

No Wrong
Door: bringing
services
together to
meet
children's
needs



Comisiynydd
Plant Cymru
Children's
Commissioner
for Wales

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The context of this report – June 2020

This report was due to be published on 19th March 2020. However, as we prepared to launch the report, the global Coronavirus pandemic gathered pace and cases in Wales began to increase substantially. It became clear that publishing this report, and the recommendations it contains for the Welsh Government and our health and social care services, would not be appropriate at this time of national emergency.

As the nation slowly and carefully begins to plan its recovery from the pandemic, it seems more important than ever to ensure that our services are working closely together to respond to the needs of local populations. We have therefore revisited this report and decided to publish it at this time. A simple, smooth, 'no wrong door' pathway to support for those who require it is what we would all want to see for our children and their families. It is also a more efficient and effective way to run our public services. We have, nonetheless, made some alterations to some of our original recommendations to reflect the current context.

We are mindful that, as we enter a phase beyond that first emergency response to the pandemic, the landscape of health and social care in Wales will have changed significantly. While of course this means strains upon some resources, and difficult budgetary decisions, we have hope that it also means we have an opportunity to build some of the learning from this crisis into our services, and that the chance to rethink how we deliver our public services provides the opportunity to establish a Wales-wide 'no wrong door' approach to children and young people's mental health and wellbeing. The mental health and social care of our most vulnerable children and young people must be a clear priority going forward. We require a wraparound response to meet their care needs.

There have been new developments during this pandemic that we would want to see continue. Particularly, we were pleased to see the rollout of direct phone support from CAMHS professionals for parents in some local health board areas. We were also pleased to see the rollout of the national 24-hour phone and text listening and advice phone line – [the CALL helpline](#). These initiatives demonstrate that rapid change is possible and that some of the hoops we have made families jump through in the past before speaking to someone to get immediate reassurance or advice were probably unnecessary and may have cost public services more money too.

The messages and recommendations of this report are more vital now than ever, and the current crisis has shone a light on some of the underlying issues, such as a lack of suitable residential provision for children with complex needs, for example.

All fieldwork undertaken for this project took place before the 'lockdown' measures which began to be implemented in mid-March 2020.

Mental Health, Wellbeing and Care during and after this crisis

At the time of writing, it isn't easy to say exactly how children and young people's mental health and wellbeing will have been affected by this crisis. What we do know is that all children and young people's lives have been affected in some way by the coronavirus pandemic – many will have seen changes to their ability to access their human rights under the United Nations Convention on the Rights of the Child

(UNCRC), such as the right to relax and play (article 31) and the right to an adequate standard of living which meets their physical and social needs (article 27). I am also concerned that some children may have been denied the right to the best possible healthcare (article 24); or been less well protected from violence, abuse and neglect (article 28) during this time.

In May 2020, we asked over 23,700 children and young people in Wales¹ about their thoughts and feelings during this pandemic. One of the key findings was that while 83% of children and young people were confident that if they needed it they could get help for their emotional or mental health from friends or family, 52-53% were confident they could get help from a website or on social media, teachers or other school staff, or their doctor. 43% said they would feel confident getting help from a mental health team in their area, and 39% said they would feel confident getting help from school counselling. We want children and young people to feel confident that *whoever* they go to for help should be able to either provide support directly, or to point them in the right direction of support.

The support and care children need may have been restricted at this time, or the ordinary avenues by which children and young people and their families access this support have not been available, such as through schools, or through routine GP appointments, for example. The Commissioner has raised these concerns in written evidence to the Senedd's Health, Social Care and Sport Committee's inquiry into the impact of the Covid-19 outbreak on health and social care in Wales². As we consider how our society looks and feels over the coming months and years, the safety, care and support of our most vulnerable children and young people must be at the forefront of our plans.

Our health and social services have responded in heroic fashion to this crisis. However, the issues highlighted by this report have not gone away, and our regional partnerships must accelerate their work to better integrate wraparound health and social care support for our children.

¹ Children's Commissioner for Wales (2020) *Coronavirus and Me*. Available at: <https://www.childcomwales.org.uk/coronavirus-and-me-results/>

² Children's Commissioner for Wales (2020) *Inquiry Response: Health, Social Care and Sport Committee inquiry into the impact of the Covid-19 outbreak, and its management, on health and social care in Wales*. Available at: <https://business.senedd.wales/mgConsultationDisplay.aspx?id=391&RPID=1520629561&cp=yes>

Foreword by Sally Holland

Children's Commissioner for Wales

Too often, I hear of situations where health, social care and other professionals are (sometimes literally) arguing over the heads of children and young people with complex needs; when they cannot agree who is responsible for their care. In some cases this has led to Welsh Government Ministers being called to court over these stalemates between services, as was recently highlighted in the media³.



Sally Holland, Children's Commissioner for Wales

We are all responsible for the care of children in Wales. As one participant in this project put it, simply: "we should want what good parents want for their children".

As part of this project, I have visited every Regional Partnership Board in Wales, whose job it is to bring services (primarily health and social care) together regionally to serve the needs of their local population. Two of the seven Boards told me that the discussion as a result of my visit was the longest conversation their Board has ever had around children's issues. I am glad to hear that this project has got the Boards talking about children and young people, but I was concerned to hear that these conversations were not already happening.

All Boards I visited were transparent about the fact that adult services, particularly older adult services, had been their focus until recently. Of course, the adult and particularly older adult population is very much in need of integrated services in their region and it is not my intention to pitch one generation against the other with this report. Yet, as Children's Commissioner, it is my duty to highlight children and young people's needs. This is not to say that all Boards haven't progressed with integrating services for children and young people too, but it is fair to say that significantly more resource has been focused on the integration of adult services.

The examples used in this report are designed to share practice and to encourage regions to consider the work of others. However, while these examples are encouraging, all Boards would say themselves that they are not yet in the position they would like to be. Additionally, it is important to say that what works in one region may not work in another – the purpose is not to tell regions how they should be doing things, but to highlight practice examples in the hope that they might learn from each other, to provide reassurance that many of the regions face the same challenges, and to encourage Boards to continue the good work that they are doing.

³ BBC News (2020) *Judge highlights secure bed shortage for young in Wales*. Available at: <https://www.bbc.co.uk/news/uk-wales-51332798>

I have been pressing Welsh Government, the NHS, health and social care commissioners, local authorities, and many others, on the need for what I call a 'no wrong door' approach for children with complex needs. A 'no wrong door' approach means that whatever the reasons for a child being in distress, when they ask for help, they should not be told they have come to the wrong place, or feel like they have knocked on the 'wrong door'.

I would like to thank the members of the National Youth Stakeholder Group for Emotional Wellbeing and Mental Health (NYSG), who helped us establish our approach to this project. When discussing the 'no wrong door' concept, the group asked me to ask all of the Boards: 'what does the right door look like?', and I have made sure that I ask every board that question. Most of them struggled to answer this question as well as I would like the first time, but I was pleased that most regions do want to move towards a 'no wrong door' approach. I want to now know how they will make it happen.

I have tried to stay true to the advice given to me by the young people from the National Youth Stakeholder Group – one member of the Group told me to "pressure the Boards and be as brutal as needed". I feel that I have been when I've needed to be!

I would like to put on record my sincere thanks to the Chairs, members and supporting staff of the Regional Partnership Boards for accommodating me and my team. All regions were welcoming, helpful and generous with their time. I would also like to thank the professionals from across different sectors working with children and young people with complex needs, and third sector representatives, who provided their insight for this project.



Sally Holland

Key Messages

- The global pandemic has laid bare how stretched mental health and social care is for our most vulnerable children and young people. Our health and care services are predicted to see a significant increase in need over the coming months, and a regional, coordinated, response will be required to ensure that our support offer is sufficient to meet this demand.
- In most areas of Wales, children and young people experiencing distress with mental health, emotional wellbeing and behavioural issues are waiting too long to get the help they need, and are being 'bounced' between services who cannot agree who is responsible for their care. We want to see services wrap around children and young people and their families, not for them to have to navigate complicated systems. We should respond on the basis of need, not just diagnoses.
- Regions need to move rapidly towards a 'no wrong door' approach in responding to children and young people's emotional wellbeing and mental health needs. This means that they should not keep being told that they are knocking on the wrong door when trying to access help. This could include panel or hub models to provide timely joined-up help, drop-in centres, multi-disciplinary teams, models to make sure fewer children and young people need to go away from home to receive specialist care, or plans for specialist residential care closer to home.
- We are particularly encouraged by the Gwent region's SPACE-Wellbeing early help panels that are the most advanced example we have found of a timely, 'no wrong door' approach to supporting families where children are experiencing mental or emotional health issues or behavioural difficulties. There are also other good examples across Wales where regions are starting to pull services together to help children with complex needs. Regions need to do more to learn from each other where good practice examples exist, and to be more ambitious in aiming for a 'no wrong door' experience right across their regions.
- Children and young people with learning disabilities still too often face a complicated and stressful experience as they move from children's to adult's services. There are promising signs in some regions, but we have not seen the change 'on the ground' that we would like, and encourage all regions to re-visit their plans for this vulnerable group.
- We are encouraged that all regions now have specific multi-agency groups to consider the needs of children and young people, although some of these are very new. We want regions to go further and invite children and young people to be active participants in the Board's work. It will be up to each Board how they involve children and young people, but however they do this it should be informed by active engagement with children and young people in their region.
- There have been recent welcome changes to Welsh Government policy, such as earmarking significant funding specifically for children with complex needs, strengthening the duty on regions for children's participation in their work, and the publishing of a broader definition of children with complex needs so that regions should be working towards providing integrated services for all

children in distress. However, Welsh Government needs to do more to support regions in achieving 'transformation' of services for children and young people with complex needs, for example by working with regions to share learning and support projects, and providing longer term financial support beyond 'kick-starter' funding.

- Regions need to work with children and young people, their families, and the adults that care for them to re-shape the way services work. This includes being more accessible and transparent about the work they do, both in terms of face-to-face working with children and young people and their families, and in ensuring their online presence is up-to-date and accessible.
- Funding and resources need to be seen as 'whole-region', not just as the property of local authorities or the local health board.
- The Commissioner, accompanied by young people, will be meeting with every Regional Partnership Board again in 2021-22 to review progress against her recommendations.

What are Regional Partnership Boards?

Regional Partnership Boards (RPBs) were set up in 2016 with the purpose of bringing together local authorities, local health boards and the third sector to address the health and social care needs of their populations. The Boards include representatives such as elected members of local authorities, the local health board, local social services representatives, local health representatives, third sector representatives, care providers and several others.

"Listening to young people is the most important thing to remember"

NYSG Member

There are seven RPBs in Wales, which share the footprint of every local health board in Wales, and includes the local authorities within that health board area. There seven RPBs are:

- Gwent Regional Partnership Board
- North Wales Regional Partnership Board
- Cardiff and Vale Regional Partnership Board
- West Glamorgan Regional Partnership Board
- Cwm Taf Morgannwg Regional Partnership Board
- West Wales Regional Partnership Board
- Powys Regional Partnership Board

The RPBs are required by law to prioritise the integration of services for children with complex needs.

A fuller explanation of the policy context around RPBs is contained in the 'Policy Context' section of this report on page 22.

Introduction – No Wrong Door

This report is about how children and their families who seek support for a range of needs often find that they have to navigate a very complex system, may fall through gaps where there are no services to meet their needs, or be on a waiting list for a long time only to be told that they were waiting in the wrong queue, or have been knocking on the wrong door all along. The Commissioner and her team believe that services should wrap around families, rather than them having to fit into what is out there, and that help should be provided as early as possible to prevent more serious problems developing.

The Regional Partnership Boards provide an opportunity for services across a region to plan together a much better experience for children and their families when they need additional help.

This report focuses on two specific groups of children and young people: those with complex emotional wellbeing or mental health needs who may have other significant needs too; and transitions to adult services for young people with learning disabilities.

