

Agenda – Children, Young People and Education Committee

Meeting Venue:

Committee Room 1 – Senedd

Meeting date: 22 November 2017

Meeting time: 09.00

For further information contact:

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Committee Clerk

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1 Introductions, apologies, substitutions and declarations of interest

(09:00)

2 Scrutiny of the Welsh Government Budget 2018 – 19

(09:00 – 10:00)

(Pages 1 – 67)

Vaughan Gething AM, Cabinet Secretary for Health and Social Services

Huw Irranca-Davies AM, Minister for Children and Social Care

Jo-Anne Daniels, Director, Communities & Tackling Poverty, Welsh Government

Alistair Davey, Deputy Director of Enabling People, Welsh Government

Attached Documents:

Research Briefing – Draft budget 2018 – 19: Communities and Children MEG CYPE(5)–32–17 – Paper 1 – Welsh Government paper to the Children, Young People and Education Committee on the Communities and Children MEG

Break

(10:00 – 10:10)



Cynulliad
Cenedlaethol
Cymru

National
Assembly for
Wales

3 Inquiry into the Emotional and Mental Health of Children and Young People – Evidence session 1

(10:10 – 11:30)

(Pages 68 – 119)

Carol Shillabeer, Chief Executive – Powys Teaching Health Board and Manager of the Together for Children and Young People Programme

Professor Dame Sue Bailey, External Advisor to review of CAMHS in Wales

Attached Documents:

Research Brief – Evidence session 1 and 2

Summary of Written Evidence – Inquiry into the Emotional and Mental Health of Children and Young People

CYPE(5)–32–17 – Paper 2 – Together for Children and Young People (T4CYP) Programme

4 Inquiry into the Emotional and Mental Health of Children and Young People – Evidence session 2

(11:30 – 12:30)

(Pages 120 – 126)

Sally Holland, Children’s Commissioner for Wales

Nia Evans, Policy Adviser on Health and Mental Health

Attached Documents:

CYPE(5)–32–17 – Paper 3 – Children’s Commissioner for Wales

5 Paper(s) to note

(12:30)

5.1 Letter from Minister for Children and Social Care – further follow up to the scrutiny session on 20 July

(Pages 127 – 130)

Attached Documents:

CYPE(5)-32-17 – Paper to note 1

**5.2 Inquiry into the Emotional and Mental Health of Children and Young People –
note from visits on 28 September**

(Pages 131 – 150)

Attached Documents:

CYPE(5)-32-17 – Paper to note 2

**6 Motion under Standing Order 17.42(vi) to resolve to exclude the
public from the meeting for the remainder of the meeting.**

(12:30)

**7 Welsh Government draft budget 2018 – 19 – consideration of the
evidence and draft budget report**

(12:30 – 13:00)

Document is Restricted

Children, Young People and Education Committee

From: Welsh Government
Date: 22 November 2017
Time: 9:00 – 10:00
Title: Evidence paper on the Draft Budget: 2018-19: Welsh Government

1. Introduction

This paper provides comments and information to the Committee regarding the Communities and Children (C&C) portfolio and future programme budget proposals outlined within the Detailed Draft Budget which was laid on 24 October 2017 that fall within the remit of this Committee.

2. Summary Financial Tables

The tables below provide a breakdown, as requested, of the 2018-19 Communities and Children MEG allocations, as relevant to children and young people, by Spending Programme Area, Action and Budget Expenditure Line (BEL).

Resource

SPA	ACTION	BEL	2018-19 Draft Budget Allocation £000's
Enabling Children and Communities	Supporting Children	Support for Childcare and Play	27,706
		Support for Children's Rights	357
		Supporting Children *	1,989
		Children's Commissioner	1,543
		Cafcass Cymru	10,267
		Advocacy Board	1,100
	Early Intervention, Prevention and Support**	Prevention and Early Intervention	140,156
			183,118

* Formerly Grants in Support of Child & Family Services BEL and Services for Children BEL. Merged into one BEL

** Renamed Action - formerly 'Prevention and Early Intervention'

Capital

SPA	ACTION	BEL	2018-19 Draft Budget Allocation £000's
Communities and Tackling Poverty	Communities and Tackling Poverty	Flying Start Capital	566
		566	

3. Budget Overview

This budget includes spending plans for 2018-19, together with indicative revenue budgets for 2019-20 and indicative capital plans until 2020-21. This is the second budget of this term of Government and the third year of the UK Government's current Spending Review settlement.

Austerity continues to be a defining feature of public expenditure. This long period of sustained reductions has had an impact on all services, even those where we have been able to provide some protection. It means that as Welsh Government and as a National Assembly for Wales we continue to face tough choices.

An analysis of evidence on current trends and projections has informed a focus on the areas most critical to delivering the needs of the population of Wales and has informed these spending proposals.

In September, we published our national strategy designed to bring together the efforts of the whole public sector towards this government's central mission of delivering Prosperity for All. This places the Well-being of Future Generations Act (Wales) 2015 and the national goals at the heart of our decision making. The twelve well-being objectives represent the areas where the Welsh Government can make the greatest contribution to the national goals, working in partnership with others. The Act has been used to inform spending plans, to maximise opportunities to join up activities across my portfolio and to align resources with the national strategy.

The priorities for my portfolio are to build resilient communities, and to prevent future problems within those communities. I have had to make some tough decisions. Savings have had to be made in some areas in 2018-19, with greater savings needed in 2019-20. However, I have managed to protect front line services from the worst of the cuts in 2018-19. This includes protecting funding for Flying Start, Families First and Youth Justice Services.

In finding savings, I have been rigorous in applying the principles of the Well-being of Future Generations Act. I am looking to ensure that within my department we bear down on administrative inefficiencies which is why I have committed to find £2.5m of savings while shielding front line funding and the services they support in 2018-19.

In Taking Wales Forward we have pledged to provide working parents of 3 and 4 years olds with 30 hours per week of free early education and childcare for up to 48 weeks of the year, delivered in a way that works for parents and children. Expenditure will increase to £25m in 2018-19 and £45m in 2019-20 to support the roll-out of the offer. I have also been able to invest an additional £500k in the Domestic Abuse Support Grant and £1m in Discretionary Assistance Fund to support some of our most vulnerable citizens.

I want all local authorities to be able to respond to the needs of their population, to promote their well-being, to plan for the long term and to focus on early intervention, prevention and support. So I am challenging all PSBs and local authorities across Wales to engage in service re-design and to do this I will work with them to identify where we can make funding flexibilities available.

Specific to my portfolio in 2019-20, I will be considering the introduction of a new Early Intervention, Prevention and Support Grant subject to engagement on the issue – this means creating one grant to replace the myriad of funding streams that currently exist. Each of these grants creates an administrative and compliance burden which could be removed allowing efficiencies to be made. But more importantly this proposed change could empower local authorities and PSBs to plan with the needs of their citizens in mind.

I know that a move to a single grant will offer many opportunities but will also present some challenges as well. With this greater flexibility there will be greater accountability. The mechanisms for this will be developed with key partners to ensure we get this right operationally and strategically. This is why I intend to work with a small group of local authorities and a PSB in 2018-19 to pioneer these flexibilities, so that we can learn from each other before considering extending further in 2019-20. In the meantime all local authorities will be able to benefit from increased flexibility to move funds between grants.

Through this proposed approach I want to release creativity and innovation in our local authorities and PSBs to find solutions to long standing local issues. This approach will build on the work of the Cabinet Secretary for Finance and Local Government to reform local government, ensuring greater participation in civil society and democracy.

With these changes in 2019-20, I am confident that working together we can mitigate the effects of austerity and reduce the impact of the £16m of savings that need to be found over the next two years.

4. Commentary on Actions and detail of Budget Expenditure Line (BEL) allocations

Final outturns for 2016-17 and forecast outturns for 2017-18 based on estimates as at 13 October 2017 are provided at Annex A along with indicative allocations for 2019-20.

Commentary on each of the Actions within the C&C MEG as relevant to children and young people, including an analysis and explanation of changes between the Draft Budget 2018-19 and the First Supplementary Budget (June 2017) is provided at Annex B.

5. Children's rights and equalities

Impact assessments

The Equality Act 2010 aims to ensure public authorities consider how they can positively contribute to a fairer society in their day-to-day activities through paying due regard to eliminating unlawful discrimination, advancing equality of opportunity and fostering good relations.

In terms of the Welsh Government Draft Budget, Ministers have again decided to complete an Integrated Impact Assessment which takes into account children's rights alongside impacts on equality, Welsh language and socio-economic disadvantage. This approach was informed by recommendations from a range of

stakeholders including the Assembly Committees, the Budgetary Advisory Group for Equality and the EHRC. The SIIA highlights where such impacts were identified.

An integrated assessment provides a more comprehensive assessment of the overall impact of spending decisions. This approach reflects our wider understanding of the sustainability of our decisions and the aims and objectives set out in the Well-being of Future Generations (Wales) Act, including the focus on prevention, collaboration and long-termism. This impact assessment was published alongside the draft budget.

As a Government, we are responsible for proposing and implementing policy and legislation which would apply in Wales and which aims to improve the lives of everyone in Wales. In doing so, we are absolutely committed to listening to the views of the people of Wales, including children and young people. To enable this to happen, I am continuing to provide funding in 2018-19 to enable children and young people to have their opinions heard and influence our work while I consider the best way to hear the views of Children and Young People.

All of our grant award letters set out that recipients; “must apply a policy of equal opportunities as employers, as users of volunteers, and as providers of services, regardless of race, gender/gender identification, sexual orientation, religion and belief, age or any disability.”

There are no significant changes to either children’s rights or equalities as a result of this budget. We will ensure our Families First programme will continue to promote the development of more effective services for families with a disability as well as encouraging disability concerns to be embedded in mainstream service delivery.

The funding we provide to the Children’s Commissioner enables the organisation to make a significant contribution to developing policy in relation to equalities. The Commissioner must have regard to the UNCRC in exercising her functions to ensure children’s rights are upheld in Wales. The role also allows the review and monitoring of the arrangements which certain public bodies have in place to safeguard and promote the rights of children in respect of dealing with complaints and representations, ensuring that proper action is taken in response to whistleblowing, representing the views and wishes of children, and providing children with advice and support. The Commissioner allocates resource into listening to the experiences of children and young people’s in their everyday life through survey, Ambassador Schemes in schools and communities, and face to face meetings.

Children’s Rights Impact Assessments (CRIA) have been conducted for many areas within the Communities and Children Portfolio including:

- In relation to the Positive Parenting Campaign. There were no changes to allocations as a result of the assessments. The CRIA is available at Annex C.
- A CRIA was completed in relation to the Children and Families Delivery Grant within the Families First Budget. There were no changes in 2016-17 to allocations as a result of the assessments. The CRIA is available at Annex D:.

- There was no requirement to carry out impact assessments in respect of refocusing the Families First programme.
- A full impact assessment will be conducted if we introduce a new Early Intervention and Prevention Support Grant using information gathered from the local authorities who will be trialling greater funding flexibilities in 2018-19.

Equalities, sustainability and the Welsh Language

All programme publications and promotional materials we produce are printed bilingually and all services to families are provided bilingually. All of our social media communications are posted bilingually and all messages to Programme staff are sent in accordance with their specified language preference. We ensure Welsh language provision is an integral element of the Flying Start and Families First programmes with a requirement on local authorities to respond to parental choice, and to deliver Welsh-medium provision where required. Our strategic guidance makes it clear that local authorities must put in place arrangements to meet the preference of parents for Welsh medium and/or bilingual provision.

Our Childcare activities include support for organisations such as Mudiad Meithrin and the Cwlwm consortium which provide Welsh Medium childcare. Our enhanced childcare offer will work to ensure that there is adequate Welsh Language Provision, for those requesting it. In line with the Welsh Language Standard requirements, our Parents, Childcare and Employment (PaCE) programme asks each of its participants what their preferred language would be for receiving services. These services are then delivered to the individual according to their preference.

Wellbeing and Future Generations Act

All Cabinet Secretaries are committed to embedding the Well-being of Future Generations (Wales) Act to improve how we make decisions about the social, economic, environmental and cultural well-being of Wales. Our goal is to ensure we reflect the sustainable development principle and our spending plans aim to achieve a balance between short and long-term priorities. We recognise the need to collaborate with our partners and to use our collective resources effectively to plan for the tough choices ahead.

The First Minister published 'Prosperity for all – the national strategy' in September. It sets the aims of this Government and provides clarity about how we want Government and delivery partners to be part of a new approach to delivering priorities. The Well-being of Future Generations (Wales) Act 2015 supports the Welsh Government and delivery partners in making these important changes to the way we work.

The strategy sets out 12 revised well-being objectives and the steps we propose to take to meet them. Together with the well-being statement published alongside the strategy, these objectives set out the areas where the Welsh Government can make the greatest contribution to the seven well-being goals for Wales and provide the basis for strong partnerships with others.

As stated above, I have taken the Act into account as I have made tough choices about funding allocations across the whole MEG. The Sustainable Development

Principle is a fundamental part of how I want to continue to develop and implement my programmes. These programmes seek to ensure the needs of the present are met without compromising the ability of future generations to meet their own needs. The principle is made up of five key ways of working which apply to this portfolio as follows:

- *Collaboration* – recognising that many of the solutions to the ‘sustainability’ challenges Wales faces cannot be solved by one organisation. Multi-agency working is now recognised as essential and not optional. Our Flying Start and Families First Programmes have improved the way agencies work together to support our most vulnerable families through joint commissioning of services and Team around the Family approaches to service delivery. I want this to go further by working with pilot areas to understand what an Early Years Service should comprise of and what steps we need to take to enable such a service to be developed. This will mean that we continue to pursue opportunities for collaboration across Government and with other partners, including the third sector, in order that programmes and services reach into the communities that most need them. CAFCASS will strengthen the partnerships with local authorities and contribute to improving services and outcomes for children and families by sharing data and information more effectively. With Looked after Children, the protection of individuals and improvement in well-being outcomes will be achieved through collaboration via multi-agency working and communities.
- *Integration* – within the Flying Start, Families First and the Communities First Legacy programmes local authorities are expected to involve other relevant programmes and organisations including Local Health Boards, and third and private sectors in drawing up their plans, ensuring that needs assessment and delivery are jointly managed and, where appropriate, there is a seamless progression for children between different interventions and programmes.
- *Long-term* – I have taken account of the potential long-term impacts of decisions and balanced this against the short-term needs. In particular the evidence is that, through investing in early years and family support, this will have greater benefits in the long term. For example, investing in the Adverse Childhood Experiences (ACE) Support Hub to work with practitioners to develop an ACE informed workforce will support our goal to reduce the impact of ACEs which, evidence suggests, will have a benefit on our public services over the longer-term.
- *Prevention* – Prevention and early intervention is an approach which not only benefits people and communities but has the potential to generate long term cost savings. This approach is at the heart of my programmes, in particular Families First, and in the approach to tackling the inequalities experienced by those with protected characteristics and those experiencing multiple ACEs. CAFCASS will continue to work with parents and carers who are involved in private law matters that are before the family court to support them to come to a mutual agreement on arrangements that will promote the physical safety and emotional well being of their child.
- *Involvement* – a core tenet of what this portfolio does is recognising the importance of involving people in the decisions that affect them. An example

of this is our highly successful #TalkChildcare campaign which has engaged over 6,500 parents and providers since its launch in August 2016, giving us confidence that we are developing an offer which meets the needs of working families. Promoting the rights of children can not be achieved without the involvement and voice of the child heard in decision making about their lives. As set out above the proposed single grant and Early Years service will require the ongoing involvement of key stakeholders and service providers to help shape the approach.

6. Other information

Value for Money

Evaluation takes place as part of normal grant and project management activities. Where I directly fund Third Sector organisations, my officials undertake due diligence before a grant is awarded and then regularly review during the life of the project before payments are made. In relation to funding to local authorities, I will continue to collect data from them to monitor performance, assess outcomes and drive the future improvement and delivery including value for money.

Prevention and sustainability

I recognise the on-going need to make hard choices. In my budget preparations, I have focused on how best to meet the growing needs of key service areas within the MEG in the face of another challenging budget. Over successive years, prioritising preventative spending has been a way of avoiding more costly interventions at a future point and improving the quality of people's lives over the long term.

These budget proposals, therefore, reflect my continuing commitment to protect and prioritise investment that supports preventative measures as far as possible. The spending decisions have not only considered how best to meet the current demand for services but have also focused on supporting interventions that are able to prevent problems arising in the future. This preventative approach is an important part of our planning for public services, both now and in the future.

Prevention and early intervention are key drivers in considering the proposed changes to a single grant from 2019-20. I am committed to working with communities to build resilience and support children and young people to have the very best outcomes possible. I cannot achieve this on my own. Collaboration with Cabinet colleagues across Government as well as with key partners and stakeholders continues to underpin my approach to delivering on my priorities.

We know that the early years are vital and that early life experiences have a profound impact on a child's development. That's why ongoing investment in Flying Start, Families First, parenting, the childcare offer and the ACE support hub are crucial and why I am looking more broadly at what an Early Years Service could look like learning lessons from what we know already works. Likewise, the funding allocations to Advocacy, the St David's Day Fund and supporting Children's Rights all have a strong focus on prevention in the longer term.

Legislation

Assessing the costs of legislation and the impact on those it affects is an essential part of the policy development process. I recognise there cannot be a blank cheque for legislation and that every new commitment made has to be paid for by a cutback somewhere else.

This is why every Bill is subject to a robust assessment of costs and benefits, achieved through consultation and engagement with our stakeholders in the development of the accompanying regulatory impact assessments (RIAs). This ensures our decisions are informed by the people who will be affected by them.

Steps are being taken to improve the clarity and consistency of RIAs, but changes made to a Bill during scrutiny and other factors will inevitably result in some variances between estimated costs at the published RIA stage and actual costs during implementation. In accordance with the commitment given by the Cabinet Secretary for Finance and Local Government to the Finance Committee, a year on year table showing the cost of legislation falling to the Welsh Government was published as part of the detailed draft budget on 24 October.

