

## **Agenda – Y Pwyllgor Plant, Pobl Ifanc ac Addysg**

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Lleoliad:	I gael rhagor o wybodaeth cysylltwch a:
Ystafell Bwyllgora 1 – y Senedd	Llinos Madeley
Dyddiad: Dydd Iau, 14 Rhagfyr 2017	Clerc y Pwyllgor
Amser: 09.15	0300 200 6565
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### **Cyfarfod preifat cyn y prif gyfarfod**

(09:15 – 09:30)

#### **1 Cyflwyniad, ymddiheuriadau, dirprwyon a datgan buddiannau**

(09:30)

#### **2 Ymchwiliad i iechyd emosiynol ac iechyd meddwl plant a phobl ifanc – sesiwn dystiolaeth 6**

(09:30 – 10:30)

(Tudalennau 1 – 29)

#### **Coleg Brenhinol y Seiciatryddion**

Yr Athro Alka Ahuja, Athro Ymweld, Prifysgol De Cymru, Seiciatrydd  
Ymgynghorol Plant a Phobl Ifanc a Chadeirydd y Gyfadran Plant a Phobl Ifanc,  
Coleg Brenhinol y Seiciatryddion yng Nghymru

Dr Amani Hassan, Seiciatrydd Plant ac Ymgynghorydd Anabledd Dysgu

Dr Warren Lloyd, Seiciatrydd Ymgynghorol Plant a Phobl Ifanc, Cyfarwyddwr  
Meddygol Cysylltiol Iechyd Meddwl ac Anableddau Dysgu – Bwrdd Iechyd  
Prifysgol Hywel Dda\*

Dr Peter Gore Rees, Seiciatrydd Ymgynghorol Plant a Phobl Ifanc,

Cyfarwyddwr Clinigol Ardal Ganolog Plant a Phobl Ifanc – Bwrdd Iechyd  
Prifysgol Betsi Cadwaladr\*

*\*Pob un yn bresennol fel Aelodau Coleg Brenhinol y Seiciatryddion*



Cynulliad  
Cenedlaethol  
Cymru  
National  
Assembly for  
Wales

Dogfennau atodol:

Briff y Gwasanaeth Ymchwil ar gyfer Sesiynau Tystiolaeth 6, 7 ac 8

CYPE(5)-35-17 – Paper 1 – Royal College of Psychiatrists (Saesneg yn unig)

## **Egwyl**

(10:30 – 10:45)

### **3 Ymchwiliad i iechyd emosiynol ac iechyd meddwl plant a phobl ifanc – sesiwn dystiolaeth 7**

(10:45 – 11:45)

(Tudalennau 30 – 33)

Dr Bethan Phillips, Cymdeithas Seicolegol Prydain

Dr Rose Stewart, Cymdeithas Seicolegol Prydain

Dr Abigail Wright, Cymdeithas Seicolegol Prydain

Dr Liz Gregory, Grŵp Cyngori Arbenigol Cenedlaethol Seicolegwyr

Cymhwysol ym maes Iechyd

Dogfennau atodol:

CYPE(5)-35-17 – Papur 2 – Cymdeithas Seicolegol Prydain (Saesneg yn unig)

### **4 Ymchwiliad i iechyd emosiynol ac iechyd meddwl plant a phobl ifanc – sesiwn dystiolaeth 8**

(11:45 – 12:45)

(Tudalennau 34 – 50)

Lowri Wyn Jones, Rheolwr Rhaglen – Amser i Newid Cymru

Ian Johnson, Uwch Swyddog Ymchwil a Gwerthuso – Amser i Newid Cymru

Sara Payne, Rheolwr Ymarfer Maethu – Barnardo's

Sandra White, Rheolwr Gwasanaethau Canolog – Gweithredu dros Blant

Dogfennau atodol:

CYPE(5)-35-17 – Papur 3 – Amser i Newid Cymru (Saesneg yn unig)

CYPE(5)-35-17 – Papur 4 – Barnardo's Cymru

CYPE(5)-35-17 – Papur 5 – Gweithredu dros Blant (Saesneg yn unig)

## **5 Papurau i'w nodi**

(12:45)

### **5.1 Llythyr gan Ysgrifennydd y Cabinet dros Iechyd a Gwasanaethau Cymdeithasol a'r Gweinidog Gofal Cymdeithasol a Phlant – sesiwn ddilynol i'r sesiwn ar y gyllideb ddrafft ar 22 Tachwedd**

(Tudalennau 51 – 55)

Dogfennau atodol:

CYPE(5)-35-17 – Papur i'w nodi 1

### **5.2 Llythyr gan Ysgrifennydd y Cabinet dros Gyllid at Gadeirydd y Pwyllgor Cyllid ynghylch cyllideb ddrafft Llywodraeth Cymru**

(Tudalen 56)

Dogfennau atodol:

CYPE(5)-35-17 – Papur i'w nodi 2

## **6 Cynnig o dan Reol Sefydlog 17.42(ix) i benderfynu gwahardd y cyhoedd o weddill y cyfarfod.**

(12:45)

## **7 Ymchwiliad i iechyd emosiynol ac iechyd meddwl plant a phobl ifanc – trafod y dystiolaeth a ddaeth i law**

(12:45 – 12:55)

Mae cyfyngiadau ar y ddogfen hon

Cynulliad Cenedlaethol Cymru | National Assembly for Wales  
Y Pwyllgor Plant, Pobl Ifanc ac Addysg | Children, Young People and Education  
Committee Ymchwiliad i Gwella Iechyd Emosiynol ac Iechyd Meddwl Plant a Phobl Ifanc  
| Inquiry into The Emotional and Mental Health of Children and Young People  
EMH 37

Ymateb gan: Coleg Brenhinol y Seiciatryddion  
Response from: Royal College of Psychiatrists



The Royal College of Psychiatrists is pleased to respond to the Children, Young People and Education Committee inquiry into the emotional and wellbeing of children and young people in Wales.

The inquiry looks specifically at Child and Adolescent Mental Health Services (CAMHS), an area of intense scrutiny over the years not just in Wales but in the UK. CAMHS have been under extreme pressure and this has been highlighted in the WAO reports, the original CYPE inquiry and our written and oral evidence to the inquiry. The lack of financial and human resources coupled with an increase in demand left those working in CAMHS feeling overwhelmed, impacting on patient care.

In November 2016, we welcomed the Health Minister's announcement at the time to develop an improvement Programme, rather than conduct another review. We must stress first and foremost that this was a positive step to making improvements – focusing on "what can be done", rather than "what is going wrong". For the first time it was also backed by a significant increase in funding, which is vital for change to happen.

The Programme has successfully brought together a number of health and social care professionals and third sector organisations to work jointly towards reaching common goals. It looks at all stages of mental health conditions, from prevention to specialists services. The focus of the Programme is on quality outcomes and patient need.

Professor Dame Sue Bailey, past President of the Royal College of Psychiatrists and Advisor to the T4CYP remarked at the RCPsych in Wales's child and adolescent faculty meeting in October 2016, that the work in Wales should be seen as a beacon because it is further ahead than any other UK nation in delivering a values-based model of children's mental healthcare. The findings of the Values-Based CAMHS Commission, spearheaded by the College and published in their report *What really matters in children and young people's mental health* outline what needs to be done to obtain values-based outcomes and Wales is clearly further ahead with the development and approach of the T4CYP.

We are pleased that the Cabinet Secretary for Health, Social Care and Sport meets regularly with T4CYP Government Advisors to drive forward improvements to service provision. We would say that, whilst we have seen improvements at the high-end of service delivery, we are yet to see the same advances in prevention and early intervention, particularly in tackling stigma and focusing on mental health education and awareness in schools. We welcome the announcement of additional funding for a pilot scheme to run in three Health Board areas, ensuring a dedicated CAMHS professional works directly with cluster schools to offer regular training, advice and support, and to be the link between schools and mental health services.

### **Specialist CAMHS**

**Q. The extent to which new (and/or reconfigured) services are helping to reduce waiting times in specialist CAMHS. Whether the improvements in waiting times Welsh Government expected from CAMHS have been met.**

1. There has been a significant reduction in the numbers of children waiting long times for specialist CAMHS. Some Health Boards record a major reduction in waiting times.
2. However, whilst there has been a reduction waiting times, there is no evidence to suggest a reduction overall in the number of patients being seen.

**Q. What the data tells us about the variations in practice (equity of access) across Wales.**

3. The data show that the variations in practice have diminished. Significant work is still required to overcome the backlog but all areas have made vast improvements and there is probably less variation in the management of severe mental illness than before. More needs to be done to eliminate variation entirely and there is a larger variation in the way primary mental health services are delivered, again though the gap has narrowed.
4. There has been general agreement in adopting the Choice & Partnership Approach (CAPA), an outline agreement in the service specification, which we welcome.
5. There have always been regional differences in resource allocation and access to CAMHS. In CAMHS we often see inverse care where access is more available to those who need it least. Access is most difficult for people from deprived areas and with certain populations, such as those with learning disabilities, looked after children, and those from the BME community. Models of care and performance measures need to expand to ensure outreach liaison and consultation to hard to reach groups is scrutinized as much as direct work in outpatients.

**Q. The extent to which changes have addressed the over-referral of children and young people to CAMHS.**

6. The number of referrals to CAMHS has not reduced and we continue to experience a large number of referrals to specialist CAMHS. However, it is important to recognise that primary care services have since been enhanced so more children will be picked up.

**Q. Referrals and access to CAMHS by individual Health Board, including the restrictions and thresholds imposed by CAMHS**

7. Restrictions and thresholds are necessary to ensure that specialist services are available to those who need them, when they need them. Our Members have raised concerns that they have seen too many unnecessary patient referrals to specialist services, when the best type of treatment could be provided by primary care. The *Making Sense* report written by young people who have themselves lived experience, says, "Nothing could be more wrong than treating a troubled child for a mental health problem if their difficulty really lies externally, with family, school, or if they are experiencing normal reactions to life events such as parents separating, bereavement, etc."<sup>1</sup>
8. GPs need the training and confidence to identify and treat or refer appropriately. This is of particular concern as GPs are reporting growing numbers of people presenting with mental health conditions. GPs are relying on local primary care mental health services and allied health professionals to assess and treat common mental health disorders. However, we would call for better mental health training in primary care.
9. College is looking into ways to address this. We are currently working with GPs to develop a training programme in areas where there is a need for better support. A recent RCPsych in Wales and RCGP Wales survey of GPs highlights that most respondents would welcome training on a range of conditions including depression, anxiety, eating disorders, and bereavement. For many children the GP is not seen as an accessible service so support also needs to be given to all professionals in health, social care and education to build capacity and enable them to identify and support referral for those most in need.