Regarding emotional wellbeing and mental health, the Commissioner's Investigations and Advice team regularly hear from children and their families of situations which demonstrate the lack of integrated services for children with complex needs. Children, families and professionals who work with them across services regularly tell us that children are being 'bounced around the system'; that they approach professionals for help and are told they have a long wait for support and when they are seen they are told they aren't the right people to help and are sent elsewhere. In extreme cases this results in children and young people being 'held' in limbo between services, sometimes on beds in adult wards or on paediatric wards where they may be a danger to themselves and other children, under the constant watch of multiple professionals to try to keep them safe, or in inappropriate provision which doesn't meet their needs and risks traumatising them further.

Receiving a particular diagnosis can be a huge relief for families, and can often mean access to the necessary care and support. However, it can also narrow the offer of provision that a child needs as they now 'sit with' health, or social care. We need a truly child-centred approach, where the needs and circumstances of that child are responded to with a holistic, multi-agency, wraparound approach, regardless of whether or not there is a formal diagnosis.

In relation to the experiences of young people with learning disabilities as they approach transition to adult services, this work was influenced by the issues highlighted by the Commissioner's 2018 report, *Don't Hold*



*Back*⁴. Young people and their families told us that they were not involved enough in their own care, that there are different thresholds across services, and that every service has a different way of managing the transition from child to adult services.

This report is not meant to be an exhaustive analysis of the work of Regional Partnership Boards (henceforth RPBs), but instead wishes to highlight practice across Wales that may assist other regions, share challenges and barriers, and make a set of recommendations to improve the regional integration of services, and most importantly the experiences of children and young people with complex needs. The practice examples given in this report do not reflect all the work of all RPBs in relation to children with complex needs, and equally some regions will be undertaking similar work to those practice examples identified in other regions.

Throughout this report, we will be referring to the terms learning disability, neurodevelopmental disorders/services, and 'behaviours that challenge'/'behavioural issues'. An explanation of our understanding and use of these terms is contained in a glossary in appendix 1.

⁴ Children's Commissioner for Wales (2018) *Don't Hold Back – Transitions to Adulthood for Young People with Learning Disabilities*. Available at: <https://www.childcomwales.org.uk/wp-content/uploads/2019/10/Dont-Hold-Back.pdf>

Real Life Experiences

When we asked young people what regions should be doing for children and young people, one response was to “talk about case studies not statistics”. Here are some recent real life examples that have come to the attention of the Commissioner’s Investigations and Advice team ahead of the original publication date in March 2020:

- A child who has experienced complex trauma and attended A&E multiple times following suicide attempts. Due to the severity of violence towards their parents, police were called out to the property most nights of the week, attending for several hours each time. The child was receiving support from their local social care department, but no therapeutic support. The family were told that Child and Adolescent Mental Health Services (henceforth CAMHS) are unable to help.
- A family believed their child needed a secure placement, as they were a danger to themselves. We were told that social services were trying to source alternative placements and had approached dozens of residential facilities, none of which could accommodate the child. We were told the reasons given were because they did not meet their criteria. The child remained at a mental health in-patient unit, even though professionals agreed it was not an appropriate placement. The child then spent months on a paediatric ward, which was not a suitable setting for their needs.
- A child with a learning disability whose home environment was no longer safe for them to stay at. The child has been placed at several different locations across Wales as services have struggled to deal with the child’s behaviours. At one of these placements there were no therapeutic interventions available and as the child was much younger than others at the placement, the older children bullied them, causing further trauma.
- A child with a life limiting condition and related significant healthcare needs had been receiving health care in one local authority, and then changed foster placement to another health board area. The two health boards involved were now disputing who has the responsibility for the health needs of this young person as they had reached the age of 18 over the course of the move.
- A child was kept in a mental health facility for weeks despite having no mental health diagnosis as there was no alternative provision.
- A child had attempted suicide three times in three weeks. Their parents felt that they would not be able to keep the child safe at home but felt no one listened to their requests. Eventually the child was discharged, without appropriate follow up.
- A child displaying behaviours and difficulties which suggest dyslexia and dyspraxia who has not been in school for over four months due to social and school anxiety issues. They were referred to CAMHS, who said that the young person did not meet the criteria for further support. CAMHS stated that the young person may have Autistic Spectrum Disorder (ASD) traits. The child’s school

completed a referral to the neurodevelopmental team. In the meantime, the concerning anxiety behaviours got worse and the family were extremely worried. The local education service has identified an EOTAS provision that would help the child study for their school exams but this cannot be actioned unless the child is actively receiving mental health support through CAMHS. The family asked the GP to re-refer the young person to CAMHS. The child has recently been seen by primary care CAMHS and offered therapeutic support to help with their anxiety. The child is still not in school.

- A child had taken an overdose which resulted in them being admitted to hospital. Since being discharged from hospital, we were told that the child received no support, despite the family being told that the child would be able to access support in the community. The family called the local CAMHS service and were told the child is on the waiting list for an appointment with CAMHS but they were unable to provide a date. The child was also on a waiting list for their school counsellor. The social services department told the family that it is CAMHS' responsibility to support the child and as a result they did not offer any support.
- A child had been detained under the Mental Health Act and was taken by police to A&E. The child had not been diagnosed with a mental disorder. The child was placed at the hospital on an adult ward and supervised by two agency staff from the mental health unit they had previously been at. The child was unable to return to the unit as they were unable to manage the young person's behaviour. The child was moved to another hospital, again on an adult ward but this time segregated from the rest of the ward. A multi-agency meeting was arranged to agree next steps. The meeting was attended by 16 professionals, including one from the child's local CAMHS, the relevant social services department, and one of their lawyers. The meeting was chaired by the Clinical Director for CAMHS in the child's health board. Social Services maintained that they were not able to provide the child with any form of secure accommodation as the young person was about to turn 17, and not subject to a Care Order.

These examples are illustrative of many more such cases we have heard about. When we presented some of these examples to the RPBs, every one told us that they recognised these sort of situations.

As well as disagreements between health and social services departments, professionals working with these young people have also told us of standoffs between education and health with, for example, local education authorities saying that young person's learning needs are down to underlying health problems and it should therefore be entirely down to health to fund.

For those children whose needs are such that they require secure residential provision, many are placed far away from their families and friends in places across England like Stoke, Northamptonshire or Birmingham, and in one case as far as Glasgow in Scotland, as there are not suitable placements for them here in Wales.



‘I hear of situations where health, social care and other professionals are (sometimes literally) arguing over the heads of children and young people with complex needs’

In response to some of these issues, the Commissioner has previously made the following recommendations to Welsh Government.

Annual Report 2017-18 recommendations⁵

- I recommend that Welsh Government takes action to require Regional Partnership Boards (RPBs) to set up specific multi-agency planning structures for children and young people that will report to the RPB. They should also require RPBs to take steps to integrate children's social care and mental health services into multi-disciplinary teams, that will respond to the needs of their local populations of children and young people who require emotional, behavioural or mental health support and treatment.

The Welsh Government accepted this recommendation⁶ 'in principle', but would not commit to requiring RPBs to set up these structures at the time.

- I recommend that Welsh Government takes concrete steps towards commissioning new provision that can meet the care and mental health needs of the small number of young people with very challenging behavioural and emotional difficulties, for whom there is currently very little suitable residential provision in Wales.

The Welsh Government accepted this recommendation, but did not set out any "concrete steps" as we had recommended.

Annual Report 2018-19 recommendations⁷

- Welsh Government should ensure new ring-fenced funding specifically for the purposes of jointly commissioned mental health and social care residential provision for the small number of children and young people with the most complex needs in Wales.

The Welsh Government accepted this recommendation⁸ 'in principle', saying that work was underway to develop solutions for joint commissioning arrangements, subject to funding implications.

- Welsh Government should also act to ensure that the existing mental health in-patient units in Wales make changes necessary to extend the range of young people who can be safely cared for there.

⁵ Children's Commissioner for Wales (2018) *Annual Report and Accounts 2017-18*. Available at: <https://www.childcomwales.org.uk/wp-content/uploads/2018/09/Annual-Report-2017-18.pdf>

⁶ Welsh Government (2018) *The Welsh Government Response to the Annual Report of the Children's Commissioner for Wales 2017-18*. Available at: <https://gov.wales/sites/default/files/publications/2019-10/the-welsh-government-response-to-the-annual-report-of-the-childrens-commissioner-for-wales-201718.pdf>

⁷ Children's Commissioner for Wales (2019) *Annual Report and Accounts 2018-19*. Available at: <https://www.childcomwales.org.uk/wp-content/uploads/2019/10/Annual-Report-2018-19.pdf>

⁸ Welsh Government (2019) *The Welsh Government Response to the Annual Report of the Children's Commissioner for Wales 2018-19*. Available at: <https://gov.wales/sites/default/files/publications/2019-12/response-to-the-annual-report-of-the-childrens-commissioner-for-wales-2018-2019.pdf>

The Welsh Government accepted this recommendation, saying that work was already underway to extend this provision where admission criteria has previously been tightened, and new service specifications for in-patient units were being consulted on.

- Welsh Government should take action to develop secure mental health provision in Wales for the very small number of children who require this care.

The Welsh Government accepted this recommendation, saying that 'work is underway to understand the nature and type of provision required and options for delivery to best meet the young people's needs'.

Don't Hold Back recommendation⁹

- The Welsh Government should ensure that Regional Partnership Boards are making substantial and effective progress on the integration of services for people with learning disabilities, children with complex needs and transition services as required by the Social Services and Well-being (Wales) Act 2014: Part 9 Statutory Guidance (Partnership Arrangements).

The Welsh Government promised to consider the *Don't Hold Back* report in the work of the Ministerial Advisory Group which supports the delivery of the recommendations of the *Improving Lives* report.¹⁰

⁹ Children's Commissioner for Wales (2018) *Don't Hold Back – Transitions to Adulthood for Young People with Learning Disabilities*. Available at: <https://www.childcomwales.org.uk/wp-content/uploads/2019/10/Dont-Hold-Back.pdf>

¹⁰ Welsh Government (2018) *Learning Disability Improving Lives Programme*. Available at: <https://gov.wales/sites/default/files/publications/2019-03/learning-disability-improving-lives-programme-june-2018.pdf>

What is this project all about?

"Help should come to you; you don't keep coming to them"

NYSG Member

"Ask once - you should never be turned away"

NYSG Member

This project has at times been complicated to explain to people, largely because the work of RPBs is not widely known about, but also because integrating services does not always result in something straightforwardly tangible – although we believe it can be with improved transparency and accountability.

In an attempt to ensure clarity relating to our project outcomes, in July 2019 we asked young people from the National Youth Stakeholder Group for Emotional Wellbeing and Mental Health what they thought was important for us to focus on for our project.

These are some of the things they told us.



With the National Youth Stakeholder Group for Emotional Wellbeing and Mental Health - 7 March 2020 (Courtesy of T4CYP)

What is the project trying to achieve?

"It is about supporting children and young people's mental health and other needs too"

"Make sure children and young people who need it get the right treatment before it's too late"

"You should be able to go to them and they help you. You shouldn't be sent away to find all the different services yourself"

"Getting people like teachers, social workers, health specialists to work better together"

How would you describe the project in a few words?

"Young people shouldn't have to run a mile for help"

"Un-complicating things"

"Stand together for children and young people"

"Improving lives for children and young people"

"National problems, local solutions"

"Finding the services that fit with you"

What should RPBs do to better serve children and young people?