The First Minister has set out the Welsh Government's intention to introduce legislation to remove the defence of reasonable punishment in Year 3 of the legislative timetable and that formal consultation will be undertaken in the coming months. The £400k currently allocated to support positive parenting will be used in part to support the communication, engagement and consultation activity associated with the legislation in 2018-19.

In addition to this we are bringing forward legislation in relation to our childcare offer. The Bill, which is scheduled for introduction to the National Assembly for Wales in Year 2 of the legislative programme, will help ensure that the application process is as straightforward as possible. Over 6,000 parents, providers and other stakeholders have been engaged to date as part of our #TalkChildcare campaign and we will be undertaking further consultation and engagement as we continue to test the offer, with £70m over the next two years to support delivery. This will be reflected in the RIA.

Implications of the UK exit from the EU

The Welsh Government established a specific team to co-ordinate European Transition issues, which is working closely with the existing team in Brussels and policy departments.

There are no immediate direct effects of the decision to leave the European Union on the core programmes that form part of my portfolio. We will ensure the impact of leaving the European Union is carefully monitored and discussions held to limit the impact. I have agreed funding to deliver workshops across Wales to enable children and young people to have a voice and have their views taken into account on the European Union – at a cost of up to £50,000 over the financial years 2017-18 and 2018-19. These views will be passed on to the European Advisory Group (EAG) so that we can be sure they are given serious consideration by the EAG and by the Welsh Government.

7. Specific Areas

Flying Start

Taking Wales Forward confirms the Welsh Government commitment to Flying Start. This evidence based programme is a key aspect of *Prosperity for All* and we will build on what works in Flying Start as part of creating a more joined up early years system.

The core entitlements of the Flying Start programme are:

- high quality, part-time childcare for 2-3 year olds;
- an enhanced Health Visiting service (where the Health Visitor caseload is capped at 110 children);
- access to parenting support and programmes; and
- access to speech, language and communication support.

The programme is currently being delivered to over 37,000 children less than 4 years of age, which equates to around 25% of all children under the age of 4 in Wales. Flying Start is geographically targeted using income benefit data provided by the Department of Work and Pensions and HM Revenue and Customs. The data provides local authorities with information on geographical Lower Super Output Areas (LSOAs) which shows the proportion of children under four years of age living in income benefit households in each of those areas. The Welsh Government guidance directs local authorities to prioritise the LSOAs for Flying Start support in a ranked list in order of the highest concentration of disadvantaged children.

Flying Start can support children and their families living outside of Flying Start areas. Outreach funding can be used to continue to provide support to children who have moved out of an eligible area; to help children who live outside of an eligible area as part of a tailored package or support; or to target children of specific communities of interest e.g. those living in refuges; traveller communities; homeless shelters; Flying Start women in prisons. I would like local authorities to use their discretion in how they allocate the grant in order to meet local needs. Programme funding for 2018-19 remains at the same level as 2017-18.

Flying Start has been subject to a robust independent programme of evaluation which considers impact and value for money. Evaluation reports are published on the Welsh Government Social Research web page. The latest statistical release, published in July 2016, can be found at:

<http://gov.wales/statistics-and-research/flying-start/?lang=en>

Both Flying Start and Families First are early intervention programmes informed by the growing international body of evidence that supports the positive role of interventions in early years in improving the development of children and young people and their prospects in adulthood. A report published in 2015 by the Early Intervention Foundation highlighted the fiscal cost of missed opportunities to provide early, targeted support to children and young people. The report concluded “early Intervention is the smart and realistic choice for using ever scarcer public money”.

Recent qualitative research found that parents whose children had attended Flying Start childcare felt they had improved social skills and were better prepared for

school. Investment is targeted in the communities with the highest proportion of households with children aged 0-4 who are on income benefits.

Value for money of childcare within the Flying Start programme is assessed on an on-going basis. Costs are compared across local authorities; take up of places purchased is monitored and childcare budgets are agreed as part of annual work plans. Welsh Government Account Managers discuss delivery and budget allocations at regular meetings. Expenditure is agreed and projects assessed on an on going basis for eligibility with programme objectives and value for money.

A range of activity is currently underway to allow us to build on the findings of the independent national evaluation of Flying Start. This includes developing and testing an approach to identify outcomes for Flying Start children in relation to their level of engagement with the programme, including the childcare element. Children’s attainment and attendance will be explored as they move through school as well as a range of health outcomes, which will strengthen the existing evidence base on the cost-benefits of Flying Start.

Childcare

17-18		18-19		19-20		20-21	
Revenue	Capital	Revenue	Capital	Revenue	Capital	Revenue	Capital
£10m	-	£25m	£20m	£45m	£20m	-	£20m

We recognise that childcare is one of the biggest challenges facing working families in Wales. As part of Prosperity for All, we will provide working parents of 3 and 4 years olds with 30 hours per week of free early education and childcare for up to 48 weeks of the year, delivered in a way that works for parents and children.

Increasing the availability of affordable, available and accessible childcare should enable parents to work, supporting our drive to increase economic growth, tackle poverty and reduce inequalities. It will also provide opportunities and long-term benefits for our children and improve their life chances.

In June 2017, I issued a written statement updating Assembly Members on the delivery of the offer. As part of this we issued detailed guidance and announced an hourly rate of £4.50 in relation to the childcare we fund. This was set after detailed consultation with stakeholders and has been well received by the sector. Our highly successful #TalkChildcare campaign has engaged over 6,500 parents and providers since its launch in August 2016, giving us confidence that we are developing an offer which meets the needs of working families.

In order to get it right for parents and providers, we have begun testing the offer in specific locations within seven local authorities. These local authorities were chosen to provide a good geographical spread across Wales and represent a good mix of rural, urban and valley communities. Over the summer all seven early implementer local authorities opened for applications from eligible parents.

We have a revenue budget of **£10m** in 2017-18 and expect the majority of this funding to be spent on childcare, including provision to support children with special educational needs to access the offer. We have included some provision for the administration costs incurred by the local authorities, and set aside money to

undertake a rigorous monitoring and evaluation of the early implementation of the childcare offer across all seven early implementer local authorities from September 2017. Learning from these early implementers will be important in helping us fine-tune policies and systems prior to a wider roll-out.

The funding to support the childcare offer increases to **£25m** in 2018-19, and to **£45m** in 2019-20. This will allow us to expand and test aspects of the delivery of the offer in different circumstances, to ensure the offer works when it is fully available across Wales from September 2020. In addition, **£60m** up until the end of this Assembly term has been included in the Education MEG for investment in childcare settings alongside the 21st Centuries Schools and Education programme. Consideration is currently being given to how the funding will be managed and allocated.

Other childcare policy and programmes

Successive evaluations have concluded that the availability of quality, affordable childcare is essential to support people who need to work, or acquire skills to enable them to work. Alongside affordable childcare some parents may need additional support to return to work and sustain employment. Some of the barriers to employment include financial stability, reluctance to use formal childcare and parents' lack of confidence in returning to work especially if they have been out of work for some time. **Parents, Childcare and Employment (PaCE)** is a £13.5m project jointly funded by the European Social Fund and Welsh Government, working in partnership with Department for Work and Pensions (DWP). PaCE targets parents who are out of work and consider childcare to be their main barrier to accessing training or work opportunities. Up to the end of September 2017, the project had engaged 2339 participants and supported 665 into work.

The childcare offer has the potential to be a catalyst for a wider transformation in the childcare sector, increasing the accessibility, affordability and availability of childcare for all parents and children of all ages, improving the flexibility and quality of what is available. This will build on the other support we currently provide for childcare providers including:

- Providing local authorities with **£2.3m** funding each year since 2012 to support local authorities to meet gaps identified through their childcare sufficiency assessments and their play sufficiency assessments. In line with my priorities, local authorities have focused on offering out of school childcare, including holiday play schemes, to children from low income families and those with specific needs;
- Providing **£1.43m** per annum to the Cwlwm consortia, comprising the five main childcare organisations in Wales, to support the childcare sector and help us develop innovative flexible childcare solutions to meet the needs of families;
- Providing funding to Social Care Wales (SCW) as a key delivery partner and the sector skills council for the childcare workforce. From April 2017, SCW gained new powers to lead the improvement of social care and childcare in Wales and are working with us to support the implementation of the 10 year workforce plan. For 2017-18, we have allocated **£105k** to SCW.

In terms of support for the **workforce**, a 10 year workforce plan for childcare, play and early years will be published in the autumn with the aim of professionalising the sector to become one which is highly regarded as a career of choice and, one which parents and carers value as offering quality, affordable and sustainable childcare. This contributes to the wider Early Years priority under Prosperity for All, as good quality early years provision is widely acknowledged to help children experience a good start in life. In recognition of the need to build capacity and capability across childcare settings, Ministers have agreed to prioritise the childcare sector to support development and delivery of the childcare offer and the implementation of the 10 year workforce plan.

Under our Apprenticeship programme and utilising the European Social Fund we have developed our **Progress for Success (PfS)** programme. PfS funds existing early years, childcare and play practitioners (including self-employed registered childminders), to undertake recognised childcare and play qualifications. The aim of the programme is to raise the quality of provision offered to our youngest children in Wales by increasing the skills levels held by the existing workforce. PfS has been successful in providing support and opportunities for 979 existing practitioners to up-skill. Building on its achievements and alongside our new all Age Apprenticeship programme, we are exploring the best use of European Social Fund investment to continue to support practitioners.

Play Policy

Wales was the first country to place play on a statutory basis in recognition of its significant contribution to children and young people's physical, social and cognitive development and wellbeing. Play Wales has a strategic role in supporting local authorities to deliver their statutory duties in relation to play and in supporting the Welsh Government to take the play agenda forward in Wales. It was in recognition of this that I decided to extend the funding for Play Wales beyond September 2017 for a further 6 months, bringing the total amount of funding to **£360k** in 2017-18. I am currently considering a business plan to provide future support to Play Wales from 2018-19 onwards.

Adverse Childhood Experiences

There is a growing body of evidence on the impact which exposure to Adverse Childhood Experiences (ACEs) has on well-being and economic prosperity. The importance of giving children the best possible start in life is already recognised in programmes such as Flying Start and Families First. However, in light of the findings of the studies into ACEs by Public Health Wales, it was recognised there is a need to increase awareness of ACEs and their impact on children's educational outcomes, employment prospects and health and wellbeing.

For 2017-18 funding of £300k has been provided to Cymru Well Wales (CWW), a collaborative partnership of public and third sector organisations working together to secure better health for the people of Wales, to support the development of an ACE Support Hub as a centre of knowledge, evidence and expertise on ACEs in Wales. An additional £100k has been provided from the Education budget to support school staff to become ACE informed and Public Health Wales has committed £250k towards the establishment of the Hub.

For 2018-19 I propose to provide £300k of funding to support the continuation of the ACE Support Hub.

Children First

Children First brings together a range of organisations to improve children and young people's outcomes, based around a distinct place, based on seven key principles:

- Clarity of place;
- Long-term, shared, strategic focus;
- Focus on a community's strengths;
- Local freedom and autonomy to decide the focus of activity, whilst aligning to the shared strategic vision;
- Anchor organisations;
- Multi-agency approach to system change and effective data sharing; and
- Dedicated secretariat support.

Local authorities were invited in January 2017 to submit proposals for Children First, from which five were chosen as pioneer areas. Children First takes a contextually-sensitive approach to working with our most disadvantaged communities. These communities are not the same and because of this, they need unique solutions. The highly localised strategies developed by Children First areas work to address the distinctive forms of disadvantage and to use the distinctive resources available in these communities.

There is no direct funding available from the Welsh Government to support the development of Children First pioneer areas, as the objective is to empower and enable the community and organisations to collaborate and make a difference for their children and young people. Funding of £100k is available to support evaluation. The pioneer areas will be supported to develop a key set of data to monitor outcomes. This monitoring data will also feed into future evaluation of Children First, to include an exploration of the value for money of the activities delivered.

Communities First legacy fund

The Legacy Fund is a revenue fund that has been allocated to local authorities which currently have Communities First areas. To assist in planning, indicative allocations formed part of the Communities First award letter for 2017-18. This fund is to support the continuation of the most effective aspects developed by the Communities First Programme that are highly valued locally.

Whilst the detail of the guidance for the Legacy Fund is still being developed, we have taken a 'co-production' approach to the development to ensure that both Lead Delivery Bodies' and LAs experience and views are reflected in the written guidance.

Legacy Fund principles have been issued to all eligible LAs to ensure they have the information required to plan, with existing LDBs, for the next financial year.

The choice of what should be funded will be locally determined, local authorities will need to take account of both their duties under the Well-being of Future Generations (Wales) Act and the assessment of local well-being in making those decisions.

In discussions with LDBs and LAs, officials have emphasised the importance of them working with their clusters, public service boards and other partners to ensure any concerns are taken into account.

The total allocation for 2018-19 is £6m.

Families First Programme, including specific reference to the Children and Families Delivery Grant

Families First provides innovative and effective multi-agency systems and support for families, with a clear emphasis on prevention and early intervention. The Welsh Government is investing £38.352m in the Families First programme in 2018-19.

Evaluation evidence has found that the programme has led to fundamental changes to the culture and commissioning of services which has directly contributed to ensuring these services meet the needs of families. In particular, the Team Around the Families (TAF) approach is one of the successes of the programme and the concept of providing bespoke services which meet the needs of the whole family is now firmly embedded in service provision, and services have improved as a result.

We are working to ensure the Families First programme is focussed on providing services which can help to prevent ACEs, as well as providing support to mitigate the harmful effects of ACE exposure. To help achieve this, parts of Families First are being refocused to ensure the programme is able to do more to support parents, children and young people to build their resilience and confidence and achieve positive wellbeing.

Revised Families First programme guidance was published in April 2017 and all local authorities will be operating under the new arrangements from 1 April 2018. The TAF will continue unchanged, and the continued focus on providing bespoke, multi-agency support to whole families will have a key role in helping parents to create stable and nurturing environments in which children and young people can thrive.

Children and Families Delivery Grant (CFDG)

The Families First budget supported the Children and Families Delivery Grant (CFDG) which represented a £10.2m investment over the 3 years of the current grant programme (1 October 2014 to 30 September 2017). The focus of the CFDG was to support the tackling poverty agenda by reinforcing the work of our key programmes together with that of the childcare, children's rights, play and participation programmes operated by the Welsh Government. Five grants were awarded to Third Sector organisations.

Grants to PromoCymru (for Family Point), Groundwork Wales and Tros Gynnal ended in September 2017, however PromoCymru will receive an additional £35k to support its helpline for the period October-December 2017, to allow time for transition arrangements to be made. The grants for CWLWM and Play Wales were extended to March 2018, and the grant for Children in Wales has been extended to September 2018.

Integrated Family Support Services

The funding linked with the Integrated Family Support Services (IFSS) transferred into the RSG from 2015-16.

Family Information Services

Family Information Services (FIS) are the first point of contact for impartial advice and information on local services for families and carers. Local authorities are required to have a FIS that meets the minimum standards set out in the Childcare Act 2006.

Children in Wales currently carry out a support function on behalf of the Welsh Government (£45k provided via a contract). A review will consider whether such a function is required when the contract ends in March 2018.

Parenting Support

Our approach to positive parenting is set very firmly within the wider context of economic improvement and wider wellbeing. As set out in Prosperity for All, we are committed to helping improve health and well-being for all to ensure everyone can fulfil their potential, meet their educational aspirations and play a full part in the economy and society of Wales.

Across Wales, parents and carers have access to a range of services to support positive parenting delivered by local government, health, education, social services and social justice. Support is delivered at different points in a child's life (antenatal to teenage) through parenting groups and one-to-one work, ranging from informal, bespoke support for parents, through to more targeted, specialised interventions.

Our 'Parenting, Give it time' campaign promotes positive parenting messages in a number of different ways, including through social and print media and digital advertising. A dedicated website and Facebook page provide parenting tips, information and advice, and signpost parents to sources of further support. A media agency actively promotes the campaign through a variety of advertising avenues.

Parents should expect support to be of high quality. Our non-statutory guidance sets out the Welsh Government's expectations on how parenting support should be provided. In addition we are providing additional funding to help local authorities develop the core skills and knowledge of their workforce in line with the key themes of the guidance.

The Welsh Government commitment to introduce legislation to remove the defence of reasonable punishment will form a key part of our overall action on promoting positive parenting, driving behavioural change and bringing about positive outcomes for our children in Wales.

Given the importance of promoting positive parenting, the budget of £400k remains unchanged for 2018-19.

Sustainable Social Services Third Sector Grant 2016-19

Within the field of social care, Welsh Government support for the third sector has substantially moved towards a three-year funding model. The Sustainable Social Services Third Sector grant is a three-year grant scheme introduced to support implementation of the Social Services and Well-being (Wales) Act 2014. Nearly £22m of grant funding was awarded to 32 organisations and projects via the Health and Social Services Main Expenditure Group which support children, young people and their families, looked after children and care leavers, older people, people with learning disabilities and autism, people with physical and/or sensory impairments and carers. Applications for the grant were carefully considered as part of a competitive process matching applications to the advertised grant funding criteria and policy priorities. To ensure there was equity across sectors, the maximum award made to any organisation was £1.5m over three years, representing 10% of the total funding available. In 2018-19 a total of £7.25m is due to be distributed.

The application process for the Sustainable Social Services Third Sector grant, a three-year grant scheme introduced to support implementation of the Social Services and Well-being (Wales) Act 2014, required applicants to demonstrate how projects would support the key themes including prevention.

Child Poverty

There is no separate budget for tackling child poverty for the Welsh Government. This is because there are a range of policies and programmes in place to tackle child poverty, which are being taken forward. This includes key commitments such as Flying Start, Families First, the Pupil Deprivation Grant and the Healthy Child Wales Programme. There are also a range of other mainstream services which are delivering support for low income households, which form part of wider funding arrangements.

Children's and young people's rights and entitlements

Welsh Ministers are under a duty to have due regard to the United Nations Convention on the Rights of the Child (UNCRC) in all their work, and to raise public awareness (including among children and young people) of children's rights and the UNCRC. The arrangements in place for doing this are set out in the Children's Rights Scheme 2014.