**Q. Whether the changes have helped to improve specialist CAMHS' ability to respond out of hours and at times of crisis; whether out of hours care is working effectively, and specifically looking at the needs of those children and young people who present and are assessed at hospital A&E departments.**

10. Each Health Board has developed new or enhanced existing crisis intervention teams that are either working closely with the new liaison teams, or with inpatient services, or working as outreach teams or

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<sup>1</sup> <http://www.hafal.org/wp-content/uploads/2015/06/A-report-by-young-people-on-their-well-being-and-mental-health.pdf>

community intensive teams. Health Boards have designed their services specifically to work on meeting their population's needs and the services that were already available. There is now a national network for Assertive Outreach for CAMHS – ED Network, led by Glyn Jones. The T4CYP Programme reports into this network regularly.

11. We understand that the number of children and young people being detained in police cells has been dramatically reduced and in some areas the figures have reached zero. We must ensure however that they are being assessed in the appropriate health-based places of safety and not simply moved elsewhere.

**Q. Whether there is sufficient in-patient capacity in Wales.**

12. There are currently 19 beds in Ty Llydiard and 12 in Abergele and access is often difficult. We still send some patients requiring complex care across the border. There are no beds for forensics, Learning Disabilities and the under 11's requiring inpatient services within Wales.

**Funding**

13. In our previous submission to the Committee in 2014, we raised concerns that the pressures from Acute Health Care in other specialties frequently detract from appropriate specialist CAMHS resourcing. In 2015, we called for all Health Boards to have an Executive Board Member for mental health and learning disability, to ensure that appropriate priority would be given to these areas. Despite the injection of funding to bolster specific mental health services, Health Boards still need to give mental health and learning disabilities the attention it deserves.
14. The Welsh Government has invested additional funding to children's mental health services, outlined below:
  - £2.7m to support the NHS-led service change and development of CAMHS including support specialist services, ensuring young people are assessed when they present in crisis at an A&E department or are arrested under s136 of the Mental Health Act 1983.
  - £1.1m to support the development of psychological therapies for children and young people across Wales.
  - £2m for the assessment and treatment of ADHD, autism and other neurodevelopmental conditions, which will improve the provision of services for young people
  - £800,000 to increase the capacity of local primary care mental health teams to support young people preventing the need for children to be referred to specialist services unnecessarily
  - £800,000 invested in earlier intervention for young people developing psychosis between the ages of 15 and 24
  - £250,000 to develop services for the most vulnerable young people who are already in - or are at danger of entering - the youth justice system; and
  - £250,000 for transitions for people with eating disorders.



- £4.5m into school counseling services
- £1.4m into a pilot project linking CAMHS with schools.

15. We are pleased that officials are monitoring Health Boards on recruitment to these posts but acknowledge that training numbers need to be increased to create sufficient professionals to sustainably fill an expanded CAMHS in the future.

**Q. The extent to which access to psychological therapies for young people has improved. Whether there has been a subsequent reduction in the use of medication for young people.**

16. Psychological therapy has always been a fundamental part of the therapeutic armory for CAMHS with all staff able to deliver models of therapeutic care. There has not been the same level of focus as with adult therapies e.g. through the Adult Matrics work. We welcome the recent development of an All Wales CAMHS Psychological therapies special interest group and hope this can now progress.

**Q. How the additional funding has been used to improve provision for children and young people in local primary mental health support services**

17. There has been improved access but the model focused on GP entry and assessment and treatment has not been beneficial. In the first years of running the new local primary care mental health support services Health Boards were held to account for assessment and brief intervention targets, which were purely output driven. We are pleased that the new service model incorporates consultation, training and signposting with a focus on quality outcomes. In addition, the new Primary Care Pathway will work together with the CAMHS Pathway which will enable single points of entry, based on the 'no bounce' principle.

**Q. The extent to which the funding has been used to meet the needs of vulnerable children and young people, for example, children who are in care, children and young people with ADHD and autistic spectrum disorders, and those who are already in or at risk of entering the youth justice system, including those who are detained under section 136 of the Mental Health Act 1983.**

18. Funding bids were targeted at improving provision to all of the above groups. There is evidence that ASD/ND waiting times and care pathways are improving. Links have been established with the National Adoption service and some excellent models of care developed; however, this is not universal and currently Health Boards and regional partnerships vary in their ability to develop services outside of those affecting the outpatient waiting times performance. We are very pleased overall with the development of the all-Wales neurodevelopmental assessment pathway and the integrated autism services that have improved integration between health and social care and between primary and secondary care,

based largely on the Prudent Healthcare principles.

### **Transition to Adult Services**

19. Transitioning from child to adult mental health services is a very difficult time in an adolescent's life. The service model of CAMHS differs greatly from AMHS and this stark transition from a multi-disciplinary, nurturing environment to a more formal, one-to-one style of care can be hard for many. The challenges and difficulties of the transition for young people, their families and the clinicians involved in their care are complex and well documented
20. The College Report 182 Building and sustaining specialist CAMHS to improve outcomes for children and young people<sup>2</sup>, states that "Joint transition protocols must be agreed and implemented between CAMHS and adult services. Transitions of care must be planned and involve the young person and their family." In Wales, the care and treatment planning process of the Mental Health (Wales) Measure performs a similar role. The problem of transition of young people who meet criteria of current adult services should be solved by improved working between current service providers. The lack of a national Adult mental health equivalent body to T4CYP or the Eating Disorders/CAMHS network means developing all-Wales process at a pace is more problematic.

### **Q. How well planned and managed transitions to adult mental health services are.**

21. The T4CYP has produced Transitions Guidelines and a Transitions Passport, which seek to address these particular issues. We welcome the documents and are pleased that transitions will no longer be compulsory on the day of the person's 18th birthday. The guidance stipulates that transitioning should be a gradual process which should begin when the child is ready. This approach is more needs-led than service driven and when implemented should result in better quality of care. This is particularly important in eating disorders, where those with eating disorders are at risk of maturing at a much slower pace, and we welcome the extra £500,000 recurrent funding for ED transitions services. So we are pleased that the guidance begins to address the problem how to improve the experiences of young people with transition trajectories that do not meet current eligibility criteria for adult services, such as those with eating disorders, neurodevelopmental problems, personality disorders and moderate/severe anxiety and affective disorders.
22. The College is developing a work plan to best meet the new guidance. The Chairs of the Child and Adolescent Faculty in Wales, the General Adult Faculty in Wales and Eating Disorder Faculty are forming a small working group to ensure that members follow guidance as intended.

### **Q. Links with Education (emotional intelligence and healthy coping**

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<sup>2</sup> <http://www.rcpsych.ac.uk/files/pdfversion/CR182x.pdf>

## **mechanisms)**

23. We understand that the Cabinet Secretary for Education is working closely with the Cabinet Secretary for Health, Sport and Wellbeing to better meet the emotional and mental health needs of children in schools and we welcome this. It is important that schools are given better support and guidance from Welsh Government. Educational institutions play a large part in children's lives. Schools therefore have a responsibility to develop pupil resilience and the ability to cope with the stresses they may face either because of school (homework, exams, bullying) or with family life.
24. Most mental illnesses are manifested in the early years of life. If left untreated emotional distress is very likely to carry on into adulthood. Early intervention is the best form of prevention. Again, we welcome the recent announcement of investment into a pilot project where a dedicated CAMHS professional works regularly in cluster schools to provide training, support and advice and help with referrals.
25. Prevention and early intervention strategies can be successfully used in schools but there is a worry that wellbeing and emotional intelligence is not embedded in the current curriculum and will not always be covered in Public and Social Education (PSE) classes. The Donaldson Report<sup>3</sup> recommends that six areas of learning and experience are embedded into the school curriculum, including expressive arts; health and wellbeing; humanities; languages, literacy and communication; maths and numeracy; and science and technology, but we are yet to see these incorporated into the curriculum.

### **Q. The work being done to ensure children and young people are more resilient and better able to tackle poor mental well-being when it occurs:**

26. We noted in our original response to the Committee in February 2014 a recent audit of the Wales Primary Mental Health Group highlighted CAMHS as one of the biggest gaps in their competencies and that teacher training had no child development or mental Health component. We hope that £1.4m investment will improve training, support, brief interventions, and referrals to be then rolled out across Wales.

### **Q. Children's access to school nurses and the role school nurses can play in building resilience and supporting emotional wellbeing.**

27. School nurses are part of the Tier 1 primary care mental health services and therefore have a responsibility in pupils' mental health. They must therefore have the relevant training and link with School Counsellors.
28. The school must ensure that pupils are aware that there is a school nurse available who is responsible for all pupils. Pupils should be encouraged to seek the advice of a nurse or of a counsellor. This is an important point.

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<sup>3</sup> Donaldson, G (2015) Successful Futures: Independent review of curriculum and assessment arrangements in Wales, OGL.

Nurses and counsellors are often not aware of a child's mental health and emotional state unless the child seeks support. Teachers are more likely to notice a change in a child's behaviour, and therefore should have the training and confidence to approach a child. The real issue therefore is to train teachers in spotting the signs of mental ill health, such as self-harm, suicidal thoughts, depression, and anxiety.

29. Wales is the only UK nation that legally binds local authorities to provide appropriate counseling services in secondary schools and this is welcomed. We must ensure that these services are well supported, and through evaluation, are meeting the needs of pupils. Data show an overall improvement in reduction in psychological distress.<sup>4</sup> This must be consistent in all areas around Wales.

**Q. The extent to which health, education and social care services are working together.**

30. Primary Care Mental Health services comprise a range of health, social care and educational professionals as well as the third sector. It is a complex system that relies on excellent communication channels, clear pathways, and multi-disciplinary working. Such a complex system comes with greater risk of things going wrong.

31. The Programme has launched the Child and Adolescent Local primary Mental Health Support Services Pathway in line with the Mental Health (Wales) Measure to provide consistent care across the whole of Wales. The document provides guidance on a range of areas that, if met, would ensure the effective delivery of good quality care for children and young people. It includes an Activity Performance and Outcome Measures that would enable comparisons across the country.

32. The RCPsych in Wales is holding a joint seminar with Welsh Government in November on improving the integration between health, education, and social care services for children who require mental health services and will be using the new Pathway to drive forward the discussions. The seminar will highlight where integrated services are working and where they are not. The participants will be grouped by their geographic location to discuss patient pathways and these will then be compared to gain an all-Wales view on how well services are integrated. We are happy to share the results of this event with the Committee.

