

Agenda – Children, Young People and Education Committee

Meeting Venue:

Committee Room 1 – Senedd

Meeting date: 6 December 2017

Meeting time: 09.15

For further information contact:

Llinos Madeley

Committee Clerk

0300 200 6565

SeneddCYPE@assembly.wales

Private Pre-meeting

(09:15 – 09:30)

1 Introductions, apologies, substitutions and declarations of interest

(09:30)

2 Scrutiny of the Qualifications Wales Annual Report 2016–17

(09:30 – 10:30)

(Pages 1 – 18)

Report embargoed until publication on Monday 4 December

Philip Blaker, Chief Executive – Qualifications Wales

Ann Evans, Chair – Qualifications Wales Board

Attached Documents:

Research Brief – Qualifications Wales Annual Report 2016–17

Break

(10:30 – 10:45)



Cynulliad
Cenedlaethol
Cymru

National
Assembly for
Wales

3 Scrutiny session on the development of the new curriculum

(10:45 – 12:00)

(Pages 19 – 42)

Kirsty Williams AM, Cabinet Secretary for Education

Professor Graham Donaldson, Chair of the Independent Advisory Group

Steve Davies, Director – Education – Welsh Government

Claire Rowlands, Deputy Director – Curriculum – Welsh Government

Attached Documents:

Research Brief – Development of the new Curriculum

CYPE(5)–34–17 – Paper 2 – Welsh Government paper to CYPE Committee on the Changes to the curriculum in Wales

4 Paper(s) to note

(12:00)

4.1 Letter and briefing note from the Welsh Language Commissioner regarding Welsh medium childcare and early year's education provision

(Pages 43 – 66)

Attached Documents:

CYPE(5)–34–17 – Paper to note 1

4.2 Letter from the Chair to the Cabinet Secretary for Education regarding the Welsh BaccaLaureate

(Pages 67 – 69)

Attached Documents:

CYPE(5)–34–17 – Paper to note 2

- 5 Motion under Standing Order 17.42(ix) to resolve to exclude the public from the meeting for the remainder of the meeting**
(12:00)

- 6 Scrutiny session on the development of the new curriculum – Consideration of the evidence**
(12:00 – 12:10)

- 7 Inquiry into Teachers' Professional Learning and Education – consideration of the draft report**
(12:10 – 12:40)

- 8 Inquiry into Perinatal Mental Health – consideration of the response from the Welsh Government**
(12:40 – 12:50) (Pages 70 – 80)

Attached Documents:

CYPE(5)-34-17 – Paper 4

Document is Restricted

Document is Restricted

Kirsty Williams AC/AM
Ysgrifennydd y Cabinet dros Addysg
Cabinet Secretary for Education



Llywodraeth Cymru
Welsh Government

Lynne Neagle AC / AM Cadeirydd / Chair
National Assembly for Wales
Children and Young People's Committee

22 November 2017

Dear Lynne

Changes to the curriculum in Wales

Thank you for inviting me to attend the Committee on 06 December. I welcome the opportunity to update you on the progress we are making in designing the new curriculum and assessment arrangements.

I launched Education in Wales: Our national mission in September, this is our new education improvement plan and it sets out how the school system will move forward over the period 2017-21 to secure implementation of the new curriculum supported by four key enabling objectives: developing a high-quality education profession; inspirational leaders working collaboratively to raise standards; strong and inclusive schools committed to excellence, equity and well-being; and robust assessment, evaluation and accountability arrangements supporting a self-improving system.

It also sets out the new timelines for introducing the new curriculum, with it being available by April 2019 for feedback; a final version published in January 2020; and used throughout Wales by September 2022.

There is a high level of support from teachers for the new curriculum and assessment arrangements. However, there was concern about the pace of change for teachers and getting schools ready for the new curriculum. This new timeline gives me the greatest assurance for realising the new curriculum, whilst still maintaining momentum and enthusiasm for education reform. The Pioneer Schools continue to be at the heart of the development process and the work achieved in close collaboration with the regional consortia, Estyn, Qualifications Wales and other Welsh and international experts.

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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 process

Successful Futures was clear that independent evaluation of the approach to developing the new curriculum for Wales was required. We therefore appointed Arad Research to conduct formative evaluation of the Pioneer School Model. This provides us with real-time feedback on how the Pioneer Schools model was working in practice and to provide evidence on what improvements could be made. This process evaluation has looked at a number of key themes, including: working group activity; in-school activity; communication and coordination; facilitation and decision-making; and Pioneer School support. The latest publication from the Formative Evaluation of the Pioneer Schools model: 'Paper on Strand 1 and early Strand 2 activity' by Arad and ICF Research is being published on 30th November on the Welsh Government website.

Feedback from this ongoing evaluation, together with feedback from the last CYPE Committee has helped us shape and improve the process going forward and the following measures have been taken over the past 12 months:

- A core brief for the schools. This provided all schools with clarity on the tasks that were required at each phase of work; and clear expectations for pioneer practitioners and schools – including roles and responsibilities;
- Strengthening the role of regional consortia. This included appointing regional leads for each Area of Learning and Experience (AoLE) who work alongside Welsh Government officials to develop the curriculum. Regional teams have also been appointed to drive the implementation in each region, with both pioneer and partner schools. This shared ownership of developing the new curriculum enables us to make sure that all schools are supported at a national and regional level to design the new curriculum;
- Putting in place a comprehensive process for engaging with academic expertise to give challenge and support curriculum development. Pioneer schools in each AoLE have been supported with the latest national and international evidence and expertise. A needs analysis has resulted in each AoLE group commissioning specific expertise and inviting expert speakers to develop thinking. The Camau project (a partnership between University of Glasgow and Trinity St David) is supporting work on curricular progression and assessment in every AoLE. This ensures that our approach to aligning curriculum content and assessment with learning progress is evidence based. At key points in the development process all AoLEs groups have shared latest thinking with the following expert groups for feedback:
 - Curriculum and Assessment Group;
 - Independent Advisory Group (chaired by Professor Graham Donaldson);
 - Foundation Phase expert panel;
 - National Digital and Learning Council; and
 - Literacy and Numeracy Panel.

These groups provide us with assurance on the overarching quality of the development process.

- Implemented a governance model to deliver coherence and consistency across all AoLEs. All AoLE leads from Consortia and Welsh Government meet on a monthly basis to share progress and to ensure a consistent and coherent methodology to curriculum development. In the New Year, we will establish a formal Coherence Group to consider the new curriculum in a holistic manner – ensuring consistency between AoLEs. The group will also consider the size, scale and manageability of the curriculum as a whole.

Progress: January to July

The pioneer network has been organised into working groups for each of the Areas of Learning and Experience (AoLEs): Expressive Arts; Health and Well-being; Humanities; Languages, Literacy and communication; Mathematics and Numeracy; and Science and Technology.

Between January and July 2017, the six AoLE groups met monthly to develop their proposals for an early structure/skeleton for each AoLE. All reported against the following outputs:

- How each AoLE promotes the four purposes;
- Scope and boundary of each AoLE;
- How best to present the various component subjects and/or strands within the AoLE; and
- A commentary on the presumed levels of specificity throughout the AoLE and reasoning behind this.

During this phase of work, the AoLE working groups have:

- Considered a wide range of evidence and examples of international curricula and taken expert input and advice;
- Set out the scope and structure of their AoLE;
- Agreed a broad structure across all AoLEs;
- Begun to develop the Key Concepts central to the AoLE; and
- Considered curricular progression in their AoLE.

The Camau project is working with each AoLE group to develop a shared understanding of curricular progression. The project explores how progression might best be described and developed in relation to the AoLEs and to investigate how progression reference points might be most helpfully identified, described and used to support learning.

We published six executive summaries in July showing the latest thinking of each group.

<http://gov.wales/topics/educationandskills/schoolshome/curriculuminwales/curriculum-for-wales-curriculum-for-life/?lang=en>

Progress: September – November

The six AoLE groups are continuing to meet monthly and they are working on the following objectives for the autumn term. Each AoLE will:

- Develop initial 'What Matters' key concepts for each AoLE; and
- Develop an example narrative of progression for one of the key concepts.
- Work undertaken by Camau will included:
- Researching and sharing key messages from international models of progression with AoLE groups; and
- Preliminary work with learners to gather evidence about their experiences and conceptual understanding of progression.

Personalised Assessments:

- Responding to the Successful Futures recommendation to develop innovative, interactive approaches to assessment, and in line with commitments in Education in Wales: Our national mission, work is proceeding to plan to begin the phasing in of adaptive personalised assessments to replace the paper-based reading and numeracy tests;
- The procedural numeracy assessments will be the first to go live in academic year 2018/19, with reading following in 2019/20 and numerical reasoning in 2020/21. Over 300 schools have volunteered and participated in the first stage of the trialling; and
- These assessments will provide detailed information on the reading and numeracy skills of individual learners and whole classes which teachers can use to plan next steps in teaching and learning. By moving online, we can take advantage of the latest technology to provide an individual assessment experience with the level of challenge tailored for each learner.

Communication and Engagement

We have an ambitious programme of reform and are conscious that we don't want to bombard the workforce with information, while at the same time needing to keep them updated on progress so that they don't feel in the dark. It is worth noting that we are still developing the new curriculum, we are in the middle of a process and there will be times when there is not much to say.

However, there has been consistent and regular communications about progress, including the roll-out of the Digital Competence Framework, through Welsh Government communications, as well as the regional consortia communication channels. The Welsh Government's channels include:

- A curriculum reform newsletter, distributed to all stakeholder groups at least once per term;
- The Curriculum for Wales Blog, which features updates, progress reports and school perspectives, usually at the rate of one new post per week. Already this year the blog has had over 16,000 visitors who have viewed over 24,000 pages; and
- The Dysg newsletter to schools, which carries the stakeholder newsletter and features links to blog items so that the wider school audience is encouraged to view progress.

These are supported by core content on the Welsh Government website and extensive social media activity.

This is complemented by conferences at least annually for Head Teachers and Deputy Heads, with content including curriculum and wider education reform. We are currently holding a round of regionally focused conferences run jointly with consortia which will focus on development and preparation for the new curriculum.

Engagement activity takes place primarily through regional consortia and the Pioneer school network, both of whom have a remit to share updates and developments within their regions and locality and to engage their partner schools in the curriculum design process.

Estyn also play a key role - for example they have run a myth busting campaign on the Digital Competence Framework.

Development of the mental health agenda in the curriculum and alignment with the T4C&Y Programme

One of the four purposes of the new curriculum is to support children and young people to become healthy, confident individuals. The four purposes are at the heart of the new curriculum and the starting point for all decisions on the development. The mental and emotional well-being of learners is therefore being considered across all the AoLEs.

The Health and Well-being AoLE will draw on subjects and themes from mental, physical and emotional well-being. To inform and support the curriculum development process, pioneers have received evidence from a range of experts across the AoLE. These have included: Public Health Wales; the Welsh Network of Healthy Schools; the Schools Health Research Network and Emma Renold, Professor of Childhood Studies at Cardiff University. As development of the AoLE progresses, the pioneers will consider evidence in psychology and neuroscience to support the development of the AoLE in respect of mental health. The pioneers very much recognise the importance of developing an AoLE which supports learners in engaging with their own mental and emotional well-being, as well as understanding the broader influences on health and well-being and the issues these raise in the context of individuals and society as a whole.

Within Welsh Government, officials have established a mechanism for engagement that spans the range of interests across health and social care. I, along with the Minister for Children and Social Care and the Minister for Social Services and Public Health, will continue to work together to maximise opportunities to improve the health and well-being of children through the development of the new curriculum.

Pioneers will also consider how the school environment supports children and young people's social, emotional, spiritual and physical health and well-being. While the new curriculum will be instrumental, developing positive health and well-being in learners is a wider issue, which is highly dependent on a whole-school approach. As such, part of the Pioneers' work in the Health and Well-being AoLE will be to identify the implications of the AoLE and wider health and well-being issues on the school as a whole.

Welsh Government officials are co-ordinating to ensure that the Pioneers are aware of the Together 4 Children and Young People Programme and how this may support and inform the development of the AoLE.

