

CYPE(5)-09-20 - Paper to note 1

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Llywodraeth Cymru
Welsh Government

Ein cyf/Our ref

Lynne Neagle AM
Chair, Children, Young People and Education
Committee National Assembly for Wales
Cardiff Bay
CF99 1NA

27 February 2020

Dear Lynne,

The emotional and mental health of children and young people in Wales – next steps for *Mind over Matter*.

Thank you for your letter of 12th December 2019 in which the Committee requested further information about the current state of provision, support, and policy regarding the emotional and mental health of children and young people in Wales. We are pleased to report continued progress across key areas with the renewal of the Together for Children and Young People Programme and the continued work of the Whole School Approach, supported by £5million of joint Health and Education funding amongst other major funding increases. The advances made have only been achieved through the collaborative, whole system philosophy of delivery that these two programmes in particular embody. Informed by engagement from children and young people alongside a wide range of stakeholders, we continue to provide services and service improvement that meets need at the first opportunity and offers wrap around care in a multi-agency, multi-disciplinary, multi-sector fashion though we of course recognise that there is always scope for improving experiences and outcomes further.

Since its publication in April 2018, *Mind Over Matter* has represented an ambitious driving force to improve the ways in which we all contribute to the emotional and mental health of children and young people. We are pleased that since our last response, the work undertaken across Government to meet the needs raised in *Mind Over Matter* have evolved

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Rydym yn croesawu derbyn gohebiaeth yn Gymraeg. Byddwn yn ateb gohebiaeth a dderbynnir yn Gymraeg yn Gymraeg ac ni fydd gohebu yn Gymraeg yn arwain at oedi.

We welcome receiving correspondence in Welsh. Any correspondence received in Welsh will be answered in Welsh and corresponding in Welsh will not lead to a delay in responding.

with the rapidly changing evidence of best practice to continuously put forward the highest quality care and support regardless of circumstance. You will notice that many of our responses emphasise the mild to moderate cases characterised as the “Missing Middle” which reflects the shift in emphasis to a preventative based model in line with the priorities of *A Healthier Wales*, while continuing to deliver for our most vulnerable children and young people who are supported by specialist services.

In Annex 1 we have provided an update on progress arranged against the original 28 recommendations contained in the *Mind Over Matter* report. We also note the follow-up recommendations submitted to us in your letter of 8th August 2019 and have included information which we trust addresses the 15 areas of concern within the text of the related original recommendations.

We look forward to working with service users, stakeholders, and the Committee to deliver further improvements to support children and young people in Wales.

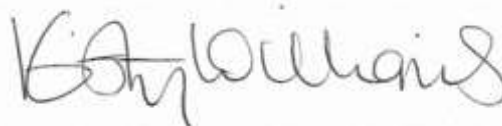
Yours sincerely,



Vaughan Gething AC/AM

Y Gweinidog Iechyd a Gwasanaethau
Cymdeithasol

Minister for Health and Social Services



Kirsty Williams AC/AM

Y Gweinidog Addysg
Minister for Education

Annex 1

Key Recommendation: *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.*

Our actions in recent years demonstrate our commitment to improve emotional wellbeing and mental health. Mental Health remains a key theme in *Prosperity for All* and it is reiterated and embedded in:

- *Our National Mission*, which seeks to promote strong and inclusive schools committed to excellence, equity and well-being, as one of its four enabling objectives.
- *A Healthier Wales: our Plan for Health and Social Care*, which reiterates our priorities for the nation's wellbeing.
- *Together for Mental Health*, which further defines the actions we will take to build emotional resilience, tackle stigma and discrimination and support people experiencing poor mental health.

This strategic intent translates into practical action. We are actively engaged with our stakeholders to build effective policy and practice. Most notably, a Joint Ministerial Task and Finish Group was established in 2018 to advise us on what more needs to be done to support children and young people's mental health, and has met five times to date. We have also committed significant investment to support this approach and reference to additional funding is made throughout this response.

Supporting schools

Many more schools are developing appropriate frameworks and strategies to support young people with emotional health difficulties. Estyn's recent "Healthy and Happy" Report highlights around two-thirds of primary schools and a third of secondary schools have an inclusive whole-school approach to supporting pupils' health and wellbeing. This is welcome, however this still leaves a significant number of schools without such an approach.

Recognising that some schools are continuing to struggle to devise an appropriate support structure to support children and young people with emotional health difficulties, in June 2019 we outlined our intention to develop a Framework to support schools in developing a whole school approach.

A draft of the Framework was shared with key stakeholders in late 2019. We are in the process of updating the framework based on this feedback and have committed to public consultation on the revised draft by March 2020.

Supporting schools and communities

Our work on Community Focussed Schools includes £15 million made available for works that will extend school services for both families and the wider community. The bids included a range of interventions that will facilitate wider community use of schools/colleges and community hubs; including improved community facilities and co-location of services. Such projects are expected to impact the mental health and emotional well-being of learners in a number of ways, as demonstrated by the example of an approved bid for co-location of services in Bridgend below. Of the projects submitted for consideration, twenty business cases totalling £15,848,560 were approved. Successful projects are getting underway during 2019/2020. Once completed, outcomes will be evaluated and good practice shared.

Bridgend Local Authority: Brynteg School - East Hub

Providing suitably located accommodation that is sufficient in size for the east hub is considered critical in order to provide the community with the quality of service required, which will help effectively support families. The project involves the re-location of an existing locality hub to Brynteg Comprehensive School and the construction of a permanent quality prefabricated modular building that can accommodate 40 hub staff. As the proposal involves the co-location of a variety of services and agencies in a single setting at a local comprehensive school, the setting will provide a more normalised/less stigmatised setting for children and families.

It will allow the replication of the successful integrated hub model that already exists in the north and west of the county borough, where early help and statutory children's safeguarding social work services are co-located. The following professional roles will be available: Family Support Workers and Safeguarding Teams; Family Engagement Officers; Flying Start parenting workers; Educational Welfare Officers; Health Visitors, School Based Counsellors and Lead Workers; and Police Community Support Officers.

Co-location enables positive working relationships to develop, ease of information sharing, quicker and holistic assessments of child and family need, and the sharing of plans and interventions. It facilitates early intervention and preventative approaches aimed at reducing or avoiding the need for statutory social services involvement with a child. The Team Around the Family meetings, will also be facilitate at this hub, which is not possible at the current office facility. In addition the new facility will also provide effective space for developing staff's skills and knowledge through consistent supervision; team meetings and development sessions.

In 2019/2020 we also invested significant additional funding in recognition of the role of youth work and youth services in supporting young people, both in the community and as part of the wider scaffolding of support around the whole school approach. This included an acknowledgement of the important support youth work approaches can play with young people who may have emerging mental health or emotional wellbeing issues, and therefore forms part of our cross-sector, whole system approach.

This £10 million pot of funding, via the Youth Support Grant, included £2.5 million to tackle mental and emotional health and wellbeing issues through youth work approaches, £3.7 million to tackle youth homelessness, and a 10% uplift to the core budget associated with the grant, which focuses on youth work and youth engagement and progression activities. This funding has been identified again in the draft budget for 2020/2021.

As part of this funding, local authorities have been working collaboratively, including with voluntary sector partners and across services, to develop provision that meets the needs of young people in

their local area. This has included the strengthening of early identification systems, referral mechanisms, signposting, and pathways of support, as well as practitioner training and partnership working across services to ensure a coherent offer of support to young people. These efforts will continue to be built on, with best practice identified and shared more widely, and is being delivered in the context of our new Youth Work Strategy for Wales.

The new curriculum will support learners to develop their ability to focus their attention, and be aware of, how they are perceiving, thinking and feeling during their experiences. This gives learners the opportunities to build skills of self-awareness and empathy. Self-awareness allows learners to be receptive and reflective, which helps them to adapt their behaviour and actions to different situations. As a result, learners begin to understand that the mental health and emotional well-being of others is affected by their own and others' life experiences which enables learners to act with empathy, compassion and kindness for themselves and others.