September 2017

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<sup>4</sup> <http://gov.wales/docs/statistics/2017/170329-counselling-children-and-young-people-2015-16-en.pdf>

Cynulliad Cenedlaethol Cymru | National Assembly for Wales

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

Ymchwiliad i Gwella Iechyd Emosiynol ac Iechyd Meddwl Plant a Phobl Ifanc | Inquiry into The Emotional and Mental Health of Children and Young People EMH 18

Ymateb gan: Cymdeithas Seicolegol Prydain  
Response from: British Psychological Society

### **Specialist CAMHS**

- The extent to which new (and/or reconfigured) services are helping to reduce waiting times in specialist CAMHS. Whether the improvements in waiting times Welsh Government expected from CAMHS have been met.
- What the data tells us about the variations in practice (equity of access) across Wales.
- The extent to which changes have addressed the over-referral of children and young people to CAMHS.
- Referrals and access to CAMHS by individual Health Board, including the restrictions and thresholds imposed by CAMHS
- Whether the changes have helped to improve specialist CAMHS' ability to respond out of hours and at times of crisis; whether out of hours care is working effectively, and specifically looking at the needs of those children and young people who present and are assessed at hospital A&E departments.
- Whether there is sufficient in-patient capacity in Wales.

#### 1. Comments:

The Society believes that the above terms of reference could also:

- Include multi-agency work that supports/facilitates CAMHS referrals and as a result, assessment and support might be helping to reduce CAMHS referrals.
- Include an explanation of at what point/level of need, referrals are most effectively made.
- Additionally, the Society believes that the scope of the investigation should include paediatric/Child Health Psychology services. As these services are not always included under specialist CAMHS but deal with the mental health of children and adolescents, it is essential that they are included within the inquiry.

## Funding

- Annual expenditure on CAMHS in cash terms and as a percentage of the overall spending on mental health, by local Health Board.
- The extent to which access to psychological therapies for young people has improved. Whether there has been a subsequent reduction in the use of medication for young people.
- How the additional funding has been used to improve provision for children and young people in local primary mental health support services
- The extent to which the funding has been used to meet the needs of vulnerable children and young people, for example, children who are in care, children and young people with ADHD and autistic spectrum disorders, and those who are already in or at risk of entering the youth justice system, including those who are detained under section 136 of the Mental Health Act 1983.
- The effectiveness of current planning and commissioning arrangements to address the needs of young people who have early onset of a severe mental illness, such as psychosis.

## 2. Comments:

The Society believes that the following should be included:

- The type(s) of psychological therapies that are accessed most and least but also those perceived the easiest/hardest to access, by children, young people, parents and professionals.
- A clear definition of the type(s) of psychological therapies that are most effective in supporting areas of need. Also, the psychological therapies that are considered to be most effective at each level of intervention, for example- universal, administered to every member of a population, targeted and specialist interventions, designed for at-risk groups, delivered to individuals and groups that require higher levels of support from professionals with greater expertise. Intervention is considered to be necessary at each of these levels to be effective (Dunsmuir and Hardy, 2016)
- A definition of how psychological therapies are being individualised and tailored to the specific needs of a person, a central aspect of the current Welsh Additional Learning Needs Reform.
- Clarification on whether a more complex level intervention at an earlier stage can save money in the long term.

- The inquiry may also wish to add ‘children and young people with long-term physical health problems’ in to the section on vulnerable children (fourth bullet point)

### **Transition to Adult Services**

- How well planned and managed transitions to adult mental health services are.

### 3. Comments:

The Society believes that the terms of reference should also consider:

- How outcomes in regards to transitions to adult mental health services are best monitored/measured.
- Specific areas of support/barriers for effective transition.
- The transition of care from paediatric psychology to adult health psychology services

### **Links with Education (emotional intelligence and healthy coping mechanisms)**

- The work being done to ensure children and young people are more resilient and better able to tackle poor mental well-being when it occurs including:
  - The development of the Health and Wellbeing Area of Learning and Experience as part of the new curriculum.
  - Children’s access to school nurses and the role schools nurses can play in building resilience and supporting emotional wellbeing.
  - The extent to which health, education and social care services are working together.
  - The take up and current provision of lower level support and early intervention services, for example, school counselling services.

### 4. Comments:

In addition to the above, The Society believes that the terms of reference should specifically include:

- Children and young people’s access to and involvement of educational psychologists in supporting mental health in schools; and joint working between educational psychologists and CAMHS. There is an increasing consensus that Educational Psychologists can play a positive role in supporting wellbeing (Squires, 2010; Squires & Caddick, 2012).
- The extent to which school staff feel ‘ready’ and ‘able’ to support change for children and young people. The application of psychology in support of the work of teachers can support teachers’ well-being and resilience and yield cost-effective beneficial outcomes for staff and children. (Gibbs & Miller, 2014)

## References

Gibbs, S., Miller, A. (2014) *Teachers' resilience and well-being: a role for educational psychology*. *Teachers and Teaching: Theory and Practice*, **20(5)**, 609-621.

Hardy, J., Dunsmuir, S., (2016) *Delivering Psychological Therapies in Schools and Communities*. BPS. Leicester.

Squires, G. (2010). *Countering the argument that educational psychologists need specific training to use cognitive behavioural therapy*. *Emotional & Behavioural Difficulties*, **15(4)**, 279-294.  
doi:10.1080/13632752.2010.523211

Squires, G., Caddick, K. (2012). *Using group cognitive behavioural therapy intervention in school settings with pupils who have externalising behavioural difficulties: An unexpected result*. *Emotional & Behavioural Difficulties*, **17(1)**, 25-45. doi:10.1080/13632752.2012.652423

*End.*



## Eitem 4

Cynulliad Cenedlaethol Cymru | National Assembly for Wales

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

Ymchwiliad i Gwella Iechyd Emosiynol ac Iechyd Meddwl Plant a Phobl Ifanc | Inquiry into The Emotional and Mental Health of Children and Young People EMH 53

Ymateb gan: Amser i newid Cymru

Response from: Time to Change Wales

**This response is being submitted on behalf of Time to Change Wales Young People’s Programme by the delivery partners – Mind Cymru, Hafal and Gofal. In this capacity we will only be focussing on the consideration relating to links with education (emotional intelligence and healthy coping mechanisms) – lower level support and early intervention to prevent mental ill health in children and young people through the Time to Change Wales anti-stigma and discrimination campaign.**

The Time to Change Wales Young People’s Programme funded by the Big Lottery is a new campaign working with nine pilot schools across Wales (three in South, Mid and North Wales) to change and evaluate the way young people, parents and teachers think and act about mental health.

Building on work already carried out by Time to Change in England, we’re working to improve and adapt existing programmes to fit the Welsh educational environment. And, following successful pilot projects, we hope to embed this improved attitude towards mental health problems within the Welsh curriculum.

We believe that tackling stigma has to be a central theme in improving the overall emotional wellbeing of children and young people. We have to create environments where pupils feel safe to explore their emotions and discuss difficult feelings, which enable them to develop their own solutions or seek help at the earliest opportunity.

### **About Time to Change Wales**

Time to Change Wales is the first national campaign to end the stigma and discrimination faced by people with mental health problems, delivered by a partnership of three leading Welsh mental health charities: Gofal, Hafal and Mind Cymru.

Since our beginnings in 2012, our work, which has so far focussed on adults in Wales, has already seen a 4.8% positive change in public attitudes towards mental health. Following this success, we’re now introducing our Young People’s Programme – a focused anti-stigma and discrimination programme led by, and for, young people, using the knowledge and insight gained from our work on the adult campaign.

**time to change**

**Wales**

**amser i newid**

**Cymru**

In England, Time to Change have been running a tried-and-tested Young People's Programme since 2012. Their work so far has given us valuable insights and research into what has been successful in schools and gives us a strong basis from which to start in Wales.

*"You don't have to do much, it's not a question of enormous resources, it's just a change of mind-set, giving children resources to manage their emotional wellbeing, you can do that through the curriculum, and it has a massive impact."*

Kate Donovan, Deputy Head Teacher, Newall Green High School,  
Manchester

### **Scoping the TTCW's Young People's Campaign**

1 in 10 young people will experience a mental health problem and, sadly, 90% of those young people will experience stigma and discrimination. Stigma stops young people seeking help; it stops them living normal lives and sometimes makes them give up on their hopes and dreams. By normalising the conversations around mental health young people are less likely to feel stigmatised and more willing to seek help and support earlier to prevent long term mental ill health.

Mental health has been recognised as one of the most important areas for development by Welsh Government. It is one of the national indicators in the Wellbeing of Future Generations (Wales) Act 2014, is a priority area in Welsh Government's Together for Mental Health strategy and is highlighted as an important issue within the Welsh Curriculum Reform and by the Children's Commissioner for Wales.

50% of respondents to a Time to Change Wales commissioned survey said it's not easy to talk about mental health in school. The majority of respondents had never talked about mental health with their teachers, and many commented they had never received any information about mental health in school, despite issues such as anxiety and depression being common amongst their peers.

Helping young people to develop the capacity to talk more openly about mental health can have a substantial impact on emotional wellbeing. Alongside this, increasing knowledge and awareness of what to do if they, or their friends, suffer from a mental health problem will assist pupils with dealing with challenging issues at crucial moments within their lives, as well as helping staff involved in their pastoral care. Improving pupils' wellbeing will improve their focus and help them perform well in their exams while dealing with normal life.



## What the Time to Change Wales campaign involves

Pilot schools are given support to embrace a 'whole school approach' to mental health by developing an action plan and signing the TTCW pledge to reduce the effect and potential risks of being unable to talk about poor mental health and empower students and staff to create an open and supportive culture.

We are working with nine schools (three in South, Mid and North Wales) over a three year period to provide face to face workshops to 5,000 pupils delivered by our Young Champions. Time to Change Wales Young champions (young people with lived experience of mental health problems) will visit the schools and share their stories with students from Year 9 upwards and staff which will help people learn more about mental health, stigma and discrimination and be able to speak more openly about mental health. All pupils receiving the workshop will be asked to complete 3 surveys – pre and post workshop and three months later to see if their perceptions and attitudes to mental health have shifted or remained the same during that period.

Pilot schools will support in the development of a toolkit of resources to give teachers and students the confidence to start conversations around mental health and be able to deliver their own Time to Change Wales campaign within their schools. These resources will be readily available online for all schools across Wales to access and use to end stigma and discrimination.

A wider TTCW social marketing campaign is also being launched over the forthcoming month to target children and young people and will be along similar lines as our #reachout campaign for adults and include digital stories to raise awareness and encourage young people across Wales to be proactive and join the campaign to end stigma and discrimination towards mental health.

## Conclusion

Whilst we are at the early stages of this project, we would hope that the feedback we receive from pupils and the work of the campaign will provide valuable insight to inform policy and practice in the area of improving the emotional wellbeing of children and young people.