A key enabling objective within Education in Wales: Our national mission is 'strong inclusive schools committed to excellence, equity and well-being'. This enabling objective sets out how we will ensure:

- All children and young people are supported to be physically and emotionally ready to learn and have a safe environment in which to do so;
- The three tiers of the system take account of and respond to the unique challenges that individuals or groups of learners face; and
- Strengthened partnership working to improve the early childhood experiences of children and ensure a widespread understanding of the importance of the first thousand days in a child's life.

Yours sincerely

Kirsty Williams AC/AM

Ysgrifennydd y Cabinet dros Addysg
Cabinet Secretary for Education

Llinos Madeley
Clerk
Children, Young People and Education Committee
National Assembly for Wales
Cardiff Bay
Cardiff
CF99 1NA

27 November 2017

Dear Clerk,

Welsh medium childcare and early year's education provision briefing note.

The Welsh Government's Cymraeg 2050: Welsh Language Strategy emphasises the importance of the early years towards achieving the aim of a million Welsh speakers by 2050. With this in mind I presented this briefing note on Welsh medium childcare and early years education to the Cabinet Secretary for Education as advice under Section 4 of the Welsh Language (Wales) Measure 2011.

The briefing note discusses the significance of the childcare and early years education sector in creating new Welsh speakers. The paper discusses current childcare and early years education provision in Wales, and outlines the Welsh Medium provision in particular. The policy context is discussed, particularly the Welsh Government's commitment to offer 30 hours of free childcare to all 3-4 year olds whose parents are in full time work, and also the vision of reaching a million Welsh speakers by 2050.

The paper concludes that there exists clear potential to integrate the above policies. When the 30 Hours Offer comes to fruition, it will lead to a significant increase in the demand for childcare across Wales, and thus presents a timely opportunity to take significant strides towards achieving the vision of a million Welsh speakers by 2050. To realize this potential, however, several recommendations should be considered:

- The Welsh Government needs to ensure that the Welsh language and its vision for 2050 are key considerations in the process of planning, funding and implementing its plans for childcare and early years education. Although general plans and commitments are outlined in Cymraeg 2050's work programme for 2017-2021, there are no explicit plans on the way



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Welsh Language
Commissioner

forward and there is a risk that a golden opportunity to take highly significant steps forward with regard to the future of the Welsh language will be lost.

- The Welsh Government should use Welsh in Education Strategic Plans (WESPs) as a framework for coordinating the actions of the Government, local authorities and childcare providers. Specifying growth targets in the childcare sector as a specific outcome in WESPs would ensure that local childcare strategies are aligned with the government's national aspirations and targets for Welsh language provision. Growth in this sector would contribute significantly to increasing numbers across the Welsh medium education sector in the long term.
- In order to produce effective national and local strategies, and to evaluate the impact and success of these strategies in the future, valid and reliable data is essential. The Welsh Government needs to take the lead in reforming the way childcare data is collected and shared in order to ensure that national and local plans and strategies are based on reliable information.

I trust that this paper will be of interest to you, and I hope you'll share the paper with members of the Children, Young People and Education Committee.

Yours Sincerely,

Meri Huws
Welsh Language Commissioner



Comisiynydd y
Gymraeg
Welsh Language
Commissioner

Briefing Note:

Welsh Medium Childcare and Early Years Education Provision

Author: Hywel Iorwerth

Date: 22/11/2017

Welsh Language Commissioner

The principal aim of the Welsh Language Commissioner, an independent organization established by the Welsh Language (Wales) Measure 2011, is to promote and facilitate the use of the Welsh language. This entails raising awareness of the official status of the Welsh language in Wales and imposing standards on organizations. This, in turn, will lead to the establishment of rights for Welsh speakers.

Two principles will underpin the work:

- In Wales, the Welsh language should be treated no less favourably than the English language
- Persons in Wales should be able to live their lives through the medium of the Welsh language if they choose to do so

Welsh Language Commissioner

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Key facts

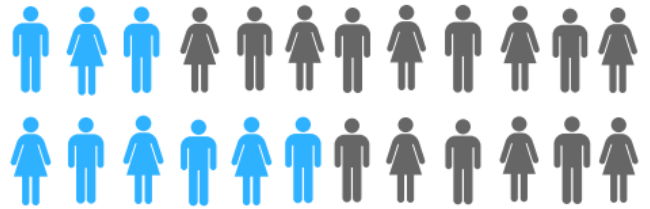
Increasing the number of young children who receive Welsh medium care and early years education will be critical to achieving the Government's vision of a **million** Welsh speakers by **2050**.

51% of all Welsh speakers learnt the language at school: 11% at nursery school, 25% in primary school, and 15% at secondary school.



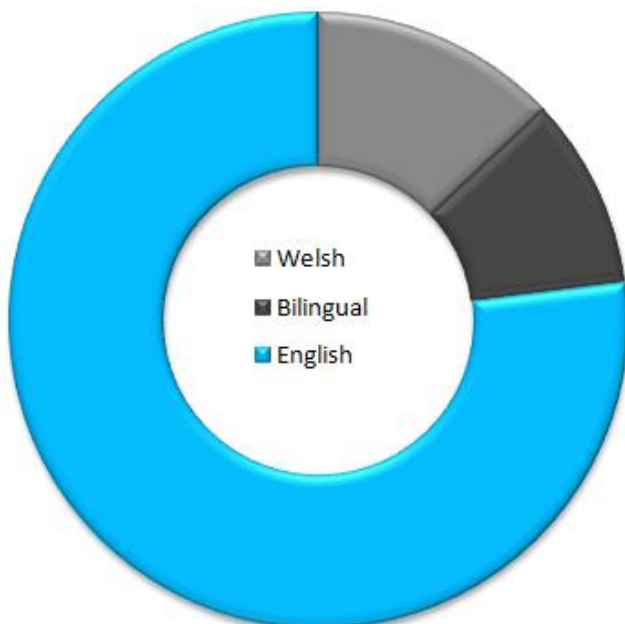
80% of Welsh speakers aged 3-15 learnt the language at school: 22% at nursery school, 46% in primary school, 12% in secondary school.

25% of those who learnt Welsh in primary school are fluent.



50% of those who learnt Welsh at nursery school are fluent.

English is the main language of **77%** of childcare providers; whilst **13%** are Welsh medium, and **10%** are bilingual*



Language is acquired quickly and naturally between the ages of **0-5**, and research shows that as many as **80-85%** of children in Welsh medium pre-statutory care transfer to Welsh medium primary education.

*Based on the most recent data by the Care and Social Services Inspectorate (CSSIW) 2017

Executive summary and recommendations

This paper discusses the current situation with regards to Welsh medium childcare and early years education. Here are the main findings:

- Ensuring that children and young people start learning Welsh as early as possible is vital in order to produce fluent Welsh speakers who are likely to use the language and transfer it to the next generation. The childcare and early years education sector has a highly significant role to play in this context.
- Growth in the number of young children who receive Welsh medium care and early years education could be critical in achieving the Welsh Government's vision of a million Welsh speakers by 2050.
- The Welsh Government has committed to offering 30 hours of free childcare to every 3 and 4 year old child whose parents are in full-time work. If this comes to fruition, it will lead to a significant increase in the demand for childcare across Wales and, as a result, a golden opportunity to ensure an increase in the numbers who receive Welsh medium childcare.
- Although the Welsh Government is aware of the importance of childcare to the future of the language, there are no specific and firm plans on how they intend to integrate the 30 Hours Scheme and the 2050 vision. It is unclear how the Welsh Government intends to move from general commitments to increase Welsh medium childcare provision to specific actions which will have an impact on the ground.
- Welsh in Education Strategic Plans (WESPs) have significant potential to turn broad and general commitments into specific and material actions and targets.
- WESPs could provide an effective framework for coordinating the actions of the Welsh Government, local authorities and childcare providers, in order to ensure that there is significant increase in the numbers receiving Welsh medium childcare and subsequently transferring to Welsh medium education.
- Developing and evaluating national and local strategies to increase the numbers receiving Welsh medium childcare depends on the availability of reliable data and information.
- Current data on Welsh medium childcare in Wales is fragmented, inconsistent and difficult to interpret. There is currently a lack of robust information, and this deficiency may undermine attempts to reform the Welsh medium childcare sector in Wales and, as a result, the potential to take significant strides towards achieving the vision of a million Welsh speakers by 2050.

Based on these findings, we recommend the following:

- The Welsh Government needs to ensure that the Welsh language and its vision for 2050 are key considerations in the process of planning, funding and implementing its plans for childcare and early years education. Although general plans and commitments are outlined in Cymraeg 2050's work programme for 2017-2021, there are no explicit plans on the way forward and there is a risk that a golden opportunity to take highly significant steps forward with regard to the future of the Welsh language will be lost.
- The Welsh Government should use Welsh in Education Strategic Plans (WESPs) as a framework for coordinating the actions of the Government, local authorities and childcare providers. Specifying growth targets in the childcare sector as a specific outcome in WESPs would ensure that local childcare strategies are aligned with the government's national aspirations and targets for Welsh language provision. Growth in this sector would contribute significantly to increasing numbers across the Welsh medium education sector in the long term.
- In order to produce effective national and local strategies, and to evaluate the impact and success of these strategies in the future, valid and reliable data is essential. The Welsh Government needs to take the lead in reforming the way childcare data is collected and shared in order to ensure that national and local plans and strategies are based on reliable information.

1. Context: Childcare and Cymraeg 2050: A Million Welsh Speakers

Evidence shows that the majority of children and young people tend to learn Welsh at school today.¹ Research jointly commissioned by the Welsh Language Commissioner and the Welsh Government shows that around 80% of Welsh speakers aged 3-15 have learnt the language at school. This compares with 51% of Welsh speakers of all ages who learnt the language at school. Unfortunately, fluency rates amongst those who have learnt the language at school are not as high as they are amongst those who learnt Welsh at home. For example, whilst 80% of those who learnt the language at home are fluent, only 25% of those who learnt the language in primary school are fluent. The fluency rates of those who learnt the language in secondary school is lower (11%) whilst the fluency rate of those who learnt the language at nursery school is much higher (50%). The research proves that there is a correlation between when and where individuals acquire or learn Welsh and how fluent or willing they are to use the language.

The above facts are highly significant in the context of the Welsh Government's ambitious strategy to ensure a million Welsh speakers by 2050. Not only does it emphasise the importance of the education system in terms of creating new Welsh speakers, but also the fact that learning Welsh from the very start of the education process is essential in order to produce fluent Welsh speakers who will use the language and transfer it to the next generation. Language is acquired quickly and naturally between the ages of 0-5, and research shows that as many as 80-85% of children in Welsh medium pre-statutory care transfer to Welsh medium primary education.²

In summary, a growth in the numbers receiving Welsh medium pre-statutory provision is likely to lead to an increase in the numbers in Welsh medium statutory education and also the numbers speaking Welsh fluently in society. It is therefore of no surprise that numerous key bodies and stakeholders are becoming increasingly aware of the importance of the pre-statutory period as the start of the journey towards achieving the Welsh Government's target of reaching a million Welsh speakers by 2050.³

¹ For a more detailed overview of the data, see: The Welsh Language Commissioner and the Welsh Government, *Welsh language use in Wales, 2013-15 (2015)*; The Welsh Language Commissioner, *The Position of the Welsh Language 2012-2015: The Welsh Language Commissioner's 5-year Report (2015)*.