Unite to un-complicate'

NYSG Member

"The emotional well-being team and CAMHS need to stop throwing people out because they have other issues or needs"

"Involve young people in your meetings as we want to offer our ideas or our support"

"They need to get rid of the attitude of people being 'too bad' / 'too complex' or 'not bad enough'"

"They need to consider children who have mental health and other needs like autism and learning disabilities"

"Making services about prevention - intervene before the child is critical"

"Start helping children before it gets too complicated and severe"

"Help and information for children's families"

"More in place for children who need to go to hospital because of mental health issues"

"Other places for children who need to go to hospital as it's really scary at the moment or they can't get the help they need as they aren't old enough"

"Recognise rights of children and young people under the UNCRC"

"Young people should be at the centre of all support services and there should be no barriers in place to prevent young people from receiving the support that they need and deserve"

"Listening to young people is the most important thing to remember"

"Have a young person to represent the regions and health boards along with 'fancy' people"

"Don't beat around the bush. Talk about what's going on in minds of teens who suffer from mental health issues"

"Talk about case studies not statistics"

"Services need to communicate with each other – it should be mandatory"

"Important to be clear, transparent and simple"

"Children are suffering and every single individual MUST have way access to support, regardless of circumstances (disabilities, non-supportive families)"

Children's Human Rights under the United Nations Convention on the Rights of the Child (UNCRC)

We asked the young people which of Children's Human Rights under the United Nations Convention were most relevant to this project, and they said:

- Articles 1 and 2: every child has the same rights, and every child should enjoy every right all the time no matter who or where they are
- Article 3: adults must act in the best interests of children
- Article 4: government should help children because they have to, not just because they want to; and because they want to, not just because they have to
- Article 9: a child's human rights should be respected when a child is separated from one or both parents to maintain personal relations and direct contact with both parents on a regular basis, except if it is contrary to the child's best interests
- Article 12: a child who is capable of forming his or her own views has the right to express those views freely in all matters affecting them, the views of the child being given due weight in accordance with the age and maturity of the child
- Article 13: children have the right to access and impart information
- Article 16: the right to privacy
- Article 19: protection from being hurt, badly treated or neglected
- Article 20: a child temporarily or permanently deprived of his or her family environment, or in whose own best interests cannot be allowed to remain in that environment, shall be entitled to special protection and assistance provided by the State
- Article 23: a child has the right to special care and support if they have a disability or mental health issue
- Article 24: a child has the right to the best possible level of health care and to facilities for the treatment of illness
- Article 25: a child has the right to regular reviews of their care if they have been placed in a facility for the purposes of care, protection or treatment



Mapping the work of Regional Partnership Boards with the National Youth Stakeholder Group - 7 March 2020 (Courtesy of T4CYP)

- Article 27: a child has the right to an adequate standard of living for their physical, mental, spiritual, moral and social development
- Article 37: a child has a right not to be deprived of liberty unlawfully or arbitrarily, and if they are deprived of their liberty legally they should be treated with humanity and respect for dignity
- Article 39: a child has the right to physical and psychological recovery and social reintegration if they have been affected by neglect, exploitation, abuse, inhumane or degrading treatment or punishment
- Article 42: government must let children know about their rights

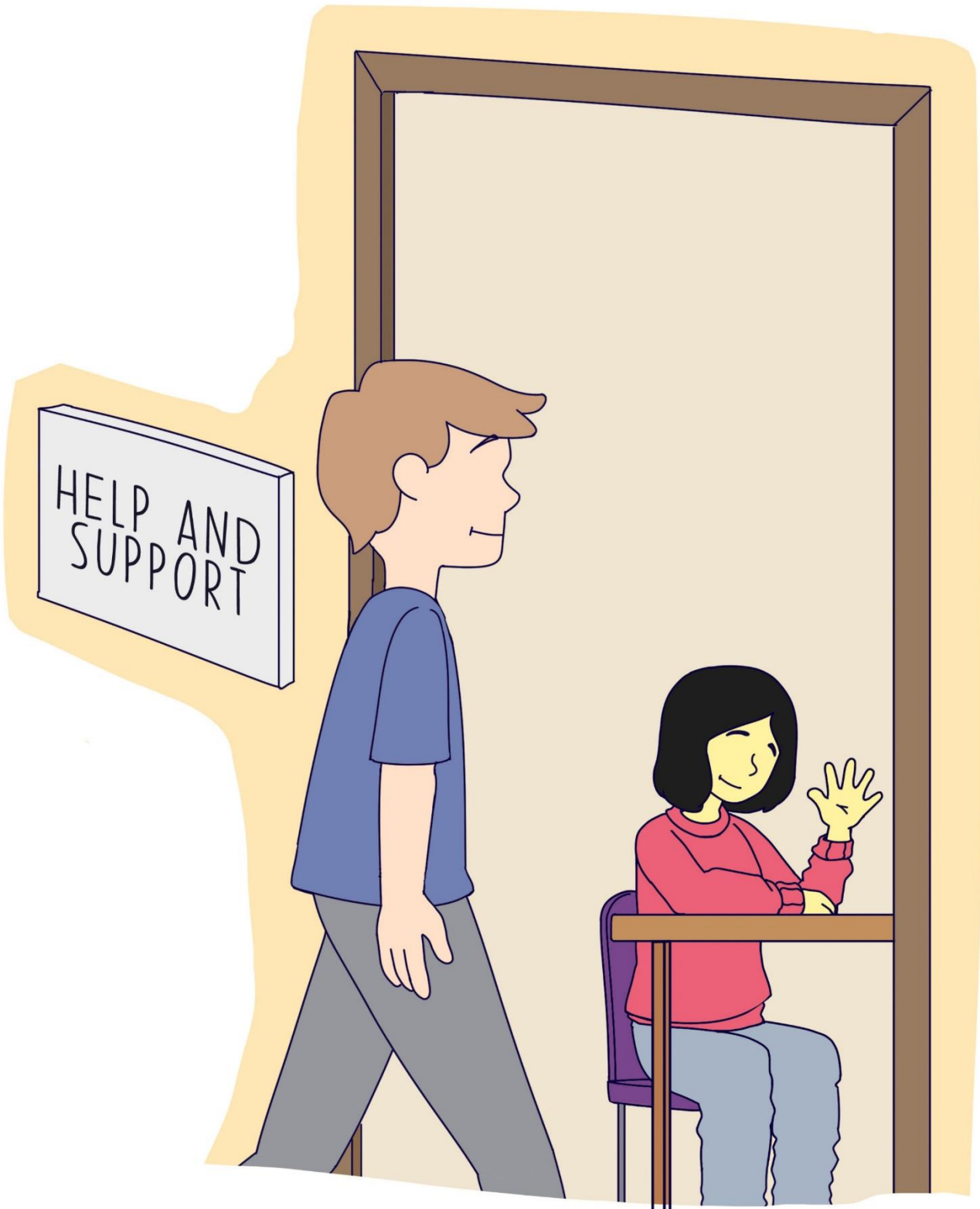
We visited the National Youth Stakeholder Group again in March 2020, before publishing our report, to let them know what we had found, and to give them an opportunity to influence the report further. Their contribution in that session was also extremely helpful, with their key message being that for RPBs to work for children and young people, they need to listen to and actively involve children and young people.

Duty to have due regard to the UNCRC

Unfortunately, we know of cases where several of the above human rights have not been experienced by children and young people because services are not joined up enough to support them.

As RPBs are specifically responsible for the plans that implement the response to the Population Needs Assessment, which is a requirement of Section 14 of the Act (paragraph 16 of the Part 9 statutory guidance), RPBs and their component agency members are exercising functions of the Act. We have therefore concluded that RPBs must have due regard to the UNCRC (under the section 164 duty to cooperate and provide information in the exercise of social services functions).

We are pleased to see that Welsh Government recognises this duty in their recently revised Part 9 statutory guidance, and we expect all RPBs to explore how they can now actively respond to this duty through their responsibility to children with complex needs.



What does the Right Door look like?

Policy Context

Regional Partnership Boards

Regional Partnership Boards came into being through the Social Services and Well-being (Wales) Act 2014¹¹, under the Part 9 partnership arrangements of that Act. They began their work in 2016.

There are seven RPBs in Wales.

While each RPB shares a footprint with their local health board, there is variance between the RPBs in terms of the number of local authorities, and other strategic partnerships (such as Public Services Boards), that are contained within their borders.

The current composition of partnership bodies under each RPB is as follows:

- Gwent Regional Partnership Board - Aneurin Bevan University Health Board and Monmouthshire County Council, Newport City Council, Caerphilly County Borough Council, Torfaen County Borough Council and Blaenau Gwent County Borough Council.
- North Wales Regional Partnership Board - Betsi Cadwaladr University Health Board and Flintshire County Council, Wrexham County Borough Council, Isle of Anglesey County Council, Gwynedd County Council, Denbighshire County Council and Conwy County Borough Council.
- Cardiff and Vale Regional Partnership Board - Cardiff and Vale University Health Board and Cardiff City and County Council and the Vale of Glamorgan Council.
- West Glamorgan Regional Partnership Board – Swansea Bay University Health Board and Swansea City and County Council and Neath Port Talbot County Borough Council.
- Cwm Taf Morgannwg Regional Partnership Board - Cwm Taf University Health Board and Rhondda Cynon Taf County Borough Council, Merthyr Tydfil County Borough Council and Bridgend County Borough Council.
- West Wales Regional Partnership Board - Hywel Dda University Health Board and Pembrokeshire County Council, Carmarthenshire County Council and Ceredigion County Council.
- Powys Regional Partnership Board - Powys Teaching Health Board and Powys County Council.

It is important to note here that the Cwm Taf Morgannwg RPB, consisting of Merthyr Tydfil, Rhondda Cynon Taf and Bridgend local authority areas has only existed since April 2019. Previously, Bridgend fell under the previous Western Bay, now West Glamorgan, region.

¹¹ National Assembly for Wales (2014) *Social Services and Well-being (Wales) Act 2014*. Available at: <http://www.legislation.gov.uk/anaw/2014/4/contents>

What do Regional Partnership Boards do?

The Welsh Government's stated purpose of requiring local authorities and health boards to establish Regional Partnership Boards is:

to manage and develop services to secure strategic planning and partnership working between local authorities and local health boards and to ensure effective services, care and support are in place to best meet the needs of their respective population.¹²

Regional Partnership Boards are required to prioritise the integration of services in relation to:

- Older people with complex needs and long term conditions, including dementia
- People with learning disabilities
- Children with complex needs
- Carers, including young carers
- Integrated Family Support Services

In relation specifically to children with complex needs, the (recently revised) Part 9 statutory guidance¹³ states that there should be a focus on both preventative services for children and families, and care and support services for those children and young people that require it. Firstly, integrating services, care and support to create opportunities for prevention and early intervention, including the promotion of good emotional health and wellbeing. The aim being to provide support for families to prevent the child becoming looked after, or enter custody. Secondly, there should be an integrated approach to delivering services for children with complex needs who require them, including transition arrangements from children's to adult services.

The importance of the role of RPBs for the future of health and social care services has been recognised by the Welsh Government's 10 year plan for health and social services: *A Healthier Wales*¹⁴. In that plan, the Welsh Government has stated that it wishes to achieve 'seamless local health and social care' by 2028:

Regional Partnership Boards, which bring together local authorities, health boards and third sector providers, will occupy a strong oversight and coordinating role. Regional partnership working will be at the heart of how we will develop high value models of integrated health and social care, which will be promoted for wider adoption across Wales.

¹² Welsh Government (2015) *Social Services and Well-being (Wales) Act 2014 Part 9 Statutory Guidance (Partnership Arrangements)*. Available at: <https://gov.wales/sites/default/files/publications/2020-02/part-9-statutory-guidance-partnership-arrangements.pdf>

¹³ Welsh Government (2015) *Social Services and Well-being (Wales) Act 2014 Part 9 Statutory Guidance (Partnership Arrangements)*. Available at: <https://gov.wales/sites/default/files/publications/2020-02/part-9-statutory-guidance-partnership-arrangements.pdf>

¹⁴ Welsh Government (2018) *A Healthier Wales: Our Plan for Health and Social Care*. Available at: <https://gov.wales/healthier-wales-long-term-plan-health-and-social-care>

The importance of Regional Partnerships for children and young people with complex needs has also been recognised by the recently refreshed improvement programme for children and young people's mental health, the Together for Children and Young People Programme (2), which has dedicated one of its three work streams to working with RPBs to adopt an 'early help and enhanced support framework'¹⁵.

Funding available to RPBs

Two of the largest pots of money available to RPBs to take forward the Welsh Government's *A Healthier Wales* ambitions have been the Transformation Fund and the Integrated Care Fund (ICF).

