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Cabinet Secretary for Health and Social Services

Lynne Neagle AM  
CYPE Committee Chair



Llywodraeth Cymru  
Welsh Government

Dear Lynne,

8 March 2018

We have noted the actions arising from CYPE Committee on 15 February, and these are addressed below:

- *Available information on the correlation between levels of deprivation and mental health issues such as self-harm and eating disorders.*

The mental health of children and young people is influenced by a range of economic, social and environmental factors, with recent work by Public Health England, for example, setting out risk and protective factors under the headings of child, family, school and community<sup>1</sup>. The part played by socio-economic disadvantage is noted as a specific risk factor. Evidence from various sources illustrates this point, such that young people in poorer circumstances are, for example, more likely to report having a mental illness, having low life satisfaction and self harming<sup>2 3 4</sup>. There is some agreement in the literature that this association is not necessarily straightforward, being influenced by factors noted above, such as the parent-child relationship. It is also important to note the strength of the relationship varies by study and that given the numerous influences, the relationship between disadvantage and mental health among children and young people needs to be interpreted with some caution. Furthermore, it should be noted that what we know in this area relates to mental health more broadly, rather than at the level of specific conditions.

- *Examples of where expert organisations have worked with schools, including pioneer schools, to inform the delivery of wellbeing support in schools which will inform the development of the relevant Area of Learning Experience in the new curriculum.*

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[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/575632/Mental\\_health\\_of\\_child\\_en\\_in\\_England.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/575632/Mental_health_of_child_en_in_England.pdf)

<sup>2</sup> <http://www.euro.who.int/en/health-topics/Life-stages/child-and-adolescent-health/health-behaviour-in-school-aged-children-hbsc/growing-up-unequal.-hbsc-2016-study-20132014-survey>

<sup>3</sup> <http://gov.wales/docs/caecd/research/2015/151022-health-behaviour-school-children-2013-14-key-findings-en.pdf>

<sup>4</sup> [https://www.childrensociety.org.uk/sites/default/files/poor\\_mental\\_health\\_report.pdf](https://www.childrensociety.org.uk/sites/default/files/poor_mental_health_report.pdf)

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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.

During the development of the Health and Well-being AoLE, pioneers have worked in groups with a range of experts from a variety of backgrounds to support the development of the Area.

Pioneers have worked closely with Professor Emma Renold to ensure that the Health and Well-being AoLE is appropriately informed by the findings of the Sex and Relationships Education (SRE) Expert Panel Report and supports all learners' well-being. This has included workshops chaired by Professor Renold open to pioneers in all Areas to consider high quality SRE across AoLEs, and how this supports learners' well-being.

Pioneers are also working with Professor Robin Banerjee, focusing specifically on learners' emotional well-being, resilience and positive relationships in the development of the AoLE.

Pioneers have also worked with Public Health Wales; Welsh Network of Healthy School Schemes and the School Health Research Network in respect of health and experts in physical literacy from Bangor University and Liverpool John Moores University. These experts have attended working groups of pioneers and are working with the AoLE leads to ensure that the development of the AoLE is supported by rigorous evidence and expertise.

Pioneers have also worked with expertise in respect of Adverse Childhood Experiences (ACEs). Officials responsible for the Health and Well-being AoLE are working with their colleagues from within Welsh Government and the ACE Support Hub to support school communities to become ACE informed in their work.

Additional details of how the pioneers in Health and Well-being have engaged with experts over the autumn term are available [here](#) as part of the AoLE's report to the Curriculum and Assessment Group.

A number of pioneer schools in the Health and Well-being AoLE working group are also members of the CAMHS in-reach pilot intended to further promote positive health and wellbeing in schools.

As regards specific examples of expert organisations working with schools, the following give a flavour of some of the work that is taking place:

- Jiwsy is a sex and relationships education project in North Wales, funded by Betsi Cadwaladr University Health Board. Jiwsy delivers SRE programmes to groups of vulnerable young people under 25 years old. Over half of the clients they work with have learning disabilities and/or autism. Project Jiwsy delivered a six week SRE programme to classes of 8 to 10 young people, aged 13 to 16 years old, at Ysgol Hafod Lon, an additional needs school in Penrhyndeudraeth, Gwynedd.
- St Woolos Primary School in Newport promotes an understanding of diversity and respect for all; ensuring that pupils develop a strong sense of responsibility and empathy for one another. This is done through providing a comprehensive package of training for staff that equips them with the awareness and skills necessary to understand the cultural heritage of pupils. For example, staff receives regular training from specialist agencies including child and adolescent psychotherapists and BAWSO<sup>5</sup>.
- Ysgol Uwchradd Tywyn in rural West Wales is committed to providing an inclusive, wide-ranging education to its pupils, with an emphasis on encouraging and building a supportive environment. Pupils and staff are encouraged to understand, appreciate and respect the views, rights and situations of others. The school delivers important information about healthy relationships through a wide range of activities. These include PSE lessons, subjects across the curriculum, suspended timetable days, drama productions, assemblies and outside speakers. The school holds information-

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<sup>5</sup> Bawso is an all Wales voluntary organisation, providing specialist services to victims and BME people affected or at risk of by domestic abuse and all forms of violence.

sharing and training workshops for staff and parents, delivered by specialist agencies on issues such as e-safety, sexting and domestic abuse.

