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



Llywodraeth Cymru
Welsh Government

Ein cyf/Our ref MA(P)VG2184/18

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

25 June 2018

Dear Lynne,

Thank you for your letter of 24 April 2018 regarding the Mind Over Matter report following your inquiry into the emotional and mental health of children and young people.

We welcome the report. It provides added evidence to our work to improve the emotional and mental wellbeing of children and young people, by recognising this is an issue which crosses organisational and professional boundaries and which is the business of all professionals who come into contact with young people. Schools and the NHS have a valuable role to play, but their work alone is not the panacea for all the issues young people face. We have a responsibility to ensure responsive and timely services, but also need to be proportionate; not micro-manage provision; and, most importantly, avoid labelling and stigma, a point emphasised by young people themselves in the 2016 Making Sense report by young CAMHS users.

We are particularly pleased the report recognises the improvement in specialist mental health provision which has occurred in recent years. That is not to say there is not more work to do, particularly in primary care which the report highlights as requiring attention. As mentioned in my evidence to Committee, we are investing additional funding in this area and have asked the NHS Delivery Unit (DU) to examine provision. However, our biggest challenge and the greatest benefit we can bring is to now shift the emphasis from mental illness to building resilience and emotional wellbeing. This is our priority for the remainder of this Assembly term.

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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.

We also recognise the important role that schools can play in promoting positive mental health in children and young people. In Our national mission we have recognised that we need to focus on the wellbeing of our learners, which includes their mental health. The Committee's recommendations are in line with the direction of travel which we have set for education in Wales. In responding to the Committee's recommendations we are mindful of the need to progress this agenda without overloading the current system. OECD in its assessment of the Welsh Education Reform Journey (2017) warned of the 'risk of the journey becoming piece meal, not reaching its objectives and with different actors going their own way if additional reforms and activities are introduced that may divert energy from the realisation of objectives'. Rather than risk reform fatigue, the Welsh Government will align the recommendations in the *Mind over Matter* report with programmes that are already underway to support emotional resilience in school settings.

The attached table provides our response to each of the report's recommendations. We are content to accept, or accept in principle most recommendations, where they support activity already underway or which is proposed. There are issues with the timescales in the report. Some recommendations require prior enabling work, such as the NHS DU review, before we will be in a position to address the underlying issue in the recommendation. Other recommendations commit us and our partners to a detailed programme of work, which, given the report seeks progress at pace (often within three to six months), has the potential to adversely affect service provision. As such, where possible, we have provided alternative timescales within our response. A small number of your recommendations we have rejected and where we have done so have indicated the reason for rejection.

We know the Committee will continue to keep this area under close scrutiny and we will be happy to provide further updates, as indicated in relation to some of our responses, on activity in line with your future priorities.

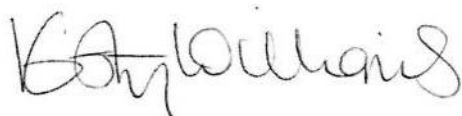
Please pass on our thanks to the Committee and everyone else involved in supporting your inquiry and producing the final report.

Yours sincerely



Vaughan Gething AC/AM

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



Kirsty Williams AC/AM

Ysgrifennydd y Cabinet dros Addysg
Cabinet Secretary for Education

Welsh Government response: Mind Over Matter – CYPE Committee Report – April 2018

No.	Recommendation	Welsh Government response
	<p><u>Key Recommendation</u> That the Welsh Government make the emotional and mental well-being and resilience of our children and young people a stated national priority. This status should bring with it a commitment to:</p> <ol style="list-style-type: none"> 1. provide adequate and ring-fenced resource for our schools to become community hubs of cross-sector and cross-professional support for emotional resilience and mental well-being. Schools cannot shoulder this responsibility alone - the support of other statutory and third sector agencies, most notably health, is essential; 2. ensure that emotional and mental health is fully embedded in the new curriculum; 3. ensure that everyone who cares, volunteers or works with children and young people is trained in emotional and mental health awareness, to tackle issues of stigma, promote good mental health, and enable signposting to support services where necessary. This should include working with professional bodies to embed training in initial qualifications and continuous professional development; and 4. publish every two years an independent review of progress in this area. This process should involve children and young people throughout. 	<p>Accept. <i>Prosperity for All: the national strategy</i> recognises mental health as one of the five areas which have the greatest potential contribution to long-term prosperity and well-being. It is implicit within the strategy that a focus on addressing the emotional and mental health needs of children and young people will meet our ambitious goals for improving the mental health of the nation. This is further built on the Together for Mental Health Strategy which places children and young people at its heart.</p> <p>1. Accept in principle This aligns with two of our commitments in Prosperity for All, namely to introduce a new model of Community Learning Centres, providing extended services with childcare, parenting support, family learning and community access to facilities built around the school day; and ensure schools take on a more wide-ranging role as community hubs, offering not just education but a much wider array of community activities, helping to join up their communities and the services people need. We have established a Task and Finish Group to take forward these actions. The overall aim of the Group is to identify necessary actions and make recommendations in respect of identification of any barriers to the implementation of the identified actions and the means to overcome them, funding implementation of the actions and dissemination of good practice in respect of community use of assets.</p> <p>The group will be led by the Department for Education with representation from cross Governmental policy; the Welsh Local Government Association and Wales Council for Voluntary Action.</p> <p><u>Financial implications</u> £15m capital investment over two years was announced alongside the Welsh Infrastructure Investment Plan; this will enable us to pilot a new model of community learning centres, which will see adaptation of school buildings to create hubs which achieve better outcomes for the community. The hubs will reflect the needs of the local area and provide extended</p>