Cynulliad Cenedlaethol Cymru | National Assembly for Wales

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

Ymchwiliad i Gwella Iechyd Emosiynol ac Iechyd Meddwl Plant a Phobl Ifanc | Inquiry into The Emotional and Mental Health of Children and Young People EMH 24

Ymateb gan: Barnardo's Cymru

Response from: Barnardo's Cymru

## 1. Gwybodaeth a chyd-destun gwaith Barnardo's Cymru

Bu Barnardo's Cymru yn gweithio gyda phlant, pobl ifanc a theuluoedd yng Nghymru am dros 100 mlynedd ac mae'n un o'r elusennau plant mwyaf sy'n gweithio yn y wlad. Ar hyn o bryd, rydym yn rhedeg 86 o amrywiol wasanaethau drwy Gymru, gan weithio mewn partneriaeth â 16 allan o'r 22 awdurdod lleol.

Mae pob un o'n gwasanaethau yn wahanol, ond mae pob un yn credu bod pob plentyn ac unigolyn ifanc yn haeddu'r cychwyn gorau mewn bywyd, ac nid yw o bwys pwy ydyn nhw, beth maen nhw wedi'i wneud na beth y maen nhw wedi bod drwyddo. Rydym ni'n defnyddio'r wybodaeth a gafwyd o'n gwaith uniongyrchol gyda phlant i ymgyrchu am bolisi plant a gofal cymdeithasol gwell ac er mwyn amddiffyn hawliau pob plentyn. Rydym ni'n credu, gyda'r help cywir, y gefnogaeth ymroddedig ac ychydig o ymddiriedaeth, gall hyd yn oed y plant mwyaf bregus gael trefn ar eu bywydau. Mae ein gwaith ni yn anelu at gefnogi teuluoedd cryfach, plentyndod mwy diogel a dyfodol cadarnhaol i'r rhai hynny yr ydym ni'n gweithio gyda nhw, er mwyn sicrhau gwell canlyniadau ar gyfer mwy o blant.

## 2. CAMHS arbenigol

### Amseroedd aros

Profiad Barnardo's Cymru yw bod blaenoriaethu cyllid tuag at dderbyn ac asesu ar gyfer CAMHS mewn rhai rhannau o Gymru, wedi arwain at ganlyniadau cadarnhaol yn nhermau cwtogi amseroedd aros.

Fodd bynnag, tra ein bod yn croesawu lleihau amseroedd aros yn yr ardaloedd hyn, mae pryderon ynglŷn â:

- Diffyg buddsoddi mewn gwasanaethau cefnogi sydd eu hangen i reoli'r adnabyddiaeth gynyddol o angen.
- Absenoldeb ymddangosiadol gweithwyr proffesiynol gyda chymwysterau addas i gynnig amrediad o ddewisiadau triniaeth seicolegol, fel ThGY, ThYD a therapi teulu.

- Bydd mwy o ganolbwyntio ar ddiagnosis plant a phobl ifanc yn arwain at wrthod y gefnogaeth briodol y maen nhw ei hangen i'r rhai hynny heb ddiagnosis, sy'n arbennig o wir i blant ieuengach, nad yw eu symptomau nhw yn cyd-fynd o angenrheidrwydd â diagnosis penodol.

Mewn rhai rhannau o Gymru, adroddwyd bod rhestrau aros yn parhau i gynyddu, gyda rhai pobl ifanc yn disgwyl am hyd at flwyddyn am apwyntiad gyda CAMHS.

### **Amrywiadau mewn ymarfer a thegwch mynediad drwy Gymru**

Barn Barnardo's Cymru yw bod problem barhaus o annhegwch mynediad drwy Gymru, yn nhermau argaeledd ac amrywiaeth y gwasanaethau i gefnogi plant a phobl ifanc gyda phroblemau iechyd meddwl.

Mae'n ymddangos bod rhywfaint o ymarfer da, gyda gwasanaeth cryf yn cael ei gynnig ar gyfer rhai cyflyrau, tra bod gwasanaethau eraill heb gyllid digonol ac wedi'u gorlwytho yn barhaol. Mae mynediad at wasanaethau mewn cymunedau gwledig yn parhau yn heriol i rai o'n defnyddwyr gwasanaethau.

Roedd pryder ymysg ein staff bod gwasanaethau yn dod i ben yn arwain at golli arbenigedd a dysgu yn ogystal â cholli darpariaeth gwasanaethau i blant, pobl ifanc a theuluoedd.

Mae angen am fwy o rannu gwybodaeth mewn ardaloedd penodol. Mewn llawer o awdurdodau lleol, ceir fforymau cyfnewid gwybodaeth. Fodd bynnag, mae anghysondebau drwy Gymru o safbwynt y modd y maen nhw'n gweithredu a pha weithwyr proffesiynol neu ba sefydliadau sy'n cael eu cynnwys ym mhob rhwydwaith.

### **Goratgyfeirio at CAMHS**

Mae'r mwyafrif o wasanaethau Barnardo's Cymru yn gweithio gyda phlant, pobl ifanc a theuluoedd gyda lefelau uchel o angen cymdeithasol ac emosiynol. Mae ymarferwyr yn gyfarwydd â delio gyda thrawma a thrafod argyfyngau gydag unigolion a theuluoedd. Fodd bynnag, yn anochel, bydd problemau sy'n codi i staff lle maen nhw'n teimlo nad oes ganddyn nhw ddigon o wybodaeth, hyder na chefnogaeth wrth ymdrin â phroblemau neu ymddygiadau gofidus sy'n ymddangos. Beth sy'n helpu yn y sefyllfaoedd hyn yw cael mynediad at ymgynghoriad a chefnogaeth iechyd meddwl arbenigol a chael llwybrau eglur lle gellir ymgysylltu â gwasanaethau eraill ynglŷn â chefnogaeth, gwneud penderfyniadau a, lle bo angen, atgyfeirio ymlaen.

Yng Nghasnewydd, mae gwasanaeth CAMH yn cynnig ymgynghoriad seicolegol i weithwyr proffesiynol sy'n gweithio gyda phlant, pobl ifanc a theuluoedd yn ogystal â hyfforddiant, lle y bo angen. Yn ogystal â helpu i leihau atgyfeiriadau anaddas i CAMHS, mae hyn yn helpu i sicrhau ymateb ymarfer diogel, addas.

### **Atgyfeiriad a mynediad at CAMHS yn unol â byrddau iechyd unigol, cyfyngiadau a throthwyon**

Mae Barnardo's Cymru yn nodi bod pryderon yn parhau o drothwyon uchel ar gyfer CAMHS, a all adael gweithwyr proffesiynol gorlwythog â gwaith a heb ddigon o gymwysterau i ymdrin ag achosion, a ddylai fod wedi derbyn cefnogaeth fwy arbenigol.

Gall diffyg cyfathrebu rhwng CAMHS a gwasanaethau eraill sy'n gweithio i gefnogi plant a phobl ifanc gydag anghenion iechyd meddwl, greu ffordd annibynnol o weithio.

### **Cefnogaeth frys, y tu allan i oriau a Gwasanaethau Damweiniau ac Achosion Brys**

Rydym ni'n ymwybodol o rai datblygiadau cadarnhaol yn y maes hwn, yn cynnwys nyrsys CAMHS penodedig ar gael mewn ysbytai ac ar alwad ar gyfer, er enghraifft, y monitor gorddos yng Nghasnewydd. Mae'r gwasanaeth pwrpasol hwn yn golygu bod plant a phobl ifanc sy'n dod i'r Adran Ddamweiniau ac Achosion Brys, yn cynnwys y rhai hynny gydag ymddygiadau hunanladdol a all gael eu gweld fel risg uchel, yn gallu cael eu gweld a'u hasesu gan nyrs CAMHS a chael eu cyfeirio at CAMHS fel sy'n addas.

Pan mae pobl ifanc yn dod i adrannau brys yn ystod adegau o argyfwng, mae angen i weithwyr proffesiynol gyfathrebu gyda gwasanaethau iechyd a chymdeithasol er mwyn nodi gwir achosion y gofid a chynnig y gefnogaeth fwyaf addas yn yr hirdymor ar gyfer yr unigolion hynny. Nid yw'r gwaith dilynol hwn bob amser yn cael ei wneud yn gyson.

### **Lle ar gyfer cleifion mewnol**

Mae rhai plant a phobl ifanc sy'n defnyddio ein gwasanaethau yn teithio yn bell i gael mynediad at wasanaethau mewnol. Mae hyn yn eu tynnu oddi wrth eu teuluoedd a'u rhwydweithiau cefnogaeth, a all achosi straen ac ychwanegu at eu gofid yn gyffredinol.

Yn hytrach nag aros mewn cyfleuster ar gyfer cleifion mewnol a all wahanu plant a phobl ifanc oddi wrth eu teuluoedd a'u rhwydweithiau cefnogi, roedd ein staff yn ystyried y gall fod cyfleoedd i gynnig cefnogaeth ddwysach mewn cymunedau.

Mae'r trawsnewidiad yn ôl i wasanaethau yn y gymuned ar gyfer y rhai hynny sy'n gadael unedau cleifion mewnol yn gallu bod yn anodd. Mae hwn yn awgrymu, lle y bo'n bosibl, y gellir cefnogi iechyd meddwl unigolyn ifanc yn well drwy gyflawni gwasanaethau dwys mewn timau cymunedol, er ein bod yn deall na fyddai hyn bob amser yn addas.

### 3. Cyllid

Mae prosesau a pherthnasau comisiynu rhwng Awdurdodau Lleol a sefydliadau gwirfoddol yn eang, wedi'i sefydlu ac yn gyffredinol yn cael eu deall yn dda. Fodd bynnag, mae ein profiad cyfyngedig o gael ein comisiynu i gyflawni gwasanaethau gan y BILlau yn wahanol. Mae'r comisiynau hyn wedi bod yn fwy cymhleth ac anodd eu cyrraedd.

Mae amrywiad rhwng BILlau drwy Gymru, gyda rhai ohonyn nhw yn haws i ymgysylltu â nhw nag eraill. Fodd bynnag, mae'n ymddangos inni y gall fod angen 'iaith' a fframwaith newydd ar gyfer comisiynu gwasanaethau gan y sector gwirfoddol. Yn sicr, os yw dyhead Rhaglen 'Law yn Llaw at Blant a Phobl Ifanc' am feithrin platfform o fwy o wasanaethau cefnogi cymunedol anfeddygol ar sail gwybodaeth seicolegol a thrawma i'w gyrraedd, yna mae hon yn broblem a fydd angen ymdrin â hi.