We have been working with Welsh Higher Education Institutions (HEIs) to develop mental and emotional wellbeing learning resources to Support Initial Teacher Education and Professional Learning in the following areas (together with the lead HEI):

1. Neurodevelopment and Pedagogy – Bangor HEI;
2. Child Development – Cardiff/Aberystwyth HEIs;
3. Emotional and Mental Wellbeing – Cardiff Met HEI;
4. Additional Learning Needs in Initial Teacher Education – Swansea HEI;
5. Behaviour in Initial Teacher Education – Bangor HEI;
6. Adverse Childhood Experiences – University of Wales Trinity Saint David HEI;
7. Accessing services and provision mapping for leaders and head teachers – Swansea HEI;
8. Modelling approaches to whole school and cluster level engagement with wellbeing – Glyndwr HEI;
9. Leadership for teacher wellbeing – Cardiff Met HEI; and
10. Role of the Teaching Assistant (TA) in supporting learner wellbeing – Glyndwr HEI.

The resources are being designed to accommodate the following audiences:

- Initial Teacher Education students, who might need to undertake the PL as additional study;
- Newly Qualified Teachers as part of induction;
- The Health and Wellbeing teacher community, for some of whom these areas will be new; and
- A wider cohort of teachers, leaders and governors, who will need a degree of professional engagement with the issues.

The inclusion of a number of audiences carries some key implications:

- A “core” of content that is then tailored to the needs of each audience;
- A degree of progression between several of the audiences, for example from Initial Teacher Education to Newly Qualified Teacher to experienced HWB AoLE teacher.

We are also discussing a range of accreditation options for this professional learning in the context of our development with the Universities of a common masters level programme across the country. It will take some time to put arrangements in place for accreditation, but that will not deter us from developing the programmes. There is an expectation in the project that Universities will work with other appropriate agencies in the development of the resources.

The project will run from November 2019 to April 2020, and we expect resources to be available in their final form for the beginning of the September 2020 school year. We do not currently envisage a second phase for the project, but we will review this position in March 2020.

In addition our draft School Framework guidance on developing local whole school approaches notes the importance of training, particularly in relation to developing the positive relationships between school staff and pupils, which are at the heart of ensuring a whole school approach to emotional and mental wellbeing. It also stresses the need for staff to have the time and space to put training into practice.

We recognise that staff also need to be supported to maintain their own wellbeing and have access to appropriate supervision, particularly when dealing with more challenging issues. The Framework highlights that it is important that appropriate training resources are available for all school-based staff who work directly with children and young people. We made £400,000 available during 2019-20 to support local authorities in implementing training for teachers on child and their own wellbeing requirements.

We have a dedicated web presence for our whole school work, where we make available information including minutes of the Task and Finish, Stakeholder Reference and Youth Stakeholder Groups. We will ensure this is further developed and populated with relevant material as activity progresses. We have also undertaken a range of engagements at both ministerial and official level to promote engagement and make connections between our whole school work and that of other organisations. We have provided the Committee with two updates (one in 2019 and this one) on activity and progress against the *Mind Over Matter* recommendations and will provide a further update in 2021. Building on our first multiagency whole school conference in September 2018, we held a follow-up conference in association with the Royal College of Psychiatrists in Wales in November 2019, and are committed to holding a further one later in 2020/21, once our draft Schools Framework Guidance has been finalised. We are also working with Children in Wales and members of our Whole School Youth Stakeholder Group to set their priorities for 2020-21 to support activity in this area.

The Minister for Health and Social Services agreed in December 2019 to support a continued but refocused NHS-led *Together for Children and Young People* (T4CYP) programme to drive further improvements in this area. The work programme includes early help and enhanced support, support for Regional Partnership Boards to adopt provision for early help and enhanced support and a whole system approach for children and young people with neurodevelopmental conditions. Carol Shillabeer, will continue to lead the programme as the Chief Executive lead on mental health.

The outline work programme agreed includes:

- The delivery of a framework which describes the early help and enhanced support to be available across all areas of Wales. The framework will build resilience and support mechanisms as part of a whole system approach for children, young people and their families. It will also seek to describe the linkages to initiatives and services being put in place through the work with schools and more specialist mental health services in both primary and secondary care. This will involve close working between T4CYP and the NHS CAMHS (Child and Adolescent Mental Health Services) Network, alongside the Whole School Approach team and Welsh Government Social Services Improving Outcomes team.
- Working with wider partners through Regional Partnership Boards (RPB) to develop the early help and enhanced support framework and then supporting its adoption at an RPB level. This work will align with future strategic role RPBs should play in this important multi-agency agenda. This T4CYP workstream will include the identification of models and approaches that can be implemented across Wales by facilitating the sharing of good practice and learning from projects supported by the Transformation Fund.
- Supporting the development of a whole system approach for children and young people with neurodevelopmental conditions. This work stream will develop a future vision and policy for neurodevelopmental support services in Wales, key to steering the work to ensure the needs of all children (whether within or below the current threshold for specialist services) can be

met. This will be undertaken by closely working cross-Government and linking with the implementation of the Additional Learning Needs Act 2018.

Recommendation 1. *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.*

Our ambitious aims for the new national curriculum and, in particular, the Health and Wellbeing Area of Learning and Experience (AoLE) are central to the work of our Joint Ministerial Task and Finish Group. Maintaining connections and ensuring joint working, where appropriate, with associated activity, such as the *Together for Children and Young People* programme, is a priority. Enabling this, the Chair of the Together for Children and Young People Programme Board is a standing member of the Ministerial Group. In developing the Health and Wellbeing AoLE we have worked closely with Professor Robin Banerjee, who sits on the Expert Reference Group of T4CYP. The revised Curriculum for Wales guidance was published 28th of January 2020. The AoLE includes a “What matters” strand focusing on mental health and emotional well-being and is intended to be used together with four other “What Matters” to promote a holistic approach to health and well-being. Our CAMHS School in-reach staff are already supporting the proposed AoLE through their delivery of training with school staff and others to utilise and implement mental wellbeing resources and delivery. This should be linked to the “What matters” statements and the Welsh Network of Healthy School Schemes National Quality Award.

Recommendation 2. *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.*

Estyn's thematic review “Healthy and happy: school impact on pupils' health and wellbeing”, commissioned in Estyn's 2018-19 Annual Remit, was published in June 2019. The report found that:

- Around two-thirds of primary schools and a third of secondary schools in Wales have an inclusive whole-school approach to supporting pupils' health and wellbeing. These schools aim to make sure that the everyday school experience of pupils is consistent with messages given about health and wellbeing in lessons, assemblies and in school policies. They develop pupils as healthy, confident individuals, ready to lead fulfilling lives as valued members of society – one of the four purposes of the emerging new curriculum for Wales.
- Most other schools have several strong aspects to their support for pupils' health and wellbeing, despite their approach not being fully whole-school.

Estyn's 2019-20 remit includes a thematic review on "emotional wellbeing and mental health". The review follows on from the thematic work undertaken in 2018-19 of the health and wellbeing AoLE by focusing on provision for emotional wellbeing and mental health. It will consider how schools are supporting learners to build resilience, by adopting a range of tools including nurture. In addition, the report will look at the impact of nurturing at key transition points, including schools' work with colleges and other post-16 providers to prepare learners for the challenges this may pose for their mental wellbeing, including the "step up" to higher level study and to more independent ways of learning.

In addition, we are developing new Evaluation and Improvement Arrangements to support the implementation of the Curriculum for Wales. At the heart of the new arrangements is robust and continuous self-evaluation for improvement. We are working with Estyn to pilot with a group of schools a National Evaluation and Improvement Resource which will promote self-evaluation and improvement planning as integrated features of effective school improvement processes. The resource will support schools' improvement work by providing principles of evaluation, as well as practical guidance regarding gathering, evaluating and analysing first hand evidence through a range of activities. Supporting schools, the resource will also enable schools to review and benchmark their own internal understanding of pupil and staff wellbeing, and model effective practice.