		<p>services such as childcare, parenting support, family learning and community access to facilities built around the school day. The hubs will also enable a range of community activities and will help to join up services that people need. The outcome of the pilots will inform decisions on the best way forward.</p> <p>We are also developing a range of activity to support emotional resilience in school settings. We have made available £1.4million for our CAMHS school in-reach pilot, to test a number of approaches to joint working across education, the NHS and the third sector. The evaluation in 2020 will inform whether and how we should roll-out provision more widely. Exposure to adverse childhood experiences (ACEs) substantially increased risks of mental illness. The Welsh Government, along with Public Health Wales, is funding an ACE Support Hub, a centre of expertise to increase understanding of and support and inspire individuals, communities and organisations to learn about ACEs and change their thinking and behaviour. This year the Education and Children, Older People and Social Care portfolios are jointly providing £400,000 towards the Hub. We are also working with the Royal College of Psychiatrists to establish regular training events for health and teaching professionals to develop understanding of key mental health issues and build relationships. Action for Children have also been awarded Section 64 grant funding (2018-19 to 2020-21) to deliver emotional health into the PSE curriculum using a validated, evidence-based curriculum.</p> <p>2. Accept. One of the four purposes of the new curriculum is to support children and young people to become healthy confident individuals. The four purposes will be at the heart of the new curriculum and are a starting point for all decisions on the development of the new curriculum and assessment arrangements. The mental and emotional well-being of learners is therefore being considered across all the AoLEs</p> <p><u>Financial implications</u> Work already in progress. No additional financial implications associated with accepting this recommendation.</p> <p>3. Accept in principle. It is unrealistic to ensure that everyone who cares, works or volunteers with children and young people are trained, though we want to ensure that those key workers do have access</p>
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		<p>to training and are undertaking a range of measures to do so. The Together for Children and Young People Programme has developed a workforce framework (T4CYPGoodwork) which describes an indicative competency framework. This has a focus on promoting positive mental health and wellbeing and is recommended for all those who work with children and young people. The framework also highlights specific competencies that more skilled workers will need, dependent upon their roles. As part of its 2018-19 work-plan the Together for Children and Young People’s Programme proposes the following key activity in relation to workforce, education and training:</p> <ul style="list-style-type: none"> • to align competencies to professional roles and map to national occupational standards, and the roles of support staff. Considering how competences relate to other groups such as practitioners/workers from third sector organisations • consider the workforce requirements to deliver emotional and mental health services to include the role of education, the whole school approach and support outside of schools • consider the role of the school nurse together with different staff roles/competencies that enable a whole school approach • develop a multi professional, cross agency, national core competencies and training framework • develop a multi-agency implementation plan that links with Health Education Wales and Social Care Wales <p>The Welsh Government will encourage organisations to use this workforce framework, although we are unable to require its use by all the various professionals, volunteers and others from a myriad of organisations with regular contact with children and young people. We would also expect NHS Wales and other organisations involved in the T4CYP programme to encourage use of the workforce framework.</p> <p><u>Financial implications</u> Work already in progress. No additional financial implications for the Welsh Government associated with accepting this recommendation in principle, apart from staff resources.</p> <p>4. Reject. We have plans to evaluate the CAMHS in reach pilot (as detailed at 1 above) and</p>
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		<p>will be providing regular updates against the various programmes listed above. We will ensure this information is available to the Committee. We will ensure that these are shared with the Committee when published.</p> <p><u>Financial implications</u> None</p>
1.	<p>That the Welsh Government publish, within three months of this report’s publication, a route map of how health (led by the Together for Children and Young People Programme) and education (led by the Health and Well-being Area of Learning Experience) will work together to inform the new curriculum. This route map should contain clear milestones and specify the agencies or individuals responsible for delivery.</p>	<p>Accept in principle</p> <p>We acknowledge that partnership working between health sector stakeholders and the pioneer schools developing our new curriculum is essential, especially concerning the Health and Wellbeing Area of Learning and Experience. We have been working closely with these stakeholders as part of the curriculum development process thus far and their experiences, insights and research have been invaluable in ensuring we pursue an evidence based approach that can effectively support schools to promote good physical, emotional and mental health.</p> <p>Officials in curriculum reform collaborate regularly with Health department colleagues within Welsh Government across a range of issues, with continuing partnership working arrangements with the Children’s Group, the Leads for Healthy Schools, Obesity, Gambling, Substance misuse, Physical activity and Adverse Childhood Experiences (ACE’s).</p> <p>Public Health Wales have also regularly attended and contributed to the Health and Well-Being Area of Learning and Experience (AoLE) development group and DECIPHer have provided detailed written feedback on the “what matters statements” and achievement outcomes for this AoLE.</p> <p>As articulated by Professor Donaldson in Successful Futures, subsidiary is a key feature of our new education system in Wales, with ownership and decision making being invested in those who are closest to the teaching and learning process. It has therefore been the network of pioneer schools who have, over the last 12 months, worked with experts, academics and the regional educational consortia to develop the new curriculum.</p> <p>This approach will also extend to the development of professional learning opportunities for</p>

		<p>the new curriculum, with professional learning pioneers testing the draft curriculum with the wider schools network from the autumn. From here, we can begin to identify and address immediate professional learning priorities and work with the regions and pioneers to create opportunities to support wider engagement through our national approach. It will therefore have to be identified, through this process, what additional input that the Professional Learning Pioneers will need from stakeholders, including those from the health sector.</p> <p>As this process is very much concerned with identifying immediate needs for the development of the new curriculum and professional learning offer for the teaching workforce, it will not be possible to lay out formal plans for engagement at this time. We will, however, ensure that the health sector is part of any support that is provided to the pioneer schools as we move forward with the development process.</p> <p>Updates on the development of the new curriculum are regularly made available through the Welsh Government website. Also, organisations can ‘follow’ the Curriculum for Wales blog, which provides more regular insights and perspectives on curriculum developments. This can be found at https://curriculumforwales.gov.wales/</p> <p>Over the coming months we will write to the committee to set out the progress that has been made in the area (over the last year) and to set out further information with regards to the Health/Wellbeing AOLE .</p> <p>To ensure that we are taking a truly collaborate approach, we would be interested in any updates that Together for Children or other stakeholders could share with the curriculum and professional learning pioneers as they develop our new education system.</p> <p><u>Financial implications</u> Work already in progress. No additional financial implications for the Welsh Government associated with accepting this recommendation in principle, apart from staff resources.</p>
2	That the Welsh Government prioritise the work of improving measurement of well-being in schools within the inspection framework in order to drive activity and performance. The development of these	<p>Accept in principle We are pleased that Estyn have strengthened their focus on emotional wellbeing in the new inspection arrangements.</p>