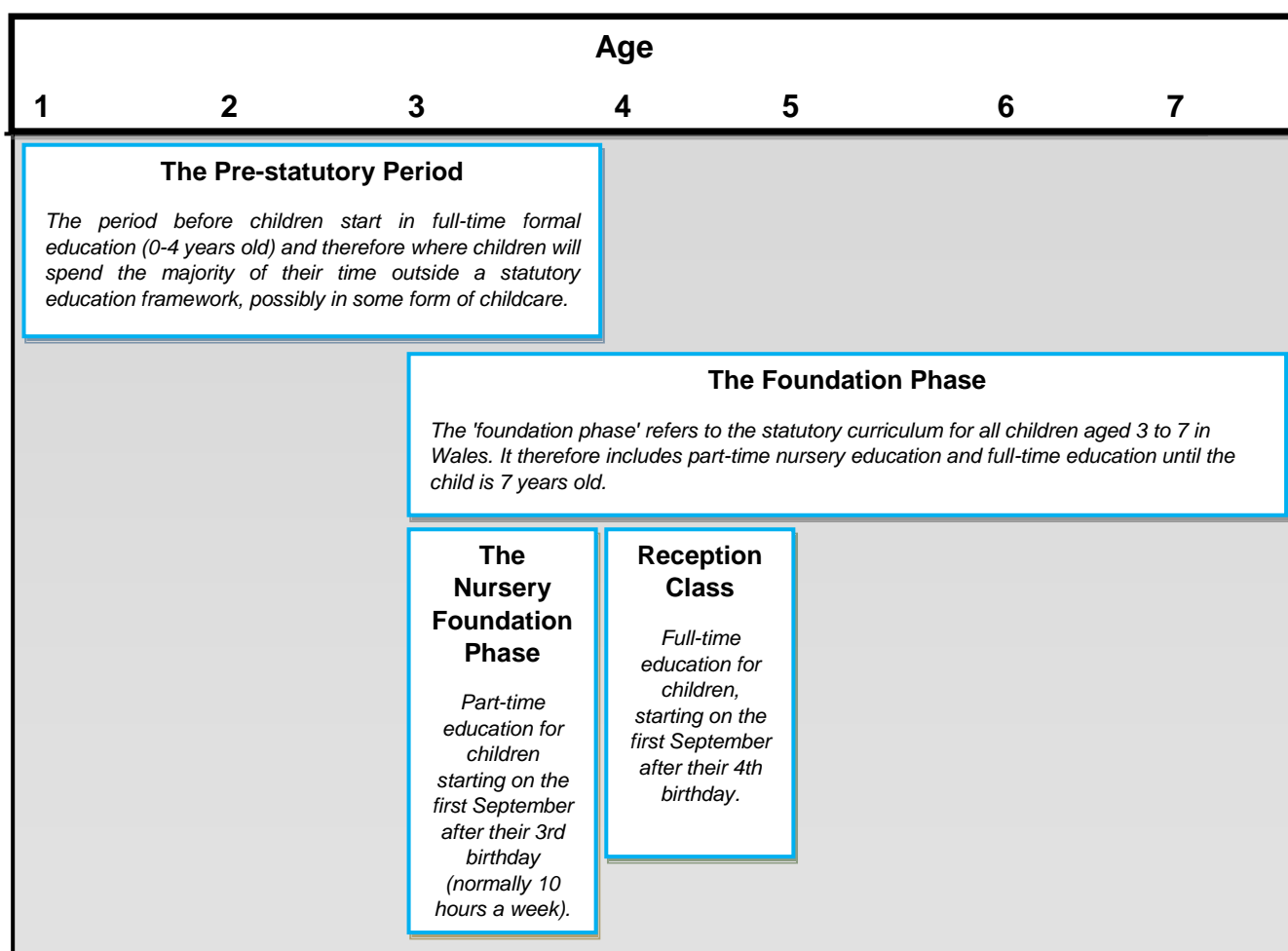
² 2015-16 data provided directly by Mudiad Meithrin.

³ The Welsh Language Commissioner, *The Position of the Welsh Language 2012-2015: The Welsh Language Commissioner's 5-year Report (2015)*; Direct discussions with Mudiad Meithrin; Welsh Government, *Urgent Review of Welsh in Education Strategic Plans, 2017-20 by Aled Roberts (August 2017)*; National Assembly for Wales, Children, Young People and Education Committee, *Inquiry into Welsh in Education Strategic Plans (WESPs) (December 2015)*.

2. The current situation

2.1. Childcare and early years education in Wales

Figure 1: Timetable and explanation of the key phases:



Apart from part-time early years education provision, the pre-statutory period is not controlled directly by the Welsh Government and is provided by a wide range of individuals, companies and voluntary and private organisations. This provision includes a variety of childminders (full-time, part-time), full day care (for example nurseries), morning or afternoon day care sessions (Mudiad Meithrin's substantial provision is the most notable example of Welsh medium provision), crèches, nannies, and open access play provision.

Pre-statutory childcare has changed significantly over recent years, partly as a result of the Welsh Government's offer of free early years education and childcare, for example the Flying Start project and, more recently, the 30 Hours Offer (discussed further in 3.1 below). Providers have had to adapt to these changes by offering more

flexible provision. As part of the process of piloting the 30 Hours Offer, the Welsh Government's Social Research department has published a report outlining the current situation in terms of childcare capacity in Wales.⁴ Here are some of the key facts in the report:

- It is currently estimated that there are around 175,000 children aged 0-4 living in Wales.
- There are 4,025 childcare providers in Wales, offering around 80,000 childcare places.
- There are around 2,000 childminders, offering around 15,000 places.
- There are around 700 full day care providers, offering around 30,000 places.
- There are around 1,200 part-time providers, offering around 35,000 places.
- There was no information about the range of Welsh medium provision in the report.

Although childcare is not controlled directly by the Welsh Government, the Childcare Act 2006 lists the duties imposed on local authorities as strategic leaders in local childcare provision.⁵ Local authorities have a legislative duty to assess and plan childcare provision in order to ensure its availability and quality. Local authorities are required to monitor and assess provision through Childcare Sufficiency Assessment (discussed further in 2.2 and 3.3 below).

2.2. The Welsh language in childcare and early years education provision

As part of their wider duties to monitor and assess childcare provision, local authorities are specifically required to consider and plan for Welsh medium childcare. The Welsh Government's childcare and early years plan highlights the advantages of bilingualism for children, and outlines a number of actions to support it.⁶ Firstly, local authorities are required, through Childcare Sufficiency Assessments (CSAs), to monitor and fill gaps, ensure sustainability and improve the quality and amount of Welsh language and bilingual provision in the area.⁷ They also work with Mudiad Meithrin and other providers via a range of grants to achieve the above objectives.

According to a recent report by the Welsh Government⁸ there are around 175,000 children aged 0-4 living in Wales. Unfortunately, there is no complete and reliable data on the numbers in childcare, and in Welsh medium childcare specifically (more details in 3.3 below). The main source of information on this sector is data collected by the Care and Social Services Inspectorate Wales (CSSIW). All childcare providers registered with CSSIW are required to complete a Self Assessment of Service Statement (SASS) which includes questions on the language of provision.

⁴ Welsh Government Social Research, *Childcare capacity in Wales* (October 2017). This report was a result of collaboration between the Welsh Government, the Care and Social Services Inspectorate Wales (CSSIW) and the Wales Institute of Social and Economic Research, Data a Methods (WISERD).

⁵ Childcare Act (2006) - http://www.legislation.gov.uk/wsi/2016/88/pdfs/wsi_20160088_mi.pdf

⁶ Welsh Government, *Building a Brighter Future: The Early Years and Childcare Plan* (2013).

⁷ Welsh Government, *Childcare Guidance* (2016).

⁸ Welsh Government Social Research, *Childcare Capacity in Wales* (October 2017)

One problem with this source is that not all providers complete the self assessment. For example, in 2016, only 76% of those working in the sector completed the self assessment, thereby giving an incomplete picture. The second fundamental problem is that it is the childcare providers themselves who are responsible for assessing the language of provision. It is inevitable that there will be some inconsistency and misinterpretation here in terms of defining language, which then impacts on the reliability and validity of the data.

This data, which is provided by CSSIW, is essential in preparing an evidence base for ensuring the sufficiency of local authority provision (the CSAs). Although the majority of local authorities use CSSIW data to undertake their assessments, the majority also use local data to support this information. As a result, the data reported in local authority reports is different to that held by CSSIW. The ways in which local authorities collect and use data also varies significantly. As a result, the national and local picture of Welsh medium childcare in Wales is fragmented, inconsistent and difficult to interpret. However, the data available can provide an useful snapshot of general patterns in Welsh medium childcare provision in Wales today:

Figure 2: The main language of provision in numbers and percentages in all local authorities, according to CSSIW data based on data from SASS (25 September 2017)⁹.

Local Authority	Welsh		English		Both Languages	
	Number	Percentage	Number	Percentage	Number	Percentage
All Wales	500	13%	2993	77%	389	10%
Swansea	7	3%	205	93%	9	4%
Blaenau Gwent	2	3%	62	94%	2	3%
Vale of Glamorgan	9	4%	207	93%	6	3%
Cardiff	28	6%	390	88%	24	5%
Caerphilly	20	8%	214	87%	13	5%
Neath Port Talbot	5	3%	138	93%	6	4%
Newport	2	1%	158	96%	4	2%
Ceredigion	46	41%	30	27%	35	32%
Conwy	27	19%	94	68%	18	13%
Gwynedd	129	64%	19	9%	55	27%
Merthyr Tydfil	3	7%	38	84%	4	9%
Bridgend	8	5%	135	92%	4	3%
Powys	22	11%	160	82%	12	6%
Rhondda Cynon Taf	18	7%	221	88%	13	5%
Pembrokeshire	19	13%	121	82%	7	5%
Denbighshire	24	17%	92	67%	22	16%
Carmarthenshire	76	35%	66	30%	78	35%
Flintshire	9	4%	221	91%	14	6%
Monmouthshire	1	1%	121	98%	1	1%
Torfaen	3	3%	89	94%	3	3%
Wrexham	11	5%	178	88%	13	6%
Anglesey	31	28%	34	31%	46	41%

⁹ It appears that these figures are slightly different to those noted in the Government's most recent report, as there is no information about the language of all provision.

Figure 3: The main language of provision in percentages in all local authorities, according to CSSIW data based on data from SASS (25 September 2017).

