



A draft Report of the: **Task group**

Child Mental Health & Well-being Support and Services – Draft V5

December 2019



Cardiff Council

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Introduction

1. The Children & Young People Scrutiny Committee during its consideration of items for the 2018/19 work programme agreed to undertake a Task & Finish inquiry into “Child Mental Health Support and Services”, to be chaired by Councillor Mike Phillips.
2. The inquiry was suggested by the Committee Chairman and supported by the Cabinet Members for Education Employment and Skills, and agreed by all Committee Members at the work programme forum meeting for inclusion in the work programme.
3. It was also suggested by the Committee that the Inquiry group should include representatives from the Youth Council, Cardiff & Vale University Health Board, Education, and Children’s Services and was open to non-committee members. The Group agreed to hold a number of evidence gathering meetings with key stakeholders.
4. The following members of the Group took part in the evidence gathering during the Inquiry:

Councillor Michael Phillips (Whitchurch & Tongwynlais) – Chairman of Group & Committee Member	Councillor Lee Bridgeman (Llanrumney) – Chairman of Committee & Child Mental Health Resilience Trainer
Patricia Arlotte – Committee co-optee – (Catholic Diocesan)	Rebecca Crump – Committee co- optee (Parent Governor) <i>Term ended August 19</i>
Karen Dell’ Armi – Committee co- optee (Parent Governor)	Councillor Rhys Taylor (Gabalfa) – Committee Member
Councillor Ashley Lister, (Grangetown) - Assistant Cabinet Member	Rose Whittle – Head of Operations & Delivery, Community Child Health Cardiff & Vale University Health Board Representative

Katie Simpson, CAMHS Repatriation Project Manager, C&V UHB	Ffion Humphreys - Youth Council
Fahadi Mukulu – Youth Council	Jenny Hughes, Senior Achievement Leader Inclusion Education
Finn Madell – Service Manager, Safeguarding Services	

5. The Inquiry team was grateful to the staff and managers across all services for the open and honest advice, comments and suggestions they made.

External contributions

6. The Inquiry also appreciated the advice, comments and openness of all those who gave their time to attend meetings of the group, this included the Chairman of the Welsh Government Children & Young People and Education Committee, Welsh Government Education Staff, The Children’s Commissioner and Policy Officer, The Police and Crime Commissioner and Staff Officer, Child & Adolescent Mental Health Service Staff, representatives from Action for Children, Samaritans, Wales Mental Health Foundation, Cardiff University Researcher and the Former Deputy Head at Monmouth Comprehensive School, Parents Group representative and representatives from the Cardiff Youth Council
7. The Group also considered a survey report (9,000 pupils) on Student Mental Health and Well-being which was presented by members of the Cardiff Youth Council, and the Mind over Matter report produced by the Children, Young People and Education Committee.
8. Without support, mental distress can have a severe impact on children’s happiness, well-being and development, their educational attainment and their potential to live fulfilling and productive lives. Children and young people with mental health problems also face stigma, isolation and discrimination, as well as challenges in accessing health care and education. But these are not inevitable consequences of mental distress. Evidence shows that with appropriate and timely intervention and support, children and young people can live well and happy lives.

Recommendations

9. The evidence received indicates that Cardiff needs to adopt the core principle that, positive mental health and well-being is a priority for all children, through the adoption of practices that promote and maintain positivity, as well as providing a framework and resources for appropriate and early intervention for emerging and established well-being and mental health issues.
 10. The Task Group members have analysed the evidence and key findings highlighted in this report, which helped the Group to focus the outcome identified to enable the Council and its partners to improve the services and support for young people, parents, teachers and school staff.
 11. Listed below are a number of recommendations which the Task Group considers, that if fully implemented, will significantly improve the support and services for pupils, parents, teachers, school staff and professionals in tackling child mental health and well-being.
- R1 The Cardiff Public Services Board must prioritise the strategic overview of services and support for child mental health and well-being, to ensure the effective coordination of provision across Cardiff. The strategy must deliver an integrated approach to children and young people's emotional and mental health support. The Strategic overview must also map all services and support for child mental health to identify any gaps or duplication in provision.
KF1, KF2
- R2 The Public Services Board must ensure that all partners co-ordinate effective early intervention and support, as a graduated response, to provide resilience in young people for later life. The intervention and support must be effective and sustainable and made available to all schools to ensure that all pupils are able to access the preventative and intervention support they need. In addition the Board must review and investigate the capacity of the school nurses service and access to resilience workers. KF5, KF6, KF10

- R3 The Education Well-being and Resilience Strategy being developed by the Education and Lifelong Learning Directorate must ensure that schools have appropriate capacity and resources to support the management and operation of the various mental health and well-being initiatives and programmes and to fully engage with all training and initiatives. KF5, KF8
- R4 The Education Well-being and Resilience Strategy must, where necessary, address all school leadership teams to ensure that the culture of the school is changed to help improve child mental health and well-being. The cultural change must be implemented across the whole school using whatever methodology that the leadership team considers appropriate. It must also include additional monitoring and assessment processes to ensure the effective implementation of support for child mental health and well-being in schools, KF3, KF11
- R5 The Cardiff and Vale University Health Board must prioritise the effective operation of the single point of access, together with appropriate signposting and partnership working, to enable the level of referrals to become more focused, relevant and manageable, and to reduce duplication and confusion help develop a “passport” system for patient information so that it only has to be provided once. The Cardiff & Vale University Health Board must also work with all partners to provide a clear and consistent assessment, referral and support process, which is regularly communicated to young people and parents. The Board should ensure that clear advice is available to the public explaining what is available and how to access it. KF1, KF9, KF12
- R6 That the Welsh Government reviews the content of the Post Graduate Certificate in Education to include child mental health and well-being awareness.KF7
- R7 That the Public Services Board and Cabinet ensures the implementation of the recommendations from this inquiry to better support children, young people, parents, school staff and professionals and improved outcomes for all. KF13.

