

# Agenda – Children, Young People and Education Committee

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Meeting Venue: **Hybrid – Committee room 3 Senedd and video conference via Zoom**

Meeting date: 9 January 2025

Meeting time: 09.30

For further information contact:

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Committee Clerk

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## Hybrid

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### Public Meeting

09.30 – 11.00

#### 1 Introductions, apologies, substitutions and declarations of interest

09.30

#### 2 Welsh Government Draft Budget 2025–26 – evidence session 1

(09.30 – 11.00)

(Pages 1 – 61)

Jeremy Miles MS, Cabinet Secretary for Health and Social Care

Dawn Bowden MS, Minister for Children and Social Care

Sarah Murphy MS, Minister for Mental Health and Wellbeing

Sioned Rees, Temporary Public Health Protection Director, Welsh Government

Albert Heaney, Chief Social Care Officer for Wales, Welsh Government

Alex Slade, Director of Primary Care, Mental Health & Early Years, Welsh

Government

Hywel Jones, Director of Finance, Welsh Government

Attached Documents:

Research Brief

Paper 1 – Welsh Government



**3 Motion under Standing Order 17.42(ix) to resolve to exclude the public for items 4, 7 and 8**

11.00

**Private Meeting**

11.00 – 11.45

**4 Welsh Government Draft Budget 2025–26 – consideration of the evidence**

11.00 – 11.30

**Break**

11.30 – 11.45

**Public Meeting**

11.45 – 12.45

**5 Care Inspectorate Wales: Annual Scrutiny session**

11.45 – 12.45

(Pages 62 – 78)

Gillian Baranski, Chief Inspector, Care Inspectorate Wales

Margaret Rooney, Deputy Chief Inspector, Care Inspectorate Wales

Attached Documents:

Research Brief

**6 Papers to note**

12.45

**6.1 Children on the margins**

(Page 79)

Attached Documents:

Letter to the Chair of the Children, Young People and Education Committee from the Chief Executive of NYAS Cymru

## **6.2 Do disabled children and young people have equal access to education and childcare?**

(Pages 80 – 113)

Attached Documents:

Information from Sparkle

## **6.3 Information from Stakeholders**

(Pages 114 – 134)

Attached Documents:

Briefing note on schools exclusions

## **6.4 Scrutiny of the Children's Commissioner for Wales**

[Welsh Government response to the Children's Commissioner Annual Report 2023 – 24](#)

## **6.5 Information from Stakeholders**

(Pages 135 – 137)

Attached Documents:

Joint briefing note from the Royal College of Music, City St George's – University of London, University of South Wales, Anglia Ruskin University and Happity

## **6.6 Implementation of education reforms**

(Pages 138 – 139)

Attached Documents:

Letter to the Cabinet Secretary for Education from the Chair of the Children, Young People and Education Committee

## **6.7 Routes into post-16 education and training**

(Pages 140 – 141)

Attached Documents:

Letter to the Chair of the Economy, Trade and Rural Affairs Committee from the Chair of the Children, Young People and Education Committee

## **6.8 Routes into post-16 education and training**

(Pages 142 – 144)

Attached Documents:

Letter to the Cabinet Secretary for Education and Minister for Further and Higher Education from the Chair of the Equality and Social Justice Committee

## **6.9 Welsh Government Draft Budget 2025–26**

(Pages 145 – 151)

Attached Documents:

Consultation response from NYAS Cymru

## **6.10 Welsh Government Draft Budget 2024–25**

(Page 152)

Attached Documents:

Letter to the Chair of the Children, Young People and Education Committee from the Cabinet Secretary for Health and Social Care

## **6.11 Welsh Language and Education (Wales) Bill**

(Page 153)

Attached Documents:

Letter to the Chair of the Children, Young People and Education Committee from the Chair of Cymdeithas yr Iaith's Education Group

## **6.12 Information from Stakeholders**

(Page 154)

Attached Documents:

Letter to the Chair of the Children, Young People and Education Committee from the Cabinet Secretary for Education

## **6.13 Information from Stakeholders**

(Pages 155 – 158)

Attached Documents:

Briefing note from Colleges Wales

## **6.14 Information from Stakeholders**

(Pages 159 – 163)

Letter to the Chair of the Children, Young People and Education Committee from NSPCC Cymru, the Maternal Mental Health Alliance and Home Start Cymru

Attached Documents:

Letter to the Chair of the Children, Young People and Education Committee from NSPCC Cymru, the Maternal Health Alliance and Home Start Cymru

## **Private Meeting**

12.45 – 13.10

### **7 Care Inspectorate Wales: Annual Scrutiny – consideration of the evidence**

12.45 – 13.00

### **8 Welsh Language and Education (Wales) Bill – Order of Consideration – agreement ahead of Stage 2 proceedings**

13.00 – 13.10

(Pages 164 – 167)

Attached Documents:

Order of Consideration paper

Document is Restricted



# Children, Young People & Education Committee's request for evidence

## Evidence to inform the scrutiny of the Draft Budget 2025-26

December 2024

This document is a response to the Children, Young People & Education Committee's request for information to inform scrutiny of the Draft Budget 2025-26.

# Contents

<b>1.</b>	<b>Allocations for Children &amp; Young People .....</b>	<b>4</b>
<b>2.</b>	<b>New Ministerial Portfolio: Children and Social Care .....</b>	<b>6</b>
	Early Years Childcare and Play.....	6
<b>3.</b>	<b>Impact Assessments.....</b>	<b>8</b>
3.1	Combined CRIA across all portfolios.....	8
3.2	CRIA for Health and Social Services MEG .....	8
3.3	Other impacts.....	9
<b>4.</b>	<b>Programme for Government .....</b>	<b>11</b>
4.1	Advocacy Services .....	11
4.2	Regional Residential Services.....	11
4.3	Eliminating Private Profit.....	13
4.4	Support for Complex Needs.....	14
4.5	Childcare Fund .....	16
4.6	Expansion for Early Years Provision.....	16
4.7	Flying Start.....	19
<b>5.</b>	<b>Children's Social Care.....</b>	<b>21</b>
5.1	Children's Social Care Workforce .....	21
5.2	Sustainable Social Services Grant Scheme .....	22
5.3	Care Experienced Children Change Fund .....	25
<b>6.</b>	<b>Children's Health.....</b>	<b>26</b>
6.1	Tackling NHS Paediatric Waiting Times.....	26
6.2	Public Health.....	28
6.3	Obesity Strategy .....	29
6.4	Mental Health Services.....	30
6.5	Eating Disorder Services.....	32
6.6	Suicide Prevention .....	32
6.7	Substance Misuse.....	32
6.8	Neurodevelopmental Services.....	33
6.9	Hillside Secure Unit.....	34
<b>7.</b>	<b>Cost of Living.....</b>	<b>35</b>

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7.1	Health Boards .....	35
7.2	Social Services .....	35
7.3	Child Poverty.....	36
<b>8.</b>	<b>Cost of Legislation .....</b>	<b>37</b>
8.1	Financial Implications.....	37
8.2	Financial Impact.....	37

# 1. Allocations for Children & Young People

Allocations in the Health MEG by Action, and Budget Expenditure Line (as directly relevant to children and young people):

- Draft Budget 2025-26;
- Final Budget 2024-25 Allocations;
- 2024-25 First Supplementary Budget;
- 2026-27 indicative budget (if set);
- A description of any changes to baselines used in the Draft Budget 2025/26 from the First Supplementary budget June 2024.

## Response:

The Draft Budget for 2025-26 has been framed around key priorities in areas identified by Cabinet as being critical for delivery. For the Health & Social Care (HSC) MEG our priority is 'lechyd da' - *A Healthier Wales*.

There is £435m of additional Resource funding and £175m of additional Capital funding for the HSC MEG to assist in the ongoing work to reduce long NHS waiting times, improve access and improve services for women's health. This is building on the additional funding already agreed for 2024-25.

The Housing and Local Government MEG is receiving an increase to boost access to social care via the Revenue Support Grant to Local Authorities (RSG).

Children and young people are captured within our priority area, 'lechyd da' / *A Healthier Wales*.

We are supporting a number of areas for waiting times improvements that impact children and young people, including for mental health, and also for those families waiting for an assessment in relation to neurodivergence.

We are also continuing our support for families to access the Childcare, Flying Start and Families First programmes.

Budget Expenditure Line	2024-25 Final Budget	2024-25 First Supplementary Budget	Changes for 2025-26 Draft Budget	2025-26 Draft Budget
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	£m	£m	£m	£m
<i>A Healthier Wales</i> - (Early Years) - BEL 0060	6.850	6.850	0.000	6.850
Support for Childcare and Play - BEL 310	82.378	82.378	20.000	102.378
Support for Children's Rights - BEL 311	1.445	1.445	0.000	1.445
Supporting Children - BEL 410	3.865	3.865	0.000	3.865
Supporting Families and Children - BEL 1085	5.535	5.535	0.000	5.535
Children and Communities Grant - BEL 1087	179.583	179.583	0.000	179.583
Cafcass Cymru - BEL 1268	15.873	15.873	0.804	16.677
<b>TOTAL</b>	<b>295.529</b>	<b>295.529</b>	<b>20.804</b>	<b>316.333</b>

### **Support for Childcare and Play: BEL 310 - £20m Increase**

In line with our commitment to the childcare sector, Officials have undertaken a review of the hourly rate for the Childcare Offer for Wales. This included field research and analysis of evidence to inform what a revised rate could look like. The current rate is £5 and from April 2025 this will increase to £6. The £20m is to deliver this increase in the hourly rate for the Childcare Offer, which includes the nursery Education component and a corresponding uplift to two-year-old childcare as part of the Flying Start Programme. In the table above this amount is shown in BEL 0310, the elements of this funding relating to nursery education and Flying Start will be allocated to the relevant BEL lines in due course. Alongside a proposed uplift, the scope of the review considers the regularity of future rate reviews and proposes an uplift to permissible food charges of 20 per cent.

### **Cafcass Cymru - BEL 1268 - £0.804m Increase**

A budget increase of £0.804m which relates to the baseline adjustment for the 2024-25 pay award and associated pension impacts from SCAPE for Cafcass staff.

### **2026-27 Indicative Budget**

The one-year budget settlement is for 2025-26 only, so no budgets have been set for 2026-27.

## 2. New Ministerial Portfolio: Children and Social Care

Narrative explanation of the role of the new portfolio holder of Minister for Children and Social Care in respect of budget allocations for children across government.

### **Response:**

The new portfolio includes lead responsibility for children's rights. The Welsh Government's work on children's rights is based on our commitment to the principles of the United Nations Convention on the Rights of the Child (UNCRC). Under the Rights of Children and Young Persons (Wales) Measure 2011, Welsh Ministers are subject to the following four duties:

- to have due regard to the UNCRC when exercising Ministerial functions;
- to produce a Children's Rights Scheme setting out arrangements for complying with the due regard duty;
- to publish a "compliance report" on how Ministers have complied with the due regard duty, every two and a half years;
- to take appropriate steps to promote public understanding of the UNCRC.

The Children's Rights BEL supports all Welsh Ministers to fulfil these duties, including grant funding *Children in Wales* to operate *Young Wales*. *Young Wales* provides a representative participation model for children and young people to have their voices heard in the policy/legislation and decision-making process.

### **Early Years Childcare and Play**

The new portfolio includes responsibility for: early years and childcare policy and legislation; Welsh Government funded childcare programmes; family and parenting support; lead for Adverse Childhood Experiences and Trauma-Informed approaches; and play policies for all children, extending beyond their early years. We are committed to:

- Support the development of a more joined up and responsive early years system in Wales.
- Support accessible, inclusive, high-quality play, learning and care experiences in Welsh, English or bilingually.

- Support a valued, thriving and diverse childcare and play work sector.
- Break cycles of disadvantage by focusing our resources on our most disadvantaged communities through our flagship, targeted Flying Start Programme.
- Increase awareness that Speech Language & Communication (SLC) is 'everybody's business' and ensure interventions are delivered universally at the point of need.
- Support families with meeting the cost of childcare through government funded childcare (the Childcare Offer for Wales and Flying Start Childcare).
- Supporting parents and families through parenting policy and our national campaign ***Parenting. Give it time*** and Families First and Family Information Services.
- Mitigate Adverse Childhood Experiences (ACEs) and their impact and champion a **Trauma-Informed Wales**.
- Protect and champion playfulness that all children in Wales have sufficient opportunities to **play** in their local area.

### **3. Impact Assessments**

- **Combined CRIA across all portfolios:** The overall Child's Rights Impact Assessment (CRIA) undertaken to inform allocations in the draft Budget 2025-26.
- **CRIA for Health and Social Services MEG:** The CRIA for the Health and Social Services MEG for 2025-26.
- **Other impacts:** Details and/or examples of any changes made to allocations within the Health and Social Services MEG following considerations of equalities, sustainability, the Welsh language, and the Wellbeing of Future Generations.

**Response:**

#### **3.1 Combined CRIA across all portfolios**

Detailed impact assessments, including a Children's Rights Impact Assessment (CRIA) are undertaken as part of our ongoing policy development and review. A Strategic Integrated Impact Assessment (SIIA) is one of a suite of documents published as part of the draft Budget and is critical to identifying key trends, strategic and cumulative impacts at portfolio level, across a range of areas, including giving due consideration across the statutory requirements.

We continue to maintain that the integrated approach underpinning the SIIA enables us to better understand the intersectional and unintended impacts of spending decisions and to maximise the impact of available funding, reducing the disproportionate effect on any one specific group or area. To consider an area of impact in isolation risks unintended consequences such as the negative impact in one area being driven by a positive impact in another.

#### **3.2 CRIA for Health and Social Services MEG**

While we expect the financial outlook for the NHS, next year, to continue to be very challenging. We are investing a further £435m resource funding in Health and Social Care in 2025-26. This brings the total annual resource funding for Health and Social Care to £11.915bn.

Over £400m of this new funding will support a range of additional allocations to the NHS, including activity to cut NHS waiting times, women's health, workforce training, digital investments and staff pay - building on the additional funding provided in 2024-25.

We are providing an additional capital funding to Health & Social Care, bringing our total capital investment in this draft Budget to £614m. This investment will maintain and improve the NHS estate infrastructure, further invest in the latest digital technologies, as well as the availability of fit for purpose, modern, reliable equipment to support the prevention of productivity loss within the NHS and help reduce waiting times through addressing infrastructure fragility and sustainability. This funding aims to help offset the most severe impacts across all parts of Wales and provide protection for everyone, including children, disabled, older and vulnerable people.

The majority of the funding within the HSC MEG goes to the NHS and is a discretionary allocation. Health Boards formulate their plans to meet the needs of their population and in doing so will complete impact assessments, which will include consideration of impacts on children and young people. In policy areas outside of the main NHS funding, for example in Children and Early Years, CRIs are completed when developing new policy or legislation. These help to ensure that the best interests of children are taken into consideration during the policy and legislation development process and what the impact of those choices will be.

### **3.3 Other impacts**

The vision under *A Healthier Wales* is to place a greater focus on prevention and early intervention which we continue to support through universal, as well as more targeted support. Within the HSC MEG, funding is allocated to support our Programme for Government commitments on Early Years and Childcare.

Our support for the early years, childcare and play contributes to all of the well-being goals, and specifically to those relating to a prosperous and healthier Wales. Investment in quality childcare and play can help young children develop into healthy, active adults. It develops their cognitive and social and emotional wellbeing and mitigates the harmful effects of adverse childhood experiences. Childcare can also enable parents to work and train and lifts families out of poverty.

Our Childcare Offer specifically supports the Welsh Government's well-being objectives, in particular to:

- Support people and businesses to drive prosperity
- Promote good health and well-being for everyone
- Support young people to make the most of their potential
- Build ambition and encourage learning for life

We have continued to frame our budget allocations in line with preventative activities, focussing on positive interventions that protect and build on existing

foundations, including our commitment to children's rights. It is important to note that following agreement of the draft budget for 2024-25, Health Boards will be given an allocation. Impact assessments will be undertaken by the Health Boards on everything in due course.

To ensure Health and Social care in Wales achieves its vision to provide an equitable whole system approach, through a motivated and sustainable health and social care workforce, delivering more equal health outcomes for the population of Wales.

We will do so by continuing to work with Stakeholders and Partners to deliver the relevant Goals and Action's within our current and future National Equality Diversity and Inclusion plans, including those described within the Anti-racist Wales Action Plan, the LGBTQ+ Action and the proposed Disability Action Plan.

In embedding equality actions at the centre of our PfG commitments we have ensured that our strategies and policies, consider the diverse needs of the people of Wales. Integrated Impact Assessments being carried out by individual policy areas will continue to ensure an ongoing and strengthened focus on equalities and Welsh language.

## 4. Programme for Government

Allocations in the Draft Budget 2025-26 and the latest position on funding in the context of the latest Welsh Government Annual Report for:

### 4.1 Advocacy Services

*PfG commitment: Advocacy services for parents whose children are at risk of coming into care.*

Allocations and accompanying narrative setting out desired outputs and outcomes for 2025-26.

**Response:**

Funding of £506,000 has been allocated from the Looked After Children Change Fund in 2025-26 to support the continued roll out of independent, professional advocacy support for parents whose children are on the edge of care, with the aim of reducing the numbers of children entering the care system in Wales. The total funding allocated to this commitment across the four years 2022-23 and 2025-26 is £1,606,400.

We remain committed to parental advocacy and continuing the good progress that has been made by advocacy providers to date in developing an outcomes framework, establishing referral pathways and provision across all areas of Wales. Parents have been supported with a range of issues including mental health, support with care proceedings, child protection conferences, housing and physical health. This has enabled an increased understanding of processes, awareness of parental rights, parents feeling they are well-equipped to self-advocate in future meetings, feelings of parents being listened to and taken seriously and a greater understanding of how decisions are made and who is making them. We will also be establishing a National Forum for Parental Advocacy in order to bring together providers and stakeholders to discuss consistency of practice and share learning.

### 4.2 Regional Residential Services

*PfG commitment: Fund regional residential services for children with complex needs.*

Allocations and accompanying narrative setting out desired outputs and outcomes for 2025-26.

**Response:**

Care experienced children have often gone through adverse childhood experiences, and many have unresolved trauma that resurfaces in escalating behaviours and difficulties in personal attachments. As a result, a care experienced child may have several placement breakdowns in succession due to their unmet needs. If these needs are not addressed, it can culminate in a secure home or a specialist placement that is far from the people they know and often out of Wales. Early intervention is crucial to break this cycle with a therapeutic, trauma informed approach that ensures better outcomes for the child.

Welsh Government continues to invest heavily in the development of therapeutic residential accommodation and specialist services for children and young people with complex needs through the Regional Partnership Boards (RPBs). RPBs are accessing relevant capital funding streams such as the Housing with Care Fund (HCF) or Integration and Rebalancing Capital Fund (IRCF), and revenue funding from the Regional Integration Fund or the Eliminate Profit from Care Fund.

RPBs are developing accommodation-based models of care to meet the needs of this population. This type of accommodation can be generally described as:

- Specialist step-up or step-down provision, providing therapeutic support and trauma informed, often bespoke to the child needs.
- Purpose is to aid behavioural regulation and to prevent escalation to and facilitate de-escalation from secure home or tier four mental health inpatient provision.
- It aims to fill gaps in local provision to avoid children being placed out of county or out of Wales or to bring them back closer to home.

In 2024-25 so far, five new residential services for children with complex needs have opened providing 18 new beds, and development is underway of a further 25 homes for children with complex needs which are expected to complete by March 2025 providing an additional 88 beds.

We have an indicative HCF budget of £60.5m in 2025-26. Children with complex needs are one of several priority groups that are served by the HCF. We will continue to support this user group through the HCF in 2025-26 however it should be noted that RPBs are ultimately responsible for determining priorities within their regions.

From discussions with our regional partners there are HCF projects in the pipeline for children with complex needs in 2025-26 and beyond, and we will assess these applications once they are finalised and submitted. We will also continue to liaise with the IRCF team to ensure that both funding streams are maximised to deliver for this priority group.

The IRCF has an annual budget of £70m per year until 2026-27. The fund has three funding priorities, one of which is to support projects that will eliminate profit from the care of children looked after and support the growth of not-for-profit children's residential care provision. As part of their Strategic Capital Plans RPBs are asked to identify projects that support the eliminate agenda, which will inform the funding requirement for 2025-27. This can then be considered alongside the other priorities that the fund supports.

Local Authorities Children's Services tell us care-experienced children appear to have complex presentations more frequently than ever before. Due to insufficiency issues, these children will often be cared for out of area or out of Wales in expensive private provision. Therefore, RPBs are prioritising the development of accommodation for children with complex needs, which in practice also supports the eliminate profit agenda and will ensure children are cared for closer to home.

### 4.3 Eliminating Private Profit

*PfG commitment: Eliminating private profit from the care of children looked after.*

A breakdown of the £68m commitment over 2022-23, 2023-24 and 2024-25)

- Allocations and spend by year
- Outputs / new placements by local authority at the end of the three-year period

**Response:**

Annual Breakdown of £68m commitment			
	2022-23	2023-24	2024-25
Eliminating Profit	£10m	£16m	£20m
Radical Reform	£3m	£10m	£9m
<b>Total</b>	<b>£13m</b>	<b>£26m</b>	<b>£29m</b>

As per the evidence paper submitted for last year's exercise in 2022-23 local authorities were asked to submit three-year bids for funding (2022-23 and 2024-25) to support them to deliver the commitment to eliminate profit and help them reduce the number of children in care and support children who are looked after and their families. Funding was split across two grants for this - the eliminating profit grant and the radical reform grant.

Bids were assessed by officials and used to determine the allocation of the £68m over the three years to local authorities in Wales. The bids were clearly focused on building in-house or non-for-profit residential and foster care provision, on moving children out of residential care back into a family setting, on providing locally based designed services, including specialist provision for children with more complex needs and above all improving outcomes for children. Some examples of these types of proposals received were:

- Better support for foster carers, including the development of specialist support services.

- Enhancing the range of foster care options for children.
- Increased recruitment and assessment of local authority foster carers.
- Step Down foster placements.
- Building in-house residential care provision and resilience, including upskilling of local authority staff and practitioners.
- Developing in-house short breaks respite services.
- Converting Placements with Parents to Special Guardianship Orders.
- Development/Expansion of Crisis Support Teams.
- Discharge of Care Orders.

In both 2022-23 and 2023-24 the allocated funding was fully spent on these activities to support the Welsh Government's commitment to eliminate profit. Officials have recently completed monitoring meetings with each of the 22 local authorities to check in on current progress and it is forecast that funding will once again be fully utilised in 2024-25.

Regarding outputs funding has been used for a variety of individual purposes given individual local authorities plans in respect of eliminate. However most have utilised funding towards supporting their foster care and residential care provision within their areas. In particular, the funding has supported staffing costs associated with developing new in-house local authority residential provision, and in supporting the development of their fostering services with initiatives such as expanding foster care counselling and wellbeing support and expanding engagement to target prospective foster carers.

This funding will be maintained for 2025-26.

## **4.4 Support for Complex Needs**

*PfG commitment: Specialist support for children with complex needs who may be on the edge of care.*

Allocations and accompanying narrative setting out desired outputs and outcomes for 2025-26.

### **Response:**

In response to feedback from care experienced young people about the need for improved mental health and wellbeing support officials are currently working on a draft service specification for delivering therapeutic support for care experienced children. Engagement work has been carried out with the sector, families and different policy areas to inform the specification and further engagement work will be undertaken with

child and young people. The service specification will aim to ensure equity and quality of provision for therapeutic support for care experienced children throughout Wales. This work will be progressed in early 2025.

Using the Regional Integration Fund, Regional Partnership Boards work to the 'Supporting families to stay together safely, and therapeutic support for care experienced children' model of care. To support this work, we have established a Community of Practice that is focussing jointly on the further development of NYTH/NEST implementation, together with the supporting families to stay together safely model of care. The Community of Practice facilitates the sharing of best practice and encourages joint learning across the Welsh regions.

The total projected 2024-25 allocation by year end is £ 21.3m which we anticipate will be similar for 2025-26. The allocation is divided as follows:

#### **Cardiff & The Vale - £2.7m**

- Right support, right time, right person
- CYP with complex needs – community

#### **Cwm Taf Morgannwg - £100k**

- Systemic Change Model
- Supporting Change & Systematic Practice

#### **Gwent - £3.1m**

- Children's Emotional Health & Development
- Children's Early Intervention & Resilience

#### **North Wales - £10.4m**

- Early intervention
- Repatriation & prevention services
- Building Family resilience to prevent escalation
- Intensive residential support for children with complex needs
- Specialist support for children with complex / specialist needs
- Intensive support teams for children with complex needs

#### **Powys - £754k**

- Edge of care
- Powys Together

#### **West Glamorgan - £2.7m**

- Children and Young People programmes

#### West Wales - £1.4m

- Grown your own
- Edge of Care
- Complex Needs.
- Early Years
- Children Young People emotional health and wellbeing

### **4.5 Childcare Fund**

*PfG commitment: Fund childcare for more families where parents are in education and training or on the edge of work.*

Allocations and accompanying narrative setting out desired outputs and outcomes for 2025-26.

#### **Response:**

In April 2022, the Childcare offer for Wales eligibility was expanded to include parents in education and training. The expansion of the Offer allows parents to access the programme if they are

- Enrolled on a Higher Education (HE) undergraduate or postgraduate course that is at least 10 weeks in length. This includes courses delivered by distance learning.
- Enrolled on a course that is at least 10 weeks in length and which is delivered at a Further Education (FE) institution.

There are no current plans to expand eligibility further the focus for 2025-26 will be on raising awareness of eligibility and simplifying systems.

### **4.6 Expansion for Early Years Provision**

*PfG commitment: Phased expansion of early years provision to include all 2-year-olds, with a particular emphasis on strengthening Welsh medium provision.*

Allocations and accompanying narrative setting out desired outputs and outcomes for 2025-26.

Flying Start Childcare: An estimate of the current of 2 years old offered the 15 hours by local authority.

## A Flying Start Childcare: timeline for roll out of to 2026 across each local authority, from the current baseline.

### Response:

Flying Start childcare offers 12.5 hours of high-quality childcare provision for two-year-olds.