The Transformation Fund was launched in 2018 and provided up to £100 million of funding over 2 financial years (2018-19 and 2019-20) for RPBs to apply for. The Fund is designed to encourage innovation which in turn leads to transformation of services within regions:

*In particular the Fund is designed to quickly validate the 'scalability' of new models (their ability to expand from a locality to a region, or from a region to other regions) and to test whether they are 'transformative' (affordable and sustainable, changing or replacing existing approaches rather than adding an extra layer on to them).*¹⁶

The Health Minister announced earlier in 2020 that the Fund would end in 2021, with £11 million remaining for RPBs to bid for over 2020-21¹⁷. However, it has since been announced in the Welsh Government's Supplementary Budget of May 2020 that this £11 million will no longer be available as this funding has been repurposed 'in order to directly support actions for the response to the COVID-19 pandemic'¹⁸.

The Integrated Care Fund (ICF) was launched in 2014-15. Whilst initially focusing on supporting older people, particularly around avoiding unnecessary or inappropriate admissions to hospital or residential care, in 2016-17, 'children and adults with complex needs', 'children and adults with learning disabilities' and the Integrated Autism Service were brought within the scope of the fund¹⁹. In 2018-19²⁰ and again in 2019-20²¹, an additional £15 million was made available through the ICF for children at risk of being looked after, in care, or adopted.

¹⁵ National Assembly for Wales (2019) *Letter from the Minister for Health and Social Services, Welsh Government, to the Chair of the Children, Young People and Education Committee*, dated 9th December. Available at:

<http://www.senedd.assembly.wales/documents/s96729/Letter%20from%20the%20Minister%20for%20Health%20and%20Social%20Services%20-%20T4CYP%20-%209%20December%202019.pdf>

¹⁶ Welsh Government (2019) *Welsh Government Transformation Fund 2018-20 – Guidance*. Available at:

<https://gov.wales/sites/default/files/publications/2020-01/transformation-fund-2018-21-guidance.pdf>

¹⁷ National Assembly for Wales (2020) *Health, Social Care and Sport Committee – Welsh Government Draft Budget 2020-21*.

Available at: <https://www.assembly.wales/laid%20documents/cr-ld12995/cr-ld12995%20-e.pdf>

¹⁸ Welsh Government (2020) *Supplementary Budget 2020-21 – Explanatory Note*. available at:

<https://gov.wales/sites/default/files/publications/2020-05/1st-supplementary-budget-2020-2021-note.pdf>

¹⁹ Wales Audit Office (2019) *Integrated Care Fund*. Available at: <https://www.audit.wales/system/files/publications/integrated-care-fund-report-eng.pdf>

²⁰ Wales Audit Office (2019) *Integrated Care Fund*. Available at: <https://www.audit.wales/system/files/publications/integrated-care-fund-report-eng.pdf>

²¹ National Assembly for Wales (2020) *Children, Young people and Education Committee – Scrutiny of the Welsh Government Draft Budget 2020-21*. Available at: <https://www.assembly.wales/laid%20documents/cr-ld12993/cr-ld12993%20-e.pdf>

In the most recent available data (2018-19), just 8.6% (£4,823,854) of actual spend from ICF allocations was spent on children with complex needs; with 8.1% (£4,535,977), 5.4% (£3m) and 2% (£1,141,652) spent on child and adult learning disabilities, the Integrated Autism Service, and carers (all age, including young carers) respectively. This compares to 57.8% (£32,329,527) for frail and older people. We therefore welcomed the additional funds in the 2019-20 allocation.

Other funding opportunities for 2019-20 included the £7.2 million Early Years and Prevention Funding which is for the 'prevention of ill health' and was made available to 'enhance system leadership and allow for upscaling of universal prevention schemes'.

What do we mean by 'children with complex needs'?

Until February 2020, the Social Services and Well-being Act and its accompanying Part 9 statutory guidance did not offer a definition of what is meant by 'children with complex needs'. The definition offered by the amended guidance is:

- *Children with disabilities and/or illness*
- *Children who are care experienced*
- *Children who are in need of care and support*
- *Children who are at risk of becoming looked after*
- *Children with emotional and behavioural needs*

This includes supporting effective, integrated transition arrangements from children's to adults' services.

We are concerned that the previous lack of a formal definition has led to several Boards operating using a relatively narrow definition of children with complex needs. For example, this may only include children with a diagnosed mental health or complex and multiple disabilities. We believe that such a narrow definition risks excluding some of the most vulnerable children and young people. We visited some Boards where the Chair was still asking the question "what does complex needs mean?" We need to get beyond asking this question and start finding solutions for children who are in distress and need help and support, as is their human right.

The National Commissioning Board Wales includes the following understanding of complex needs within their guidance²²:

This guidance covers a wide range of complex needs, the typologies of which are listed below:

- *Complex due to chronic health conditions (including life-limiting conditions)*
- *Complex due to sensory impairment (e.g. blind, deaf)*

²² National Commissioning Board Wales (2018) *Guidance for Regional Partnership Boards - Integrated Commissioning of Services for Families, Children and Young People with Complex Needs*. Available at: <https://www.wlga.wales/guidance-for-regional-partnership-boards-integrated-commissioning-of-services-for-families-children-and-young-people-with-complex-needs>

- *Complex due to physical disability and associated conditions such as learning disability and / or autism*
- *Complex due to the display of risky, challenging and or harmful behaviours*
- *Complex due to mental ill health*
- *Complex due to learning disability and/or autism*
- *Complex due to context (e.g. abuse, neglect, growing up with domestic violence, growing up as a refugee/asylum seeker). The circumstances of some young people will become complex because in addition to their original needs they have also become involved in the youth justice system.*

It should be noted that the needs of some children will straddle more than one typology. It should also be noted that not all children with one typology will be complex. For example, a child with autism may or may not have complex needs, it depends on how their autism impacts on them and/or the co-existence of other complexities such as health conditions. In less complex cases where the child or young person requires care and support the Regional Partnership Board should ensure effective referral pathways to meet needs (e.g. effective pathways between health and social care after the identification of sensory impairment). This will prevent needs from escalating and becoming more complex.

Importantly, the guidance goes on to say that...

Whilst we have described typologies above the term 'complex' should refer more to the complex service provision required, rather than a way of labelling children and young people.

However, some individual Boards have undertaken individual exercises to establish what they define as children with complex needs. For example, one board has settled on a three-point definition:

- *Children and young people who have experienced complex trauma (often challenging teenagers with complex attachment difficulties).*
- *Children and young people with ASD/learning disability and challenging behaviours.*
- *Children and young people with physical disabilities and complex health needs.*

We do not favour one of these definitions over the other, but we do believe the definition should be as broad as possible to include all children who experience distress and require help and support from multiple agencies. As we will explore later in this report, there is a clear need for a shared language between health, social services, education and other agencies, and between regions, over what is meant by complex needs and how we respond to those needs. This must include those children and young people who currently fall between the gaps in our services, as demonstrated by the case studies featured earlier in this report.

We therefore welcome that the recently published Part 9 statutory guidance includes a definition of children with complex needs. We believe this definition is sufficiently broad and can be adopted by all Boards to

create a shared language between health, social care, education, and all other relevant services. We would encourage all RPBs to consider the more specific definition offered by the National Commissioning Board Wales in guiding them to address the needs of those children and young people covered by the broad definition in the new Part 9 statutory guidance.

Recent action from Welsh Government and others

We are pleased that Welsh Government and partners have, in the last couple of years, taken action to improve policy and funding guidance for RPBs, in relation to the needs of children with complex needs, as outlined above.

In 2018-19, the Welsh Government consulted on and amended the *Partnership Arrangements and Population Assessments Regulations*²³. The amendments included ensuring education and housing representatives sit on the Boards. It did not require the RPBs to pool funds for provision for children with complex needs, however, as the Commissioner has called for.

The National Commissioning Board Wales produced guidance in late 2018 called 'Integrated Commissioning of Services for Families, Children and Young People with Complex Needs', which is designed to assist RPBs in successfully commissioning integrated services. The Institute of Public Care (IPC) have since engaged directly with all but one of the RPBs in day-long workshops to raise awareness of the guidance and to encourage innovation and transformation.

In response to the Commissioner's calls, in February 2020 the Welsh Government published their revised Part 9 statutory guidance, which updated several elements of the guidance around children and young people, including:

- A definition of children with complex needs which is broader than some RPBs are currently interpreting it, and which can provide the framework for a shared language for professionals;
- A recognition of the duty for RPBs to have due regard to the United Nations Convention on the Rights of the Child, and an expectation to follow the UNCRC's principles;
- More specific wording encouraging a focus on prevention and early intervention for complex needs (including mental health);
- Explicit wording on the extension of the local authority section 12 duty²⁴ (participation of children and young people) to RPBs;
- An expectation that RPBs should establish multi agency sub-groups to discuss children and young people's needs;
- A requirement for education and housing representatives to be members of RPB's;

²³ National Assembly for Wales (2019) *The Partnership Arrangements and Population Assessments (Miscellaneous Amendments) (Wales) Regulations 2019 – No. 760 (W.143)*. Available at: http://www.legislation.gov.uk/wsi/2019/760/pdfs/wsi_20190760_mi.pdf

²⁴ National Assembly for Wales (2010) *Children and Families (Wales) Measure 2010*. Available at: <http://www.legislation.gov.uk/mwa/2010/1/section/12>

- An expectation that RPBs should consider developing regional commissioning strategies and pooled fund arrangements for residential care for children and young people with complex needs.

At the start of 2020, in response to pressure from the Children's Commissioner and her team, a Task and Finish Group was established to review future provision for the small number of children and young people with complex needs whose needs cannot be met only in the current system of either secure welfare (social care) or in-patient or secure mental health provision. This Task & Finish Group is due to report in July 2020 and we expect this work to lead to rapid action to establish residential provision which meets the needs of these children and young people. In a letter of 18th June 2020 the Deputy Minister has confirmed to the Commissioner that the Task and Finish Group work has concluded with key conclusions that will underpin the next phase of work. The Commissioner will be meeting with Welsh Government and RPBs early in July to discuss the Group's findings and the proposed way forward.

Methods – What did we do?

Talk about case studies,
not just statistics

NYSG Member

Before writing formally to each RPB in Wales, the Commissioner wrote in April 2019 to all Board Chairs to alert them to the fact that we wished to visit their region to discuss their work for children with complex needs. The Commissioner then wrote to every Board in Wales in August 2019, requesting to meet with the Board. An example of one of these letters can be found in Appendix 2.

During the autumn and winter of 2019/20, the Commissioner and her team visited every Regional Partnership Board in Wales. The Commissioner attended all but one of the Board's full meetings, and attended a session of the Children and Young People's Transformation Board of that remaining RPB. In these meetings, she challenged the Boards on the four areas outlined in her letter.

The Commissioner also wrote, in the autumn of 2019, to several third sector organisations and other stakeholders who work with children and young people with complex needs, to ask for their views on the needs of these children and young people, the services that are currently in place for them across Wales, how effectively these work for children and young people, and the effectiveness of RPBs in integrating services for them.

The Commissioner's team then undertook a thematic analysis of the key issues emerging from the data collected before compiling this report. The work has been guided by the National Youth Stakeholder Group on Mental Health and the Commissioner's youth and adult advisory panels.

Findings

Part 1: What are RPBs doing to ensure they address the needs of children and young people with complex needs across their region?

Specific multi-agency sub-groups to consider children and young people's needs

All the Boards have been honest with us that children and young people have not been a large part of their work plan for most of them until recently. A number of RPBs raised the loss of the previous Children and Young People's Partnerships²⁵, and said that this had led to a gap in focus on children and young people. Several stakeholders from third sector organisations told us that, because of this, and the focus being upon the older adult population, there has been little or no representation on the Boards themselves from professionals working with children and young people, let alone professionals working specifically with children with complex needs.

The first part of the Commissioner's recommendation in her Annual Report 2017-18 recommended that:

Welsh Government takes action to require Regional Partnership Boards (RPBs) to set up specific multi-agency planning structures for children and young people that will report to the RPB.