#### **Mynediad at therapïau seicolegol, cwtogi meddyginiaethau**

Ein profiad ni yw bod angen yn parhau am fynediad ehangach at amrywiaeth o therapïau seicolegol, a ddylai fod yn seiliedig ar dystiolaeth a chael eu gwneud gan weithwyr proffesiynol sy'n ddigon cymwys i gynnig y triniaethau hyn.

Mewn rhai ardaloedd, rydym yn meddwl bod rhagnodi meddyginiaethau i blant ar lefel addas, tra bod meddyginiaethau mewn ardaloedd eraill yn cael ei weld fel y gobaith cyntaf yn hytrach na'r olaf, fel y byddwn ni'n gobeithio y dylai fod.

Mewn un ardal, rydym ni'n ymwybodol o rieni yn galw am feddyginiaethau ar gyfer eu plant yn cael dewis mynediad at grwpiau rhianta sydd wedi canolbwyntio ar strategaethau amgen i feddyginiaethau er mwyn ymateb i broblemau a gyflwynwyd gan eu plant a'u rheoli nhw. Mewn ardaloedd eraill, mae rhieni sy'n cael mynediad at wasanaethau Barnardo's Cymru wedi adrodd bod buddion, o safbwynt gallu deall a rheoli problemau iechyd meddwl eu plant, drwy gael mynediad at rai rhwydweithiau cefnogi cymheiriaid ehangach.

#### **Iechyd Meddwl Sylfaenol**

Ein profiad ni yw er bod Gofal Iechyd Meddwl Sylfaenol yn dda mewn rhai rhannau o'r wlad, nid yw ansawdd a hygyrchedd y ddarpariaeth yn gyson drwy Gymru, gyda rhai gwasanaethau yn cael profiad o lwythi achosion mawr iawn.

## Plant a phobl ifanc bregus

Bu enghreifftiau o ymarfer da yn nhermau staff CAMHS wedi'u lleoli mewn timau amlasiantaethol, yn gweithio gyda phlant bregus, pobl ifanc a'u teuluoedd, fel mewn Timau Troseddau Ieuentid. Efallai y gall gwasanaethau eraill sy'n cyflawni ar gyfer grwpiau bregus, fel pobl ifanc sy'n camddefnyddio sylweddau neu'n ymadawyr gofal gael budd o'r dull hwn yn ogystal.

Bu adroddiad diweddar a gynhyrchwyd gan Barnardo's<sup>1</sup>, yn edrych ar anghenion iechyd meddwl ar gyfer gadawyr gofal yn Lloegr. O fewn yr argymhellion, roedd galwad ar gyfer gweithwyr iechyd meddwl arbenigol i'w hymwreiddio yn y timau gadael gofal ac ar gyfer mwy o hyfforddiant iechyd meddwl i bob gweithiwr proffesiynol sy'n gweithio gydag ymadawyr gofal. Rydym ni yn cydnabod y byddai timau gofal yng Nghymru yn ogystal yn cael budd o'r datblygiadau hyn.

Gall fod gwir rwystrau i ymgysylltu â theuluoedd sydd â nifer o anghenion a nodweddion bregus. Mae ein gwasanaethau yn adrodd bod gwaith wedi cael ei wneud mewn rhai ardaloedd er mwyn galluogi gwell ymgysylltiad â'r teuluoedd hyn, drwy wella cyfathrebu rhwng iechyd, gwasanaethau cymdeithasol a'r trydydd sector.

## 4. Y trawsnewid i wasanaethau oedolion

Cymysg yw profiadau'r trawsnewid ar gyfer pobl ifanc sy'n defnyddio ein gwasanaethau. Mae problemau yn ymwneud â'r gwahaniaeth mewn diwylliant ymarfer rhwng CAMHS ac AMHS sy'n cyflwyno rhwystrau i bobl ifanc. Yn AMHS, gall y polisïau mwy caeth ynghylch peidio â mynychu apwyntiadau fod yn anodd i bobl ifanc addasu iddyn nhw. Mewn rhai achosion, gall pobl ifanc fod mewn risg o golli eu dewisiadau am gefnogaeth.

Mae Barnardo's Cymru, mewn partneriaeth â Llywodraeth Cymru, wedi datblygu canllaw wedi'i arwain gan ddefnyddiwr gwasanaethau o'r enw Pasbort Trawsnewidiadau, ar gyfer y rhai hynny sy'n trawsnewid o CAMHS i AMHS. Mae'r pasbort yn siarad yn uniongyrchol â'r bobl ifanc, yn y gobaith y bydd hyn yn eu grymuso i gael gwell profiad o symud o wasanaethau plant at wasanaethau oedolion. Y bwriad yw cyflwyno'r pasbort drwy Gymru. Er mwyn bod yn effeithiol, mae angen gweithiwr trawsnewidiadau penodedig i gefnogi pobl ifanc i ddefnyddio'r pasbort.

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<sup>1</sup> Smith, N. (2017) Neglected Minds: A report on mental health support for young people leaving care  
[http://www.barnardos.org.uk/19222\\_neglect\\_minds\\_a\\_report\\_on\\_mental\\_health\\_2.pdf](http://www.barnardos.org.uk/19222_neglect_minds_a_report_on_mental_health_2.pdf)



## 5. Y cysylltiadau ag addysg

Mae pennu iechyd a llesiant fel maes allweddol o ddysgu a phrofiad, a'r ymwybyddiaeth gynyddol o iechyd emosiynol yn y fframweithiau arolygu yn creu cyfle ar gyfer gwell deallusrwydd emosiynol ac atal salwch.

Fodd bynnag, rydym yn bryderus y dylai cyllid gael ei neilltuo er mwyn sicrhau nad yw ysgolion o dan unrhyw straen ychwanegol, o safbwynt adnoddau a chyllidebau, a allai beryglu bwriad da'r cwricwlwm. Byddem yn dadlau bod agwedd yr ysgol gyfan yn bwysig ar gyfer gweithredu.

### Nyrsys ysgol

Rydym ni'n pryderu ynglŷn â chyllido darpariaeth ar gyfer nyrsys ysgol. Mewn rhai ardaloedd, mae nyrsys ysgol yn gweithio ar draws nifer o ysgolion ac yn meddu ar feichiau gwaith trwm. Ambell waith, mae ymarferwyr Barnardo's wedi cael anawsterau wrth gyfathrebu gyda nyrsys ysgol prysur.

### Cwmselwyr wedi'u lleoli mewn ysgolion

Mae'r canlynol ymysg y problemau sy'n cael eu codi gydag ymarferwyr mewn perthynas â chwmsela yn yr ysgol:

- Mae llawer o bobl ifanc yn trafod buddion cadarnhaol ar ôl derbyn y gefnogaeth hon. Fodd bynnag, nid yw chwmsela yn addas ar gyfer pob unigolyn ifanc ac ni wnaethom ni dderbyn unrhyw wybodaeth ynglŷn ag unrhyw gefnogaeth iechyd emosiynol o fewn amgylchedd ysgol.
- Bu'n brofiad gan wasanaeth chwmsela Barnardo's Cymru mewn ysgolion y gall cyflwyno rhai o'r sesiynau chwmsela y tu allan i'r ysgol roi budd i'r rhai hynny sy'n teimlo eu bod yn cael eu difrio wrth gael mynediad at wasanaeth yn yr ysgol.
- Mae problemau yn parhau mewn perthynas ag atgyfeirio pobl ifanc gydag anghenion dwysach er mwyn iddyn nhw dderbyn mwy o gefnogaeth ddwys. Ambell waith, nid yw'r bobl ifanc hyn yn cwrdd â throthwyon CAMHS. Unwaith eto, mae hyn yn adlewyrchu diffyg therapi seicolegol sydd ar gael yng Nghymru.
- Oherwydd galw uchel, a cholli cyllid a glustnodwyd ar gyfer y gwasanaeth, mae chwmselwyr yn aml yn cael eu gorlwytho â gwaith a chodwyd pryderon ynglŷn â'u llesiant.

## Action for Children's response to the Children, Young People and Education Committee's inquiry into the emotional and mental health of children and young people

September 2017

### Summary

Action for Children recommends that:

- More resources are invested into mental health services outside CAMHS to reduce pressure on waiting lists and increase the capacity and reach of lower tier services
- CAMHS should adapt referral thresholds to consider the intensity and impact of a young person's mental health issues to prevent children resorting to harmful coping behaviours.
- Improved collaboration between CAMHS and other agencies would help to establish a better understanding of CAMHS' referral criteria
- There should be an agreed single point of referral to ensure a more stream-lined mental health offer for children and young people.
- Health Boards should increase provision of psychological therapies for all children and young people to address the historic and social aspects of their mental health issues.
- CAMHS and adult mental health services should regularly engage with children and young people in-between appointments to ensure that their medication is appropriate.
- Funding for school-based counselling should be ring-fenced and counselling should be monitored, assessed and quality-assured to ensure young people get the best support.
- School-based counselling needs to consider all aspects of a child's life and should be complimented by family therapy when appropriate so that improvements at home can support improvements to a child's wellbeing at school.

### Introduction

From before they are born until they are into their twenties, Action for Children - Gweithredu dros Blant helps vulnerable children across Wales. We improve the lives of 22,500 children, young people, parents and carers in Wales every year. We work with the Welsh Government and the National Assembly for Wales to make sure every child can reach their potential. We succeed by doing what's right, doing what's needed and doing what works for children.

Action for Children (AfC) welcomes the opportunity to contribute to the Children, Young People and Education Committee's consultation on the emotional and mental health of children and young people. Through our work in Wales, we know that families experience significant difficulties accessing the emotional and mental health support they need from the health systems, which can intensify the problems they experience. Around 41% of the

children and young people referred to us have identified emotional needs.<sup>1</sup> AfC's staff are equipped with the appropriate skills and training to effectively support these children and young people. Most of these young people access school-based counselling, which improves their social skills, engagement in education and learning and communication skills. We also deliver counselling and therapeutic support through family-based interventions, which transform children's behaviour, parental confidence, family communication and relationships.

This response considers the impact of the structure and practices of the existing health systems across the *A, B, C D* and *E* Health Boards (please refer to key) and we present suggestions to facilitate further improvements. The evidence has been gathered from in-depth interviews with four young parents aged between twenty and twenty-five years, and thirteen practitioners from across AfC's range of services. In addition, evidence has been gathered from a small survey designed for children and parents, including children in care, young carers, young parents and children with disabilities. It reflects the experiences of eighteen children and young people based in the same services, and aged between eight and twenty-five years.<sup>2</sup>

### **The extent to which new (and/or reconfigured) services are helping to reduce waiting times in specialist CAMHS.**

1. AfC acknowledges the considerable changes that have been made to address the waiting times for an assessment from CAMHS, across each of the health boards referenced above. Waiting times for assessments for neurological disorders have been reduced to an average of twenty-six weeks across the Health Boards referenced above, although waiting times for depression and anxiety remain unchanged at four to eight weeks. Nevertheless, waiting times are still too long, and the figures referenced reflect the average rather than the maximum waiting times. Some children and young people are waiting considerably longer, which can intensify their mental health issues.
2. These findings have been echoed by the findings from AfC's survey, in which children, young people and parents described the waiting times for assessment from CAMHS as 'too long', particularly when they exceeded three months. And in one of our interviews, a young parent from the area covered by Health Board B admitted to taking an overdose because she couldn't wait for support from adult mental health services any longer. This demonstrates the significant impact that lengthy waiting lists can have on vulnerable children and young people.