The table below sets out the number of children reached by each phase of Flying Start expansion.

Flying Start and Expansion Programme Phase	Childcare places offered	Cumulative Childcare Numbers
Core FS programme (This now includes phase 1 expansion)	9137 (Note 1)	9,137
Phase 2 Expansion	5,522 (Note 2)	14,659

**Notes:** Please note that these figures are estimates – analysts have used the most up to date mid-year population estimates available (for 2023) – this is the closest estimate that can be calculated.

- **Note 1** – Source: FS official statistics. See: <https://statswales.gov.wales/v/QTad>
- **Note 2** - Phase 2 is still being rolled out so analysts have used the target figure of funded places available for the Phase 2 expansion (5,522).
- The actual number of Flying Start childcare places offered in each year is likely to be higher. In the first year of rollout (2023-24), the target was 4,919 but the number of childcare places offered was 6,885. See: <https://www.gov.wales/flying-start-april-2023-march-2024-html>

The tables below break down this information by LA.

Isle of Anglesey	176
Gwynedd	297
Conwy	258
Denbighshire	209
Flintshire	286
Wrexham	361
Powys	222
Ceredigion	142

Pembrokeshire	298
Carmarthenshire	509
Swansea	843
Neath Port Talbot	577
Bridgend	377
Vale of Glamorgan	326
Cardiff	1060
Rhondda Cynon Taf	736
Merthyr Tydfil	340
Caerphilly	598
Blaenau Gwent	359
Torfaen	322
Monmouthshire	68
Newport	773
<b>Wales</b>	<b>9,137</b>

Target number of childcare places for Flying Start phase 2 childcare places offered 2024-25

Anglesey	109
Blaenau Gwent	163
Bridgend	241
Caerphilly	379
Cardiff	747
Carmarthenshire	279
Ceredigion	80
Conwy	163
Denbighshire	156
Flintshire	214
Gwynedd	161
Merthyr Tydfil	184

Monmouthshire	85
Neath Port Talbot	282
Newport	413
Pembrokeshire	187
Powys	133
Rhondda Cynon Taf	499
Swansea	443
Torfaen	194
Vale of Glamorgan	185
Wrexham	224
<b>Wales</b>	<b>5,522</b>

Phase 3 of the expansion will involve the further expansion of childcare provision from the position reached at the end of Phase 2 (end March 2025) until provision is available to all two-year-olds.

It is not possible to provide a fixed timeline for Phase 3 of the expansion. Each Local Authority started from a different position and faces different challenges in implementing the expansion programme. We are working closely with local authorities and the childcare sector to ensure that we expand provision sustainably and that the appropriate infrastructure is in place to support effective delivery.

To inform further progress in this area, we commissioned all local authorities to prepare expansion plans for Phase 3 of the rollout - covering the remaining areas of their local authority. Officials are currently reviewing these plans in discussion with LAs. These plans for the next phase will help them to deliver further expansion quickly and effectively when funding becomes available.

## 4.7 Flying Start

*PfG commitment: Flying Start (the four entitlements).*

Allocations and accompanying narrative setting out desired outputs and outcomes for 2025-26 (revenue and capital).

### **Response:**

Flying start is funded through the Children and Communities Grant (CCG) which seeks to address the support needs of the most vulnerable children and adults in our communities through a range of early intervention, prevention and support mechanisms. The programmes within this grant seek to mitigate or remove disadvantage to vulnerable people to enable them to have the same life chances as others, thereby contributing to a

more equal Wales. The CCG allocation for 2025-26 is £179.583M which funds eight related programmes delivered by local authorities. In the table at 1.1 above an additional £20m is shown in BEL 0310, this includes an element of funding relating an uplift in funding to nursery education and Flying Start this will be allocated to the relevant BEL lines in due course.

We continue to invest in Flying Start, which includes four core elements: fully funded quality childcare, parenting support, intensive health visitor support, and support for speech, language, and communication (SLC). We exceeded our delivery target in 2023-24, ensuring that over 41,000 children and families received support from the programme.

We have just begun a three-year evaluation of the Flying Start Programme, in which we have included an impact evaluation of Flying Start. We also continue to work with Local Authorities and Health boards to submit individual level Flying Start data into the Secure Anonymised Information Linkage (SAIL) databank and plan to use this data for the impact analysis. Our aim is to show the long-term outcomes of the Flying Start programme in helping those in the most disadvantaged areas of Wales.

### **Childcare and Early Years Capital programme**

The £70m Childcare and Early Years Capital Programme was implemented in October 2022 and will run to Spring 2025 (spanning the three financial years 2022-23, 2023-24 and 2024-25). The purpose of this capital funding is to support the Welsh Government funding criteria for this term and to maintain and improve new and existing childcare (including Flying Start) infrastructure.

The programme has two elements: Small grants and major capital builds. The Small Grant Funding is allocated to local authorities to allow all registered childcare and play providers (including Flying Start settings) to come forward with applications for minor capital projects. The Major Capital funding is open to local authorities to improve, expand and strengthen childcare infrastructure (including Flying Start settings) having regard to their childcare sufficiency assessment.

The majority of submissions for major capital funding made by local authorities during the current programme is to support Flying Start provisions.

The Childcare and Early Years Capital Programme will have a budget allocation of £25m for FY2025-26. The Programme will continue to support the current Flying Start infrastructure with particular emphasis on Phase 3 expansion.

## 5. Children's Social Care

- **Children's Social Care workforce:** Any allocations associated with additional support to local authorities to address the instability of the workforce in children's social care, such as vacancy rates and the use of agency staff.
- **Sustainable Social Services Grant Scheme:** The total amount for the Scheme and a breakdown of all grants relevant to children and young people.
- **Care Experienced Children Change Fund:** The total amount for the Fund and a breakdown of all allocations.

### Response:

#### 5.1 Children's Social Care Workforce

As a government we continue to work on creating a firm foundation to build our social care workforce. Our significant funding of approximately £28m through Social Care Wales aims to lead and support improvement in social care through recruitment and retention of a quality and professional workforce. Areas of work with allocated funding that relate to children's social care include:

£10m over three years investment in the social worker bursary to make the social work degree financially attainable and an attractive career.

The Social Care Wales Workforce Development Programme (SCWWDP). This allocation of grant is available to support local authorities and offers opportunities to fund excellent programmes such as the 'grow your own scheme' which supports paid employment and funded social work training. Take up for this scheme has increased each year.

In recognition of the important role that local authorities play in delivering core social services, the Welsh Government has provided recurrent funding to the sector in the form of a Workforce and Sustainable Social Services grant. The criteria for the use of the grant have been broadly set. Local authorities have been able to use the funding to support increases to pay, but also for other interventions aimed at supporting the delivery of sustainable social care services to ensure that they were better placed to meet increased or unexpected demand. The allocation to local authorities for 2025-26 is £45m.

These positive programmes of work come with the realism that it will take time to feel the impact within the workforce, but this is promising for the future of children's social care.

## 5.2 Sustainable Social Services Grant Scheme

The total value of funding allocated via the Sustainable Social Services Grant Scheme in 2025-26 is £9,301,738 of which £2,912,429 relates to grants relevant to children and young people

The breakdown of these grants is as follows:

Organisation Name	Project Title – and project aim	Indicative award 2025-26
Action for Children	Skills <b>PLUS</b> (Skills+): Skills+ is a service for Care-Experienced Young People (CEYP) aged 14-24. The project will deliver bespoke <b>Pathways</b> that support CEYP's transition to adulthood, through a range of interlinked interventions designed specifically to reduce their vulnerabilities and equip them with the resilience, skills/tools to help them to cope positively with the challenges of independent living.	£599,747
Cyfannol Women's Aid	Ar Trac: Ar Trac will support children and young people who have experienced or witnesses domestic abuse, and who are exhibiting difficulties with their family and peer relationships. By addressing these difficulties and building upon strengths within childhood, Ar Trac aims to minimise the impact of the adverse childhood experiences associated with domestic abuse and improve physical and mental well-being later in life.  The project is delivered by locally based domestic abuse agencies who have a wealth of experience and understanding of their local communities and will be able to shape the project locally to better meet the needs of children and young people.	£619,762
Ethnic Youth Support Team Wales	Supporting BME Children & Young People in Wales: The service aims to improve the wellbeing outcomes of BME Children and Young People with social care needs, through a race-, faith- and culture-sensitive, person-centred and rights-based support service, building on and connecting to EYST's work with BME Children and Young People in Swansea.  The services are a referral-based service for BME Children and Young People aged zero to 25 with 'additional' or 'multiple' support needs, working directly	£138,552

	with them through early intervention and prevention to achieve specific wellbeing outcomes: securing rights and entitlements, improving physical and mental health, supporting transition to independent adulthood, and protecting from abuse and neglect.	
<b>Lucy Faithfull Foundation</b>	Keeping Children Safe from Sexual Abuse - public education, training and resources to improve the ability of parents, carers, and those who work with children and families to prevent sexual harm and take appropriate action if they have a concern	<b>£94,612</b>
<b>Lucy Faithfull Foundation</b>	Early intervention for vulnerable or at-risk families: a child sexual abuse and exploitation early action and prevention project: Keeping children safe from sexual abuse - public education, training and resources to improve the ability of parents, carers, and those who work with children and families to prevent sexual harm and take appropriate action if they have a concern	<b>£97,153</b>
<b>National Youth Advocacy Service</b>	Parent Advocacy Programme: To support Welsh Government's plans for providing family intervention support with the aim of reducing numbers of children entering the care system in Wales. The project's key aim is preventative intervention whilst ensuring the rights of the child are fully upheld.	<b>£297,399</b>
<b>National Youth Advocacy Service</b>	Project Unity: To break the cycle of children of care-experienced mothers being taken into care and the prevention of children becoming subject to child protection processes. By providing intensive wraparound support and building peer support networks.	<b>£343,707</b>
<b>Platform (formally - Gofal )</b>	Young People's Project 13-16 years old: Platform's Young People's Project, in collaboration with Vibe Youth and Barod, will provide a safe space for young people aged 13-16 years to pause, breathe and connect. Through the provision of a 12-week wellbeing programme, peer support and one-to-one support, young people will be given the opportunity to explore what mental health and wellbeing means to them. Young people will have the opportunity to meet others facing similar challenges, share stories of recovery and everyday strategies for wellbeing. The project will provide the opportunity for young people to train to become peer mentors and will give young people a platform to shape the direction of the project.	<b>£362,397</b>
<b>The Fostering Network</b>	Fostering Communities: Fostering Communities is a whole systems approach to supporting looked after children and their foster families, throughout Wales. At its heart is a ground-breaking, co-production model, facilitating a shared power approach to programme	<b>£279,429</b>

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	design, delivery and evaluation. The project will empower the fostering community to improve wellbeing outcomes for looked after children and young people within the national wellbeing framework	
<b>Whizz-Kidz</b>	Moving On: To increase life satisfaction and happiness of young wheelchair users in Wales through sports and movement-based skills programmes in health and education settings.	<b>£79,671</b>

### 5.3 Care Experienced Children Change Fund

	2022-23	2023-24	2024-25	2025-26	Total
Roll-out of Parental Advocacy	£88,400	£506,000	£506,000	£506,000	<b>£1,606,400</b>
National Adoption Service proposals	£340,042	£638,639	£669,492		<b>£1,648,173</b>
Foster Wales Additional Funding	£181,048	£1,890,829	£2,074,999	£199,756	<b>£4,346,632</b>
Fostering Network Step Up Step Down project		£263,300	£301,300	£314,800	<b>£879,400</b>
Fostering Well-Being project	£225,129	£284,170	£269,062	£272,753	<b>£1,051,114</b>
<b>Total Cost</b>	<b>£834,619</b>	<b>£3,682,938</b>	<b>£3,920,853</b>	<b>£1,293,309</b>	<b>£9,731,719</b>

## 6. Children's Health

Allocations in the Draft Budget 2025-26 and the latest position on funding for:

- Tackling NHS paediatric waiting times
- Public health as it relates to children and young people, including vaccination
- Obesity strategy
- Mental health services, including child and adolescent mental health services, and services to support perinatal mental health and parent-infant relationships
- Eating disorder services
- Suicide prevention as it relates to children and young people
- Substance misuse, including vaping among children and young people
- Neurodevelopmental services
- Any changes in WG funding arising from the new arrangements for mental health at Hillside Secure Unit. *You recently confirmed to us in writing that from February 2025 a Service Level Agreement (SLA) will be in place between Hillside and Swansea Bay "enabling a more holistic approach to the mental health needs of the young people residing at Hillside."*

### Response:

#### 6.1 Tackling NHS Paediatric Waiting Times

All RTT waits, Diagnostic and therapy waits can be reported by age broken down to zero-16 years and 17-under, 18 years and 18 years and over.

This data has shown an improvement in access to paediatric planned care services.

- Paediatric RTT waits over two years have reduced from 5,043 end of April 2022 start of recovery to 1,154 a **77 per cent improvement** higher than total

all age reduction.

- The number of specialities with over two-year waits has reduced from 26 in April 2022 to 13 in September 2024.
- All health boards have shown an improvement this varies from 38 per cent BCU to 98 per cent Swansea Bay.
- **Paediatric outpatient waits over 52 weeks** - overall there has been a 33 per cent improvement in September 2024 compared to April 2022. There is a 74 per cent improvement in the reduction of outpatient waits over two years.
- **Paediatric diagnostic waits over 8 weeks** - have increased overall by 127 waits the main impact being at Cardiff and Vale, but as a percentage of waits over eight weeks it has reduced from 37 per cent to 35 per cent.
- **Paediatric therapy waits over 14 weeks** - there has been an overall improvement In September 2024 compared to April 2022 of 69, five health boards showed an improvement with only Aneurin Bevan and Hywel Dda increasing their over 14 week waits.
- A new Paediatric network is being established with a new network manager in post.
- New Joint commissioning board will be able to provide more specific information on specialist paediatric surgery access in England. We only have detail of Welsh providers.

### Neurodivergence waits

The exponential growth in demand for neurodivergence assessment is evidenced in the *Review of the Demand, Capacity and Design of Neurodevelopmental Services: Full Report*, (Holtom and Jones, 2022).

To inform the Neurodivergence Improvement Programme, the NHS Executive undertook a review of the children's neurodevelopmental services delivered by Local Health Boards in 2023 with findings shared in February 2024

*The Children and Young Person's Neurodevelopmental Services; All Wales Review*, (NHS Exec, 2024) evidence efforts by children's neurodevelopmental services to manage demand, however, continued increases in referrals have resulted in a critical position increasing the fragility of services.

As of September 2024, there were 20,770 children on the waiting list. Indicative projections provided by the NHS Executive are signalling an unsustainable and

concerning trend. Modelling, using demand and activity data up to March 2024, suggests that this number is projected to continue to grow at the same, if not a greater rate without further intervention.

To tackle longest waits across Wales, Cabinet has agreed to release up to £3m to support Health Boards to deliver waiting list reduction plans during the remainder of 2024-25. Health Boards have submitted plans and will receive funding based on the likelihood of plan delivery. Allocation letters were sent to Health Boards in November 2024.

#### **Actions Being Taken:**

- Delivery will be closely monitored by WG and the NHS Executive.
- Weekly touchpoint meetings are being arranged with each Health Board to track progress, discuss challenges etc.
- Health Boards will be required to submit monthly data reporting on actual activity.
- All Health Boards have been contacted, advised of the monitoring arrangements and asked to provide a named responsible contact.
- Funding will only be released to Health Boards once confirmation of delivery is received.

There are associated risks to delivery which may mean that projected impact may not be fully achieved. Risks include procurement processes for external contractors, staff absence, availability of skilled staff etc. It is also projected that referral demand will continue to increase in this time, so the overall picture is unlikely to significantly change in terms of the level of challenge and numbers of children waiting. The greatest positive impact will be felt by those families who have been waiting the longest.

This is only part of the solution and longer-term solutions are required to address the current backlog and redesign pathways.

Further work to tackle the continued referral demand and waiting times is happening i.e. the Accelerated Design Event 27 and 28 November 2024. Health Boards are expected to engage with this new work alongside current arrangements under the Neurodivergence Improvement Programme.

## **6.2 Public Health**

### **Vaccinations**

NHS organisations are responsible for managing the funding and ensuring it is appropriately used to provide an equitable vaccination offer to all those eligible, in line with the principles set out in the National Immunisation Framework.

Vaccination Programme Wales (NHS Executive) is responsible for ensuring all programmes are planned and delivered in line with nationally agreed ambitions and principles. Funding for vaccination programmes will increase by £2m for 2025-26.

### **The Healthy Child Wales Programme**

The Healthy Child Wales Programme (HCWP) is a key Welsh Government commitment, setting the strategic direction for health boards to deliver a universal health visiting programme to all families in Wales.

The HCWP spans from the handover of maternity services to the first years of schooling, with services tailored to meet individual needs. It plays a crucial role in improving health outcomes and promoting the well-being of children in Wales.

The Welsh Government publishes quarterly data on the HCWP and expects health boards to review their operations and delivery mechanisms to ensure improved coverage at every contact point.

Officials are exploring options to review the programme's founding principles and current constraints.

Welsh Government has published a new unified operating model to underpin the existing school nursing frameworks in Wales. The operating model will extend the Healthy Child Wales programme universal public health offer to all compulsory school-aged children, regardless of setting. NHS Wales will have two years to fully implement the model across Wales.

### **Flying Start and Speech Language and Communication (SLC)**

Flying Start is funded through the CCG. The CCG allocation for 2025-26 is £179.583m which funds eight related programmes delivered by local authorities. Children and families living in Flying Start areas are eligible for an enhanced level of health visiting support. The promotion of key public health messages and of healthy lifestyles is a key part of the additional Flying Start health support offered by health visitors and the wider workforce.

Flying Start delivery data for 2023-24 shows that 41,328 children benefited from Flying Start services, which is approximately 35 per cent of children under four years old in Wales and is 17 per cent higher than 2022-23.

In addition to the support for SLC for children in Flying Start areas we take a strategic approach to speech language and communication through the Talk with Me delivery plan. The budget allocation for this in 2025-26 is £1.1m (from BEL 0310).

## **6.3 Obesity Strategy**

We continue to invest in our Healthy Weight Healthy Wales strategy to tackle overweight and obesity, with £4.042m allocated to support programmes and activities, such as our three Children and Family pilots, and whole system approach work across all health board areas.

The Children and Family pilots (branded PIPYN) are established in Cardiff, Merthyr and Anglesey. The pilots include a 'nested intervention' which provides one-to-one support to families with young children (aged three-seven years) who are living with obesity. Families can also take part in free and fun local events, delivered in partnership with the PIPYN team, to get active and learn about healthy eating. The programme is also part of a wider systems approach to provide healthier settings and environments for young children and their families.

Whole system approach teams in each local health board, led nationally by Public Health Wales, are embedding a cross sectoral approach at regional level to enable long term, sustainable outcomes.

## **6.4 Mental Health Services**

We continue to ringfence mental health funding for the NHS and in 2025-26 this will be over £820m, including an uplift for demand and inflationary pressures, thus sustaining our investment in mental health services. We have also continued to invest in developments like 111 press 2 to and alternatives to admissions which are key components of our future priorities.

We are investing £2.2m annually in the NHS Executive for the Strategic Programme for Mental Health which is providing a dedicated resource to NHS Wales to drive improvements in performance, quality and safety. This is part of our significant programme of work to improve mental health and well-being, for instance through our Whole School Approach, NEST/NYTH and our Strategic Mental Health Workforce Plan.

Following the publication of our consultation summary reports for the mental health and wellbeing and suicide and self-harm prevention strategies, the Welsh Government are continuing to develop the final strategies and delivery plans. Vision statement four, outlines our vision for seamless mental health services – person-centred, needs led and guided to the right support first time, without delay. This includes child and adolescent mental health services, and services to support perinatal mental health.

As these strategies will set policy direction for the next 10 years, it is vital that they incorporate the views provided at consultation and reflect the broader policy context in which they will operate. To achieve this, it is anticipated that publication will be aligned with the new 2025-26 financial year.

The strategies have been developed in the current financial context and aim to provide direction to the system to better target resources and are not dependent on new / additional funding. The published strategy will be accompanied by a series of delivery plan, which over the life of the strategy will be renewed and refreshed. This will provide the opportunity to identify new investments should the economic position change.

Also, through the development of the mental health and wellbeing strategy we have confirmed our commitment to strengthen support for parent-infant relationship work in Wales. We are looking to publish the final strategy and associated delivery plan in the new year., aligned with the new financial year. The delivery plan will include our priority actions that we will deliver over the next three-years.

We acknowledge the particular importance of the first 1,000 days of a child's life to their lifelong well-being and the positive impact which early preventative intervention, during this relational period, can have on future physical and mental health and wellbeing.

Our NEST framework sets out shared principles for those working with babies and their families to adopt a whole system approach to mental health and wellbeing throughout childhood.

Our Regional Integration Fund funds projects working with parents and infants on bonding, attachment and mental health and we are committed to continuing this work as it demonstrates important short- and long-term improvements for children's and families' lives.

Our **Flying Start** and **Families First** programmes provide interventions to help give children the best possible start in life; build their resilience and confidence; and achieve positive wellbeing. The programmes place an emphasis on early help and prevention and tailor support to meet the needs of children and their families. Flying Start and Families First staff, in collaboration with other multi-agency professionals (as part of a team around the family approach), are essential in the early identification of concerns relating to adverse childhood experiences and trauma and can play a crucial role in mitigating their impact on children.

Both Flying Start and Families First sit within the Children and Communities Grant (CCG) which seeks to address the support needs of the most vulnerable children and adults in our communities through a range of early intervention, prevention and support mechanisms. The CCG allocation for 2025-26 is £179.583m which funds eight related programmes delivered by local authorities.

The programmes within this grant seek to mitigate or remove disadvantage to vulnerable people to enable them to have the same life chances as others, thereby contributing to a more equal Wales. The Early Intervention Parenting Support Grant, also within the CCG, provides funding to local authorities to help meet increased demand and enhance their delivery of parenting support services. This is by increasing the skills and knowledge of the parenting and wider workforce, as well as increase the headcount of parenting support workers, to support parents in the main as well as to support healthy relationships and manage inter-parental conflict.

The support through CCG plays a pivotal role in developing healthy secure bonding and attachment relationships between infants and parents. The programmes are designed to provide comprehensive support to parents and families, particularly those facing challenges, which can lead to increased parental confidence, self-esteem and social support and ensure that every child has the best possible start in life.

Recognising the critical importance of mental wellbeing during and after pregnancy, the Families First programme offers support for expectant/new mothers and fathers experiencing mental health challenges. Through multi-agency collaboration, professionals work with families to provide early intervention and tailored support, helping to mitigate the impacts of perinatal mental health issues. This focus on mental health ensures that parents and their families receive comprehensive care that promotes overall family wellbeing and resilience.

Our Parenting. Give it time campaign provides positive parenting information, advice and support to parents with children up to the age of 18 on all aspects of parenting, including practical advice on parenting techniques to support bonding and attachment to develop the parent-infant relationship, as well as emotional support for the parents themselves. The campaign links up with our family and parenting umbrella campaign, Teulu Cymru.

## **6.5 Eating Disorder Services**

As per response to 6.4, vision statement four, within the mental health and wellbeing strategy, outlines our vision for seamless mental health services – person-centred, needs led and guided to the right support first time, without delay. This includes eating disorder services. The NHS Executive for the Strategic Programme for Mental Health which is providing a dedicated resource to NHS Wales to drive improvements in performance, quality and safety also includes a focus on eating disorder services. This is supported by a clinical implementation network

## **6.6 Suicide Prevention**

We have taken an all-age approach to develop both the suicide and self-harm prevention and mental health and wellbeing to ensure we have a system which will support everyone, and that it promotes better integration between services.

Whilst it takes an all-age approach, it does draw out where we need a specific focus on young people or older adults, and our consultation analysis has provided feedback to how we can strengthen this approach. But what is crucial in our approach is that our services need to be needs led and person centred, rather than being age led. As part of the consultation, we also published draft impact assessments and have provided the opportunity through the consultation to ask whether it was clear about how the Suicide and Self-harm Prevention Strategy and the Mental Health and Wellbeing Strategy deliver for all age groups. This information is now being used to gather further evidence of impact in these areas and this in turn will inform the final impact assessments and delivery plans / strategies.

There is a strong association between exposure to childhood adversity and trauma, the development of health harming behaviours during adolescence, and poorer physical and mental health and wellbeing. We will maintain our current investment in the development of ACE and trauma-aware services and the adoption of trauma-informed practice in 2025-26 (£1m).

## **6.7 Substance Misuse**

As part of the Draft Budget for 2025-26, we will continue to invest in our substance misuse agenda. This totals £67m, of which over £41m goes to our Area Planning Boards (APBs) through our Substance Misuse Action Fund.

Support for children and families is a priority within our Substance Misuse agenda as we know through the work on Adverse Childhood Experiences (ACEs) that children who are raised in homes where substance use is an issue are, potentially, more likely to have adverse outcomes in later life. Through the APB Substance Misuse Action Fund, the Welsh Government invests £6.25m ring-fenced money for children and young people.

The Welsh Government has published a Substance Misuse Treatment Framework (SMTF) for Children and Young People. The SMTF summarises evidence and best practice to guide those supporting Children and Young People with substance misuse issues. We have also published child friendly versions of the SMTF.

### **Out of Work Service**

The Out of Work Service supports people recovering from substance misuse and/or mental ill-health aged 25 or older towards and into employment, or young people aged 16-24 who are Not in Employment, Education or Training (NEET) into education, training or employment.

Between October 2022, when the current service commenced, and September 2024, over 2,000 young people aged 16-24 have enrolled with the service. Of these:

- Over 550 have gained a qualification or work related certificate;
- 170 have entered further learning;
- Almost 300 have completed work experience or volunteering opportunities; and
- 160 have entered employment.

£13m has been invested in delivering the Out of Work Service between 2022-23 and 2024-25 including £5.4m in 2024-25. By March 2025, the Service will have supported up to 10,000 people.

The Service delivers against several Welsh Government strategic commitments in respect to supporting people with substance misuse and/or mental health conditions, not only through structured treatment and healthcare, but also through a range of other measures. This is set out in a range of Welsh Government key strategies including Stronger, Fairer, Greener Wales – a Plan for Employability and Skills and delivering the Young Person's Guarantee.

