a 10 year old in 2016 will be a young adult of 15 in 2021.</p>	<p>We have seen some progress in regard to agencies coming together to address this issue but there needs to be much quicker pace in changing attitudes and structures to enable greater collaborative working and more intelligent sharing of resources. There is also an urgent need to better co-ordinate the number of programmes which have developed in recent times – they may all, in their own way, be effective but this is not always evident. Also, some are available to parts of the sector whilst not in other areas/sectors. This is why there is an urgent need to map what is available but also to communicate the efficacy of each and how and where it can be accessed.</p> <p>Silo working is not an effective way of making an impact on this agenda and the workforce must both become more aware of what services are available and which is/are the most effective dependent on a young person’s (changing) circumstances – thereby becoming more dynamic to respond to need</p>



referenced as an important 'wrap around' support for young people. There has also been an improved level of 'traction' for Youth Work in relation to this agenda with a number of other partners, both at national and local level. However, there is plenty of scope to further develop this, particularly at strategic level, where Youth Work is often positively referenced but is not always represented – this can lead to assumptions of Youth Work practice, which may not be accurate. The sector calls for further involvement in making a direct contribution at the earliest opportunity to help shape policy and strategy, rather than being approached to deliver on programmes at a late stage. This will lead to more effective efforts on this agenda, as well as bring both the voice of Youth Work and young people into discussions.

This greater recognition of Youth Work has also been reinforced by an extra £2.5m funding as part of the Youth Support Grant, alongside £3.7m for Youth Homelessness – two agendas very much linked. Local authority Youth Services are

and avoiding 'churn', whereby young people receive an intervention and get passed to another and perhaps another, in a lateral way, rather than having a pathway to improving mental health and well-being. This includes better planned and more frequent opportunities for shared/joint training across disciplines. We know for example that youth work skills are in great demand, particularly in regard to engaging with young people but they cannot provide the clinical care required when necessary. However, there can often be both gaps in knowledge about what services are available and/or a gap in service provision itself – this is not always dependent on funding as good quality mapping of services can both identify gaps (and duplication) and offer a tool for re-deploying available resources/investment where it is most needed.

The impact of T4CYP has yet to be felt at operational level in youth work – whilst many practitioners and volunteers are aware of the programme, there is little evidence



developing new relationships where they have not traditionally existed and enhancing those where they have with Housing Associations, voluntary sector youth work providers and other relevant partners to ensure that the impact of this additional funding is maximised.

Though youth work fully supports the principles of the T4CYP programme and is pleased to hear of the programme's extension, it has not, as yet, been afforded a prominent role. Whilst the sector has representation on one of the work-streams, it is not afforded the same involvement at strategic (Board) level or on other previous work-streams and therefore does not have the same level of influence as some other organisations. As a result, it is perhaps also not as well 'linked in' to its work programme. In part as a result of this, youth work has not felt that it has played as full a role as it might have. Although there are some very positive examples where youth work is an equal partner (e.g. via some School In-Reach pilots and the ACE Hub's efforts in regard to its Youth Workforce Steering Group),

that practice has been influenced by T4CYP – where good practice exists, this unlikely to be as a direct result of T4CYP.

As way of example, the Youth Work sector has developed a number of resources for improving the mental health of young people – the young people of Cardiff have produced [Mind Hub Wales](#), for young people as a one-stop-shop for providing "...information and links to services in relation to your emotional health and well-being." Also, the [Health & Wellbeing Youth Worker Toolkit](#), developed by Youth Workers and Health professionals to "...support Youth Workers in delivering a range of health related activities".



this is not always the case at either national, regional or local level e.g. the sector had to make a case for recognition and representation on the Ministerial Task & Finish Group for the Whole School Approach, rather than being invited and is not always represented at either Regional Partnership Boards (RPB's) or Public Service Boards (PSB's).

The Youth Service does recognise however that there has been some innovative and welcome progress regarding the involvement of (and therefore the voice) of children and young people in particular e.g. via the T4CYP Youth Board. The Youth Service has a strong history of participatory work with young people as well as advocacy and can offer a great deal to these efforts.