Key Findings

12. The Inquiry Members reviewed the evidence gathered from discussions with the Chairman of the Welsh Government's Children, Young People and Education Committee, Welsh Government Education Staff, The Children's Commissioner and Policy Officer, The Police and Crime Commissioner and Staff Officer, Child & Adolescence Mental Health Service staff, representatives from Action for Children, Samaritans, Wales Mental Health Foundation, Cardiff University Researcher and the Former Deputy Head at Monmouth Comprehensive School, Parents Group representative and representatives from Cardiff Youth Council.
13. The Task Group considered a survey report (9,000 pupils) on student mental health and well-being, which was presented by members of the Cardiff Youth Council, together with the Mind over Matter report produced by the Children, Young People and Education Committee and the Welsh Government response.
14. The Task Group also held a workshop with Teachers, Parents, Child and Adolescence Mental Health staff, Charities, Education staff and children's services staff to seek their views on the processes and procedures. The key questions asked were:
 - What are the problems facing young people that cause mental health and well-being issues?
 - What is the problem with the system in dealing with these issues?
 - What actions need to be made to provide an effective system?
 - How will we achieve all this?
15. During the inquiry the Members were also made aware, from Parents, Teachers, Young People and the Police Commissioner, of the damaging impact of mental health and well-being problems in Children and young people and that it is crucial for this inquiry to identify key areas for improvement to ensure that in future, pupils, teachers, school staff, parents and professionals are more appropriately supported.

16. The evidence, advice and suggestions received, during the inquiry, has been reviewed by the Task Group members and could be separated into the following key areas:

- Cardiff Public Service Board
- Leadership and Culture in Cardiff's Schools
- School Accountability for Child Mental Health and Well-being support
- Intervention and Prevention Measures to Support Young People
- Mental Health and Well-being Workers and Professionals in Schools
- Best Practice Across Cardiff's Schools
- Training and Awareness Raising in Schools for Teachers, School Staff and Governors
- Child Mental Health and Well-being and the Post Graduate Certificate in Education
- Capacity in Schools to Support Child Mental Health and Well-being
- Cardiff & Vale University Health Board Streamlining Improvement in Child and Adult Mental Health Services
- Graduated approach to Child Mental Health and Well-being
- Parents and Families Involvement in Child Mental Health and Well-being Support and Services
- Expected Outcomes from Improved Mental Health and Well-being
- Mind over Matter Report and Response

Cardiff Public Services Board Strategic Overview

17. The Inquiry was informed, at a meeting with the Welsh Assembly, that the Welsh Government has indicated that it wishes to see a much more integrated service for Child Mental Health and Well-being. In particular they want young people, Head Teachers & Psychologist to work together.
18. The Members were advised, by a number of professionals that the Cardiff Public Services Board would be best placed to work towards a unified approach to prevention and intervention in mental health and well-being in education, and Cardiff Council should take the lead to work outwardly and help co-ordinate the work across all stakeholders There is also a need for the redesign and / or streamlining of policies and process across all partners which will help boost systematic capacity.
19. The Children's Commissioner stated that clear to me that the system is still failing in a number of ways. The Commissioner believes "that we need to develop a coherent system that mobilises the resources and expertise available in our education, social care and health services, with support from others including Youth Services, Police and the Voluntary Sector, to provide services that:
 - Promote mental health and well-being at a universal level under a unified vision that sets clear aims for young people's well-being and mental health in Wales.
 - Provide help as early as possible when it is required
 - Have no 'wrong door' for children and young people who need more support with emotional, behavioral or mental health problems. These should be able to address social needs alongside mental health needs, as these are so often intertwined".
20. Members were also informed, by professionals, that the Cardiff Public Services Board would be the most appropriate place to ensure that the Child & Adolescent Mental Health Service is supported in developing more

integration with other stakeholders. In particular to focus on understanding the “whole-life” impact for the individual. This was also supported by a number of Stakeholders who expressed considerable concerns that there are a number of institutional barriers which have to be removed to enable improvements in child mental health and well-being.

21. The Task Group heard from professionals and parents that there is too little shared information between agencies; gaps in information and pressure placed on individuals to re-tell their story creates further delays, systemic capacity pressures and delayed or decreased outcomes for the individual.
22. The Members understood that Data Protection regulations partially causes delays and can be a barrier to partnership working, working practice and disjoints in services also amplify it. However all partners should be encouraged to work with the individuals and their guardians / carers to identify most relevant information ‘sets’ that can be made available [with appropriate permissions] to ensure more cohesive continuity of support and care.
23. Professionals reflected that the Cardiff Partnership Board needs to ensure that outcome for children with mental health and well-being concerns are a high priority in its work.
24. The Task Group was also informed that all funding for child mental health and well-being initiative were only directed through the Welsh Government Transformational funding coordinated by the Health Board, this process did not enable all partners to access funding, however recently funding has also been channeled through the Regional Partnership Board..
25. The Police and Crime Commissioner informed the Task Group that the Police are also on a cultural change journey, there is now more chance of using discretion when dealing with situations. However access to better information particularly around ACE’s would help the Police so that they had a better understanding of the context of what they have to deal with.