Recommendation 3. *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.*

In order to map the range of wellbeing interventions used in schools, the Association of Directors of Education in Wales (ADEW) and Welsh Government facilitated a national survey during the summer of 2019. The survey sought schools' views on current practice and provision in relation to mental health and emotional wellbeing. The survey covered:

- universal and targeted strategies used by schools;
- the training currently available to schools, and how this has impacted pupils' wellbeing;
- the difficulties or restrictions school's face in gaining support for more specialist or targeted support; and
- how pupils are identified to receive support.

Across Wales, 480 schools responded which is approximately one third. The subsequent analysis of responses and a report has been circulated to key stakeholders in the Whole School Approach Task and Finish Group. The findings from this ADEW survey provide valuable information which will inform the web-based, user-friendly guidance tool Welsh Government is working with Public Health Wales to create. This toolkit will guide school-based practitioners to identify, select and implement evidence-informed approaches to improve mental health and wellbeing amongst learners in their school setting as part of a whole-school approach. Public Health Wales are in the process of developing a detailed plan for this project, which aims to have an initial phase ready to come out alongside the Whole School Approach Framework in autumn 2020.

The whole school approach framework requires careful and considered development to ensure that the framework produced is able to promote a consistent approach across schools in Wales. A draft of the framework was shared with key stakeholders in late 2019. We are in the process of updating the framework based on this feedback and have committed to public consultation on the revised draft by March 2020.

Recommendation 4. *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.*

As discussed in recommendation 16 below, the Samaritans work was a key component of the “Responding to Issues of Self-harm and Thoughts of Suicide in Young People” guidance for teachers, professionals, volunteers, and youth services, which was published in September 2019. However, we believe that schools are best placed to decide which specific initiatives to adopt, based on their own needs and circumstances. To support them in these decisions we worked with ADEW to map current provisions and will partner with Public Health Wales to create a toolkit of resources for schools (please see recommendation 3 above).

Recommendation 5. *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.*

Our draft School Framework Guidance stresses the importance of engagement of all levels of the school from senior leaders to administration and other support staff and that developing a whole school approach is everybody’s business. It also highlights that emotional and mental wellbeing training should not be limited to teachers, it is important that appropriate training resources are available for all school-based staff who work directly with children and young people.

Some school support staff have a specific role in relation to promoting wellbeing such as School Counsellors, School Nurses, Educational Psychologists and Education Learning Support Assistants. Staff in these roles have an important role to play in raising awareness of emotional and mental wellbeing issues among other members of staff and also act as sources of advice and support. They should be given time to allow them to support students and staff, working part of multidisciplinary teams to provide consultation, liaison and advice where appropriate.

Joint training, to foster a greater understanding of the different roles members of staff have and to build relationships should also be considered and our CAMHS School in-reach pilots have provided training to the range of school staff, not just teachers. The inclusion of non-teaching staff is something which has been particularly welcomed by schools. The £400,000 we made available to local authorities in 2019-20 to provide training on children and staff wellbeing has also been used by

a number of authorities to extend training to groups other than teachers, such as Education Learning Support Assistants and Educational Psychologists.

In addition, during the summer term of 2019, ADEW and Welsh Government facilitated a national survey seeking schools' views on current practice and provision in relation to emotional well-being and mental health. The survey consisted of six questions, including the training currently available to schools. 480 schools responded to the survey, with information showing schools access a wide range of training. There are some common themes which link to training in the use of materials that can support "assessment" and "next steps" (checklists and screening tools). A limited number of responses provided information regarding the impact of the training in terms of skills development or impact on children, with some schools identified a greater understanding for staff as a result of generic training.

More specifically, in relation to school counselling provision, we undertook a limited survey of provision during the summer of 2019. This showed variability in the provision of the service, both in terms of numbers of children waiting to access counselling and the length of time on waiting lists. To address these issues £600,000 was made available to local authorities in 2019-20 to improve provision, with many authorities choosing to increase counselling sessions to address waiting lists. We are in the process of considering the need for a more formal evaluation of counselling provision, to include an assessment of the efficacy of the existing service and the need below the current threshold of Year Six.

Recommendation 6. *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.*

Officials have been working with local authorities counselling leads and providers and, during the summer of 2019, undertook a short survey which sought to capture a range of quantitative and qualitative information on service provision. This showed variability in the provision of the service, both in terms of numbers of children waiting to access counselling and the length of time on waiting lists. To address these issues £600,000 was made available to local authorities in 2019-20 to improve provision, with many authorities choosing to increase counselling sessions to address waiting lists. In her evidence to the Children, Young People and Education Committee on 8th January 2020 the Minister for Education noted some initial priorities she and the Minister for Health had agreed for the additional funding available for 2020-21, including extending school counselling to younger pupils, below the current Yr6 threshold. However, she also noted that we would need to consider both the demand and what an appropriate delivery model would look like, as the current one-to-one counselling provision is not suitable for younger ages. We are in the process of considering the need for a more formal evaluation of counselling provision, to include an assessment of the efficacy of the existing service and the need below the current threshold of Year Six.

Welsh Government also recognises that in an increasingly digital society, the internet presents a tremendous opportunity for developing and maintaining good mental health amongst children and young people, particularly those who may not be in direct contact with more formal services. Ready for September 2020, we plan to consolidate the mental health and emotional wellbeing resources available online to children and young people across Wales through co-operation between Welsh Government, health boards, and local authorities for the purpose of hosting support in a single, accessible location. This initiative also aims to raise awareness of mental health amongst CYP and

promoting a culture where mental health maintenance is as ubiquitous as physical health maintenance.

Recommendation 7. *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.*

Our draft School Framework Guidance recognises that schools are but one part of a wider system which includes the family, friends and a myriad of general and specialist support services designed to support the child and wider family. Regional collaborative arrangements, such as Regional Partnership Boards / Public Service Boards should work to hold partners to account and ensure their full engagement.

Health providers will be one of the main sources of advice and support to schools, but at present there are a number of “entry” points from GPs, primary and specialist CAMHS, Neurodevelopmental Services, Community Paediatrics, etc. All provide different levels of support and apply different thresholds. Work is already underway in many parts of Wales to provide a more collaborative joined-up approach, such as the work being pioneered across six local authorities by the CAMHS school in-reach pilots. These pilots have demonstrated that developing relationships across organisational boundaries is a driver of successful delivery. When the Pilot interim evaluation is available in the next few weeks, we will consider the outcomes and recommendations and how best to promulgate the findings across partners agencies, including beyond the pilot areas.

We are also looking at other innovative practice, such as the pioneering work of the Aneurin Bevan University Health Board, as part of their whole systems approach to child and adolescent mental health and well-being transformation. It has developed Single Points of Access for Children's Emotional Well-being Panels (SPACE Panels) in each of their Local Authority areas. These forums meet weekly and co-ordinate requests for support around issues to do with behaviour, mental health and emotional well-being. Representatives from each service that offers input in this area attend, including Specialist CAMHS, Primary Care Mental Health Support Services, Families First provision, Educational Psychology services, Youth Services and third sector providers. The forum works on the principal that a child, young person and family's need can be matched to the service that best fits at that point in time, and operates on a “no wrong door” basis.

Our budget for 2020-21 includes a commitment to increase the whole school budget to £5 million (£3 million from Health and £2 million from Education, demonstrating the cross-cutting nature of the work). We are currently considering how we can use some of this funding to support implementation of our School Framework Guidance. This will ensure the good work to date, and our priorities for consistency and equity across Wales are delivered on the ground in schools.

Recommendation 8. *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.*

The draft School Framework Guidance is intended to encourage schools to support every member of staff, including non-teaching staff, to work with pupils in a nurturing way, treating pupils with respect. Ultimately this approach aims to move away from a “refer on” culture, whether that be to specialist services or to a specific wellbeing lead within the school, to create a culture where staff feel confident enough to be able to “hold on”, knowing they are supported and that their value as the person who knows the young person best within the school setting is recognised.