Section 5 of the Measure also places a duty on Ministers to take appropriate steps to promote knowledge and understanding amongst the public, including children and young people, of the UNCRC and its Optional Protocols.

A budget of £357k has been allocated at a level sufficient to deliver on Ministerial commitments in relation to the Rights of Children and Young Person's (Wales) Measure 2011, the Children and Families (Wales) Measure 2010; and the necessary work in these areas in relation to children's rights, the UNCRC and children and young people's participation. This includes:

- raising awareness of children's rights, both internally and externally to Welsh Government: hosting and maintaining the childrensrights.wales website and Twitter account;
- ensuring appropriate UNCRC training is in place, actively promoted and taken up;
- promoting participation by children and young people; and
- ensuring Welsh Government policy and legislation is formulated having given proper consideration to children's rights.

Children's Commissioner for Wales

Established by the Care Standards Act 2000, the Children's Commissioner for Wales (CCfW) is an independent children's rights institution. The remit is laid down in the Children's Commissioner for Wales Act 2001, which amended the Care Standards Act 2000. The budget covers the running costs of the Commissioner's office for 2018-19 and the resources required in discharging her statutory functions.

This budget received a 10% cut for 2016-17 in line with other Commissioners (budget was previously £1.715m) but has been maintained at cash flat for 2017-18 and 2018-19. This is considered sufficient to deliver the Commissioner's functions.

Advocacy

Social Care is a priority in Prosperity for All and is clear that children should be listened to and helped to develop positive relationships.

With our partners, we have developed a National Approach to Statutory Advocacy for looked after children, children in need and other specified individuals which went live in July. This means a consistency of entitlement and good practice in the commissioning, delivery and awareness of statutory advocacy provision in Wales. The implementation of the National Approach will cost in the region of £1.1m and Welsh Government has agreed to provide up to £550k to the Social Services Regional Collaboratives to deliver the offer in full. Local authorities will fund the rest.

Safeguarding

We established the National Independent Safeguarding Board under the Social Services and Well-being (Wales) Act 2014 to work with Safeguarding Children Boards and Safeguarding Adult Boards to drive improvement; to report on the adequacy and effectiveness of arrangements to safeguard children and adults and make recommendations to Ministers about how arrangements could be improved. We provide secretariat and support the work programme of the Board valued at £200k per year.

We support National and regional events during safeguarding week, valued at £22k to raise awareness of safeguarding and related issues.

We will provide generic training for practitioners in delivering Child and Adult Practice Reviews valued at £45k. We will provide £100k grant to Cardiff and Vale Safeguarding Board to deliver the National Protection Procedures arising from the Social Services and Well-being (Wales) Act 2014 and related subordinate legislation

and guidance to assist better protection for children and adults at risk of abuse, neglect or other forms of harm.

Cafcass Cymru

Allocation – 2018-19

- Total programme allocation £10.267m
- Running costs £9.950m
- Contracted costs £0.317m

Children and Family Court Advisory and Support Service (Cafcass Cymru) is a direct service delivery and demand-led organisation undertaking statutory functions across Wales on behalf of Welsh Ministers in accordance with the Children Act 2004. In 2016-17 we worked with 8,491 of the most vulnerable children and young people in Wales, an increase from 7,546 in 2015-16. Its financial allocation for 2016-17, 2017-18 and 2018-19 is £10.267m per year of which £9.045 m (92%) of the budget is committed to staff costs. Therefore all inflationary costs must be absorbed within the budget.

There has been a significant increase of 25% in public law and 29% in private law work over the past two years with the volume of work being sustained in 2017-18. This increase has been absorbed within Cafcass Cymru's existing resources. Any reduction in budget will result in essential posts not being filled with existing staff managing even higher workloads with potential staff welfare implications. This could also have an impact on children and young people having to wait for a service in Wales resulting in delayed court proceedings.

Cafcass Cymru has over the last 5 years significantly reduced its management structure, streamlined internal processes, introduced flexible ways of working and enhanced practitioner capability to ensure services are delivered as efficiently and effectively as possible and performance maintained.

Adoption, fostering and looked after children

Taking Wales Forward includes the chapter on Ambitious and Learning which states that we will “examine ways of ensuring children in care enjoy the same life chances as other children and if necessary reform the way they are looked after”. Building on this Social Care is a top 5 priority in Prosperity for All and is clear that children should be listened to and helped to develop positive relationships.

A programme of work is being taken forward under the Ministerial Advisory Group on Improving Outcomes for Children which will identify early and preventative action to help reduce the numbers of children taken into care, improve outcomes for children already in care and improve outcomes for care leavers. This includes the £1m St David's Day Fund which will continue for a second year in 2018-19. This Fund allows local authorities to provide financial support to care leavers so they can successfully access employment, education and training opportunities, improving their opportunities towards independent lives.

In 2017-18 the Welsh Government received an additional £20m consequential funding from the UK Spring Budget for improvements in social care. £8m of that

budget was allocated to expedite the Ministerial Advisory Group's work programme. The funding will be used to reduce the numbers of children entering care and improving the outcomes for children and young people in care through a £5m investment in expanding local authority edge of care services; £850k to roll out the Reflect project across Wales which aims to reduce the number of children being taken into care by breaking the cycle of repeat pregnancies and recurrent care proceedings; £1.625m to support care leavers to successful futures and independent living by providing additional resources to local authority traineeship/work placement schemes and extending the provision of personal advisers up to age 25; £400k to implement the National Fostering Framework and £125k to develop adoption support work. This funding will be included in the RSG from April 2018.

The Welsh Government is also providing £90k to the National Adoption Service to develop and support its strategic and holistic approach to adoption support services in Wales. We have invested £172k to maintain a database to provide the basis for the future Wales Adoption Register and have awarded three grants under the Sustainable Social Service grant scheme totalling £435k to Voluntary Adoption Agencies to develop adoption support services. Additional stand alone funding will be provided in 2018-19 to take forward a new Welsh Adoption Register and to provide resources to deliver key elements of the Adoption Support Framework.

COMMUNITIES AND CHILDREN MAIN EXPENDITURE GROUP (MEG)						ANNEX A	
RESOURCE BUDGET - Departmental Expenditure Limit							
SPA	Actions	BEL Title	2016-17 Final Outturn £000s	2017-18 Forecast Outturn £000s	2018-19 Draft Budget £000s	2019-20 Indicative Budget Allocations £000s	
Enabling Children and Communities	Supporting Children	Support for Childcare and Play	5,463	11,979	27,706	48,351	
		Support for Children's Rights (and prevention from 2019-20)	215	257	357	991	
		Children's Commissioner	1,543	1,543	1,543	1,543	
		Advocacy	780	917	1,100	550	
		Supporting Children	634	2,116	1,989	989	
		CAFCASS Cymru	9,875	10,267	10,267	10,267	
	Prevention and Early Intervention	Prevention and Early Intervention	157,155	152,564	140,156	0	
		Supporting Communities	0	0	0	6,162	
		Early Intervention, Prevention and Support Grant	0	0	0	252,153	
		Support for children and families	0	0	0	3,004	
				175,665	179,643	183,118	324,010
	Communities and Tackling Poverty	Communities and Tackling Poverty	Flying Start Capital	3,461	2,760	566	529
			3,461	2,760	566	529	
		TOTAL RESOURCE	179,126	182,403	183,684	324,539	

Commentary on each of the Actions within the C&C MEG as relevant to children and young people, including an analysis and explanation of changes between the Draft Budget 2018-19 and the First Supplementary Budget (June 2017)

Action: Supporting Children

2017-18 Supplementary Budget June 2017 £000's	Changes £000's	2018-19 New Plans Draft Budget £000's
26,675	16,287	42,962

Increases to Action:

- £30k transfer from Education MEG in respect of the Development of Early Years and Childcare Workforce (BEL 310)
- £1m from reserves in respect of a Bursary Scheme for Looked After Children (BEL 410)
- £67k from reserves in respect of SAIL project (tampon tax) (BEL 410)
- £230k allocation from reserves in respect of MEIC (BEL 5333)
- £15m allocation from reserves in respect of childcare offer (BEL 310)

Children's Commissioner

There are no proposed change to the Children's Commissioner's budget allocation.

Support for Children's Rights

There are no proposed changes to this budget.

Action: Early Intervention, Prevention and Support

2017-18 Supplementary Budget June 2017 £000's	Changes £000's	2018-19 New Plans Draft Budget £000's
154,383	-14,227	140,156

Reductions to Action:

- £300k transfer to the Education MEG in respect of funding to Mudiad Ysgolion Meithrin
- £13m transfer to reserves in respect of discontinuation of Communities First
- £1.890m savings found in respect of administrative savings on European Social Fund projects.

Increases to Action:

- £963k transfer in from reserves

We are reducing the level of reporting and testing a new approach to a larger grant to increase potential efficiencies. The changes as a result of the reduction to Communities First have been mitigated through the Legacy Fund. Planning against the agreed principles is underway. The additional saving has been found as a result of prudent planning of the PaCE programme ensuring our domestic funding was front loaded.

Action: Communities and Tackling Poverty

2017-18 Supplementary Budget June 2017 £000's	2018-19 Plans as per 2017-18 Final Budget	Changes £000's	2018-19 New Plans Draft Budget £000's
1,260	566	0	566

Flying Start Capital

There have been no proposed changes to the funding compared to plans published in the final budget of 2017-18. Our ability to provide funding to complete existing projects is adequate but our ability to fund maintenance activity on existing Flying Start Childcare Estate will be restricted.



Children's Rights Impact Assessment (CRIA) Template

Title / Piece of work:	'Parenting. Give it Time' – positive parenting campaign
Related SF / LF number (if applicable)	SF/LG/1589/15
Name of Official:	Lucy Akhtar
Department:	Education and Public Services Group
Date:	18 July 2015
Signature:	

Please complete the CRIA and retain it for your records on iShare. You may be asked to provide this document at a later stage to evidence that you have complied with the duty to have due regard to children's rights e.g. Freedom of Information access requests, monitoring purposes or to inform reporting to the NAFW.

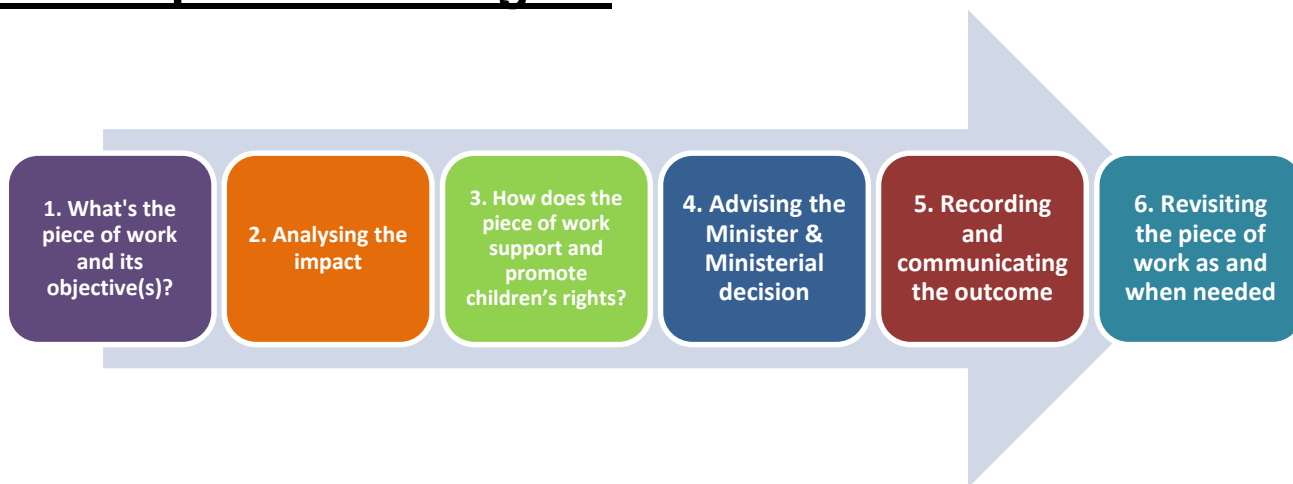
Upon completion you should also forward a copy of the CRIA to the Measure Implementation Team for monitoring purposes using the dedicated mailbox CRIA@wales.gsi.gov.uk

If officials are not sure about whether to complete a CRIA, they should err on the side of caution and seek advice from the Measure Implementation Team by forwarding any questions to our mailbox CRIA@wales.gsi.gov.uk

You may wish to cross-reference with other Impact Assessments undertaken.

NB. All CRIAs undertaken on legislation must be published. All non-legislative CRIAs will be listed on the WG website and must be made available upon request. Ministers are however, encouraged to publish all completed CRIAs.

Six Steps to Due Regard



Step 1. What's the piece of work and its objective(s)?

You may wish to include:

- A brief description of the piece of work
- What the time frame for achieving it is?
- Who are the intended beneficiaries?
- Is it likely that the piece of work will affect children?
- Will the piece of work have an affect on a particular group of children, if so, describe the group affected?

Description of the piece of work

Evidence suggests that certain approaches to parenting promote successful outcomes for children and research has shown that a positive parenting style is more likely to lead to better social, emotional and academic outcomes for children.

(Stroufe, et al 1990; Emler, 2001; Desforges and Bouchaard, 2003; Seaman et al, 2005; Feinstein and Sabates, 2006 O'Connor and Scott 2007; Moullin et al, 2008; Katz and Redmond, 2009; Asmussen and Weizel, 2010 and Nixon, 2012). Please see a full list of references in 'Parenting in Wales: Guidance on engagement and support'

<http://gov.wales/docs/dsjlg/publications/cyp/140910-parenting-in-wales-guidance-en.pdf>

Positive parenting is where parents:

- are loving, nurturing and respectful;
- are supportive and involved;
- provide clear consistent boundaries based on realistic expectations according to a child's age and stage of development;
- model good behaviour;
- provide appropriate supervision;
- praise good behaviour; and
- handle problem behaviours consistently without resorting to physical punishment and excessive shouting.

In the Autumn the Minister for Communities and Tackling Poverty will launch a positive parenting campaign. The overall aim of the campaign is to help bring about an attitudinal change in the general public on the way children and young people are brought up and disciplined, by making physical punishment unacceptable and promoting positive alternatives.

'Parenting. Give it time', will promote positive approaches to raising children through a number of

different media channels. Using the theme of 'time,' the messages given to parents will be positive and supportive. Initially the main target audience will be parents and carers of young children (0-5), as evidence suggests children in this age group may be more likely to be smacked.

(See: Jackson (1999) cited in Henricson, H. & Grey, A. (2001) "Understanding Discipline" National Family and Parenting Institute; and Bunting, L., Webb, M. & Healy, J. (2008) "The 'Smacking Debate' in Northern Ireland – Messages from Research", Barnardo's Cymru, Northern Ireland Commissioner for Children and Young People and NSPCC Northern Ireland).

The campaign would support the overall aim by:

- using a range of 'marketing' techniques and approaches to raise awareness of the positive parenting message;
- providing 'products' (such as leaflets, web content, video clips, posters and Facebook posts) which will offer information, practical tips and strategies to support attitudinal and behaviour change;
- signposting parents to services (such as health visitors, Family Information Service, Families First, Flying Start etc); and
- bringing together a range of internal and external stakeholders who can use their influence to support attitudinal and behaviour change.

Research

Running parallel to this piece of work will be three strands of research activity:

Campaign development: focus groups will be undertaken to explore the key campaign messages and the most effective approaches to promotion. It is likely this will include focus groups with parents of children aged under seven years old.

Children and young people's attitudes towards physical punishment: qualitative work will be undertaken with children to explore their attitudes towards methods of parenting including physical punishment. Previous work has explored adults' attitudes on this topic, but there has been no work yet with children and young people who are more likely to be affected by physical punishment. Specialists will be commissioned to carry out this research due to ethical sensitivities.

Quantitative baseline of attitudes: We will commission some work to gauge the attitudes of parents who have children in the target age group, prior to the campaign. We then intend to conduct the research again a few years into the campaign with parents in the target group to explore if there are any differences in attitudes.

Time frames

As attitudes are formed by a complex range of factors, our approach will require a concerted effort over a number of years. It is envisaged that the campaign could run over a period of three years. The first phase will run from autumn 2015 until the end of March 2016.

Beneficiaries and affect on children

- Children should benefit from positive parenting by having a happier home life, displaying improved behaviour and having better social and emotional development;
- Parents should benefit from adopting positive parenting methods by experiencing less stress and improved well-being;
- Parents and children should benefit from a better parent-child relationship.

Step 2. Analysing the impact

- What are the positive and/or negative impacts for children, young people or their families?
- Where there are negative impacts; what compensatory measures may be needed to mitigate any negative impact?
- How will you know if your piece of work is a success?
- Have you developed an outcomes framework to measure impact?
- Have you considered the short, medium and long term outcomes?
- Do you need to engage with children & young people and/or stakeholders to seek their views using consultation or participatory methods?
- Do you need to produce child friendly versions of proposals/consultations?

- **What are the positive and/or negative impacts for children, young people or their families?
What compensatory measures may be needed to mitigate any negative impact?**

It is not expected that there will be negative impacts on children and their families. The campaign will be a vehicle for promoting positive parenting strategies and helping parents to find positive solutions to managing their children's challenging behaviour.

Positive Impacts:

The campaign intends to affect a culture change in attitudes towards physical punishment of children in Wales, making it unacceptable. The campaign will promote the rewarding of good behaviour rather than punishing bad behaviour.

The campaign will provide parents with options and alternatives to physical punishment and encourage parents to look after their own health and well-being better to manage stressful situations.

This campaign will promote positive parenting to a wide audience. It will raise awareness among the wider public of the value of positive parenting and help normalise the process of seeking parenting help.

Potential Negative impact:

There may be a perception by some parents that the Welsh Government is telling them how to parent. However we will be promoting the following supportive messages:

- The campaign isn't about telling parents how to raise their children.
- There is no 'one size fits all' way to parent. Every child and every parent is unique and the campaign does not provide a set of parenting rules that must be followed. It gives tips and strategies so parents can make decisions about what can work for their child and family.
- Nobody has all the answers and there is no such thing as a perfect parent. However, psychologists have found the positive parenting style is most likely to help children grow up happy and learn well.