We will be considering options to extend the current contracts which end in March 2025 into 2026-27.

## **6.8 Neurodevelopmental Services**

To support delivery of improvements to neurodivergence services, £11.5m was made available from 2022-25, this includes support for the National Neurodivergence Team and provides advice and support for families and carers. We are also implementing the Autism Code of Practice published in September 2021, including updating the code to

include other ND conditions. In 2022 a further £12m was made available for an ND Improvement programme to address the critical fragility in ND services as demand is far exceeding capacity to respond. This programme is making good progress in supporting innovation and service improvement, this includes, for example, working in collaboration with the NHS Executive to arrange a children's ND service re-design event on 27-28 November, with 170 professionals and people with lived experience.

A further £3m has been allocated to health boards in 2024-25 to reduce the longest waiting times for children's ND services, providing up to 2,000 additional assessments by end of March 2025. This work and the outcomes from the ND programme, including the children's ND service re-design event in November 2024 will provide evidence for ND policy planning and delivery post 2025.

Continuation of the existing baseline funding for ND is being considered, this would support the National Neurodivergence Team and complete the updated Statutory Code of Practice on ND Services currently in development. Proposals are also being considered for extending the ND Improvement Programme for a further two years up to March 2027.

## **6.9 Hillside Secure Unit**

Welsh Government has provided a significant amount of capital funding to Neath Port Talbot Council to enhance Hillside Secure Children's Home over the last decade. In terms of funding towards services (running costs) provided at Hillside this is something that the Welsh Government does not contribute towards - costs are covered by Neath Port Talbot Council from the revenue generated from the "bed prices" that the Youth Custody Service and Local Authorities pay them.

## 7. Cost of Living

General commentary about the impact of cost of living on:

- **Health boards:** the delivery of services to children and young people by the Health Boards in Wales and the impact of the rising costs of energy on this provision.
- **Social services:** the provision of all social service activities of Local Authorities in Wales and any associated discussions with the Cabinet Secretary for Housing and Local Government.
- **Child poverty:** details of what discussions have taken place with other relevant cabinet colleagues in respect of allocations which have a significant impact on children's health and social care, for example the Cabinet Secretary for Social Justice, Trefnydd and Chief Whip in terms of the budget of the Children's Commissioner for Wales and broader policy issues such as child poverty.

### Response:

#### 7.1 Health Boards

As with other public sector organisations, inflationary pressures on non-staff budgets, including energy costs, have been a significant challenge for the NHS in recent years including 2024-25. Local Health Boards were given an uplift for 2024-25 for demand growth and inflation. They have also faced significant pay pressures and periods of industrial action.

The plans they submitted earlier this year detailed a combined deficit position of £220m. There are a range of cost drivers that sit behind the planning deficit, but inflationary pressures and growth in demand for services will be prevalent. Whilst we cannot disaggregate the position for children and the services the NHS provide for them, they will inevitably be subject to these impacts.

#### 7.2 Social Services

The bulk of Welsh Government financial support for social and children's services is delivered through the un-hypothecated local government revenue settlement, although there are also significant specific grant funding streams. The Local Government settlement for 2023-24 saw an increase of 7.9 per cent, following an increase of 9.4 per cent the previous financial year.

The level of support for 2024-25 is £5.688bn, an increase of 3.1 per cent. Local Authorities will have experienced significant inflationary, and demand increases across the breadth of their functions in 2023-24, a significant proportion of which will be baselined since they relate to staff costs whether in-house or through commissioned services.

The Welsh Local Government Association, on behalf of local government, collectively provides its assessment of the pressures, priorities and opportunities for local authorities each year for discussion at the Finance Sub-Group. Local Authorities will also be considering the level of council tax each wishes to set for the next financial year. Local Authorities will set their own budgets for each service prior to 10 March 2025.

Details on local authority expenditure by service is published annually. The trend over recent years has been for social services and education to be allocated an increasing proportion of the total revenue expenditure by local authorities, with social services having seen the biggest increase in expenditure in 2022-23.

Pressures, including in relation to social care, are regularly discussed between Ministers, including with the Cabinet Secretary for Housing and Local Government.

### **7.3 Child Poverty**

The Cabinet Secretary for Health and Social Care has regular conversations with Cabinet colleagues on matters which impact on children's health and social care. For example, he recently met with the Cabinet Secretary for Social Justice, Trefydd and Chief Whip to discuss the cross-government priorities of tackling inequality and poverty; specifically progress on the commitments that fall within the health and social care portfolio in the refreshed ARWAP, the outcome of the Disability Rights Taskforce, and the Child Poverty Strategy.

## **8. Cost of Legislation**

- Financial implications or anticipated in of any subordinate legislation relevant to children and young people within the Minister's portfolio.
- Information on the financial impact of any relevant UK Parliament legislation

**Response:**

### **8.1 Financial Implications**

No subordinate legislation involving relevant costs has been identified.

### **8.2 Financial Impact**

No financial impacts of UK Parliament legislation have been identified.

# Agenda Item 5

By virtue of paragraph(s) vi of Standing Order 17.42

Document is Restricted

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6<sup>rd</sup> December 2024

**Thank you for the Committee's final 'Children and Young People on the Margins' Inquiry report recommendations.**

Dear Buffy Williams MS,

I hope this finds you well.

On behalf of NYAS Cymru, I would like to sincerely thank you and the Children, Young People and Education's Committee for your ongoing work and final report recommendations on the 'Children and Young People on the Margins' inquiry.

We are thrilled with the recommendations made in the report and pleased to see how NYAS Cymru's evidence has helped to shape these. We are delighted to see recommendations made regarding the offer of return interviews becoming a statutory requirement, a statutory definition of, and strategy for, responding to child criminal exploitation, improving protection for care-experienced young people against the risk of homelessness, placing Corporate Parenting on statutory footing, creating a National Guardianship Service and highlighting the link between child poverty and abuse and exploitation.

We would like to thank you for truly listening to our calls, the day-to-day experiences of our frontline workers and most importantly, the children and young people we support. Throughout this inquiry, there have been multiple occasions for their voices and lived experiences to be heard by Committee members; we have greatly welcomed these opportunities and believe their voices are reflected in the final report.

We're looking forward to seeing the next steps of the inquiry and the upcoming Plenary debate in the Spring term, in which NYAS Cymru will be urging Welsh Government to fully accept the recommendations made in your report. We would like to offer the Committee our full support ahead of this debate, so please do not hesitate to reach out if there is anything we can do in the coming months to support this. Once again, thank you Buffy for all the work you and the Committee have undertaken as part of this inquiry.

Best regards,



Sharon Lovell MBE  
Chief Executive, NYAS Cymru

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# What is the prevalence of childhood disability in Wales? It depends who you ask!

**November 2024**

**Lucy O'Brien**

Office for National Statistics

**Bethan Collins MSc**

Sparkle (South Wales)

**Dr Elizabeth Nickerson**

Aneurin Bevan University Health Board

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**IRSS**  
**STATISTICIANS**  
**FOR SOCIETY**

Pack Page 80

  
**sparkle**  
helpu plant arbennig i ddisgleirio  
helping special children shine

# Executive Summary



Current estimates

are that

**0.6-14%**

of children in Wales have a disability.

The absence of a complete national dataset and variations between sources makes it virtually impossible for health, social care and education to plan service delivery accordingly.

Family-report sources are substantially higher



**8-14%**

than statutory-report sources.

**0.6-8%**



Using population projections and disability figures from the Census, which represents the mean amongst the datasets, we predict that the prevalence of children with disability will rise to between **8.7-17.5%** in Wales by 2035.

We caution policymakers and practitioners to expect and plan for a substantial increase in demand for services.

# Introduction

**There is little recent data on the prevalence of childhood disability in the UK, with the latest estimates reflecting data reported 20 years ago [1]. Without robust data, accurate planning in health, social care, education and the workforce is impossible.**

Disability prevalence among the whole population in Wales is higher than the national average for the UK (28% vs 22% in the Family Resources Survey 2020/21) [2], however we do not have a clear understanding of disability prevalence among children in Wales. Data from other countries suggests childhood disability is increasing; in the USA, childhood disability rose from 6.2% in 1992-94 to 8% in 2009 [3].

One of the challenges in describing the prevalence of childhood disability is the multi-faceted nature of disability: there are varying definitions, with different classifications used by statutory agencies, or by parents/carers themselves. In addition, disability is not a static condition, and its impact on children and young people may alter with age. Collecting accurate data on disability prevalence among very young children has further challenges, including recognition, investigation and classification of disability within this group [4].

## **ALN Code for Wales**

Increasing recognition of the unmet needs of young people with disability led to the introduction of the Additional Learning Needs Code for Wales in 2021. The aim of this Code is to ensure that additional learning needs (ALN) among children are identified early, with interventions introduced in a timely way, to enable them to reach their full potential. The Code places a statutory duty on all education providers to identify and address the needs of these children, and crucially, requires them to identify at age 14 years any young people with continuing ALN and plan for their education provision up to the age of 25 years [5].

According to the 2021 Census, Wales had a total population of 3.1 million. Gwent, which includes five local authorities (Blaenau Gwent, Caerphilly, Monmouthshire, Newport and Torfaen), is representative of Wales as a whole, encompassing the most deprived local authority (Blaenau Gwent) and the least deprived (Monmouthshire) in the 2021 Census [6].



It is well recognised that caring for a child with disability adds a considerable cost burden to families [7], and a significantly increased economic burden to the country [8]. Given the high service demands of this group of children, impacting healthcare, social care, education and their adult carers, it is imperative to estimate the scale of the challenge for policy makers to plan for these service needs. To address this, we aim to determine the current prevalence of disability among children in Wales and Gwent and to predict the prevalence of childhood disability up to 2035.



# What did we do?

Sparkle (South Wales) is a charity (1093690) supporting children and young people with disabilities, and their families, living in Gwent. Sparkle works closely with health and social care services to ensure the needs of these children and families are met and deliver enhanced support services, co-located with statutory care services. We also employ a full-time research officer, to investigate areas relating to childhood disability.

Sparkle sought the assistance of a volunteer statistician via the Royal Statistical Society's 'Statisticians for Society' scheme to explore trends in childhood disability over the period 2011-2023, estimate the current disability prevalence among children in Wales and Gwent, and predict future trends in disability prevalence up to 2035.

We analysed six publicly available data sets, three of which are based on family-report sources (Office for National Statistics Census, Family Resources Survey, and National Survey of Wales) and three statutory-report sources (Disability Living Allowance, Stats Wales Schools Census, and Stats Wales Children Receiving Care and Support Census). For Gwent, an additional dataset anonymously recording child referrals to the Integrated Service for Children with Additional Needs (ISCAN) was also accessed. A summary of the data sets, and the definition of disability used within each one, is provided in Table 1.

## Statistical Methods

Using figures for childhood disability from each individual data set analysed, and the Office for National Statistics (ONS) population estimates, we calculated childhood disability prevalence over time using descriptive statistics, relative to the data set. The ONS produces population projections for successive years by taking the starting population and accounting for net migration, deaths and births. To predict the future prevalence of childhood disability, we used ONS population projections [9], creating two scenarios, assuming the number of disabled children would either stay constant, or increase at the preceding rate.

**Table 1: Key information about the data sources used to determine childhood disability prevalence in Wales, UK.**

Dataset	Definition of disability used	Time period	Age range	Sample size
<b>Family-report sources</b>				
Office of National Statistics Census <sup>[10]</sup>	All children deemed as disabled according to the Equality Act (2010).	Every 10 years, 2011 & 2021 reported	0 to 19 years	Whole population of UK.
Family Resources Survey <sup>[11]</sup>	A person is considered to have a disability if they have a long-standing illness, disability or impairment which causes substantial difficulty with day-to-day activities.	April-March 2012 to 2022	0 to 19 years	Usually around 20,000 households, including around 11,000 children, representative of population. Volumes were reduced during COVID-19 pandemic.
National Survey of Wales <sup>[12]</sup>	If child has additional learning or special educational needs, or disability that means they need extra support in school.	2018/19 and 2022/23	4 to 19 years	Data on approximately 12,000 children in primary school. Figures reduced to 1,200 and children in secondary school was 950 in 2022/23*.
<b>Statutory-report sources</b>				
Disability Living Allowance** <sup>[13]</sup>	Children entitled to disability living allowance.	2018 to 2023	0 to 17 years	All Wales data
Stats Wales School Census <sup>[14]</sup>	If child has additional learning or special educational needs (School Action Plus, Statemented and Individual Development Plan)***.	January 2017 to 2023	5 to 15 years	All children in maintained schools in Wales. This is usually around 380,000 children/year.
Stats Wales Children receiving care Census <sup>[15]</sup>	Based on the Equality Act (2010) but <i>excluding those with neurodiversity alone</i> .	April-March 2017 to 2022	0 to 18 years	All children who had a care and support plan for 3 months or more in Wales at Census date (approximately 17,000 children).
Integrated Service for Children with Additional Needs (ISCAN) referrals	Children who present with delay in at least two clinical areas.	2017 to 2023	0 to 18 years	Gwent only. All children presenting to primary care with clinical delay in at least two domains referred for a secondary care opinion.

**Legend:** \*Reduced figures due to impact of COVID pandemic. \*\*Disability Living Allowance – a tax free benefit for people with disabilities who need help with mobility or care costs. \*\*\*School Action Plus – A definition used in Wales to define children who need additional support in school. Since 2015, merged into one term – Special Educational needs. Educational statement – Legal document defining child's specific special educational needs and additional support provided in school to meet those needs; replaced in Wales and Northern Ireland by Individual Development Plan commencing in 2022.

# Childhood disability prevalence - family-report sources

## Census

Data from the 2021 Census shows that there were 55,375 disabled children in Wales, a *64% increase* from 33,685 in 2011, and 10,000 disabled children in Gwent, a 50% increase from 6,685 in 2011. This gives a disability prevalence of *8% for Wales* and *7.5% for Gwent*, an increase from 5% for both areas in 2011.

## Family Resources Survey (FRS)

The latest FRS data identified 85,000 children with disabilities in Wales in the financial year ending 2023. This is *13%* of the total number of children included in the FRS, *increasing from 6%* of children in 2013, and represents approximately 12% of the child population in Wales (using population estimates from mid-2022). There is no breakdown by local authority in the data and so we were unable to capture figures for Gwent.

## National Survey of Wales

Overall, 12% of parents of a primary school child said that their child had special educational needs or additional needs in 2022/23. For secondary school age children, parents identified 16% as having special educational needs/additional needs. Therefore, on average, *14% of school-age children* were reported as having additional needs. These results were similar to those in 2018/19. Gwent-only data was not available from this source.

# Childhood disability prevalence - statutory-report sources

## Disability Living Allowance (DLA)

The number of children aged 0 to 17 years entitled to DLA in Wales has *increased by 34%* from 25,000 in May 2018 to 33,500 in May 2023. In Gwent, the number of children entitled to DLA increased by 43% over the same time period: 4,400 in 2018 to 6,300 in 2023. This means that in 2018, 4% of children in Wales and 3% of children in Gwent received DLA, whilst in 2023 approximately 5% of children in both Wales and Gwent received DLA (using mid-2022 population estimates).

## Stats Wales Schools Census

Based on the latest population estimates for mid-2022, the total number of children aged 5 to 15 years old is currently 397,000 in Wales and 78,000 in Gwent. Data from the 2022/23 Stats Wales school census shows that there are 31,082 children aged 5-15 in Wales identified as having ALN, and 6,232 in Gwent. This equates to *8% of children in both Wales and Gwent*, down from 9.5% in Wales and 10% in Gwent in 2016/17. Of note, different definitions of disability have been used since the introduction of the Additional Learning Needs Code in 2021, therefore there has been a change in how these numbers are counted between the two time points included here.

## Stats Wales Children Receiving Care and Support

As of 31 March 2022, there were 3,700 disabled children *receiving* care and support in Wales and 490 in Gwent. This was 21% of all children receiving support in Wales and 13% of those in Gwent. When dividing this by the total population of children aged 0-17, currently 620,000 in Wales and 122,000 in Gwent, the data suggests that only 0.6% of children in Wales and 0.4% of children in Gwent have a disability and receive care and support from their local authority. Using data from 2017, the prevalence has remained the same in Wales and increased from 0.3% in Gwent.

Children with Autistic Spectrum Disorder (ASD) were not included in the dataset; however, it has been reported that 13% of children receiving care and support in Wales as of March 2023 had a diagnosis of ASD [16]. This equates to approximately 2,277 children, 0.4% of the children in Wales.

## Integrated Service for Children with Additional Needs (ISCAN)

This dataset provides information for Gwent only. Referrals were accepted for children and young people aged 0-17 years with complex needs, however 89% of referrals were for children aged less than 5 years. In total, 3,164 referrals were received in 2023, representing 2.5% of the child population; this is fairly consistent with data from 2018, when 2,661 referrals were received, representing 2% of the child population in Gwent.

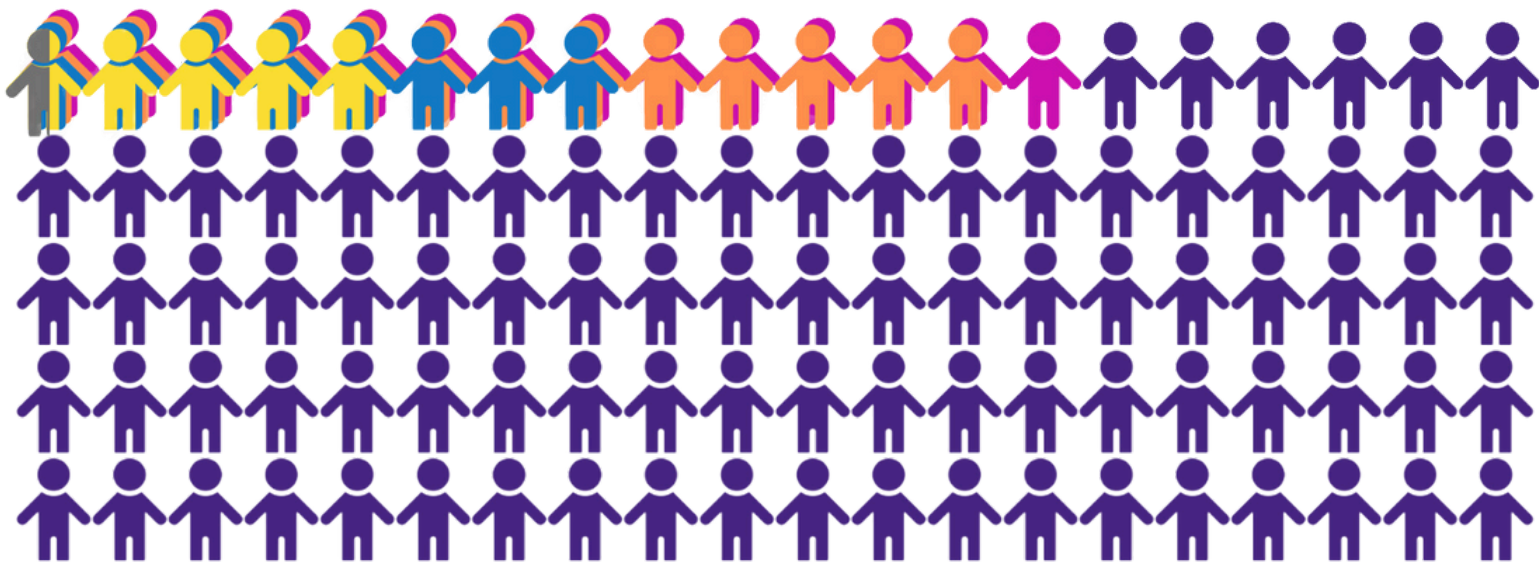
It is important to note that ISCAN figures reflect the *incidence* (number of new cases per year) rather than the *prevalence* (total number of cases in the population), which is reflected by the other sources discussed, and thus the figure will be lower.

## Gender, ethnicity and type of impairment

The prevalence of disability is greater amongst boys than girls. The FRS reports 14% of boys as having a disability as of 2023, and 12% of girls. However, according to the Census, there was a greater increase in the percentage of girls with a disability between 2011 (4%) and 2021 (7%) than for boys (6% in 2011 and 9% in 2021). Disability is reported at a slightly higher prevalence in white children than children from black and minority ethnic (BAME) backgrounds; the 2021 Census reported 8% of white children in Wales as having a disability, but *only 6% of BAME*

children. According to the FRS, *social/behavioural impairments (54%) and learning impairments (41%) were the most commonly reported disabilities*. Similarly, the Schools Census found *speech and language impairments (37%), behavioural/emotional/social impairments (32%) and ASD (24%) were most common*. This appears to be reflected in Gwent, where referrals to ISCAN for neurodevelopmental impairments have increased while referrals for other disabilities, such as physical impairments, have decreased (despite the total number of referrals increasing since ISCAN's inception in 2017).

## Childhood Disability Prevalence - Wales



 All children in Wales

### Children with disabilities according to:

 National Survey for Wales

 Family Resources Survey

 Census & Schools Census

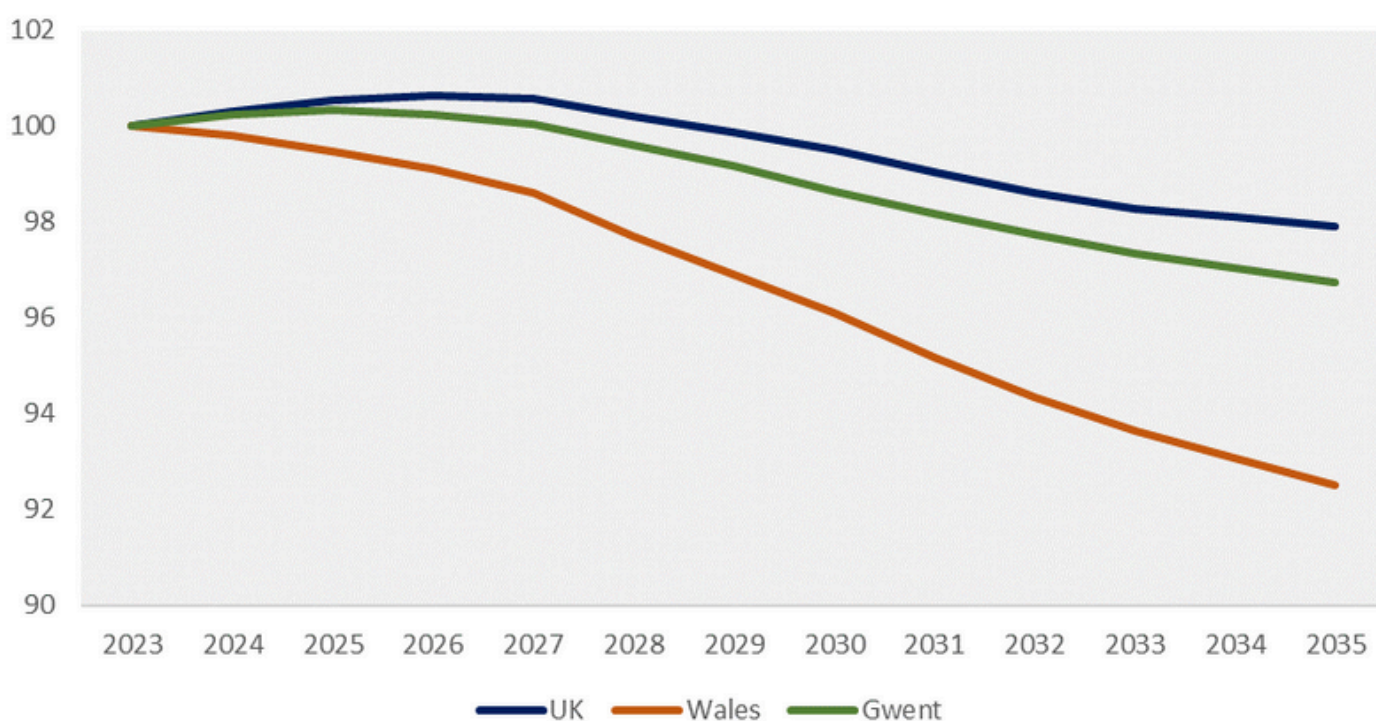
 Disability Living Allowance

 Children Receiving Care and Support Census

# Future predictions

The UK population is at an all-time high. Looking ahead, there are four major components of the UK's current demographic shift, including falling fertility rates, increasing life expectancy, changing family structure and migration. This trend is also seen in Wales, which is projected to have a decline in the number of births, and thus children, that is greater than the UK as a whole (see Graph 1). For example, between 2023 and 2035, the population of children aged 0 to 19 years is projected to decline by 7% in Wales compared to 2% in the UK as a whole. In Gwent, the number of people aged 0 to 19 years is expected to decrease from 138,000 in 2023 to 134,000 in 2035 (3% decrease).

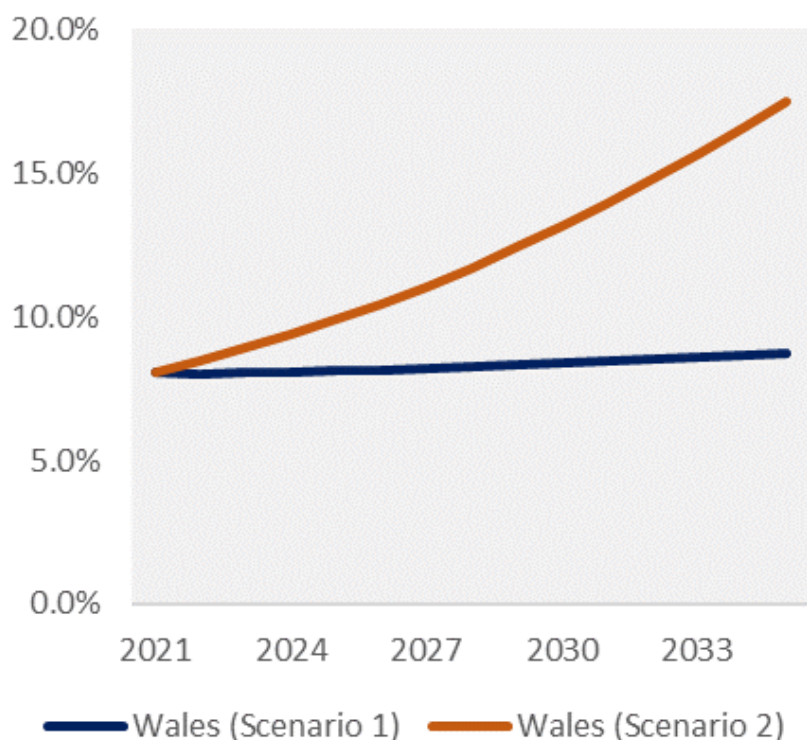
### Predicted Child Population



Graph 1: Indexed population projections for children aged 0 to 19 years in the UK, Wales and Gwent, 2023 to 2035 (index=100). Source: 2021-based interim national population projections from the Office for National Statistics.