<p>measures should involve all relevant stakeholders to ensure that they are fit for purpose and do not lead to unintended consequences. Most importantly, children and young people should be involved in the process of preparing these measurements to ensure that they capture correctly the factors that influence their well-being. These measures should be available within six months of this report's publication, or form part of the report of the independent review of the implications of the educational reform programme in Wales for the future role of Estyn, whichever is the earliest.</p>	<p>Inspectors now give particular attention to emotional wellbeing under 2.1 Wellbeing, 2.2 Attitudes to learning, 4.1 Tracking, monitoring and the provision of learning support and 4.2 Personal development (including spiritual, moral, social and cultural development). The inspection guidance handbooks for each sector can be found on the Inspectorate's website www.estyn.gov.uk. More detailed guidance is provided for inspectors in the supplementary guidance on healthy living.</p> <p>We have now asked Estyn to work with the OECD to co-lead a project to develop a national self-evaluation and improvement planning toolkit for schools in Wales. As part of this project, Estyn and the OECD will work with schools, children and young people and other partners to identify how schools can effectively measure and evaluate wellbeing. This will support the action for the Welsh Government in Education in Wales: Our National Mission 'to work with partners, in Wales and beyond, on effective measurements of learner wellbeing' by autumn 2018.</p> <p>In addition, the Schools Health Research Network (SHRN) brings together secondary schools and academic researchers, policy makers and practitioners for health, education and social care with an aim to improve young people's health and wellbeing in the school setting. Each school in the network completes a bilingual electronic Student Health and Wellbeing Survey every two years. The survey is based on the World Health Organization's collaborative Health Behaviour of School-aged Children (HBSC) Survey to allow integration of the two surveys every four years and is accompanied by a School Environment Questionnaire, which allows relationships between school policies and practices and student health to be investigated. Schools that join the Network have the opportunity to have an individualised Student Health and Wellbeing Report every two years, which provides data on key emotional and physical health topics and these can be used by schools for their self-evaluations and used in Estyn inspections.</p> <p>Together for Children and Young People multiagency workshops have developed a number of indicators that practitioners and young people feel would reflect good mental health of individuals and services. Key to this is a shared understanding of our outcomes and theoretical base. Bringing together the key aspects of Healthy Child Wales, ACE's agenda and Trauma informed care seems to give an overview of how we raise children in Wales</p>
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		<p>would be key and could be done cross department. Officials in the Health and Education Departments, together with the Together for Children and Young People Programme will consider how best this can be achieved and we will report back to the Committee in the autumn.</p> <p><u>Financial implications</u> Work already in progress. No additional financial implications for the Welsh Government associated with accepting this recommendation in principle, apart from staff resources.</p>
3	<p>That the Welsh Government undertake a review of the numerous emotional and mental well-being initiatives underway in Wales's schools, with a view to recommending a national approach for schools to adopt, based on best practice. The Welsh Government should work with exemplar schools such as Ysgol Pen y Bryn in Colwyn Bay to develop elements of this national approach, including but not limited to mindfulness.</p>	<p>Accept in principle There are numerous interventions for schools to support emotional health and wellbeing, and schools are best placed to determine the needs of their school population. Strategies, intervention programmes and approaches will rightly vary between schools, reflecting their different contexts, learner populations and needs. However, we recognise that it can be challenging for schools to select the programme that is most appropriate to their needs.</p> <p>The Early Intervention Foundation (EIF) has rated the evidence for various programmes' impact, and has produced a guidebook, so that schools can identify the programme that is most appropriate to their particular circumstances. This has also been reviewed in T4CYP work stream. http://guidebook.eif.org.uk/ We recognise that this may not be as well publicised to schools as it should be. Therefore, in response to the Committee's concerns, the Welsh Government will publicise the EIF guidebook with schools through its Dysg e-zine, which is issued to schools.</p> <p>Together for Children and Young People has also collated a list of evidence based education interventions for promotion of this. Key to schools using the best tools however is the shared understanding of desired outcomes and purpose as in recommendation two.</p> <p>In 2015 The Welsh Government commissioned the Public Policy Institute for Wales (PPIW) to undertake a study to look at which intervention, or interventions would have the greatest positive impact, bearing in mind age and context, on children in primary schools in terms of supporting their emotional health and wellbeing. The findings of this work indicated there is no silver bullet. There is a variety of high-quality and evidence-based programmes which provide excellent guidance and resources for supporting school-based activities in this area.</p>

		<p>However, even where the evidence base for a programme is very strong, there is no guarantee that introducing the programme will generate positive and sustained impacts on children. What is critical is how a programme is implemented, and this is an area where a whole school approach is key.</p> <p>The Welsh Network of Healthy School Schemes (WNHSS) provides a mechanism for embedding that whole school approach. The scheme actively promotes, protects and embeds the physical, mental and social health and well being of its community through positive action. Schools working towards the WNHSS National Quality Award (NQA) look to implement a whole school approach for a variety of health topics, including mental and emotional health and well-being.</p> <p><u>Financial implications</u> No additional financial implications for the Welsh Government associated with accepting this recommendation in principle, apart from staff resources.</p>
4	<p>That the Welsh Government, while undertaking the review we call for in recommendation 3, work in the meantime with the Samaritans to develop its Delivering Emotional Awareness and Listening (DEAL) Programme for wider use in schools in Wales. Subject to the results of the DEAL evaluation that is underway, the Welsh Government should fund the extension of the programme to the primary school sector.</p>	<p>Accept in principle The Welsh Government will continue to ensure that DEAL resources are available on Hwb and will again publicise them via our Dysg e-zine. Following the Committee’s report, the Welsh Government has written to the Samaritans, and will be inviting them to meet to discuss how we might take forward some of the recommendations in the report.</p> <p>However, there are a variety of well evaluated social and emotional learning programmes available, and the Welsh Government is unable to endorse a specific programme. In particular, if we fund the development of a specific programme this would create a precedent and may raise expectations that we would fund the development of other programmes.</p> <p>The Samaritans work has also been a key component of the resources being developed for use by schools in cases of Self harm and suicide see recommendation 16.</p> <p><u>Financial implications</u> No additional financial implications for the Welsh Government associated with accepting</p>

5	<p>That the Welsh Government commission a mapping exercise of the availability of non-teaching staff in schools to support emotional and mental health and well-being, and the anticipated level of future need. This exercise should provide an outline of how any shortcomings will be addressed.</p>	<p>this recommendation in principle, apart from staff resources.</p> <p>Accept in principle</p> <p>It is for local authorities and local health boards to ensure that they have an appropriate workforce in place to meet the needs of children and young people in their area.</p> <p>In response to the Committee’s findings, we will write to local health boards and local authorities about workforce planning and their capacity in relation to independent counselling, educational psychologists, emotional literacy support assistants, play therapists and school nurses.</p> <p>The revised school nursing framework was launched in May 2017 and sets out the Welsh Government’s framework for a school nursing that is safe, accessible and of a high standard. The role of the School Nurse is pivotal in supporting the emotional wellbeing of children and young people. Through consultation with School Nurses and in partnership with the work-streams of T4CYP, an analysis of the role that School Nurses have in this important agenda has been undertaken and has led to the development of standards within the framework. Welsh Government is currently looking at options for further training in relation to this standard.</p> <p>Local authorities are required in law to make reasonable provision of counselling services of counselling to all 11 to 18 year olds in their area, and to all pupils in year 6. The Welsh Government is in the process of refreshing its counselling toolkit. As part of this work, we have met with representatives from local authorities and counselling services, and our discussions have included the qualifications and experience of counsellors. This has informed our position, namely that all counsellors appointed to work with young people should hold a recognised formal qualification in counselling and be competent to work with children and young people and work within the necessary safeguarding requirements. Therefore counsellors should demonstrate continuous professional development and review of practice. This can be through or, if not accredited, counsellors need to be able to provide evidence of competency, skills and experience such as evidence of a current training and continuous professional development plan, evidence of annual reviews, evidence of supervision, feedback from children/young people, outcomes information for the children/young people they have counselled. This will be reflected in the revised</p>
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		<p>toolkit, when published.</p> <p>The Welsh Government recognises the important role that Educational Psychologists play in supporting learners in education. In order to ensure continued supply of educational psychologists we are funding Cardiff University to deliver the Doctorate in Educational Psychology professional training programme. In 2017 the Data Unit Wales were commissioned to gather data on the local authority specialist services workforce, which includes educational psychologists, and a report will be published soon.</p> <p><u>Financial implications</u> No additional financial implications for the Welsh Government associated with accepting this recommendation in principle, apart from staff resources.</p>
6	<p>That the Welsh Government assess the quality of the statutory school counselling available, not least how the service copes with increasing demand, tackles stigma and meets the needs of children and young people. This should include consideration of providing counselling support online and outside lessons/school, and for those younger than 11 years old.</p>	<p>Accept in principle</p> <p>Local authorities should ensure that their statutory counselling provision is a quality service that meets the needs of children and young people in their area. Since 2013, local authorities have been required to make reasonable provision of counselling to all 11 to 18 year olds in their area, and to all pupils in year 6. At the same time funding was transferred to local authority Revenue Support Grant for the continued support of this service. Local authorities may choose to deliver the service in house or contract out the service, either way there is an expectation that the service they are required to provide is a quality service. We are working with local authority representatives to update the Counselling Toolkit, and the revised version will set out the Welsh Government's expectations around different aspects of service provision.</p> <p>There is currently no requirement to provide counselling to pupils in Year 5 and below, and in any case younger children may require a different kind of intervention to a talking therapy (e.g. play therapy, family counselling). The 'Evaluation of the Welsh School-based Counselling Strategy' (2011) noted that the evidence was limited on the process, or outcomes, of counselling in primary schools, although overall levels of satisfaction with the pilots amongst head teachers and local authority leads were found to be high. PPIW's report on supporting the emotional health and wellbeing of children in primary schools considered the evidence for counselling for primary aged pupils and noted that the children attending one-to-one counselling were disproportionately (in comparison to the local school</p>