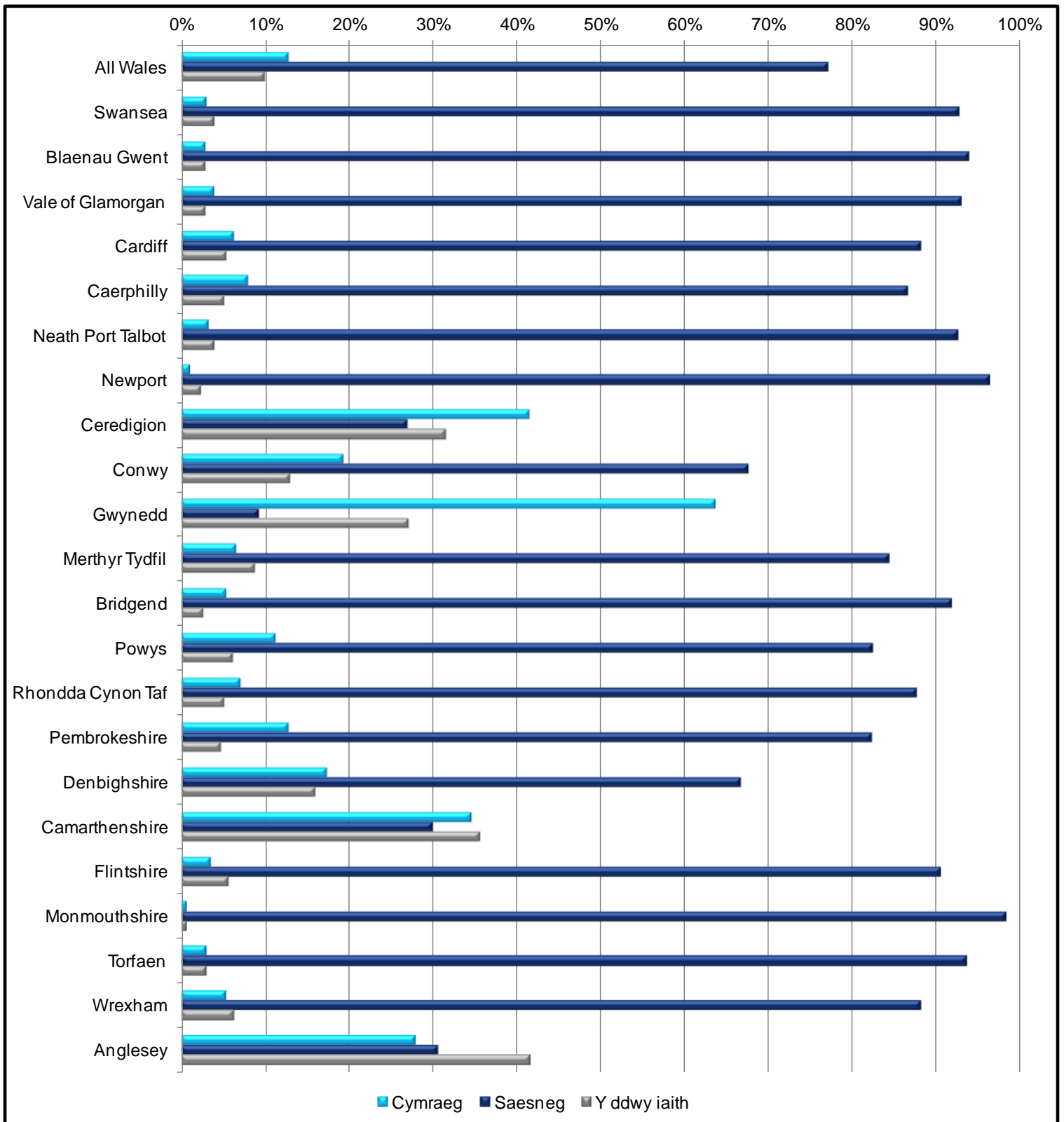
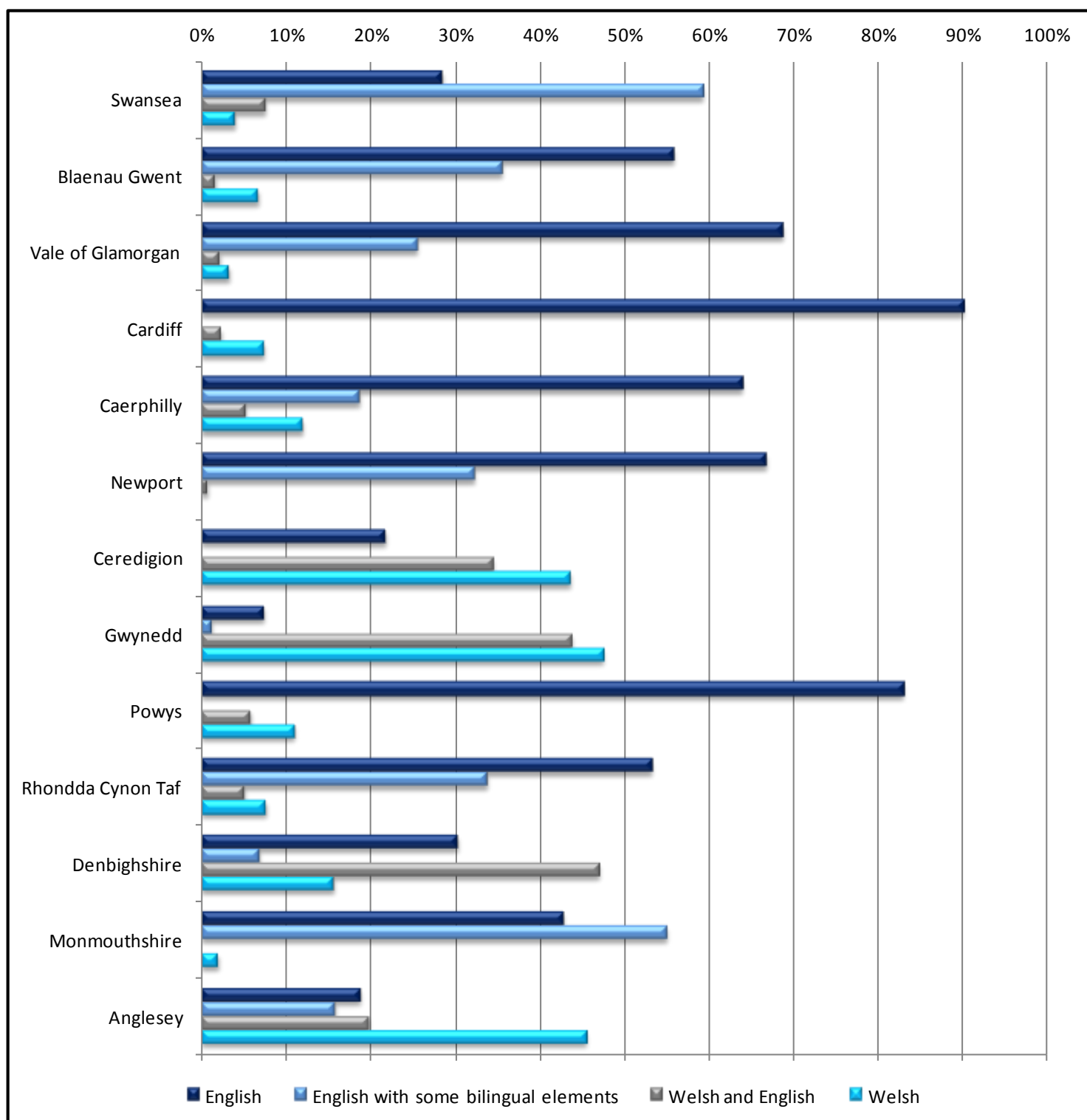


Figure 4: The language of provision in 13 local authorities, according to data collected by the Commissioner from local authority CSAs 2017-2022.



This data shows a rather different picture of Welsh medium childcare provision compared to figure 3. The significance of these differences will be discussed in 3.3 below.

3. Strategic planning for Welsh medium childcare and early years education

The Welsh Government has stated the importance of expanding Welsh medium childcare and early years education in order to achieve the target of a million Welsh speakers by 2050. Various factors will affect the success of that vision:

3.1. National strategy and integrating Government policies

The Welsh Government needs to ensure that the Welsh language and its vision for 2050 are key considerations when planning, funding and implementing its plans for childcare and early years education. Without explicit plans on the way forward, it is likely that a golden opportunity will be lost to take highly significant steps forward with regard to the future of the Welsh.

A national target has been set to expand Welsh medium childcare provision by creating 150 more nursery groups over the next 10 years.¹⁰ In Cymraeg 2050's work programme for 2017-2021, the Welsh Government states that it wants to 'support the expansion of Welsh-medium early years provision by 40 nursery groups by 2021.'¹¹ It also states the intention to deliver the offer of 30 hours of free childcare across Wales, providing more Government-funded Welsh-medium childcare places. Beyond this general commitment to provide support and funding, it is not yet clear what specific actions the Welsh Government intends to take, nor what framework will be used to drive this work forward.

The Welsh Government's childcare policies

The Flying Start project targets children under the age of 4 who live in some of the most deprived areas in Wales. One part of the project is the provision of free part-time childcare to 2 and 3 year old children. Although local authorities are expected to offer Welsh medium provision, statistics show that only 7% of those who were eligible requested Welsh medium childcare. This percentage is far lower than the percentage of children receiving Welsh medium education in Wales.¹² It is fair to say that there is room for improvement in terms of integrating the objectives of this project with the aim of increasing the numbers in Welsh medium childcare.¹³

¹⁰ Welsh Government, *Cymraeg 2050: A Million Welsh speakers* (2017), p. 12.

¹¹ Welsh Government, *Cymraeg 2050: A Million Welsh speakers - Work Programme 2017-21* (2017), p. 10.

¹² Arad, *Welsh Medium Childcare Provision for Pre-School Children* (March 2017).

¹³ The organisation Parent for Welsh Medium Education has echoed these concerns and has gone so far as to say that Flying Start is militating against the expansion of Welsh medium education. See below its response to the consultation on Welsh in Education Strategic Plans:

<http://www.senedd.assembly.wales/mgConsultationDisplay.aspx?id=179&RPID=1008375631&cp=yes>

The Welsh Government's 30 Hours Offer is more far-reaching than Flying Start in terms of childcare. The Government has committed to offering 30 hours a week of free childcare to working parents of 3 or 4 year old children. The childcare will be offered for 48 weeks of the year. The 30 Hours Offer is a combination of early education time (Nursery Foundation Phase) and childcare. During term time (39 weeks), children who are 3 years old before September get at least 10 hours of early years education a week. The 30 Hours Offer will include an extra 20 hours of childcare in addition to this early years education, as well as 30 hours of childcare outside of term time (up to a total of 48 weeks).¹⁴ The Government is piloting this plan in 7 local authorities, including specific areas in Anglesey, Gwynedd, Blaenau Gwent, Caerphilly, Flintshire, Rhondda Cynon Taf and Swansea.

Full details of the 30 Hours Offer continue to be developed, and they are likely to be modified as a result of the pilot scheme. If the full offer does come to fruition, however, it would lead to a significant increase in demand for formal childcare across Wales and, as a result, provide a timely opportunity to create new Welsh speakers in line with the vision for 2050. Despite being a positive opportunity to improve the position of the language, this offer is also likely to intensify challenges relating to the provision of Welsh medium childcare.

A recent report by the Welsh Government's Social Research department¹⁵ was commissioned with the aim of mapping childcare provision in Wales against the possible demand for that provision as a result of the 30 Hours Offer. The comprehensive report provides a wide range of data along with very important strategic planning information for the 30 Hours Offer. Given that the Welsh Government has emphasised the importance of childcare and early years education to the vision for 2050, it is surprising that the report makes no mention of Welsh medium provision. Nonetheless, here are some key facts from the report which outline the availability of childcare in Wales in the context of potential demand as a result of the '30 Hours Offer'.

- There are 175,000 children aged 0-4 living in Wales, and there are around 80,000 childcare places.
- There are 115,000 children aged 0-4 with working parents, who are therefore likely to be using some form of childcare.
- There are 70,000 children aged 3-4 in Wales, and around 46,000 of these are currently eligible for the 30 Hours Offer.
- There are only 45,000 full childcare places (that would currently be able to offer 30 hours or more childcare a week) in Wales.
- If all full-time childcare places for children in Wales were earmarked for 3 and 4 year old children eligible for the 30 Hours Offer, more provision would still be needed. This does not take account of the likelihood that some of the places would be taken by some of the 69,000 children under the age of 3 with working parents. Some places could also be taken by older children (possibly after school or during school holidays).

¹⁴ These hours can vary slightly from one local authority to another. Some local authorities offer 15 hours of nursery education a week and, in this case, an additional 15 hours of childcare will be provided.

¹⁵ Government Social Research, *Childcare capacity in Wales* (October 2017)

- It is likely that a significant number of the 46,000 children who will be eligible for the 30 Hours Offer are not currently receiving childcare. It is very likely that the majority of these will want to take advantage of the free childcare when the scheme is fully operational.
- It is likely that there will be an increase in demand for childcare in deprived areas in particular, where the offer could enable parents to look for work without having to worry about childcare costs.

Trying to estimate how much additional childcare will be needed as a result of the 30 Hours Offer is both complex and inconclusive. The Welsh Government's report includes detailed calculations in order to try to map capacity and availability and, although we must treat this data carefully, it is safe to say that there is a significant gap between current capacity and likely demand over the coming years. All of the evidence strongly suggests that there is a lack of places, and that far more childcare places will be needed when this scheme is rolled out across Wales.

Integrating the 30 Hours Offer with the vision for 2050

The figures above show the general challenge that will likely arise as a result of the 30 Hours Offer, but no consideration has been given to the more specific challenges we are likely to face in the context of increasing Welsh medium provision. Despite the Government's commitment to creating 40 new nursery groups by 2021, this commitment, by itself, is not ambitious enough. Mudiad Meithrin's statistics¹⁶ state that there is an average of 21 children in each of its nursery groups in Wales. Based on this average, 40 new nursery groups would create approximately 900 new Welsh medium places. Despite the fact that it is likely that these new nursery groups would provide more spaces than the above average¹⁷, the Government's recent report suggests that there is a need for tens of thousands of new places in order to meet the demand which is likely to be seen as a result of the 30 Hours Offer. It is unclear whether creating a total of 40 new nursery groups by 2021 will improve the current situation in terms of the percentage receiving Welsh medium childcare. Whilst such central strategies are part of the answer, it is clear that more detailed and ambitious planning is needed to ensure that local authorities and childcare providers shoulder some of the responsibility for increasing Welsh medium provision. There are several important questions that need answering if the Government really does want to see childcare making a significant contribution to the vision for a million speakers by 2050:

- What framework could be adopted to ensure effective collaboration between the Welsh Government, local authorities and childcare providers in order to increase Welsh medium provision?
- How could the Welsh Government's funding plans be used to ensure an increase in Welsh medium childcare provision? Mudiad Meithrin has received additional funding for 2018/19 and there are important questions about how

¹⁶ Mudiad Meithrin, *Annual Report 2015-16*.

¹⁷ Most of the current nursery groups consist of morning/afternoon sessional care whilst the 30 Hour Offer will require full daycare provision which will likely increase the numbers attending such nursery groups.

exactly this funding should be used and the role of the Welsh Government and local authorities in terms of this planning. Some local authorities use the Government's childcare grants to fund Mudiad Meithrin in their local area, whilst other authorities operate in different ways. There is little detail so far about the framework and processes for managing investment and planning at national and local levels.