Between 2023 and 2035, the *absolute number of children with disability may fall, but the disability prevalence is predicted to increase*, thus the proportion of all children with disability will rise to between 8.7% and 17.5% in Wales and between 7.5% and 13.2% in Gwent, when assuming the number of disabled children will continue to increase at the preceding rate. Graphs 2 and 3 show predictions of the future prevalence of childhood disability in Wales up to 2035, using data

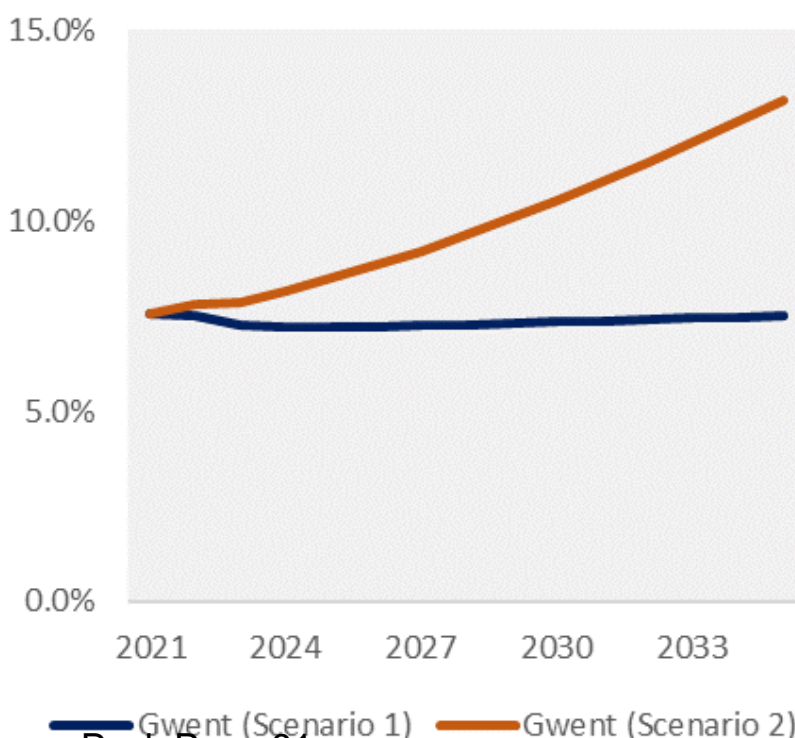
from Census 2021 and population projections. This estimate is determined using the number of disabled children (aged 0 to 19 years) in 2021 held as a numerator and the population projections for each year as the denominator. Scenario 1 assumes the number of disabled children will stay constant from the 2021 Census. Scenario 2 assumes the number of disabled children will increase at the same rate it has between the 2011 and 2021 Census.



### Predicted Childhood Disability Prevalence (Wales)

Graph 2: Projected percentage of children (aged 0-19 years) with a disability in **Wales**, 2021 to 2035. Source: 2021 Census, and 2021-based interim national population projections from the Office for National Statistics.

### Predicted Childhood Disability Prevalence (Gwent)



Graph 3: Projected percentage of children (aged 0-19 years) with a disability in **Gwent**, 2021 to 2035. Source: 2021 Census, and 2018-based local authority population projections for Gwent from Stats Wales.

# What does this mean for policy and practice?

- ★ It is estimated that 0.6-14% of children in Wales have a disability, depending on the data source used. Not only is there a substantial difference in prevalence when comparing statutory-report sources (0.6-8%) and family-report sources (8-14%), but inconsistencies between statutory-report sources and a lack of a complete national dataset makes accurate service planning impossible.
- ★ There has been a rise in developmental, neurodevelopmental and intellectual disabilities internationally [17], which is reflected in the data from the FRS, Schools Census and ISCAN. Increased recognition of ASD, particularly among girls, could be contributing to this increase, however there also appears to be a true increase in ASD. Data on the number of children with a disability receiving care and support from their local authority shows the lowest prevalence (0.6% in Wales and 0.4% in Gwent), however children with a diagnosis of ASD or ADHD were not counted within this dataset until 2023.
- ★ It is surprising to note the lower recorded prevalence of disability among BAME children in Wales, as it has been highlighted in the literature that those from BAME communities may be more likely to be disabled [18] and children from Pakistani families in particular show higher prevalence of learning disabilities, hearing and visual impairments, ASD and cerebral palsy [19]. There may be specific barriers to identification of disability, particularly neurodevelopmental disabilities, among these children due to cultural factors or low engagement with statutory agencies.



- ★ We have estimated that the prevalence of disability among children could rise to 17.5% in Wales and 13.2% in Gwent by 2035. Therefore, we caution policymakers and health, social care and education providers to prepare for such an increase, which will also impact adult health and social care providers, in their service delivery plans.

## With thanks to...

Sparkle are extremely grateful to Statisticians for Society, a Royal Statistical Society scheme which connects charities with volunteer statisticians, for their support with this project. Find out more about the scheme here:

<https://rss.org.uk/membership/volunteering-and-promoting/statisticians-for-society-initiative/>



## Find out more about Sparkle...

The charity's guiding principle is to ensure children and young people with disabilities, and their families, are fully supported and able to participate in valued childhood experiences, with access to the same range of opportunities, life experiences, activities and community services as any other child and their family.

Find out more and watch our video tour here:

Pack Page 93

<https://www.sparkleappeal.org/>



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# “Every child should be given the opportunity to learn to swim, yet mine was refused”

An evaluation of swimming lessons for children with disabilities.



**July 2024**

**Bethan Collins MSc**  
Sparkle (South Wales)  
Charity number: 1093690

**Dr Rachael Newport & Steve McGrath**  
Disability Sport Wales  
Charity number: 1144663



**CHWARAEON  
ANABLEDD  
CYMRU** **DISABILITY  
SPORT  
WALES**

Pack Page 96



**sparkle**  
helpu plant arbennig i ddisgleirio  
helping special children shine

# Executive Summary

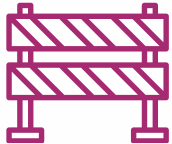
★ Sparkle delivers specialist swimming lessons for children with disabilities in hydrotherapy pools at Serennu Children's Centre in Newport and Crownbridge Special School in Cwmbran.

★ An evaluation of one 10-week block of lessons at Serennu Children's Centre was conducted by Sparkle and Disability Sport Wales between March and May 2024.

 58

family-carers of children accessing the lessons took part

**81%** of family-carers said there were barriers to accessing community-based swimming lessons, including inappropriate environments, inadequately trained staff, and no 1:1 support in the water



★ Family-carers reported small improvements to swimming ability and water safety after 10 lessons.

**95%** 

of family-carers said their child enjoyed being in the water in Serennu

★ Suggestions and recommendations for increasing access to community-based lessons were made, based on family-carer responses.

*[He] can swim in a judgement free environment, where every child there has a disability. [He] feels like an equal and it's built his confidence in his abilities.*

# Introduction

Sparkle (South Wales) aims to ensure children and young people with disabilities and/or developmental difficulties, and their families, are fully supported and have access to the same range of opportunities, life experiences and activities as any other child and their family. The charity is partnered with Serennu, Nevill Hall and Caerphilly Children's Centres and supports children aged 0-17 years with disabilities, and their families, living in Newport, Torfaen, Monmouthshire, Blaenau Gwent and Caerphilly.

Sparkle delivers specialist leisure activities for children who cannot access mainstream play clubs, youth clubs or swimming lessons due to their complex needs. The charity also provides holistic support for the child's whole family, from emotional and practical support for parents and carers, liaison between families and health, social care and education services, to fun events for children, siblings, parents/carers and grandparents. The children supported have a variety of diagnoses, including (but not limited to) autism spectrum disorder (ASD) and other neurodevelopmental disabilities, Down's syndrome, cerebral palsy, and rare genetic conditions. The children have profound needs due to their disabilities; many require 1:1 or even 2:1 support, are non-verbal or have significant communication difficulties, experience challenging behaviours, and/or have medical conditions which require constant monitoring, medication, specialist equipment, and assistance with personal care.

Drowning is one of the leading causes of child trauma-related death; in 2022 there was a 46% increase in the number of child drownings in the UK, compared to the 5-year average\*. Swimming is a potentially life-saving skill, and one which opens up a variety of fitness and leisure opportunities. Although it is stated by the Department of Education in Wales that swimming and water safety are compulsory parts of the national curriculum in primary school\*\*, it is evident that this is not a reality for many children who have additional needs due to physical, developmental or cognitive disability.

Sparkle delivers specialist swimming lessons from hydrotherapy pools at Serennu Children's Centre in Newport and Crownbridge Special School in Cwmbran. These lessons are available to children with disabilities living in Newport, Torfaen, Monmouthshire and Blaenau Gwent. A hydrotherapy pool is used as the higher temperatures improve mobility and reduces muscle spasm for those with certain disabilities, e.g., cerebral palsy, and other health conditions; the facilities are also fully hoisted, provide accessible changing spaces and a quiet and calm environment. Sparkle works with CB Training to provide experienced, Autism Swim approved swim instructors, and employs lifeguards with awareness and understanding of disabilities, complex needs and communication disorders, and specially trained Aquatic Helpers who provide 1:1 support for children in the pool. Children are grouped into swimming classes based on their level of swimming ability, as assessed by CB Training.

Specialist disability swimming lessons are one of the most frequently requested services within Sparkle. During the academic year 2023/24, 84 children participated in swimming lessons, and 146 children were on a waiting list to receive a place in these lessons. Due to the ever-increasing waiting lists, Sparkle recently asked families accessing, or on a waiting list for, the charity's specialist lessons whether their child had tried accessing inclusive swimming lessons in their local communities. The vital necessity of specialist swimming lessons is highlighted by a comment made by one family-carer, noting the desperate need for children with disabilities to be water-safe.

*I consider learning to swim a vital skill in this day and age. It can save your life and the lives of others. At this point I think it important to mention there is a canal at the bottom of our garden. Now [my child] knows not to go near this but as a parent of an autistic child you never know. In the event of [him] falling into water, I would at least like him to be able to get himself to safety.*

(Response 1)

\*Source: <https://www.rlss.org.uk/drowning-facts>

\*\*Source: [https://www.swimwales.org/cy/dysgu-nofio/nofio-ysgol/#:~:text=](https://www.swimwales.org/cy/dysgu-nofio/nofio-ysgol/#:~:text=The%20integration%20with%20the%20National,point%20in%20key%20Stage%202.)

[The%20integration%20with%20the%20National,point%20in%20key%20Stage%202.](https://www.swimwales.org/cy/dysgu-nofio/nofio-ysgol/#:~:text=The%20integration%20with%20the%20National,point%20in%20key%20Stage%202.)

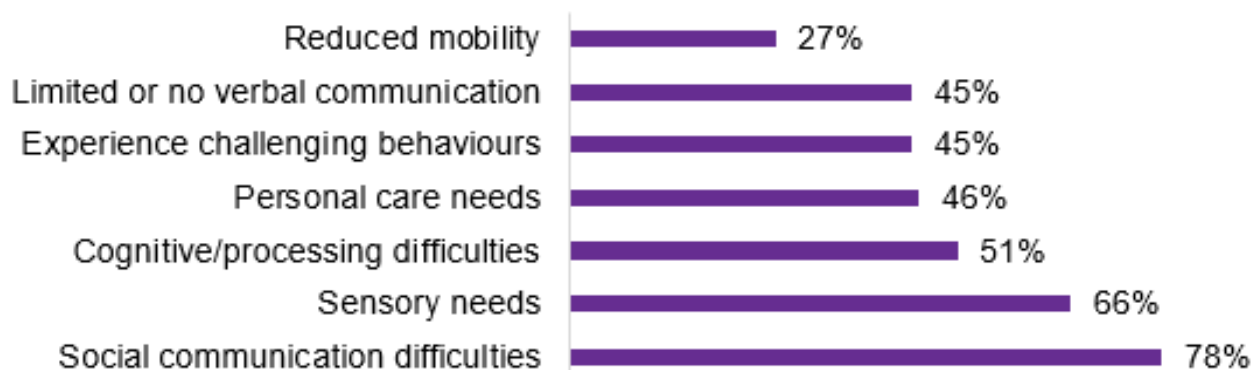
# What did we do?

Between March and May 2024, Sparkle and Disability Sport Wales conducted an evaluation of swimming lessons at Serennu Children's Centre in Newport. Researchers attended the first lesson in a block of 10 and asked family-carers to complete a brief survey regarding their child's experience of water and access to swimming lessons. Researchers provided a QR code so that family-carers could complete the survey on their own device during the lesson, and shared the survey via Parent Mail with family-carers who were not present. This was repeated during the last lesson in the block. The evaluation was approved by Aneurin Bevan University Health Board Research and Development department on 7th February 2024. We combined the findings with the responses Sparkle received from family-carers about their experiences of swimming lessons in the community.

# Who took part?

There were 72 children, aged 5-17, accessing swimming lessons at Serennu Children's Centre at the time of the evaluation. Both surveys were completed by 58 family-carers, and Sparkle received 21 email responses from family-carers of children accessing, or on the waiting list, for specialist lessons.

## Children's Complex Needs



# What happened when children with disabilities tried community-based lessons?

## *Lack of understanding and support*

*His autism was seen as bad and naughty behaviour so [he] was frequently made to sit at the side of the pool. This caused distress and upset for [my child] who felt that no one understood him. [...] his confidence was low and he was afraid of the water.*

(Response 1)

Half of the children included in the evaluation had previously accessed community-based swimming lessons. The majority of family-carers described negative experiences, largely due to a lack of skilled one-to-one support in the pool. Even when specialist support was offered, family-carers felt instructors did not have an adequate level of understanding of their child's needs. Many raised that there was a lack of understanding regarding disability, and how to support children with disabilities to engage in lessons, amongst lesson providers.

*"The teacher was lovely, but I feel lacked understanding of [her] needs and wasn't prepared to slow to a pace [my child] was comfortable with. [My child]'s trust was broken when the teacher pulled [her] into the pool on one occasion when she didn't want to go in."* (Response 20)

It was felt that large group settings were not suitable for children with disabilities; not only did busy environments and noise lead to sensory

difficulties, but children with disabilities felt singled-out and left behind as they did not progress as quickly as the other children in their classes.

*“Many group sessions are completely unsuitable for children with additional needs. [My child] attended a local swim school, which ran group sessions of 4 children to 1 instructor. The class was focused on different aspects each week and the turnover of children as they developed and moved up classes was far faster than [my child] could achieve. His confidence was taking a huge knock, as he struggled to keep up with the other children. He was also the oldest in his group and he found that very hard. [...] These schools were fantastic schools, with great recommendations and I could see that neurotypical children were thriving; however, for children who need more flexibility, small classes and a quieter environment, they were just not suitable. There are many swim schools that claim to be inclusive of disabilities, but the truth is they simply can't be whilst running classes with neurotypical children.”*  
(Response 3)

## ***Inappropriate environments and facilities***

*Didn't like it, too noisy, too many children, lack of supervision, not enough staff, didn't understand my son's needs.*

For some children, the environments in community pools were not conducive to their learning or wellbeing. Some settings lacked adequate facilities for children with disabilities, and even when the appropriate facilities were available, there could be a lack of awareness amongst staff of facilities and equipment required to make spaces accessible.

*“She also needs a hoist to get in and out of the pool as she gets larger. I have found other pools in the area do not have the appropriate manageable steps to get in or out or a hoist. In the past, even in pools which have claimed to be disabled friendly such as the Spytty pool, I found that staff were either unaware of a disabled change room or told me it was out of order and that there was no equipment or staff able to use it.” (Response 15)*

## **Feeling unwelcome**

*We accessed swim lessons run in Newport and were asked to decide if it was in his best interests to stay when everyone in his group was moving to the next badge! And he wasn't progressing like 'normal children' and other parents felt he was a distraction to their children with his arm flapping etc. I felt mum shamed and never returned.*

*(Response 13)*

Family-carers were often made to feel unwelcome and that they should not return to community lessons due to their child's needs.



# What barriers to community-based lessons exist for children with disabilities?

## *Availability of suitable lessons*

*She was refused to take part in the year 4 3-week swimming course at her previous primary school. I felt they could have arranged for me to take her in as the walk there was too risky, also the teaching support could have given her 1-1 [support] in the water. It's on the curriculum that every child should be given the opportunity to learn to swim yet mine was refused.*

Many family-carers had not been able to find suitable local swimming lessons for their child, and described barriers such as the high cost of one-to-one support, specialist sessions being at inconvenient times (such as the last session of the day), and long waiting lists.

Stunningly, multiple family-carers reported their child being denied access to swimming lessons due to their disabilities. This happened in school settings, despite swimming and water safety being a mandatory part of the curriculum, as well as community-based lessons. This means that children at the highest risk of drowning, due to their lack of awareness of danger, are being explicitly excluded from the opportunity to gain essential water safety.

*"I wanted [my child] to start swimming lessons with the council when he was 4/5 as my daughter did but I was told that because he needed a 1-1 at school he wouldn't be able to, 'It wouldn't be safe'.*

*I offered to get into the pool with him during a lesson (I have a full enhanced DBS) but was told this wouldn't be possible. So [my child] was refused access to swimming lessons with the council/Newport Live and unfortunately I can't comment on whether they might have worked because he was not allowed to access them.” (Response 10)*

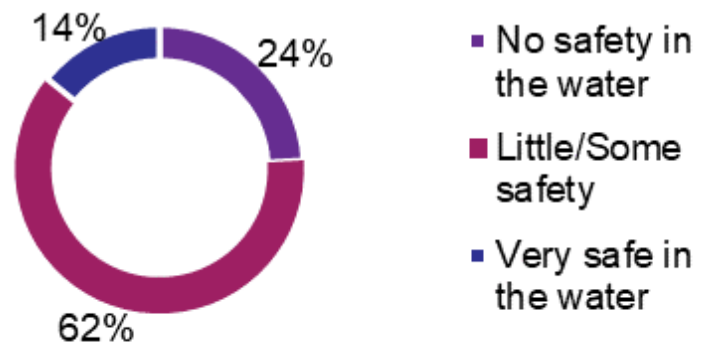
# What impact do Sparkle lessons have?

## Water safety

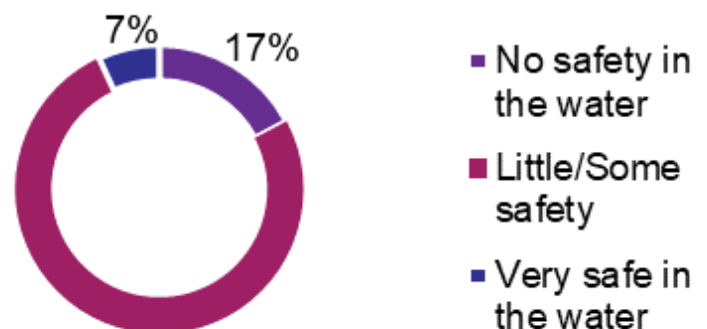
Reassuringly, there was a reduction in the number of children with no knowledge of water safety and an increase in the number of children with little or some knowledge of water safety during the evaluation of a 10-week block of Sparkle swimming lessons. These results highlight how important the swimming lessons are to increasing children’s safety and potentially reducing the risk of them getting into trouble in water. However, the percentage of family-carers who felt their child was ‘very safe in the water’ reduced over this time. One potential explanation for this is an increase in family-carers’ awareness of what a confident and safe swimmer looks like, and therefore recognition that their child requires further instruction and support to reach this stage.

*It’s an opportunity to learn life-saving skills in safe environment.*

**Water Safety - Baseline**



**Water Safety - Follow-up**



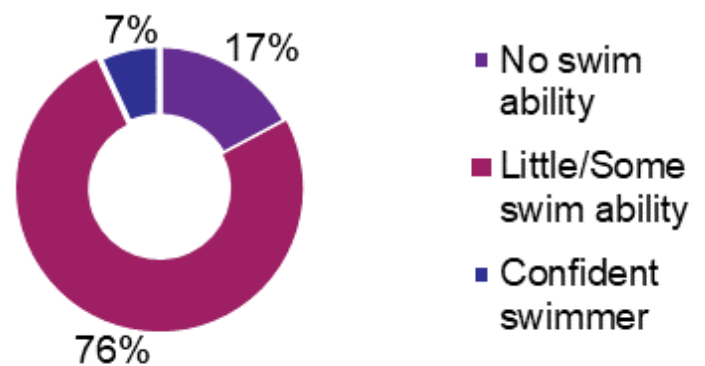
The Rockhopper Stages, used by CB Training at Sparkle lessons, are specifically tailored to learners with disabilities, with earlier stages having learning outcomes such as entering the water with support, moving limbs in the water and showing enjoyment of being in the water. Rockhopper stage 3 includes moving 5 metres through the water on the front or back, and being able to roll from back to front and front to back; it could be considered that these skills would help keep a child safe in water, however the level at which children are considered 'water safe' is difficult to determine and each child will progress through the stages at their own pace.

## Swimming ability

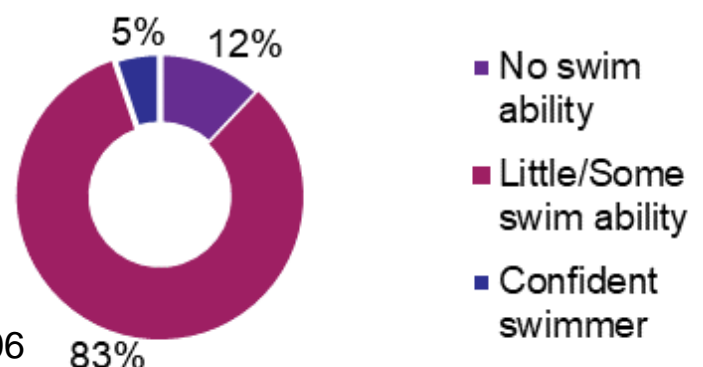
Family-carers were asked to rate their child's swimming ability during the first survey and during the second survey approximately 10 sessions later. There was a slight reduction in the percentage of children with no swim ability and increase in the percentage of children with little or some swim ability. However, it is unlikely that 10 weekly sessions would have a significant impact on swim ability, and there was a slight reduction in the percentage of family-carers rating their child as a 'confident swimmer'. This, along with positive comments from family-carers about their child's progress, suggests swim ability may fluctuate over this short period of time.

*[She] would barely get in the water before sparkle lessons, she now enters the water independently and is growing in confidence with every session.*

### Swimming Ability - Baseline



### Swimming Ability - Follow-up



At the end of the 10-session block the evaluation took place, all children accessing lessons at Serennu Children’s Centre (72) were assessed and awarded badges and certificates based on the achievements they had made over the previous two blocks (20 lessons). The badges and certificates awarded are detailed below. Some children were awarded multiple badges due to overlap between the awards (e.g., they may have achieved a Swim Wales stage badge and a distance badge), however 88% of the 72 children were awarded at least 1 badge, therefore demonstrating progression since their last assessment.

Rockhopper Stage	Awards	Swim Wales Stage	Awards	Distance	Awards
RH Stage 1	0	SW Stage 1	9	5m	12
RH Stage 2	3	SW Stage 2	12	10m	8
RH Stage 3	4	SW Stage 3	7	15m	0
RH Stage 4	5	SW Stage 4	1		
RH Stage 5	11				
RH Stage 6	4				
RH Stage 7	4				



Find out more... 

More information about the **Rockhopper stages** can be found here:  
<https://www.sta.co.uk/international-learn-to-swim-programme/additional-programmes/rockhopper-series/>

More information about the **Swim Wales stages** can be found here:  
<https://www.swimwales.org/wp-content/uploads/2022/07/Wave-Outcome-Posters-2020-1.pdf>

## Enjoyment

*They mean everything to us as a family. He enjoys coming each week, he loves swimming and getting the 1:1 support he needs. We would not be able to get this anywhere else.*

The children and young people accessing the specialist swimming lessons clearly love spending time in the water, as when completing both surveys, 95% of family-carers said their child enjoyed water.

## Improved family life

*She has progressed so much since starting swimming lessons with Sparkle. It means we can go swimming as a family and she can enjoy ability appropriate water slides/activities on holiday.*



Family-carers have told Sparkle previously that they simply could not go on holiday anywhere near a body of water, such as a pool, pond or the sea, due to their child's complete lack of water safety. The increased water confidence from Sparkle swimming lessons has led to new opportunities for exercise, social interaction and quality family experiences.

Family-carers also described the supportive, non-judgemental space at Sparkle's swimming lessons, where everyone is equal and facilities and staff provide the support children need to excel.

# What makes the Sparkle swimming sessions special?

## *The environment*

*Sparkle swim lessons are incredible. The facility is ideal, the pool size isn't overwhelming and the changing facilities are totally inclusive. The ability for [my child] to have a 1:1 session, but also be around peers to observe and draw confidence from is invaluable.*

(Response 20)

Many family-carers commented on how conducive the environment and atmosphere are to their child's learning; the small groups and appropriate facilities were commended, as well as supportive and calm environments.

## *The focus*

*Serennu swim sessions are not about the badges and how quickly [our child] can learn to swim, but for him to gain that water confidence in a safe and nurturing environment.*

(Response 3)



Family-carers felt the specialist lessons focused less on badges and progression and instead promoted water safety and confidence.