		<p>population): eligible for free school meals, registered as having special educational needs, and on a child protection plan. As part of our wider consideration of how we might support the mental health of primary school children we will take into account the impact of environments that <i>'render children's failure to thrive more likely'</i>¹.</p> <p>Local authorities are also required to provide data to the Welsh Government on their counselling provision. The Welsh Government will convene a working group of local authority representatives to discuss improvements to counselling data, including consideration of submitting data to the Welsh Government on service-user feedback. (Local authorities already collect service user feedback to inform the ongoing development of the counselling service in their area.)</p> <p>Local authorities are required to provide counselling on the site of each secondary school that they maintain and most now offer counselling services at other locations such as libraries, community centres and other council-owned buildings - wherever appropriate and practicable to do so.</p> <p>At present 6 authorities Powys, Cardiff, Blaenau Gwent, Newport, RCT and Swansea offer online counselling to complement their face to face counselling provision. Welsh Government will evaluate the effectiveness of the current online provision. Following this and subject to a positive evaluation we will consider how best to ensure national coverage for online resources which complement existing face-to-face provision, having regard to the need for digital security and data protection; protocols and technical mechanisms for supporting clients in an emergency; considerations for age range of clients and how this can be enforced; and the recruitment of trained and experienced online counsellors.</p> <p>As part of the wider programme of work under Together for Mental Health to increase access to psychological therapies in Wales, the Welsh Government has also made links with Digital Health England who are reviewing on line resources for children and young people. Also the National Psychological Therapies Management Committee are including reviews of online therapy provision and the governance around it as part of its work.</p>
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¹ Howard et al., 1999, *Childhood Resilience: Review and critique of the literature*, p. 8

		<p><u>Financial implications</u></p> <p>There are additional costs associated with the evaluation of the current online provision, the scope of which will need to be determined. The costs will be met from additional resources supporting psychological therapies (Health budget).</p>
7	<p>That the Welsh Government issue interim guidance to health and education services (and other relevant statutory bodies) about the support they should deliver for emotional and mental health in schools. This should specify the support that they should expect from each other as statutory services. This guidance should remain in place, and should be resourced adequately, until the findings of the in-reach pilots are reported to us and others. The guidance should be issued within three months of our report’s publication and reviewed after the in-reach pilots conclude.</p>	<p>Accept in principle</p> <p>We will issue a statement of expectation to statutory and other partners, setting out the direction of travel, which captures what support is in existence or in the process of being developed. To prepare a comprehensive map of all the different areas will require more than three months but we will aim to issue as soon as reasonably practical. This will build on guidance which already exists and/or activity which is already underway to support delivery of effective and appropriate emotional and mental health services in schools:</p> <ul style="list-style-type: none"> • the 2016 collaborative working between CAMHS and LA counselling services, which included detail on managing referrals, local protocols and referral pathways. • grant funding to Action for Children to deliver the evidence-based intervention, the Mental Health and High School Curriculum Guide, in schools over the next three years. • The CAMHS schools-in reach work into which we are investing £1.4m. • The introduction of the new school nursing framework for Wales • curriculum changes and the development of Areas of Learning Experience • Adverse Childhood Experience informed policy development. <p><u>Financial implications</u></p> <p>There are no financial implications for the Welsh Government associated with accepting this recommendation in principle, apart from staff resources.</p>
8	<p>That the Welsh Government pilot the role of “guidance teacher” in Wales, or adopt another model that allocates responsibility for the emotional and mental health of pupils to a lead member of teaching or non-teaching staff.</p>	<p>Accept in principle</p> <p>We want to put in place a whole school approach to supporting children and young people’s wellbeing, based on all school staff understanding the role they can play in supporting wellbeing of their learners, and understanding that learners’ positive mental health is inextricably bound up in their broader wellbeing.</p>

		<p>There is an intrinsic risk in the ‘guidance teacher’ role, that wellbeing becomes centred in one member of staff, rather than a responsibility that is shared by all school staff, as part of a whole school approach to wellbeing. (As set out in the response to Recommendation 3, we believe the WNHSS has a crucial role to play in embedding that whole school approach).</p> <p>We know from recent research on sources of resilience in relation to adverse childhood experiences, the importance of a relationship with a trusted adult in a child or young person’s life for mental illness outcomes. Any member of staff in that school could be the trusted adult that a child turns to, so all staff need to be prepared to be that kind, empathetic individual who is ready to listen to a child or young person in distress.</p> <p>To help support that broader wellbeing ethos, we will recommend that school governing bodies have a school governor who is also a wellbeing champion. We will develop this proposal further in partnership with representatives from governing bodies and governor support officers.</p> <p><u>Financial implications</u> No additional financial implications for the Welsh Government associated with accepting this recommendation in principle, apart from staff resources.</p>
9	<p>WG make available the management and data tracking progress in relation to LPMHSS waiting times for assessment and interventions for cyp since the commencement of the provisions of the MHMeasure 2010.</p>	<p><u>Reject</u> Part 1 Measure data for referrals for a LPMHSS assessment, waiting times for assessment and waiting times for a therapeutic intervention have been published since April 2013. It is only in the last couple of years that we have only been able to distinguish between ages and we are aware of possible data quality issues in relation to the under 18 data.</p> <p>We are working with health boards to explore the extent of the issue and what actions are required to ensure future data robustness. This involves our work with the NHS Delivery Unit and CAMHS Planning Network to test the reliability of current measures. Pending the outcome of this work later in 2018, we will consider requiring LHBS to publish this information at a local level.</p>