- KF1 The Partnership Board has not developed a clear strategic overview of all the services and support provided by all partners across Cardiff. It is best placed to coordinate the organisation of services and support for child mental health and well-being in Cardiff.
26. The Inquiry Group was surprised to be informed that there are around 300 organisations who can provide services, support, and advice to those who consider that they need to discuss their concerns around Mental Health and Well-being. The group commented that these various agencies need to be coordinated to enable young people, parents and school staff to easily access the services they need.
27. The Children's Commissioner informed the Task Group that Local and Regional planning is needed to ensure that this is coherent and avoids overlap in services or gaps between them. Some Regional Partnership Boards have established specific sub-groups to focus on the well-being needs of their local child and young people population. Others have not, and where this is missing there risks being a lack of co-ordination in planning and delivering services. The Commissioner believes that the Welsh Government needs to act to ensure that Regional Partnership Boards have a mechanism to focus on children and young people, and that they require all regions to ensure that Child and Adolescent Mental Health Service and social care services provide an integrated service to children with emotional, behavioral and mental health needs
28. The Task Group were surprised to hear that the measures in place particularly around Primary Care is not working. It seemed to some service users that organization's work in silos and do not talk to each other. There could be resilience training around school cluster, however it is a very big jigsaw, and it is difficult for schools to get through the system without support.
29. It was clear to the Task Group that People don't know about the various programs that are available. What is needed is a route map of what is available across Cardiff, so that people can pick and choose what to use.

30. The members heard that a mapping and gapping exercise should be undertaken to identify measured outcomes of each of the support programmes and initiatives. This analysis could also assess the spend versus delivery for each one. In addition members noted that communication of support programmes is too fragmented.

KF2 The lack of an analysis of the gaps in provision together with a mapping of all services and support is causing parents, children and school staff to be unclear on what is available and where they can access it and when is the best time to seek support.

Leadership and Culture in Cardiff's Schools

31. The members of the Task Group were informed, by many of the witnesses, that to improve the mental health and well-being services and support for young people, there needs to be a culture shift across schools, the Council and wider stakeholders. The Cultural shift needs to ensure that everyone positively fosters better well-being and mental health outcomes. In particular the parents, young people and some professionals informed the inquiry group that there needs to be a cultural change in schools to ensure that child mental health and Well-being is fully embedded across all school.

32. Professionals also explained to the members that to enable schools to bring about a change in culture, schools have to:

- Establish leadership with peers;
- Build a restorative approach, challenging behavior;
- Create a haven of well-being and support with a baseline measurement of emotional well-being and mental health for every child and young person to identify where a child is struggling; prevention and early intervention;
- Have a unified way of measuring mental health in young people that

all schools follow;

- Change young people's approach to dealing with adverse childhood experiences; and
- Engage with the most difficult to reach young people, such as those out of school or those in the criminal system.

33. The professionals, young people and parents, commented that changing the culture in schools, required improvements in school leadership. Leadership is key to the culture change; it needs to be part of the school ethos. In addition within each school the leadership team needs to prioritise mental health and well-being throughout the school. Members of the Task Group were also informed, by parents, that some schools don't want to acknowledge that they have a problem and consider any mental health and well-being school initiatives as being a waste of school resources.

34. The Members were informed, by teachers and other professionals, that the best way to embed the culture across schools is to use a whole school approach to mental health and well-being and to embed the culture in all staff.

35. The Task Group considered that from the evidence received from Education professionals and academic research that restorative practice approach was successful in creating a harmonious learning environment and has been seen to delivering a step change in schools.

KF3 Improved leadership and Cultural change is crucial to improving child mental health and well-being in all schools a cultural change. Restorative practices have been seen to bring about improvements in creating a harmonious learning environment and should be implemented across the whole school.

School Accountability for Child Mental Health and Well-being Support

36. The Task Group was informed by young people that their main concern is that the Council and schools spend all our time with the tool kits or policies and then the implementation of the support is completely ignored by the school. Young people advised the Task Group that a form of accountability of the schools is needed, perhaps an annual review done by young people to ensure schools are implementing areas of the tool kit or policy.
37. The Task Group was further advised that the Estyn inspections measures could also ensure that schools implemented in the appropriate parts of the curriculum that supports mental health and well-being. In addition Governors must also ensure that the schools fully implement any initiatives to support pupils.
- KF11 That school leadership and Governors should be held accountable for the effective implementation of support for child mental health and well-being in their schools.

Intervention and Prevention Measures to Support Young People

38. The Task Group was informed throughout the evidence gathering meetings that early intervention and preventative measures are key to providing resilience in children as it is too late when it is a referral to the Child & Adolescent Mental Health Service. Pupils must be able to learn to cope with issues.
39. Parents and professionals highlighted that early intervention is also needed at primary school level and is important as mental health symptoms seem to show up as early as in Year 4 and progressively get worse. If early intervention is crucial it must start as early as possible. In addition the Task Group was

informed by parents and pupils that indicated that support which is provided through Personal and Social Education classes end at year 10, this was considered unhelpful as support is often needed throughout a pupils education.