The new curriculum			
Recommendation 1 (2018). 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?
Red	<p>Whilst recognising that schools are important for the vast majority of young people, we must also recognise that Education occurs in a huge variety of environments and settings. Research has shown that, on average children and young people spend 15 minutes of every waking hour in formal education, meaning that the majority of their time is spent elsewhere and all children and young people will return to their families and communities, which are also incredibly influential.</p> <p>Alongside ongoing uncertainty regarding the continuation of T4CYP, whilst accepting its important role, the Youth Service is disappointed to observe the (arguably disproportionate) focus on a Whole School Approach. Whilst an important element around efforts to improve children and young people’s lives, these same children</p>	<p>The concern from the youth work sector is that, whilst it is more than willing to support schools in the delivery of the new curriculum, given its lack of involvement to date, will it be ready to do so? Had youth work been involved in the development phase, it might arguably be better prepared and more ready to ‘hit the ground running’ alongside schools from or prior to 2021.</p>	<p>The old African proverb “It takes a village to raise a child” is now a familiar one in Wales. However, the evidence would indicate that this has not been fully recognised/responded to. Whilst recognising that schools engage with the vast majority of children and young people aged 4-16, the interpretation of ‘education’ can often be that of formal education only.</p> <p>Given we are where we are, the sector remains committed to the principles of the new approach but calls for greater involvement of other types of educators/pedagogues and to focus efforts on health and education workers better understanding each other’s approaches to this agenda and greater partnership working.</p>



and young people return to their families and communities when not in school - therefore, perhaps a re-focus to reflect a Whole System Approach would deliver greater impact as all services need to be working together – schools also have a huge amount of change occurring given the curriculum and Additional Learning Needs (ALN) reforms – they are part of the solution but can they be **the** solution? T4CYP has been criticised for being 'too health focussed and led'. Might we be falling into the same trap with the WSA? Given the emphasis on the WSA however, we have yet to see (at time of writing this response) the proposed framework for this work and are not clear as to how or where Youth Work may play a role.

As way of example of a recent missed opportunity, although the skills of youth workers have a great deal to offer the new curriculum e.g. around PSE, RSE, experiential learning, Health & Well-being, the youth work sector has found it difficult to fashion opportunities to influence its development - although



	<p>the sector has been invited to comment on the forthcoming curriculum consultation, this is arguably too late. As an education provider, Youth Work has again been an 'after thought' and not integral to these efforts.</p>		
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Measurement of well-being in schools

Recommendation 2 (2018). 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.

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			<p>It worth recognising that measuring well-being can be complex and notoriously difficult and is, in some respects, similar to measuring 'soft skills' development, both of which are central to good Youth Work. Again, rather than start this process from scratch, there is a lot of good work which schools can learn from and from which other sectors can learn from schools in this area, with Estyn having an important role to play.</p>

Emotional and mental well-being initiatives in schools

Recommendation 3(2018). 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

Recommendation C (2019): 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.

Recommendation 4 (2018). 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.

Recommendation 7 (2018). 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.

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School counselling

Recommendation 6 (2018). 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.

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School staff



Recommendation 5 (2018). 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.

Recommendation 8 (2018). 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.

Recommendation B (2019). 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.

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			<p>Wales has a long tradition of Youth Work in schools. However, this does not take place in all schools – whilst a youth workers can often add value to the efforts of a school, as with most other non-teaching professionals engaged in schools, this is carried out on invitation from the school. Referring to previous comments, there is more to be done to articulate the benefits of Youth Work and the sector is more than willing to contribute to such a mapping exercise. Consideration needs to be made to the recent and ongoing funding climate however – Youth Work has, in some areas, experienced a disproportionate impact of austerity, meaning that</p>



			capacity and resource is low, so a concerted effort needs to be made if more Youth Workers are to make a greater contribution in schools and/or in communities.
Primary health care			
<p>Recommendation 9 (2018). 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>Recommendation 10 (2018). 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 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.</p> <p>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</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?
Care pathway			
<p>Recommendation 11 (2018): That the Welsh Government ensure:</p> <ul style="list-style-type: none"> • 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"> 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. 			
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 'missing middle'			
<p>Recommendation 12 (2018). 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"> 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 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. <p>Recommendation E (2019). 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?
Red	The Youth Service was represented on the predecessor to the early help and enhanced support work-stream (the Resilience and Early Intervention work-stream). There has been no indication since the last meeting of this work-stream (14 th June, 2019) of the early help and enhanced support group being reconvened.	A great deal of work has been accomplished by this work-stream but some of it (e.g. the good practice case studies) has not been published. It would be helpful to revisit some of this and ensure that it is made accessible to strategic managers and frontline services. Also, some work had been carried out around ensuring an accessible/common language which, it had been intended, would add clarity to terminology used by a multi-facted work-force.	The Early Help and Enhanced Support work-stream needs to meet as a matter of urgency to consider its work programme and present this to the Board for ratification. Thereafter, there need to be regular meetings of relevant members up to and beyond April 2021 (if necessary).