Whilst delivering this guidance is everybody’s business, schools, particularly larger schools, may find it beneficial to appoint a named person to lead implementation and act as co-ordinator and engage with other staff, the student body, parents/carers and external agencies. This individual may already have experience of such work in relation to coordinating Welsh Network of Health School Scheme activity, or leading pastoral care, for example.

Recommendation 9. *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.*

The Welsh Government has broadened its commitment to publish LPMHSS performance under Part 1 of the Mental Health (Wales) Measure 2010 for under 18s from April 2020 to also include publication of performance under Part 2 (Care and Treatment Plans) for under 18s. The changes needed to the current data collection and reporting by Local Health Boards to enable this to be published has been presented to the Welsh Information Standards Board (WISB) who have approved the proposals in principle. First Quarter data for Under 18s covering the period April to June 2020 will be published under routine reporting arrangements.

Recommendation 10. *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.*

Funding in 2018-19 provided support to increase capacity and the range of service offered and in 2019-20, the funding was targeted to support health board improvements plans. Health boards were individually asked to develop improvement plans and agree these with NHS Delivery Unit. Health Boards also submitted Service Improvement funding proposals to take account of their individual

recommendations made by the NHS Delivery Unit following the assurance review of primary care CAMHS.

In addition to the targeted investment to support primary care CAMHS, the Mental Health Transformation Fund in 2018-19 and Service Improvement Funds in 2019-20 included an expectation that a significant amount of the allocation would be utilised to support the mental health and well-being of children and young people. Through this mental health service improvement funding we have invested £5.2 million into children and young people services in 2020-21. This directly links to and builds upon the previous work and is recurrent funding.

The Committee were issued with a copy of the Delivery Unit summary report in 2019. Following the Committee appearance in Summer 2019, the Minister asked Health Boards to take their individual Delivery unit report, along with their improvement plans to Boards for discussion. This would ensure both documents were made available to the committee and the public.

The following health boards have discussed the DU report at their board meetings:

Aneurin Bevan University Health Board (ABUHB)

Confirmed that an improvement plan has been completed and this was due to go to the Board in November 2019 and has been rescheduled for February 2020. Link will be provided when available.

Betsi Cadwaladr University Health Board (BCUHB)

Confirmation received that discussed on 7th November 2019 - [BCUHB NHS Delivery Unit PCAMHS review and improvement plan](#).¹

Cwm Taf Morgannwg University Health Board (CTMUHB)

[Primary CAMHS, incorporating updates regarding the Delivery Unit report and action plan](#),² has been discussed at four Quality, Safety and Risk committees during 2019 and in the January 2020 Executives meeting.

Cardiff and Vale University Health Board (CAVUHB)

Date Taken to Board: 26 September 2019 [CVUHB NHS Delivery Unit PCAMHS review and improvement plan](#).³

Hywel Dda University Health Board (HDUHB)

Date Taken to Board: 28 November 2019 [HDUHB NHS Delivery Unit PCAMHS review and improvement plan](#).⁴

¹ <https://bcuhb.nhs.wales/about-us/health-board-meetings-and-members/health-board-meetings/health-board-meetings/agenda-bundle-board-7-11-19-public-v2-0/>

² <https://cwmtafmorgannwg.wales/how-we-work/plans-and-reports/>

³ <http://www.cardiffandvaleuhb.wales.nhs.uk/sitesplus/documents/1143/Board%20Agenda%20Bundle%2026.09.19%20v3.pdf>

⁴ <http://www.wales.nhs.uk/sitesplus/documents/862/Item%204.4%20NHS%20Delivery%20Unit%20%28DU%29%20Audit%20on%20Primary%20Mental%20Health%20Services%20for%20Children%20%26%20Adolescent%20Mental%20Health%20Servic.pdf>

Powys Teaching Health Board (PTHB)

Taken to Experience Quality & Safety Committee 4 February 2019 [Powys THB Delivery and Improvement plan](#).⁵

Swansea Bay University Health Board (SBUHB)

Confirmed that the DU report was discussed and improvements required in the Quality and Safety Committee on 1st December 2019. Link will be provided when available. [PCAMHS Improvement plan SBUHB](#)⁶ and [SBUHB Board Papers](#).⁷

Recommendation 11. *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*
- *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.*

Welsh Government routinely monitors the performance of health boards in meeting current waiting time targets for instance through the Quality, Safety and Delivery Board and Joint Executive Team meetings. The implementation of the mental health core data set will strengthen outcome data available. We continue to work on improving the accessibility of information for the public, through improvements to the stats wales website and core dataset development. As a live document the content of the CAMHS Framework for Improvement is reviewed regularly and the "C" schedule is updated by the CAMHS Network as required. The CAMHS sub group also check regularly that health boards are aware of and continue to use the "Framework". A programme of CAMHS Peer Reviews against the standards is underway, managed by the CAMHS Network.

Recommendation 12. *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:*

- *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.*

⁵http://www.powysthb.wales.nhs.uk/sitesplus/documents/1145/EQS_Item_4.3_Review%20of%20Primary%20Care%20CAMHS.pdf

⁶ <https://sbuhb.nhs.wales/about-us/key-documents-folder/quality-and-safety-committee-papers/quality-and-safety-committee-december-2019/3-1-appendix-2-pdf/>

⁷ <https://sbuhb.nhs.wales/about-us/key-documents-folder/quality-and-safety-committee-papers/quality-and-safety-committee-december-2019/3-1-camhs-report-pdf/>

School Framework Guidance

The draft School Framework Guidance is developed to help guide schools to support CYP, who fall within the scope of the “missing middle”. This will be done by facilitating a move away from a “refer on” culture, to one where staff feel confident enough to be able to “hold on”, knowing they are supported and that their value as the person who knows the young person best within the school setting is recognised.

The value of this approach to the “missing middle” of CYP is demonstrated by studies (e.g. Roffey, 2017) which show that for CYP in such situations, the everyday ‘little things’ that teachers do to nurture students can have far-reaching outcomes for student wellbeing. Indeed, students with higher sense of school belonging have also been found to have better psychological health, including less depression.

T4CYP Extension

The extended T4CYP program will focus on early help and enhanced support, neurodevelopment and regional partnership boards. All of these work areas promote early help and enhanced intervention and a whole system approaches and will be key to deliver improvements for those young people who do not meet the threshold for specific services. The program will develop a framework to support this approach, to result in improvements in service delivery.

Substance misuse

We are continuing to provide funding for the All Wales Schools Liaison Core Programme (AWSLCP) in partnership with the Police. The programme delivers education on substance misuse and wider community & personal safety issues at all key stages of the curriculum amongst a range of other lessons. The AWSLCP operated in 100% of primary and secondary schools across Wales in the last academic year (18/19), the core element of the programme is jointly funded by Welsh Government (from the Substance Misuse Action Fund) and the Police (£1.34 million each). The Welsh Government also provides an extra £640,000 for the disengaged element of the programme. Funding has been committed to the programme for 2020/21 and discussions are ongoing between officials and the Police to look at how the programme will look beyond September 2020. This will be informed by a review of the programme undertaken by the Police during 2019/20.

Book Prescription

Following positive evaluation of the adult book prescription scheme, the Welsh Government is working with partners on a Children and Young Persons book prescription scheme. The scheme would provide CYP and people who support them with information about various mental health and well-being issues. The books available have been reviewed by mental health professionals to ensure that the message being delivered is in line with good practice and will support positive outcomes for CYP. There are plans for books to be translated into Welsh.

ACE

[From 2017-18 Welsh Government has funded a total of £300,000 to Public Health Wales](#) ACE Hub, to deliver ACE awareness training to over 600 schools in Wales. An understanding of how early experiences impact on children and young people’s behaviour and the importance of relationships is key to shaping future outcomes.