We are pleased to say that the Welsh Government have now heeded our calls on this, and the new Part 9 guidance includes an expectation that RPBs should establish multi agency sub-groups to discuss children and young people's needs. We are pleased to report that all RPBs do now have specific multi-agency planning structures for children and young people

However, they are very much at different stages of development. In one region, a specific group has been in place since July 2013, before the Social Services and Well-being (Wales) Act 2014 came into force. Others ranged from having a specific group established for several years, to only just having begun. In one region, the new children's group had only met once when we visited, in late 2019, and had not yet reported into the RPB. Where there were established sub-groups we were able to see how this has made a difference to the board's ability to focus on children and young people's issues. There is little progress to report from some of the new sub-groups.

While we welcome the dedicated sub-groups, some members of Boards have expressed concerns that the Boards can become a 'rubber stamping exercise' if all the 'real work' is devolved to sub-groups. It is

²⁵ Welsh Assembly Government (2000) *Children and Young People: A Framework for Partnership*. Available at: https://dera.ioe.ac.uk/10502/1/q262a360_english1.pdf%3Fflang%3Den

important that the Board itself has a broad view of all its areas of work. There were also concerns that the children and young people's agenda could become so large that "it could become tokenistic". The RPB which raised this told us that they had taken the approach to do a smaller number of things regionally, but that they felt make the biggest difference. One example of this would be that region's creation of two new roles to embed professionals from one service's team into another to ensure a response informed by both health and social care services.

Case Study: Powys RPB

Powys RPB have a sub-group called the 'Start Well Partnership' which focuses on children's issues. Underneath this sub-group sits 5 key work streams: developing a multi-agency early help hub; integrated emotional health and well-being and youth support; placement and adoption; developing resilience; and active and healthy lifestyles. Each work stream has its own action plan to track progress against. There is also a cross-cutting group for issues such as safeguarding advocacy and the Welsh language. These work stream groups meet every 8 weeks and feed up to the Start Well partnership which meets every month; which in turn feeds into every other meeting of the RPB. Work that has been taken forward through the Start Well partnership includes Powys' Early Identification Partnership meetings in schools, held termly in every high school in the region

Funding and incentivising integrated working for children and young people

A new focus on children and young people?

Several of the Boards have made funding bids to both the Transformation Fund and the ICF in relation to integrating services for children with complex needs. It seems clear to us that there is not enough evidence of use of the Transformation Fund specifically for children with complex needs by RPBs, apart from in a couple of the regions. We would like to have seen more direction from Welsh Government in encouraging the use of Transformation Funding for children and young people.

Priorities can't be driven by just money

RPB Member

Every Board welcomed the ring-fenced ICF funding, with several commenting that having child-focussed funding has made regions think about children and young people where they wouldn't have before. One RPB member commented that the process of scoping out the current arrangements in place for children and young people with complex needs had made the board 'have some idea of what the process of finding help must be like for families'.

Several Boards commented that the impetus recently from Welsh Government through ICF funding in particular, and the forthcoming (as they were at the time of meeting with the Boards) changes to the Part 9 statutory guidance, have led to more focus on children and young people at the RPB. One RPB member stated that "Welsh Government has taken a step forward in underlining that the ICF is about children too"

and another that Welsh Government had made it clear that children and young people's services are 'a national priority'. We have seen for ourselves where there has been a clear response to this direction from Welsh Government, an example of which would be the recent action of setting up sub-groups to discuss children and young people's issues, which is now an expectation under the revised statutory guidance.

Sustainable funding for the long-term?

Raised by both RPBs themselves and stakeholders is the issue that, while the funding made available to RPBs is very much welcomed, the long term ambitions of a seamless health and social care system are difficult to realise when funding is often only guaranteed for a relatively short period (ordinarily one or two years). While the funding is clearly very valuable in 'kick-starting' projects, we also heard from Boards who told us that it is difficult to demonstrate value in applying for extensions to funding or alternative funding sources in a one or two-year period when the changes the Board wishes to make are in some cases fundamental culture shifts, and will take time to take root. It was also raised that it is difficult to evaluate the effectiveness of projects quickly enough to provide the data for re-application or for new funding opportunities when the Boards are working to such short timescales.

It also appears that experiences of the timeliness of funding allocations has differed between Boards with some expressing frustration at the length of time waiting to hear from Welsh Government on whether their applications have been successful.

Top-down or bottom up approaches?

Some shared with us their anxiety over what they saw as 'imposed targets' from Welsh Government. While there was general agreement that the priorities are the correct ones, there were some who shared concerns over 'top-down' objectives incentivised by funding streams. It was felt by some that where 'targets' are imposed it means RPBs have to deliver in certain ways, which may not be the best approach locally, viewing the conditions attached to the funding opportunities as 'directional', and not flexible enough. An opinion was expressed with us that some feel Welsh Government aren't trusting regions enough to deliver in their area. These issues were reflected in the recent Wales Audit Office report on the ICF²⁶, which stated that the way in which the fund has been allocated by Welsh Government and used by Regional Partnership Boards may have limited the fund's potential.

Where this has been an issue, one board member told us that they are deliberately trying not to just 'make the service fit to the pot of money'. Another told us that 'priorities can't just be driven by money'. It would be concerning, of course, if a region was able to demonstrate a transformative proposal which they judge to be the best solution for their population, which did not fit the funding criteria.

Our position is that, while we acknowledge these concerns, there is a need for Welsh Government to take the lead on directing RPBs through funding incentives and through guidance. The effectiveness of this can

²⁶ Wales Audit Office (2019) *Integrated Care Fund*. Available at: <https://www.audit.wales/system/files/publications/integrated-care-fund-report-eng.pdf>

be demonstrated by the establishing of sub-groups for children and young people, and the use of certain ring-fenced funding opportunities.

A call for clarity over different funding opportunities

Some Boards shared a concern that the various and sometimes complicated mix of funding streams available to RPBs across all their responsibilities can be confusing. Indeed, we saw for ourselves some confusion at a meeting we attended over the different funding stream available. Specifically, this confusion was in relation to the Early Years and Prevention Funding, and the board decided that they needed to seek clarity over whether the funding is for early years or prevention, or both. There was also a plea from some for funding opportunities to be communicated more clearly with the Boards – to be informed as soon as possible that the opportunity exists so that they have sufficient time to prepare bids. This is particularly the case for RPBs as they meet relatively infrequently compared to the organisations which constitute them, and will often need to seek approval or buy in from colleagues in their individual agencies before the bid can be agreed and submitted.

A regional approach to funding arrangements?

There were comments that when grants are paid to one agency, on behalf of the wider RPB, this may lead to a power differential as, for example, social care may feel they need to approach health for money held with them, when this money should be viewed as a common, pooled resource. We are pleased to see, therefore, that the new part 9 statutory guidance states that:

...a bit like a death in the family

A RPB Member, on arguments between providers around who should pay for services

Local health boards and local authorities should also consider any funding issued to Regional Partnership Boards from Welsh Government, such as the Integrated Care Fund and the Transformation Fund, as a form of pooled budget. Although this will not require a formal partnership agreement, the commitment of any expenditure under the Integrated Care Fund, or similar funding streams, should be the subject of a written agreement.

The Part 9 partnership regulations were amended in 2019²⁷ to include a requirement for partnership bodies to 'establish and maintain a regional pooled fund in the exercise of their care home places for older people and family support functions'. The amended regulations go on to say that 'nothing in this regulation prevents partnership bodies from establishing and maintaining pooled funds or regional pooled funds for carrying out any other functions'. The most recent Part 9 statutory guidance now states that RPBs 'should consider developing pooled fund arrangements for Services such as...residential care for children with complex needs'. However, we believe that the Welsh Government should consider making pooled funding a requirement in order to achieve a 'no wrong door' approach for children and young people with complex needs as not all regions are demonstrating a tangible long term wraparound service for their children and

²⁷ National Assembly for Wales (2019) *The Partnership Arrangements and Population Assessments (Miscellaneous Amendments) (Wales) Regulations 2019 – No. 760 (W.143)*. Available at: http://www.legislation.gov.uk/wsi/2019/760/pdfs/wsi_20190760_mi.pdf

young people. This could be specifically for the purposes of multi-agency early help models, or for residential provision for children and young people with the most complex mental health and social care needs.

While every board welcomed the new transformation funding, one member of an RPB described the transformation funding, while very welcome, as 'a bit like a death in the family', with the individual services and local authorities within the region arguing over the money and how it should best be spent. Clearly, this response does not view funding opportunities as regional, for all areas within the region to benefit.

The Boards themselves have not utilised funding to its full potential as there are several examples of ICF funding, for example, being used for projects which do not support a regional approach, but are only designed to focus on a particular service in a particular part of the region, without plans for how this practice will be up-scaled. Some Boards discussed the potential for the regional agenda to be contradictory to how some areas are organised because of historic policy. The example given by more than one board member is the previous focus on Communities First funding, which targeted specific areas. The view of some was that, putting aside its merits, this effectively created a postcode lottery, whereas the regional approach is one of equity across diverse regions. A culture shift is needed for regions to truly think regionally rather than services or areas competing with each other for funding. This should have happened by now, and we are concerned to hear that these attitudes still exist.

Part 2: What are RPBs doing to make sure children and young people's voices are being heard?

Members of the National Youth Stakeholder Group told us...

"Involve young people in your meetings as we want to offer our ideas or our support"

"Have a young person to represent the regions and health boards along with the 'fancy' people"

"how can they be 'partnership' boards if they're not working in partnership with children and young people?"

Under article 12 of the UNCRC every child 'who is capable of forming his or her own views has the right to express those views freely in all matters affecting the child, the views of the child being given due weight in accordance with the age and maturity of the child.'²⁸ The revised Part 9 statutory guidance on partnership arrangements²⁹ states that the RPBs are required to 'make such arrangements as it considers suitable to promote and facilitate participation by children in decisions of the authority which might affect them'. The statutory guidance also states that 'people who use services must be actively involved and engaged in the work of the Regional Partnership Boards', and RPBs are expected to engage directly with the Social Value Forums (made up of third sector organisations, co-operatives and social enterprises) in their region³⁰.

Engagement with and involvement of children and young people

While it is encouraging that specific sub-groups concentrating on children and young people's issues are now operational within every RPB in Wales, direct engagement and co-production with children and young people is less evident. There was recognition in several of the Boards that more needed to be done to directly involve children and young people in their work, and to provide them with the skills to be able to co-produce elements of the Boards' work. When we visited, most Boards told us that they were actively considering how best to involve the voice of children and young people in the work of the board, but a majority could not demonstrate satisfactorily work that they had undertaken already to involve children and young people in their work.

²⁸ <https://www.childcomwales.org.uk/united-nations-convention-on-the-rights-of-the-child-full-text/>

²⁹ Welsh Government (2015) *Social Services and Well-being (Wales) Act 2014 Part 9 Statutory Guidance (Partnership Arrangements)*. Available at: <https://gov.wales/sites/default/files/publications/2020-02/part-9-statutory-guidance-partnership-arrangements.pdf>

³⁰ Wales Cooperative Centre (2018) *A Toolkit to Develop Social Value Forums*. Available at: <http://walescoop.wpengine.com/wp-content/uploads/2018/09/walescoop-social-values-FPE-5.09-2.pdf>

There were encouraging signs in most of the boards that there is more of an understanding of the need to 'do with, not do to', as a citizen representative told us in one region. For example, one region discussed plans to ensure that an ability to outline how children's voices would influence the service being provided is part of their commissioning processes.

We saw a mixed level of involvement of and engagement with children and young people. Some Boards set their priorities for their sub-group from direct consultation with children and young people, which is pleasing to see. Other Boards chose to hold regular meetings with their local youth forums to ensure they were able to influence the board's work. Some Boards had young people sitting on their children and young people's sub-group. One board shared the observation that young people can get exhausted by the range of forums they attend, and so they are trying to think of different ways to involve them which doesn't involve attending more meetings. We would suggest considering co-production or providing training as young commissioners so that young people feel that they are making a direct contribution to the policies and commissioning of the board.