40. The disjointed service and support that children and young people, and their families, receive is a dis-benefit to them; in many cases it places a barrier to successful or timely prevention and intervention in individual cases. The inherent faults in the service design creates negative outcomes for individuals and families and affects huge strain on resources.
41. It was suggested that schools could proactively pursue programmes to bring health professionals into schools to support school staff through training and workshops aimed at knowledge sharing, confidence building and professional support-network building to help early intervention and improve resilience enhancing prevention.
42. The members were also updated, by education staff and charities, on a number of funded initiatives, which support both prevention and intervention for pupils and school staff and help to improve resilience.
43. The Task Group also heard evidence, from the Council and Health representatives, of the numerous support areas which provide early intervention, prevention and resilience services, these include:
 - Cardiff Council - School based Counselling Service, Youth Service, Adolescent Resource Model, Families First, Schools delegated PDG LACE, Emotional Health and Well-being Team, Education Psychology Services, and Youth Mentoring Service.
 - University Health Board - Emotional Well-being Service, Therapeutic Intervention Service, and School based nursing service.
44. The inquiry group was also advised that a number of individual schools were implementing undertaking their own work to support their pupils, these included:

Nutrition, Physical Activity, Personal Development & Relationship Substance Use & Misuse, Mental and Emotional Health & Well-being, Environment, Safety and Hygiene.

45. Young People advised the Task Group that they felt that mental health services and support should be available to all pupils, young people also commented that “we don’t know what is available” and, “there is a lack of provision”.
 46. The Police Commissioner for South Wales Police informed the Task Group that an analysis by Police of cases showed that Additional Learning Needs are linked to 87% of cases. The commissioner informed the Task Group that it was his view that intervention provision is too late to be effective and the moment and needs to be brought earlier in young people’s lives.
 47. The Task Group was informed that in the past, significant support for child mental health and well-being was provided by the Council’s Youth Services, however funding for the Youth Service has been consistently reduced over recent years and this has significantly impacted on the capacity of youth leaders to undertake resilience work, support and where necessary sign-posting.
- KF5 Effective intervention and prevention programmes are key to providing resilience in young people, as well as providing support to those experiencing mental health and well-being issues, however there is evidence that the programmes have to be made sustainable and expanded to include children from the start of their education.

Mental Health and Well-being Workers and Professionals in Schools

48. A key area of support for young people to help them deal with potential mental health and Well-being issues is to increase their resilience to issues that they may face during their lives.
49. The Task Group was informed by Education staff of the numerous support areas that provide early intervention, prevention and resilience services, these include:
- Cardiff Council - School based Counselling Service, Youth Service, Adolescent Resource Model, Families First, Schools delegated PDG LACE, Emotional Health and Well-being Team, Education Psychology Services, and Youth Mentoring Service.
50. The University Health Board also has a number of services to support young people including the Emotional Well-being Service, Therapeutic Intervention Service, and School based nursing service. However the Task Group was informed that the School based nursing service need to be expanded to enable all pupils to easily access a school nurse.
51. The Mental Health Foundation informed the Task Group that they had received funding to provides a resilience project to Children and Young People who have been identified as having Adverse Childhood Experiences (ACE's). This project increases the understanding of resilience and awareness of ACE's in staff surrounding children and young people (0-18) across Cardiff and Vale through peer support, appropriate intervening and signposting. The project is designed to be delivered by new Resilience Workers who will be employed by the UHB and supervised by existing mental health staff.
52. The Ethnic Minorities & Youth Support Team also operates a resilience

project, which is a 3-year project funded by Big Lottery Fund Wales to support young people at risk of Islamist or far-right extremism and sexual exploitation and to increase young people's resilience to these issues. Operating primarily in Swansea and Cardiff, the project employs a team of specialist youth workers who are leading this ground-breaking area of work.

53. The members were also informed by parents, pupils and charities that school nursing is crucial to helping support pupils with mental health and well-being issues. The members were surprised to hear that the services did not have sufficient funding or capacity to increase its work to all schools.

KF6 Resilience support for children, Young People and School staff will enable them to better deal with problems that they face during their life. The resilience projects currently being provided are time limited and are not repeated. In addition there is a lack of capacity in the school nurses service to directly support all Cardiff's schools.