## The support

*The staff are amazing. They're patient, understanding and kind, and each one has really earned [my child]'s trust. It's thanks to them entirely that [my child] is now more confident in the water and is making real progress with this absolutely invaluable life skill.*

(Response 20)

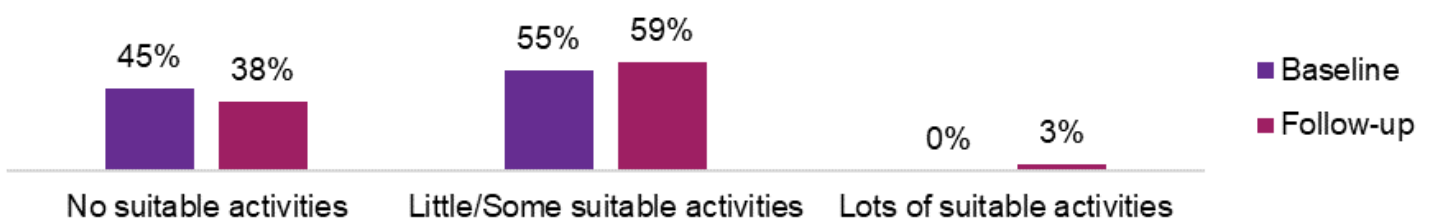
It seems the most important aspect of the lessons were the 1:1 support in the pool and the level of training and understanding amongst staff.



# Does accessing Sparkle lessons open up new opportunities for children with disabilities?

Guidance published in 2022 from the Chief Medical Officer recommended that children with disabilities participate in 120 to 180 minutes of moderate to vigorous physical activity every week, as exercise can improve confidence and concentration for children with disabilities and help them meet new people\*. Family-carers were asked to rate the availability of suitable exercise/physical activities and suitable social opportunities for their children. After 10 Sparkle swimming sessions, the availability of suitable exercise/physical activity opportunities improved slightly, which may suggest that developing swimming skills with Sparkle opened up some other exercise opportunities and physical activities. However, there was no clear improvement to the availability of suitable social activities following the 10-session block.

**Availability of Suitable Exercise/Physical Activities**



# How can community and leisure service providers break down barriers?

During the second survey of the evaluation, 34% of family-carers said they would consider their child accessing community-based swimming lessons since accessing lessons with Sparkle. However, 81% still said there were challenges or barriers to overcome for their child to access community-based lessons. We have made the following recommendations for overcoming these barriers and suggestions for improving community-based swimming lessons based on responses from family-carers.

## ***Community and leisure service providers need:***

- ★ To offer small group lessons with 1:1 support to create calm, quiet and supportive environments.
- ★ Specially trained staff with an awareness of different disabilities and how to support children with different needs in the water, including non-verbal communication and ASD.
- ★ To have appropriate facilities at pools, including hoists, spacious changing rooms which offer privacy, changing facilities for wheelchair users, and appropriate changing beds. Staff need to be aware of these facilities and trained in how to use the equipment.
- ★ Higher pool temperatures for those with heart conditions, muscle problems and reduced mobility. Pool temperatures need to be between 32 and 33 degrees.
- ★ To increase awareness and the communication of suitable opportunities for children with disabilities. This includes the marketing, awareness of staff at reception, and making the general public aware that these sessions exist.
- ★ To reduce waiting list to allow children to join sessions within an appropriate time frame.

# Conclusions

This evaluation found that even one block of specialist swimming lessons provided by Sparkle resulted in small improvements to swim ability and water safety. Families really value the specialist swimming lessons, which improve their child's water confidence and enjoyment of water, particularly through the support and encouragement from specially trained staff providing 1:1 support. The facilities, accessibility and non-judgemental environment with other children with disabilities also resulted in positive outcomes for the children and their families.

Families face multiple barriers in trying to access community-based lessons, due to a lack of staff training and understanding, lack of appropriate facilities, and unsuitable group environments. Some family-carers even reported their child being denied access to lessons due to their complex needs, including those provided through school. Thus, despite swimming and water safety being a mandatory part of the primary school curriculum, disabled children are being put at even higher risk of drowning than their non-disabled peers.

Suggestions and recommendations for removing barriers to community-based lessons for children with disabilities were shared by family-carers; however, at this time, it is evident that there is an urgent requirement for government funding and support for specialist swimming lessons for those children whose needs cannot be met in a mainstream community environment.



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# Parents' perceptions of power in the school exclusion process examined through Arnstein's ladder of participation

Jemma Bridgeman

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# Parents' perceptions of power in the school exclusion process examined through Arnstein's ladder of participation

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## ABSTRACT

Parents have highlighted that they felt powerless in the school exclusion process because school staff speak louder and have all the authority. This study draws on Arnstein's ladder of citizen participation to analyse parents' experiences of the school exclusion process. At the bottom of Arnstein's ladder is nonparticipation; citizens cannot participate in decision-making in this domain. The following domain is tokenism. This is where citizens have a voice and are heard, but their views are not considered. The final domain at the top of the ladder is citizen control; this is where citizens have varying degrees of decision-making power. This paper uses data from semi-structured interviews with parents to understand their children's experiences of school, measures that schools implemented to prevent exclusions, and how they experienced the school exclusion process. The data showed that parents could feel manipulated in the school exclusion process when they were involved too late when school staff had already decided to exclude their children. Conversely, some parents felt that they had the power to influence decisions and valued working in partnership with school staff to inform the sanction their child would receive and avoid permanent exclusion. It is concluded that not all parents have equal influence in the school exclusion process. The findings of this research highlight the need to make sure that all parents are given the opportunity to participate in the exclusion process to ensure that the education system is fairer and more inclusive.

## ARTICLE HISTORY

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## KEYWORDS

Power; participation; school exclusion; Arnstein

## Introduction

Exclusion from school is when children are asked to leave the school building. If they are excluded for a fixed term, they are asked not to attend the school for a specified time. If children are permanently excluded, they cannot return to the school, and an alternative educational placement needs to be sought (Welsh Government, 2019). There are many adverse outcomes associated with exclusion from school, including unemployment,

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poor mental and physical health, homelessness and being more likely to be involved in the criminal justice system (Demie, 2022; Farouk, 2017; Power & Taylor, 2021). Research and school exclusion figures repeatedly highlight that pupils who are entitled to free school meals (FSM), have additional learning needs (ALN) and are from ethnic minority groups are disproportionately excluded from school (Demie, 2022; DfE, 2019; Feingold & Rowley, 2022). Feingold and Rowley (2022) express concern that the links between school exclusion and inequality have not been made and may have been exacerbated by the ongoing impact of the COVID-19 pandemic. Demie (2022) highlights that while researchers have recognised the importance of understanding parents' experiences and influence within the exclusion process, few studies have been conducted, meaning parents' stories are rarely heard.

There has been limited previous research that has examined how parents experience exclusion in Wales. Snap Cymru examined parents' experiences of illegal exclusion (Butler, 2011). The Snap Cymru report defines an *illegal exclusion* as when schools ask parents to keep their children off school without following the proper process and without giving parents and guardians formal notice of exclusion (Butler, 2011). This report acknowledges that the correct term for this type of exclusion is "unlawful exclusion" but uses "illegal" because it is more widely used (Butler, 2011, p. 2). Snap Cymru's research also found examples of parents being forced to accept a managed move or being told a managed move was happening and not being given a chance to appeal (Butler, 2011).

The Children's Commissioner (2020) examined how parents of children in the foundation stage (aged 3–7) experienced exclusion. The Children's Commissioner (2020) analysed 21 cases, and common themes were that children were isolated and excluded, referral processes for assessments of special educational needs were confusing, and there were delays in meeting children's needs. There is more research on exclusion from school in England (for example, see Demie, 2022; DfE, 2019; Farouk, 2017) than in Wales, although there are some examples (for example, see Power & Taylor, 2021; Power & Taylor, 2024). Despite the proliferation of research in England, Demie (2022) suggests that there is scant research on parents' experiences of their children being excluded from school, although there is some research on the experiences of parents of children with additional learning needs (ALN) (for examples see Martin-Denham, 2022; Parker et al., 2016). Since devolution in 1999, Wales has had a different policy context than England, which encourages cooperation rather than competition, universalism rather than choice, diversity, and progressivism rather than traditionalisation (Power & Taylor, 2021). Although some research examples examine how parents experience exclusion in Wales (Butler, 2011; Children's Commissioner, 2020), there seems to be no recent research on how the parents of secondary school children in Wales experience the school exclusion process.

There is a gap in knowledge as there is scant recent research on how parents experience the school exclusion process in Wales. Moreover, this study addresses this gap by suggesting a typology to conceptualise parents' experiences of the school exclusion process. This study will answer the following three research questions:

1. Do the parents of children at risk of exclusion from school feel meaningfully involved in the exclusion process?
2. Do the parents of children at risk of exclusion feel they have any power to influence decisions in the school exclusion process?

3. Does Arnstein's ladder provide a useful framework to explore parents' understanding of the school exclusion process, and does it give a more substantive understanding of the issues parents face during the exclusion process?

This paper first explores the school exclusion policy context in Wales, how the Welsh Government captures the views of parents, and the additional learning need (ALN) system in Wales. Second, the literature on school exclusion and parent and carers involvement in the school exclusion process is examined. Most of the literature on school exclusion in the UK is from England, and the literature review reflects this. Third, the value of Arnstein's (1969) ladder of citizen participation is explored as a conceptual framework to answer the research questions. Fourth, the results are presented after describing the methodology, and the aspects of nonparticipation, degrees of tokenism and degrees of citizen control to describe parents' participation in the school exclusion process are discussed. Finally, the implications of involving parents in the school exclusion process are discussed.

The Welsh Government's (2023) latest figures show an increase in the number of pupils receiving exclusion and an overrepresentation of pupils with specific characteristics. The Welsh Government (2023) data shows the number of fixed-term exclusions of 5 days or less increasing from 28 in 2011/12 to 50.6 pupils in 2021/22 per 1,000 pupils. There has been an increase in the number of pupils receiving a permanent exclusion from 0.1 in 2011/12 to 0.5 in 2021/22 per 1,000 pupils (Welsh Government, 2023). The Welsh Government (2023) figures also show that exclusion rates are four times higher for pupils eligible for free school meals (FSM). These figures also show that pupils with Attention Deficit Hyperactivity Disorder (ADHD) or Behavioural, Emotional and Social Difficulties (BESD) needs had the highest rates of exclusions in 2021/22 (Welsh Government, 2023). The rate of fixed-term exclusions for pupils with an ADHD SEN/ALN was 406.4 per 1,000 pupils, and the fixed-term exclusions with a BESD SEN/ALN were 393.9 per 1,000 pupils (Welsh Government, 2023).

### ***The policy context in Wales***

Wales was the first country in the UK to formally adopt the United Nations Convention on the Rights of the Child (UNCRC) as the basis of policymaking relating to children and young people (Welsh Government, 2022). Power and Taylor (2024) explain the dominant discourse in Welsh policy, either before or after a school exclusion, is on the rights of the child. Power and Taylor (2024) highlight that pupils and parents are given information about their rights and how they can challenge decisions. This is set out for parents in the Welsh Government's (2019) guidance on school exclusion. For children, the Welsh Government's (2015) "Are you being excluded from school?" provides pupils with information on why pupils can be excluded, when schools should not exclude and describes the processes for appealing a decision to exclude (Power & Taylor, 2024).

### ***The rights of parents to be consulted in the school exclusion process in Wales***

In Wales, the school's governing body must form a discipline committee when a headteacher decides to permanently exclude or give a pupil a fixed-term exclusion of 15 days or

more in one school term (Welsh Government, 2019). The discipline committee should include governors from varied backgrounds and not the headteacher (Welsh Government, 2019). Parents and carers can also ask the Chair to convene a disciplinary committee if their child has received a fixed term exclusion, with no statutory limits to the length of exclusion (Welsh Government, 2019). The learner and parent/carer have the right to attend the disciplinary committee, and they can be accompanied by a friend or an advocate (Snap Cymru, 2024). After the independent appeal, parents/carers and young people can go to the Ombudsman and make a complaint. After a learner has been permanently excluded, it is the responsibility of the local authority (LA) to secure appropriate provision, full-time, if possible, within 15 days, preferably in another school or, if necessary, a pupil referral unit (PRU) or alternative provision (Welsh Government, 2019).

### ***Welsh Government capturing the views of parents***

In 2011, the Welsh Government commissioned third-sector organisation, Snap Cymru, to capture parents' views on the school exclusion process (Butler, 2011). As Snap Cymru performed casework, they had access to parents whose children had experienced various forms of exclusion, including illegal exclusion, when parents are asked to keep their children off school without the formal school exclusion process being followed (Butler, 2011). This research showed that parents repeatedly reported that schools did not communicate well with them, and when they did, school staff could be "authoritarian and negative" (Butler, 2011, p. 10). Snap Cymru (2024) continues to provide advice, support and advocacy services for the parents of children with additional learning needs (ALN).

In 2020, the Children's Commissioner investigated school exclusion in Wales's foundation phase (ages 3–7). The Children's Commissioner (2020) analysed their casework and found examples of children being isolated and excluded, gaps in education and delays in meeting young people's needs. More recently, beneficiary-led third-sector organisation Ethnic Minorities and Youth Support Team Wales (EYST) has launched the "Right to Education" project, an all-Wales educational advocacy and support service for ethnic minority pupils and parents (Abramson, 2024). The Right to Education project combines casework with research, and initial findings show that in addition to language barriers, ethnic minority families can feel less confident in communicating with school staff, especially headteachers, and parents can lack the resources to challenge unjust and unfair decisions (Abramson, 2024).

### ***The additional learning needs (ALN) system in Wales***

The Additional Learning Needs (ALN) system in Wales has recently been overhauled, replacing the old Special Educational Needs (SEN) system (Welsh Government, 2021). The Welsh Government (2021) explains that the system aims to ensure greater consistency and continuity of provision with Individual Development Plans (IDPs) being put together and integrating arrangements for pupils by bringing together school-led interventions and local authority-issued statements. The Welsh Government's (2019) guidance on school exclusion was in place at the time of the interviews; it has recently been updated (for the updated guidance, see Welsh Government, 2024). This study took place after the introduction of the Additional Learning Needs and Education Tribunal

(Wales) Bill 2018, the new framework for supporting children and young people with additional learning needs (ALN). Therefore, ALN is used to refer to additional learning needs rather than special educational needs (SEN) throughout the paper. The Welsh Government's (2019, p. 19) guidance on school exclusion explains that "other than in the most exceptional circumstances schools should avoid permanently excluding learners with statements of special educational needs (SEN)."

## The literature

As previously mentioned, most of the literature on school exclusion from the UK is from England. The Timpson review of school exclusion in England began with a call for people to share evidence and experiences of exclusion (DfE, 2019). Of the 1,000 responses received, over two-thirds, representing 70%, were from parents and carers, and 82% were from parents of children who had experienced exclusion (DfE, 2019). These parents spoke of how disruptive and poorly managed exclusion processes were for their families and did not feel that exclusions were always fair (DfE, 2019).

The literature explains that parents felt they were not listened to, and this affected their sense of power and control. Parker et al.'s (2016) study on parents and children's experiences of exclusion in primary school found that parents expressed a sense of failure, guilt, sadness and disappointment because they felt they could have prevented an exclusion if they had advocated more for their child. Research explains that there are communication difficulties between parents and school staff and challenges with communication are exacerbated during the school exclusion process (Parker et al., 2016; Sproston et al., 2017). The literature also highlights that parents felt they were not told early enough about their child's behavioural issues, and if they had been involved earlier, they could have intervened and prevented them from escalating (Demie, 2022; Parker et al., 2016).

Research explains that family involvement has many positive aspects, especially when parents know the system, support, and resources their child needs (Demie, 2022; Parker et al., 2016). Parker et al.'s (2016) research found that some parents felt disempowered and lacked confidence, which could impact their ability to advocate for their children. Greenaway-Clarke and Franklin (2023) examined how trained advocates could advocate for children with disabilities. They note that advocacy is a powerful tool to support the voice of disabled children. When the voices of disabled children and their parents are not heard, this has consequences for their rights to education (Greenaway-Clarke & Franklin, 2023).

In research on the inequality of working-class pupils in England, Reay (2017) highlights that middle-class families have an advantage because they have a sense of belonging to the education system, which comes with affluence and a family history of privilege. Reay (2017) suggests that working-class families will not have the same confidence and sense of entitlement as middle-class families in the education system. Reay (2017) explains how the education system perpetuates disadvantage and how negative representations and "othering" of the working classes persist. Cruz et al. (2024) argue that systems of exclusion continue to marginalise students, including ableism and racism, and normalise and justify exclusion from learning.

In *Teaching to Transgress*, bell hooks (2014) suggests that the classroom can be a radical place of possibility for all children. Cruz et al. (2024) propose that if classrooms

are to be a place of promise for radical change, as hooks contended, more needs to be done than giving pupils with various labels more than physical access to the classroom. hooks (2014) explains that in classrooms, focus tends to be placed on the economically privileged's views, attitudes and experiences at the expense of working-class pupils. hooks's (2014, p. 185) work focuses on "coming to voice" because it was so clear that some pupils are more empowered by race, class and sex privilege, which gave their voices more "authority" than others. hooks (2014) distinguishes between a shallow emphasis on democratising voice, where it is wrongly assumed that everyone's words will have equal time and value, and a more complex recognition of each voice's uniqueness and the need to create classroom spaces where all voices are heard because pupils feel free to speak because they know their presence is recognised and valued.

Conversely, Cruz et al. (2024) suggest that hooks did not write from a holistic perspective, as her work predominantly focused on gender and race, and this has prompted criticism for perpetuating negative views of disability. Chatzitheochari and Butler-Rees (2023, p. 1156) suggest that there have been "monolithic understandings" of disability which ignore how it intersects with other inequalities. Chatzitheochari and Butler-Rees (2023) focused on the interaction of disability and parental social class to examine the potential to perpetuate disadvantage. Chatzitheochari and Butler-Rees (2023) suggest that despite a plethora of research on social class in education, there has been scant research on the intersection of social class with disability and how different systems and power structures in education (re)produce disadvantages. With limited research in this area, it is difficult to know whether power structures in the school exclusion process disempower parents and perpetuate disadvantage for their children with ALN.

First, the policy context in Wales was examined, and an overview of the research that sought to capture parents' views on the exclusion process was explored. Education policy in Wales emphasises a rights-based approach; Wales was the first country in the UK to adopt the UNCRC as the basis for policymaking for children and young people (Power & Taylor, 2024). The Welsh Government's (2019, 2024) guidance on school exclusion gives parents and pupils information about their rights and how to challenge exclusions. The Welsh Government (2021) has recently reformed the Additional Learning Needs (ALN) system, and the new approach aims to ensure that parents participate in decisions about their children's education. While there are rights-based approaches and an ethos of participation in Welsh policy, previous research on school exclusion from Wales has found that parents experienced unlawful exclusions where their children were sent home without the school following the formal exclusion process (Butler, 2011; Children's Commissioner, 2020).

Second, the literature on school exclusion was explored. The literature from England shows that parents do not feel meaningfully involved in the school exclusion process; they think that their voices are not heard, and communication from school staff is minimal and misleading (DfE, 2019; Parker et al., 2016). The literature suggests that parents, particularly working-class parents, do not feel that they have the power to influence decisions in the exclusion process (DfE, 2019; Parker et al., 2016; Reay, 2017). The next section of the paper explores power using Foucault's (2019) notions of governmentality and Arnstein's (1969) ladder of citizen participation. Next, the applicability of Arnstein's (1969) ladder as a conceptual lens for exploring parents' engagement in the school exclusion process is examined.

## Theory

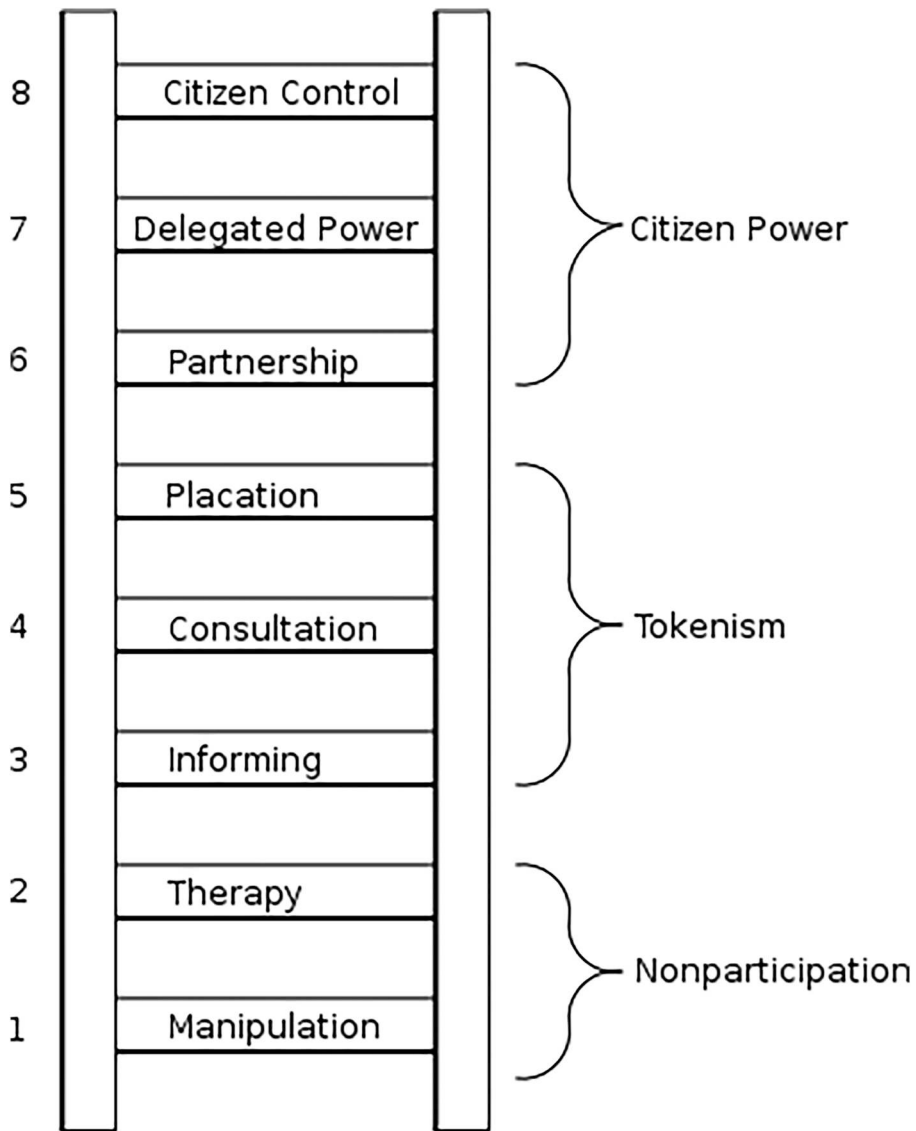
According to Foucault's (2019) governmentality theory, power is not limited to the state; a person, class, or group does not possess it. Instead, it is the form of social control used in disciplinary institutions, including hospitals and schools. Foucault (2019) suggests that power only exists when it is exercised by some on others. Macleod and Durrheim (2002, p. 3) explain that according to Foucault, modern government is a complex system composed of institutions, processes, reflection and strategies where different means are used to accomplish specific goals. Wilkins and Gobby (2022) applied Foucault's concept of governmentality to school governance; in the school exclusion process, schools are an instrument of control to which the parents of children at risk of exclusion are subject.

Foucault's (2019) theory is a helpful starting point for exploring how power is exercised by school staff on parents in the school exclusion process. Macleod and Durrheim (2002) highlight that even though Foucault's theory suggests that one person does not hold power, it does not mean that individuals or groups are treated equally where power is exercised in government. Foucault's (2019) theories are helpful in conceptualising power, but they do not provide enough of an analytical lens for a more substantive understanding of parents' experiences of the school exclusion process. Next it is explored whether Arnstein's (1969) ladder of citizen participation, which describes different levels of participation in the decision-making process, is helpful in understanding how parents experience the school exclusion process.

Arnstein's (1969) illustrative ladder of citizen participation is a typology describing different levels of participation (see Figure 1). The ladder was designed by Sherry Arnstein (1969, p. 216), who said, "Citizen participation is like spinach: no one is against it in principle because it is good for you". Arnstein (1969) designed the ladder to explore citizen participation in the urban planning process in the USA to address systemic unfairness towards some communities purported to be consulted as part of the development process.

Research by Sewell (2023) notes that the COVID-19 pandemic has exposed worsening inequalities within the education system. Sewell (2023) suggests that although the concept of voice practice can be simple, it is only meaningful if it leads to real action that addresses power imbalances and promotes social justice. Arnstein (1969, p. 216) highlights that there is a difference between participating in an "empty ritual of participation" and having the power to affect the outcome of a process. Sewell (2023) highlights that Arnstein's (1969) ladder is the seminal model of citizen participation as sixty years after its inception, it continues to influence educational practitioners who seek to listen and act on the voices and perspectives of others.

Arnstein's (1969) typology has three domains: nonparticipation, tokenism, and citizen control. They are arranged on a ladder with eight rungs distributed between these categories; each rung describes the amount of power citizens have to influence decisions (Arnstein, 1969). At the bottom of the ladder is nonparticipation, where powerholders try to educate or cure citizens under the guise of participation (Arnstein, 1969). In rung one, "manipulation," powerholders seek to educate citizens; in rung two, "therapy," powerholders equate powerlessness with mental illness and engage citizens in group therapy (Arnstein, 1969, p. 218).



**Figure 1.** Arnstein's (1969) ladder of citizen participation.

The tokenism domain is in the middle of the ladder. Arnstein (1969) explains this can be a step towards genuine participation. This is where the powerholders listen to citizens, but citizens still lack the power to have their views acted upon by the powerholders (Arnstein, 1969). In rung three, "informing," the powerholders control meetings and communication by providing inadequate information, not encouraging questions and giving irrelevant answers (Arnstein, 1969, p. 219). Rung four is "consulting". Arnstein (1969) notes that if consultation is not combined with other modes of participation, it is a sham because there is no guarantee that citizens' concerns or ideas will be considered. Rung five is "placation", where citizens advise powerholders and have some influence, but the powerholders retain the right to make decisions (Arnstein, 1969, p. 220).

It is only at the top of the ladder in the citizen control domain that citizens begin to have decision-making power. Characterised by rung six, “partnership” where citizens can negotiate trade-offs with the traditional power holders, rung seven is “delegated power”, where negotiation between citizens and powerholders can result in citizens achieving dominant decision-making (Arnstein, 1969, p. 222). In rung eight, “citizen control”, citizens have the full managerial power to make most decisions (Arnstein, 1969, p. 223).