The Commissioner has produced a framework called *The Right Way*, which is designed to help public services implement a children's rights approach to working with children and young people³¹. We would encourage RPBs to use this framework to assist them in engaging with children and young people. We would also encourage RPBs to refer and sign up to the National Participation Standards³²

Case Study: Cardiff & Vale RPB

Cardiff and Vale RPB undertook a 'Listening to Families' exercise in 2018 which asked for both the experiences of people with learning disabilities, and their expectations. These expectations included a proactive not reactive early intervention response, pooled budgets, continuity of staff, to be listened to, streamlined appointments and reviews, suitable environments for children while attending appointments, services meeting their needs, a key worker or lead person, and someone to assist with minor tasks without the need for continuous referrals.

³¹ Children's Commissioner for Wales (2018) *The Right Way*. Available at:

<https://www.childcomwales.org.uk/resources/childrens-rights-approach/right-way-childrens-rights-approach-wales/>

³² Welsh Government (2016) *Having a Voice, Having a Choice: Children and Young People's National Participation Standards*.

Available at: <https://gov.wales/children-and-young-peoples-national-participation-standards>

Case Study: Cwm Taf Morgannwg RPB

Cwm Taf Morgannwg RPB have made involving children and young people more in their work a priority. The Board's own strategic priorities have been shaped by working with young people, for example through Youth Forums and individual projects which have taken a coproduction approach to designing services with young people. The Board are now working to develop more long-term arrangements for co-production. For example, the scoring criteria for third sector ICF grants available to projects with a focus on children with complex needs includes the need to develop a co-productive approach to improving children and young people's mental health and wellbeing. Successful applicants will also need to attend a coproduction workshop.

The next step for the RPB is to hold a workshop with young people, with the RPB Chairperson attending, to develop with young people a longer-term more strategic approach to how they want to be involved in co-production of the Board's work. Young people said that they did not want to just to come and sit on the region's sub-group for children or on the board, as they felt this could be tokenistic, and they have told the RPB they want their involvement to be meaningful. The board's strategic group for children and young people have worked with children and young people, including representatives attending Youth Forums in the region, to come up with a set of priorities, of which the key concerns are around emotional health, wellbeing and mental health. The strategic group will be guided by this priority in their work.

As Cwm Taf Morgannwg is a newly-formed region, they are taking the opportunity to undertake a mapping exercise of the current provision across the region from universal to specialist provision, from conception to age 25. ICF revenue funding has also been identified for developing third sector and community support for children and young people.

Direct involvement and co-production

More than one of the RPBs did not demonstrate the direct involvement of children and young people with the work of the board in the correspondence we had with them, or when we met with them. While one board had recently committed to work under co-production principles and told us they were in the process of setting up the structures to enable this, there is certainly not enough evidence of co-production being employed across the work of the Boards. This was also reflected in the views of stakeholders. A citizen representative told us that they felt there was 'no sense of equal ownership for children and young people' at the (children and young people-focussed) sub-group they attended. We would like to encourage all Boards to consider how they can best ensure children and young people are empowered as citizens to have ownership over particular elements of the Board's work plan, where these plans affect them.

The Welsh Government's recently amended Part 9 statutory guidance includes the extension of section 12 of the Children and Families (Wales) Measure 2010 to RPBs. From February 2020, therefore, RPBs are now required to 'make such arrangements as it considers suitable to promote and facilitate participation by children in decisions of the authority which might affect them'; to publish information about these arrangements and to keep this information up to date³³. From what we have seen when visiting the Boards, several of them will need to make changes to their current approach in order to achieve this.

Case Study: West Wales

The RPB have worked with people (including young people) with learning disabilities and others to develop a West Wales Learning Disability Charter which includes lists of what people with learning disabilities want and covers human rights, access to community facilities and assets, relationships, social life, support from professionals and advocates, health support, support to be independent, and support to be able to communicate in the way that works best for the individual.

The RPB have been working with the 'Dream Team', a group of people with learning disabilities. A member of the Dream Team sits on the Learning Disability Programme Group which sits underneath the Board.

Adults acting on behalf of children and young people and those who look after them

Stakeholders we spoke to told us that Social Value Forums, which every RPB is responsible for establishing and engaging with under the Social Services and Well-being Act³⁴, were not being utilised as they should be. This was reflected in the need for the recently published toolkit from the Wales Cooperative Centre³⁵ which outlines how RPBs should be using their Social Value Forums to ensure the views of their local populations, including children and young people, reach the board and are part of their work. One citizen representative told us that they felt there could be a national network to support citizen representatives so that they feel supported, as they can feel isolated when attending RPB meetings. We also have concerns about the involvement of third sector partners, which are explored in part 5 of this report.

There is a wider issue around the importance of citizen engagement to the work of the RPBs. As well as the importance of reflecting issues of the region properly, active citizen engagement is essential to getting people living within your region to 'buy in' to the regional transformation project, and to be taken along on the journey, as outlined by the Wales Centre for Public Policy in their recent review of *A Healthier Wales*

³³ National Assembly for Wales (2010) *Children and Families (Wales) Measure 2010*. Available at:

<http://www.legislation.gov.uk/mwa/2010/1/section/12>

³⁴ Welsh Government (2015) *Social Services and Well-being Act Part 2 Code of Practice (General Functions)*. Available at:

<https://gov.wales/sites/default/files/publications/2019-05/part-2-code-of-practice-general-functions.pdf>

³⁵ Wales Cooperative Centre (2018) *A Toolkit to Develop Social Value Forums*. Available at:

<http://walescoop.wpengine.com/wp-content/uploads/2018/09/walescoop-social-values-FPE-5.09-2.pdf>

commitment to public engagement³⁶. We discuss the need for much improved transparency, accessibility and accountability of the board's work further in part 5 of this report.

It was noticeable that after several of the Board meetings that we attended, citizen representatives followed staff out of the meeting to raise issues with us, or followed up with the team thereafter. Some of these representatives told us that they didn't feel able to contribute fully during the main meetings, that they feel they are there to 'rubber stamp' as priority seems to be given to the main statutory agencies to contribute to each discussion item first, or that the set-up of the meetings did not make them feel able to make a contribution.

³⁶ Wales Centre for Public Policy (2020) *Public Engagement and 'A Healthier Wales'*. Available at: <https://www.wcpp.org.uk/publication/public-engagement-and-a-healthier-wales/>

Part 3: No Wrong Door for children with complex needs experiencing emotional wellbeing or mental health issues

"Mental health isn't just black and white, it's colourful"

NYSG Member needs, regardless of whether they have a formal diagnosis (such as a mental health or neurodevelopmental disorder). Too often, we expect children to fit into the boxes of either health or social care services, when an individual's needs rarely do fit neatly into one box or the other.

As highlighted by the case studies in a previous section of this report, children and young people should receive a multi-disciplinary response which wraps around their

The second part of the Commissioner's 2017-18 Annual Report recommendation to Welsh Government was to...

...require RPBs to take steps to integrate children's social care and mental health services into multi-disciplinary teams that will respond to the needs of their local populations of children and young people who require emotional, behavioural or mental health support and treatment.

This part of the report will explore how far RPBs have come in creating a 'no wrong door' approach for children with emotional and mental health needs.

Providing support for children and young people based on levels of distress

The Commissioner has not been alone in calling for the shift in focus towards responding to need, regardless of formal diagnosis. The Senedd's Children, Young People and Education Committee published a report called *Mind Over Matter*³⁷ in April 2018 on their inquiry into emotional and mental health support for children and young people in Wales. In August 2019 the committee made several follow-up recommendations³⁸ highlighting key gaps that require attention.

The committee found that:

- There is a 'missing middle' of children who are not deemed unwell enough to receive specialist mental health treatment, but who then receive no alternative support.
- Waiting times for assessment by CAMHS has improved, but there is little evidence that this has led to quicker treatment.

³⁷ National Assembly for Wales (2018) *Mind over Matter - A report on the step change needed in emotional and mental health support for children and young people in Wales*. Available at: <https://www.assembly.wales/laid%20documents/cr-ld11522/cr-ld11522-e.pdf>

³⁸ National Assembly for Wales (2019) *Letter to Minister for Education and Minister for Health, Welsh Government, from the Chair of the Children, Young People and Education Committee – 8th August 2019*. Available at: <http://www.senedd.assembly.wales/documents/s92917/Letter%20to%20the%20Minister%20for%20Education%20and%20Minister%20for%20Health%20and%20Social%20Services%20-%208%20August%202019.pdf>

The committee made a series of recommendations to Welsh Government which included the need to 'outline how it intends to address the challenges faced by the group of children and young people who do not meet the threshold for specialist CAMHS but for whom alternative services are not available'; make psychological therapies more readily available to children and young people who need it; set out a clear plan for how to support the estimated 40-50 per cent of children and young people who do not meet the threshold for neurodevelopmental diagnosis but are experiencing distress and need help; and to improve crisis and out-of-hours provision.

The committee highlighted the specific role of schools in supporting young people with emotional and mental health issues, as well as the youth service, youth justice, and all those agencies involved in the child or young person's life.

Integrating services for children and young people displaying emotional distress and mental health issues

We found that while most RPBs were able to demonstrate pockets of good practice in terms of integrating services for children and young people experiencing emotional distress, these had in almost all examples not been scaled-up across the region. Given the focus of Welsh Government funding, it was concerning that despite these incentives there were few examples of concrete plans to scale-up good practice using that funding.

From our discussions with the RPBs, we found several examples where services are not yet linked up enough to respond to children and young people in distress who require help. For example, we heard from regions where the health board has a Single Point of Access system for children's mental health, but where social services were not partners in this service. Regions told us that mental health services are not responsive enough to children and young people, whenever they need it. For example, there are limited or no mental health support services outside of school hours in most regions. This includes inpatient settings, which do not accept patients on weekends.

Residential provision for children and young people with the most complex needs

The Commissioner has encouraged RPBs to consider how they can provide new residential provision for children and young people with the most complex needs who require mental health and social care input in one place. Where a region was looking to provide new residential provision for children and young people with the most complex needs, they told us that they face a particular challenge where local authorities can't agree on committing revenue. This stemmed from one local authority not being able to demonstrate the same level of need as others and therefore was reluctant to commit revenue across the whole region. In relation to commissioning beds in secure health or social care accommodation, Boards told us that local authorities had separate commissioning strategies, making a joined up approach across the region difficult. We were also told that when young people transition to adult services and require

residential provision, their new residential setting can be a vastly different experience to their previous accommodation, with less time outside and less activities offered, for example.

A shortage of suitable residential provision

Boards told us of their frustration at an inability to access accommodation for young people who need it in a timely way due to the fact there are no secure NHS inpatient beds in Wales. Waiting times for secure beds are an issue across the UK meaning that there is huge demand on all secure accommodation facilities. Where children and young people are placed in secure accommodation, the child or young person could be placed in a number of locations across England, and even as far as Glasgow in Scotland.

RPBs told us of feeling restricted in actions they can take as there is a need to receive a diagnosis of a mental health disorder in order to access a mental health bed and, relatedly, the problem of distinctions in language between mental health *illness* and mental health *risk*. One RPB member told us that they felt the current tiered model for Child and Adolescent Mental Health Services (CAMHS) is 'flawed' and leaves an 'iceberg' of unmet need.

As reflected in our case studies earlier in this report, RPBs' testimony also pointed to a situation where services are unable to agree whether a young person with complex needs and mental health issues should be placed in a secure mental health or social care setting, leading to delays and inappropriate placements for that child or young person.

Demand and capacity for integration

Boards reflected an increase in the numbers of children and young people presenting in crisis, and a large increase in demand for neurodevelopmental services, as has been reflected nationally³⁹. We were told that care and support for those children and young people with the most challenging emotional and behavioural support needs is not available to many because of a shortage of specialised staff. We were told that there are also particular recruitment issues in mental health services for children and young people in the earlier stages of experiencing mental health issues.

RPBs with particularly large geographical footprints and/or particular issues of rurality shared with us that they felt achieving equity of services is more difficult due to the distance needing to be covered and the resources needed to serve their populations. Some Boards told us that it is also more difficult for rural areas to achieve 'critical mass' to demonstrate the need for services in their area. There was comment that 'everything costs more' when attempting to integrate services across a large rural area.