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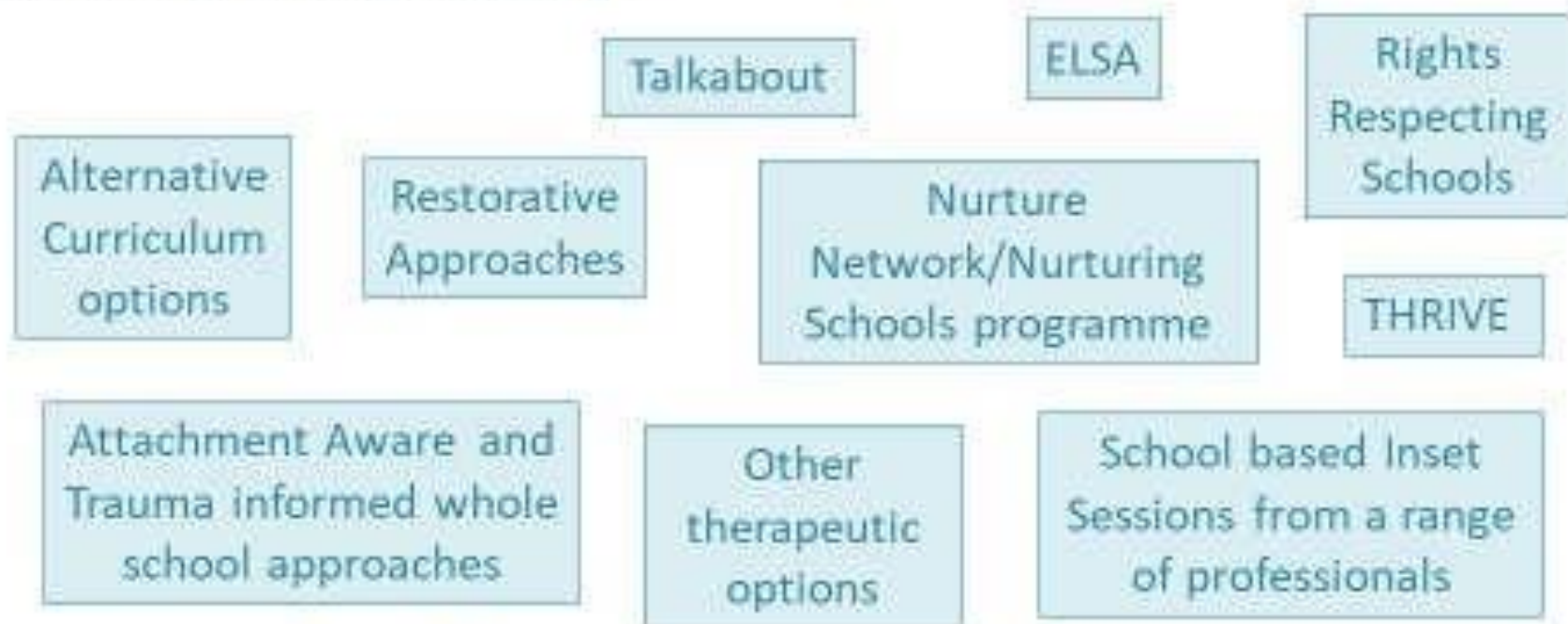
Best Practice across Cardiff's Schools

54. The Education Directorate is currently on a journey to develop an Education Well-being and Resilience Strategy. It will be part of the Additional Learning Needs agenda, and its purpose is to develop a whole school/setting planned training programme that covers universal through to targeted support approaches. It will also promote stakeholder awareness and engagement with the Well-being and Resilience Strategy and it is anticipated that it will cover ACE's trauma, attachment issues and Mental Health Strategy.
55. It is anticipated that one of the key outcomes from the strategy will be a change in schools to have positive relations with pupils. All schools are different, however they need a menu of tools, universal/targeted/specialist, however the impact covers a number of areas, namely:
- Impact on Children and Young People - Children at risk of exclusion can be kept in school and helped to re-engage with learning. Children with subdued behaviours that might otherwise have gone unnoticed can be helped. Evidence suggests incidents of troubled behaviour reduce in number and attendance improves.
 - Impact on Parents - An all-inclusive approach helps parents feel included, treated as allies, supported, valued and engaged.
 - Impact on Workforce Development - Staff are better informed and able to match in-class support to the differentiated needs of individual children. The general approach offers common/shared vision throughout a school and gives better understanding of behaviour and development. This helps alleviate/reduce stress as relationships with children, and between children/adults, improve. Staff feel more confident and competent to deal with disruptive, challenging behaviour.

What is currently happening?