10	<p>WG set out an improvement plan for LPMHSS for cyp. This should provide an assessment of the current levels of provision, anticipated demand for services over the next 5-10 years and estimated level of resource needed to join the two. It should also outline how LPMHSS will engage other statutory and third sector services, and to provide the most accessible, appropriate and timely ‘intermediate’ support services to bridge the gap between emotional resilience support on the one hand, and specialist CAMHS on the other. The improvement plan should outline clearly the pathways available for children and young people so that signposting to and between each level of services is clearer and simpler. It should make explicit reference to how LPMHSS should liaise with schools in particular.</p>	<p><u>Accept</u></p> <p>WG will consider this further on completion of the work we have commissioned via the NHS Delivery Unit (DU) to analyse primary care CAMHS, engaging with staff and stakeholders, in order to evaluate capability and capacity to meet demand. This will include:</p> <ul style="list-style-type: none"> • determining the level of growth of the under 18s workforce since the introduction of the Measure and additional WG investment. • what evidence exists of a demand and capacity mismatch. • whether variance exists between services and performance and, if so, the degree of variation and implications for waiting times and flow to and from services <p>This will enable us to determine whether any “hidden” activity exists. Activity will also be informed by a separate LHB CAMHS Network peer review of primary care CAMHS, occurring over the course of the spring and summer 2018.</p> <p>This work will be supported by the Together for Children and Young People Programme which will</p> <ul style="list-style-type: none"> • agree a set of best practice principles for the delivery of children and young people’s services; • develop a second edition of its Best Practice Directory highlighting national work to consider physical and cyber bullying and initiatives to manage self-harm and anxiety; • develop guidance on the service response to self-harm in the community, and test with vulnerable groups/CAMHS teams (linking with the national <i>Talk2Me</i> work); • agree a performance matrix and implementation plan for Local Primary Mental Health Support Services (LPMHSS) for children; • determine appropriate ways to cascade best practice being developed and implemented by both pioneer and non-pioneer schools as part of the educational reform work; and • develop a systematic training/awareness programme to embed best practice into Local/Regional Partnership Boards to ensure a legacy of building resilience across Wales.. <p><u>Financial implications</u></p> <p>The DU review, peer review, Together for Children and Young People and Vice Chair work has already been factored in to existing work-programmes.</p>
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11	<p>WG ensure:</p> <ol style="list-style-type: none"> 1. consistent pathways for all sCAMHS services based on the national referral criteria once agreed, are implemented by all health boards (and related agencies where relevant) within six months of this report's publication. 2. Each pathway is accompanied by defined standards against which all health boards can be measured and benchmarked consistently 3. Information is made publicly available so that health boards and WG can be held to account for performance in a transparent and well-informed way. 	<p>(1/2) <u>Accept</u> Care pathways, which include agreed standards of care and national referral criteria have been developed in relation to crisis care, early intervention in psychosis, eating disorders and self-harm. Work has also been ongoing under the Together for Children and Young People Programme neurodevelopmental workstream on this issue in relation to neurodevelopmental conditions. The Programme, working with the CAMHS Network and WHSSC, will continue to review the need for any further pathways and the adoption of existing pathways by health boards as appropriate. The Programme's 2018-19 work-plan includes proposals to further develop the Framework for Improvement to include pathways for inpatient care and self-harm; gender; learning disabilities and sensory and physical impairment. It will also produce guidance on psychiatric liaison; referral; care & treatment planning and psychological interventions; together with a Local Service Directory; and all-Wales model for assertive outreach.</p> <p>Work to improve the information collected about young people's services is underway. The Together for Children and Young People Framework for Improvement includes suggested qualitative measures and outcomes. The implementation of the CAPA model across CAMHS services encourages the adoption of outcome measures. These will help inform and evidence future standards of performance, as will the inclusion of Welsh services in national (UK) annual benchmarking exercises (see also response to recommendation 14). All NHS Wales CAMHS services will continue to participate in the annual UK wide NHS benchmarking exercise that monitors workforce, finance, services provided and activity data</p> <p>(3) <u>Reject</u> It is for health boards to determine what information is published locally, though we would expect this information to be in the public domain at health board level either via the local Partnership Board or other route. We will include an update on health boards activity in this area in the next Together for Mental Health Annual Report.</p> <p><u>Financial implications</u> Managed within existing Together for Children and Young People and Local Health Board resources.</p>
12	<p>WG outline as a matter of urgency, and within three months of this report's publication, how it intends to</p>	<p>(1) <u>Accept</u> (See also recommendation 10). Agreed referral criteria for LPMHSS and specialist CAMHS has been developed by the Together for Children and Young People</p>

	<p>address the challenges faced by the group of cyp who do not meet the threshold for sCAMHS but for whom alternative services are not available – the so called ‘missing middle’. This should include:</p> <ol style="list-style-type: none"> 1. Detailed steps it will take over the next six months to ensure that their needs are met and that relevant agencies are held to account for delivery 2. Account of the consideration given to focusing on referral criteria on levels of distress experienced by cyp (the source of which can be behavioural, social and/or medical in nature) rather than on a medically defined, diagnosis basis alone 	<p>Programme which, together with the CAMHS Planning Network will monitor implementation and tracking of young people through the system. CAMHS benchmarking and the development of the national core dataset will also help inform activity, whilst the Programme’s Resilience and Early Intervention workstream is working to reach a definition of well-being which can be used by services to target appropriate interventions at all levels of service provision and promote service integration. Which will underpin the Programme objective to agree best practice principles for the delivery of children and young people’s services as detailed in (10). However, activity is likely to take longer than the proposed six months.</p> <p>(2) <u>Reject</u> Distress is an indicator for advice and liaison but cannot be the overriding consideration and must be viewed as one of a number of factors which determine which services are most appropriate to the young person’s needs. Focusing merely on distress could result in the delivery of disproportionate services and measuring distress is often subjective and relies on the views of others rather than the young person themselves.</p> <p><u>Financial implications</u> The DU review, peer review, Together for Children and Young People and Vice Chair work has already been factored in to existing work-programmes.</p>
13	<p>That the Welsh Government develop an immediate recovery plan for neurodevelopmental services in Betsi Cadwaladr University Health Board to address the unacceptably long waiting times faced by over 1000 children and young people.</p>	<p><u>Accept in principle</u> Welsh Government will write to BCU asking them to set out a recovery plan to ensure that neurodevelopmental services are able to meet the expected 26 week target by December 2018.</p> <p>Furthermore, the Together for Children and Young People Programme neurodevelopmental workstream is working with health boards to improve provision and has agreed the ND development priorities for 2018 to 2021, which includes supporting service improvement in the current year by helping establish and monitor LHB baselines for delivery of the ND pathway.</p> <p><u>Financial implications</u> There are no financial implications – this work has already been factored in to existing work-</p>