CYPE projects

We have provided £1.4 million to RPBs to build regional capacity in a way that would tangibly improve access for children and young people in need of low level intervention and prevention activity. This is providing:

- **ABUHB** – Development of a PBS team to support young people with a learning disabilities and/or autism, who have complex behaviour problems. The intensive support for young people in a schools aims to prevent people from requiring expensive residential placements.
- **BCUHB** – Different models in four areas to assess interventions that have the greatest impact on CYPE. Interventions being considered included Multi Systematic Therapy informed model, expansion of a Primary School based counselling service, testing positive Behavioural approaches for children with Autism Spectrum Disorder/ADHD referred to supporting family's services and the impact of a Virtual Head teacher with respect of Looked after children.
- **CTUHB** - To expand access to Parent Support Programmes to offer a specialist Behavioural Counselling service. Designed to support the whole family and provide education and skills training program to parents, this includes guidance and counselling. The provision will allow for a reduction in referrals to specialist CAMHs, aims to reduce exclusions, improve behaviours, mental health and well-being.
- **CVUHB** - Single point of access for children and young people with emotional needs who do not need specialist services. Mental health support workers and the third sector deliver a range of activities which support parents through telephone support, consultation and advice.
- **HDUHB** - This project is an expansion of work to improve the mental wellbeing and resilience of looked after children, aimed at those Looked After Children (LAC) children who fall below the CAMHS threshold. The training will provide a theoretical framework, skills for practical application and optional areas of further self-learning. The project will support looked after children, children at risk of exploitation and care leavers 16+, who have experienced significant emotional health issues.
- **Powys** - Group sessions regarding anxiety/exam stress will be undertaken in schools. The Youth Intervention Service will provide awareness sessions for EOTAS (Education Other than at School) children and young people on a regular basis to engage with those not in mainstream education and to provide information and support regarding emotional health and wellbeing. Emotional regulation groups, for young people identified through the early help hub.
- **SBUHB** – Previous funding increased the emotional and well-being service accessed via schools and is for 4-11 year olds, providing advice for professionals via, group interventions, training, facilitation and co-ordination of referrals, advice, psychoeducation for families and children and raising awareness of the service. This will build on the current service and will allow for the recruitment of additional youth workers to offer the opportunity to expand into secondary schools.

Recommendation 13. *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.*

The Welsh Government provided £2 million in 2015 to set up neurodevelopment services and Neurodevelopmental (ND) teams were established by 2016. Welsh Government set referral to assessment waiting times of 26 weeks for the ND service. Demand for services significantly exceeded anticipated levels. Whilst BCUHB have provided assurance that the All Wales Neuro-development pathway has been implemented across the health board with a good quality of care provided to those children and families who are seen, they remain a service with exceptionally long waits. As an update to the Improvement plan provided in 2018, the health board provided an additional plan in the summer of 2019 outlining how they intend to clear the backlog of young people waiting. Significant funding was provided for 2019/20 to reduce these waits by providing additional capacity. We continue to work with BCUHB and monitor progress and expect to see significant improvements before the end of the financial year.

The Minister for Health and Social Service has agreed for the continuation of T4CYP programme, with a focus on three areas, including a dedicated work stream on ND. T4CYP will support the development of a whole system approach for children and young people with neurodevelopmental conditions including the development of a future vision and policy for neurodevelopmental support services in Wales. This will be key to steering the work to ensure the needs of all children (whether within or below the current threshold for specialist services) can be met and will be undertaken working cross-Government (including linkages with the implementation of the Additional Learning Needs Act 2018).

The Delivery Unit has commenced work to support health boards with managing demand and capacity. This work aims to train key staff in the principles of demand and capacity management and will include looking at current processes, rather than reviewing models of delivery. A formal ND/autism demand and capacity review will be commissioned in the Spring with a view to deliver costed options for service improvement for consideration by Welsh Ministers, accompanied by a workforce strategy to enable effective delivery.

Waiting time standard was introduced in April 2018 and it was intended for data to be published in April 2019, however due to concerns with the consistency of the data, the decision was taken not to publish at that time. Officials have worked with the NHS Wales Informatics Service (NWIS) and Health Boards around consistency. A development proposal has been presented to the Welsh Information Standards Board (WISB) and work with health boards continues alongside the collection of management information.

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.*

Following the CAMHS network review of data the project steering board agreed the core dataset which continues through to the next stage of the process. The [Welsh Government mental health and learning disabilities](#) core data set project board agree:

- what data should be collected in Wales;
- the outcome measures to be used; and
- to ensure that person centred/outcome focussed services are at the heart of the delivery.

There are 10 pilot teams spread across the 7 Health Board Areas. The pilot teams have been in the learning phase of the project with the focus for many on becoming confident using tools and identifying learning needs to support new ways of working. The “how to guide” is now being drafted and will be tested prior to wide scale roll out to ensure efficacy. It will also be available to all stakeholders. The guide will focus on:

- The process to embed the tools
- Sustaining compassion in our workforce
- Understanding and valuing diversity
- Quality improvement science.

A common set of forms has been developed for use across mental health services, including forms specific to CAMHS. Assessment care and treatment planning and review forms are in pilot mode and will be phased across services in the coming month. This activity means that by 2022, the core dataset will be fully implemented in Wales and a set of reports showing outcomes for people using services will be collected from the national data resource, through NWIS. This is a core commitment within the T4MH draft delivery plan 2019-2022.

Recommendation 15. *That the Welsh Government, within six months of this report's publication, in relation to crisis and out-of-hours care:*

- *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.*

Welsh Government has led the development of a new, strengthened data set for the use of police powers under the Mental Health Act 1983. The data set was developed collaboratively with partners, including the police. The first statistical release was published on 5 December 2019, capturing the position from April 2019 onwards. Further data will be published on a quarterly basis.

The revised data set takes account of changes to police powers and places of safety provision under the Mental Health Act 1983 made by the Policing and Crime Act 2017 and will include more information than has been published previously, such as ethnicity, age, and methods of conveyance. Further work is needed to secure more reliable recording and transfer of information from policing to health services on the consultation process, before this aspect of the data set can be published.

At a national level, the Welsh Government commissioned the NHS National Collaborative Commissioning Unit to conduct a Mental Health Urgent Access and Conveyance Review, this includes Children and young people. The review is overseen by a multiagency steering group and will analyse data across a range of partners – including the police, local authorities, 111, the NHS and the Welsh Ambulance Service Trust – to help better understand the current demand which is presently recorded by partners as “mental health demand”. This work is fundamental to improving the crisis pathway and the findings from the review are expected by April 2020.

Work is also ongoing to identify which approaches could be scaled up at a national level. In particular, we are working with mental health clinicians, Local Health Boards and 111 to identify opportunities to develop a mental health crisis pathway. We invested an additional £1 million in 2018/19. This has increased to £1.4 million in 2019/20 to support the range of interventions – including extending crisis care, liaison services and street triage. The NHS Delivery unit will undertake a Psychiatric Liaison and Crisis Care Review, including for children and young people, to help us understand what services are provided locally and the pathways to access support. This will inform future action to move towards more standardised support.

We wrote to Health Boards last April to monitor their designated beds and to identify the amount of children and young people using non designated beds. The exercise identified that all health boards apart from Powys have a designated adult ward where people under the age of 18 years can be admitted if required, 4 of the health boards have a specific bed within the identified ward. Health boards confirmed that any admission of a young person to an adult inpatient unit is subject to careful risk assessment. Over 95% of admissions in 2018-2019 were admitted to designated beds in comparison to nearly 80% in 2015-2016. The exercise will be repeated again this April.

At a national level, the Welsh Government commissioned the NHS National Collaborative Commissioning Unit to conduct a Mental Health Urgent Access and Conveyance Review and the NHS Delivery unit will undertake a Psychiatric Liaison and Crisis Care Review to help us understand what services are provided locally and the pathways to access support. This will inform future action to move towards more standardised support.

Recommendation 16. *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.*

Welsh Government guidance "Responding to issues of self-harm and thoughts of suicide in young people" was published in September 2019 and provides teachers with advice and guidance about how best to support young people who may be experiencing suicide thoughts and or self-harm. As part of our whole school approach work we have recently agreed further funding of £40,000 to Swansea University to undertake research and co-produce, with children and young people, guidance on how to deal with issues of online suicide and self-harm expression and its links to online bullying. This will support the guidance we published in September 2019 and we are keen to work with partners to develop further support materials in this area for a range of users.