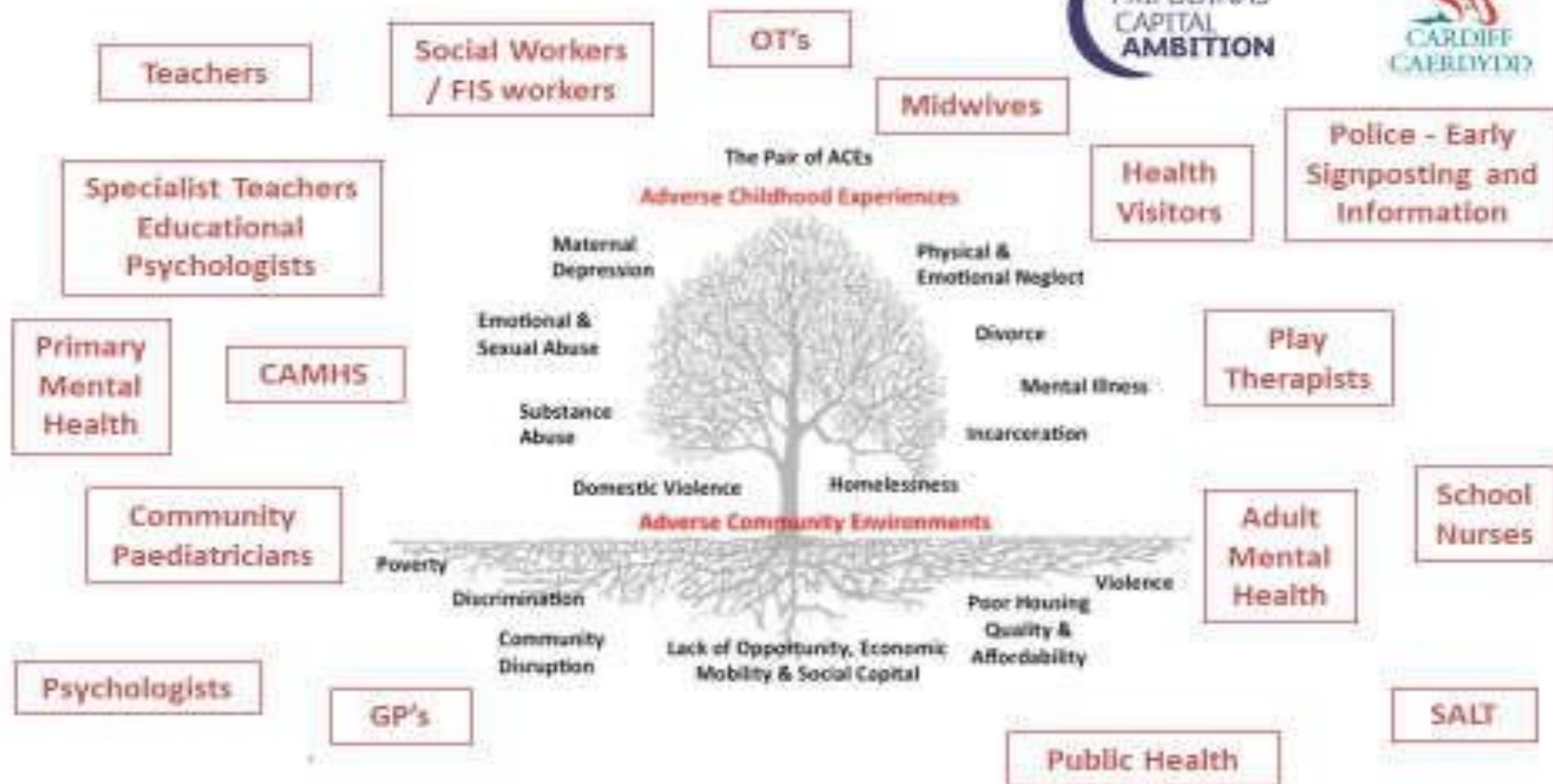


Many schools are already employing some successful strategies such as:



Gweithio dros Gaerdydd, gweithio gyda'n gilydd
Working for Cardiff, working together

How can we work together?



Gweithio dros Gaerdydd, gweithio gyda'n gilydd
Working for Cardiff, working together

56. The Task Group was informed by education staff, charities and young people that there is a lot of good practice and funded initiatives which provide support within schools for pupils, who may consider that they have some sort of mental health issue, be it anxiety, depression, additional learning needs bullying, eating disorder, sexual orientation, disability, and help to improve resilience.
57. The Task Group heard directly from charities about the type of initiative that they had received funding for, this included:
- Action for Children Blues programme -.
 - Samaritans Deal programme;
 - Mental Health Foundation Children & Young People's Mental Health Adverse Childhood Experiences (ACE's) Resilience Project..
 - Mental Health Foundation Peer Education Project – intervention training.
58. In addition the Members were particularly interested in the Thrive Approach. It gives all members of staff the understanding of the underpinning theories and practical ways to remain in relationships when dealing with challenging behaviour. It supports staff to look at behaviour developmentally. In the Whole School Induction Plus staff will learn how to support right time development through using the Thrive-Online assessment tool by whole group profiling and action planning.
59. The Task Group also heard from education staff and health representatives about the numerous support areas which are provide by the early intervention, prevention and resilience services, these include:
- Cardiff Council - School based Counselling Service, Youth Service, Adolescent Resource Model, Families First, Schools delegated PDG LACE, Emotional Health and Well-being Team, Education Psychology Services, and Youth Mentoring Service.
 - University Health Board - Emotional Well-being Service, Therapeutic Intervention Service, and School based nursing service.

60. The inquiry group was also advised by education staff that a number of individual schools were implementing undertaking their own work to support their pupils, these included:
Nutrition, Physical Activity, Personal Development & Relationship Substance Use & Misuse, Mental and Emotional Health & Well-being, Environment, Safety and Hygiene.
61. Professionals suggested that schools also proactively pursue programmes to bring health professionals into schools to support school staff through training and workshops aimed knowledge sharing, confidence building and professional support-network building.
- KF4 The Education Directorate is developing an Education Well-being and Resilience Strategy which should help ensure that policies are put in place to help support child mental health and well-being. In addition schools are utilizing many of the initiatives and programmes that are available to help young people.

Training and Awareness Raising in Schools for Teachers, School Staff and Governors

62. The Task Group heard from parents, young people and charities that teachers and school staff need support and skills to deal with Emotional Health & Well-being and Adverse Childhood Experience's. Teachers do not always have all the skills, and need to know where to go for advice or referral. It is important that Areas of Learning Experience (AOLE), will be central however we need to keep teachers informed and help children understand. There is also a need to reconnect teachers with learning, mental health needs to be an approach not an intervention. It was also suggested the school governors should also be included in any training and made aware of the initiatives and processes being implemented across the school to support pupils and school staff.
63. Members were informed, by many of the witnesses, that to help improve child

mental health and well-being across schools in Cardiff a programme of training for teachers and school staff is needed. Training is needed to help ensure all school staff have sufficient understanding of the mental health and well-being of children and young people. School staff will then be able to take a lead on promoting awareness and understanding amongst pupils using the information that they have been given. Training will also enable school staff to identify the most effective programmes, support or services to enable pupils to seek the most effective support for their needs.