- In relation to the point above, Mudiad Meithrin is the most notable Welsh medium childcare provider in Wales and it would be useful to hear the Welsh Government's plans in terms of the Mudiad's contribution to planning and provision at national and local levels. The Mudiad has already started mapping the position of each nursery group, with specific consideration being given to their ability to respond to, and provide for, the 30 Hours Offer. How will this feed into the action of the Government and specific local authorities?
- What information and data is needed to create an effective strategy to increase Welsh medium childcare provision? The recent Welsh Government report has provided information on general capacity, but the linguistic agenda also needs consideration.
- Welsh medium provision cannot be protected nor widened without securing a sufficient supply of staff with the appropriate language skills, as well as the correct expertise, to work in the sector. Although projects to increase the numbers of qualified Welsh medium staff in the sector (for example, the Cam wrth Gam scheme) have been successful, many members of staff are leaving their posts in nursery groups and the childcare sector due to low salaries compared with the salaries of classroom assistants in the primary education sector.
- Consideration needs to be given to the ways in which Welsh medium childcare provision can be promoted and facilitated, rather than simply meeting the demand.

To conclude, the Government has stated that increasing the numbers receiving Welsh medium childcare is essential in order to reach a million Welsh speakers by 2050. A recent Government report clearly shows that far more childcare provision will be needed over the coming years. There is no doubt, from reading Cymraeg 2050's work programme for 2017-2021, that the Government is aware of the importance of childcare and early years education in terms of its vision for 2050. It is, however, unclear how the Government intends to turn a general commitment to develop the sector into specific actions which will have an impact on the ground. Below are two more specific recommendations on ways of mitigating the challenges outlined above, and ensuring that the potential to integrate childcare policies with the vision for 2050 comes to fruition.

3.2. Childcare and Welsh in Education Strategic Plans (WESPs)

Welsh in Education Strategic Plans (WESPs) could provide an extremely effective framework for coordinating the actions of the Welsh Government, local authorities and childcare providers. Specifying growth targets in the childcare sector as a specific outcome in WESPs would ensure that local childcare strategies are aligned with the government's national aspirations and targets for Welsh language provision. Growth in this sector would contribute significantly to increasing numbers across the Welsh medium education sector in the long term.

Since publishing the Welsh Medium Education Strategy in 2010, local authorities have been required to prepare Welsh in Education Strategic Plans and submit them to the Welsh Government. The School Standards and Organisation (Wales) Act 2013 provided a statutory basis for those plans. Local authorities are required to plan a Welsh medium education strategy, including 7 specific outcomes, in order to increase and improve provision. Following a great deal of criticism about the strategic plans, Aled Roberts was asked to conduct an urgent review of the current system for planning Welsh medium education in Wales in March 2017. Like many other previous reports,¹⁸ Aled Roberts' report is critical of many local authority plans and of the general governance and legislative system. According to the report, one clear shortcoming in the plans is the fact that there is no outcome relating to pre-statutory provision.

Currently, there is no specific outcome which requires local authorities to provide a plan, targets and specific criteria with regard to Welsh medium childcare. Although Cymraeg 2050's work programme for 2017-2021 states that WESPs should include plans to improve Welsh medium early years provision, it is not compulsory. As a result, very little attention is currently being paid to childcare in local authority plans. Requiring local authorities to include a clear and definite plan to increase the numbers receiving Welsh medium childcare and early years education would be beneficial for two main reasons.

1. WESPs have significant potential as a means of coordinating the actions of the Government, local authorities and providers. WESPs would provide an effective framework for the Government to ensure that sufficient local planning and action coexists with its national aspirations and targets. Although CSAs already require local authorities to undertake childcare planning and to consider the language of provision, there is no approval process relating to these reports. WESPs need to be approved by the Government in order to ensure their quality and authorities would therefore be accountable for the targets set. These local plans would also be an effective way of promoting and targeting the work of Mudiad Meithrin as the provider who is likely to develop the majority of new Welsh medium provision. It is likely that the

¹⁸ National Assembly for Wales: The Children, Young People and Education Committee, *Inquiry into Welsh in Education Strategic Plans* (December 2015); Estyn, *Local authority Welsh in Education Strategic Plans* (September 2016).

Government will expect the additional funding earmarked for the Mudiad to be used to reach its target of creating 40 new nursery groups by 2021. In order for this work to have the biggest possible impact in terms of creating new Welsh speakers, it is essential that local authorities are part of this planning process. The situation in terms of Welsh medium provision varies significantly from one area to another, and there are different requirements within and between areas. There is no one-size fits all solution, and local authorities will have the relevant information to prepare a plan and strategy that befits the local area. If local authority WESPs were to outline a clear plan for growth in Welsh medium childcare and early years education in the area, if there was a strong strategic relationship between the local authority and Mudiad Meithrin, and if the Mudiad received support and investment from the Government, then significant developments should be seen in the numbers of children receiving Welsh medium childcare. Reforming WESPs in accordance with Aled Roberts' recommendation would therefore be a positive way of addressing the challenges noted in 3.1 and would represent a substantial and tangible act on part of the Welsh Government.

2. Including a specific outcome for Welsh medium childcare provision in WESPs could lead to significant growth in numbers across the Welsh medium education sector. The current plans' first outcome relates to growth in the number of 7 year old children who are taught through the medium of Welsh. Given the evidence which shows the transition rates between childcare and Welsh medium primary education and the clear relationship between how early in life someone learns Welsh and their fluency at the end of the journey, it is surprising that there is no specific outcome on increasing the number of children receiving Welsh medium childcare and early years education. This is especially true given the fact that there is a fundamental problem with the current outcomes required by the WESPs framework. The majority of local authorities do not set targets for the number of 7 year old children who will be taught through the medium of Welsh. Instead, projections are noted based on the numbers in Yr2, Yr1 and reception class in the area. Local authorities, therefore, know the figures in terms of the number of 7 year old children who will be taught through the medium of Welsh for the next 3 years (the length of the current plans) because these children are already part of the Welsh medium education system. In order to set targets for growth rather than reporting facts, local authorities either need to be asked to prepare more long term plans or be required to set growth targets for pre-school years. Growth in the pre-school sector would have a significant influence on the numbers of 7 year old children in Welsh medium education in subsequent years. Ensuring large numbers across the Welsh medium statutory education system would subsequently be based on successful progression and transfer from one phase of education to another.

3.3. Collecting and recording data

In order to produce effective national and local strategies, and to evaluate the impact and success of these strategies in the future, valid and reliable data is essential. The Welsh Government needs to take the lead in reforming the way childcare data is collected and shared in order to ensure that national and local plans and strategies are based on reliable information.

The recent report by the 'Government Social Research' department¹⁹ is striking and demonstrates how data could potentially be used as a way of informing government strategies. Unfortunately, no consideration was given to Welsh medium provision in this report, and data on Welsh medium provision is very poor in comparison. As discussed earlier (see 2.2 above), there is no effective framework for collecting reliable and valid information on Welsh medium childcare in Wales. Aled Roberts' recommendation to include a specific outcome in the WESPs on increasing pre-statutory Welsh medium provision, depends on the ability to collect and present reliable and valid data on this sector. Without reliable and valid data, there is no robust evidence base to inform Welsh Government and local authority decisions and strategies in terms of funding and planning improvements to the provision. Neither is it possible to assess the effectiveness of any operational strategies. The fact that this sector is not directly controlled by the Welsh Government and includes a wide range of different services makes this a difficult task.

Here is a summary of the main problems that need to be addressed:

Reliability: There exists problems with the consistency of data collection and presentation methods within and between local authorities. The aim of CSAs is that all local authorities provide a clear picture of the childcare sector in order to undertake effective planning for the future. Local authorities are required to use CSSIW self assessment data to complete their childcare sufficiency assessments. One problem in this regard is the self assessment completion rates, which means that the picture is incomplete. Another more fundamental problem is that local authorities often supplement CSSIW data with their own data. This can include data in the form of surveys or quantitative data collected by the local authority itself. The ways in which local authorities collect, interpret and present this additional data varies from one report to another and from one authority to another. CSSIW data and data presented in CSAs never correspond (even when taking self assessment response rates into account); many local authorities completely ignore statistics about the language of provision; some local authorities provide statistics on the language of childcare provision as one combined figure, whilst others only provide statistics on language according to the type of provider (childminders, nurseries etc). This makes the process of following trends over time and comparing different authorities complex, unclear and, in some cases, impossible.

Despite the introduction of a new process in 2016 in an attempt to ensure a more consistent and standardised method of preparing CSAs, reviewing the CSAs that have recently been submitted for 2017-2022 shows that fundamental problems still

¹⁹ Government Social Research, *Childcare capacity in Wales* (October 2017)

exist. For example, only data from 13 of the 22 local authorities can be used in figure 4 (above), either because the data is unavailable or because it has been presented in a way which makes it impossible to use. If the data collection method is inconsistent and unreliable, then the information will be invalid and it will not be possible to prepare or evaluate any plans and strategies for increasing and improving provision in this sector in a meaningful manner.

Validity: a very important factor in ensuring the quality of any data collected on childcare provision language patterns is the problem of categorisation. The Childcare Statutory Guidance defines 4 language categories:²⁰

- a) Welsh medium setting
- b) Welsh and English medium setting
- c) English medium setting with some bilingual elements
- d) English medium setting

Here are the categories most frequently used in CSAs recently submitted by local authorities in 2017. However, as can be seen in figures 2 and 3, CSSIW's most recent data (25 September 2017), in the same way as its previous data, uses only three categories. This is very unclear given that the CSAs are meant to be based on CSSIW data in the first place.²¹

Beyond obvious problems with the consistency of the categories and the source of the data, there are questions about the validity of the self assessment process in terms of the language of provision. Research conducted by Arad on behalf of the Welsh Language Commissioner states that misinterpretation occurs on both sides, with settings describing themselves as Welsh medium and English medium settings when only one member of staff is able to say a few words in Welsh, and other settings which, to all intents and purposes, are Welsh medium or bilingual settings but are afraid to describe themselves as such as they feel uncomfortable about being able to prove that all their paperwork and correspondence is in Welsh.²² In addition, it appears that the use of different language categories can have a significant impact on the process of self assessing the language of provision. For example, there are significant differences between figures 3 and 4 above and more detailed comparisons in specific areas are noted below:

²⁰ Welsh Government, *Childcare Statutory Guidance* (2016), p. 32.

²¹ All of the CSAs evaluated use 4 language categories and state that the data has come from CSSIW's SASS. In recent correspondence with the Commissioner, CSSIW stated that the SASS includes 3 language categories and that it is not aware of any data which includes 4 language categories.

²² Arad, *Welsh Medium Childcare Provision for Pre-School Children* (March 2017).

Figure 6: Comparison between CSSIW data (2017) and data collected from Denbighshire CSA 2017-2022.