We were told that these issues of demand and capacity mean that it can be difficult for professionals to work across teams, for example involving social workers in the work of some CAMHS teams as there is not the capacity for professionals to be embedded with the work of another team.

³⁹ Together for Children and Young People (2019) *Mind Over Matter Report Follow-up: Together for Children and Young People Programme Update*. Available at: <http://senedd.assembly.wales/documents/s87903/CYPE5-15-19%20-%20Paper%20to%20note%203.pdf>

These challenges reflect much of what we heard from individual services, as well as reflecting the findings of the Senedd's Children, Young People and Education Committee's *Mind over Matter* report. We are interested in how RPBs are either tackling or at least mitigating these challenges.

Responses - Early Help and Enhanced Support

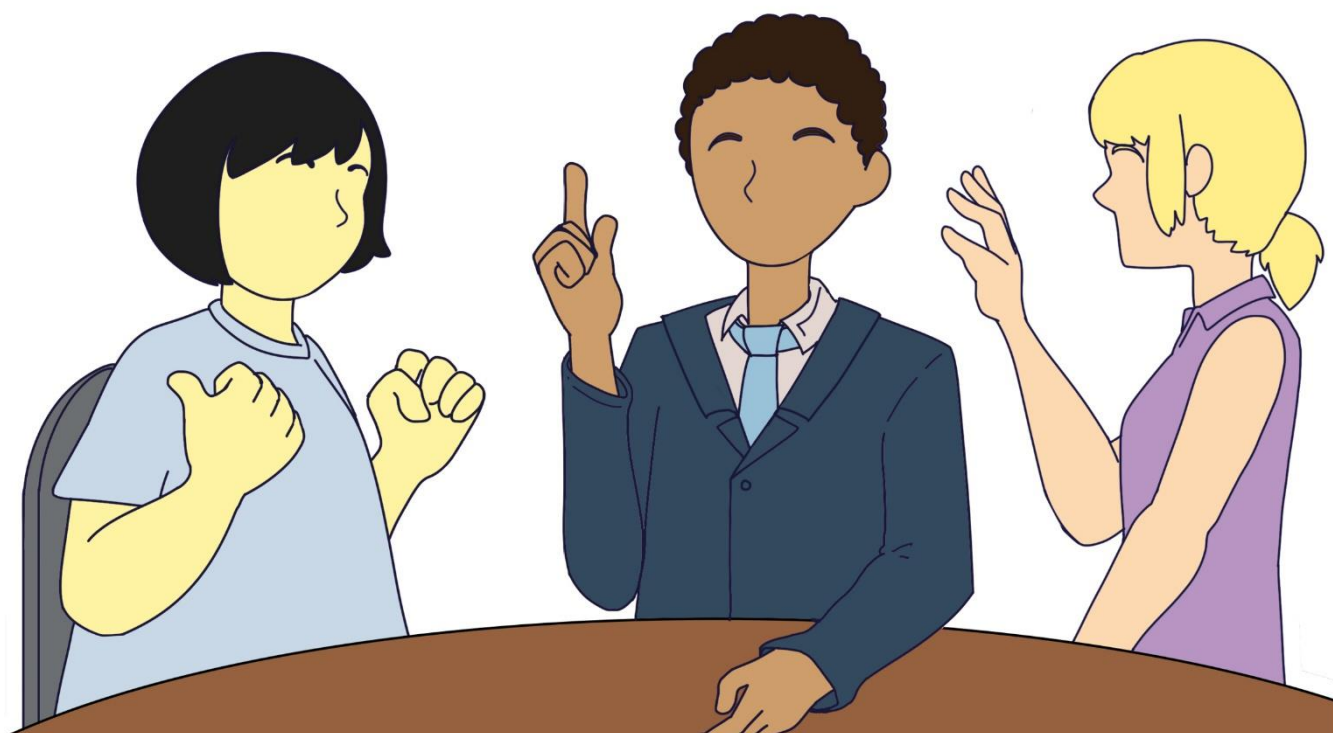
All of the Boards have at least begun to think about how they can provide early help and enhanced support for children and young people in distress in an integrated way. We found that RPBs recognise the need for early intervention for children with complex needs and / or emerging emotional wellbeing or mental health issues.

Stakeholders also emphasised the need for a wraparound community response to situations where CAMHS referrals are made and a young person is either awaiting assessment, or has been told they do not meet the criteria for support. Stakeholders told us that there is not enough support for families when supporting their child through mental health services.

We were pleased to see, as some of the following case studies show, that regions are beginning to provide this response, or are considering their approach. We found three different models being trialled:

- Some areas have chosen to pursue a 'hub' type model, where services should be available in one place for families to access.
- Others have developed a 'panel' model where individual children's circumstances are discussed in one room with a range of professionals, and where an action plan is put into place immediately.
- Another approach is to 'embed' professionals from one service into another (for example, a CAMHS professionals working directly in social services teams, or with schools) to provide advice, training and support so that their expertise can be utilised by those professionals who have most regular contact with those young people.

‘There are good examples across Wales where regions are starting to pull services together to help children with complex needs’



Done in the right way, we believe all of these approaches have merit and have the potential to significantly improve the response for children and their families.

Case Study:

Powys RPB

Powys RPB have used ICF funding to provide additional support to young people experiencing mental health and wellbeing difficulties, who do not meet mental health criteria, but still require support. Additional CAMHS workers provide assessments and consultation with young people, families and services and ensure support is then accessed either through 1:1 support sessions or group work. Individual support is provided by the Youth Intervention Service to include work around emotional regulation, confidence, self-esteem and resilience building. The counselling service in Powys is running group sessions in schools to support children and young people with emotional wellbeing, exploring issues such as anxiety and exam stress. The Youth Intervention Service also works with children and young people who are not educated in mainstream school settings, providing information and support on emotional health and wellbeing. Powys Youth Service and Powys Sports Development team are providing a broad range of opportunities and activities as well as peer mentoring to support emotional health and wellbeing.

"Young people should be at the centre of all support services and there should be no barriers in place to prevent young people from receiving the support that they need and deserve"

NYSG Member

"You should be able to go to them and they help you. You shouldn't be sent away to find all the different services yourself"

NYSG Member

Case Study:

Gwent RPB

Gwent RPB has developed a model of Single Point of Access for Children's Emotional Wellbeing and Mental Health (SPACE-Wellbeing) panels. These panels are in place across the 5 local authority areas of Gwent. This work has built on the existing 'Early Help Panels' which were already in place in Monmouthshire and Newport, and expanding these models across the other three local authority areas of Torfaen, Caerphilly and Blaenau Gwent. The 'scaling up' of these panels has been achieved through mental health innovation and transformation funding. Some Welsh Government Transformation Funding has also been used to fund this project.

The panels meet once per week and take referrals from multiple sources: GPs, schools, social services, but also parents and families. The referrals are taken for children who have complex needs which might include a history of trauma, family issues, mental health disorders, social care needs, and disability.

Attendees at the panel which the Commissioner visited in Monmouthshire (the Monmouthshire Early Help Panel) include representatives from a wide range of services: including social services, primary and specialist mental health services, substance misuse services, the local authority's sports and leisure service, youth services, school-based counselling service, Building Stronger Families service, third sector mental health provision, learning disability transitions service, young carers organisation, housing services, and youth enterprise services.

In this panel meeting, over 20 children and young people were discussed in the space of 1 ½ hours. All children and young people were given an immediate intervention (or if appropriate a sequence of interventions). These ranged from a simple visit to meet with the young person over a cup of tea and discuss local support options, an offer to join the young carers' support group, support to join a social or sport activity, bereavement counselling or play therapy to, in a small number of cases, the involvement of specialist CAMHS. The panel aim to take into account the whole of the family's circumstances where this is available to them and respond to all needs relevant to that young person, as far as they can.

An evaluation of the panels is currently underway, but the board are able to display a reduction in demand to specialist children's mental health, as a result of children and families being allocated to other more appropriate sources of support through the panels.

Case Study:
North Wales RPB

North Wales RPB successfully applied for Welsh Government Transformation Fund money for work based on a set of regional principles delivered locally within the three localities (West, Central and East) within North Wales.

The first area of work is around 'early help and support' – integrated support including new approaches to early help and accessing therapeutic support. This will build on existing examples such as Flintshire Early Help Hub. Flintshire Early Help Hub is a multi-agency service which co-locates professionals from social services, North Wales Police, Health, Youth Justice, Education, Family Information Services, Early Years Support and others including third sector. A third sector coordinator acts as a point of contact –working with the family to find community-based solutions to meet their needs.

North Wales is also planning to provide 'edge of care support' – extending access to therapeutic support through integrated teams / pathways for children and young people to help them remain in family home setting.

Case Study:
Cardiff & Vale RPB

Through ICF revenue funding, Cardiff & Vale have established an Adolescence Resource Centre, an intensive support programme for young people aged 11-17 at risk of having to leave their current family environment, which works with the whole family, where this is appropriate, to develop an individualised safety plan to encourage an improvement in the young person's situation and relationship with their family, and aims to avoid placement in care as far as possible.

A case example shared with us showed a young person displaying various high-risk behaviours. A family safety plan was agreed which included access to art therapy which was described as a real breakthrough by the young person and her family.

Case Study:

West Glamorgan RPB

Using ICF revenue funding, the RPB has created two new roles of CAMHS liaison officers – embedded in the social care single point of contact teams in each of the two local authorities in the region. The liaison officers, who are experienced CAMHS nurses, provide consultation and advice on work with children's emotional health; training events on a variety of topics such as self-harm, anxiety, low mood and behavioural issues; and joint assessments as well as short-term direct joint work to achieve the most effective intervention for the family. This service has been successful in proving its effectiveness, with improvements to the number of patients on CAMHS waiting lists over the past three years, and it is planned that the service will be funded by core CAMHS funding by 2021/22.

Case Study:

Maison des Adolescents

In 2018, the Commissioner visited a 'Maison des Adolescents' in France. These 'young people's houses' offer a wide range of services in one place, easily accessible to the local community by foot or public transport. Maison des Adolescents are in place across France and provide an accessible venue for those seeking support with mental health, emotional or behavioural concerns. Young people and their families can receive immediate advice and information. Some are offered access to services such as support groups and those most in need are booked for a future clinical appointment. As well as first response mental health professionals, social work and youth work advice and support are also available as needed, depending on the individual. Such a setting could provide a 'no wrong door' approach that aimed to support concerns early, hopefully preventing some children escalating into a crisis situation which might lead to a young person becoming looked after or requiring clinical mental health services.

Following this visit, the Commissioner wrote a blog and encouraged regions to consider this approach at national mental health events, and in her visits to each region.

Cardiff & Vale RPB have received ICF capital funding for the development of a drop-in centre in the centre of Cardiff, along the lines of this model. West Glamorgan RPB have also secured a Swansea city centre venue which could provide a wraparound service. There is little detail available on either yet, but this is a model that we would like to see considered by other regions, where appropriate.

Case Study: Gwent RPB

ISCAN (Integrated Service for Children with Additional Needs) acts as three single points of access across three parts of Gwent (north, south and west) for referrals for children and young people with disabilities and developmental difficulties. The three ISCAN co-ordination teams are based in each of the three children's centres.

Referrals are accepted for children / young people aged 0 – 18 who are displaying concerns in two or more elements of their development. This includes referrals for children / young people requesting an assessment for ASD / ADHD. The referral needs to be completed by a professional and must outline clearly the child / young person's difficulties but must have signed parent / carer consent.

Once ISCAN receive a referral form and relevant supporting information, the child / young person is listed for discussion at the ISCAN panel meeting. The ISCAN panel is made up of professionals including a paediatrician, consultant psychiatrist, paediatric specialist nurse, representation from the neuro-developmental team, therapy services, educational psychology service and local authority children with disabilities team. The family liaison officer from each children's centre is also in attendance. An outcome report is sent to the parents detailing the discussion and decision about the next steps in managing the child's / young person's care.