Neurodevelopmental services			
<p>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.</p> <p>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:</p> <ul style="list-style-type: none"> • 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?
Qualitative measures of performance			
<p>Recommendation 14. 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.</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?
Crisis and out-of-hours			
<p>Recommendation 15 (2018). That the Welsh Government, within six months of this report's publication, in relation to crisis and out-of-hours care:</p>			



- 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;
- 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&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);
- 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?

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 The Emotional and Mental Health of Children and Young People in Wales
- 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?
In-patient services			
<p>Recommendation 17 (2018). That the Welsh Government:</p> <ul style="list-style-type: none"> 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. <p>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 :</p> <ul style="list-style-type: none"> 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. <p>Recommendation 18 (2018). That the Welsh Government use the results of the review of in-patient capacity in Wales as a basis to:</p> <ul style="list-style-type: none"> 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 explore the viability of using spare in-patient capacity on the NHS estate to provide step-down services for those leaving placements. 			
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?



Transitions			
<p>Recommendation 19 (2018). 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"> • the steps they have taken to ensure implementation of the transition guidance; • their assessment of their level of adherence to the guidance; and • details of the challenges they encounter when seeking to deliver smooth transitions and how they are mitigating those risks <p>Recommendation J (2019). 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?
Psychological therapies			
<p>Recommendation 20 (2018). 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"> • 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; • specific plans for developing and maintaining a stream of sufficiently trained (and regulated/registered) therapeutic practitioners; • 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 • an assessment of the plan’s financial implications and affordability, and how its outcomes will be measured. <p>Recommendation K (2019). 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>Recommendation L (2019): 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?
<p>Prescribing and medication</p>			
<p>Recommendation M (2019). 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?
<p>Advocacy</p>			
<p>Recommendation 21 (2018). 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?
<p>Vulnerable children (including children who are care-experienced, adopted or have experience of the youth justice system)</p>			
<p>Recommendation 22 (2018). 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</p>			



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.

Recommendation 23 (2018). 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:

- be informed by the activity of the Ministerial Advisory Group on looked after children and the T4CYP Programme’s work; and
- 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.

Recommendation N (2019). 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 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.

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?

Working with the third sector

Recommendation 24 (2018). 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.

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?

Workforce

Recommendation 25 (2018). 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?
Welsh language services			
Recommendation 26 (2018). 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?
Reporting and data			
Recommendation 27 (2018). 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?



Youth work			
Recommendation O (2019). 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?
Green	As has already been commented in this response, the Youth Service appreciates the recognition which the CYPE Committee has given to the impact of Youth Work on this agenda and in its recommendation to WG to invest in this preventative intervention. The extra £2.5m which came as additional funding via the Youth Support Grant for 2019-20 has assisted the sector to develop some innovative practice, as well as reinforced ongoing efforts. It is also positive to see that this will continue for 2020-21, as indicated in the recent Welsh Government draft budget.	<p>Although capacity continues to be a real challenge, the sector has carried out a lot of work throughout 2019-20 on MH&EW, particularly around running workshops, sharing good practice and engaging with clinical experts at local and national level. MH&EW has also been included as a new standard in the suite following a recent (Summer, 2019) review of the Youth Work National (UK wide) Occupational Standards.</p> <p>However, whilst Youth Work is gaining greater recognition as an effective preventative service, it is perhaps still suffering from a lack of wider understanding of the profession. Whilst Youth Work has a strong tradition built by excellent voluntary and part time staff, the workforce today also includes over 1,000 professional, qualified staff who are registered with and regulated by the Education Workforce Council (EWC) as equal partners in the drive to better improve educational and life outcomes for our young people. It is therefore important that the sector is also represented at strategic level, where decisions are being made, so that this process is carried out in an informed manner, rather than without the input of the profession. There is sufficient time between</p>	Since the onset of austerity, the Youth Service has in many areas been disproportionately affected, a scenario which has been well documented. One of the consequences of this is that, for many local authority Youth Services, core funding has been reduced to levels which have meant that the depth and range of Youth Work available today bears little resemblance to that of even a few years ago. Why this is mentioned is that, in some areas, whilst targeted provision is expanding as a result of such funding, open access services have suffered. The point being made here is not that one directly affects the other but local authorities need the appropriate level of sector knowledge, skills and level of infrastructure to manage and deliver Youth Work grants as effectively as possible. This comes from having sufficient staffing and structures in place which underpin



		<p>now and April 2021 for the role of Youth Work to be better articulated and for the sector to be appropriately represented at decision making levels.</p>	<p>the core Youth Service offer. In some areas, whilst recognising the difficult decisions faced by local authorities in making the most of the reduced funding available, such capacity has become a real challenge. Regardless of this, the sector remains resilient (as recognised by Estyn in their Thematic Review of Youth Support Services, 2019), positive and responsive to the needs young people aged 11-25.</p>
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