<sup>1</sup> This figure reflects the needs of the children and young people accessing our direct support services and would most likely increase if we could also reflect the needs of those who access our universal support services.

<sup>2</sup> The survey data cannot be segmented to reflect the different arrangements for mental health provision within the remit of each Health Board. This decision was made to protect the anonymity of those who responded to the survey. However, the information we gathered from practitioners enabled us to contextualize this information and consider arrangements in different locations.

3. The findings of the survey also showed that children and young people who waited more than eight weeks for treatment to begin described the wait as 'too long' and indicated that their mental health worsened during this period. In one case, a child's anxiety and self-harming behaviours increased as they waited for treatment. Based on the information gathered for this response, AfC is extremely concerned that children and young people are not receiving appropriate support at the point of need, which can have catastrophic consequences for children, young people and their families.

"It feels like there's nothing there. We've tried everything. The support out there nowadays has gone crap." Young Person

**Recommendation:** The Welsh Government should invest in a wider range of mental health services outside CAMHS, to increase the capacity and reach of lower tier and earlier intervention services and reduce pressure on CAMHS waiting lists. This would ensure that young people can access appropriate support, when they need it most.

**Recommendation:** The Welsh Government should continue to invest in CAMHS to ensure that those needing specialist help are adequately supported and to enable CAMHS to reduce waiting times for all cases in line with the Welsh Government target of 26 days.

#### **Referrals and access to CAMHS by individual Health Board, including the restrictions and thresholds imposed by CAMHS.**

4. Referral criteria have tightened across all Health Boards. CAMHS only accept referrals when a young person's issues are high-end and life-threatening. For example, in the area covered by Health Board D, it was reported that self-harm is no longer enough to guarantee an appointment unless a child or young person's life is in danger. Furthermore, an increasing number of young people are turned away for support from CAMHS, which increases pressure on services delivering lower tier interventions. Although our staff are highly competent and well-trained, increased workloads and complex cases heighten the level of risk attached to the conditions under which our practitioners operate. AfC is concerned that children and young people aren't receiving the right level of support and as a result, their mental health issues are escalating. This causes more stress for young people and their families, compounding the issues they already face.

"They refused to work with me because I was too angry. But I thought that's why they were supposed to work with me. My little brothers had been adopted and my little girl was taken away by the police when she was like hours old. How did they expect me to feel? I was 16. How did they expect me to feel!?" Young Person

**Recommendation:** CAMHS referral thresholds should consider the intensity and the potential impact of a young person's mental health symptoms. This would help to avoid cases in which children and young people resort to harmful behaviours that compound their difficulties while they wait for an assessment.

**The extent to which changes have addressed the over-referral of children and young people to CAMHS.**

5. Given the lengthy waiting lists and the strict criteria, referrals to CAMHS are usually made in a crisis and as a last resort. If an alternative and more appropriate option was available, referrals would be directed elsewhere. However, young people and practitioners frequently mention that there are few available alternatives. In other situations, over-referral occurs because criteria are being continually tightened and changes aren't communicated widely.

"There's nothing else out there. There aren't enough general mental health services for children. So, it's only 'over-referral' according to CAMHS' own criteria." Practitioner

**Recommendation:** CAMHS should improve communication with external agencies so that partners have a better understanding of CAMHS' referral criteria. When referrals are rejected, CAMHS should work with wider agencies and commissioners, in the best interests of children and young people, to ensure that an alternative mental health offer is provided.

6. AfC is aware that changes are being implemented to deliver services through a single and integrated pathway of referral, led by a multi-agency team. However, in the area covered by Health Board D, there seems to be more than one point of entry, which undermines the purpose of a single pathway. A health-led team focus on assessments for neurological disorders and CAHMS lead another team. Therefore, children's referrals are delayed as they bounce between different places. In addition, some multi-agency teams struggle to secure collaboration with health services, which can mean that children and young people still struggle to get the mental health support they need.

**Recommendation:** CAMHS should improve collaboration with multi-agency teams and agree a single-point of referral for mental health assessments to discuss changes to referral criteria, enhance multi-agency working and ensure young people get the help they need.

**The extent to which access to psychological therapies for young people has improved and whether there has been a subsequent reduction in the use of medication for young people.**

7. AfC's survey found that most children and young people with mental health issues had been offered psychological support from CAMHS, including therapies like counselling,

Cognitive Behavioural Therapy (CBT) and Dialectical Behaviour Therapy (DBT) and these were perceived to be effective. Although the number of respondents in our survey is too small to generalise from, this snapshot is encouraging. Furthermore, practitioners working under the remit of Health Board E have noticed increased access to CBT, systemic psychotherapy and family therapy through community mental health teams. They also acknowledged that fewer children referred from CAMHS to lower tier interventions had been prescribed medication. However, those working within the footprint of Health Board B were concerned that mental health services were still over-reliant on medication. Some parents choose to withhold medication because they prefer their child's natural behaviour, rather than the side-effects of medication.

"It's not really useful. We don't do nothing that will change my life except medication. I think my past has a big impact on my life and I would like them to go through it, but we don't do that. We just talk about the voices in my head and if they've been telling me to kill anyone. I think if we did address the past my life would improve." Young Person

8. With respect to adult mental health services within the area covered by Health Board B, some psychiatrists seem to be unwilling to refer young people for psychological support, despite repeated requests from young people and external practitioners. A young person from this area also reported that her psychiatrist would change medication, without considering her views and preferences. Another young person had their medication switched to a less effective product and was left to struggle with the symptoms of her mental health issues while she waited for her next appointment.

"I asked him several times and he was so sarcastic. He just said, 'I can...' [My practitioner] had to force him and he eventually agreed, but nothing ever came from it and the last time I saw him was in April." Young Person (August 2017)

**Recommendation:** Psychological therapies should be offered to all children and young people where clinically appropriate as part of a standard and comprehensive offer of mental health support that moves beyond the medical model. Health Boards should continue to invest in a wider range of psychological therapies.

**Recommendation:** Mental health services should provide follow-up phone calls to discuss any changes in medication in-between appointments. Changes to medication should always account for the views of the young person and/or responsible parent or carer.

**The extent to which the funding has been used to meet the needs of vulnerable children and young people, for example, children who are in care, children and young people with ADHD and autistic spectrum disorders, and those who are already in or at**

**risk of entering the youth justice system, including those who are detained under section 136 of the Mental Health Act 1983.**

9. As mentioned above, there have been significant attempts across local health boards to reduce assessment waiting times for children and young people with potential neurological disorders, although waiting times are still lengthy. Furthermore, when a child has been diagnosed as having an autistic-spectrum disorder, they aren't always given access to support groups that can tackle their anxiety. Their emotional needs aren't acknowledged. Our discussions with young people and practitioners also established that children in care are now offered more timely assessments. However, AfC's practitioners working in the area covered by Health Board B, are aware that some young people are deliberately getting themselves arrested with the intention of accessing quicker support from CAMHS and adult mental health services. This can have a detrimental effect on their future life chances and suggests that although improvements have been made, waiting times for vulnerable children and young people are still too long.

**Recommendation:** Health Boards should make further attempts to reduce assessment and treatment times for CAMHS and adult mental health services for vulnerable children and young people; the Welsh Government should continue to invest in a wider range of appropriate and accessible mental health services to prevent young people from having to take drastic steps to access support.

**Children's access to school nurses and the role school nurses can play in building resilience and supporting emotional wellbeing.**

10. AfC's Family Intervention Team in the area covered by Health Board E provide monthly consultations for the benefit of school nurses. They have praised the work undertaken by the local nurses to address the mental health and emotional needs of the children and young people they serve. The nurses were described as "very wise" and their eagerness to work with psychologists was acknowledged.

"The school nurses are amazing. They deal with so much. But there is no longer a full-time nurse in every school." Practitioner

11. More generally however, AfC's practitioners recognise the limitations of this role. Schools have limited budgets, so they must share the costs of hiring a school nurse and therefore, the nurse is only available to support children and young people on certain days, and at particular times. Therefore, many school nurses don't have the time to support young people with their emotional and mental health and prefer to focus on the prevalence of physical illnesses within the student population. This demonstrates that when school resources are reduced, it can have a knock-on effect on other areas. In this case, more

pressure is placed on services like CAMHS because intervention isn't provided early enough at the right level.

12. These points were echoed by the findings of AfC's survey. Almost all school-age children and young people with mental health and emotional issues had accessed support from school nurses. However, there was a mixed response in relation to the effectiveness of the support that was offered. Although many young people expressed positive opinions about their school nurse, others said that the school nurse couldn't offer enough support or wasn't able to appreciate their mental health and emotional needs.

13. AfC welcomes the Welsh Government's recent announcement about strengthening CAMHS provision in schools by piloting the provision of a dedicated CAMHS practitioner. This will improve working arrangements between health and education for a more comprehensive offer of mental health support for children and young people. We hope that this service will be rolled out to all schools in due course and that this CAMHS practitioner will ensure that the mental health literacy of the staff and student populations improves, and that school nurses are equipped to provide a good level of emotional and mental health support for children and young people.

**Recommendation:** The Welsh Government should expand provision of the school-based CAMHS practitioner and ensure that school nurses are supported by this practitioner so they can deal with children and young people's mental health and emotional issues.

#### **The take up and current provision of lower level support and early intervention services, for example, school counselling services.**

14. Many of our survey respondents had accessed other options offered by schools, including counselling, pastoral care and a visiting educational psychologist. However, waiting lists for counselling support are too long and the number of sessions provided is too limited. While AfC has welcomed the introduction of school-based counselling, our practitioners are concerned that without ring-fenced funding and under the new funding arrangements, money will get absorbed into a school's budget and the quality of counselling offered by schools could become further diluted, with poorer outcomes for children and young people.

**Recommendation:** The Welsh Government should ring-fence funding for school-based counselling to ensure that the counselling on offer is of good quality and sufficiently meets the needs of children and young people.