64. The Members considered that training should also cover other issues that can lead to well-being and mental health problems, such as LGBT+, demographic variances, Adverse Childhood Experiences', children's rights, child sexual exploitation and relationships. This should enable school staff to provide guidance on appropriate sign-posting to support, for all levels of provision.

65. Members expressed concern that training should also reinforce existing information / guidelines on self-harm and suicide and it was suggested that school leaders and Chairs of Governors should ensure the full implementation of new guidance on suicide and self-harm which was due to be introduced in September 2019.

KF6 Teachers and school staff need support and skills to deal with Emotional Health & Well-being and Adverse Childhood Experience's. Teachers do not always have all the skills, and need to know where to go for advice or referral. It is also important that the school governors are also aware of the support and services provided to pupils and school staff. Training should also cover other issues that can lead to well-being and mental health problems, such as LGBT+, demographic variances, adverse childhood experiences', child sexual exploitation and relationships.

Child Mental Health and Well-being and the Post Graduate Certificate in Education

66. Following consideration of the evidence provided around teacher awareness It was suggested that the training teachers receive during their Post Graduate certificate in Education should be reviewed to ensure that it covers Child mental health and well-being.

KF7 That teacher training provided through their post graduate certificate in Education should include more information on child mental health and Well-being.

Capacity in Schools to Support Child Mental Health and Well-being

67. Members were informed by teaching staff and education staff that any additional support requires resources, this is particularly important when School staff are needed to support initiatives, attend training and support pupils. They also considered that additional resources, have to be made available for schools to ensure that they can support pupils and school staff effectively.

KF8 Many schools do not have the resources or capacity to undertake additional training or support initiatives which would help child mental health and Well-being issue for their pupils.

Cardiff & Vale University Health Board Streamlining Improvements to CAMHS

68. The Child and Adolescent Mental Health Service is overloaded with cases it has around 150 referrals a month, however around 50% are inappropriate. The Challenge is at the point of referral, support available and behavioral therapies,. they are also developing interventions in the Generic Team . The family therapists deal with eating disorders there are gaps in provision particularly around developmental trauma.
69. The Child and Adolescent Mental Health Services works with children, young people and their families who are experiencing emotional well-being and mental health difficulties. The team brings together several different professions who are able to work with children and young people up to the age of 18, working as part of a wider network of services that offer help and support to children and young people who have mental health difficulties. The highly trained staff use a range of different assessment techniques and evidence based therapies to deliver a tailored service to meet the needs of the children, young people and families who use the service.
70. From 1st April 2019, the service was repatriated to Cardiff and Vale University Health Board (CVUHB) having previously been delivered under a managed clinical network arrangement by Cwm Taf Health Board. The service now sits within the Children and Women's Clinical Board (CVUHB) with the aim of becoming fully integrated with other services for children and young people both delivered and commissioned by the UHB, including primary care, and those provided by social services, education and the third sector. The integration of services will support a holistic, wrap around mental health and Well-being service for children, young people and families which ensures the timely, joined up delivery of care

and treatment.

71. The Single Point of Access for emotional and mental health services for children and young people including Primary Mental Health, Specialist CAMHS and Neurodevelopment services has been implemented. This has created a single point for all referrals to be sent to, which is hoped will streamline and improve the process for referrers, as well as create a more timely response. This is, at Tier 1 support requires an assessment within 28 days. Tier 2 delivers support care and treatment for psychoses, eating disorders, depression within 28 days.

KF9 The Child Adolescent Mental Health Service is overloaded, with about 150 referrals a month, following initial assessment around half are deemed inappropriate of the high level support (Tier 2) that the service provides. The single point of access system will hopefully address some of the referrals by signposting referrals to more appropriate support.

Graduated Approach to Child Mental Health and Wellbeing

72. The Members were surprised to hear from both parents and teachers that child mental health issues became noticeable around year 4 (9 years old). Support needs to be available in primary schools as presently it is only from year 6 onwards. There is also an increased demand from eating disorders, complexity of cases, support up to 18, but most of these peak at around 14 year old.

73. The inquiry was informed that a recent survey of parent's reason for a referral was 40% ASD / ACHD, 51% Anxiety, Behaviours 31%, Depression 21% and the average age of the children was 10 years old.

KF10 The child mental health issues are being identified by teachers in primary schools, well before the normal support which starts at year 6. These cases require an early form of support for both the child and parents.