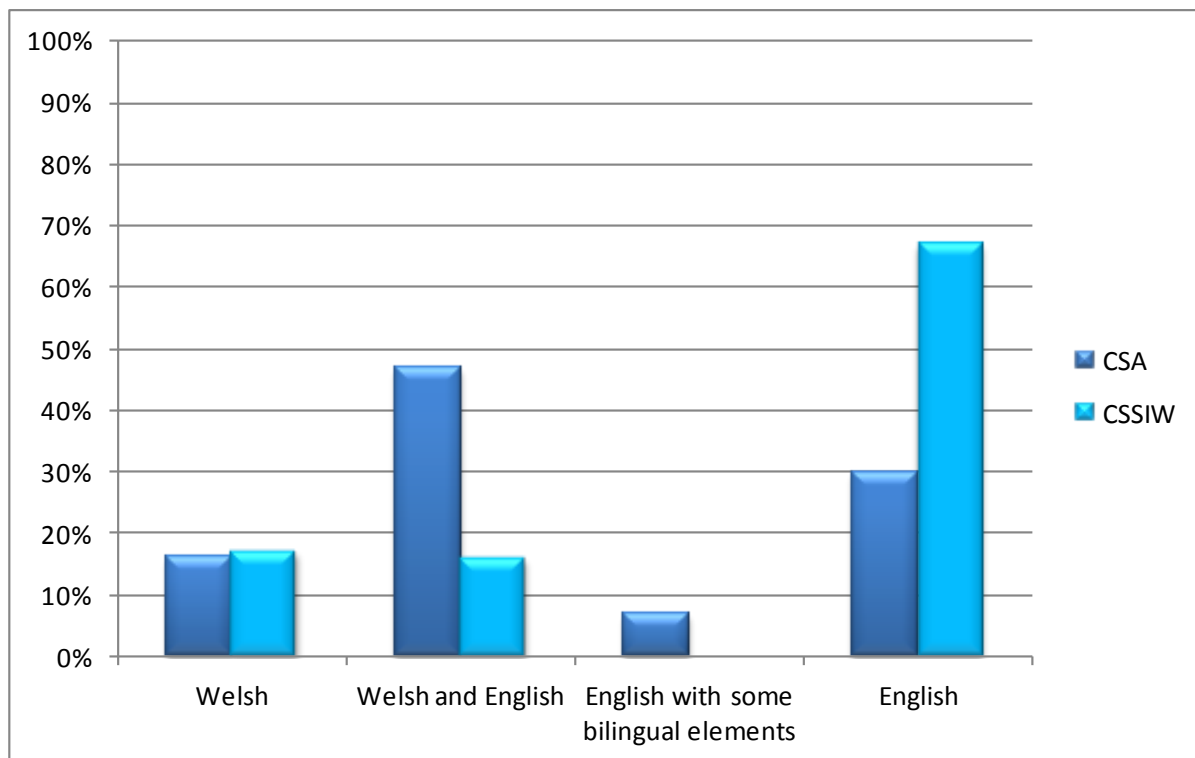


Figure 7: Comparison between CSSIW data (2017) and data collected from the City and County of Swansea CSA 2017-2022.

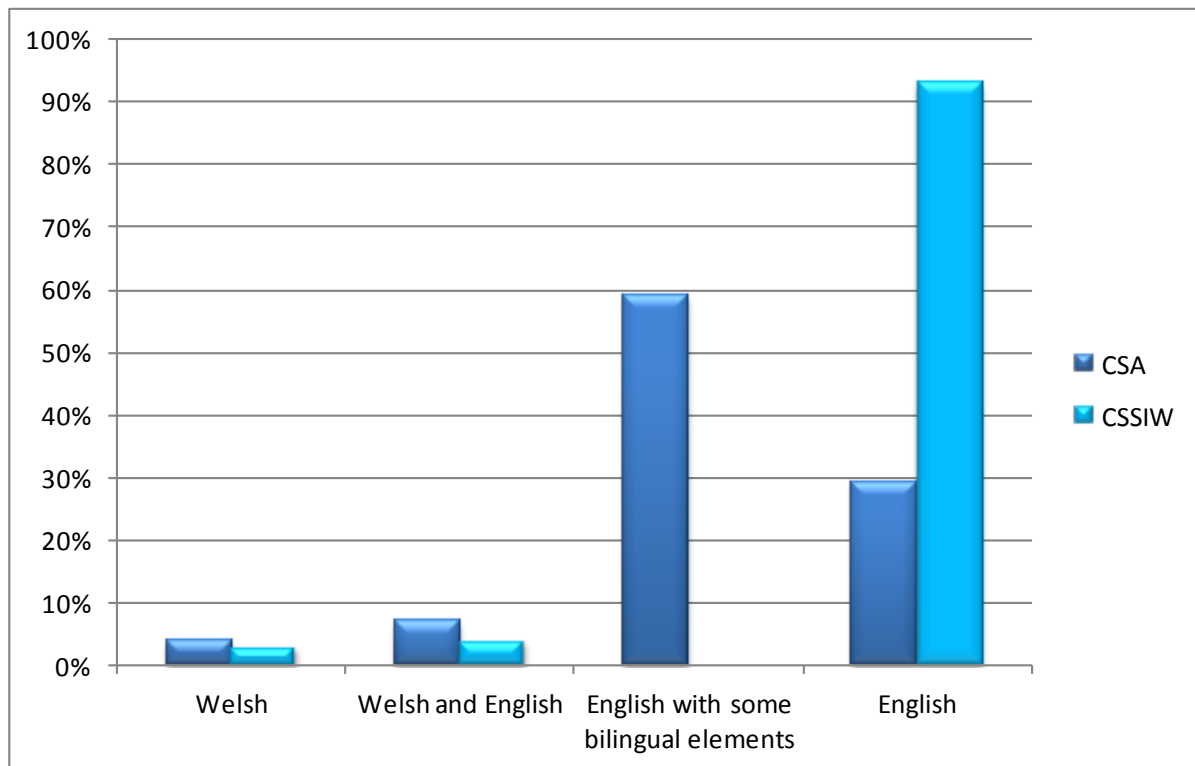
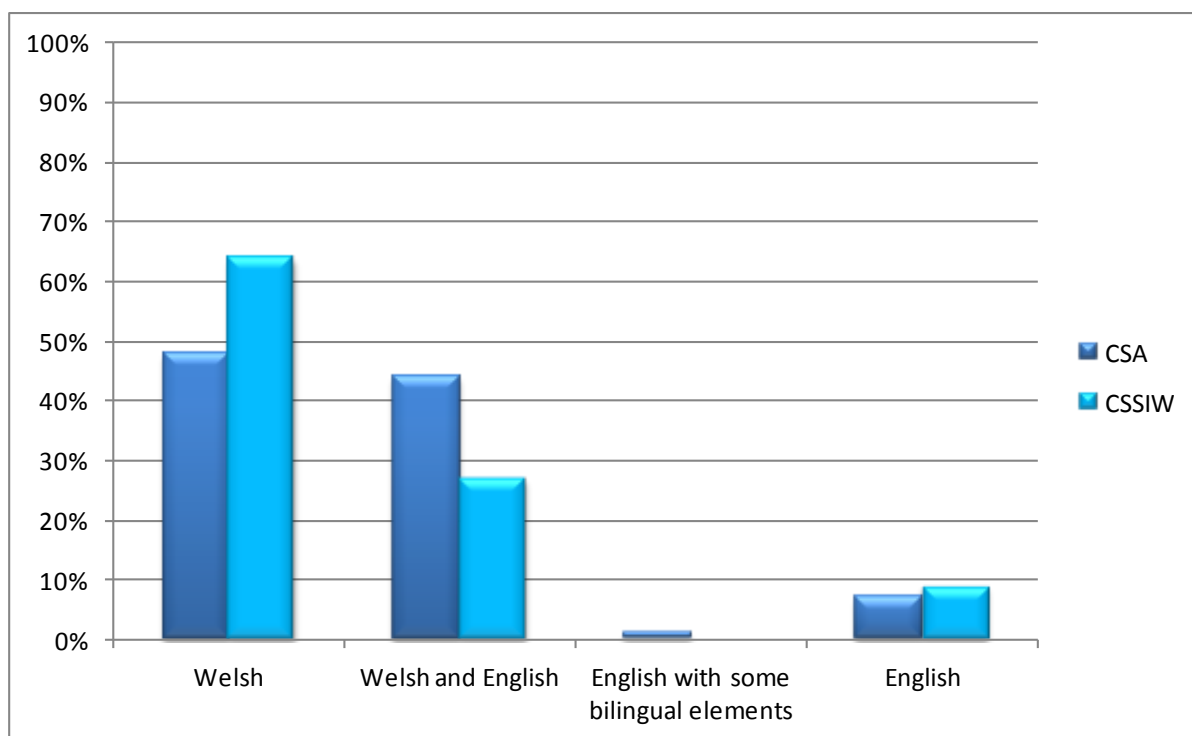


Figure 8: Comparison between CSSIW data (2017) and data collected from Gwynedd CSA 2017-2022.



The data above shows that there are important questions to be answered about how the data is collected and interpreted and the subsequent findings i.e. concluding that the City and County of Swansea has moved from a situation where 95% of childcare was being provided in English to a situation where 60% of the provision is bilingual would be very misleading. It is fair to conclude, from looking at the data, that around 90% of childcare in Swansea is, to all intents and purposes, provided through the medium of English. It is important to be clear about this when describing the position of the language in the area, in terms of providing information to parents on the available provision and, more importantly, in terms of ensuring a valid evidence base to evaluate any previous strategies and plan new ones. It is impossible to avoid these problems completely, but it is important to consider and try to minimise the impact of these on the quality and accuracy of the data.

It appears that the most effective way of moving forward is to reform the current framework. The most comprehensive data on the sector is likely to be provided by CSSIW, and work should be undertaken with the organisation to improve the quality of self assessments and completion rates. Specific local authority data could be used to support CSSIW's data, but consistency is needed in terms of how this is done and how the data is presented. The Government has already tried to move in this direction, but it is obvious that further standardisation and management is needed. It appears, from looking at the recent report by the Government's Social Research

department²³, that CSSIW and the Welsh Government have a wide range of detail and data on childcare in Wales. They also have the research expertise needed to collect, interpret and present this data in an effective way. In view of this, it is unclear why 22 local authorities need to be given raw data from CSSIW, before interpreting and presenting it themselves in the CSAs. It appears also that the Welsh Government and CSSIW could provide data on Welsh medium childcare at national and local levels. This data could be considered alongside the published report on childcare capacity and availability in Wales. It is clear that the Government already has the software and data, and it would just be a case of swapping or adding variables (for example, the availability and location of Welsh medium and bilingual provision, details on Welsh medium schools in the area, areas where the demand for childcare is likely to increase, and the numbers of children aged 0-4 in the area). Good quality data would provide a robust evidence base and enable local authorities to plan and evaluate the first outcome in their WESPs, namely increasing the number of children in Welsh medium childcare. It would also enable local authorities and the government to measure the success of these strategies in terms of increasing Welsh medium childcare provision.

²³ Government Social Research, *Childcare capacity in Wales* (October 2017)

Cynulliad Cenedlaethol Cymru
Y Pwyllgor Plant, Pobl Ifanc ac Addysg

National Assembly for Wales
Children, Young People and Education Committee

Kirsty Williams AM
Cabinet Secretary for Education

30 November 2017

Dear Kirsty

Thank you for your letter of 31 October, and for the further information you have provided in relation to the views of Universities on the Welsh Baccalaureate (Welsh Bacc).

Having considered this additional information, together with the evidence you provided at Committee on 18 October 2017, the Committee has some continued concerns relating to the Welsh Bacc, and we would be grateful for your response on the following issues.

The status of the Welsh Baccalaureate at post-16

On 18 October, you told the Committee that the Welsh Government (WG) 'encourages universal adoption and delivery of the Welsh Baccalaureate'. The Committee is, however, still not clear how exactly you would do that. You confirmed at that meeting that it is not statutory for all learners to undertake the Welsh Bacc, but that WG 'actively' encourages the take-up of the Welsh Bacc post-16 'where appropriate'.

- **Could you provide further explanation of how the WG actively encourages the universal take-up of the Welsh Bacc at post-16?**
- **Does the post-16 planning and funding system provide any financial incentives to schools and colleges to maximise take-up?**
- **Your official (at the meeting on 18 October) referred to documentation that uses the term 'where appropriate' – is this official guidance and is it publicly available? If not can the Committee receive a copy?**

The WG has published guidance, *The post-16 Welsh Baccalaureate: recording and measuring outcomes*, which contains the following targets set by WG for schools and colleges on adoption of the Welsh Bacc:



2015/16 Maintain 2014/15 percentage or 30%, whichever is the higher
2016/17 Maintain 2014/15 percentage or 50%, whichever is the higher
2017/18 Maintain 2014/15 percentage or 70%, whichever is the higher
2018/19 90%
2019/20 100%

Again, on 18 October, you told the Committee that it would be ‘massively inconceivable’ for a school to force a learner to do a qualification when this would jeopardise their chances of fulfilling their potential. However, from the targets listed above, the direction of travel appears to be one of giving the head teacher less discretion than at present.

- **Can you provide details on how these targets are monitored and enforced, and what the implications are for schools and colleges if they don’t meet the 100% target by 2019/20?**
- **How does this tally with the guidance that learners should only be entered for the Welsh Bacc post-16 ‘where appropriate’ and the discretion given to the head teacher?**
- **What guidance is given to head teachers on how they should apply such discretion?**

The views of universities

Although the Committee appreciates the additional information provided, your letter of 31 October appeared to be focussed more on the regard universities have for the Welsh Bacc in their admission procedures rather than its status and whether it is compulsory or not.