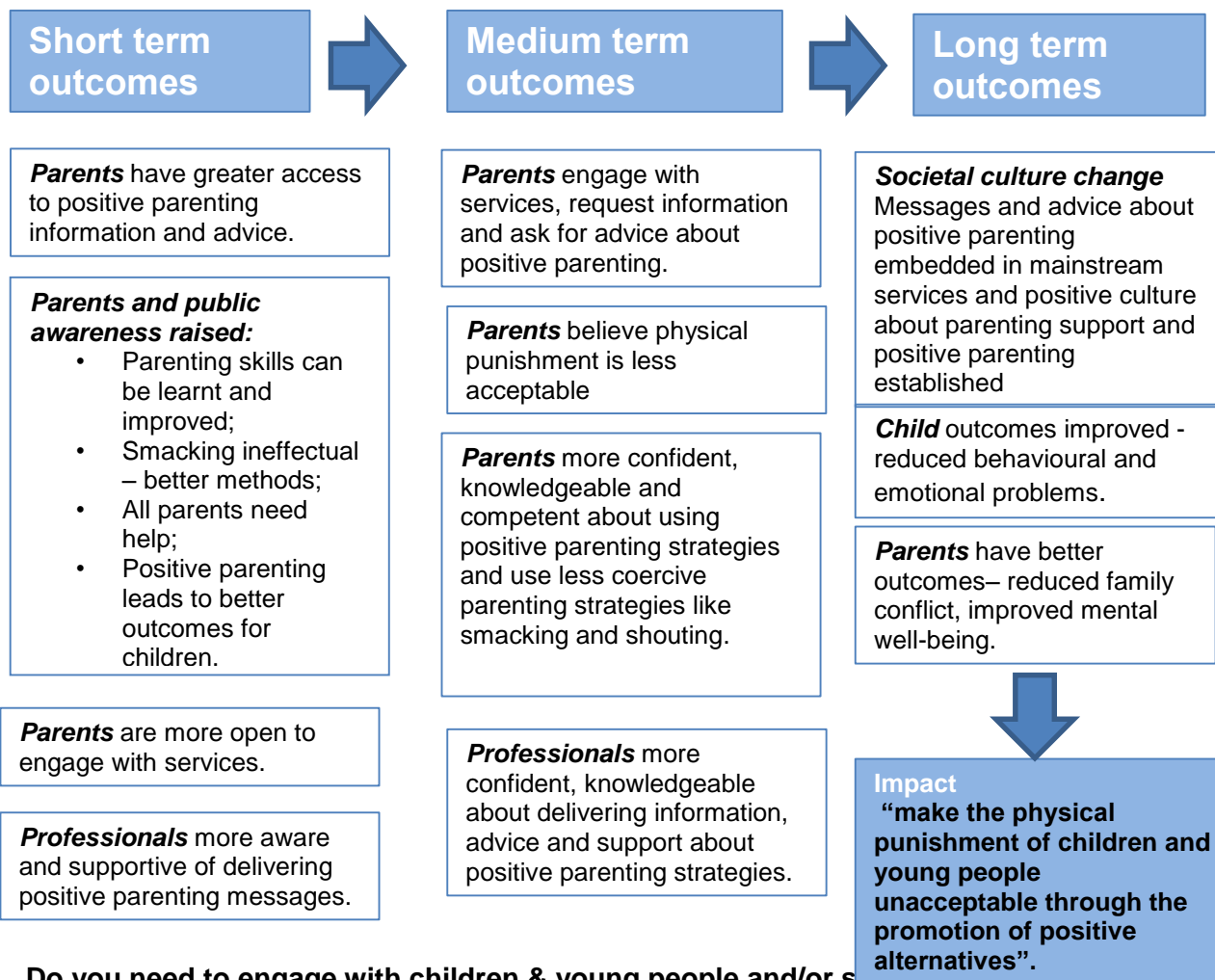
The campaign aims to empower parents to maximise their skills and knowledge in order to build a positive, healthy relationship with their children.

- **How will you know if your piece of work is a success?**

We will do this on a number of levels:

- The research activity described earlier will explore attitudes to physical punishment and parenting practices amongst parents in the target group prior to and later in the campaign.
- We will be measuring traffic and engagement on social media and our dedicated website.
- The media agency, engaged to support delivery of the campaign, will monitor the effectiveness of the various media channels used to promote the campaign messages.
- **Have you considered the short, medium and long term outcomes?**

The Logic Model below summarises the intended short, medium and long term outcomes.



- **Do you need to engage with children & young people and/or service providers using consultation or participatory methods?**

We will be seeking the views of children and young people on physical punishment and parenting practices through commissioned research, as described above.

Step 3. How does your piece of work support and promote children’s rights?

Dependant upon the impact of your piece of work, use balanced judgement to assess:

- Which UNCRC articles are **most** relevant to the piece of work? Consider the articles which your piece of work impacts upon. <http://uncrcletsgetitright.co.uk/images/PDF/UNCRCRights.pdf>
- How are you improving the way children and young people access their rights?
- What aspects of children’s lives will be affected by the proposal?
- What are the main issues that the CRIA should focus on?
- Does the piece of work help to maximise the outcomes within the articles of the UNCRC?

- If no, have any alternatives to the current piece of work been considered?

Which UNCRC articles are most relevant to the piece of work? Consider the articles which your piece of work impacts upon

The Positive Parenting Campaign is based on the core principles of the UNCRC which centres on respect for children's best interests and rights and support for parents in carrying out their role:

- ensuring best interests of the child (article 3);
- parental guidance and evolving capacity (article 5);
- parental responsibilities (article 18);
- ensuring the child's rights for basic care and survival, (Article 6), play and education (Articles 28 & 31);
- protection from abuse, neglect and degrading treatment (Article 19); and
- a right to have a say in matters affecting them as their abilities develop (Article 12).

The UNCRC contains a number of provisions relating specifically to parents and highlighting the importance of their role. E.g. the UNCRC gives parents responsibility for providing their child with appropriate guidance and direction on using their rights properly (Article 5) and in matters relating to religion and conscience (Article 14). Article 18 identifies both parents as having the primary responsibility for bringing up their children, making it clear that governments must provide resources and support to help them fulfil their responsibilities. It also gives parents responsibility to provide adequate living conditions to meet their child's development needs, with financial assistance from the Government if needed (Article 27).

How are you improving the way children and young people access their rights?

Ultimately the campaign is intended to provide advice and information for parents rather than support directly to children. However, for a majority of children, the family home is where they will realise many of the rights laid out in the UNCRC. Parents clearly have a pivotal role as guardians and advocates of children's rights with a responsibility on the state to act as final guarantor. It is hoped that the campaign will assist parents to parent in a positive, supportive manner that considers and reflects children's rights. This will ultimately benefit children and enable them to realise their rights and maximise positive outcomes for them.

We will be seeking the views of children and young people on physical punishment and parenting practices through commissioned research, as described above.

- **What aspects of children's lives will be affected by the proposal?**

The information provided to parents will encourage them to incorporate positive parenting strategies (such as praise, talking, playing and listening) into every day activities with their children like dressing, playing, shopping, bathing and mealtimes. It will provide specific tips and information for parents on dealing with common behaviours and situations where parents may be more likely to resort to shouting or physical punishment. It will also provide information to parents on what their child can be expected to do, to encourage parents to adopt realistic expectations.

- **Does the piece of work help to maximise the outcomes within the articles of the UNCRC?**

For a majority of children, the family home is where they will realise many of the rights laid out in the UNCRC. The campaign is intended to maximise the articles of the UNCRC through:

- a culture change in attitudes towards physical punishment in Wales, making it unacceptable and promoting positive parenting techniques. Helping mothers and fathers understand the importance of their role and the positive difference they can make to their child's development, (Article 5,18)
- providing all parents with easy to access tips and information about ways to help take some of the stress out of everyday family activities, such as bed time, bath time and the weekly food shop. Providing details of organisations for parents who may need further help and support. (Article 18)
- encouraging parents to play, talk and listen to their children and encourage positive behaviour by adopting positive parenting strategies (Articles 28 & 31)
- encouraging parents to consider their young child's emerging capacity for autonomy – e.g. giving their young child some choices about what to play with, what to wear and what to eat. (article 5)
- encouraging parents to adopt positive parenting strategies and providing them with options and alternatives to physical punishment. E.g. praising positive behaviour rather than punishing bad behaviour. Highlighting the negative impact of using physical punishment and that it is not an effective method of discipline (article 19)
- The campaign will provide age appropriate tips and strategies to promote children's development (article 3)

The campaign will also work with professionals who support parents and provide information to them on positive parenting.

Step 4. Advising the Minister and Ministerial decision

When giving advice and making recommendations to the Minister, consider:

- The ways in which the piece of work helps to maximise the outcomes within the articles of the UNCRC?
- Has any conflict with the UNCRC articles within the proposal been identified?
- Consider the wider impact; does the proposal affect any other policy areas?
- With regard to any negative impacts caused by the proposal; can Ministers evidence that they have allocated as much resources as possible?
- What options and advice should be provided to Ministers on the proposal?
- In relation to your advice on whether or not to proceed with the piece of work, is there any additional advice you should provide to the Minister?
- Is it appropriate to advise the Minister to reconsider the decision in the future, in particular bearing in mind the availability of resources at this time and what resources may be available in the future?
- Have you provided advice to Ministers on a LF/SF and confirmed paragraph 26?
- Is the advice supported by an explanation of the key issues?

Advice to Minister

Although parents have some access to universal parenting support delivered by partners in local government, health and education, services are primarily provided through our anti-poverty

programmes – Flying Start, Families First and Communities First. In his Annual Report (2013-14) the Children’s Commissioner for Wales expressed concern all parents and carers should have access to universal parenting support.

Targeting parenting support to families living in deprivation or to families assessed by professionals to have problems may attract stigma, which could affect parents’ readiness to engage. A targeted approach to parenting support also does not contribute to a culture where parenting is seen as a learned skill everyone can acquire and benefit from.

It is important for parents to receive consistent messages on the key aspects of good, positive parenting from a range of sources. Non-statutory guidance, "Parenting in Wales: Guidance on engagement and support" sets out the Welsh Government's expectations on how parenting support should be provided. The guidance is intended to inform the decisions made by those delivering and commissioning parenting services. It contains a firm expectation for positive parenting principles to be promoted actively and consistently.

Research we commissioned last year has provided us with insights into attitudes in Wales to child discipline. It has contributed to our knowledge of different discipline strategies parents use and their information needs. The research highlights the potential to build on parents' existing skills in order to reinforce the effectiveness of the positive strategies they already use.

Evidence suggests attitudes towards parenting and physical discipline could be influenced by a national social marketing campaign. Lessons can be learned from the implementation of various social marketing campaigns in the UK and internationally. The success of these campaigns depended on having clear, consistent and positive messages promoted through a number of media communication methods.

To take forward the Programme for Government and manifesto commitment on positive parenting, the Minister was advised to consider funding a social marketing campaign and funding research with children and parents on attitudes to physical punishment and parenting practices.

No advice was given on legislation as the Welsh Government has no mandate to legislate on this issue as it was not part of the Government’s manifesto and does not feature in the legislative programme.

The Minister for Communities and Tackling Poverty has given agreement for the campaign in SF/LG/1589/15

Step 5. Recording and communicating the outcome

Final version to be retained on i-share

Evidence should be retained that supports:

- How the duty has been complied with **(Steps 1-3 above)**
- The analysis that was carried out **(Steps 1-3 above)**
- The options that were developed and explored **(Steps 1- 3 above)**
- How have the findings / outcomes been communicated? **(Step 4 above)**
- ‘Tells the story’ of how the assessment has been undertaken and the results **(Step 4 above)**

Step 6. Revisiting the piece of work as and when needed

In revisiting the piece of work, consider any monitoring, evaluation or data collection that has been undertaken:

- Has your piece of work has had the intended impact as set out in Step 2.
- Have you engaged with stakeholders to discuss how the policy or practice is working.
- If not, are changes required.
- Identify where improvements can be made to reduce any negative impact.
- Identify any opportunities to promote children’s rights, bearing in mind any additional availability of resources at this time.

Reviewing intended impact:

We will do this on a number of levels:

- The research activity described earlier will explore attitudes to physical punishment and parenting practices amongst parents in the target group prior to and later in the campaign.

Review date: research conducted prior to campaign – follow up research – date tbc

- We will be measuring traffic and engagement on social media and our dedicated website.

Review date: Initially monthly and thereafter bi-monthly

- The media agency, engaged to support delivery of the campaign, will monitor the effectiveness of the various media channels used to promote the campaign messages

Review date: The media agency will provide regular updates, which will be reviewed

Engagement with stakeholders to discuss how the policy or practice is working

Engagement will take place through the following activities:

- presentations to national networks, forums, meetings, conferences and events;
- articles in external Newsletters or briefings;
- meetings with key individuals

The working links with key relevant organisations, already established, will be maintained. These include regular attendance at

- All Wales Health Visiting Forum;
- FIS Network;
- North Wales Families First Parenting Learning Set; and
- National Parenting Coordinators Network.

Budgets

As a result of completing the CRIA, has there been any impact on budgets?

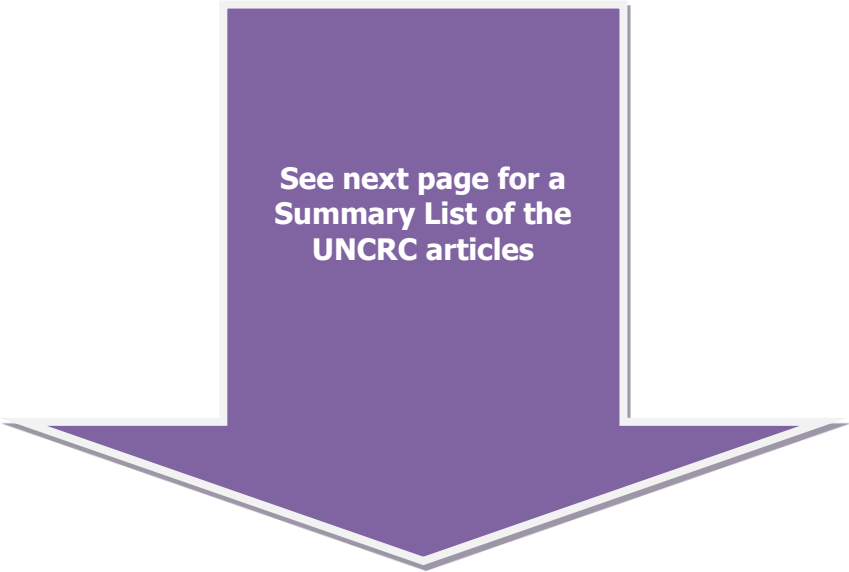
It is important that where any changes are made to spending plans, including where additional allocations have been made, that this has been assessed and evidenced as part of the CRIA process.

No

Please give any details:

Monitoring & Review

Do we need to monitor / review the proposal?	Yes /
If applicable: set the review date	Month / Year March 2016



See next page for a
Summary List of the
UNCRC articles

THE UNITED NATIONS CONVENTION ON THE RIGHTS OF THE CHILD

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Altogether there are 54 articles in the convention. Articles 43-54 are about how adults and governments should work together to make sure all children are entitled to their rights. The information contained here is about articles 1-42 which set out how children should be treated.



Llywodraeth Cymru
Welsh Government

www.cymru.gov.uk

Article 1

Everyone under 18 years of age has all the rights in this Convention.

Article 2

The Convention applies to everyone whatever their race, religion, abilities, whatever they think or say and whatever type of family they come from.

Article 3

All organisations concerned with children should work towards what is best for each child.

Article 4

Governments should make these rights available to children.

Article 5

Governments should respect the rights and responsibilities of families to direct and guide their children so that, as they grow, they learn to use their rights properly.

Article 6

All children have the right to life. Governments should ensure that children survive and develop healthily.

Article 7

All children have the right to a legally registered name, the right to a nationality and the right to know and, as far as possible, to be cared for by their parents.

Article 8

Governments should respect children's right to a name, a nationality and family ties.

Article 9

Children should not be separated from their parents unless it is for their own good, for example if a parent is mistreating or neglecting a child. Children whose parents have separated have the right to stay in contact with both parents, unless this might hurt the child.

Article 10

Families who live in different countries should be allowed to move between those countries so that parents and children can stay in contact or get back together as a family.

Article 11

Governments should take steps to stop children being taken out of their own country illegally.

Article 12

Children have the right to say what they think should happen, when adults are making

decisions that affect them, and to have their opinions taken into account.

Article 13

Children have the right to get and to share information as long as the information is not damaging to them or to others.

Article 14

Children have the right to think and believe what they want and to practise their religion, as long as they are not stopping other people from enjoying their rights. Parents should guide their children on these matters.

Article 15

Children have the right to meet together and to join groups and organisations, as long as this does not stop other people from enjoying their rights.

Article 16

Children have a right to privacy. The law should protect them from attacks against their way of life, their good name, their families and their homes.

Article 17

Children have the right to reliable information from the mass media. Television, radio and newspapers should provide information that children can understand, and should not promote materials that could harm children.

Article 18

Both parents share responsibility for bringing up their children, and should always consider what is best for each child. Governments should help parents by providing services to support them, especially if both parents work.

Article 19

Governments should ensure that children are properly cared for, and protect them from violence, abuse and neglect by their parents or anyone else who looks after them.

Article 20

Children who cannot be looked after by their own family must be looked after properly, by people who respect their religion, culture and language.

Article 21

When children are adopted the first concern must be what is best for them. The same rules should apply whether the children are adopted in the country where they were born or taken to live in another country.

Article 22

Children who come into a country as refugees should have the same rights as children born in that country.

Article 23

Children who have any kind of disability should have special care and support so that they can lead full and independent lives.

Article 24

Children have the right to good quality health care and to clean water, nutritious food and a clean environment so that they will stay healthy. Rich countries should help poorer countries achieve this.

Article 25

Children who are looked after by their local authority rather than their parents should have their situation reviewed regularly.