15. Our practitioners have also noted that school-based counselling is based on an "individualistic" model of support. Where appropriate, support should be offered to the whole family to address a young person's mental health and emotional needs and to build



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their resilience. If improvements to adverse situations in the home environment could mirror improvements to adverse situations at school, then we could ensure better and longer-lasting outcomes for children and young people's emotional and mental health.

"We don't go into schools and say, 'we know best'. We listen and they listen to us and hear what's happening. That's the magic ingredient really – how we communicate. The work done at school can mirror what's going on at home." Practitioner

**Recommendation:** Where appropriate, family therapy should complement school-based counselling to address the needs of the whole family and ensure that issues in the home environment can be tackled alongside issues in the school environment to address a child's mental health and emotional needs more effectively in the long-term.

16. According to the Welsh Government's school-based counselling Operating Toolkit, school-based counselling should be delivered by counsellors who are members of a professional body, work under an ethical framework and access regular continuing professional development.<sup>3</sup> These guidelines ensure that school-based counselling is of good quality. The Welsh Government used to collect statistics every term to establish the presenting and predominant issues arising within school-based counselling. These statistics were used to ensure that a quality service was provided and to guide the future development of services and improve mental health literacy through materials, like a toolkit for practitioners. However, now, the Welsh Government only collect these once a year. This has been accompanied by a decline in the number of quality assurance meetings attended by commissioners, providers and Welsh Government officials. AfC is concerned that these changes will lead to a decline in the quality of counselling provided to meet the needs of children and young people in schools.

**Recommendation:** School-based counselling should be regularly monitored and assessed and should be quality-assured to ensure that all children and young people across Wales are offered the same quality of mental health and emotional support.

**For further information, please contact:**

**Danielle Cope**

Campaigns, Advocacy and Policy Advisor for Wales  
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Telephone: 07738888729

<sup>3</sup> Welsh Government. 2011. *School-based Counselling Operating Toolkit*. Available online: <http://gov.wales/docs/dcells/publications/110823toolkitmarch11bi.pdf>

**Vaughan Gething AC/AM**  
**Ysgrifennydd y Cabinet dros Iechyd a Gwasanaethau**  
**Cymdeithasol**  
**Cabinet Secretary for Health and Social Services**



Llywodraeth Cymru  
Welsh Government

**Huw Irranca-Davies AC/AM**  
**Y Gweinidog Gofal Cymdeithasol a Phlant**  
**Minister for Children and Social Care**

Ein cyf/Our ref: MA P HID 4289 17

Lynne Neagle AC  
Cadeirydd, Y Pwyllgor Plant, Pobl Ifanc ac Addysg  
Cynulliad Cenedlaethol Cymru  
Bae Caerdydd, Caerdydd  
CF99 1NA

1 Rhagfyr 2017

Annwyl Lynne,

Yng nghyfarfod y Pwyllgor Plant, Pobl Ifanc ac Addysg a gynhaliwyd ar 22 Tachwedd 2017, fe wnaethom ni gytuno i roi rhagor o wybodaeth ichi yn deillio o drafodaethau yn y cyfarfod hwnnw.

Fe wnaethoch ofyn am wybodaeth am y ddau faes canlynol:

- Y broses a fabwysiadwyd gan Lywodraeth Cymru i benderfynu a yw'n briodol cynnal Aseiad o'r Effaith ar Hawliau Plant yn hytrach nag Aseiad Effaith Integredig, yn arbennig yng nghyd-destun y Gyllideb Ddrafft (Llyr Gruffydd AC).
- Y rhagolygon cyllido ar gyfer rhaglenni Dechrau'n Deg, Teuluoedd yn Gyntaf a Chymunedau yn Gyntaf. (Lynne Neagle AC)

Mae'r wybodaeth isod yn dilyn yr un drefn â'r pwyntiau bwled hyn.

**Y broses a fabwysiadwyd gan Lywodraeth Cymru i benderfynu a yw'n briodol cynnal Aseiad o'r Effaith ar Hawliau Plant yn hytrach nag Aseiad Effaith Integredig, yn arbennig yng nghyd-destun y Gyllideb Ddrafft.**

Cynhelir asesiadau effaith ar raglenni a pholisïau, gan gynnwys asesiadau o'r effaith ar hawliau plant, wrth i'r cynigion ar gyfer y rhaglenni a'r polisïau hynny gael eu datblygu. Felly, lle mae eu hangen, cânt eu cynnal, a'u hadolygu yn ôl yr angen, o'r cyfnod datblygu hyd y camau o weithredu ac adolygu'r polisi neu'r rhaglen.

Er mwyn penderfynu a oes angen cynnal Aseiad llawn o'r Effaith ar Hawliau Plant, mae gan bob swyddog fynediad i ganllawiau ar yr asesiadau hyn, gan gynnwys pecyn hyfforddi ar fewnwyd Llywodraeth Cymru a thempled sy'n nodi'r camau er mwyn cwblhau Aseiad o'r Effaith ar Hawliau Plant. Mae'r Cynllun Hawliau Plant yn darparu cyfres o siartiau llif i helpu

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Canolfan Cyswllt Cyntaf / First Point of Contact Centre:  
0300 0604400

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[Correspondence.Vaughan.Gething@gov.wales](mailto:Correspondence.Vaughan.Gething@gov.wales)

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.

swyddogion i benderfynu a oes angen cynnal asesiad o'r fath. Mae templed Asesiad o'r Effaith ar Hawliau Plant a siartiau llif o'r Cynllun Hawliau Plant ynghlwm yn Atodiadau 1, 2 a 3 er gwybodaeth.

Cyhoeddwyd asesiad effaith integredig o'r Gyllideb ddrafft amlinellol ar gyfer 2018-19 fel rhan o'r pecyn cyllideb ar 3 Hydref. Roedd hwn yn cynnwys Hawliau Plant a gellir ei ganfod <http://gov.wales/docs/caecd/publications/171003-budget-narrative-a-cy.pdf>. Fel rhan o'r gwaith cynllunio manwl a wneir gan Weinidogion ar y gyllideb mewn perthynas â phenderfyniadau a wneir o fewn eu portffolios, ystyrir ystod o effeithiau. Dim ond pan fyddant yn cael eu hystyried yn angenrheidiol y bydd asesiadau llawn yn cael eu cynnal, os bydd penderfyniad yn ymwneud â'r gyllideb wedi arwain at newid mewn polisi.

Yn dilyn cyhoeddi adroddiad Sefydliad Polisi Cyhoeddus Cymru yn dwyn y teitl 'Reducing Complexity and Adding Value: A Strategic Approach to Impact Assessment in the Welsh Government', mae prosiect ar y gweill ar hyn o bryd i gyflwyno fframwaith newydd ar gyfer asesiadau effaith yn 2018. Mae amcanion y fframwaith yn cynnwys

- sicrhau dibenion clir a phenodol i asesiadau effaith ar draws ystod gyfan o ymyriadau'r llywodraeth;
- lleihau cymhlethdod a defnyddio asesiadau effaith mewn ffordd gymesur gan ganolbwyntio ar ansawdd y ddealltwriaeth, y dystiolaeth a'r dyfarniad; ac,
- integreiddio'r broses asesu effaith gydag arweiniad sylweddol gan Ddeddf Llesiant Cenedlaethau'r Dyfodol.

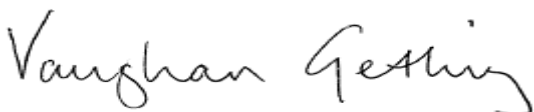
Mewn gwerthusiad o'r broses Asesu'r Effaith ar Hawliau Plant a gynhaliwyd yn 2015 gan Arsyllfa Cymru ar Hawliau Dynol Plant a Phobl Ifanc, argymhellwyd y dylid symleiddio'r broses, a bydd hyn yn cael ei ystyried fel rhan o'r prosiect i gyflwyno fframwaith newydd ar gyfer asesiadau effaith.

### **Y rhagolygon cyllido ar gyfer rhaglenni Dechrau'n Deg, Teuluoedd yn Gyntaf a Chymunedau'n Gyntaf.**

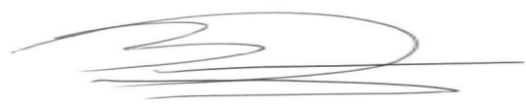
Ar gyfer 2018-19, mae'r dyraniadau i'r awdurdodau lleol ar gyfer Dechrau'n Deg a Teuluoedd yn Gyntaf wedi'u cynnal ar lefelau 2017-18 - £76.052 milliwn a £38.352m yn y drefn honno. Mae hyn yn dangos ymrwymiad parhaus Llywodraeth Cymru i ddarparu ymyriadau cynnar, gweithgaredd atal a chymorth drwy'r rhaglenni cymorth teuluol allweddol hyn ledled Cymru ac mae'n ein galluogi i adeiladu ar y canlyniadau cadarnhaol a gyflawnwyd hyd yma.

Ym mis Chwefror 2017 cyhoeddodd cyn Ysgrifennydd y Cabinet dros Gymunedau a Phlant y byddai'r rhaglen Cymunedau yn Gyntaf yn cael ei dirwyn i ben yn raddol erbyn mis Mawrth 2018. Yn 2018-19, mae £24.035 miliwn ar gael i gefnogi Cymunedau am Waith a Mwy (£11.891 miliwn) a'r Gronfa Etifeddiaeth (£6.000 miliwn), ac mae'r arian sy'n weddill (£6.144 miliwn) yn cwmpasu arian cyfatebol Cymunedau am Waith, prosiectau Canlyniadau a Rennir (Cyngor ar Bopeth Cymru a Streetgames) ac ymrwymiad cytundebol gyda'r Loteri Fawr ar gyfer yr hen Gynllun Trosglwyddo Asedau Cymunedol.