We welcome the fact that you have written to all university Vice Chancellors to seek assurance that their institutions would accept the reformed Welsh Baccalaureate as part of their future entry requirements or as part of an alternative offer, although it is not clear whether this was UK wide. You have stated that you ‘expect’ all UK universities to accept the Welsh Bacc. However, the Committee is concerned that this does not provide an assurance that Welsh students are not disadvantaged by doing the Welsh Bacc.

The Committee very much welcomes your assurance that Universities, including Oxford and Cambridge, value the Welsh Bacc and are taking an increasingly flexible approach to recognising it in their offers, but we remain concerned that some universities and courses do not count it towards their entry requirements.



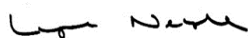
- Can you confirm whether your letter to Vice Chancellors included those all across the UK. Can you also confirm how many responded, and provide an analysis or summary of their responses?
- What analysis has the WG done of whether different schools (departments) within universities have different approaches with regard to the Welsh Bacc?
- Can you confirm what flexibility and discretion is given to post-16 students who want to apply for courses that do not count the Welsh Bacc - would they still have to do the Welsh Bacc? Is this an example of the circumstances where head teacher discretion would come into play?

Finally, you confirm in your letter that Qualifications Wales will be publishing a review of the Welsh Bacc in the autumn term.

- Can you confirm what terms of reference have been set for this? Did the WG request this review or did Qualifications Wales itself decide to undertake the review?

I look forward to your response regarding these matters.

Yours sincerely,



Lynne Neagle AC / AM
Cadeirydd / Chair



Ysgrifennydd y Cabinet dros Iechyd a Gwasanaethau
Cymdeithasol
Cabinet Secretary for Health and Social Services



Llywodraeth Cymru
Welsh Government

Our ref/Ein cyf: MA – P/VG/3792/17

Lynne Neagle AM
Chair
Children, Young People and Education Committee
National Assembly for Wales

Government.Committee.Business@gov.wales

28 November 2017

Dear Lynne

Thank you for your letter of 13 October and to you and the committee, and all contributors to the inquiry, for being involved in producing this report.

As requested, please find my response to the committee's recommendations below:

Recommendation 1: The Committee recommends that the Welsh Government establish and provide national funding for a clinician-led managed clinical network (MCN). The MCN should be provided with the necessary resource including senior clinical and administrative time, and a training budget. This will enable it to provide national leadership, coordination and expertise for the further development of perinatal mental health services and workforce, including in relation to quality standards, care pathways, professional competencies and training resources. The MCN should maintain the current Community of Practice to encourage and develop effective joint working and communication among all relevant professionals.

Response: Accept

Community perinatal services are now available in all areas across Wales. The work of the All-Wales Perinatal Mental Health Steering Group (AWPMHSG) and community of practice has been instrumental in developing the necessary connections and resources. I fully support the central role both groups have played in taking forward the perinatal agenda in Wales.

However, I agree the need to establish a clinician-led managed clinical network (MCN) to support the further development of perinatal mental health services in Wales. The MCN will bring together the clinical leadership and strategic development roles into a single entity.

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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.

Work to put the MCN in place will begin now, with the aim of recruiting to the leadership role this financial year.

Recommendation 2: The Committee recommends that the Welsh Government ensure one of the new MCN's first tasks is to agree and publish outcome-based performance measurements for perinatal mental health services. Once these are developed, the Welsh government should collect and publish national and local data on the measures, with service provision, activity and improvement monitored by a named associated body (e.g. Public Health Wales) so that further levers for improvement can be identified and implemented.

Recommendation 4: That the Welsh Government ensure, once the urgent work to establish the level of demand for MBU services is completed as requested by WHSSC, more robust data collection and monitoring methods are maintained across the perinatal mental health pathway in order to understand the ongoing level of need and demand for support and to provide a stronger evidence base for future service development.

Response (2 and 4): Accept

The standards and outcomes subgroup of the AWPMSHG are currently developing an all-Wales integrated framework for the provision of perinatal mental health services in Wales, which we plan to publish in 2018. This will include both qualitative and quantitative outcome measures.

The emerging all-Wales mental health and learning disabilities core data set will incorporate perinatal information. The IT systems, currently under construction, will be able to ensure more robust data collection and that monitoring arrangements are available in the future. This will be essential to understand the need and demand for perinatal services, as awareness increases and stigma and discrimination becomes less prevalent.

Recommendation 3: That the work requested by WHSSC to identify the level of demand for in-patient Mother and Baby Unit (MBU) services should be completed as a matter of urgency. We recommend that this work be finished during the 6-week window in which we would expect the Welsh Government to provide a response to this report and should be a core consideration when deciding how to allocate the funding for specialist in-patient perinatal mental health services announced as part of the 01 October budget agreement.

Recommendation 6: That the Welsh Government, based on the evidence received, establish an MBU in south Wales, commissioned and funded on a national basis to provide all-Wales services, staffed adequately in terms of numbers and disciplines, and to act as a central hub of knowledge and evidence-based learning for perinatal mental health services in Wales.

Response (3 and 6): Accept

The current evidence base would suggest there is a need for inpatient care in southern Wales, though there would not be sufficient demand to provide a unit in North Wales alone, as your report has concluded. As you have acknowledged, we have already committed to providing inpatient care in Wales within the draft Budget for 2018-19 and 2019-20.

The Tier 4 sub-group of the AWPMSHG is currently costing options for consideration, while considering the concerns raised by WHSSC's Joint Committee. The options are to be presented to the Joint Committee in January.

In presenting options for inpatient care, key factors to be considered include the location of the service and resulting distance for families to travel. A single inpatient unit is likely to be one of these options. However, I expect options for more localised inpatient care, with shorter distances between mothers and babies and their families, to also be presented. It is vital the new inpatient model provides excellent care, whilst being sustainable in the longer term and meeting the needs of our whole population.

Recommendation 5: That the new managed clinical network (see recommendation 1) prioritises the production of guidance for professionals and information for patients on the evidence-based benefits admission to an MBU can have for mothers, babies, and their families so that more informed decisions about treatment options can be taken.

Response: Accept

We have asked the existing Community of Practice to begin work on producing guidance for professionals and information for patients to support more informed decision making about treatment options.

Recommendation 7: That the Welsh Government, in light of the fact that an MBU in south Wales will not necessarily be suitable for mothers and families in mid and north Wales, engage as a matter of urgency with NHS England to discuss options for the creation of a centre in north east Wales that could serve the populations of both sides of the border. More certainty should also be established by the Welsh Government in relation to the ability of the Welsh NHS to commission MBU beds in centres in England where those are deemed clinically necessary.

Response: Accept

I have asked WHSSC to work with Betsi Cadwaladr University Health Board to consider options in North Wales, including this recommendation. The outcomes will inform the overall development of inpatient care in Wales, which will consider the needs of mothers and families across the whole of Wales. The options for provision in North Wales will be presented to the Joint Committee in January, as part of the overall development of inpatient care across Wales.

Recommendation 8: That the Welsh Government deliver a clear action plan to ensure that centres providing MBU beds, wherever they are located (in England or in Wales), are closely integrated with specialist community perinatal mental health teams and that these beds are managed, co-ordinated and funded on an all-Wales, national basis to ensure efficient use and equitable access, especially as they are often needed quickly in crisis situations.

Response: Accept

We agree that linking local perinatal community services and other teams across Wales will be instrumental in developing new inpatient provision in order to support smooth 'step up' or 'step down' transfer between inpatient and community care.

The MCN will include representation from each health board community team, as the Community of Practice does at present, and will be fully engaged as inpatient care in Wales is developed.

Recommendation 9: That, on the basis of an ‘invest to save’ argument and following analysis of the forthcoming evaluation of services and Mind-NSPCC-NMHC research results, the Welsh Government provide additional funding to Health Boards to better address variation so that service development and quality improvement can be achieved by expanding existing teams. To enable all community perinatal mental health services to be brought up to the standard of the best, the mechanism adopted by the Welsh Government to allocate additional funding should have as its primary aim the need to address the disparity in provision between Health Boards in Wales.

Response: Accept in principle

The forthcoming evaluation will provide greater clarity on how community services are currently meeting demand. It is essential there is equity of access to services across Wales and that health boards are able to provide community services which meet the needs of their local population.

We have included an additional £20m each year for mental health services within the draft budget agreement for the next two years. This is in addition to the additional £20m included in this year’s budget (2017-18). We expect health boards to use their increased mental health budget to address gaps in service provision.

The MCN will work with the health boards to set evidence-based standards. This process allows the health boards to develop their services to meet these standards.

Recommendation 10: That the Welsh Government ensure work underway on improving access to psychological therapies for perinatal women (and men where necessary) is prioritised given the established link between perinatal ill health and a child’s health and development. Priority should be given to ensuring pregnant and postnatal women with mental health problems have rapid and timely access to talking therapies or psychological services (at primary and secondary care level), with waiting times monitored and published. We request an update on progress in relation to improving access to psychological therapies for perinatal women (and men where necessary) within 12 months of this report’s publication.

Response: Accept

I accept the importance of pregnant and postnatal women having rapid and timely access to psychological interventions. *Matrics Cymru*¹ - Guidance for Delivering Evidence-Based Psychological Therapy in Wales includes the evidence on the provision of psychological interventions during the perinatal period. The all-Wales action plan for the delivery of psychological therapies to support the implementation of *Matrics Cymru* is currently being developed and will be published in 2018.

Existing community teams provide a range of support, including occupational therapy, specialist clinical psychologists and assistant psychologists. However, I will also ask my

¹ <http://www.1000livesplus.wales.nhs.uk/sitesplus/documents/1011/Matrics%20Cymru%20%28CM%20design%20-%20DRAFT%2015%29.pdf>

officials to seek advice from the Standards and Outcomes sub-group about collecting separate information on timeliness of interventions in line with the NICE recommendations in Matrics Cymru. That is, an assessment offered within two weeks of referral and interventions offered within one month of assessment. This is broadly in line with the waiting time targets we have already set for the provision of therapeutic interventions offered by local primary mental health support services.

Health and Care Research Wales is also supporting specific research into evidence based practice in the perinatal period. We will ensure new and emerging evidence bases are built into the provision of services and revision of Matrics Cymru.

The new MCN will set a strategic agenda and identify outcomes with appropriate timescales for delivery.

Recommendation 11: That the Welsh Government ensure all Health Boards invest in signing up fully to the Royal College of Psychiatrists' quality standards for perinatal mental health services in order to realise the benefits of peer review, shared learning and service benchmarking.

Response: Accept

I fully support the AWPMSHG recommendations that health boards facilitate their perinatal mental health services to sign up to the Royal College of Psychiatrists' quality standards for perinatal mental health services. This will need to be done in line with Wales-specific legislation, such as the Social Services and Well-being Act and the Future Generations Act.

Recommendation 12: That the Welsh Government ensure that the new all-Wales clinical care pathway for perinatal mental health services requires consistency of outcomes (including referral windows and waiting times) but enables Health Boards to retain the level of flexibility around delivery methods necessary to manage and meet local need. The priority should be to develop and implement within the next 12 months an evidence-based, integrated all-Wales clinical care pathway (with some local differences). The pathway should help to deliver integrated services and incentivise early intervention and holistic approaches to care and recovery.

Response: Accept

The new all-Wales integrated pathway and standards will support the delivery of consistency of outcomes for women and families wherever they are in Wales. How such services are delivered will take account of local demand and needs.

It is important the timescales for the delivery of the pathway are realistic and achievable. Appropriate timescales will be put forward by the new MCN.

Recommendation 13: That the Welsh Government and Health Boards work together to raise awareness of perinatal mental health issues amongst the public and health professionals, particularly midwives. This should take the form of a public awareness campaign to improve understanding of the symptoms and risk factors associated with perinatal illness and should encourage the normalisation of discussion of emotional well-being in order to reduce stigma and fear of disclosure.

Response: Reject

While enhancing the knowledge and skills of professionals and the public is desirable, this recommendation is not one that would be supported by public health evidence. Unfocused and untargeted awareness raising campaigns are not the most effective way of changing the behaviour of key groups.

Instead, we will explore what public education approaches would be most effective in raising awareness, without causing unintended adverse effects such as anxiety or disregard of other public health messages. Routine healthcare contacts by midwives and health visitors already emphasise the importance of promoting confidence in parenting and emotional wellbeing during pregnancy and the post-natal period.