Article 26

The Government should provide extra money for the children of families in need.

Article 27

Children have a right to a standard of living that is good enough to meet their physical and mental needs. The Government should help families who cannot afford to provide this.

Article 28

Children have a right to an education. Discipline in schools should respect children's human dignity. Primary education should be free. Wealthy countries should help poorer countries achieve this.

Article 29

Education should develop each child's personality and talents to the full. It should encourage children to respect their parents, and their own and other cultures.

Article 30

Children have a right to learn and use the language and customs of their families, whether these are shared by the majority of people in the country or not.

Article 31

All children have a right to relax and play, and to join in a wide range of activities.

Article 32

The Government should protect children from work that is dangerous or might harm their health or their education.

Article 33

The Government should provide ways of protecting children from dangerous drugs.

Article 34

The Government should protect children from sexual abuse.

Article 35

The Government should make sure that children are not abducted or sold.

Article 36

Children should be protected from any activities that could harm their development.

Article 37

Children who break the law should not be treated cruelly. They should not be put in prison with adults and should be able to keep in contact with their families.

Article 38

Governments should not allow children under 15 to join the army. Children in war zones should receive special protection.

Article 39

Children who have been neglected or abused should receive special help to restore their self respect.

Article 40

Children who are accused of breaking the law should receive legal help. Prison sentences for children should only be used for the most serious offences.

Article 41

If the laws of a particular country protect children better than the articles of the Convention, then those laws should stay.

Article 42

The Government should make the Convention known to all parents and children.

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Children's Rights Impact Assessment (CRIA) Template

Title / Piece of work:	Children and Families Delivery Grant
Related SF / LF number (if applicable)	SF-JC0456-14 Replacement for the Children and Families Organisation Grant: Children and Family Delivery Grant
Name of Official:	Robert Edwards
Department:	Children Young People and Families Division.
Date:	24 March 2014
Signature:	

Please complete the CRIA and retain it for your records on iShare. You may be asked to provide this document at a later stage to evidence that you have complied with the duty to have due regard to children's rights e.g. Freedom of Information access requests, monitoring purposes or to inform reporting to the NAFW.

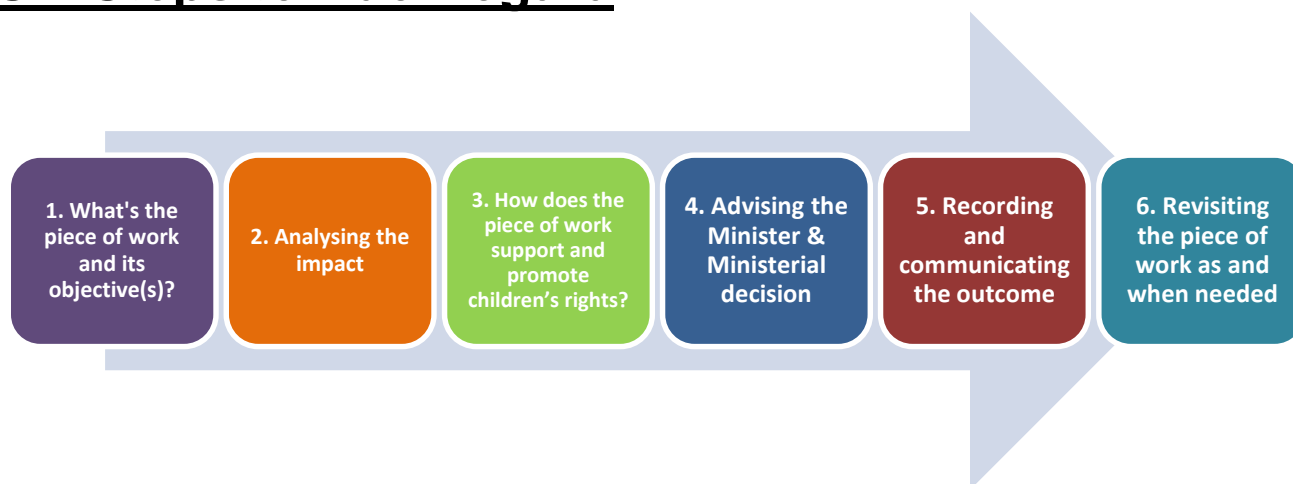
Upon completion you should also forward a copy of the CRIA to the Measure Implementation Team for monitoring purposes using the dedicated mailbox CRIA@wales.gsi.gov.uk

If officials are not sure about whether to complete a CRIA, they should err on the side of caution and seek advice from the Measure Implementation Team by forwarding any questions to our mailbox CRIA@wales.gsi.gov.uk

You may wish to cross-reference with other Impact Assessments undertaken.

NB. All CRIAs undertaken on legislation must be published. All non-legislative CRIAs will be listed on the WG website and must be made available upon request. Ministers are however, encouraged to publish all completed CRIAs.

Six Steps to Due Regard



Step 1. What's the piece of work and its objective(s)?

The Children and Families Delivery Grant (CFDG) will replace the current Children and Family Organisation Grant (CFOG).

An independent review in 2011 of the CFOG Family Support and Childcare and Play strands considered that too many organisations were funded through the grant. The report also considered that monitoring arrangements by the Welsh Government were weak and relationships insufficiently dynamic. Following further consultation with stakeholders a decision was reached to move to a more delivery focussed funding model.

The grant, to Third Sector organisations, will be to drive outcomes in five specific priority areas that complement and add value to the Welsh Government's Family Support agenda. The grant will support families in practical, measurable ways, with a strong emphasis on outcomes that will directly impact on children through its focus on participation and engagement, childcare, policy and play.

The CFDG will commence 1 October 2014 and run for 36 months. Funding will be £2.8 million per 12- month period. The intention is to award 5 grants to address each of the following 5 stated priorities:

- Families across Wales can access affordable, quality **childcare**;
- Increased opportunities for children in Wales to **play**;
- Families are **informed** about financial and other practical support that builds resilience;
- 'Seldom heard' families are **engaged** and access programmes, support and services; and
- Policy and strategic development in relation to Children, Young People and Families is supported and systemic opportunities for Children and Young People to participate in decisions that affect them and have their **voices heard** is increased.

Step 2. Analysing the impact

The Children and Families Delivery Grant is specifically about better outcomes for children, young people and their families. It is about ensuring delivery on the ground that will be seen and felt. The Minister is clear that all grant activity must be able to evidence that its delivery is making a positive difference to those it intends to affect.

Each application for funding will include a section which outlines the arrangements for monitoring and reporting within the project. The Welsh Government is recommending a Results Based Accountability approach to this activity. Applicants will be expected to outline how they intend to monitor progress of the project and respond to unexpected problems, provide details of milestones and timescales and project tolerances. As part of this requirement applicants will be required to state how they will measure the achievements of the project. They will be required to include details of proposed surveys and research activities and whether or not they will be carried out by independent assessors.

Successful applicants will be expected to submit a quarterly grant claim form which will include a requirement to report progress against agreed outputs. Annual progress reports will also be required.

At project end applicants will be required to evaluate the actual impact and outcomes of their project in accordance with the methodology outlined in their application. This will include the requirement to submit an evaluation report to the Welsh Government within 6 months of the end of the project.

The collaborative approach that this grant encourages is intended to provide children, young people and families with a more coherent service through organisations working together move from focussing on services and process to focussing on delivery.

Step 3. How does your piece of work support and promote children's rights?

Every priority area of this grant is intended to further children's rights. The grant focusses on making rights a reality for many children, young people and families. The range of activities which could be covered by the grant is potentially wide. Successful applications could include projects which range from the provision of high level over arching services to the sector as whole to on the ground delivery of services directly to children and their families.

The Grant focusses on supporting the following UNCRC Articles/themes:

Article 3. The success of the programme will be monitored closely and evaluated with a primary focus being the best interests of children and young people. The measurement of Outcomes and impact is an integral part of the grant programme.

Article 5. Provide Parenting activities so parents learn how to bring their children up in a structured and supportive environment.

Article 6. The programme will potentially support Health Visitor activities with the flying Start programme. This will increase the likely hood of children surviving through the identification of domestic risk and help ensure they grow up healthy.

Article 12. Provide child advocacy services to ensure children's voices are heard.

Article 18. Support programmes that help both parents have input into the development of their children, Whether the parents are together or living separately.

Article 24. Increased Health care through support for the Flying Start enhanced health visitor service.

Article 26. The primary aim of the programme is to tackle poverty using an early intervention model wherever possible. £8.4million is being made available across a 36 month period to support the aims of the grant.

Article 29. Language and Play are essential components of divisional activities. The new grant can provide additional support in this area. Early interventions allow the child to develop both in terms of their personality and linguistic abilities making them more sociable and amenable to engaging more closely with the education system.

Article 31. Play activities are eligible for funding under the CFDG .

Priority area 5 is specifically intended to attract proposals that increase and realise opportunities for children and young people in Wales to have their voices heard (article 12). The following eligible activity was identified in the application guidance:

- enabling children and young people to have a voice in the workings and developments of the Welsh Government;
- the collective voices of children and young people from local forums are heard nationally by Ministers;
- ensuring that children and young people, and those who work with them, are aware of children's right to participation as set out in the UNCRC; and
- promotion of meaningful and effective participation through the sharing of good practice.

The range of activities which could be covered by the grant is potentially wide. Successful applications could include projects which range from the provision of high level over arching services to the sector as whole to on the ground delivery of services directly to children and their families.

Step 4. Advising the Minister and Ministerial decision

Ministerial advice was provided under submission:

SF-JC0456-14 Replacement for the Children and Family Organisation Grant. - Children and Family Delivery Grant

The Minister has approved the recommendation of the submission.

Step 5. Recording and communicating the outcome

Final version to be retained on i-share

Documentation relating to the development of the grant can be found on iShare under reference: zA745098.

Step 6. Revisiting the piece of work as and when needed

The grant commences October 2014 following a grant assessment panel in June 2014. Reviews of the programme will take place on an annual basis and reviews of project progress on a quarterly basis. Each successful applicant will be assigned an account manager to monitor progress.

Budgets

As a result of completing the CRIA, has there been any impact on budgets?

It is important that where any changes are made to spending plans, including where additional allocations have been made, that this has been assessed and evidenced as part of the CRIA process.

Yes

Please give any details:

Tackling Poverty Budgets are expected to increase over the 3 year life span of the new grant. There will however be some adjustment of priorities within the main funding Programmes to accommodate changing priorities. The CFDG budget will be similar to the current CFOG grant which it replaces with an annual budget of approx. £2.8m available to support the funded projects.

Monitoring & Review

Do we need to monitor / review the proposal?

No

If applicable: set the review date

**See next page for a
Summary List of the
UNCRC articles**

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Agenda Item 3

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

Document is Restricted

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Document is Restricted

Cynulliad Cenedlaethol Cymru | National Assembly for Wales

Y Pwyllgor Plant, Pobl Ifanc ac Addysg | Children, Young People and Education Committee

Ymchwiliad i Gwella Iechyd Emosiynol ac Iechyd Meddwl Plant a Phobl Ifanc | Inquiry into The Emotional and Mental Health of Children and Young People EMH 47

Ymateb gan: Y Rhaglen Law yn Llaw dros Blant a Phobl Ifanc

Response from: Together for Children and Young People programme

Introduction

1. The Together for Children and Young People (T4CYP) Programme was launched in February 2015 following Welsh Government designating children and young people's emotional and mental health a priority. With cross cabinet commitment, this multiagency service improvement programme aims to work at pace to consider ways to reshape, remodel and refocus the emotional and mental health services provided for children and young people in Wales.
2. Professor Dame Sue Bailey, OBE, DBE, then Chair of the Academy of Medical Royal Colleges, member of the Children and Young People's Mental Health taskforce in England and Consultant Child Psychiatrist was appointed by Welsh Government to provide external advice and scrutiny to the programme, supported by the Expert Reference Group with a broad membership. Carol Shillabeer, Chief Executive of Powys Teaching Health Board and Chair of the specialist CAMHS and Eating Disorder network in Wales is the Chair of the programme. The key focus of the Programme is
 - a. *Resilience, well-being and early years*: to consider issues of building early years resilience in children and young people
 - b. *Early intervention and enhanced support*: to consider the concept of early intervention for a broad audience and explore its application in supporting young people's mental health
 - c. *Addressing the needs of those with neurodevelopmental issues*: to consider how best to meet the needs of those with neurodevelopmental issues in a timely and effective manner, with appropriate input from specialist CAMHS.
 - d. *Specialist CAMHS*: starting with a baseline audit of provision, this work stream will develop a delivery and quality framework based on achieving consistent and improved outcomes across Wales.In addition there are 3 cross cutting themes:
 - e. Workforce, education and training
 - f. Care Transitions
 - g. Health Needs Assessment and evidence review
3. Importantly, during the life of the T4CYP Programme a number of other strategic policy opportunities have developed, including the Cymru Well

Wales Programme with a focus on ACEs (Adverse Childhood Experiences), the Curriculum Development led by WG Education Department and the establishment of Regional Partnership Boards with a focus on integrated care for children with complex needs. The T4CYP Programme has engaged with these and shares some membership of working groups in order to provide strong connection.

4. The T4CYP programme welcomes the Committee's further inquiry into this important area and in recognising the Committee's request for a 5 page limit for submissions seeks to address specifically the terms of reference. The T4CYP Programme would, however, be pleased to provide additional written or oral evidence at the Committee's request.

Specialist CAMHS

5. The T4CYP Programme has worked closely with the Specialist CAMHS Network on this area of service improvement. At the start of the Programme, information on service provision was poor within and across health boards. Performance information was of questionable quality meaning that the emphasis was often on challenging the data validity rather than on using this as a driver for service improvement. Key progress has been made in the following areas:
 - a. Undertaking a Baseline Variations and Opportunities audit (BVO). This was the first comprehensive assessment of sCAMHS across Wales drawing out variations and opportunities for improvement.
 - b. Securing the commitment from all health boards in the annual National CAMHS Benchmarking exercise. This means that we are comparing practice not only across Wales but across the UK.
 - c. Requiring health boards to produce an Annual Progress Statement
6. The single biggest change in this area is felt to be the transformation in approach by leaders in the service to one of collaboration and collective leadership. At the start of the programme, approaches across Wales were diverse and there was tension across health boards. The cultural change that has occurred over the last 2 years or so, more than any other factor, has driven the improvements to date. The progress made has been achieved through:
 - a. Facilitating a network of CAMHS lead professionals across Wales. This has included problem solving, sharing good practice and learning together. This particular approach has led to tangible benefits in relationships with the inpatient facility in South Wales with improved admission, discharge and follow up for young people. Furthermore, there has been a key focus on improving the equity of provision between North and South Wales through the adoption of good practice.
 - b. Developing a formal community of practice to underpin our work on neurodevelopmental services.

- c. Bringing together the CAMHS and Adult mental health clinicians in the national Mental Health leaders Group. This has resulted in greater understanding of each others perspectives and approaches.
7. It is important to draw attention to an early decision of the Programme to specifically focus on the care of young people and families with neurodevelopmental issues. It was clear at the start of the programme that access and support for young people and families was particularly difficult, with some areas offering little or no service at all. In some instances families were waiting years to access assessment and support. The neurodevelopmental work has been led by a highly credible and motivated clinician and significant progress has been made. There is however some way to go in embedding new ways of working and fully realising the benefits. Key progress has been made in the following areas:
- a. There has been considerable success in 'getting people around the table' through the development of a Community of Practice. Every part of Wales is involved and although led by the NHS this is a multiagency community. The Community of Practice model has been successful in other areas and is proving to be a good model to promote change in neurodevelopmental services.
 - b. The use of evidence produced for example by NICE (National Institute for Health and Care Excellence) has led to a nationally agreed Pathway for Wales.
 - c. The visibility of the work has enabled progress to be made, however more work is needed to fully interface with the Integrated Autism Service.
 - d. The neurodevelopment teams that have been established with the investment made by Welsh Government have proved to be the nucleus for the improvement. Whilst there is more work to do to fully embed the new service, the teams are providing a real focus for service improvement.
8. In addressing the specific questions posed by the Committee:
- a. Waiting Times: There has been a significant reduction in waiting times for young people accessing specialist CAMHS. Furthermore the change of the waiting times standard by Welsh Government to 28 days has largely been met, although there remains some challenge in maintaining full compliance. This significant improvement has been delivered through new practices, increased investment and a more collaborative and innovate approach to service provision.
 - b. Variations in Practice (equity of access): The Baseline Variations and Opportunities audit has provided lead clinicians and managers with feedback for improvement. Increasingly single points of access and alternative ways of accessing consultation and advice are being developed. Specifically, reviewing the role of contribution of primary mental health workers/teams will be a further opportunity

to enhance access. Largely all health boards are able to offer assessment within 28 days of referral or where clinically urgent within 48 hours.

- c. Over-referral: Specialist CAMHS service recognise that referrals, even where they do not meet the criteria for specialist CAMHS, require a response and where appropriate consultation, advice and signposting. Increasingly services are implementing a more significant offer to referrers of advice and proactive consultation. The recently announced pilot project offering in-reach of CAMHS professionals into schools is one such example. Another example is a 'pre-referral conversation' service seeking to offer immediate advice and potentially reducing referral rates.
- d. Out of hours/crisis services: A major step forward was the development across Wales of Community Intensive Teams (also known by other names). Each team offers out of hours assessment and intensive support leading to improvement in access and reducing the need for A & E attendances or avoidable inpatient admissions.
- e. In-patient capacity: There is largely sufficient capacity. There are some young people whose presentation means they will require particularly specialist care that cannot at this stage be provided in Wales, although these numbers are low. Specific work was undertaken to develop and implement a Commissioning Framework for services secured outside of Wales to ensure a high quality and effective services for young people with particular needs. The Programme is aware however that (social care) residential placements for children without a specific mental health diagnosis is an area of concern for social services in Wales and it is expected that further focus will take place on this issue with Welsh Government.