Alongside broader mental health funding, we have also committed an additional £500,000 per annum to tackle suicide and self-harm. This includes funding four new posts to drive forward this work and co-ordinate the multiple agencies with a role to play in this agenda. The new National Suicide Prevention Co-ordinator, supported by three Regional Co-ordinators, will be vital in joining up approaches and leading the development and implementation of new action to prevent suicide and self-harm. This will include the development of the bereavement support pathway. The National

Co-ordinator has been appointed with a start date to be confirmed. The recruitment to the Regional Co-ordinator posts is now under way. In the meantime, we are providing additional support to Regional Suicide Prevention Forums to pump-prime a range of projects.

The additional funding and programme of work to tackle suicide and self-harm should not be seen in isolation from our broader investment to improve mental health and access to services. For instance, our whole school approach; additional investment in children and young people services, crisis and out-of-hours services and improving access to psychological therapies all support our efforts to reduce suicide and self-harm. The National Advisory Group (NAG) is working with existing bereavement charities who work with schools already where there is a (suspected) suicide, engaging in a variety of ways from advice to direct support. The NAG (National Advisory Group) will consider in more detail as part of the postvention pathway development.

The National Approach to Professional Learning⁸ was officially launched in 2018. This “made in Wales” approach to professional learning marked a key point in the reform journey. It aligns with the new professional standards, the Schools as Learning Organisations approach and professional learning model, to create a vision fit for the evolving education system in Wales for all educational practitioners, not just teachers. We are committed to ensuring that all practitioners receive the support they need to deliver our new transformational curriculum. We are expecting a transformation in the way our practitioners and leaders think about their professional learning in light of the new curriculum and we need to provide support to schools to enable them to make this step-change.

Moreover, we are working with HEIs to develop resources for Initial Teacher Education partnerships to offer as enrichment modules to students across a range of areas in Health and Well-being. The topics currently being developed are in Neurodevelopment and Pedagogy, Child Development, Emotional and Mental wellbeing, Additional Learning Needs (ALN), Behaviour, Adverse Childhood Experiences, Accessing services and provision mapping, Modelling approaches to whole-school and cluster level engagement with wellbeing, Leadership for teacher wellbeing and the role of the TA in supporting learner wellbeing. It is intended that these resources will also be made available for the existing workforce as part of their ongoing Professional Learning.

Welsh Government guidance “Responding to issues of self-harm and thoughts of suicide in young people” issued in September 2019 provides teachers with advice and guidance about how best to support young people who may be experiencing suicide thoughts and or self-harm. Academic evidence indicates a relationship between online bullying and suicidal behaviour and that online activity could be both a trigger for such behaviour and a contributor to social isolation. Social media provides a vehicle for increased bullying due to the anonymity it provides. There is also evidence that young people who self-harm expose their behaviour first on social media. This places them at danger of increased online bullying, whilst bystanders, who may witness both the initial self-harm intention and/or any associated bullying are unsure how best to intervene.

The Minister for Education and the Minister for Health and Social Services have agreed funding of £40,000 to commission Swansea University to undertake further research into this issue and coproduce a resource to help children and young people act appropriately when they come across such issues online. Key points of the proposal are:

- This would be one of the first systematic studies of internet use, working with young people to inform policy.
- The focus will be what young people have seen; how they felt about it; and what they did/felt they could do about it.

⁸ <https://gov.wales/national-approach-professional-learning-napl>

- The output would be to have a resource available to young people to help them feel more confident to act appropriately as bystanders when they come across issues online.

Activity will commence with research involving School Health Research Network data and Swansea University data held on the Secure Anonymised Information Linkage (SAIL) database. The next phase will involve a survey of young people's views, leading to focus groups with young people, who will coproduce guidance/toolkit highlighting how young people can recognise and react empathetically to incidences of online bullying and when young people signal self-harming behaviour online. It is anticipated that the sample size will exceed 2,000 young people (based on previous similar activity) and Swansea University currently maintain a comprehensive list of young people interested in working with them.

The final toolkit/guidance (the exact nature is unclear at the moment as it will depend on what the young people themselves feel would be most appropriate) will be able to link with and be an additional resource as part of the Welsh Government anti-bullying toolkit. It will be published on the online safety zone on Hwb. The timeframe for the work is 18 months, with work commencing in January 2020 and concluding in July 2021.

Recommendation 17. *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.*

The Welsh Health Specialised Services Committee (WHSSC) continue to work with BCUHB through their action plan. Significant improvements to workforce issues have been made, which has brought the North Wales unit back to full staffing levels and full commissioned capacity.

Recommendation 18. *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*
- *explore the viability of using spare in-patient capacity on the NHS estate to provide step-down services for those leaving placements.*

Whilst we continue to acknowledge there will be times when young people, requiring high need care will be cared for at very specialist centres in England which provide services for the whole of the UK, we remain committed to ensuring that young people requiring inpatient care receive this as close to home as possible and in one of the two Welsh CAMHS inpatient units whenever possible, with quality managed through regulatory activity including visits.

We are taking forward actions to improve in patient support through three areas of work:

- Improving current in-patient provision
 - The capital works at Ty Llidiard have been completed and the unit is now able to accept children and young people at risk of suicide and self-harm. Admission to the service remains subject to risk assessment.
 - Significant improvements to workforce issues have been made, which has brought the North Wales Adolescent Service back to full staffing levels and full commissioned capacity.
 - A Memorandum of Understanding establishing formal lines of communication between NHS Wales/WHSSC and NHS England is due to be agreed during February 2020.

- Strengthening service specifications and commissioning frameworks
 - **National Framework** - Following the review of the CAMHS National Framework and due consideration by CAMHS Network Board, QAIS and WHSSC during 2019, the specification for the new National Framework for Adult and CAMHS Hospitals has been drafted and will issue in April 2020 to ensure the All Age framework is fully operational by April 2021.
 - **WHSSC Service specifications** – WHSSC has completed its consultation on a new Tier 4 Inpatient Service Specification to expand new enhanced/high care beds. The new services and beds will allow more complex cases to be managed closer to home within Welsh units, reduce the need for placements out of area and facilitate step up/down arrangements. From April 2020 the specification will be applied to existing services as Phase 1.
 - We continue to plan for the development of a specialist service where CYP will be supported where they do not meet the CAMHS in patient criteria, but remain too complex for Local Authority residential care. This is being developed as an all Wales service that will be commissioned by WHSSC. Following implementation of the new Tier 4 service specifications (as referenced above), Phase 2 will include the consideration of business cases for additional new services and bed capacity from the provider health boards, along with the recruitment and training of new staff to care for patients with more complex/challenging needs. The process will be managed through the WHSSC Annual Plans and will be supported by the Quality Assurance and Improvement Service (QAIS).

- Future jointly commissioned provision
 - In addition to the NHS work above, a task and finish programme of work is underway to scope out how future provision might be delivered/structured for the small cohort of children with complex needs which cannot be met solely within existing secure welfare or in-patient mental health provision. Phase 1 of the work continues through February including discussions with key individuals to contribute to decisions on the next steps. This work is scheduled for completion in Summer 2020.

Our commitment continues to be developing community services so that young people do not need to be admitted to inpatient services and when this is not possible providing services as close to home as possible. This approach is reflective of the feedback that we have received from children and young people. The capital works at Ty Llidiard have been completed and unit is able to accept children and young people at risk of suicide and self-harm. Admission to the service remains subject to risk assessment, taking into account the needs and safety of all young people being in the unit.