Research by Varwell (2022, p. 130) examined the literature on Arnstein’s ladder of participation over the last 50 years, and found that it had been used across many sectors, including planning and the environment, health, higher education, housing and in schools and with young people, and has been referred to as “inspirational”, “seminal” and “foundational.” Varwell (2022) highlights that the literature suggests Arnstein’s (1969) ladder is a useful starting point for exploring citizen participation because of its simplicity. Arnstein’s (1969) typology is used to explore how much power the parents of children at risk of exclusion have to influence school staff’s decision to exclude. Table 1 contains a brief description of the eight rungs of the ladder and how they could apply to parents’ participation in the school exclusion process.

A study by Stelmach (2016) analysed parents’ involvement in school councils through Arnstein’s (1969) lens of citizen participation. Stelmach (2016, p. 278) acknowledges the “arbitrariness” of interpreting data over eight levels, noting, as Arnstein (1969) did, that the categories are not “pure distinctions.” However, Stelmach (2016) felt that the structure and mandate of school councils were sufficiently homogenous to enable the

**Table 1.** Arnstein’s Ladder applied to the school exclusion process adapted from Sewell (2023).

Rung	Example
Manipulation	A school leader informs parents that the only alternative to permanent exclusion for their child is a managed move to another school. The Welsh Government’s (2019) guidance on school exclusion states that a managed move should only happen with consent from parents, the child, and the LA and never as an alternative to permanent exclusion.
Therapy	Parents know that their child is being bullied because they have ASD. There was a behavioural incident when their child reacted to the bullying. School staff want to address the child’s behaviour rather than deal with the bullying. Despite their child being well-behaved in lessons, school staff suggest moving them to specialist provision.
Informing	The headteacher invites parents to a meeting about their child’s behaviour. The parents believe they have a say because they have been called to a meeting. The school leader had already decided on a behaviour plan for their child. The meeting was designed for the school leader to record that they have informed the parents.
Consultation	The school runs a survey to capture parents’ views. They only ask questions that concern the school, which means that only concerns that matter to the school are recorded and acted on. Parents with concerns about their child’s support needs, which could lead to negative behaviour and exclusion, cannot express this in the survey (Sewell, 2023).
Placation	Parents are involved in putting together an Individual Development Plan (IDP) that explains the best strategies to support their child and prevent negative behaviour. However, the reasonable adjustments identified in the IDP are not implemented.
Partnership	School staff work with parents to put together an IDP, which is implemented. School staff continue to work with parents to support their child and determine the most appropriate sanction for dealing with negative behaviour.
Delegation	Parents are school governors and are given decision-making authority, including the decision to exclude a pupil. However, as school exclusion disproportionately affects some pupils, e.g. ALN, Black and Minority Ethnic, and socio-economically disadvantaged children, delegation in terms of school exclusion will not be achieved until school governors represent the parents of these pupils.
Citizen control	This is a citizen-controlled school where parents are involved in governing the school. Parents are in full charge of school exclusion policies and management and can negotiate the circumstances under which outsiders can change them (Arnstein, 1969).

identification of convergent factors which contribute to or hinder participation. Stelmach (2016) found that parents (citizens) could be intimidated by educational hierarchies and that educators (powerholders) could hold deficit assumptions about parents, particularly of socio-economically deprived and ethnic minority families. This could exacerbate conflict, especially around competing agendas between parents on the school council and school staff (Stelmach, 2016). Stelmach (2016, p. 278) found that much of the parents' participation in school councils was tokenistic because educators and educational leaders continued to hold the decision-making power, evidenced by parents taking a more informal role and through a "parent-educator dynamic of denial and deferral."

Arnstein's (1969) typology of citizen participation, which measures the level of citizen power in the decision-making process, is used to answer the research questions and explore parents' participation in the school exclusion process. The following section explains the methods that were used to answer the research questions.

## Methods

The data used in this study were collected as part of the Excluded Lives project, an ESRC project on school exclusion. The Excluded Lives project examined the exclusion of secondary school children from schools across the four jurisdictions of the UK: England, Northern Ireland, Scotland, and Wales. This paper uses the data from interviews with parents in Wales. The ethics committee at Oxford University gave ethics approval for this research, reference ED-C1A-20-057. After ethical approval was received, recruitment and data collection commenced. Table 2 shows the number of interviews collected across the project in all four jurisdictions. This paper is focused on the interviews with parents in Wales.

Because of limited research on parents' experiences of the exclusion process, semi-structured interviews were considered the appropriate data-collection method. As this was exploratory research, it was considered that surveys or highly structured interviews could weaken data collection (Blackstone, 2012). Semi-structured interviews were valuable because they helped capture parents' feelings of power and powerlessness. Semi-structured interviews allowed participants to express their views and enabled the interviewer to follow up on unexpected leads that were not in the original interview questions.

Interviews explored notions of power based on Foucault's (2019) concept of governmentality, exploring the relationship between parents and school staff and examining whether parents had the power to influence decisions. Interview questions explored the experiences that led to their children's exclusion, their relationship with school

**Table 2.** Total number of interviews (includes some focus group interviews).

	LA /agency officers	Alternative provision providers	School staff	Parents/ carers	Pupils/ excludees	Total
England	25	13	124	9	15	186
N Ireland	10	4	45	4	14	77
Scotland	10	5	59	7	8	89
Wales	9	13	38	11	16	87
Total	54	35	266	31	53	439

Power et al. (2024)

staff, whether their children were given any support, whether the school tried any other interventions, how their child's exclusion was explained to them and the impact the fixed term or permanent exclusion had on them and their family.

Potential participants were invited to participate in the study if their children had been excluded or were at risk of exclusion from school. Participants were recruited through emails, including a recruitment poster and information sheet which was sent to case study local authorities, and core schools selected as part of the project and third-sector organisations that worked with excluded children and their parents. These organisations circulated the details of the study to potential participants. The recruitment poster was also shared on social media.

Participants responded to the recruitment poster by emailing, texting, or phoning the researcher if they were interested in participating in the study. The researcher asked participants to select how they wanted to be interviewed; via video call, telephone or in person. Two participants were interviewed over video call and nine on the telephone. Verbal informed consent was obtained. The researcher read out the information sheet and then went through the verbal version of the consent form with participants at the start of the interview. Participants were told they could withdraw from the study and were given the opportunity to ask questions. Participants were told their identities and their children's identities would be confidential and not identifiable in any publications. Eleven parents participated in semi-structured interviews; ten mothers and one father were interviewed. More details of the sample are in [Table 3](#). Some parents were step-parents, some were foster carers, and all self-identified as parents.

Data collection took place from May 2022 to January 2023. Interviews were recorded on a Dictaphone and were transcribed verbatim. The value of the qualitative approach produced through the semi-structured interviews was that data could be analysed, producing valuable and insightful narratives about participants' experiences of the school exclusion process. Informed by Arnstein's (1969) ladder of citizen participation presented in [Figure 1](#) as the analytic lens, a thematic analysis was undertaken. Using Braun and Clarke's (2006, p. 87) approach, phase one was familiarisation with the data. This involved "repeated reading" in an active way to search for meanings and patterns. Phase two involved generating an initial list of codes for the data, and this was also where data was set against Arnstein's (1969) ladder of citizen participation. In phase three focus

**Table 3.** The sample.

Participant	Parent's gender	Child's gender	Child's year group	The child's diagnosis of ALN
1	Female	Male	Year 8	Being assessed for Autistic Spectrum Disorder (ASD)
2	Female	Male	Year 9	No diagnosis or suspected ALN
3	Male	Male	Year 11	Diagnosed with Developmental Trauma
4	Female	Female	Year 8	Diagnosed with ASD
5	Female	Male	Year 11	Diagnosed with Attention Deficit Hyperactivity Disorder (ADHD)
6	Female	Male	Year 9	Diagnosed with ADHD
7	Female	Male	Year 7	Diagnosed with ADHD, ASD, Tourette's, and learning difficulties.
8	Female	Male	Year 11	ASD and Pathological Demand Avoidance (PDA).
9	Female	Male	Year 11	ADHD and Oppositional Defiant Disorder (ODD).
10	Female	Male	Year 11	ADHD, hearing loss and detachment difficulties.
11	Female	Male	Year 10	ASD

was placed on searching for overarching themes, rather than codes; this is where codes were combined to form overarching themes. In phase four, themes were reviewed, and the validity of individual themes concerning the data set was considered; this was repeated until theoretical saturation occurred.

In order to uncover participants' experiences, the author needed to acknowledge their positionality as a researcher and its influence on the research process (Yip, 2024). The author had worked as an adult education and alternative provision tutor working with children and young people who had been diagnosed with ALN and was aware of the challenges some of them had faced in mainstream education. Peer debriefing was used to minimise potential bias; this involved discussing the research with the project lead for Wales, who advised on recruitment, interviews and coding (Greene, 2014).

### **Limitations**

It is essential to acknowledge that this research has limitations. A limitation of this study is that it only looks at parents' views, and school staff's views are not considered. Interviews were also completed with school staff as part of the Excluded Lives project (see Table 2 for more details). This is a limitation because decision-making in the school exclusion process involves school staff and parents. It is acknowledged that school staff will also have challenges working with parents during the school exclusion process. However, this paper examines parents' experience of power and powerlessness in the school exclusion process. Other research outputs of the Excluded Lives project will report on the views of school staff.

### **Results**

In accordance with the traditions of thematic research, the results presented below are accompanied by selected quotes from the interviews. These selected quotes are related to the emergent themes through the coding process and are described below under Arnstein's (1969) categories of citizen participation.

#### ***Nonparticipation: manipulation***

Participants gave examples of not being listened to and only being contacted once it was too late to prevent an exclusion. Parents felt that school staff wanted to prove they were involved in the exclusion process, but the decision to exclude had already been made. Parents also reported no communication with schools, with communication breaking down when they started questioning them.

When I started questioning staff actions and words, they treated me completely differently. The [Safeguarding lead] sent me an email saying (because of) my constant questioning of staff actions and words, they will no longer be communicating with me (Participant 9).

The first communication was after four weeks, when we got an email saying, "Things aren't working out. We need to have an emergency meeting". We were under the impression that everything was going fantastic. It didn't happen for about four days. (They said) "Can we come in next Tuesday?" It's not much of an emergency if you're not doing it for four days (Participant 4).

Another example of “manipulation” was when school staff told parents the only alternative to a managed move was a permanent exclusion.

He was suspended about three or four times, and that’s when they said, “We are looking at a permanent exclusion,” but that’s when the Head, he wasn’t even the Headmaster, he was the Head of Year, said about the Step-up alternative provision, he said, “It’s not going to be permanent or anything, it could be three terms” I think he said that it was Dylan’s<sup>1</sup> only option. (Participant 1).

### ***Nonparticipation: therapy***

Ten participants felt that their children had been failed by schools either because schools had not made reasonable adjustments because of their children’s ALN or because they had not dealt with their children being bullied. The parents of children with ALN also felt that they had to fight because they felt that schools were “failing vulnerable children.”

He was fine in primary school because he had support because he has some needs. In secondary school, he did not have the support he needed, so he struggled. Then, in Year 10, he really struggled, and his behaviour started going downhill. He disengaged with school, which led to where we are now. It has been seven weeks since he has been excluded (Participant 5).

The school failed. He (needs) 20 hours a week of support ... There should be a TA (Teaching Assistant) in class with him. So if it is a supply teacher that day and the girls are lobbing rubbers at him, giggling, or shouting names, or the bullies are saying something like he stinks, then the TA can step in and stop it from escalating. But the incidents have been allowed to escalate because he hasn’t had his needs met. The tensions have built up, and they’ve escalated to a point where all the holes in the Swiss Cheese have all lined up, and it’s gone pop (Participant 8).

### ***Degrees of tokenism: informing***

In the middle of Arnstein’s (1969) ladder, the tokenism domain is where citizens are listened to but do not have the power to inform decisions. Participants felt that school staff were unwilling to listen to them about things they could do differently to help their children modify their behaviour.

They didn’t listen to me as a parent; they didn’t get on board with what I’d said to them and asked them to do or not to do. Sometimes, I didn’t agree with exclusions at all. I kept telling them not to put their hands on him, not to try to pick him up and drag him across the room. That was one thing I did ask them to do, which they wouldn’t do (Participant 1).

The school’s natural response was around detentions, isolations, exclusions. My instinct at that stage was to say to the school, “I understand why you do those things, but let me tell you about this kid’s background. Let me tell you about what works for him at home. What triggers him, and why he does some of these things.” I just came up against a huge brick wall. If anything, the school put more effort into pushing me away and keeping me out of it (Participant 3).

### ***Degrees of tokenism: consultation***

Rung four of Arnstein’s (1969) ladder is “consultation”; whilst this can be a step towards full participation, powerholders can restrict citizens’ input at this level and not consider

their views. Only one participant spoke of consultation. Participant 3 spoke of being “shouted down” when he attended a school inspectorate event as part of a consultation at his son’s school.

I went once; they were going through an inspection. They invited parents to come in and (participate in) a bit of a Q&A. I felt it was my duty to do that. There was hardly anyone there; there was me, another guy, and his son has autism, and we were the ones who I could identify as parents. Everyone else was a parent, but they were also teachers, teaching staff, and governors. It was not a fair representation, and I commented, “Well, this is where the school’s good. However, I would say that they’re not great in this area.” I was shouted down at every opportunity. When I read the report, it was not reflective of anything that I had said or what the other parent had said (Participant 3).

### ***Degrees of tokenism: placation***

On rung five of Arnstein’s (1969) ladder is “placation”; this is where citizens hold some influence, but tokenism is still apparent. Participants reflected that sometimes they could influence decisions. Participant 6 gave the example of a situation that escalated after a teacher had asked her son to sit at the front of the class.

His headteacher is very good; a situation escalated because one of the teachers had made him sit in front. We were sure that it was put in his documentation that he doesn’t like sitting at the front. He feels pulled out in front of the other students and made to feel different. He hates the fact he’s got ADHD; he’s got a statement. (The headteacher) sent an email to all the teachers to remind them that he’s not to be sat at the front (Participant 6).

Conversely, Participant 6 reflected on how the school had been less accommodating of her son benefiting from a later start to the school day.

The flexible start time would help him, so when he was in the [behaviour] unit and because he wasn’t in the mainstream, it wasn’t an issue. I used to take him in when he was up and ready, and it worked because he wasn’t getting into a struggle, and he wasn’t getting sent home. When I was getting him to school on time, there were many arguments at home because I had to get him up at seven to be ready to get the bus to school. So, because he wasn’t sleeping properly, the extra time that he had in bed and going in a bit later helped, and it took the stress off, but they won’t accommodate him (Participant 6).

### ***Degrees of citizen power: partnership***

Rung six is “partnership”, where power is redistributed through negotiation mechanisms for resolving impasses. Participant 10 had negotiated with her son’s school that he stayed in the “library for the day” when he received a fixed-term exclusion because having him at home was “impossible”. She reflected that this was probably because the school were aware of the disabilities her other children had; they were an independent school and, as such, had more resources and because her son also had a dedicated one-to-one.

They did listen, and they were very good because they knew the disabilities my other children have. But I expect they did that because they are independent; a local authority school would probably say no to us. But the school staff said, “We will keep him in the library today with his one-to-one.” And because Trystan had a one-to-one, that was possible because they have a

staff member for him. And I imagine if your child doesn't have the specialist needs and a one-to-one, then who would they find to stay with the child in the library? (Participant 10).

Participant 11 explained that because she "worked in education", she had "more voice" but reflected that "most parents aren't in that position." Although she was able to work in partnership with school staff, it was a challenging process. She felt that if she had not had the knowledge she had gained through working in education, her son's fixed-term exclusions would be "through the roof." She explained that her son attended a school where professionals felt "parents don't have value in many cases." She described how internal exclusions were not an effective sanction for her son because he did not learn from the experience. A restorative session was helpful for the child and the teacher to understand what had led up to a behavioural incident.

I phone his head of the Base.<sup>2</sup> And I say, "do a restorative", because that's what he will learn from; he will not learn if you stick him in a room in isolation. He'll learn from a restorative<sup>3</sup> approach. It is helpful from the child's point of view and the teacher's understanding of what led up to it (Participant 11).

### ***Degrees of citizen power: delegation and citizen control***

Although participants described examples of "partnership" in the citizen control domain, there were no examples of rung seven, "delegation", where citizens have delegated power to make some decisions, and rung eight, "citizen control", where citizens have complete managerial control. However, there was an example of citizen power within the data. Participant 3 spoke of attending a consultation meeting as part of an inspection of his son's school. They felt it was not a fair representation of parents as the parents who attended the consultation were teachers, teaching staff or school governors. Participant 3 spoke of being "shouted down" by these parents, demonstrating that these parents involved in the school had more voice and power than he did.

## **Discussion and conclusion**

### ***Nonparticipation: manipulation***

The results showed that most parents' experiences of participation were in the nonparticipation and degrees of tokenism categories at the bottom of Arnstein's (1969) ladder. In answering research question one, whether the parents of children at risk of exclusion felt meaningfully involved in the school exclusion process, the data showed clear examples of "manipulation" in the nonparticipation domain. Parents gave examples of school staff not communicating with them until it was too late to influence decisions. This reflects the findings of Feingold and Rowley's (2022) study, where parents felt that they were not listened to, and this led to them feeling that they had no power or control.

The data showed another example of manipulation when parents were told the only alternative to a permanent exclusion was a managed move. The Welsh Government's (2019, p. 11) guidance suggests managed moves as an alternative to exclusion but clarifies that parents should never feel pressured to agree to a managed move under the threat of a permanent exclusion (Welsh Government, 2019).

### ***Nonparticipation: therapy***

The therapy domain was helpful in explaining that parents felt that school staff had just wanted to “cure” participants’ children of their negative behaviour rather than making reasonable adjustments that could help them succeed in education. Parents spoke of school staff not recognising that their children had support needs, and if these support needs were met, this could prevent the behaviour that led to exclusions. Instead, parents felt the school staff simply victimised and blamed their children. The Welsh Government guidance (2019) in place at the time of the interviews was clear that excluding a learner with a protective characteristic is unlawful if a learner without a protective characteristic would not be excluded. The results showed that parents felt that their children had been unfairly excluded because their disruptive behaviour had been a result of unmet support needs.

### ***Degrees of tokenism: informing***

The results showed that parents felt that school staff were unwilling to listen to them, and meetings to discuss their children’s behaviour gave them “superficial information” (Arnstein, 1969, p. 219). Parents felt that school staff put more effort into pushing them away than listening to their expertise on the best way to support their child. This could reflect the findings of the Timpson review (DfE, 2019), which found that there could be a culture of blame between families and schools, with some parents reporting that school staff felt their child’s behaviour was a result of their parenting.

### ***Degrees of tokenism: consultation***

The results showed that one parent had attended a consultation exercise. He described being unable to participate and felt that he was “shouted down” at every opportunity. He described the other parents who attended the consultation exercise as having more power because they were school staff or governors. Canadian research that examined parents’ involvement in school councils found that when principals supported parents’ involvement, it increased their confidence and sense of efficacy (Stelmach, 2016). This could explain why parents with dual roles at the school felt more empowered to participate in the consultation exercise as they were supported by the principal in their other role.

### ***Degrees of tokenism: placation***

The results showed that one parent had experienced placation. They reflected that school staff had been supportive of not sitting her son in the front of the classroom but not supportive of him having a more flexible start time to school. She felt both these accommodations were reasonable adjustments because her son had been diagnosed with ADHD. This example shows placation as this parent could influence some decisions but not others.

### ***Degrees of citizen power: partnership***

In answering research question two, whether parents of children at risk of exclusion have the power to influence decisions in the school exclusion process, the results showed that

two parents had the power to influence decisions in the school exclusion process, and they felt this had reduced the number of exclusions their children had received. One participant felt she had more power because her son attended a private school, and they had more resources to support him. Another participant felt because she worked in education, she had more voice, and without her knowledge of the education system, her son's fixed-term exclusions would be higher. This reflects research by Stelmach (2016, p. 273) that a barrier to parents' participation in schools is the "inertia and intimidation created by educational hierarchies."

These parents were less intimidated by the education system because they had experience working in education, or their child was educated in a private school where the staff had more resources. This could also be because these parents are middle-class (Reay, 2017). As discussed earlier in this paper, Reay (2017) highlights that working-class families will not have the confidence of middle-class families, who are more likely to have had positive experiences in the education system.

### ***Degrees of citizen power: delegated power & citizen control***

The results showed no examples of participants experiencing delegated power or citizen control in the school exclusion process, the top two rungs of Arnstein's (1969) ladder. This reflects Stelmach's (2016) research on school councils, which found that although there were degrees of citizen power, with partnership being most evident, this was the least common type of participation. Partnership could be the most appropriate form of citizen power in the school exclusion process, where parents could give advice and influence decisions; the data from this study showed that parents felt that this could reduce the number of fixed-term exclusions. Delegated power would give parents dominant decision-making power, and citizen power would be a community-owned school which parents control. In the comprehensive Welsh education system, partnership is probably the most appropriate highest level of citizen power.

Research question three asked if Arnstein's (1969) ladder provided a valuable framework to explore parents' understanding of the school exclusion process and whether it gives a more substantive understanding of the issues parents face during the exclusion process. Arnstein's (1969) typology provides a valuable lens through which to explore parents' participation in the school exclusion process, but it also presents an oversimplification of the participation process. In her seminal article on the ladder of citizen participation, Arnstein (1969) acknowledges that her typology is a simplification but suggests that it is still helpful to illustrate the significantly different degrees of citizen participation and understand if citizen participation is meaningful. While Arnstein's (1969) ladder was useful for exploring parents' perceptions of power, the framework has limitations. Arnstein (1969, p. 217) explained that the typology does not include the roadblocks to achieving genuine levels of participation for powerholders, including "racism, paternalism and resistance to power distribution."

Moreover, hooks (2014) highlights that coming to voice is about telling one's experience and thinking critically to challenge and confront. In a repressive education system where class advantage and disadvantage are perpetuated, middle-class parents may feel more entitled to speak and for their voices to be heard (hooks, 2014). Perhaps what is needed, particularly in light of the overrepresentation of children with ALN,

black and minority ethnic groups and young people in receipt of FSM, as previously mentioned, is independent advocates who can work with parents to help them come to voice as they already have a voice but power alignments in the education system are limiting their impact and influence (hooks, 2014).

It is recommended that the Welsh Government examine the effectiveness of current advocacy services and explore if there are any gaps in provision. Civil society organisations that already deliver services should be consulted to determine what funding and support they need to scale up their current provision, and it should also be examined if new services are needed.

## Conclusion

This research examined school exclusion in Wales, focusing on the experiences of parents whose children had been excluded from school. Arnstein's (1969) ladder of citizen participation was used to explore parents' involvement in the school exclusion process. The data showed that most parents' involvement in the school exclusion process could be categorised at the bottom of Arnstein's (1969) ladder as nonparticipation, as parents highlighted significant challenges communicating with school staff. Most parents felt uninformed and powerless and believed that if they had been involved earlier, they could have prevented behavioural issues from escalating.

Moreover, this research suggests that not all parents have equal power to influence the school exclusion process, raising questions about which parents are being heard. Greenaway-Clarke and Franklin (2023) suggest that independent advocacy is a powerful tool, and advocates could work with parents to support them in the school exclusion process and ensure their voices are heard. This research highlights the need to ensure all parents meaningfully participate in the exclusion process to ensure there is a fairer and more inclusive education system in Wales.

## Notes

1. All names used in this paper are pseudonyms to protect the identity of participants.
2. Some mainstream schools in Wales have a Base or a unit where they hold classes for pupils with ASD. Pupils access some mainstream classes but are educated in the Base for the rest of the time.
3. Restorative practice involves the pupil meeting with the people who have been affected by their actions and explaining the impact that their actions have had. It encourages pupils to take responsibility for their actions and allows school staff to understand what led to negative behaviour.

## Disclosure statement

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## Ethical approval

Ethical approval was obtained from the University of Oxford Departmental Research Ethics Committee (DREC), Reference Number CUREC ED-C1A-20-057. Due to ethical concerns, supporting data cannot be made openly available.

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## The need for more equitable access to musical care during the beginning of life in England and Wales: Policy recommendations

November 2024

### Key points

- The first 1001 days of life are critical in children's development. Too many families do not get the support they need to have the best start in life, with knock-on effects throughout their lives.<sup>1</sup>
- Musical care is the role of music in supporting all aspects of people's developmental and/or health needs and is seen to be effective in supporting families.<sup>2,3,4</sup> It includes a range of practices including music therapy, community music, music performance, concerts, and listening.
- Relevant and culturally appropriate musical care activities should be accessible to all and cater equally to different aspects of the beginning of life (during pregnancy, infancy, for mothers, fathers, and carers).<sup>5</sup> However, new evidence set out in this paper shows that there are significant barriers to accessing and providing it.
- Recommendations set out in this paper include long-term funding for both universal opportunities and targeted interventions, place-based approaches, integration of music into relevant guidelines, and training and upskilling opportunities for the musical care workforce to ensure quality and safety.

### Why is musical care at the beginning of life important?

- Musical care - both listening and music making - has been seen to be effective in supporting families during the beginning of life (pregnancy to infancy).<sup>3,4</sup> This includes supporting the health and well-being of infants, caregivers, and the relationships between them, including physical and mental health, cognitive and behavioural development, and interpersonal relationships.
- However, there are many barriers to arts engagement and care services, a situation that has been exacerbated by growing economic and health disparities, which affect this period in families' lives in particular.<sup>5</sup>
- There are existing barriers to access that are common in the creative sector, for example geographic and socioeconomic<sup>7</sup> as well as health inequities.