Funding

9. Welsh Government has made a significant investment of over £7.6M into young people's emotional and mental health in Wales. This investment has significantly supported the progress that has been made. It is important to stress that the exact amount of expenditure on services for children and young people is difficult to calculate dependent on scope. For example, presentations in primary care may not be easy to extract to be included in the health boards calculations. Individual health boards will provide the detail of current expenditure.
10. There has been an increase in the availability of psychological therapies in Wales; however there is more work to do in this area. Although fully embedding the new models of care will take some time, important steps have already been taken in introducing new therapies. All health boards have a Psychological Therapies Committee driving this

work forward. The impact on medication prescribing is yet to be determined, with potential for a further commissioned study to understand this in due course.

11. There is further work underway currently to review the role and capacity of the Primary Mental Health Support service for children given the changing models of care and the introduction of service elements such as Crisis Intervention Teams, Consultation and Liaison services and the new pilot of in-reach into schools for example.
12. The additional funding put into the service has provided an opportunity to strengthen the core services that can respond to all children including those who are in care or are in the youth justice system for example. The Programme itself looks to enhance multiagency working and although good progress has been made, there is further work to support local mental health and regional partnerships in this regard. Good progress has been made in relation to the Crisis Care Concordat with the aim of never having children with a mental health issues being held in custody.
13. There has been a specific focus on the pathways for young people with early onset psychosis. Under the Framework for Improvement approach the pathway for psychosis has been developed. This should enable a consistent approach to early intervention and support. A review of progress of implementation and impact is planned.

Transition to Adult Services

14. There are policies in place across Wales to support successful transition between children and adults services. The consistent application of these policies will be subject to ongoing audit and review. The programme looks to focus on care transitions not only between children's and adults services but between different components of children's services.

Links with Education

15. There is a unique partnership developing between education and health in regard to the emotional and mental health of children and young people. The recent announcement of the joint commitment of the Cabinet Secretaries for Education and Health, Wellbeing and Sport indicates the way in which the sectors are working together to enable a greater focus on emotional and mental health in schools. An in-reach CAMHS service should provide teachers with a greater level of support and advice, and enable children and young people to access support at an earlier stage. This pilot project will compliment the school counselling service in place.
16. The Programme supports the development of the new education curriculum and particularly welcomes the focus on health and wellbeing. There have been calls for a greater alignment and potential integration

between the resilience and early intervention work stream of the programme and the Education Curriculum. Further discussion with Welsh Government officials will need to take place in this regard. Any further development already builds on the positive steps taken in regard to School Nursing.

17. School counselling services appear to be well regarded. There is however in some areas a growing demand for such services and capacity is becoming a key issue. Innovative approaches such as internet counselling blended with face to face approaches are in use in some areas of Wales. This could provide opportunity for further roll out.

Summary

From the starting point in 2014/15, it is felt that considerable progress can be evidenced. Embedding these improvements through local arrangements such as Regional Partnership Boards and Mental Health partnerships is critical. Furthermore, maximising the growing relationship with education is key in developing emotionally healthy community schools.

Agenda Item 4

Cynulliad Cenedlaethol Cymru | National Assembly for Wales
Y Pwyllgor Plant, Pobl Ifanc ac Addysg | Children, Young People and Education Committee
Ymchwiliad i Gwella Iechyd Emosiynol ac Iechyd Meddwl Plant a Phobl Ifanc | Inquiry
into The Emotional and Mental Health of Children and Young People
EMH 29

Ymateb gan: Comisiynydd Plant Cymru

Response from: Children's Commissioner for Wales

Date / Dyddiad: 29th September 2017

Subject / Pwnc: National Assembly for Wales' Children, Young People and Education Committee: Inquiry into the emotional and mental health of children and young people in Wales

Background information about the Children's Commissioner for Wales

The Children's Commissioner for Wales is an independent children's rights institution established in 2001. The Commissioner's principal aim is to safeguard and promote the rights and welfare of children. In exercising their functions, the Commissioner must have regard to the United Nations Convention on the Rights of the Child (UNCRC). The Commissioner's remit covers all areas of the devolved powers of the National Assembly for Wales insofar as they affect children's rights and welfare.

The UNCRC is an international human rights treaty that applies to all children and young people up to the age of 18. It is the most widely ratified international human rights instrument and gives children and young people a wide range of civil, political, economic, social and cultural rights which State Parties to the Convention are expected to implement. In 2004, the Welsh Government adopted the UNCRC as the basis of all policy making for children and young people and in 2011, the National Assembly for Wales passed the Rights of Children and Young Persons (Wales) Measure, which places a duty on Welsh Ministers, in exercising their functions, to have 'due regard' to the UNCRC.

This response is not confidential.

Key messages:

1. It is hard to believe that almost three years have passed since the Children, Young People and Education (CYPE) Committee produced their comprehensive Report on the state of Child and Adolescent Mental Health Services (CAMHS) in Wales in November 2014¹. It is harder still to believe that despite many improvements as a result of the Together for Children and Young People (T4CYP) Programme², mental health and the emotional well-being of children and young people continues to be the area that children and young people and the adults who care for them feel should be a priority for me, as Children's Commissioner for Wales.
2. Given the breadth and depth of concerns raised by children and young people, as well as those who work with and care for them in the mental health and emotional well-being sphere back in 2014, it was and continues to be unrealistic to achieve major progress on every issue needing improvement. However, I do believe that we are in a better position at present, on many issues, particularly waiting times for CAMHS assessments, than we would have been had the T4CYP Programme ('the Programme' hereafter) not been established. There continues to be a long way to go but I must take this opportunity to acknowledge the improvements made to date.
3. Some progress has been made on improving access to specialist CAMHS for children, with ambitious waiting time targets now in place, although sustained investment and focus will be needed to ensure that children are receiving mental health support and treatment they need, when and where they need it. A discussion on opportunities to maintain progress is needed, alongside how feedback from children and young people themselves can also contribute to service evaluation and development.
4. Whilst annual expenditure on CAMHS as a percentage of the overall mental health budget remains low, I have seen the impact of the additional funding made available in recent years.
5. The availability of psychological therapies for children and young people remains an issue and should be prioritised by the Programme.
6. Work continues to take place to reform how mental health services for children are structured and delivered through the Programme, and alongside this a wholesale reform of the curriculum in Wales. I would like to see greater alignment of these two pieces of work as a matter of urgency.
7. What I now feel the Programme must address as a priority is its longevity and the need to embed progress and ensure its continuation and development beyond any restrictive funding timescales. Whilst I have actively sought assurances on this particular issue and am aware that there is currently scope to extend the lifetime of the Programme, I remain concerned that these proposed plans have not been communicated widely or consulted upon. There is an opportunity here to consider children and young people, as well as other key professionals' contribution to an evaluation of approach to date and the outstanding issues in need of addressing.

¹ <http://senedd.assembly.wales/documents/s34408/Report%20November%202014.pdf>

² <http://www.goodpractice.wales/SharedFiles/Download.aspx?pageid=185&mid=326&fileid=306>

8. My recently published guide “The Right Way”³ gives examples of how a children’s rights approach to public services can be embedded into all areas of policy, decision making and practice to ensure positive outcomes for children. I am now hoping to work with partners in CAMHS and the wider health service to achieve this.

9. Whilst I have been kept abreast of developments in relation to the involvement of children and young people within the scope of the Programme, I remain concerned that this continues to be an issue in need of addressing.

Specialist CAMHS:

It must be acknowledged that there has been significant improvement in this area of concern since the establishment of the Programme and investment by the Welsh Government. I am pleased to see that work to ensure children and young people do not experience lengthy delays in accessing an assessment of their mental health needs has been prioritised. I understand that targets have been set for specialist CAMHS by Welsh Government and communicated with all Local Health Boards (LHBs) across Wales since April 2016. However, there appears to be discrepancy in progress reporting of late. The Programme Newsletter & Conference Report (August 2017) clearly states that “All health boards are now meeting the CAMHS waiting time targets of urgent assessments undertaken within 48 hours, routine assessments within 28 days and the neurodevelopmental (ND) target of assessments within 26 weeks” (2017:9). However, I am aware that achievements remain fragile locally and that the most recent data available via StatsWales⁴, describes a situation whereby the total number of children and young people across Wales waiting no more than 4 weeks is 46.7%. The forthcoming responses from each LHB to the Committee’s Inquiry provides us with an opportunity to draw out the true picture across Wales and discuss the opportunities to drive continuous improvement here for children and young people.

The Committee’s Inquiry should also provide us with an opportunity to further interrogate the data to ensure that any picture of success doesn’t disguise a context whereby thresholds have increased or that delays have shifted from assessment to treatment. In relation to the 26 week neurodevelopmental target reporting, I understand that there has been ongoing work to ensure this develops. However, I continue to receive calls from parents and professionals concerned that children and young people with often complex needs, including neurodevelopmental, continue to be placed on lengthy waiting lists for assessment. Whilst I acknowledge progress in this area, as with the other targets now set for implementation, Welsh Government and local partners will need to ensure that they monitor and review achievements and address any outstanding issues preventing the change required in this respect for children and young people.

In relation to evaluating equitable access to CAMHS across Wales, the NHS Wales Child & Adolescent Mental Health Services Report on Baseline Variation & Opportunities Audit⁵ should be a valuable source of intelligence. This data was the first of its kind in Wales and a very welcomed development. Whilst further work around audit could provide an

³ <https://www.childcomwales.org.uk/wp-content/uploads/2017/04/The-Right-Way.pdf>

⁴ <https://statswales.gov.wales/Catalogue/Health-and-Social-Care/NHS-Hospital-Waiting-Times/Inpatient-and-Outpatient-Waiting-Times-for-Non-RTT-Specialties/waitingtimes-by-specialty-patienttype>

⁵ <http://www.goodpractice.wales/SharedFiles/Download.aspx?pageid=185&mid=326&fileid=650>

opportunity to better reflect the rights of children and young people to good health and healthcare⁶, I must acknowledge progress here as we are now gathering more information on CAMHS provision than prior to the Programme. We must however, not become complacent and ensure that momentum continues through the NHS Benchmarking annual audits and that such data continues to be captured and used to inform service development through demonstrating quantitative improvements and areas in need of attention. Transparency and communication are also key components to consider here, alongside the role that direct involvement and qualitative feedback from children and young people can play in informing results.

I am aware that there has been development of local crisis intervention teams across Wales, as a result of the Welsh Government's wider financial investment in CAMHS in 2015. I am also aware of the Pathway Development Plan for Crisis Care Services, as a result of the Programme's SCAMHS Framework for Improvement⁷. However, I am unaware of the current level of implementation. The evaluation and review of these developments must be addressed as I continue to hear of young people presenting in crisis and their needs not being met sufficiently. Children and young people are referred to within the Mental Health Crisis Care Concordat⁸, published in 2015, to ensure they too feel supported and protected at times of particular crisis and have access to appropriate crisis care. Within my work with the other UK Children's Commissioners in reporting to the UN Committee on the Rights of the Child in relation to their examination of the fifth periodic report⁹, we reported the need for age appropriate 24hour community based services to replace the use of police cells. However, there should also be careful consideration afforded to the potential risk that a decline in the use of police cells could result in an increase in the use of adult mental health wards, a situation which should only occur in exceptional circumstances only. The current evaluation of the Concordat, undertaken by Bangor University, could be an opportunity to reflect these wider issues within any final report to Welsh Government.

Funding:

NHS expenditure on mental health problems in Wales continues to be the largest single programme budget in 2015-2016¹⁰. However, within this data, spend by the £million on CAMHS continues to be the lowest sub-category (ibid.). This was a finding highlighted by Pricewaterhouse Coopers (PWC) in their Review of the financial ring fencing arrangements for mental health services in Wales¹¹. This is despite the growing concerns that referrals to mental health services continue to increase rapidly. An update on the Welsh Government's progress in continued response to this review and how far the Programme can evidence any issue of resourcing could prove an interesting consideration as part of the Committee's

⁶ <http://www.ohchr.org/EN/ProfessionalInterest/Pages/CRC.aspx> Article 24.

⁷ <http://www.goodpractice.wales/SharedFiles/Download.aspx?pageid=185&mid=326&fileid=652>

⁸ <http://gov.wales/topics/health/publications/health/reports/concordat/?lang=en>

⁹ <https://www.childcomwales.org.uk/wp-content/uploads/2016/04/Report-of-the-UK-CCs-UNCRC-Examination-of-the-Fifth-Periodic-Report.pdf>

¹⁰ <http://gov.wales/docs/statistics/2016/160511-nhs-expenditure-programme-budgets-2014-15-en.pdf>

¹¹ <http://gov.wales/docs/dhss/publications/150824reporten.pdf>

Inquiry. I understand that the All Wales SCAMHS and Eating Disorders Network Steering Group (SCAMHSED) have recently established a SCAMHS Data Set to pilot across Wales. This is a welcomed development but I do not believe it currently captures (or was intended to capture) data on expenditure.

With regard to Welsh Government's announcement in May 2015 that extra funding would be made available to mental health services, including CAMHS, I was pleased to see the particular inclusion of extra funding for the provision of psychological therapies across Wales. Whilst I'm aware that each LHB will have spent varying amounts on the development of such, this should have allowed for some focused identification of the need to address this shortfall. An update on the current level of provision from LHBs across Wales as part of the Committee's Inquiry will be much needed as I continue to hear from children, young people and their families of a lack of therapeutic provision locally. Given the limited availability of psychological therapies, I am concerned that LHBs may not necessarily be in a position to comply with the current National Institute for Health and Care Excellence (NICE) clinical guidance on 'Depression in children and young people: identification and management'¹² which states that antidepressant medication should not be offered without "a concurrent psychological therapy" (2015:23). As I have raised before, it continues to be the case that Welsh Government policy implementation guidance on psychological therapies makes no reference to children or young people¹³. Further work in relation to adults only was developed as part of Matrics Cymru in June 2016¹⁴ and whilst I am aware that consideration was given to children and young people, and that these interventions were likely to be different, I cannot report much knowledge of progress in this regard. Given developments to date with Matrics Cymru and also the learning to be had from the Improving Access to Psychological Therapies initiative in England¹⁵, which includes children and young people, I consider this to be an issue that the Programme should prioritise in its final stages.

Transition to Adult Services:

Transition to adulthood continues to be a priority area for me, including the issues young people face whilst transitioning between CAMHS and Adult mental health services. I continue to hear from children, young people and their families that transition planning has not sufficiently met their needs, or indeed has not taken place and that they continue to face a complete 'cliff edge'. Poor service transition can often lead to disengagement, despite continued need. This risks impacting further on their health and wellbeing and also many other aspects of their lives. Whilst I understand that the Programme has developed a distinct 'good transition' guidance document¹⁶ and a Young Person's Transition Passport¹⁷ earlier this year, it is important now to ensure that this progress makes a real difference for young people and that they

¹² <https://www.nice.org.uk/guidance/CG28/chapter/1-Recommendations#care-of-all-children-and-young-people-with-depression>

¹³ <http://www.repsych.ac.uk/pdf/Psychological%20Therapies%20in%20Wales.pdf>

¹⁴ <http://www.1000livesplus.wales.nhs.uk/opendoc/295511>

¹⁵ <https://www.england.nhs.uk/mental-health/cyp/iapt/>

¹⁶ <http://www.goodpractice.wales/SharedFiles/Download.aspx?pageid=185&mid=326&fileid=751>

¹⁷ <http://www.goodpractice.wales/SharedFiles/Download.aspx?pageid=185&mid=326&fileid=752>

form part of the review and monitoring process outlined. I will continue to keep abreast of developments, including the expectation that LHBs:

“...keep transition arrangements under review as detailed in section 2 to ensure they remain fit for purpose. Following adoption Welsh Government will undertake a review of these arrangements within two years to ensure consistency of application across Wales and that arrangements are meeting the transition needs of service users”. (2017:4).

Links with Education (emotional intelligence and healthy coping mechanisms):

It is imperative that curriculum reform in Wales, particularly the Health and Wellbeing Area of Learning and Experience, is planned and delivered together with the Programme. I have for some time now been highlighting the urgency in aligning these initiatives so that joint work can develop a collective vision for schools’ roles in preventing mental ill health and intervening early. I remain hopeful that my most recent communication should enable colleagues working in both Programmes to focus on improving this under-developed area. This also raises concerns that at Welsh Government level, there is further work to achieve in ensuring that policy and service developments for children and young people across all portfolio areas are sufficiently and effectively joined up. I recently published “Sam’s Story”¹⁸, a report on a project involving children and young people within my school and community based Ambassador schemes, who were asked to express their feelings and experiences of bullying through an imaginary character called ‘Sam’. Within the report, I included a specific priority for improvement by the Welsh Government to ensure that through developing joint working between both the Together for Children and Young People and the Curriculum Reform Programmes, we could achieve the necessary plans and pathways for prevention, early help and support for children and young people in educational settings (2017:28). This work would help ensure that the promotion of strength and resilience within pupils, as well as access to psychological therapies when needed, could be better achieved.

I have warmly welcomed the recently announced £1.4m investment to develop the support available to schools by specialist CAMHS¹⁹. However, this must be complimented by further, whole-school approaches to raising awareness of mental health and implementing prevention and early intervention measures for pupils. I am aware of some excellent examples of work in schools, including the benefits of introducing mindfulness²⁰ and tackling issues of stigma and discrimination²¹. Acknowledgement must also be made of the work of counsellors for school-aged children and young people. Given the importance their contribution can make and the collaboration needed between them and CAMHS to ensure timely access to treatment, an update on progress in implementing the Welsh Government’s 2016 guidance would be useful²².

¹⁸ <https://www.childcomwales.org.uk/sams-story/>

¹⁹ <http://gov.wales/newsroom/health-and-social-services/2017/specialist/?lang=en>

²⁰ <https://mindfulnessinschools.org/>

²¹ <http://www.timetochangewales.org.uk/en/get-involved/become-champion/>

²² <http://gov.wales/docs/dcells/publications/161129-guidance-collaborative-working-between-camhs-counselling-service-en.pdf>

With these developments in mind, I have recently highlighted my concerns at a lack of communication on the longevity of the Programme with the Programme Director, and as a member of its External Reference Group. I have had a positive response to my concerns but am yet to receive formal confirmation that plans are in place to address this. I also understand that the Cabinet Secretary for Health, Well-being and Sport has responded to the Chair of the Committee's recent letter (dated 8 September 2017)²³ requesting clarification on its end date and whilst I have had no sight of this, my team has been informed by Welsh Government officials that an extension has been agreed. It is my view that whilst there are risks associated with a Programme which continues indefinitely, likewise, placing arbitrary deadlines would not be reflective of its original aims and objectives²⁴. It must now focus on ensuring that progress to date is fully embedded and sustained locally, as well as addressing the remaining issues. It would be at this point, that any discussions on its formal ending should take place.