		programmes
14	WG prioritise work to ensure qualitative measures of performance are developed to sit alongside existing referral to assessment waiting time data within six months of this report's publication. This information should be transparent and made publicly available so that those responsible can be held to account for service delivery and performance.	<p><u>Accept</u> Work to improve the information collected about young people's services is underway, but cannot be completed within the timeframe specified. The Together for Children and Young People Framework for Improvement includes suggested qualitative measures and outcomes. Whilst the implementation of the CAPA model across CAMHS services encourages the adoption of outcome measures. The CAMHS Planning Network is also undertaking an exercise to establish baseline data from all areas. This will be subsumed within the Welsh Government led mental health and learning disabilities core dataset. This will ensure that information is consistent, and help improve planning and evaluation. Once implemented by health boards and tested for robustness this information will be made publicly available. Wales will have better information about who is accessing services, their experience throughout receipt of service, and the individual outcomes.</p> <p>As work develops we will report back to the Committee by the end of 2018 on progress. We will also give a particular focus to Tier 4 provision and the adoption of outcome measures to provide qualitative information and service user views to inform activity. This work will be led by the Together for Children and Young People Programme and WHSSC, but will also seek to involve those bodies representing young service users.</p> <p><u>Financial implications</u> There are no financial implications – this work has already been factored in to existing work-programmes</p>
15	WG, within six months of this report's publication, in relation to crisis and out of hours care: 1. Work with police forces to scope the proposed all-Wales triage model which would see mental health practitioners situated in police control rooms to provide advice when cyp (and other age groups, if appropriate) present in crisis 2. Outline how resources could be directed towards	<p>Effective, appropriate and consistent out of hours and crisis care is something we see as a priority, which is why we have made it one of the preferred areas for investment for our new transformation funding announced earlier in the year. Once health board proposals have been submitted we will review these against the requirements of this recommendation.</p> <p>(1) <u>Accept</u> Though this cannot be completed within six months. Some health boards already provide dedicated mental health specialists working alongside Police in the control room to</p>

	<p>enabling crisis teams in all health boards to provide training and cascade expertise to other frontline services, particularly colleagues in A&E, in border areas (to improve cross border relations with those centres most often accessed by Welsh domiciled patients), and in schools (to normalise conversations about suicide and self-harm in particular).</p> <ol style="list-style-type: none"> 3. Ensure that follow-up support is being provided by health boards after discharge, provide information on how health boards monitor this provision and commit to making this information publicly available to ensure transparency and accountability 4. Ensure all health boards are adhering to the requirement to hold designated beds that could be staffed adequately for under 18s in crisis, indicating how this will be monitored and reported in future and what steps will be taken if such beds are not available 5. Implement with pace and in a uniform way across health boards the single point of access approach to specialist services, to ensure timely and appropriate access to support, urgent or otherwise 6. Reflecting on the results of the review of crisis care, outline what more needs to be done to deliver a safe and cost-effective 24/7 crisis care service in all areas, how that will be done and by when. 	<p>ensure that when vulnerable people with a mental health illness or suffering a crisis come into contact with them, they receive appropriate care and support. Consideration is needed to explore whether a local, regional or national approach (e.g. within the NHS111 hub) would provide the most effective model, subject to evaluation of existing activity. This will be taken forward by the multiagency Crisis Concordat Assurance Group, which includes CAMHS representation, as part of its agreed work programme.</p> <p>(2/3) <u>Reject</u> This already forms part of existing crisis team standard working practice. LHB proposals included commitments to partnership working across agencies; the provision of consultation, liaison and advice to other services; and to provide follow-up support to patients and other services. In relation to cross border consultation PtHB crisis proposal allowed for Improved liaison with neighbouring DGHS, police and adult mental health services so that cyp can be assessed quickly and returned to their homes. Health boards are expected to keep this provision under review to ensure provision meets demand. In relation to reporting, in no other area of service provision is such detail reported publicly or in relation to how individual parts of the NHS interact with each other to ensure continuing care.</p> <p>(4) <u>Accept</u> In 2015 we issued guidance on the admission of under 18 year olds to mental health inpatient settings, which included guidance on how to deal with young people who present in crisis, including the need to have designated beds which are adequately staffed. In terms of monitoring and reporting, LHBs are required to report inappropriate admissions as serious untoward incidents to Welsh Government, which then robustly follows up the issues with health boards as appropriate. We will reiterate the guidance to health boards and review the totality of the SUIs for the 2017-18 period. The CAMHS Planning Network will review designated beds to ensure compliance with the guidance and consistency of provision.</p> <p>(5) <u>Accept</u> Though this cannot be completed within six months. The Together for Children and Young People Programme as part of its 2018-19 work-programme and development and implementation of the specialist CAMHS Framework for Improvement will consider the merits of introducing a single point of access across health boards.</p>
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16	<p>WG in relation to suicide specifically work with expert organisations to:</p> <ol style="list-style-type: none"> 1. Provide within three months of this report’s publication guidance to schools on talking about suicide and self harm, to dispel the myth that any discussion will lead to contagion 2. Work with expert organisations to prioritise the issuing of guidance to schools where there has been a suicide or suspected suicide 3. Ensure basic mental health training, including how to talk about suicide, becomes part of initial teacher training and continuous professional development, so that all teachers are equipped to talk about it. 	<p>(1/2) <u>Accept in principle</u>. As per (15(2)). Multiagency regional suicide prevention fora are responsible for the implementation of local plans. As part of Talk to me 2 we are about to publish guidance on management of Self Harm and Suicide in schools after a collaborative workshop with education, health and Samaritans representatives that builds on existing good practice. In addition, the Health, Social Care and Sport Committee’s inquiry focusing on suicide prevention for people aged 15 and over in Wales is currently considering the extent of the problem and what can be done to address it including the effectiveness of the Welsh Government’s approach and its impact. The Committee’s final report is anticipated in the autumn and we will ensure guidance takes account of the Committee’s findings.</p> <p>(3) <u>Accept in principle</u> We are currently reforming the way in which initial teacher education (ITE) is delivered in Wales. The reforms require future accredited providers to design and deliver courses that support the four purposes of a new curriculum for Wales and address the six areas of learning and experience, including Health and well-being.</p> <p>A key element of our overall reform agenda is to also introduce a new more rigorous approach to the accreditation of programmes of ITE, and that these should be governed by the EWC so enabling the profession to set its own entry requirements.</p>