- The Swansea TAF in Schools Partnership, funded through Families First, has been running since 2016. It provides staff in primary schools with intensive mentoring support, access to formal training on a range of themes include parenting, mental health and behaviour, and the use of positive role modelling to help them develop the necessary confidence and skills to work better with families. The project has been a huge success and was awarded a Guardian Public Service Award for Learning and Development on in November.
- *Access to primary mental health services for young people, in particular if all Local Health Boards are complying with the Mental Health Measure, and an update on the current work of the NHS Wales Delivery Unit in this area.*

We have management data from Health Boards to enable us to track progress and to ensure that there is equal access for young people. For under 18s there is variation across Health Boards and in the consistency of improvement in waiting times for assessment and interventions in Local Primary Mental Health Support Services (LPMHSS).

As part of the work through 2018-19, the NHS Delivery Unit will work with health boards to consider how further improvements can be made including opportunities for sharing good practice and/or models. Later in the summer, the NHS Delivery Unit will also undertake a review of primary mental health services for children and young people.

- *Information on the age of the youngest child admitted due to mental ill health to an adult ward in a crisis/out of hours situation.*

We have made great strides in reducing the number of underage admissions to adult mental health wards since we published new guidance in 2015. For the first time this stated that the needs of the young person should be taken into account when deciding on placement and recognised that a young person of 17 working and living as an adult may prefer to have their care in an adult setting. The guidance also requests health boards to report to Welsh Government as a serious untoward incident, all underage admissions to adult mental health wards. There is a particular problem in reporting in north Wales, however, as their S.136 suite is on an adult ward, so the process of having an assessment for mental health, if they're brought in by the police, was classed incorrectly as an admission, when in fact, it is an appropriate local placement.

Between December 2016 and November 2017, not including over cautious reporting by BCU, the youngest to have been admitted temporarily to an adult ward was 15.

- *Update on resourcing issues at the North Wales Adolescent Service in-patient unit, Abergel.*

The enhancement of the community teams and development of the Community Intensive Team has enabled higher levels of illness and disturbance to be safely and more effectively managed in the community.

It is challenging to maintain appropriate nursing numbers and experience, particularly in light of the very substantial developments in the community teams. Experienced inpatient staff have sought and obtained community posts as part of their career development.

2017 has been a particularly difficult year regarding vacancies,. Adverts for nurses have been on the NHS jobs website as a rolling advert. Managers and practitioners have attended and contributed to the NHS recruitment days with some success.

The current 12 bed provision is considered to currently meet the inpatient care need for young people. Although inpatient care will always be required, supporting families and young people to stay at home in their community is the model of care being strived for. Clinical Gatekeeping is in place ensuring that all actions have taken place to meet the needs of the young person in the community, and all alternative solutions considered prior to an inpatient bed being sought.

The need for generic Out of Area beds is directly affected by the current vacancy position within NWAS, the provision in Tier 3 CAMHS and the Community Intensive Team. It is anticipated that the need for inpatient care will reduce as core capacity and early intervention models of service are strengthened.

Psychiatric Intensive Care and Low Secure provision is commissioned by WHSSC, as a specialist service, not available within North Wales. There will always be a need for Out of Area admissions for very highly disturbed young people who need a psychiatric intensive care environment. This need does not arise frequently enough in North Wales to develop and maintain the competencies required and due to the very low numbers it is also not financially viable.

There were also questions which were not reached in the time available, and these are addressed below:

- 1. Evidence to the Committee's inquiry has suggested that there is a shortage of educational psychologists in Wales. Do you recognise that picture and if so, what activity is underway to address this?*

Local authorities are responsible for the provision of educational psychology services and for providing a suitable education for all learners, including those with SEN. The Welsh Government recognises the important role that educational psychologists (EPs) play in supporting learners in education.

EPs will continue to play a vital role under the new additional learning needs (ALN) system in Wales. The Additional Learning Needs and Education Tribunal (Wales) Act 2018 will provide for a new legal framework for supporting children and young people aged 0 to 25 with ALN. The Act is part of our wider ALN Transformation Programme that is delivering our ALN reforms.

Workforce development is a key feature of the ALN Transformation programme. Ensuring we have a skilled and resourced workforce to meet the needs of learners with ALN is essential for delivering the new ALN system. The Welsh Government has announced a £20m package of funding to support the implementation of the Act and delivery of the wider Transformation Programme. Much of this funding will be targeted at workforce development which includes supporting EP training in Welsh and English.