### New research from Royal College of Music and City St George's, University of London

- 578 Parents (78% England, 8% Wales) and 50 Providers (92% England, 4% Wales) were surveyed to build an understanding of patterns of use of musical care activities during the beginning of life.<sup>8,9</sup>
- Parents saw musical care as helpful for their baby and as an opportunity to meet other parents, be part of a community, and bond with their baby and/or partner. Some parents reported they were encouraged by a healthcare provider/midwife to engage with music, but most sought out the activities themselves.
- Barriers for accessing and providing activities include:
  - *Resource and logistical challenges* – high costs of attending, increased costs of facilitating and marketing groups preventing expansion provision, and a lack of activities that are close to home and at suitable times.
  - *Lack of inclusion and representation limiting reach and engagement* – a lack of *activities* that cater for a range of caregivers (fathers, grandparents), range of mental health needs of parents, and range of special educational needs of children, a lack of *spaces* that cater to access needs, and lack of *opportunities* to bring older siblings along.
  - *Coordination and collaboration challenges* – insufficient opportunities for facilitators to train and upskill, and limited pathways to collaboration that enable greater reach and impact.

## **Towards the implementation of musical care pathways**

- There is a broad range of practices within musical care during the beginning of life. A stepped care approach<sup>10</sup> could support more people to access them in ways that suit their needs.
- In a stepped care approach, more specialised professionals such as music therapists would provide more intensive/specialist services while community musicians provide lower intensity care. Individuals can move up and down the steps in relation to their needs.<sup>11</sup>
- This would require sufficient funding, collaboration, training, and support to ensure the variety of musical care activities required across all steps are equitably accessible and sustainable, with continued investment in research for an evidence-based approach.

## **Recommendations towards musical care pathways**

1. *Ensure long-term funding opportunities for musical care activities and research during the beginning of life, as part of a future strategy for musical care*
  - There have been insufficient levels of funding across health and creative industries, which has increased health inequality and deepened inequity in access to cultural activities. This necessitates musical care being accessible to support health, wellbeing, and development and also shapes what is possible for musical care delivery.
  - Where there is funding, it is often for specific parts of delivery and does not budget for marketing and outreach, evidence and impact, fair pay,<sup>12</sup> or long-term planning to ensure equitable scaling up across different places. This hampers efforts to support those who are underserved.
  - There should be greater investment in both universal access to musical care and targeted action for specific needs and conditions, such as postnatal depression. This should be included in a cross-departmental UK Government Creative Health Strategy, as recommended by the National Centre for Creative Health and the All-Party Parliamentary Group on Arts, Health and Wellbeing.<sup>7</sup> This could draw inspiration from a memorandum between the Arts Council of Wales and the Welsh NHS Confederation, which includes raising awareness of the benefits of the arts in health and policy settings and offering training and support networks.<sup>13</sup>
  - Building on short term funding calls that includes arts and health,<sup>14</sup> there should be longer term funding, across a variety of funders (public, private, and different disciplinary areas) dedicated to interdisciplinary musical care work. This would further the development of an infrastructure that would enhance the practice and training needed to improve equitable access.
2. *Create a collaborative environment for place-based approaches and community spaces*
  - Place-based strategies are needed to encourage strong collaborations and sustainable partnerships, with all voices and resources supported and valued. This would encourage a joined-up approach to addressing health inequalities, working with Integrated Care Systems, local authority public health teams, housing officials, and local Voluntary and Community Sector bodies.
  - Community spaces, for example family hubs and libraries, should be invested in and utilised for musical care, ensuring that they are community and culturally specific.
  - Community spaces and health services could host increased and up-to-date guidance that could also support parents with their own activities at home in a way that reflects their preferences and culture.

3. *Include and recognise musical care in quality standards and guidance to ensure a targeted approach that can recognise the importance of musical care*
  - Building on important steps taken to recognise the role of music therapy – one form of musical care – in dementia, steps should be taken to include musical care practices in NICE guidelines. This could include interventions to support parents with mental health conditions and infants with additional support needs.
  - The Creative Health Quality Framework<sup>12</sup> is a governing document that can support a clearer relationship with health and social care partners about what “good” looks like.
  
4. *Empower the musical care workforce with the skills they need for high quality and safe practice*
  - More training and professional development opportunities should be created and supported both for new and existing members of the musical care workforce, to ensure high quality and safe provision. This must be done in an inclusive way to ensure a diversity of people from different musical cultures can participate.
  - Many health professionals (from midwives and health visitors to nurses and speech and language therapists) should be upskilled as part of their professional development and training to increase awareness of how music can be integrated into care to support their patients’ needs.

Find out more about interdisciplinary insight into how musical care is understood and provided during different stages of the life course at [musicalcareresearch.com](https://musicalcareresearch.com)

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- [13] Memorandum of Understanding between Arts Council of Wales and Welsh NHS Confederation (2023) about advancing arts health and wellbeing.
- [14] Mobilising community assets to tackle health inequalities, funded by the Arts and Humanities Research Council, 2021-2027.

# Agenda Item 6.6

**Y Pwyllgor Plant, Pobl Ifanc  
ac Addysg**

**Children, Young People and  
Education Committee**

Lynne Neagle MS  
Cabinet Secretary for Education

11 December 2024

## **Timelines for the forthcoming review into the ALN Act and Code**

Dear Lynne,

The Children's Commissioner for Wales told us during recent scrutiny that an update on the Welsh Government's review of the Additional Learning Needs and Education Tribunal Act 2018 ("the Act") and the Additional Learning Needs Code for Wales 2021 ("the Code") is expected in summer 2025.

As we concluded in our recent interim report, we welcome your commitment to the review, which you announced to us on 8 May 2024. However we, like the Children's Commissioner, would like to see the review concluded as soon as possible for the sake of the children and families whose needs are currently not being met within the system. We hope that our long-term and detailed investigatory work in this area, as well as the work of others such as Estyn and the Commissioner, can help to accelerate the review timetable.

We are beginning to consider options for the fourth scrutiny 'check in' of our ongoing inquiry into the implementation of education reforms. It would be useful for us to know more about the findings of the review so that we can contribute constructively to your efforts to improve the implementation of the Act and Code.

I would therefore be grateful if you could clarify to us the final scope of the review, who will be carrying it out, and its timeline (including by when you expect the final - and any interim - reports to be published).

I would be grateful for your response no later than 31 January 2025.

Yours sincerely,

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Buffy Williams MS  
Chair

Croesewir gohebiaeth yn Gymraeg neu Saesneg  
We welcome correspondence in Welsh or English

# Agenda Item 6.7

**Y Pwyllgor Plant, Pobl Ifanc  
ac Addysg**

**Children, Young People  
and Education Committee**

Paul Davies MS

Chair of the Economy, Trade and Rural Affairs Committee

11 December 2024

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## **Invitation to attend meetings relating to the Children, Young People and Education Committee's inquiry 'Routes into post-16 education and training'**

Dear Paul,

As you may know, the Children, Young People and Education Committee (CYPE) recently launched an [inquiry into routes into post-16 education and training](#).

I understand that the Economy, Trade and Rural Affairs Committee (ETRA) is undertaking an inquiry into apprenticeship pathways. Due to the crossover between our inquiries, I would like to invite members of ETRA to join CYPE under Standing Order 17.49 for the relevant parts of the following meetings:



\* We may invite other witnesses to give evidence during this meeting at a later date.

<b>Date</b>	<b>Approx time</b>	<b>Meeting summary</b>
<b>22/01/25</b>	10.30 – 12.30	Private stakeholder event with frontline professionals
<b>29/01/25</b>	09.30 – 12.00	Oral evidence (school trade unions and organisations representing parents)
<b>06/02/25</b>	09.30 – 13.15	Oral evidence (Medr, Careers Wales, and tertiary education providers)
<b>05/03/25</b>	11.10 – 11.30	Oral evidence (Estyn)
<b>13/03/25</b>	09.30 – 10.45 *	Oral evidence (Welsh-medium provision representatives)
<b>26/03/25</b>	09.30 – 10.45	Oral evidence (local government representatives, tertiary education providers)
<b>02/04/25</b>	09.30 – 11.00	Oral evidence (Welsh Government: Cabinet Secretary for Education; Minister for Further and Higher Education; and Minister for Culture, Skills and Social Partnership)

I would be grateful if your clerks could advise our clerks at least a week before the meeting in question if members of ETRA attend on joining any of the above meetings. I have asked our clerks to liaise with yours to keep you informed of any changes to our forward work programme.

Whether or not ETRA members are able to attend CYPE meetings, I hope that the evidence that we collect during this inquiry will be useful to your work (and vice versa).

Yours sincerely,



Buffy Williams MS  
Chair

Croesewir gohebiaeth yn Gymraeg neu Saesneg  
We welcome correspondence in Welsh or English

# Agenda Item 6.8

**Y Pwyllgor Cydraddoldeb  
a Chyfiawnder Cymdeithasol**

**Equality and Social Justice  
Committee**

Vikki Howells MS  
Minister for Further and Higher Education

Lynne Neagle  
Cabinet Secretary for Education

Dear Vikki and Lynne,

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12 December 2024

## **The Disability Employment Gap and the education system**

The Equality and Social Justice Committee is preparing a report on our inquiry into the disability employment gap. An important theme has been the role of schools and FE colleges as well as employers in shaping the aspirations and expectations of disabled students in relation to transitioning from education to the world of work and future job prospects.

We received evidence that emphasised the need to ensure equitable access to work placement opportunities and the need to work with employers to achieve this.<sup>1</sup> We were also troubled to hear that disabled students can often miss out on placement opportunities or are pigeon-holed into a narrow range of sectors that are able to accommodate any necessary adjustments.<sup>2</sup>

In terms of expectations, Gerraint Jones-Griffiths, who is an Engage to Change Ambassador for Learning Disability Wales, told us that when he has asked disabled young people 'What would you like to do when you're older?' the response has been "every time, they always say, 'I don't know. We've never been asked,' and that's even now."<sup>3</sup>

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<sup>1</sup> Equality and Social Justice Committee, Record of Proceedings, 14 October, paragraphs 134 – 139, 212 - 213

<sup>2</sup> Equality and Social Justice Committee, Record of Proceedings, 7 October, paragraphs 58 -60, Written evidence, DE15 - Down's Syndrome Association; [DE08 - Ethnic Minorities and Youth Support Team Wales \(EYST Wales\)](#)

<sup>3</sup> Equality and Social Justice Committee, Record of Proceedings, 14 October, paragraph 242



In terms of access to work placements, Arthur Beechy, Chief Executive Officer of Agoriad Cyf a charity which offers supported employment opportunities in north Wales told us:

*"I always remember a horror story, whereby the children in a school, which will remain nameless, all had placements to go out, bar a young disabled girl, because it was too much trouble to get her one, and she's the only one left in school of her year, and everybody else is out. There's something wrong there."<sup>4</sup>*

We note that some of these issues may be scrutinised during the forthcoming Children, Young People and Education Committee inquiry into [Routes into post-16 education and training](#). Furthermore we recognise the anecdotal nature of these contributions, however, we would be interested to hear your views on these matters relating to your portfolio:

1. Please set out your response to these concerns regarding expectations and access to placements in general in addition to the specific questions detailed below.
2. Your assessment of how the Careers Wales work experience scheme for learners in year 10 and 11 is able to support disabled learners? What data you can share with us regarding the proportion of those learners who are disabled? ?
3. More broadly, your assessment of how the "Careers and work related experiences" (CWRE) part of the Curriculum for Wales and associated statutory guidance is supporting disabled learners.
4. The extent to which schools and other education settings are working with employers and third party organisations to provide high-quality enrichment experiences for learners, in line with Welsh Government's statutory guidance. What data can you share with us?
5. How is the Welsh Government ensuring that disabled learners have the flexibility and support they need to access further education? What your expectations are of how FE, HE and their careers departments support disabled learners onwards into internships and apprenticeships? And how are you engaging with the Cabinet Secretary for Economy, Energy and Planning in this regard.
6. What are the implications, if any, of relatively new Additional Learning Needs legislation and guidance on careers advice and support for disabled young people?
7. Any other information you want to draw to our attention as to how the Welsh Government is supporting learners in their transition from school-age to the world of work for disabled people?

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<sup>4</sup> Equality and Social Justice Committee, Record of Proceedings, 21 October, paragraph 329

8. How are you engaging with the Cabinet Secretary for Economy, Energy and Planning to ensure that young people have as wide a range as possible of options post-16? For example, we have heard concerns of a “cliff-edge” faced by disabled people in accessing certain age-restricted placements and schemes e.g. Jobs Growth Wales? What consideration has been given to widening access to disabled people of all ages?

As the Committee is in the process of preparing its draft report, I would be grateful for a response at your earliest convenience and ideally no later than 10 January 2025.

I am copying this letter to the Chairs of the Children, Young People and Education Committee; and the Economy, Trade and Rural Affairs Committee.

Yours sincerely,



Jenny Rathbone

Chair of the Equality and Social Justice Committee

Senedd Cymru/Welsh Parliament



NYAS Cymru Evidence Submission to the Finance Committee  
Welsh Government Draft Budget 25-26  
November 2024

How financially prepared is your organisation for the 2025-26 financial year, how will inflation impact on your ability to deliver planned objectives, and how robust is your ability to plan for future years?

Many third sector organisations across Wales share similar concerns regarding the upcoming financial year and how inflation, alongside other economic factors, will impact organisational ability to deliver planned objectives and planning for future years. While NYAS (National Youth Advocacy Service) Cymru has welcomed Welsh Government's decision to extend the Sustainable Social Services Third Sector and Key Third Sector Organisation Grant, the current economic climate and recent decisions made in the UK Autumn Budget are likely to have significant implications for NYAS Cymru. One of the most significant effects on budgets will be the changes to National Insurance contributions required since the budget was announced, which will leave charities in extremely challenging situations.

Across children's services in Wales, there is a continuing increase to support and provide early intervention and preventative services, including advocacy provision and mental health support. However, while the need for these services is growing, the ability for charities to meet this demand is becoming increasingly difficult. The impacts of Covid-19 continue to impact both children, young people and their families in Wales, in addition to the economy, which is leading to overall higher demand and costs for organisations. This has also been driven by increased salary scales to support employees throughout the ongoing cost-of-living crisis and inflation-related price increases which are not being accounted for in commissioning contracts, and ultimately this has resulted in a rise in operational expenses during the last two years. This has already placed considerable strain on NYAS, and we are concerned that operational costs are likely to be further strained in 2025 and beyond because of announcements in the UK Autumn Budget. Increases in national insurance and the national living wage are projected to raise costs across both national insurance contributions and salary scales. This unsustainable, particularly a majority NYAS' current income for service funding comes from local and central government, who are also looking for cuts to their spending.

While the full implications of the UK Budget are still unknown, NYAS Cymru shares wider sector concerns that the proposals are most likely going to have significantly negative consequences for the third sector, voluntary organisations and the children, young people and adults they support across Wales. NYAS has joined over 7,000 other charities across the UK in signing an [open letter](#) to the Chancellor calling for urgent action on the planned increase to employer National Insurance Contributions for the voluntary sector. We strongly urge Welsh Government to work with the UK Government to arrive at an agreement for the third sector to be exempt from the National Insurance changes and use the upcoming budget as an opportunity to offer sufficient financial support to organisations who will be implicated by these changes.

What action should the Welsh Government take to help households cope with inflation and cost of living issues.

The continuation of early intervention, delivered through a whole family approach, is imperative to help households cope with inflation and cost of living issues. This is also important for helping to keep families together, wherever is safe to do so and reduce the number of children entering care in Wales. Achieving this requires a shared commitment as well as sustainable long-term investment in preventative, family support and edge of care programmes of support including provision through the Families First programme, parental advocacy and other vital support programs. While there are some good examples of support already existing across Wales, including some funded by Welsh Government, we believe more could be done to further strengthen the impact of this work.

#### Free School Meals

NYAS Cymru has welcomed the roll out of free school meals (FSM) for all children in primary schools across Wales, however, we are concerned by the accessibility of this offer. While existing guidance allows local authorities the discretion to provide meals for children from families with 'no recourse to public funds' (NRPF), it is not used by all local authorities in Wales. Children whose families have the status of NRPF therefore miss out on the 'universal' FSM offer as they are not automatically eligible, and a two-tier system is created which disproportionately impacting families from lower socioeconomic backgrounds. NYAS Cymru strongly supports the recommendations of the Children's Commissioner for Welsh Government to review the guidance to ensure no child is without access to FSM. In doing so, we would also recommend Welsh Government to expand the provision of FSM to the school holidays and set out plans for making this offer also available for all children in secondary education.

#### Child Care Offer in Wales

The Flying Start Program is essential to supporting families with babies and young children in Wales and acts as a key early intervention mechanism to help elevate childcare costs. However, access to Flying Start remains unequal across Wales with nearly 50% of families in disadvantaged areas living outside of the Flying Start catchment, meaning they cannot benefit from the scheme. Though we welcomed Welsh Government issuing outreach guidance for local authorities earlier this year to support families outside of a 'Flying Start area', funding will only allow outreach work to be provided to 25% of local targets. We firmly believe that no family should be unable to access this program just because of where they live. NYAS Cymru would recommend Welsh Government to explore plans for extending the offer of the Flying Start program to all families in Wales and removing any barriers or eligibility criteria to accessing this, such as needing to live within a Flying Start area'.

The Committee would like to focus on a number of other specific areas in the scrutiny of the Budget. Do you have any specific comments on any of the areas identified below?

**Is enough being done to tackle the rising costs of living and support those people living in relative income poverty?**

NYAS Cymru believe not enough is being done to tackle the rising costs of living in Wales or support people living in relative income poverty. Specifically, we are concerned with how this is interacting with the care system in Wales. Poverty remains one of the greatest threats to children's rights being fulfilled and there is a distinctive link between child poverty and the number of children entering care in Wales. With Wales having the second highest rates of child poverty of all the devolved nations, it is unsurprising that the rates of children entering care in Wales are also higher compared with those across the UK. Similarly care leavers are at a much higher risk of experiencing poverty and at the point of leaving care, support services are drastically reduced. NYAS Cymru fundamentally believes that care must not be a respite from poverty, nor should children leave care only to enter back into poverty.

NYAS Cymru has significant concerns about Welsh Government's child poverty strategy. The strategy failed to take a children's rights approach to eradicating poverty or make clear reference to the correlation between poverty and care. We believe the strategy lacks ambition and worryingly, included no targets, objectives, delivery plans, structures for monitoring progress, or a timeline for achieving progress to eradicate child poverty in Wales. NYAS Cymru has welcomed the UK Government's commitments to addressing child poverty through the development of a child poverty taskforce and an upcoming child poverty strategy in Spring 2025. We are also encouraged to hear the taskforce are keen to work with devolved Government's to address child poverty in each individual nation. We believe this is a good opportunity for Welsh Government to truly commit to addressing child poverty and strengthen the existing strategy, by working with the UK Government and actioning the feedback received during the initial consultation on the draft Child Poverty Strategy in 2023. This work should be completed alongside allocating a sufficient amount from the 2025/26 Budget to deliver Wales' Child Poverty Strategy. We would also like to see Welsh Government work with the UK Government on plans to see a benefits system devolved into Wales to support families and children as we believe Welsh Government holding these powers would be a significant lever lift children, young people and their families out of poverty. For example, as a result of devolving the benefits system, the Scottish Government have been able to introduce the 'Scottish Child Payment' which has brought about positive outcomes for parents of eligible children.

**Is the Welsh Government's approach to preventative spending represented in resource allocations (Preventative spending = spending which focuses on preventing problems and eases future demand on services by intervening early).**

Welsh Government's current approach to preventative spending is not adequately reflected in resource allocation. While we welcome the work already undertaken by Welsh Government to improve this, early intervention remains significantly underfunded across Wales.

The elimination of profit from the care of looked after children could play a significant role in redirecting money back to local authorities and in principle, we are supportive of the Health and Social Care (Wales) as no one should profit of the care of children. However, we are concerned about the Bill's practical implementation and the potential impact on children currently living in private provision. We do not think the current funding being provided to local authorities to manage the transition is sufficient in the short or long term. This amount must be increased beyond £68 million by being provided over a longer period to ensure no child or young person is negatively impacted by the transition. Additionally, to enhance preventative spending in relation to care, we recommend prioritising the following:

Before Care: We warmly welcome the extension of the Sustainable Social Services Third Sector Grant into 2025-26, which is key for funding preventative services such as NYAS Cymru's Project Unity service, supporting care-experienced mothers across all 22 Welsh local authorities. However, equal and long-term access to early intervention services like Project Unity must be guaranteed for any parent in need of support in Wales. We recommend Welsh Government make early preventative services a part of core funding to ensure universal, sustained access for young mothers across Wales. This should also include making an active offer of support from Project Unity available for all care-experienced young women at the point of finding out they're pregnant.

During Care: Children must have access to preventative services to support their experiences whilst living in care. Independent Visitors are an opportunity for care-experienced children and young people to build a positive and long-lasting friendship with a trusted volunteer. While IVs are a statutory right for care-experienced children where appears in their best interest, many are unaware of this right and cannot access the service. Welsh Government should therefore implement an active offer of IV services, so access becomes 'opt-out' rather than 'opt-in' to make sure all eligible children are actively aware of their statutory entitlement and can benefit from having an IV.

After Care: Care leavers face a higher risk of financial hardship and experiencing poverty than their peers, yet access to financial support is unequal and sometimes inaccessible across Wales. Care leavers often tell us that they did not feel financially prepared or equipped with enough financial knowledge to manage money effectively when leaving care. The basic income pilot launched in 2022 and provided over 500 care leavers in Wales £1,600 each month (before tax) for two years to support transitions into adulthood. The scheme is a vital protective factor in financially supporting care leavers and reducing the risk of experiencing poverty. While NYAS Cymru champions this scheme, we are concerned that it remains available to only a small number of care leavers and no commitments have yet been made to permanently extend the scheme to all care leavers up to 25 years old across Wales. We strongly believe that extending this scheme is a proactive and effective step Welsh Government can take to help care leavers through preventative spending. We would also strongly urge Welsh Government to action their commitment made to introduce legislation to continue local authority support for care leavers beyond the age of 21 years old.

### **How should the Budget support young people?**

Young people working with NYAS Cymru participated in consultation work with the Finance Committee in Summer 2024 to share their views on upcoming budget decisions. Young people told the Committee that housing and homelessness, health and education were the main areas that spending should be focused on to support young people in Wales. They believed that these areas were strongly linked to people accessing their basic human rights and accessing these should be possible for everyone in Wales.

Many young people explained the challenges they face to accessing housing and housing support after leaving care, particularly within the private rented sector. Too often young care leavers are unable to secure private rented homes because they do not have access to guarantors or rent deposits required to secure these homes. Despite corporate parenting duties, a freedom of information request completed by NYAS Cymru found that only 53% of local authorities in Wales will act as a guarantor for care leavers and 44% of these have an eligibility criteria to access these schemes. Similarly, only 76% of local authorities in Wales will provide a rent deposit for care leavers and 46% of these have an eligibility criteria to access these schemes. We welcome that the *'White Paper on securing a path towards Adequate Housing, including Fair Rents and Affordability'* is proposing national guidance for the provision of a Rent Guarantor and that care leavers would likely have priority access to this. However, the upcoming budget must go further to address housing challenges facing care leavers. Welsh Government should prioritise funding for local authorities so they can provide all care leavers with a range of housing support when leaving care, including:

- Rent deposit schemes
- Extending the Basic Income Pilot
- Making housing support services more accessible
- Investing in schemes and resources to end youth homelessness amongst care leavers.

Young people have also told us that more money needs to be invested into community and youth work activities to support young people's mental health, and specifically those with care-experience. NYAS Cymru asked care leavers what 'good' mental health and wellbeing means to them, and they provided examples such as wanting to get out of bed in the morning, socialising with friends and having things to do such as attending youth clubs. On the other hand, 'bad' mental health was associated with not having places to socialise and meet new friends; the rising costs of community activities; and the reduction in community facilities and amenities in Wales. As part of the upcoming budget, Welsh Government should commit to providing annual, sustained funding to local authorities, youth clubs and third sector for the purpose of running long term peer support and participation groups for young people in Wales.

### **Is the support provided by the Welsh Government for third sector organisations, which face increased demand for services as a consequence of the cost-of-living crisis and the pandemic, sufficient?**

NYAS Cymru is very proud to have a strong working relationship with Welsh Government and what we have collectively achieved to improve the outcomes for children and young people in Wales. However, the support provided by Welsh Government for third sector organisations must

be strengthened to continue achieving these outcomes and sufficiently support organisations during the difficult financial climate. While there are some levels of good support offered for organisations through means such as Sustainable Social Services Third Sector and Key Third Sector Organisation Grants, we believe these could be strengthened to better support organisational planning and service delivery. For example, while we are delighted that Welsh Government have announced that funding through these grants will be extended for another year until 2026, the uncertainty around funding leading up to this announcement, and additional pressure this causes at organisational and employee level, cannot be understated. We understand that Welsh Government's budgets are largely dependent on decisions made in Westminster, but for future funding cycles, there must be earlier clarity given to third sector organisations who are reliant on these funds to deliver their services. Without this being known well in advance, it becomes challenging for organisations to plan and ensure there is sufficient resourcing to meet service demand. As highlighted in question one, NYAS Cymru remain gravely concerned about the impacts the changes to employer national insurance will have on charities across Wales. Making sure organisations have advanced notice of funding changes is therefore now even more important and should be prioritised by Welsh Government, alongside seeking what steps can be taken to limit the negative consequences the UK Budget may bring for the third sector in Wales.

As one of the leading advocacy providers in Wales, NYAS Cymru wants to ensure there is consistency and clarity on how advocacy services are funded in Wales. Within the National Approach to Advocacy, the Range and Level tool is used to calculate the funding levels required per Local Authority to provide advocacy services. Despite a recent review of the tool, it has not been updated since its launch therefore remains outdated and does not consider social and economic changes impacting costs. This has resulted in a lack of clarity and consistency as to how advocacy services should be funded in Wales. Local authorities are continuing to extend contracts, but these are being calculated through an outdated model meaning that meaning advocacy providers are operating on budgets that were set some length of time ago, with only a small uplift being awarded. NYAS Cymru urges Welsh Government to use some of the upcoming budget to update this tool, as well as exploring wider reforms to the National Approach to Advocacy with a view to implement an 'opt-out offer' for all eligible children in Wales.