Yn gywir,



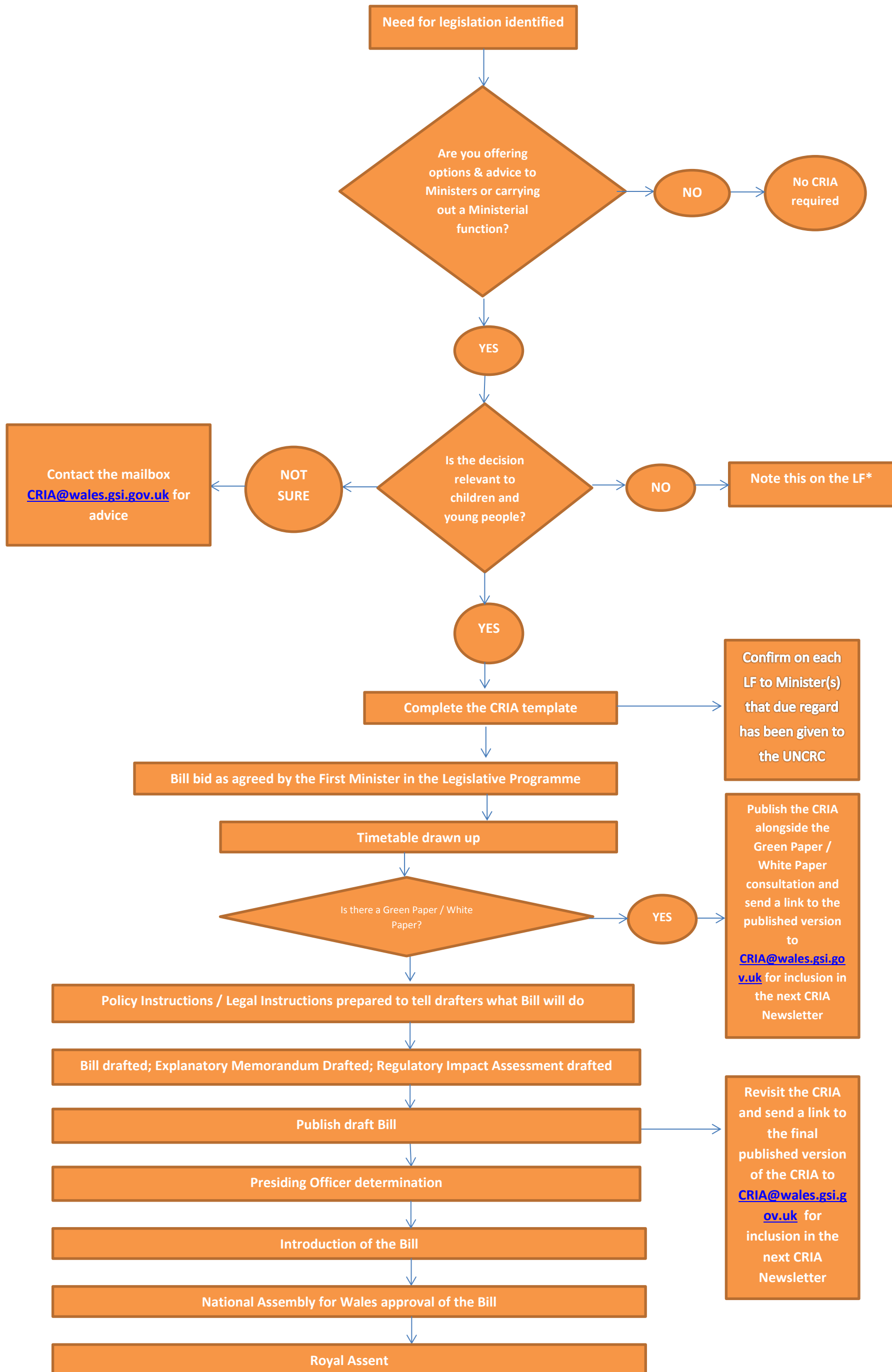
**Vaughan Gething AC/AM**  
Ysgrifennydd y Cabinet dros Iechyd a  
Gwasanaethau Cymdeithasol  
Cabinet Secretary for Health and Social  
Services



**Huw Irranca-Davies AC/AM**  
Y Gweinidog Gofal Cymdeithasol a Phlant  
Minister for Children and Social Care

# ANNEX 1: LEGISLATION – BILLS

## Do I need to undertake a Children’s Rights Impact Assessment (CRIA)?



\*LF – Legislation Folder; formal written advice to Ministers on legislation Tudalen y pecyn 53

# ANNEX 2: LEGISLATION – STATUTORY INSTRUMENTS (SI)

## Do I need to undertake a Children’s Rights Impact Assessment (CRIA)?

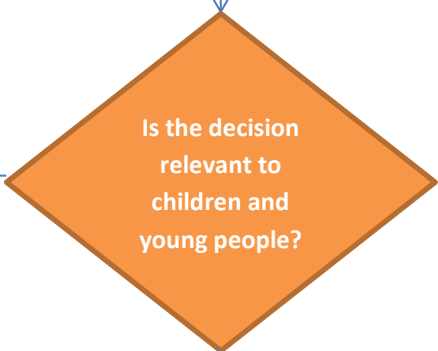
Need for subordinate legislation identified e.g.:

- New Acts
- Existing Acts
- EU Directives
- Annual Requirements



NO → No CRIA required

YES



NO → Note this on the LF\*

Contact the CRIA mailbox [CRIA@wales.gsi.gov.uk](mailto:CRIA@wales.gsi.gov.uk) for advice

NOT SURE

YES

LF to seek Ministerial permission to draft SI

Complete a CRIA to confirm to Ministers that due regard has been given to the UNCRC

LF to seek Ministerial permission to go out to consultation

If consulting, publish CRIA as part of the consultation and send a link to the published version CRIA to [CRIA@wales.gsi.gov.uk](mailto:CRIA@wales.gsi.gov.uk) to be centrally logged and for inclusion in the next CRIA Newsletter

LF to seek Ministerial permission to make SI  
(All SIs have Explanatory Memorandums)

Revisit and send a link to the Final published version CRIA to [CRIA@wales.gsi.gov.uk](mailto:CRIA@wales.gsi.gov.uk) to be centrally logged and for inclusion in the next CRIA Newsletter

Statutory Instrument made and laid before National Assembly for Wales (NAfW)  
**(negative)**

Statutory Instrument is laid before the NAfW

Statutory Instrument considered by the NAfW

Statutory Instrument voted by the NAfW

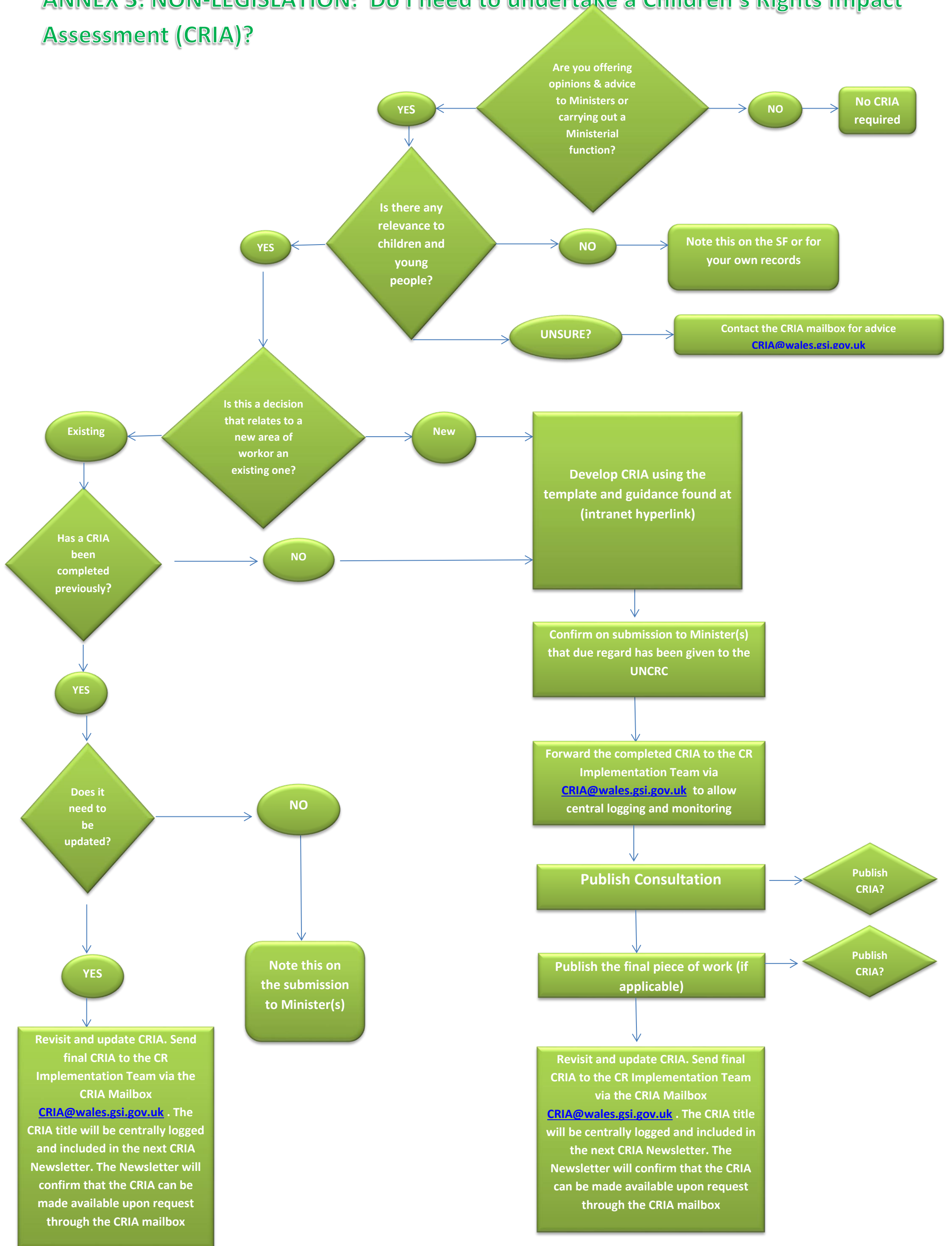
Statutory Instrument made  
**(affirmative)**

No procedure

ASSEMBLY PROCESS

\*LF – Legislation Folder

# ANNEX 3: NON-LEGISLATION: Do I need to undertake a Children's Rights Impact Assessment (CRIA)?





Llywodraeth Cymru  
Welsh Government

Ein cyf/Our ref

Simon Thomas AC  
Cadeirydd  
Y Pwyllgor Cyllid  
Cynulliad Cenedlaethol Cymru  
Bae Caerdydd  
Caerdydd  
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4 Rhagfyr 2017

Annwyl Simon

Yn dilyn fy llythyr, dyddiedig 22 Tachwedd, rwy'n amgáu copi o dablau BEL Prif Grwpiau Gwariant Cyllideb ddrafft 2018-19, wedi'u hailddatgan i adlewyrchu strwythur newydd y portffolios. Bydd y tablau ar gael drwy'r ddolen ganlynol ar wefan Llywodraeth Cymru o 2pm heddiw.

<http://gov.wales/funding/budget/draft-budget-2018-19/?skip=1&lang=cy>

Fel yr wyf wedi'i nodi o'r blaen, ymarfer gweinyddol yn unig yw hwn er mwyn sicrhau cysondeb rhwng y strwythurau newydd a'r portffolios Gweinidogol.

Rwy'n anfon copi o'r llythyr hwn at Gadeiryddion y pwyllgorau polisi.

**Mark Drakeford AM/AC**  
Ysgrifennydd y Cabinet dros Gyllid  
Cabinet Secretary for Finance

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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.

Tudalen y pecyn 56  
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