The Welsh Government has agreed to continue funding Cardiff University's Doctorate in Educational Psychology professional training programme (DEdPsy) for a further cohort from

September 2018, whilst negotiations about arrangements from 2019/20 onwards are concluded.

You may also wish to be aware that officials have worked closely with the Association of Educational Psychologists (AEP) to develop guidance on the role and responsibilities of EPs in Wales. The '[Educational psychologists in Wales](#)' guidance is aimed at parents and education professionals working with children and young people and aims to create a better understanding what to expect from the role of the EP.

*2. Do you see a role for guidance teachers in leading a whole-school approach (and if not, who should lead this work in schools)?*

There is certainly a role for certain members of the school staff to be the link with specialist services, for example our [Counselling toolkit](#) sets out the importance of having a link person the school. However, ultimately any teacher could be that trusted adult a child turns to when they need help, and that trusted adult needs to be able to respond appropriately.

In 2015 the Public Policy Institute for Wales published a report, '[Effective Pupil Support in Secondary Schools](#)', following an expert workshop on the subject of pupil support. The experts discussed the advantages and disadvantages of specialist and generalist approaches to pupil support. A specialist approach sees specialist 'guidance teachers' or similar responsible for pupil support whilst a generalist sees all teachers responsible for pupil support. Experts argued that responsibility for pupil support should be shared by all teachers.

When it comes to leading a whole school approach towards wellbeing, we expect head teachers to decide how a whole school approach should be embedded, and to put the necessary arrangements in place to make this happen. However, we know that working towards the Welsh Network of Healthy School Schemes National Quality Award, can help schools ensure that they promote, protect and embed the physical, mental and social health and well being of their community through positive action. Healthy school practitioners are in place to work directly with schools to help them identify their own health improvement needs within the national framework, and then implement required actions

*3. How do you respond to the All Wales Heads of Children's Services, the WLGA and the National Adoption Service's suggestion that the correct balance has not been struck between local authorities and health boards in terms of funding mental and emotional support for looked after and adopted children?*

Regional Partnership Boards (RPBs) have been provided for by the Social Services and Well-being (Wales) Act 2014 to bring together health, social services and other partners to support the effective integration of services. Seven RPBs have been established across Wales and each one consists of the relevant health board and all the local authorities within the health board area.

The RPBs are required to promote the use of pooled budgets. Particularly, they are required to consider establishing pooled budgets when health boards and local authorities are jointly developing services in response to their population needs assessments required

under the Social Services and Well-being (Wales) Act 2014. Statutory guidance sets out that RPBs must prioritise the integration of services in relation to children with complex needs.

The Social Services and Well-being (Wales) Act 2014 provides Ministers with powers to direct partners to establish pooled funds to make better use of resources and further improve wellbeing outcomes.

4. *Are you satisfied that all health boards are commissioning the necessary independent mental health advocacy and that an active offer of advocacy is being made to children and young people in all instances?*

All Health Boards submit quarterly all-ages data on the provision of Independent Mental Health Advocacy under Part 4 of the Measure. This data set was developed during 2016-17 to provide further assurance that every person has contact with an IMHA within 5 working days of their request. Health Boards report that they are meeting this standard on a 100% basis which includes data for children and young people.

Rather than an “active offer” there is a statutory duty to provide information about the right and availability of advocacy services to all qualifying children and young people and Health Boards are required to discharge this duty appropriately. The Welsh Government with MIND Cymru published accessible information leaflets alongside the revised Code of Practice to the Mental Health Act in 2016 that sets out people’s right to independent advocacy, what support they can expect and who should provide information about IMHAs.

5. *How do you respond to the suggestion that greater advocacy provision for children and young people is needed as they enter mental health services, not just those in in-patient settings (see evidence from the T4CYP, Children’s Commissioner and the National Youth Advocacy Service)?*

Part 4 of the Mental Health (Wales) Measure 2010 expanded the right to an independent mental health advocate (IMHA) when receiving inpatient mental health care and treatment whether detained under the Mental Health Act 1983 or not, creating an equality of access to advocacy support and ensuring the voice of all children and young people is heard regardless of legal status.

It is also important to remember that the right to IMHA under the Measure also extends to people who are discharged from hospital subject to Community Treatment Orders and (in the case for a young person who is aged 16 or over and not a ward of the court) Guardianship Orders.

The Welsh Government’s funded national information, advice and advocacy helpline for children and young people aged 0 to 25, MEIC, provides support and listening services to children and young people and acts as a signpost for those needing information and advice. The service can be accessed by phone, SMS text message, web based instant messenger or e-mail 24 hours a day, seven days a week.

We hope that you find this information helpful.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'Kirsty Williams'.

**Kirsty Williams AC/AM**

Ysgrifennydd y Cabinet dros Addysg  
Cabinet Secretary for Education

A handwritten signature in black ink, appearing to read 'Vaughan Gething'.

**Vaughan Gething AC/AM**

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