**What are the key opportunities for the Welsh Government to invest in supporting an economy and public services that better deliver against the well-being goals in the Well-being of Future Generations (Wales) Act 2015?**

To deliver effectively on well-being goals, the Welsh Government should prioritise the following areas:

Early Intervention: Sustained, well-resourced, and accessible early intervention for families is crucial for achieving all well-being goals. While Welsh Government have invested in this, children's social care in Wales remains underfunded and stretched, facing growing financial challenges. The upcoming budget must allocate sufficient and ringfenced funding to all local authorities in Wales so they can provide universally accessible early intervention to support families.

Minister for Babies, Children and Young People: NYAS Cymru warmly welcomed the appointment of a Minister for Children and Social Care and a Minister for Mental Health and Early Years. We would now like to see Welsh Government further advance their commitments and ambition for children and young people in Wales through appointing a dedicated Minister for Babies, Children, and Young People. This role would focus exclusively on these groups, leading cross-government initiatives with an accompanying budget to address the specific needs of, and create opportunities for, babies, children and young people. This Minister should also lead efforts to enshrine the UNCRC into Welsh Law.

Care-related discrimination: NYAS Cymru believes Welsh Government must do more to challenge care-related discrimination in Wales. Care-experienced individuals too often encounter care-related discrimination throughout their lives, and this can create barriers to accessing housing, education, employment and health services. Care leavers have told us that they will sometimes hide their experiences of care as they are worried that this may negatively impact others' perceptions of them.

Welsh Government rejected the recommendation from the CYPE Committee in 2023 to lobby the UK Government to amend the Equality Act 2010 and add 'care experience' as a protected characteristic. NYAS Cymru did not agree with this decision and believe Welsh Government must commit to ending care-related discrimination. This could include lobbying the UK Government, increased consultation with care-experienced young people, and identifying the benefits of such legal protections for improving their opportunities and rights.

Mental Health: The draft Mental Health and Wellbeing Strategy is a welcomed start to improving mental health in Wales but does require further work to fully support the goal of a healthier Wales. The upcoming budget presents an opportunity for significant and sustained investment in mental health services, through sufficient funding of the strategy, increased resourcing for current services and developing a specific delivery plan to strengthen mental health support for babies, children, and young people.

Unaccompanied Asylum-Seeking Children: In 2022-23, unaccompanied asylum-seeking children accounted for 4% of all looked after children in Wales, making this the proportion ever recorded. This number has also increased since the National Transfer Scheme became mandatory. UASC are more likely to face complex mental health challenges and adverse childhood experiences because of the trauma they have experienced prior and during their arrival to Wales. These children can also face barriers to accessing support services and are at much higher risk of experiencing exploitation and harm. Despite good progress under the Refugee and Asylum Seeker Plan, consistent, sustainable and equally accessible services are needed to safeguard and improve outcomes for UASC. Welsh Government should prioritise funding for these services in the upcoming budget and establish a national guardianship scheme to ensure robust support for all UASC arriving in Wales. A similar program in Scotland, Guardianship Scotland, has seen incredibly positive outcomes for UASC.

# Agenda Item 6.10

**Jeremy Miles AS/MS**  
Ysgrifennydd y Cabinet dros Iechyd a Gofal Cymdeithasol  
Cabinet Secretary for Health and Social Care



Llywodraeth Cymru  
Welsh Government

Buffy Williams MS  
Chair  
Children, Young People and Education Committee

SeneddChildren@senedd.wales

12 December 2024

Dear Buffy,

I am writing following the conclusion of the IMTP statutory assessment process following the policy leads review in relation to children's health. I apologise for the delay in this response reaching you and the Committee.

While children's health was addressed, it was often in the context of public health, prevention, or children's mental health. Many plans mention a best start in life but lack detail on how this will be achieved. A broader narrative around children's health is often missing, with some health board plans not mentioning the delivery of key programmes such as the Healthy Child Wales Programme.

The NHS Executive has recently appointed a National Clinical Lead for Children's Health. Work is underway to establish the National Clinical Strategic Network for Child Health. We expect health boards to collaborate closely with this network to address any gaps or shortfalls in the delivery of children's health programmes and services. Officials will be working with the Child Health Network to explore options for enhancing children's health, including the development of a quality statement.

Yours sincerely,

**Jeremy Miles AS/MS**  
Ysgrifennydd y Cabinet dros Iechyd a Gofal Cymdeithasol  
Cabinet Secretary for Health and Social Care

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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.



Dear Buffy Williams MS,

We write to you to express our disappointment regarding the Senedd Children, Young People and Education Committee's Stage 1 Report on the Welsh Government's Welsh Language and Education Bill.

The first sentence of its foreword repeats a piece of rhetoric that has become common among our politicians: "The Welsh language belongs to everyone in Wales." Currently, 80% of our children and young people leave school without being able to speak Welsh confidently, as they have not received a Welsh-medium education. It is therefore clear that the Welsh language currently does not belong to everyone. Our concern is that this situation will persist even after the Bill has been passed by our Senedd, as it is not nearly strong enough at the moment to bring about the radical change needed to give the Welsh language to all our children.

In our evidence to your consultation on the Bill, we made it clear that significant amendments are needed to the Bill in order to ensure that it is transformative, including the introduction of statutory targets for the percentage of children who attend Welsh-medium education; placing each school on a continuum towards being a Welsh-medium school over time, once again with statutory targets; and incorporating a national action plan to upskill the Welsh language skills of the school workforce. It is very disappointing that these recommendations were not reflected in your report.

Although there is a recommendation in the report for the Government to provide clarity about each of the language categories, we and several other groups noted the importance of clearly defining Welsh education. The report refers to those comments therefore we hope the Government will take that into account. It is also promising that there is due attention to planning the education workforce, but considering that the report says that the importance of the education workforce in providing Welsh education was one of the main themes, and that several bodies stated in their evidence that the Education Workforce Plan needs to be re-examined, we are disappointed that the Committee has not made a stronger recommendation in order to start tackling the crisis in terms of the shortage of Welsh-medium education workforce.

As our politicians are not willing to stand with the 80% of children and young people who are deprived of the Welsh language, we will hold a rally outside the Senedd on 15 February to show that the people of Wales stand with them. In a recent opinion poll by YouGov, commissioned by us, 59% of the people questioned believed that schools should aim to educate all pupils sufficiently to ensure that they become confident Welsh speakers, with 29% disagreeing and 12% answered 'don't know'. Excluding those who answered 'don't know', the percentage in favour rose to 67%.

If the Welsh language really belongs to everyone, you will use your power as elected members of our Senedd in the coming months to influence it in order to realize the aspirations of the people of Wales and the rights of our children to speak our national language, and introduce amendments that will significantly change the once in a generation legislation so that it is truly transformative.

Sincerely,

Toni Schiavone, Chair of Cymdeithas yr Iaith's Education Group

# Agenda Item 6.12

Lynne Neagle AS/MS  
Ysgrifennydd y Cabinet dros Addysg  
Cabinet Secretary for Education

Dawn Bowden AS/MS  
Y Gweinidog Plant a Gofal Cymdeithasol  
Minister for Children and Social Care



Llywodraeth Cymru  
Welsh Government

Ein cyf/Our ref: MA/LN/10873/24  
Buffy Williams MS  
Chair  
Children, Young People and Education Committee  
Senedd Cymru  
[SeneddChildren@senedd.wales](mailto:SeneddChildren@senedd.wales)

16 December 2024

Dear Buffy,

Thank you for your letter of 10 October, on behalf of the Children, Young People and Education Committee, regarding national data for young carers in schools, PRUs and colleges.

We recognise there is a need to improve the way we collect data on young carers in Wales to help us measure how their attendance or attainment compares with their peers.

We would like to propose a meeting early in the new year to discuss the matter with you in more detail.

My office will be in touch to propose a date.

Yours sincerely,

**Lynne Neagle AS/MS**  
Ysgrifennydd y Cabinet dros Addysg  
Cabinet Secretary for Education

**Dawn Bowden AS/MS**  
Y Gweinidog Plant a Gofal Cymdeithasol  
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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.

## Additional Learning Needs (ALN) in the post-16 sector

December 2024

### Further Education Institution (FEI) Transformation

The Additional Learning Needs and Educational Tribunal (Wales) Act (ALNET) and ALN Code became live for some learners in colleges in September 2023. This followed five years of transformation work where colleges have sought to make enhancements to their provision, train staff and develop partnerships with Local Authorities (LAs), health boards and others. Learner experience has already improved in several ways:

- Enhanced transition arrangements for many learners moving from school to college.
- Improved access to information, including that provided by the [ALN Pathfinder](#).
- Staff expertise, particularly around conditions such as Autism and Specific Learning Difficulties.
- A focus on inclusive practice in the classroom with training via INSET and through initial lecturer training programmes.
- ALNET-focused training for all staff with a strong focus on 'ALN is everyone's business'.
- An increased 'person-centered' focus through individual reviews and improved discrete provision.
- All colleges have created a local 'Universal and Additional Learning Provision' offer that provides schools and local authorities with a clear picture of their provision.

### Challenges facing FEIs

#### Staffing

**Colleges have increased staffing to prepare for their new duties, despite limited additional short-term funding and no guarantee of longer-term support.** This poses challenges for FEIs, particularly if ALN numbers reach 7% or higher. The 'flow-through' approach for post-16 learners has reduced the initial workload for colleges. However, the capacity of FEIs to fully meet their duties over the next few years will depend largely on the numbers of ALN learners requiring an Individual Development Plan (IDP).

#### Transitions

**Effective transition is key to young people's success in college.** FEIs have been working with their local schools and LAs in a bid to improve the experience for young people and to encourage partners to provide accurate, up to date information in a timely way. **Inviting FE staff to key transition reviews can help ensure a smooth transition but not all schools encourage this.** Reports from FEIs suggest that the experience of young people moving to post-16 education and training in 2023 has often been less than seamless. In many cases, colleges have not received any information about a learner prior to starting college. College staff have not been invited to transition reviews in schools, and this will negatively impact the experience of young people with ALN. Many of these problems may be a result of early 'teething troubles' within schools and LAs. They are adjusting to their new duties under the Act and Code while a new curriculum is being introduced. However, protectionism (where schools are concerned to retain learners for 6<sup>th</sup> forms) and capacity issues may continue to limit information sharing if post-16 is not made a priority.

## Facilities

FEIs have the expertise and facilities to meet the needs of most young people who have ALN. However, they are not 'specialist' organisations therefore there will always be some young people whose needs they are unable to meet.

## Wider challenges

### Concerns over the term 'universal provision'

The ALN Act and Code provide a two-part definition in identifying a learner who has additional learning needs. The first part of this requires that they have a learning difficulty and/or disability as defined by the Equality Act. The second part states that the learner has to require 'additional learning provision' (ALP) in order for them to make reasonable progress. Schools, LAs and FEIs have worked to clarify what is classed as ALP and what, as the Code puts it, would be provision 'made generally for others of the same age in mainstream [provision] in Wales. The term 'universal provision' has been widely used to describe the latter, and while not used within the Act or Code, is as good as any term might be for the purpose.

There have been concerns expressed by parents and some organisations about the use of this term to deny learners an IDP. The thirteen colleges have worked together to agree what constitutes provision 'made generally for others...' and what would be classed as ALP. This means that college learners across Wales should experience a consistent approach to supporting them.

### Other Concerns

There is a mistaken belief amongst some parents that the new Act provides a guarantee of full-time education and training until a young person reaches 25. This, coupled with raised expectations brought about by ALN Implementation, is likely to create an increase in disagreements and tribunals over the next few years.

There have been concerns expressed over the reduction in the numbers of children on school Special Education Needs (SEN) registers over the last few years. However, most educational psychologists believe that the numbers of learners who have a need for support that is *different from* and *additional to* that which is required by other learners should not be much greater than 10%. We would expect this number to reduce further as learners move on to college, many having developed strategies to overcome their difficulties, and with FEI universal learning provision meeting most learner needs.

From 2023/24, the Welsh Government has started the process of devolving the specialist college budget and responsibility to LAs. The Act and Code creates significant new duties for LAs in assessing and meeting the reasonable education and training needs of young people. **There are opportunities for LAs and FEIs to work together to improve the local offer for young people, but this is a complex issue and will require both partners to commit both time and finances.** These changes may also create some tensions between LAs and FEIs unless both have a shared understanding of further education and training provision.

For some parents, the transfer of this duty will create uncertainty. A two-year placement at an Independent Specialist Post-16 Institute (ISPI) is seen by some as the preferred option, mainly because it provides:

- Five-day provision (when most FEI full-time courses are only three or four days) which, for many working parents, allows them to continue with their careers.
- Residential options which provide respite for parents and additional opportunities to develop independence for young people.
- Access to a wide range of specialist therapies and expertise not available at an FEI.
- The removal of transport barriers - **home-to-college transport has become an issue in most LAs over the last few years.**
- The ALN Code is clear that if needs can be met locally at a maintained school or FEI, this should be the first choice. **If LAs (Education and Social Care departments), FEIs and health boards can work in partnership, it may reduce the need for young people to leave their communities and local services.**

### Cost of ALNET changes to FE institutions

ColegauCymru has worked with the sector to establish the true cost of ALNET changes to FE institutions. This has involved each of the colleges providing time and cost details per learner for staff activity that would not have been required before ALN Implementation. This activity includes:

- Increased workload associated with transition events and activities
- Attending school reviews to ensure additional learning provision (ALP) needs are interpreted effectively for an FEI environment
- Requesting, obtaining and scrutinising learner information
- Increased numbers of meetings with prospective learners to adjust ALP and the IDP before and after they start college
- Additional correspondence required to meet ALNET duties
- Organising and delivering person-centred meetings to include stakeholders as learner consent allows
- Administration of the electronic IDP systems and managing data required for evaluation and reviews

ColegauCymru has collated and summarised this data in the table below. This provides projected additional spending based on three epidemiology scenarios: ALN cohorts of 5%, 10% and 15% of full-time learners. These costs relate only to additional ALN activity.

Year Cost @ 5% ALN Cost	@ 10% ALN Cost	@ 15% ALN Cost
2025/26 £2,089,663	£4,094,327	£6,098,99

### Further Information

For further information please contact Chris Denham, ALN Implementation Lead (FE). [Chris.Denham@ColegauCymru.ac.uk](mailto:Chris.Denham@ColegauCymru.ac.uk)

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Senior Policy Researcher, NSPCC Cymru

Izzabella James  
Wales Coordinator, Maternal Mental Health Alliance  
Policy and Public Affairs Manager, Home Start Cymru

19<sup>th</sup> December 2024

Dear Buffy Williams, MS

We are writing to you as Chair of the Children, Young People and Education Committee to share our collective concerns that the draft Mental Health and Wellbeing Strategy currently does not provide adequate support for women and their families experiencing perinatal mental health difficulties in Wales. The Mental Health and Wellbeing and the Suicide and Self-Harm Prevention Strategy and the subsequent delivery plans are pivotal opportunities to focus on prevention and for securing the early support needed for expectant and new parents who are struggling with their mental health. However, we are worried that currently specialist perinatal mental health services are completely missing from the draft Mental Health and Wellbeing Strategy.

This omission is very concerning, given that new and expectant parents are disproportionately at risk of experiencing poor mental health in the perinatal period, with up to 1 in 4 mums<sup>i</sup> and 1 in 10 dads affected<sup>ii</sup>. If left undetected and untreated, perinatal mental health problems can have a devastating impact on the mental and physical health of mums, their partners and babies. Not only can perinatal mental health problems cause intense, debilitating, and often isolating suffering for new and expectant parents, they remain the leading cause of maternal death in the first postnatal year<sup>iii</sup>, with suicide accounting for 39% of all deaths in this period<sup>iv</sup>. Untreated perinatal mental health problems can also negatively impact the parent-infant relationship, and can affect the emotional, social, and cognitive development of babies<sup>v</sup>. But early and effective help can improve outcomes for mums, partners and babies.

Our organisations have been working together to amplify calls for improved perinatal mental health support for women and families across Wales and for enhanced parent-infant relationship support. Those two elements feed into a wider vision of support, wrapping around families and ensuring the best start in life for babies and young children.

#### **Perinatal Mental Health Progress & Gaps**

Following on from the Children, Young People and Education Committee inquiry in 2017<sup>vi</sup>, perinatal mental health became a key Welsh Government priority<sup>vii</sup>. As a consequence, there have been positive developments in perinatal mental health care. This has included the development of specialist services in each health board area, the development of All Wales perinatal mental health pathways, the establishment of a temporary mother and baby unit in South Wales and agreed plans to work with NHS England to establish the Chester mother and baby unit with 2 dedicated beds for women from Wales (due to be operational from Oct 2025).

But significant gaps remain, and there is still a postcode lottery of perinatal mental health support in Wales. Currently none of the seven specialist perinatal mental health services in Wales are meeting 100% of Type 1 national CCQI standards<sup>[1]</sup>. These are standards which are defined as ‘essential standards’ with failure to meet them resulting in a ‘significant threat to patient safety, rights or dignity and/or would breach the law’<sup>viii</sup>. There is also no sustainable funding and training model for specialist perinatal mental health teams. There are still gaps in adequate psychological support, and no specialist provision for dads or partners experiencing perinatal mental health problems. Concerns have also been highlighted, about the quality and safety of care being received by women admitted to adult inpatient units during the perinatal period and, for parents with mental health difficulties, where there is involvement from children’s services. Recommendations from the one-year review of Uned Gobaith (the mother and baby unit in South Wales) are still to be addressed<sup>ix</sup>. It is critical that these gaps are addressed to ensure that women, their partners and babies can access the support they need at the right time.

The Mental Health and Wellbeing Strategy and the Suicide and Self-Harm Strategy present an important opportunity to protect and preserve the perinatal mental health progress to date, while building on services so early support can be provided to expectant and new parents who are struggling with their mental health.

### **What more should be done to support perinatal mental health?**

In preparation for the development of the new Mental Health and Wellbeing Strategy, over the last two years we have been working with the Wales Perinatal Mental Health Implementation Network, to bring perinatal mental health stakeholders together to identify key priorities<sup>x</sup>. Stakeholders consistently highlighted four areas that they felt should be prioritised within the Mental Health and Wellbeing Strategy;

#### **1. Sustainable funding to develop specialist perinatal mental health services**

There is a concern that perinatal mental health specialist services are absent from the draft Mental Health and Wellbeing Strategy. The sector is calling for a commitment for the development of specialist perinatal mental health services so they can provide the quality of care needed to support new and expectant parents with babies up to the age of two. Key to this is each service being able to achieve and maintain CCQI quality standards. Investing to increase the capacity and skill mix of PMH teams and Uned Gobaith should be prioritised to ensure a workforce that can meet local needs, including the ambition to extend the referral criteria for specialist PMH services to 24 months. Particular attention should be given to increasing the psychological workforce, peer support roles and specialist PMH pharmacists.

## **2. Perinatal mental health support for dads and partners**

The draft Mental Health and Wellbeing Strategy fails to acknowledge the risks to dads'/partners' mental health in the perinatal period. This should be addressed and a commitment set out to scope the unique needs of dads and partners across the perinatal mental health pathway and to provide dedicated support for dads and partners experiencing poor perinatal mental health.

## **3. MBU provision that meets the needs of women and families across Wales**

Accessible MBU care for women and families during the perinatal period is absolutely essential. Its unique setup means that women do not have to be separated from their babies while receiving support, allowing parent and child to continue to bond and mothers the time to dedicate to their recovery. There are concerns that the Mental Health and Wellbeing Strategy lacks detail about the development of MBU provision across Wales. Stakeholders are calling for future commitments from Welsh Government to;

- A permanent MBU in South Wales that addresses the recommendations from the one-year review of Uned Gobaith and the outcomes of the units CCQI accreditation
- Establish and evaluate the Chester MBU to monitor its accessibility for women from Wales and identify any need to increase capacity of the two dedicated beds
- Develop a set of standards for adult inpatient psychiatric units

## **4. Parent-infant relationship support**

There is a concern that there are gaps in specialist parent-infant relationship support for the babies most at risk due to severe difficulties in their early relationships. Stakeholders are calling for the development of specialist parent-infant relationship services in every part of Wales, overseen by a new national clinical parent-infant relationship leadership role to drive forward the development of these services. The Golden Thread Paper, produced by Parent Infant Foundation, NSPCC Cymru and the Wales Perinatal Mental Health Implementation Network sets out a vision and set of recommendations for building specialist parent infant services<sup>xi</sup>.

We urge the Committee to consider our concerns and to write to the Minister for Mental Health and Wellbeing to ask that the draft Mental Health and Wellbeing Strategy and the accompanying delivery plans provide adequate support for women, their babies and families experiencing perinatal mental health difficulties in Wales.

We would be very happy to meet with you/and or the Committee or provide further written briefings, should this be useful at this time.

Yours sincerely,

Dr. Sarah Witcombe-Hayes  
Senior Policy Researcher, NSPCC Cymru

Izzabella James  
Wales Coordinator, Maternal Mental Health Alliance  
Policy and Public Affairs Manager, Home Start Cymru

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<sup>i</sup> Latest maternity statistics in Wales indicate that 32% of pregnant women reported a mental health condition at their initial assessment in 2023. This is an increase of 1.4 percentage points from the previous year, and an increase of 12.2 percentage points from 2016. See [Maternity and birth statistics: 2023 \[HTML\] | GOV.WALES](#)

<sup>ii</sup> See Howard, L. M., Ryan, E. G., Trevillion, K., Anderson, F., Bick, D., Bye, A., Byford, S., O’Conner, S., Sands, P., Demilew, J., Milgrom, J and Pickles, A (2018) Accuracy of the Whooley questions and the Edinburgh Postnatal Depression Scale in identifying depression and other mental disorders in early pregnancy. *The British Journal of Psychiatry*, 211(1): 50-56; Leach, L. S, Poyser, C, Cooklin, A. R and Giallo, R (2016) Prevalence and course of anxiety disorders (and symptoms levels) in men across the perinatal period: A Systematic Review. *Journal of Affective Disorders*, 190: 675-686; Paulson., J, F, and Bazemore, S, D. Prenatal and postpartum depression in fathers and its association with maternal depression: a meta-analysis. *J Am Med Assoc.* 2010;303(19):1961–9.

<sup>iii</sup> Knight, M., Bunch, K., Tuffnell, D., Patel, R., Shakespeare, J., Kotnis, R., Kenyon, S., and Kurinczuk, J, J (2021) (Eds.) on behalf of MBRRACE-UK. Saving Lives, Improving Mothers’ Care - Lessons learned to inform maternity care from the UK and Ireland Confidential Enquiries into Maternal Deaths and Morbidity 2017-19. Oxford: National Perinatal Epidemiology Unit, University of Oxford 2021. Accessed at: [MBRRACE-UK Maternal Report 2021 - FINAL - WEB VERSION.pdf \(ox.ac.uk\)](#)

<sup>iv</sup> Knight, M., Bunch, K., Tuffnell, D., Patel, R., Shakespeare, J., Kotnis, R., Kenyon, S., and Kurinczuk, J, J (2021) (Eds.) on behalf of MBRRACE-UK. Saving Lives, Improving Mothers’ Care - Lessons learned to inform maternity care from the UK and Ireland Confidential Enquiries into Maternal Deaths and Morbidity 2017-19. Oxford: National Perinatal Epidemiology Unit, University of Oxford 2021. Accessed at: [MBRRACE-UK Maternal Report 2021 - FINAL - WEB VERSION.pdf \(ox.ac.uk\)](#)

<sup>v</sup> Stein, A., Pearson, R.M., Goodman, S.H., Rapa, E., Rahman, A., McCallum, M., Howard, L.M., and Pariante, C. M (2014) Effects of perinatal mental disorders on the fetus and child. *The Lancet*, 384: 1800–1819

<sup>vi</sup> Children, Young People and Education Committee (2017) Perinatal mental health in Wales. Available online at: [cr-ld11234-e.pdf](#).

<sup>vii</sup> For example, in the 2019-2022 Together for Mental Health Delivery Plan, improving access and quality to perinatal mental health services was a key Welsh Government priority. See Welsh Government (2020) review of Together for Mental Health. Delivery Plan 2019-2022 in Response to Covid 19. Available online at: [review-of-the-together-for-mental-health-delivery-plan-20192022-in-response-to-covid-19\\_0.pdf](#)

<sup>[i]</sup> Maternal Mental Health Alliance (2023) [Specialist perinatal mental health care in the UK 2023](#).

<sup>viii</sup> See Lucas, R (2023) Standards for Community Perinatal Mental Health Services Sixth Edition. Royal College of Psychiatrists

<sup>ix</sup> Including That a review of the permanent option is conducted in line with the work of the Mental Health strategy, and that a further options appraisal is carried out to consider the future location of the service to incorporate more family facilities. See Welsh Health Specialised Services Committee (WHSSC) REVIEW OF UNED GOBAITH MOTHER AND BABY UNIT AT TONNA HOSPITAL, SWANSEA BAY UNIVERSITY HEALTH BOARD FOLLOWING 1 YEAR OF OPENING (Public Version) MARCH 2023.

<sup>x</sup> In April 2023, we facilitated three in person workshops aimed to identify key perinatal mental health and parent- infant relationships priorities for the next mental health strategy. The findings and recommendations from those workshops were written up and submitted to Welsh Government in October 2023. See Witcombe-Hayes, S., Fernandez, S and Sercombe, M (2023) Influencing the next Mental Health Strategy. Available online at: [executive.nhs.wales/functions/strategic-programme-for-mental-health/perinatal-mental-health/pnmh-docs1/influencing-the-next-mental-health-strategy/](#). In April 2024, NSPCC Cymru worked with the Parent-Infant Foundation to carry out an online consultation with Parent-Infant Network Cymru to identify key priorities for infant mental health in the mental health and wellbeing strategy. In May 2024, NSPCC Cymru worked with the Wales perinatal mental health implementation network and the Maternal Mental Health

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Alliance to run a follow up online workshop with the sector, and the PMH board to explore gaps in the Mental Health and Wellbeing Strategy and the Suicide and Self-Harm Prevention Strategy.

<sup>xi</sup> See Gregory, L., Witcombe-Hayes, S and Fernandez, S (2024) The Golden Thread: A Case for Developing Specialist Parent-Infant Services in Wales. Available online at: [The-Golden-Thread-Report-DIGITAL.pdf](#)

# Agenda Item 8

By virtue of paragraph(s) vi of Standing Order 17.42

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