Parents and Families Involvement in Child Mental Health and Well-being Support and Services

74. The Members were informed by Parents of children who had mental health issues of a number concerns that they considered the Task Group should be aware of to enable the members to fully understand the problems they face.
75. Parents stated, that in certain cases the Head Teacher and Special Educational Needs Coordinator do not accept that a child has Well-being or mental health issues. Teachers should not have subjective assessment of children, it needs an educational Psychologist to undertake assessments, it needs an objective assessment
76. Parents also considered that schools should not be the right place to make referrals. Parents felt that It is important to reduce the subjective assessments by teachers, as teachers are not the experts in Child Mental Health and Well-being, therefore referrals should only be made by the appropriate professionals.
77. Parents also informed the members that they were aware of some parents who decided to pay for private assessments for their children as the school would not refer their child, however to access the child mental health service they still need NHS validation.
78. Parents also highlighted to the Task Group that a recent survey of parents identified the reason for a referral as 40% ASD / ACHD, 51% Anxiety, Behaviours 31%, Depression 21%. In addition the average age of the children being referred was 10 years old.
79. The Task Group also heard evidence that Parents mental health and Well-

being is also affected. This was supported by a survey of parents highlighted that in the majority of respondents they indicated that the parents had Mental Health issues due to their children's mental health issues

80. Parents and young people expressed their concern that the Council's measure of success is not currently built around well-being and happiness and the whole child is not at the center of this outcome.

81. Parents and Young people expressed concerns that they regularly had to provide basic patient information whenever they were referred to another professional. Parents and Young people suggested that the Cardiff & Vale University Health Board should develop a "passport" type system for patient's information which would be linked to each patient.

KF12 That parents find the assessment, support and referrals systems in Cardiff and regular provision of basic patient information, very confusing and inconsistent, particularly when they need support for their child. Parents also reported that the confusion and lack of communication cause themselves to experience mental health issues.

Expected Outcomes from Improved Mental Health and Well-being

82. During the evidence gathering sessions the Members were made aware of the a number of possible improvement outcomes for pupils, teachers, school staff and professionals. Detailed below are some of the comments that the members heard during the inquiry:

83. The Task Group heard from professionals that if we change the way schools successfully deal with mental health and well-being, it should produce a significant reduction in exclusions. There would also be better attendance by pupils, better results across all school years and once fully implemented less work for Teachers and school staff.

84. The improvement in support and services, as suggested by many of the stakeholders, would also help improve the confidence of teacher, schools staff and other professional staff in dealing with children and young people who were concerned about mental health and well-being issues.

85. Young People considered that by improving the support in schools it would help further enhance their schools as safe places for them to be in.

86. The Police & Crime commissioner also felt that reoffending would reduce as some crime represents generations of families who have been involved in substance misuse and mental health issues.

KF13 Should the views, comments and recommendations highlighted in this report, positively influence the support and services for children and young people from the age of 0 to 18, the members considered that there would be clear positive outcomes for children, young people, parents and professional.

The Mind over Matter Report

87. The Mind Over Matter report (Children, Young People and Education Committee, National Assembly for Wales, April 2018), made a key recommendation that the emotional Well-being and mental health of our children and young people should be a national priority. From the evidence gathered during this inquiry the members concur with this.
88. The Task Group considered the recommendations contained in the Mind over matter report to be crucial to ensure the effective provision of child mental health services and support for children and young people. The key points and recommendations are listed below.
89. The Welsh Governments Children, Young People and Education Committee agreed two main aims for this work:
- to assess whether the “root and branch” review to modernize and redesign services announced by the Welsh Government in October 2014—which led to the establishment of the Together for Children and Young People Programme in February 2015 - is on track to deliver the step change in
 - child and adolescent mental health services (CAMHS) provision identified as necessary by our predecessor Committee’s report; and
 - to establish whether early intervention, prevention and resilience services were in place to support the emotional well-being of children and young people in Wales
90. As a key part of the Committee’s evidence gathering the Committee agreed to explore the extent to which emotional and mental health support is provided in schools, we held a roundtable meeting with over 40 front line professionals

providing a range of services in the school setting. They also conducted two surveys – one for children and young people in secondary school/college and one for education professionals.

91. The outcome of the inquiry was the production of the report – Mind over Matter, which contained one key recommendation together with 27 others, which if accepted and implemented will deliver the step change that is needed to build a population of emotionally resilient and mentally healthy children and young people. a number of recommendations were directly related to the support and services provided through schools these included:

92. Key recommendation:

- 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:
- 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;
- ensure that emotional and mental health is fully embedded in the new curriculum;
- 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
- Publish every two years an independent review of progress in this area. This process should involve children and young people throughout.
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- Publish every two years an independent review of progress in this area. This process should involve children and young people throughout.
- That the Welsh Government update the Welsh Assembly Committee on progress towards the response to the Committee's recommendations within the next Month.
- Ensure that the new curriculum included Child Mental Health and Well-being and that Estyn establish appropriate measures.
- Considers developing a framework / guidance for schools to better:
 - identify needs, develop school action plan and signposts to support more appropriately.
 - That each school would be responsible to auditing it's children's needs.
 - Consider the Sutton Trust toolkit as example resource support to identify gaps then work with Public Health Wales to help fill gaps.
 - Interventions would be either universal to school or specific to a pupil.
- Considers improving teacher knowledge during initial training.. First stage training in schools, second stage PGCE, BEd changes.
- To further develop the six area pilot with CAMHS consultation, liaison and advice early review looks to be successful and benefiting teachers too as

well as young people.

- The Welsh Government needs to be clearer on a coherent multi-agency approach.
- Mental Health support needs to be part of the Curriculum as at present its time out of the class.
- For mental health nationally we must have a human rights approach, values based and UNCR based systems
- The Welsh Government should 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.
- 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 nonteaching staff.
- Estyn has to respond to the new curriculum, and will be looking at mental health and Well-being.

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