Submitted by:



Professor Sally Holland

Children's Commissioner for Wales

²³ <http://senedd.assembly.wales/documents/s65968/CYPE5-24-17%20-%20Paper%2022%20-%20to%20note.pdf>

²⁴ <http://www.goodpractice.wales/SharedFiles/Download.aspx?pageid=185&mid=326&fileid=306>

Ein cyf/Our ref MA(P)HID/3943/17

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

14 November 2017

Dear Lynne

Thank you for your letter of 24 October to the Cabinet Secretary for Communities and Children. I am responding in my capacity as the recently appointed Minister for Children and Social Services.

In your letter you ask a number of questions, in light of evidence provided to the Committee's by the Children's Commissioner for Wales. For ease of reference I have responded to each of your points in the order they are set out in your letter.

1. Children's Rights

- **The committee would welcome further clarification on whether your statement that there is 'no evidence' that a general due regard duty would have a positive impact on outcomes applies to the Welsh Government's own due regard duty under the Rights of the Children and Young Persons (Wales) Measure 2011**

The Welsh Government has clearly demonstrated its commitment to children's rights by embedding the UNCRC in legislation. Ministers must, therefore, already have due regard to children's rights when making their decisions. It is incumbent on us to have due regard from the beginning of the process of developing policy and legislation – it is not a one-off consideration or a tick-box exercise. I therefore expect officials, Cabinet colleagues and Ministers to exercise the duty with rigour and an open mind, making evidence based and informed decisions.

The placing of this duty on Welsh Ministers ensures that due regard to the UNCRC occurs at a strategic level and provides a framework for all decisions – including policy and legislation.

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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.

- **The impact of the due regard duty within the Social Services and Wellbeing (Wales) Act 2014**

This will be considered as part of the formal, independent evaluation of the Act. The scope of the evaluation is currently being considered by a stakeholder evaluation group which includes representatives from the children's sector. An evaluation plan will be published by the group before Christmas and the evaluation will commence in the autumn 2018 following a full OJEU procurement exercise. At this stage, therefore, it is too early to provide any comment on this specific issue, but officials can assure Committee that this will be considered as part of the formal evaluation of the Act.

- **The basis for the Welsh Government's current policy position on the due regard duty**

The current Welsh Government position is that placing a general due regard duty on frontline staff will not of itself ensure the desired outcome, rather it would just add to the administrative burden on frontline staff. The view of Welsh Government is that the most effective approach to achieving our common goal and desired outcome is to weave the rights of the child into the fabric of the legislation.

2. Child Rights Impact Assessments (CRIAs)

- **Outline your view on the influence that CRIA are having within the Welsh Government's current decision making and policy development**

The CRIA process has become embedded in the development of Welsh Government legislation, new policies and programmes. The CRIA ensures that children's and young people's rights are central when making decisions or developing policy. While the duty on Ministers is to have due regard to children's rights, rather than to complete a CRIA, the introduction of the CRIA process ensures consistency in practice across Government. Professor Simon Hoffman of the Wales Observatory on Human Rights of Children and Young People carried out an evaluation of the CRIA process in 2015, and recommended it should be streamlined. As a result we are working with key stakeholders to develop and pilot the use of a streamlined CRIA template. We are also considering whether there is scope to streamline all of our impact assessment processes, to ensure that the quality of impact assessments are improved and integrated with the substantive direction of the Wellbeing of Future Generations Act.

- **Will take a continued and active interest in CRIA through this Assembly and will seek formal dialogue with you following the publication of the Compliance Report under the Rights of the Children and Young Persons (Wales) Measure, due in January 2018**

I welcome the continued interest being shown in the CRIA process by the Committee.

3. Children's Commissioner for Wales

- **The Committee would be grateful if you could clarify whether you remain satisfied that the governing legislation for the Children's Commissioner for Wales is compliant with the Paris principles**

I am satisfied that the governing legislation for the Children's Commissioner for Wales is compliant with the Paris Principles. Whilst the Children's Commissioner for Wales is appointed by the First Minister and funded by the Welsh Government, her status as an independent human rights institution is fundamental to her operation and impartiality. The Commissioner determines her own work programme (in compliance with legislative obligations) and her work plan (including statutory reviews or examinations) and does not require any Ministerial approval. In addition the Assembly is able to scrutinise her work and hold her to account.

4. The UK's withdrawal from the EU: children and young people

- **Confirmation of whether, as part of the 'Securing Wales' Future' White Paper, a CRIA (usually published alongside legislative proposals) has been undertaken to underpin Welsh Government's approach to the Brexit process (and more information on it if so)**

A CRIA has not been undertaken as Securing Wales Future is not a formal policy document and is a Welsh Government call to the UK Government to adopt our positions. These positions are not policy commitments to be delivered on. I anticipate that some future work streams in preparation for Brexit negotiations and their outcomes might well require formal assessments which would include CRIAs.

- **an update on the workshops and online consultation to capture the views of children and young people on EU withdrawal**

It is vital that children and young people are given opportunities to make a meaningful input into shaping the Welsh Government's position on Brexit. My officials are looking at existing social research on this issue, which shows what children and young people are concerned about. I am aware of recent research undertaken by WISERD which suggests that some of our young people in Wales feel frustrated at not having had a say in the outcome of the EU Referendum. We are currently planning our own engagement process, including a series of focus group workshops with young people across Wales, so that we can truly understand children and young people's views on the matter.

- **an update on progress with the establishment of the promised advisory group of young people**

With regards to engagement with the European Advisory Group, my officials are currently finalising the mechanisms to enable children and young people to do so. I expect that the arrangements for the children and young people's advisory group will be finalised shortly.

5. Advocacy

- **The Committee would welcome confirmation of what role the Welsh Government is taking to monitor whether authorities have fully implemented the approach, which was targeted for June 2017 in the implementation plan to which you referred in evidence**

Advocacy is not a new provision for local authorities, it is their statutory duty. Welsh Government recognises the active offer is a new requirement which is why we have committed to provide the additional funding of up to £550k which includes covering the cost of the active offer. The new Advocacy Framework has been implemented across Wales since July.

The Welsh Government has continued to work with partners to ensure a collaborative approach to advocacy including with ADSS Cymru, WLGA and the wider Senior Leadership Group (SLG) for advocacy to drive implementation and monitor progress. The SLG is next due to meet on 16 November to review the national picture and ADSS Cymru will provide an update of the active offer and monitoring to date. Following this, responsibility for advocacy including monitoring will be placed under the Ministerial Advisory Group for Improving Outcomes for Children which will look wider than the national approach to consider health and education (ALN) advocacy services.

I hope you find this information helpful.

Yours sincerely



Huw Irranca-Davies AC/AM

Y Gweinidog Gofal Cymdeithasol a Phlant
Minister for Children and Social Care

Inquiry into the emotional and mental health of children and young people – summary of visits

November 2017

We launched our inquiry into the emotional and mental health of children and young people in Wales in summer 2017. To frame our scrutiny of the services and support available to children and young people, we split into two groups to undertake visits in north and south Wales on 28 September 2017. This paper provides a written summary of the information shared with us during those visits.

Where did we visit?

In north Wales we visited **Ysgol Pen y Bryn** in Colwyn Bay, a primary school that has been teaching mindfulness for the last seven years to improve the emotional wellbeing and resilience of its pupils. We also visited the **Nant y Bryniau Education Centre** within the **North Wales Adolescent Service (NWAS) Unit** in Abergele. NWAS provides residential intensive treatment for young people who has severe and complex mental health issues. Nant y Bryniau provides education and support for those admitted to NWAS and those receiving specialist support in the community.

In south Wales we visited **Hillside Secure Children's Home** in Neath. Hillside is the only secure children's home in Wales, providing accommodation for young people aged 12 to 17 years. We also visited **Tŷ Llidiard** in Bridgend which has 15 beds to care for young people from across mid, south and west



Wales who require specialist mental health support.

Why did we arrange visits?

The visits were arranged to enable us to speak directly with children and young people, teachers and health practitioners. We also wanted to ensure that the views and experiences of those directly affected by policy in this field could help inform our questioning of witnesses later in the scrutiny process and shape the conclusions we will draw and recommendations we will make to the Welsh Government.

Why did we choose the locations we chose?

As it would be difficult to ask primary school pupils (due to their young age) and those requiring specialist support (due to the extent of their support needs) to provide evidence in a formal setting or in writing, visiting the locations selected (a primary school and three specialist services) enabled us to gather evidence about areas we may otherwise have struggled to reach.

We would like to thank all those who enabled these visits to take place, but particularly those children and young people who shared their views and experiences so willingly and openly with us.

Ysgol Pen y Bryn, Colwyn Bay

We had the opportunity to meet with staff and pupils at the primary school, including the head teacher and a school governor. The purpose of the visit was to observe and discuss Ysgol Pen y Bryn's approach to emotional and mental wellbeing, particularly its work on mindfulness.

Developing emotional intelligence and healthy coping mechanisms

Ysgol Pen y Bryn is committed to developing the emotional intelligence and healthy coping mechanisms of its pupils aged 3 -11. One of the approaches it uses to do this is mindfulness.

Mindfulness is used to develop an ability to pay deliberate attention to experiences from moment to moment. Its aim is to enable someone to tune in to what is going on in their mind and body, day to day, without judging that experience. According to the Mental Health Foundation, mindfulness can enable people to change the way they think and feel about their experiences, especially stressful experiences, and it can increase an individual's ability to manage difficult situations and make wise choices.¹

Mindfulness-based approaches are typically taught through meditation skills which include bringing attention to the breath and the body when still and when moving.² A growing body of evidence has found that when people intentionally practise mindfulness on a regular basis they feel less stressed, anxious and depressed,³ and live with greater wellbeing, mental clarity and care for themselves and others.⁴

Mindfulness in a school setting

Ysgol Pen y Bryn became involved in mindfulness in 2010. Teachers developed their own practise before teaching the children. In 2011, two of the teachers along with an experienced mindfulness teacher and a neuroscientist started to develop, in collaboration with the **Mindfulness in Schools Project**, a mindfulness curriculum for key stage 2 (ages 7 – 11) called 'Paws B'. Ysgol Pen y Bryn teachers became trainers in the curriculum and have subsequently trained hundreds of teachers from around the world.

¹ Mental Health Foundation, **Be Mindful**, accessed October 2017

² UK All Party Parliamentary Group on Mindfulness (October 2015), **Mindful Nation UK**, accessed October 2017

³ Mental Health Foundation, **Be Mindful**, accessed October 2017

⁴ UK All Party Parliamentary Group on Mindfulness (October 2015), **Mindful Nation UK**, accessed October 2017

The curriculum introduces children to daily practices and shows children how mindfulness can be useful in their lives. It also explains what different parts of the brain do and how mindfulness can be beneficial to the development of the brain. Research undertaken on the '*Paws B*' curriculum show children have improved concentration, self-regulation and appropriate choices. Additionally, research has indicated improved wellbeing for the teachers teaching mindfulness.

Subsequently, the team that created '*Paws B*' developed a further curriculum - '*The Present*' - for ages 4 -11. This provides further practices, neuroscience and mindful activities across the curriculum. Research is underway currently to assess its impact.

It was emphasised that while mindfulness is practised throughout the school, it is a matter of choice and children do not have to practise it if they do not wish. It was also emphasised that mindfulness forms only one part of the school's wider approach and commitment to the pupils' emotional wellbeing and mental health.

Examples of teaching mindfulness

During our visit we observed and participated in mindfulness lessons with year 6, year 3 and year 2 classes. Exercises were tailored to each age group.

Year 2 (ages 6-7): On arrival year 2 pupils were busy playing on the school yard. The teacher employed mindfulness techniques to promote calm on their return to the classroom. Asking pupils to sit on the carpet at the front of the room, the teacher guided the children to "close their eyes" and "focus our minds on being back in the classroom - not in the playground". The subsequent exercises included 'mindful looking' as pupils faced partners, mirroring each other's movement in turn. They also did 'back to back breathing' in pairs which encouraged them to tune in to each other's breathing. Finally, they were invited to speak with their partners to discuss situations in which they may choose to use mindfulness.

Year 3 (ages 7-8): Pupils were invited to undertake an exercise with their eyes down or closed, counting how many normal breaths they take in a minute. During the exercise the teacher reminded them if their minds wandered, they could use their breath to return to concentration. At the end of the lesson, in response to the teacher asking "How did you feel?", one pupil said "It lifted my body up". The teacher's narrative was positive and inclusive throughout, encouraging pupils to congratulate themselves

on their mindfulness and reassuring them “there’s no right or wrong answer”.

Year 6 (ages 10-11): The teacher gathered the class and asked them to sit. She then asked them to close their eyes or look down and concentrate on feelings in their feet. She encouraged them to imagine putting a “spotlight torch” there, drawing it up to their calves, then knees, then thighs, considering the feeling of their hands being placed on their laps. The teacher commented regularly that it was fine if the young people were losing concentration or if their minds were wandering, asking them to try to bring themselves back if they could. Following the exercise, the teacher led the children in a discussion about the different parts of the brain, linking physical functions with various emotional reactions. Pupils discussed how, where and when they could use mindfulness, recognising which part of the brain would be shaping their behaviour. Pupils were then given a series of case study scenarios, and asked in groups to discuss how mindfulness might help them respond to such situations.

At the end of our visit we were invited to a roundtable discussion with the school’s ‘Mindfulness Ambassadors’. As year 5 and 6 pupils, they have been appointed to work with the teaching staff to develop new techniques and to run a ‘Mindfulness Club’ where they can help other pupils practise their mindfulness. As Ambassadors they also speak with younger year groups and tell them about mindfulness and how it can help.

During a discussion with the headmaster, a school governor and the school’s mindfulness lead, we were told of the importance of underpinning the introduction of mindfulness with the sufficient training and buy in of teachers, and robust analysis of its impact. It was noted that some of the challenges to its introduction included the availability of time and funding for staff training, and the misperception of mindfulness as a religious rather than secular discipline. When asked about the extent to which the school (as a leader in this field) had been involved in discussions about the new curriculum, particularly the wellbeing strand, they noted that they had not been approached for advice by either pioneer schools or Welsh Government. The school’s mindfulness lead was vice chair in the Health and Wellbeing Area of Learning Experience (AoLE) for a short period of time, but this was not specifically related to mindfulness.

What did the children at Ysgol Pen y Bryn tell us?

One pupil explained that their older sister (who was a year 6 Pen Y Bryn pupil at the time) taught them mindfulness when they were in year 2. **“I used to get really nervous all the time, and they said it will help to calm me down and I’ve been doing it ever since”**. The pupil also said that their sister still uses mindfulness in secondary school and they teach their parents to use it.

One pupil said **“I use petal practice (opening and closing your hand in time with your breathing, as if holding a petal in it)’ when I get worried about a test”**.

Others gave examples of when they use mindfulness and its benefits, including:

“It helps me when I’m worried”

“It calms me down- I use it outside school”

“Before going to sleep – breathing in and out”

The youngest children we spoke with – aged 6-7 – told us that they used mindfulness in the following situations:

“If someone falls and they are angry they can use it”

“You can use mindful breathing to calm you down”

“In class, when it’s noisy, you can use it to try to concentrate and focus”

“If you make a mistake in your work you can do mindful breathing”

“If you get told off!”

Nant y Bryniau Education Centre, NWAS, Abergele

During our visit we had an opportunity to meet with the teacher-in-charge of Nant-y-Bryniau Education Centre and her deputy. We also had an opportunity to meet briefly with members of the multi-disciplinary team within the North Wales Adolescent Service's in-patient unit, and some of the young people being treated and taught on site.

Background - North Wales Adolescent Service Inpatient Unit

Young people who have severe and complex mental health issues are admitted to NWAS for a period of residential intensive therapeutic treatment. The NWAS unit was opened in 2009 to provide a seven-day service. It was built with 18 beds (12 on a treatment ward and 6 on an acute ward) and an on-site school (Nant y Bryniau).

The unit provides support for young patients experiencing mental health problems such as severe eating disorders, mood disorders, self-harm issues, suicidality, psychosis and others. Staff explained that, in recent years, the successful establishment in north Wales of the specialist community CAMHS 'Kite' team, and more recently the Specialist Eating Disorder Team, has led to the unit receiving a higher proportion of in-patients whose health needs are more complex or who have been more resistant to treatment and support in the community. Kite also provides 'short admission intensive' treatment as a 'step up'/'step down' to/from - community services and the in-patient unit.

Nant y Bryniau Education Centre

During stays at the NWAS unit, young people attend the Nant y Bryniau Education Centre as part of their care. Nant y Bryniau is run by Conwy Local Education Authority on behalf of - and with funding from - all local authorities across north Wales. It is situated in a purpose-built facility adjacent to the NWAS inpatient ward.

As well as providing education and support to the young people who are admitted to NWAS, Nant y Bryniau also works with children from across north Wales who are receiving treatment via the intensive community support 'Kite' team and who are unable- due to a range of severe mental health conditions - to engage with full-time, mainstream education. They access Nant-y-Bryniau either by attending the unit or they are supported in their locality to liaise with their existing school or college.

Teaching resource and capacity

There are three full time qualified teachers at the Centre, all of whom previously worked in mainstream schools but developed an interest and expertise in teaching young people with mental health issues before joining the unit. To be able to react to fluctuations in the number of patients accessing the school, Nant y Bryniau uses supply teachers regularly. The staff noted that they have drawn on the same small pool of supply teachers for a number of years to ensure that they have fluid access to sufficiently expert and experienced, qualified staff. Staff noted that they felt adequately resourced in terms of qualified teachers, teaching assistants, and administrative support. They highlighted, however, that there was a disparity in provision between north and south Wales, reporting more limited education provision in the Bridgend unit.