WHSSC developed an action plan with BCUHB and has seen significant improvements to workforce issues bringing the North Wales unit back to full staffing levels and full commissioned capacity. WHSSC has completed its consultation on a new Tier 4 Inpatient Service Specification on expanding new enhanced/high care beds. The new services and beds will allow more complex cases to be managed closer to home within Welsh units, reduce the need for placements out of area and facilitate step up/down arrangements. From April 2020 the specification will be applied to existing services as Phase 1. Phase 2 will include the consideration of business cases for additional new services and bed capacity from the provider health boards, along with the recruitment and training of new staff to care for patients with more complex/challenging needs. The process will be

managed through the WHSSC Annual Plans and will be supported by the Quality Assurance and Improvement Service (QAIS). The WHSSC strategic review of FACTS is continuing looking at improving pathways between organisations and identifying gaps in provision. The task and finish programme of work outlined under recommendation 18 will also inform the need for capital investment and joint commissioning.

Recommendation 19. *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:*

- *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*

Welsh Government is finalising draft transition guidance for all NHS services, which was issued for consultation as of 27th January 2020. The guidance applies to all parts of the Welsh NHS and has been informed by The Together for Children and Young People's CAMHS "Good Transition Guidance" & Young Person's Passport. An independent Review of Evidence of all-age Mental Health Services has been completed and will report shortly. The report is expected to outline that early indicators and feedback from young people and stakeholders illustrate that the core principles of a good transition should provide CYP with flexible, person centred services, which give young people greater choice about when and how to transition. It is recognised that greater joint and collaborative work between CAMHS and AMHS, including flexibility about when to start and stop working with young people, would help deliver these. These priorities have been considered as part of the wider NHS guidance.

In addition to the stakeholder engagement within the independent review, consultation took place with young people, some of whom had lived experience of CAMHS. Their input has informed how further improvements can be made to the CAMHS transition passport and their recommendations have informed the NHS draft guidance. The NHS draft guidance outlines an expectation for health boards to arrange for annual reviews of transition to learn lessons and to share best practice. In addition, health boards will need to monitor implementation of the transition and handover guidance using service user feedback and recognised national audit outcomes, and undertake a review of structures, processes, and outcomes after two years to ensure it remains fit for purpose and key services user outcomes have been achieved. To ensure consistency across Wales, Welsh Government will review this two years following implementation. Some of the most complex CAMHS patients with additional physical needs will be guaranteed a universal experience across their care pathways under the draft NHS guidance. The CAMHS specific "Good Transition Guidance" will be updated existing procedure and to complement the evolving landscape of transitions in Wales.

The independent Review of Evidence of all-age Mental Health Services has considered evidence from a range of services including services that offer provision to the age of 25. This report will be published and shared with partners and health boards to inform service improvements, this includes T4CYP and CAMHS Network colleagues. The committee may be aware some health boards are already considering plans to allow the extension of their CAMHS current services to age 25 in some areas in Wales.

Recommendation 20. *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:

- *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.*

We remain committed to improving access to psychological therapies and we have reaffirmed this position by including it as a priority area within the Together for Mental Health delivery plan 2019-2022, published in January 2020. Within the *Together for Mental Health delivery plan 2019-2022*, published in January 2020, we focus on strengthening the psychological therapies infrastructure for adults and children in Wales that will further support service improvement, workforce development and strengthen governance. The plan also makes the commitment for HEIW and Social Care Wales to work with the third sector, local authorities and the NHS to produce a workforce plan for mental health. The plan will be multi-professional and will encompass all age ranges and protected characteristics aligning with the models of care and standards of service needed in the future. This will also take account of the roles of private and voluntary provider services, volunteers and carers as well as statutory services.

To support the psychological therapies for young people [Matrics Plant](#)⁹ has been issued for consultation by Improvement Cymru. This is designed to assist in the development, planning and delivery of a Wales wide approach to providing psychological services to children and their families. This requires an evidence-based theoretical framework to guide the provision of a range of interventions, in addition to the delivery of direct therapy specific interventions. Matrics Plant does not recommend specific models of service – accepting that models may vary and change over time. It does however have a number of organising principles. Services should be designed to ensure that they are able to meet the needs of the child at the earliest appropriate opportunity as well as at the earliest possible stage in their development. The [A Healthier Wales](#)¹⁰ strategy includes an action to develop a multi-professional workforce plan to support implementation of Together for Mental Health. This will encompass all age ranges and protected characteristics aligning with the models of care and standards of service needed in the future. This will also take account of the roles of private and voluntary provider services, volunteers and carers as well as statutory services. We have begun to explore options for further work involving prescribing for children and young people with emotional, behavioural, and mental health problems. We understand the Committee's sustained interest in this area and we will provide further information when we are in a position to do so.

Recommendation 21. *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*

⁹ <http://www.1000livesplus.wales.nhs.uk/sitesplus/documents/1011/Matrics%20Plant%20eng.pdf>

¹⁰ <https://heiw.nhs.wales/files/workforce-strategy-for-health-and-social-care/workforce-strategy-for-health-and-social-care-final-draft/>

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.

Advocacy is recognised as a key driver for protecting and promoting the rights of children and young people supported by mental health services. Statutorily mandated advocacies including IMHA, IMCA, Looked After Children’s advocacy, and NHS complaints advocacy continue to be in use throughout Wales and the upcoming Health and Social Care Bill (Quality and Engagement) (Wales) Bill will create the Citizen Voice Body which will, amongst other things, exercise complaints advocacy under the NHS (Wales) Act 2006 taking over that function from Community Health Councils. There are also additional, non-statutory advocacies supporting children and young people across Wales provided by a range of organisations, for example a pilot of Advocacy support from NYAS in Aneurin Bevan Health Board. Welsh Government will continue to work with health boards, third sector organisations, as well as children and young people, to improve the advocacy offer to effectively address children and young people’s needs.

In conjunction with NYAS, the Children’s Commissioner, and other third sector and health board stakeholders, Welsh Government is exploring an offer of advocacy for all children and young people in the Welsh NHS which focuses on asserting an individual’s rights, enabling informed decision making, and ensuring that the voice of children and young people is taken into account. As part of this work, Welsh Government is also considering the use of high level core principles to which all health boards must adhere when offering advocacy services. Alongside this wider NHS-advocacy, we are considering a specific offer for use in CAMHS and will keep the committee informed with progress.

Recommendation 22. *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.*

All children and young people in care have a right to have a health assessment and a health plan, which should include an assessment of mental health needs. The Social Services and Well-being (Wales) Act 2014 requires social care and health professionals to work together to ensure the good health of LAC and that their health is checked on a regular basis. The mental health and well-being of children and young people in care is a key priority in the Improving Outcomes for Children Work Programme which is overseen by the Improving Outcomes for Children Ministerial Advisory Group. As part of the work programme, NSPCC and Voices from Care produced a report into the emotional and mental health of care experienced children and young people; the report is entitled “Listen. Act. Thrive”. The full report has been published and considered by the Ministerial Advisory Group. The WHSSC strategic review of FACTS is continuing looking at improving pathways between organisations and identifying gaps in provision and will inform next steps.

The Committee will have noted through its scrutiny of the draft budget that the Youth Support Grant will continue into 2021/22. The £2.5 million grant funding specifically provided for supporting mental health and wellbeing will continue in the next financial year to drive the prevention agenda. This funding will strengthen support for some of our most vulnerable young people with emerging emotional, mental health or wellbeing issues.

Recommendation 23. *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.*

The Improving Outcomes for Children programme, supported by its Ministerial Advisory Group, is working across government and sectors to help reduce the need for care, improve outcomes for those already in care and support successful transition to adulthood and independence. The programme is supported by a £500,000 budget. It recently published its [Annual Report detailing many of the achievements](#), which the Committee would have read. A debate on the report was also held in the Senedd on 26th November.