Recommendation 14: That the Welsh Government review information provided in standard pre- and post-natal packs given to women in Wales to ensure that it includes the necessary details about emotional well-being, perinatal mental health and where to seek help and support.

Response: Accept in principle

The standards and outcomes subgroup of the AWPMHSG, which has representation from all health boards in Wales, in conjunction with Public Health Wales, is considering the most evidence-based and effective method to improve women's awareness of the importance of mental wellbeing, as well as specific issues relating to perinatal mental health. This will include consideration of whether further information can be included in the pre- and post-natal packs.

Recommendation 15: That the Welsh Government design and provide for all Health Boards a national framework for antenatal classes and require Health Boards to do more to encourage attendance. The framework should include conversations about emotional wellbeing and the realities of parenthood in order to break down the significant and damaging stigma surrounding perinatal mental illness.

Response: Accept

The Welsh Government recently commissioned the Consultant Midwife group to explore women's experience of pregnancy and birth in Wales, which I launched in October. The survey aimed to evaluate women's views of antenatal services and how current service provision can prepare women for labour, birth and parenting.

Included in the findings was the need for improved access to classes that adequately prepare them for birth and parenting. A programme to develop a strategic vision for future maternity services is underway. I agree the need to combine the antenatal education work stream to produce a national framework for awareness of perinatal mental health.

Recommendation 16: That the Welsh Government work with the relevant bodies to ensure that perinatal mental health is included in the pre-registration training and continuous professional development (CPD) of all health professionals and clinicians who are likely to come across perinatal women. The Welsh Government should ensure coverage of perinatal mental health as a discrete topic within midwifery and health visiting education is improved and forms part of the pre-registration mental health nursing programme. The Royal College of General Practitioners' core curriculum for general practice training also needs to better equip GPs to deal with perinatal mental health problems.

Response: Accept in principle

The training and competency sub-group of the AWPMHSG is developing the perinatal mental health learning and development framework for Wales. It is expected to be published in 2018.

Perinatal mental health is currently included in the Midwifery pre-registration training across Wales. The Nursing and Midwifery Council (NMC) is currently reviewing the education framework for 'Future Midwives' and I will ask that Welsh representatives ensure this is recommended for the future.

Perinatal teams within the health boards are expected to provide post-registration training and updates to all staff involved in the care of women and families in pregnancy and postnatally.

GPs work alongside midwives and health visitors in monitoring and managing the mental health needs of pregnant women and new mothers. Further training of GPs, designed to deliver increased awareness of, as well as optimum management of, perinatal mental health disorders should be rolled out via RCGP Wales. Engagement with the GP community will be facilitated through the AWPMHSG.

Recommendation 17: That the Welsh Government undertake work to develop and deliver a workforce strategy/competency framework to build capacity and competency across the specialist workforce, looking to experience in England and Scotland's Managed Clinical Networks (MCNs) which take responsibility for training as part of their leadership and co-ordination role.

Response: Accept

A sub-group of the AWPMHSG is already developing an integrated training and competency framework to ensure all staff in contact with women and their families during the perinatal period have sufficient knowledge and skills to offer evidence-based assessments and, as needed, interventions. This work should be completed in 2018.

Recommendation 18 - That the Welsh Government ensure every Health Board has a specialist perinatal mental health midwife in post to encourage better communication between professionals to enable women who are unwell to get the very best care and support they need.

Response: Accept in principle

As with my response to Recommendation 9, I await the findings of the evaluation, which will provide a clearer picture of how the current model is meeting the demand for services across Wales. This will include how services in areas of lower population density work with surrounding services to meet the needs of new mothers and babies.

Recommendation 19: That the Welsh Government ensure all Health Boards work towards a situation in which every woman has a continued relationship with either a midwife or health visitor. While meeting with the same individual may not be possible on all occasions, continuity of care should be an aspiration to which all Health Boards actively commit resources, with a named lead responsible for each woman's perinatal care.

Response: Accept

The Welsh Government commissioned the Consultant Midwife group to explore women's experience of pregnancy and birth in Wales, which I launched on 9 October. A key finding of the survey was that women wanted to build relationships with knowledgeable, compassionate and kind midwives. This not only makes women feel safe but enables them to trust in the information and advice they receive.

When a woman suffers perinatal ill-health, the named midwife and local perinatal mental health team would collaborate to ensure an individualised plan of care and continuity.

We are committed to ensuring all health boards have the right number of midwives employed within their services. The birth rate plus workforce acuity tool is applied across all health boards, which are required to be compliant against workforce ratios. This is monitored at annual maternity performance boards and enables the provision of a named midwife to all women in pregnancy.

A collaborative event was held with key stakeholders in maternity services this month to develop a future vision for maternity services which will address the key messages from the Women's Survey.

Recommendation 20: That the Welsh Government work with Health Boards to ensure appropriate levels of third sector provision are properly funded, especially where referrals are being made to and from statutory services. A directory of third sector services should be made available to increase awareness of their availability and relevant third sector providers should be invited as a matter of course to attend training jointly with statutory services.

Response: Accept

Health boards are expected to plan to deliver mental health services to meet the needs of their respective populations. They may choose to deliver these services in partnership with third or independent sector organisations, or commission specific services from them.

The Welsh Government is working with partners to coordinate the development of a single 'virtual' directory of services for health, social care, and the third and independent sectors. It is intended that the directory will be used by both the public and professionals and will underpin the new local authority information, advice and assistance service, as well as the 111 telephone and website service. It will include the wide range of services available in local communities and explain how people can access this care and support.

Recommendation 21: That the Welsh Government outline within six months of this report's publication how it expects the lack of psychological support for neonatal and bereaved parents to be addressed and standards to be met, and what steps it will take if compliance with the standards is not achieved. The third edition of the neonatal standards should be published as a matter of priority.

Response: Accept

The revised neonatal standards will be published by the Neonatal Network and implemented across all health boards in the new year. The standards outline the need for each unit to ensure sufficient psychological support is available to parents, siblings and staff. The Welsh Government expects health boards to work together, supported by

WHSSC and the Neonatal Network, to ensure high quality neonatal services in line with professional standards.

Following the Health and Social Care inquiry into Stillbirths (2012), there is now a bereavement midwifery service in every health board. The service provides support to women and families who have suffered a loss through stillbirth or early neonatal death. Health boards also work with third sector organisations, such as the Stillbirth and Neonatal Death Society (SANDS), to improve environments of care, provide support and facilitate professional training.

Recommendation 22: That the Welsh Government give consideration to developing a specialist health visitor in perinatal and infant health role in Wales to liaise with - and work in - a multidisciplinary way with CAMHS and infant mental health services, provide specialist support to mothers, fathers and their children, and provide specialist training and consultation to the wider health visiting and early years' workforce, particularly with regard to issues relating to attachment and bonding.

Response: Reject

It is for health boards to determine their staffing needs from their existing allocation towards providing community services.

I have asked the All-Wales Steering Group on Perinatal Mental Health to gather information on how the community teams currently engage with relevant services and consider what work needs to be done to improve collaboration.

The Healthy Child Wales Programme includes a consistent range of evidence-based preventative and early intervention measures, as well as advice and guidance to support parenting. The programme offers a routine assessment by Health Visitors of attachment and bonding to support positive parent-child relationships and promote positive maternal and family emotional health and resilience.

Recommendation 23: We recognise the benefits of breastfeeding especially with regards to bonding and attachment and recommend that the Welsh Government commission work to look in further detail at the impact of feeding on perinatal mental health and translate this into guidance for professionals and the public.

Response: Reject

While we recognise the benefits of breastfeeding, especially with regards to bonding and attachment, there is currently conflicting evidence of the impact and causative nature in relation to perinatal mental ill-health. There is a work stream underway, which I requested, undertaking a review of breastfeeding and support in maternity and early years. This is in collaboration with all health boards, peer supporters, Public Health Wales and Welsh Government officials. A report with recommendations for the future is due to be released early in 2018 and will incorporate the needs of all women and families.

Recommendation 24: That the Welsh Government ensure Health Boards have in place established standards, advice and guidance on psychological medication during pregnancy and breastfeeding, and ensure that they are implemented.

Response: Reject

Whilst this recommendation cannot be accepted in its existing form, the Welsh Government will take action to ensure health boards make prescribers aware of the expert advice available across the UK on the use of medication during pregnancy and breastfeeding.

Advice on prescribing a medicine in pregnancy and breastfeeding will be provided in the statement of product characteristics produced by the medicine's marketing authorisation holder. In addition, the British National Formulary provides independent advice on prescribing in both pregnancy and breastfeeding.

For most medicines, insufficient evidence will be available to provide assurance regarding the safety of prescribing in pregnancy or breastfeeding. Whilst few medicines have been shown conclusively to be teratogenic in humans, no medicine is safe beyond all doubt in early pregnancy. Given this, it would be unrealistic for health boards to establish advice and guidance on whether particular medicines should or should not be used in these circumstances.

In pregnancy, medicines should be prescribed only if the expected benefit to the mother is thought to be greater than the risk to the foetus, and all drugs should be avoided if possible during the first trimester. Medicines which have been extensively used in pregnancy and appear to be usually safe should be prescribed in preference to new or untried drugs; the smallest effective dose should be used.

In the UK, experience and expertise in the safety of medicines in pregnancy has been brought together in the UK Teratology Information Service (UKTIS), which is commissioned by Public Health England on behalf of UK Health Departments.

UKTIS provide a national service on all aspects of the toxicity of drugs and chemicals in pregnancy. Information is provided to health professionals via a telephone information service and online. Access to the telephone information service and the online resources is free to NHS departments, units and practices in the UK.

In the case of breastfeeding, for many medicines there is insufficient evidence available to provide guidance and it is advisable to administer only essential medicines to a mother during breast-feeding. Further advice on the use of medicines in breastfeeding is available from the UK Drugs in Lactation Advisory service (UKDILAS) provided for the whole of the UK by the Trent and West Midlands Medicines Information Centre. Advice on the use of specific medicines and groups of medicines in breastfeeding is available at: <https://www.sps.nhs.uk/home/about-sps/>. Further advice can be obtained from UKDILAS by directing requests to local health boards' medicines information services.

Recommendation 25: That the Welsh Government ensure all workforce planning for perinatal mental health service provision considers - and provides for - the Welsh language needs of the population.

Response: Accept

Health boards are expected to consider the language needs of their local population when planning services. The Welsh Government's strategy to strengthen Welsh language services in health and social care, *More Than Just Words*, aims to ensure Welsh-speakers receive services in their first language. Under the Welsh Language Measure, the Welsh language has official status which means it should be treated no less favourably than the English language in Wales.

We will expect the new MCN to consider how current provision meets Welsh language needs of the population as part of its work.

Recommendation 26: That the Welsh Government require Health Boards to report on the extent to which their perinatal mental health teams are engaging - and undertaking joint work - with other services such as CAMHS, Community Addiction Units (CAUs) and primary and secondary care mental health teams.

Response: Accept

As in my response to Recommendation 22, I have asked the AWPMSHG to gather information on how the community teams currently engage with relevant services and consider what work needs to be done to improve collaboration.

As part of the requirements within the *Service Framework for the Treatment of People with a Co-occurring Mental Health and Substance Misuse Problem*, published in 2015, we also expect a clear joint protocol and integrated pathway between mental health and substance misuse services. It is further expected that mental health and substance misuse services should be tailored to meet the needs of their local population (which will include expectant mothers). Progress on the implementation of this framework is monitored through existing arrangements within the Welsh Government's strategies '*Together for Mental Health*' and '*Working Together to Reduce Harm*'.

Recommendation 27: That the Welsh Government undertake further work on the link between health inequalities and perinatal mental health, focusing in particular on the best mechanisms for the early identification and treatment of those populations in greatest need.

Response: Accept

The Welsh Government's Health and Care Research Wales joint call for research into evidence-based practice in the perinatal period will include data on how services address health inequalities. The all-Wales integrated framework will also include specific reference to the need to make reasonable adjustments to ensure equity of access to those with protected characteristics.

Yours sincerely



Vaughan Gething AC/AM

Ysgrifennydd y Cabinet dros Iechyd a Gwasanaethau Cymdeithasol
Cabinet Secretary for Health and Social Services