		<p><u>Our National Mission</u> reinforces our commitment to developing approaches to professional learning to ensure that all schools are better able to plan for curriculum change. When the draft curriculum is made available in April 2019, it will take time to further develop our understanding of the professional learning challenges associated with implementation in schools. We need to ensure that our school leaders and teachers are clear on the required change in philosophy and approach to deliver the new curriculum.</p> <p>From the Autumn Term 2018, Professional Learning Pioneers will lead cycles of action inquiry with the wider schools network, focused on early interaction with the draft curriculum to identify immediate professional learning requirements. Engagement work will be supported by HEI research partners and lead experts/academics with specific expertise aligned to the Areas of Learning and Experience (AoLE) disciplines to identify signature pedagogies to support the future delivery of the AoLEs. This will include a specific focus on professional learning aligned to the Health and Well Being AoLE, to equip practitioners to support all our children and young people to become healthy, confident individuals, able to build their mental and emotional well-being by developing confidence, resilience and empathy.</p> <p><u>Financial implications</u> There are no financial implications – this work has already been factored in to existing work-programmes</p>
17	<p>WG:</p> <ol style="list-style-type: none"> 1. Engage as a matter of urgency in addressing the reduced capacity in the n Wales IPU 2. Provide in its response to this report an action plan detailing the practical support it is going to give to BCU to return the unit to its commissioned capacity of 12 beds by summer 2018. 	<p>(1) <u>Accept</u> WHSSC have been working closely with BCU over recent months and significant progress has already been made with an increase in operational beds to 10 beds as at May 2018.</p> <p>(2) <u>Reject</u> This is unnecessary as work by WHSSC and the health board is already underway.</p> <p><u>Financial implications</u> There are no financial implications – this work has already been factored in to existing work-programmes</p>
18	WG use the results of the review of IPU capacity in	(1) <u>Accept</u> It is a stated Welsh Government commitment that young people requiring

	<p>Wales to:</p> <ol style="list-style-type: none"> 1. Provide as many services as close to home as possible for Welsh cyp 2. Engage in dialogue with NHS E about options for the creation of very specialist IP beds that could serve populations both sides of the border 3. Explore the viability of using spare IPU capacity on the NHS estate to provide step-down services for those leaving placements. 	<p>inpatient care should receive this as close to home as possible, with the default being one of the two Welsh CAMHS inpatient units. However, there will be times when young people, requiring high needs care will need to be cared for at a very specialist centres in England which provide services for the whole of the UK. Nevertheless the reduction in the number of young people sent out of Wales for treatment in recent years is evidence of this commitment.</p> <p>(2/3)<u>Accept</u> WHSSC and the CAMHS Planning Network has commissioned work to review the future provision of CAMHS low secure and acute hospital national framework commissioning arrangements. This covers provision for young people who require placements outside of Wales with CAMHS/LD, Low Secure and acute hospital setting needs. Activity involves detailed modelling on the numbers of young people in such placements and consideration of existing NHS Wales tier 4 facilities. A formal report is due to the Network Board by September 2018. Early indications suggest that whilst there is potential to meet the needs of some OoA cases in the NHS units there will be the need to continue providing specialist placements appropriate providers. The Network Board will ensure the Committee’s recommendation is fully reflected in this work. This will be complimented by work through the Ministerial Advisory group and WLGA which is reviewing provision through social care to ensure local, integrated solutions are progressed when possible.</p> <p><u>Financial implications</u> The work should lead to efficiency gains in relation to ensure better use made of existing Welsh inpatient facilities.</p>
19	<p>WG in light of the importance of the transition period in retaining engagement with support services and the heightened vulnerabilities of young people as they enter adulthood, require health boards and LAs to report to them on a six monthly basis:</p> <ol style="list-style-type: none"> 1. Steps taken to ensure implementation of the transition guidance 2. Assessment of their level of adherence to the guidance 3. The challenges they encounter when seeking to 	<p><u>Reject</u> This is implicit within the transitions guidance published by the Together for Children and Young People Programme which states that health boards are expected to keep transition arrangements under review, and that Welsh Government will undertake a review of these arrangements which addresses points (1) to (3). However, a six monthly report is unrealistic and places additional burdens on services and clinicians. We will ask the NHS Delivery Unit to schedule this piece of work into its forward work plan for later in 2018-2019 and to work with the Together for Children and Young People Programme to test the guidance and accompanying young person’s passport with young service users and health boards.</p>

	deliver smooth transitions and how they are mitigating those risks	
20	<p>WG in light of current variation in provision and the crucial role therapeutic interventions have to play, set out a national action plan for the delivery of psychological therapies for cyp. As a minimum this should include:</p> <ol style="list-style-type: none"> 1. Outline how primary, secondary and specialist services will work together to ensure a range of therapeutic services across the spectrum of need are delivered effectively 2. Plans for developing and maintaining a stream of sufficiently trained (and regulated/registered) practitioners 3. Details of the proposed review of prescribing trends for cyp with emotional, behavioural and mental health problems, building on previous work undertaken by Prof Ann John and including an assessment of whether other interventions have impacted these trends, to begin in the next 12-18 months 4. Assessment of the plan's financial implications and affordability and how its outcomes will be measured. 	<p>Matrics Cymru, published in 2017 by the National Psychological Therapies Management Committee (NPTMC), outlines how psychological therapies should be provided for different mental health conditions. Supporting Matrics Cymru the NPTMC is developing an implementation plan providing guidance about core competencies, training and supervision.</p> <p>(1/2)<u>Accept</u> A specific children's version of the Matrics is in development, which will support more consistency across Wales. The Together for Children and Young People Programme is supporting this work, which will be underpinned by an all Wales training and supervision structure and Once for Wales training.</p> <p>(3)<u>Accept in principle</u> Following the reviews we commissioned from Swansea University in relation to prescribing trends for children and young people in 2015, the Together for Children and Young People Programme will consider whether there is sufficient merit in commissioning a further review, being informed by availability of follow-on data, its robustness and suitability for review (i.e. being able to distinguish between GP and hospital prescribing and those supervised and started by specialist in CAMHS, GP's or other professionals).</p> <p>(4)<u>Accept</u> Additional funding for psychological therapies of £5.5 million annually from 2018-19 will be provided to support implementation of the Matrics Cymru, including for children and young people.</p> <p><u>Financial implications</u> Activity will be funded from the additional £5.5m we are making available annually for improving provision of psychological therapies and may lead to efficiencies by identifying those approaches which work best with children and young people.</p>
21	<p>WG within six months of this report's publication commission a review of current provision – and need for – advocacy services for cyp accessing all mental health services, not just those in inpatient settings. This should be undertaken in consultation with key</p>	<p><u>Accept</u> However, this cannot be achieved within the timescale proposed. The Together for Children and Young People Programme already has mechanisms in place to engage young people in its work, through broad roots engagement that captures the well being of all children and not just those who use CAMHS. This includes working closely with Children in Wales, the</p>