Social care funding has been one of the eight cross-cutting priority areas that have shaped the preparations for the 2020-21 Draft Budget. As part of these preparations, in the summer of 2019, social services officials led and coordinated work across portfolios including HSS (mental health and substance misuse), housing, education, children and families policy and youth justice; to identify cross-government policy areas and budgets which impact on services for care experienced children and young people. The purpose of the exercise was to take a whole system approach to all areas of policy and spend which have the potential for delivering positive action and outcomes for care experienced children. We considered spend in relation to how much funding is used for care experienced children; the success and effectiveness of delivery of the spending areas; how much is used for prevention and early intervention work; and what can be identified as therapeutic work. The exercise also entailed an analysis of the provision of therapeutic services for children as a means of helping reducing the number becoming looked-after or improving outcomes for at-risk children. The work also looked at whether there are gaps in provision which could be filled by redirecting existing budgets or allocating new funding to a more effective approach and to inform future funding proposals, based on a cross-government and cross-sector way of working.

There are key connections between the work of the Joint Ministerial Advisory Group on outcomes for children, the whole-school approach programme, and the NHS-led *Together for Children and Young People* Programme. To maintain strong, system wide engagement and support the required strategic oversight, the Chair of the T4CYP will continue to be a member of the Ministerial Task and Finish Group for the Whole School Approach. Similarly, the NHS Wales National Programme Director for Mental Health has been included as a new member of the Outcomes for Children Ministerial Advisory Group. Both also provide key links with the CAMHS Network which sits under the All Age Mental Health Network Board to ensure clarity remains between Welsh Government and NHS improvement programmes.

The T4CYP programme will report into the Outcomes for Children Ministerial Advisory Group as part of the activity within Workstream 3:

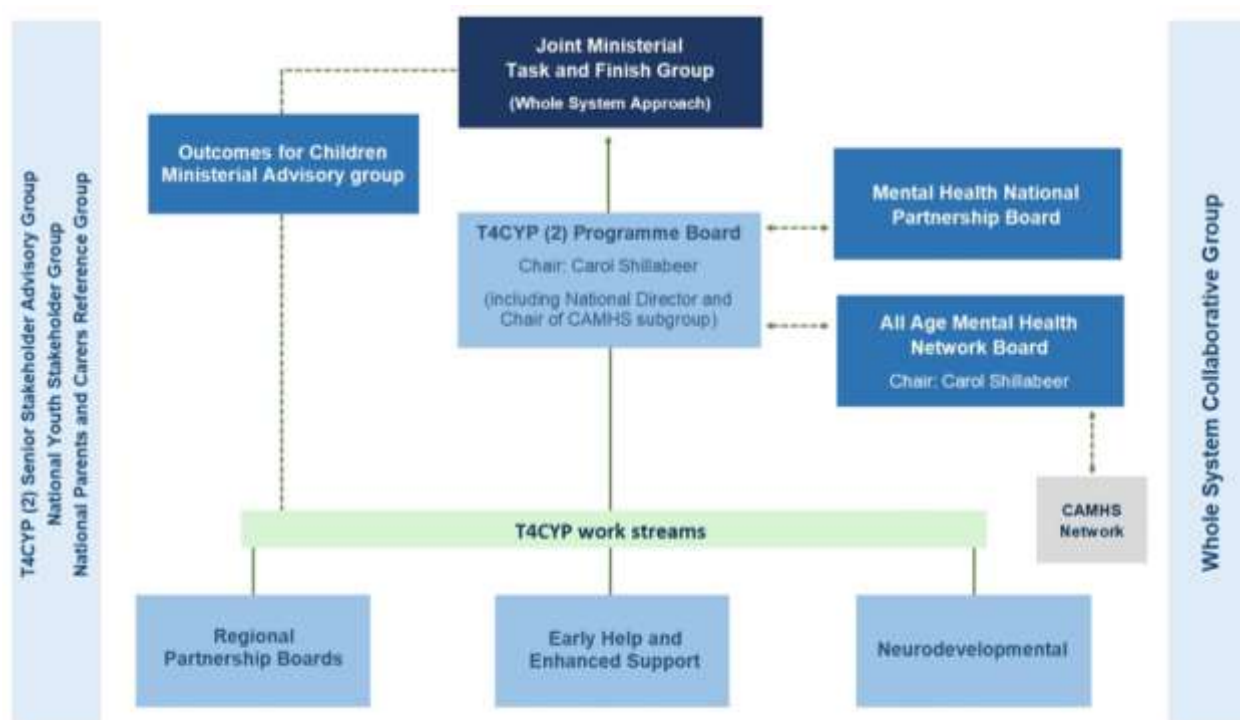
- Ensure a wide range of therapeutic support is available for emotional and behavioural problems experienced by children and young people on the edge of care and for those who have been adopted.
- Identify therapeutic services available (below the threshold of CAMHS) for children in receipt of care and support plans.

- Working on a regional basis, consider what early therapeutic support is available in the community to care experienced and adopted children with behavioural issues and attachment disorders and avert the need for children to be referred to specialist CAMHS.
- Undertake a survey to identify whether mental health needs of care experienced children are being assessed and supported as set out under Welsh legislation.

We have also established a Whole System Collaborative Group. The purpose of this group is to:

- ensure there is a clear understanding of work streams and next steps;
- collaborate in areas of interdependency;
- share good practice; and
- ensure communications are effective and timely.

The group will meet monthly and will include officials from Welsh Government health, education, social services, T4CYP (2) and the NHS Mental Health/CAMHS Network. Furthermore, officials have also worked to ensure there is some commonality of membership between the work stream groups to reinforce these arrangements. Proposed governance arrangements will remain under review as the work of the programme progresses, particularly following the creation of the NHS Executive function in order to ensure arrangements remain fit for purpose and are the most appropriate vehicle for oversight.



Recommendation 24. *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.*

Since the publication of the committee report, a Joint Ministerial Task and Finish Group was established in 2018 to advise us on what more needs to be done to support children and young people's mental health. The group has met five times to date, bringing together key strategic stakeholders from across education, health, and the wider public and third sectors. The Ministerial Task and Finish Group is also supported by

- a stakeholder reference group to ensure the broad range of agencies with a role in delivering a whole school approach have a meaningful engagement in this programme and
- a Youth Stakeholder Group to ensure that children and young people also have the opportunity to directly feed in their views as activity progresses.

Importantly, the Joint Ministerial Task and Finish Group on the Whole School Approach does not exist in isolation, and sits within broader arrangements which oversee, develop, and assure approaches to improve the mental health and well-being of children. Following advisory input from the T4CYP Expert Reference Group and the wider Programme Board the Minister for Health and Social Services agreed the extension of the T4CYP programme until March 2021 and included provision to further extend through to March 2022, subject to agreement by a new government. The revised programme's governance arrangements include reporting activity into the Joint Ministerial Task and Finish Group on a Whole School Approach and the Ministerial Advisory Group on Outcomes for Children. This will ensure that our wider activity to improve children's wellbeing has clear accountability and maintains links across policy and ministerial portfolios.

Recommendation 25. *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.*

Health Education and Improvement Wales is the lead organisation for workforce planning and submitted its 10 year workforce strategy to Welsh Government in December 2019. We continue to expect health boards to consider any relevant surveys undertaken that impact on workforce planning and if appropriate to work with Royal Colleges and others to inform the design of services.

Recommendation 26. *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.*

The Welsh Government recognises the importance of people being able to communicate in their first language when receiving care. The More than Just words framework supports actions to develop the capacity and capability within health and social care to deliver more services in Welsh and places the "Active Offer" at the heart of health and care provision. The Welsh language standards for the health sector also require organisations to develop the Welsh language skills of their staff, provide Welsh language awareness training and publish a 5 year plan setting out the extent to which they are able to increase the ability to offer clinical consultations in Welsh. The CAMHS Network undertook a survey as part of the T4CYP programme during 2019 to test whether Health Boards are compliant with the Welsh Language Act. The survey has not yet fully reported, however, initial findings suggest that health boards are providing CAMHS services with young people having access to Welsh speaking staff and literature, on request.

Recommendation 27. *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.*

The annual Statistical Release for NHS Expenditure Programme Budgets is published on stats Wales and covers all Local Health Board expenditure and the expenditure of the Public Health Wales NHS Trust, analysed by programme of care, including expenditure on primary care services, such as GPs and dentists, as well as secondary care services, such as hospitals. A new release for 2018-19 will be published in April 2020.