Links between education and health

Staff at Nant y Bryniau told us that they work with those young people who have been admitted to the NWAS unit and their home school or college to provide a personalised learning plan to help pupils stay on track with their education for as long as they are in hospital. Clear efforts are made by the school to provide education in Welsh and/or English, subject to the pupil's preference. Teachers and teaching assistants at Nant y Bryniau work closely with staff in the home school to make sure that the young people are able to work on similar areas to their peers, but in a managed and supported way that takes account of the need to minimise pressure during a very challenging period. They also work with them to plan discharge carefully and integrate/re-integrate to the appropriate education setting in their home area.

Teaching staff also explained that they work closely with each young person's healthcare team in order to be aware of any issues that may affect their ability to work at their best level and keep safe. Teaching staff also attend training alongside their health colleagues

For those over 16 who may have left school, Nant y Bryniau help them find relevant courses, including routes into further and higher education, and vocational training. Support is also provided for transition to adult services by the education and health teams.

For those accessing Nant y Bryniau as a community-based patient, hospital transport – manned by volunteers – brings pupils to the school. Staff

highlighted that while this worked well in most cases, it was more of a challenge for those who live further from the unit due to time and distance.

Early intervention in schools

While staff at Nant y Bryniau recognised that specialist 'tier 4' CAMHS services would always be essential for a proportion of children and young people, they highlighted the need for more work on prevention and early intervention in schools. They commented that training on emotional and mental health is needed as part of the process of qualifying as a mainstream teacher, and that continuous professional development ought also to require ongoing training in this area. They stated that the school nurse service does a 'brilliant' job, but is 'very very stretched' in north Wales in their experience.

To deliver improvements in this area, teachers at Nant y Bryniau suggested that each school should have a named 'mental health tsar', explaining that if emotional health and wellbeing was seen as simply an 'add on', it would never be addressed properly. The teachers we met at NWAS noted that, while it was not officially part of their role, they were trying to become increasingly engaged with schools in north Wales, and were keen to be seen as a resource from which mainstream schools could draw expertise. They noted that they had links with national groups such as Units United⁵ and the Royal College of Psychiatry Quality network for **inpatient** and **community** CAMHS. An example of good practice mentioned was that of Gwynedd, where the education service had a member of staff from CAMHS currently seconded to them. Nevertheless, despite their expertise, teachers at Nant y Bryniau had not been involved in shaping the new curriculum, particularly the wellbeing strand.

Staff at Nant y Bryniau referred to some examples of successful 'emotional resilience' initiatives, including:

- **Young Minds'** and **Boingboing's** work on **academic resilience**, which has provided a framework for mainstream schools to follow as an approach to early intervention/ preventative work in the field. Their Resilience Framework provides a whole school approach for developing resilience and supporting well-being. It also provides free resources and training materials for schools;

⁵ Units United is a UK wide CAMHS 'tier 4' hospital schools collaborative network

- **MindEd**, described by Nant y Bryniau staff as an ‘excellent resource’ that provides free online training in relation to mental health for schools, parents and health professionals.

Inpatient capacity

While the NWAS Unit was initially built to house 18 beds, in recent years, only 12 beds have been available. Some staff attributed this to the ‘successful management’ of a higher number of young people in the community via the specialist Kite team. Others noted that it was due to difficulties recruiting and retaining the number of specialist staff needed to maintain the full complement of beds, noting that the increase in the complexity of needs in recent years had dictated the numbers who could be safely admitted. Staff indicated that a range of plans for the closed ward of 6 beds had been – and continued to be – considered, including its use as a day unit

Due to the number and nature of beds available, and current staffing numbers and skills mix, it was acknowledged that some young people from the north with particularly high risk or complexity were being treated outside Wales. Examples were given of young people having to travel from the Llŷn peninsula as far as London and Norwich to access the specialist in-patient care they needed.

Geographical ‘reach’

It was unclear where exactly the lines of NWAS’ ‘jurisdiction’ were drawn between the north and the south, especially with regards to populations in north Powys and north Ceredigion (since our visit NWAS has confirmed that Ceredigion sits outside its geographical area though there has been occasion for NWAS’ clinical lead to be consulted about a young person in this area due to his expertise). It was also noted that, while all efforts were made to cover the whole of north Wales, geography was a significant disadvantage for some of those young people who lived in areas far from Abergele. Nevertheless, staff noted that in such cases they worked closely with the Kite community team and other relevant services to provide an appropriate level of education support, regardless of location.

What did the young people at NWAS tell us?

While at NWAS we spoke with two teenagers, both of whom had been admitted for inpatient treatment at NWAS and were attending Nant y Bryniau Education Centre.

One of the young people told us that while in secondary school they had been **bullied, particularly via social media and text messages**. They became poorly as a consequence, but did not disclose. Their brother was the first to notice that things were not right. While they spoke with the school counsellor they did not feel it helped, nor did they feel that the counsellor appreciated the seriousness of their case. After visiting the GP the young person was **referred to CAMHS but has to wait a number of months before being seen**. While they reported receiving **good support via the specialist community team**, prior to that they felt that they had **seen too many different people**. When we spoke, the young person had been at NWAS for four months and was receiving treatment for severe anxiety and an eating disorder.

Another young person with whom we spoke had a long history of accessing CAMHS services in England and Wales, and had been engaged in some form for over four years. As a **cross-border patient** the young person referred to their experience of **different waiting times** in England and Wales, and highlighted that the **processes for being referred for support was an issue in border areas**. The young person explained that **initially they had not met the threshold for CAMHS** and that **specialist treatment had only really resulted from a series of crisis episodes** in which the young person had been admitted to hospital as an emergency paediatric inpatient.

Hillside Secure Children's Home, Neath

During our visit we had the opportunity to meet with several staff at Hillside Secure Children's Home including the management team, the clinical services team, support services and education, as well as with young people to talk about their experiences.

Background - secure children's homes

Hillside secure children's home is the only secure unit in Wales. It provides secure accommodation for young people aged 12 to 17 years. Previously, the unit had predominantly been commissioned to provide Youth Justice Board (YJB) beds (for those on criminal orders) but the balance has changed in recent years and the unit now has 6 Youth Justice Board commissioned beds and 16 Welfare Beds (local authority commissioned beds). The management team explained that the group of young people they now work with can often be more challenging, with children at the unit having the most complex needs, many having experienced severe trauma.

Hillside currently works in partnership with a number of organisations including: WCADA SWITCH, to provide drug and alcohol interventions; Tros Gynnal, to provide advocacy services; Barnardo's/Taith, to provide sex offender therapy; and CAMHS, working with GPs, psychiatrists and psychologists to risk assess for self-harm/ suicide, to undertake mental health, emotional and behavioural assessments, and to deliver interventions, programmes and therapies.

Welfare beds

Secure units are a last resort for local authorities and tend to be used when residential care or specialist foster care arrangements break down. A court order is needed and there are strict referral criteria. Local authorities have commissioning arrangements in place with Hillside and are responsible for meeting the costs, which are around £800 per night to accommodate a young person. The average of length of stay for a young person referred by the local authority is reported to be around 3.5 months. The placement is reviewed regularly and when the young person's social worker is confident that the needs of the young person have been met, they will make arrangements for the court order to be reviewed and will identify a suitable care placement in the community.

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Demand/placing Welsh children as close to home as possible

The Management team explained that demand for beds at Hillside is extremely high, with reports that the unit could be filled three times over. The unit provides secure accommodation for young people from England and Wales, though it will prioritise Welsh young people where possible. On the day we visited Hillside, six out of the 22 young people were from Wales. If a Welsh young person cannot be accommodated at Hillside, transfer arrangements will be put in place to ensure that young person can be transferred back once a bed becomes available.

Care Officers/Attachment

We heard how important Care Officers are to the young people at the unit, providing stability and routine on a day-to-day basis. The management team explained that every member of staff at the unit receives training based on the Trauma Recovery Model. The importance of stability and attachment was evident and there was some discussion about the importance of developing attachment services in the community and about the attachment work done at Hillside.

CAMHS

Hillside funds its own clinical care team comprising a clinical psychologist, assistant psychologist, and community psychiatric nurse. It also has a visiting consultant psychiatrist. We were told that a decision was taken to develop specialist CAMHS provision in-house, in part because of the problems the unit was experiencing in accessing community CAMHS services, particularly long waiting times. We were also told that nearly 90 per cent of the young people at Hillside had previously been referred to CAMHS. We heard that CAMHS cannot act quickly enough to meet the needs of young people and that young people need to be stable in order to access services. It was reported that CAMHS is not geared up to meet the needs of young people in crisis or with chaotic lifestyles, which we were told was illustrated by the “3 strikes and you’re out” rule when young people do not attend appointments.

Education

We met with the unit’s Education Manager and Head of Cefn Saeson School which provides teaching support. We heard how many of the young people at Hillside had not been to school for up to 2 years. Some of the young people told us that they felt better about themselves and had ambitions for

the future after getting back into education at Hillside, which boosted their self-esteem and confidence.

Transition planning

We were told that the importance of transition planning and having portable assessments cannot be overstated. Staff at the unit highlighted the importance of being able to pass on their assessments to the relevant local authority to secure stability for young people when they leave the unit.

Secure units are expensive and there was a feeling among staff at Hillside that often cost is driving local authority decision making with regards to the length of time a young person stays at Hillside. This can lead to repeat admissions or inappropriate care placements in the community. We were told that another barrier is the lack of suitable placements in the community; it was highlighted that once young people have been placed in a secure facility they can often be seen as “naughty children” with placements difficult to find. The unit can challenge local authority decisions, but formal responsibility for care planning rests with the local authority and so the unit’s influence can be limited. We heard that the YJB resettlement pathway works much more effectively than the arrangements in place to support young people on welfare orders.

The staff at the unit explained that they often do follow up outreach work with young people once they have left the unit, but this is very much led by the young people.

The value of having a ‘step-down’ facility, especially for young people who have been placed on lengthy orders was explored during our visit. We were told that a step-down facility of around 4 beds would provide the opportunity for semi-independent living in a secure setting. We heard about a similar facility that has been established in Scotland.

What did the young people at Hillside tell us?

On CAMHS, the young people told us that **accessing CAMHS services in the community was extremely difficult**. One young person told us that “you need loads of evidence to go to the GP”, explaining that you had to gather as much information as possible to “prove” how unwell you are. They went on to say that **most young people get turned away by the GP, or put on medication**. There was a strong feeling that primary care/ community services in both England and Wales are failing young people. One young

person felt strongly that “when a young person gets to the point where they were asking help, support should be provided”. It was also felt that medication should be used as a last resort.

Tŷ Llidiard, Bridgend

During our visit we had the opportunity to meet with the multi-disciplinary team at Tŷ Llidiard, comprising a consultant psychiatrist, nursing staff, clinical psychologist and psychotherapist. The Committee Chair also had an opportunity to meet with two in-patients.

Background - in-patient unit

Tŷ Llidiard is a 15 bedded unit comprising two wards, a general ward and an extra care ward. Tŷ Llidiard take referrals/admissions from 6 Local Health Boards across Mid, South and West Wales, caring for patients aged 12 to 18 years who present with a mental illness.

Demand

During our visit, we heard that the unit receives around 120 referrals a year, of which approximately 90 patients are accepted. We were told that the unit mainly treats young people with psychosis, eating disorders, severe depression, and mood instability. It does not accept admissions for patients requiring specialist support with a moderate to severe learning disability, conduct disorder, forensic patients or those with a substance misuse problem as the primary diagnosis. These young people are supported elsewhere.

Consultant psychiatrists working in the community CAMHS teams make referrals to the in-patient unit rather than GPs. The young person will be assessed upon admission and have an MDT review meeting two weeks later whereby they will receive a further period of assessment/treatment or discharged to the community to continue their recovery. The unit also accepts crisis admissions as referred by the Community Consultants. They said that they had seen an increase in the unit admitting young people for short term stays because of an increase in the use of new psychoactive substances (also referred to as 'legal highs').

The unit has a large multi-disciplinary team which is involved in assessing the young person on admission and providing therapeutic support. Young people are admitted for varying length of stay depending on their needs. As much as possible, there is a focus on discharging patients at the earliest opportunity so that young people can be treated at home with a package of care to support them in the community.

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We were told that per episode, the average length of stay at the unit is 7 weeks. The UK national average for inpatient treatment is around 10 weeks. This illustrates the point made about minimising the time young people spend in in-patient care.

We were told that the costs for in-patient care at Tŷ Llidiard are slightly below the UK national average, costing around £34,000 per episode.

We heard that there is no waiting list for the unit. There are no problems with recruitment but the unit has experienced some problems with staff retention. This is attributed to the investment of funding for community CAMHS, which means staff have left their positions at the unit to take up promotion opportunities within the community teams.

There was a view expressed that some patients are admitted to the unit without prior assessment and treatment in the community; staff emphasised the importance of in-patient care for young people being a last resort. It was clear that staff felt that the demand for CAMHS is not matching need, despite recent investment. They reported seeing more cases of mental ill-health related to emotional dysregulation, substance misuse and eating disorders.

Commissioning arrangements

Staff at Tŷ Llidiard told us that there has been a reduction in patients requiring placements outside Wales. We heard that the number of young people in out of area placements at any one time is between 2 to 5 patients. We were told that this is due to patients requiring specialist support eg more security and higher staffing ratios

The unit has 19 beds. However, it is only commissioned to provide 15 beds based on the current staffing compliment and the security of the building. We were told that if the building could be reconfigured to provide more secure accommodation in a separate area additional beds could be brought into operation, thereby reducing the number of out of area placements further. A proposal for bringing the additional beds into current commissioning arrangements is currently being considered by the Health Board's clinical director and commissioners.

We were told that on average, bed occupancy is around 8 young people per night. The unit is, however, managing more young people than that, for example, with some young people on home leave. However, the staff felt

strongly that current commissioning arrangements do not recognise the importance of home leave as part of the clinical care package for young people.

The current commissioning arrangement has been in place for 2 years. We were told that the unit receives funding from WHSSC for bed occupancy. Staff were unhappy that the contract does not therefore support home leave and were disappointed that they had feedback which suggested the unit could perform better. We were told that in the last financial year, the unit had more admissions and greater bed occupancy than previous years, but still their funding had decreased. We were also told that the contract does not support transitional work in the community despite that being pushed as the model of care. This is how staff working in the unit understood the contract to work. They did not feel that the current bed day contract supports the model of care they are trying deliver from a contracting / financial perspective. However, since our visit, we have been informed that despite there being a risk in recent years that the contract would not be met, ultimately the contract has been met and funding has not therefore been reduced.

We heard about an example in January 2017, where the unit was managing 18 patients with 15 beds, utilising home care arrangements to do this.

Multi-disciplinary working

The unit has very recently appointed a specialist social worker to work as part of its multi-disciplinary team for 4 days a week. There was some confusion about the funding for this post; with the post eventually being funded from the unit's existing budget. Some staff reported that this should have come from additional funding from the Local Health Boards but that it was not provided.

The staff were extremely positive about the contribution the specialist social worker had already made in improving the quality of patient care; stating that bridging the gap between health and social services had to be a top priority. They described pockets of good practice in the relationship between the unit and the different local authorities they work with, but felt things could be significantly improved. They talked about "clashes" with local authorities and "massive" challenges when it came to looked after children, with social workers not attending review meetings as well problems with transitional care planning. There was a strong message that multi-agency working was not as effective as it could be.

Transition planning

We were told that handing patients back to the community CAMHS teams can be difficult and challenging because of ongoing capacity issues across the country. Staff also told us that they thought more intensive therapy could be provided in the community if there was more capacity.

The importance of the work done at the unit to support parents/ carers whose children have been admitted to the unit was also emphasised.

What did the young people at Tŷ Llidiard tell us?

The strongest message from the young people was **that the unit needed to be more young-person centred with a greater range of activities needed**. They described being “bored” with only the TV to entertain them in the evenings and on weekends. They talked about the benefits of going out with staff in the evenings or on weekends, for example a visit to the beach, particularly for those young people who aren’t well enough to have home leave.

Overall, the young people we spoke to felt **staff at the unit did their best to support them but described a facility that is very much focused on risk/medical needs** of the young people.

The schooling arrangements at the unit provide routine and structure for the young people as well as giving them a focus and something to do. But the young people told us that the tutors mainly provide educational support to the younger children.

One young person who is keen to finish their A-levels told us of the arrangements now in place for them to attend their own school 5 mornings a week which the young person was very positive about, though the arrangement is dependent on the **capacity of the Mental Health Community Outreach Team** to drive them to - and pick them up from - school.

Both young people described **poor support services in the community before being admitted to inpatient care**. One young person told us, “**The CITT (Community Intensive Therapy Team) just forgot about me**”. The other young person (who has an eating disorder) recalled being taken to see the GP by their mother. The young person reported being sent away after being told it was a “phase”. They subsequently had an appointment with

their school counsellor, explaining that “I saw them once but I didn’t go again as it wasn’t a very nice experience”. They described being dismissed and told again that “it was just a phase and it would pass”. The young person has been admitted twice to Tŷ Llidard because of the severity of their illness.

The young people we spoke to wanted to see **speedier access to CAMHS** once a GP has made a referral. We heard that for one young person their illness was so severe they were admitted immediately to the unit once the CAMHS assessment had been done, but it took 4 weeks for that initial appointment to take place. The other young person told us that once the GP had made the referral, the CAMHS appointment “took ages”, explaining that they were on the waiting list for 8 months before being seen and admitted. They also told us that they had suffered in silence for a long time before that referral was made.

Both young people told us that they felt **more should be done in schools to raise awareness about mental health such as in school assemblies**. They want to see **more young people empowered to talk about their mental health concerns and for teachers to be better equipped to deal with them**. The young people told us that they had been suffering with mental health problems for a long time before they had access to specialist services. They both told us that nobody at school spotted they needed help. One young person told us that they were not aware of any support services such as a school counsellor at their school. They told us that they would often fall asleep in class and that one teacher did ask if everything was ok. They told the teacher yes and ‘that was that’.