	<p>stakeholders such as the CCfW, National Youth Advocacy Services, commissioned providers of services, and cyp. Based on the review WG should assess the viability of providing an active offer of advocacy to all cyp entering mental health services and publish a full account of its conclusions.</p>	<p>Children’s Commissioner’s office, Time to Change Wales and the third sector ‘High Needs Collaborative’. During 2018-19 the Programme will consider the provision of advocacy support available for children and young people in receipt of community services.</p> <p>LAs currently commission independent professional advocacy on a regional basis either from NYAS or Tros Gynnal, WG provide a contribution to funding of the active offer. It may be that there would be some opportunity for joint commissioning between LA and Health Boards. There is a commitment to review the specialist CAMHS Framework for Improvement which recommends an active patient voice and children participation in service development and feedback. The Together for Children and Young People Programme will consider and report before the end of the Programme on the appropriateness of this recommendation, given the extent of current provision such as that in Aneurin Bevan UHB which has jointly commissioned services for all young people in specialist and LPMHSS services via National Youth Advocacy Services.</p> <p><u>Financial implications</u></p> <p>Any financial implications will be managed as part of the arrangements for progressing the Together for Children and Young People Programme. Any further financial implications in relation to implementation of the action plan, once developed, will be considered at that time.</p>
22	<p>WG work across agencies to ensure the emotional and mental health needs of cyp are assessed on entry to care and the youth justice system, and routinely thereafter. This will help inform planning of adequate provision of multidisciplinary support to meet their often complex needs in a timely and appropriate way.</p>	<p><u>Accept</u></p> <p>All children and young people in care have a right to have a health assessment and a health plan, which should include an assessment of mental health needs. The Social Services and Well-being (Wales) Act 2014 requires social care and health professionals to work together to ensure the good health of LAC and that their health is checked on a regular basis. The first assessment should occur before, or within, the first 20 days of being in care and should reoccur at six monthly intervals for under fives, and at least annually for over five year olds.</p> <p>The CAMHS Framework for Improvement sets out the consultation and liaison social care should expect from CAMHS and output measures from the Framework will start to be collected from 2019. The Together for Children and Young People Programme will during 2018-19 work with social care to review the contribution of mental health professionals to health assessments, with regard to the quality and appropriateness of their input and their</p>

		<p>ongoing engagement in the young person’s health plan. This will include the contribution of both primary care and specialist mental health services and their ability to deliver interventions which meet the young person’s needs.</p> <p>In 2014 we issued, jointly with the Youth Justice Board (YJB), Policy Implementation Guidance on addressing mental health problems of children and young people in the youth justice system. We are currently working with the YJB, Youth Offending Teams and CAMHS to develop a care pathway and best practice to support implementation of the guidance. This work will involve a review of the effectiveness of the guidance to date in meeting the mental health needs of young people in the justice system. Activity is expected to be complete by the end of 2018-19.</p> <p><u>Financial Implications</u></p> <p>Work in relation to LAC will form part of the ongoing 2018-19 Together for Children and Young People Programme of activity. In relation to young people in the youth justice system we have already provided additional funding of £250,000 since 2015-16 to support the needs of these young people. Activity underway will ensure funding is targeted to have the most beneficial effect.</p>
23	<p>WG within six months of publication of this report undertake an urgent piece of work on the provision of emotional, behavioural and mental health support for LAC and adopted children. This should:</p> <ol style="list-style-type: none"> 1. Be informed by the activity of the MAG on LAC and T4CYP’s work 2. Consider, in the case of LAC, the extent to which public bodies are adhering to their responsibilities as corporate parents to provide both physical and emotional support they need. 	<p><u>Accept in principle</u></p> <p>(1/2) This is a detailed piece of work, which cannot be completed within such a short timeframe. Work is in hand both within the Together for Children and Young People Programme, the MAG Residential Task and Finish Group and WLGA led Complex Needs Group, all of which need to work together and inform the thinking and activity of each group. This will also be further informed by the links which have been developed between CAMHS and the National Adoption Service and work underway as part of the National Fostering Framework and wider LAC activity regardless of placement type. Action proposed in relation to recommendation 22 will further address this recommendation.</p> <p><u>Financial implications</u></p> <p>There are no financial implications – this work has already been factored in to existing work-programmes</p>

24	WG within three months of this report's publication action evidence received from the RCP&CH that it needs to establish an overarching group "with teeth" to manage the joint working that is needed between statutory and 3 rd sector organisations to deliver effective and timely emotional and mental health services.	<p><u>Reject</u></p> <p>Mechanisms already exist at both nationally and locally to hold services to account and promote collaboration across agencies and the third sector.</p> <ul style="list-style-type: none"> • The Together for Mental Health Strategy has established long-standing multiagency assurance groups (National Partnership Board and Children's Delivery Assurance Group), which include third sector representation. • The Together for Children and Young People Programme Board and proposed new all Age NHS Mental Health Board will ensure health boards and Regional Partnership Boards work with 3rd sector partners to deliver their mental health responsibilities.
25	WG ensure all health boards respond promptly and comprehensively to surveys on workforce numbers conducted by the Royal Colleges in Wales. This will help enable the design of services that take into account staffing capacity and respond in an effective and innovative way to any shortages.	<p><u>Accept</u></p> <p>We expect health boards to consider any relevant surveys undertaken that impact on workforce planning and if appropriate to work with Royal Colleges and other to inform the design of services.</p> <p>The inclusion of all Welsh services in UK wide CAMHS benchmarking since 2016 has enabled a comprehensive and bespoke analysis for the NHS in Wales and allows for comparisons between England and Wales, and within the LHB peer group across the range of service provision, at all tiers and including quality and outcomes, finance and workforce.</p> <p>(see also Key Recommendation)</p> <p><u>Financial implications</u> None.</p>
26	WG ensure the T4CYP undertake a comprehensive piece of work on the current and future availability of Welsh language emotional and mental health support services.	<p><u>Accept</u></p> <p>Delivering high-quality health and care services centred on individual needs and providing services in Welsh is a key commitment in <i>More than just words</i> which sets out actions to improve Welsh language services.</p> <p>Welsh Government will engage with the T4CYP to ensure Welsh language is embedded in its work to improve the emotional and mental health of children and young people. The focus initially will be on provision in specialist CAMHS at Tier 4, with a view to extending</p>

		<p>consideration to other areas thereafter.</p> <p><u>Financial implications</u> Not yet quantifiable, there may be financial implications arising out of the development and licensing of tools to deliver assessments and interventions through the medium of Welsh. However it is considered that these can be prioritised either within programme budgets or at health board level through existing resources.</p>
27	<p>WG require LHBs to report expenditure on emotional and mental health services for cyp in a uniform way to increase accountability and transparency. This data should include information on all services, not sCAMHS only and should be broken down by area (e.g. primary, secondary, crisis, therapeutic, third sector, etc).</p>	<p><u>Reject</u> Information is already provided on StatsWales which distinguishes between LHB primary and secondary care CAMHS. To distinguish further between individual functions (i.e. crisis care, therapeutic interventions, etc) would place undue administrative burdens on health boards and provide little by way of evidencing the appropriateness of provision, for what is a small area of total NHS expenditure, nor is such detail provided in any other area of NHS expenditure. Costs of direct services are collected in the Annual Programme Budgeting exercise.</p> <p>In addition NHS expenditure alone does not recognise the totality of emotional support to young people with significant support coming from outside the mainstream NHS. For instance most expenditure of a preventative nature takes place outside CAMHS. Therefore CAMHS expenditure itself does not encompass the very important element of engagement and preventative work that needs to be undertaken with children and young people in education and other settings. The NHS expenditure figures exclude these other elements of expenditure from sources, such as the investment in local authority family and children’s support services and counselling for children and young people.</p>