Several stakeholders pointed to the SPACE-Wellbeing model in Gwent in particular as a good practice example. Conversations with those involved have highlighted that discussions with parents can be difficult as they try to persuade them that a swift, wraparound multi-agency formulation is preferable to, for example, sitting on a waiting list for CAMHS or the local neurodevelopmental team. Families can sometimes expect (understandably given the lack of wraparound options generally across Wales) that an appointment with CAMHS or a diagnosis might provide the 'golden ticket' to the service they need. Of course, sometimes they do. Early help models aim to provide a wraparound service for those children who would otherwise wait for several weeks or months, often only to be told they can't be helped.

The Commissioner and her team regard this to be a very promising model and have urged other regions in subsequent meetings to consider this approach.

Responses – Residential provision for children and young people with the most complex needs

Placing a child or young person in a residential setting away from their family or carers is a significant decision. However, there are times when this is necessarily the best option for the child or young person. There are also times when, as outlined earlier in this report, the right residential provision just doesn't exist. Frustration at the

'no more than bouncers'

A RPB Member, on staff in inappropriate residential provision for children with complex needs

lack of this provision was expressed by all RPBs and several stakeholders. 'Out-of-county' placements were described by several of the Boards as a big issue which has not yet been properly addressed. One Board member described residential provision for those children and young people who did not 'fit the service' and were being placed in inappropriate provision as 'containment, not therapeutic', where staff are 'no more than bouncers'.

There is a need for regions to undertake an analysis of all the options available within their region for children with complex needs. A comprehensive understanding of the landscape across the region is needed for regions to be truly on top of what provision is available currently so that they can properly plan how to deliver an integrated service for their children and young people. This includes step up and step down services for those requiring residential provision. The lack of services in the community for children and young people at risk of entering or having just left residential provision was raised by all Boards.

This report will now highlight some examples of practice in different regions of Wales looking to tackle or mitigate some of these issues:

Case Study: North Wales RPB

As part of their successful Transformation funding, the RPB is establishing 'assessment and support teams' – short-term residential assessment with a multi-disciplinary on site team to identify the most appropriate placement to meet the support needs and desired outcomes for young people with complex needs, and who are experiencing crisis or escalating concerning behaviour. This is designed to be intensive support to build individual and family resilience and facilitate de-escalation.

In response to the RPB's market position statement for Children and Young People's Residential Care, Fostering and secure accommodation, part of the aim of this work is to provide step-up provision when behaviours become unmanageable at home; and step-down provision from hospital discharge. The assessment and support teams will aim to bring together agencies to make decisions on the best longer-term provision which can be offered to the young person while they are staying at the short-term residential setting.

Case Study: Powys RPB

Powys RPB have applied for funding for therapeutic provision for children and young people within residential social care settings. The RPB are confident that such provision would mean that those young people who 'fall between' mental health residential placements and social care residential placements will be able to access a service that would meet their needs in one setting. We look forward to hearing more about this work, if the funding bid is successful.

Case Study:

West Glamorgan RPB

West Glamorgan's Multi-Agency Placement Support Service (MAPSS) is designed to deliver a multi-disciplinary therapeutic approach to develop carers and professionals' understanding and confidence, reduce placement and educational instability; and improve outcomes for care experienced young people and carers.

MAPSS objectives are to promote secure attachment as a means of helping young people and their carers maintain placements (residential and educational) so that young people can feel safe enough to develop supportive attachments/relationships, opportunities for positive growth and start to process developmental trauma. These aims are achieved through helping professionals such as social workers, carers or teachers, best understand young people, their development, the trauma they have experienced and how this can present challenges for their care.

Therapeutic interventions are offered to care experienced young people, carers, teachers and other sources of support. These young people may be in foster placements, residential placements or placed with family or friends. Interventions are bespoke to the child's, carers' and educational circumstances. They aim to 'wrap around' the child by bringing all professionals together around the child with a shared attachment and trauma recovery therapeutic approach. In addition to direct support, MAPSS delivers training to carers, schools and social work staff.

Case Study:

Gwent RPB

MyST has been developed by the Gwent Partnership Board to provide a mental health service to children and young people looked after aged 5-21. MyST works with a small population of young people who would otherwise be placed in residential children's homes, residential schools, secure units and mental health hospital units. The service has an intensive approach to enable young people with highly complex psychosocial needs to be cared for and educated in their communities. Work takes place across the young person's ecosystem; directly with young people, birth family members, foster carers, schools and professional networks. The multidisciplinary teams are accessible 24 hours a day, every day of the year. Alongside using psychological therapies with young people and families, MyST equally focus upon bringing systems together to share an understanding of the young person, to integrate everyone's approach, to build a resilient adult network to persist through challenging times and to jointly manage risky behaviours. The work of the service means that more young people can grow up in their own communities. Young people report improvements in their mental health and their needs de-escalate. Professionals report feeling more able and confident to work with the young person and their system. Alongside the clinical outcomes of this service, costs savings are achieved through re-patriating young people from costly placements, and multiagency working is practised and improved.

As mentioned elsewhere in this report, the Commissioner has recommended in her most recent Annual Report that Welsh Government should ensure new ring-fenced funding for RPBs specifically for the purposes of jointly commissioned mental health and social care residential provision for the small number of children and young people with the most complex needs in Wales⁴⁰. Some of the Boards have told us that they are 'ready and willing' to work with Welsh Government on getting these facilities up and running. We would urge Welsh Government to engage with the regions and begin the process of creating these jointly commissioned services immediately following the current review.

Case Study:

West Wales RPB

West Wales RPB have been actively pursuing the possibility of new residential provision for children and young people who require residential care which is 'one step down' from secure accommodation. Local authorities and the local health board have been working together on this proposal, and a potential venue has been identified. We look forward to hearing more about this work.

We are pleased to see that the Welsh Government is taking some action on this through the recently established task and finish group, but given how familiar this issue is for RPBs, we were surprised that more had not taken action to jointly commission such a facility in their region.

⁴⁰ Children's Commissioner for Wales (2019) *Annual Report and Accounts 2018-19*. Available at: <https://www.childcomwales.org.uk/wp-content/uploads/2019/10/Annual-Report-2018-19.pdf>

Part 4: No Wrong Door for children and young people with learning disabilities as they grow up

Young people, parents and professionals all agree that young people with learning disabilities are still expected to slot into services that already exist, with limited options if that doesn't fit their needs

Sally Holland, Children's Commissioner for Wales

Young people with learning disabilities far too often face a splintered set of services as they approach transition to adult services as they will often have multiple agencies involved in their care. RPBs are required to develop integrated transition arrangements for children with complex needs⁴¹. They should be playing a key part in ensuring that young people with learning disabilities have a care plan which integrates the various services they access and ensures that all of those individual services plan with adult services to ensure that young people do not lose out on the services to which they are entitled, and that they are not left without services as they move from children to adult services.

In 2018, the Commissioner published a report on the experiences of young people with learning disabilities and their transition to adult service called *Don't Hold Back*⁴². Key messages from our consultation with 99 young people with learning disabilities 187 parents and carers, and 43 professionals included:

- Young people's participation in planning and decision-making for their needs appears to be very low
- Parents often feel overwhelmed and anxious about the future
- Some young people face a considerable change in how much support they receive after the age of 18 due to different thresholds
- Every service has different ways of transferring to over-18s services. Having a key worker or transition service is very valuable
- Young people, parents and professionals all agree that young people with learning disabilities are still expected to slot into services that already exist, with limited options if that doesn't fit their needs

There was a specific recommendation within the *Don't Hold Back* report that:

The Welsh Government should ensure that Regional Partnership Boards are making substantial and effective progress on the integration of services for people with learning disabilities, children with

⁴¹ Welsh Government (2015) *Social Services and Well-being (Wales) Act 2014 Part 9 Statutory Guidance (Partnership Arrangements)*. Available at: <https://gov.wales/sites/default/files/publications/2020-02/part-9-statutory-guidance-partnership-arrangements.pdf>

⁴² Children's Commissioner for Wales (2018) *Don't Hold Back – Transitions to Adulthood for Young People with Learning Disabilities*. Available at: <https://www.childcomwales.org.uk/wp-content/uploads/2019/10/Dont-Hold-Back.pdf>

Several other pieces of work have supported the findings of the *Don't Hold Back* report. The Welsh Government set out its *Improving Lives Programme*⁴³ in June 2018, which highlighted that children and young people with learning disabilities may also suffer from physical or mental health conditions, leading to confusion over which health team should be supporting the child. Relatedly, Healthcare Inspectorate Wales published a thematic review in 2019⁴⁴ which highlighted the differing experience of the coordination of services for children with complex health needs as they make the transition from child to adult services.

As has been suggested to us by stakeholders, there should be a regional approach to transition to adult services, for all children and young people who require support. However, we did not see enough evidence that sufficient region-wide change was taking place in any of the regions. One board told us that there are 'no clear answers yet' to the barriers of having smoothly-managed multi-agency transitions to adult services. I am concerned that more is not being done at RPB level to address this issue, despite several Boards highlighting both the *Don't Hold Back* report, and the *Improving Lives Programme*.

Negotiating the maze

RPBs and stakeholder reflected much of what we found in our *Don't Hold Back* report. They told us that young people transitioning to adult services face a complex maze of differing arrangements across regions. We were told that there are multiple transition pathways across services, and between different local authorities. They told us that different local authorities have different structures for discussing joint health and social care packages, and that within regions different local authorities have different eligibility criteria for disabled children's services.

In relation to the care of children and young people with learning disabilities more generally, we were told that health, social care and education services use different approaches for behaviours that challenge, meaning that families are confused by the differing approaches. This highlights yet again the need for a shared language to discuss what we mean by children with complex needs, and our responses to those needs.

Resource and Information Sharing

The RPBs shared with us some situations which they see as blocking an integrated transitions process. One RPB told us that they were unable to implement key working effectively, as there has been no agreement to share information between health and social care disability service teams through the Welsh Community Care Information System (WCCIS). Boards also shared their frustration that Statements of Special Educational Need are not transferrable between local authorities and can mean that if a young

⁴³ Welsh Government (2018) *Learning Disability Improving Lives Programme*. Available at:

<https://gov.wales/sites/default/files/publications/2019-03/learning-disability-improving-lives-programme-june-2018.pdf>

⁴⁴ Healthcare Inspectorate Wales (2019) *Thematic Report – How Are Healthcare Services Meeting the Needs of Young People?*

Available at: <https://hiw.org.uk/sites/default/files/2019-06/290319thematicyouthen.pdf>

person's service changes to be delivered in another local authority area, their Statement doesn't follow them. These are the sort of barriers that hold back the work of RPBs to integrate services, and should be surmountable.

Access and provision

RPBs should be ideally placed to broker arrangements between child and adult services for children and young people with learning disabilities

Sally Holland, Children's Commissioner for Wales

Boards and stakeholders told us that access to and provision of services was also a major issue. Some described the lack of dedicated facilities for young people, as youth services are not available equitably across Wales, for example. They felt that this is particularly the case for young people with disabilities aged 18-25. One of the regions also told us that while children's learning disability services are provided 'in-house', adult learning disability services are provided by another health board in another part of Wales, which does not even border their health board area. We understand that adult learning disability services will be brought back under that health board's control soon, but that this situation has led to difficulties in terms of accessing the other health board's pathway planning, leading to families not being fully informed, and potentially to unnecessary delays. Boards and stakeholders also told us that the commissioning of specialist therapeutic interventions can be problematic if the children and young people with a learning disability do not meet the eligibility for Continuing Care.

While these barriers are clearly difficult, RPBs should be ideally placed to broker arrangements between child and adult services for children and young people with learning disabilities, but also for services across health and social care, as they are in the unique position of being able to operate regionally. We did identify some early signs that this is starting to be tackled in some regions. The following case studies demonstrate some regional approaches to this issue:

Case Study:
Cardiff & Vale RPB

The region is developing a regional protocol for transition to adult services for young people with learning disabilities. The protocol will include the need to identify transition key workers, and a dedicated Transition Team. There will be a 'support planner' role who will identify children earlier to provide planning support for the transition to adult services. The RPB is also working to improve the information available to young people and their families so they have a better idea of what to expect from the transition process. ICF funding has been used to increase capacity in the workforce to support this work. The implementation of this work will be overseen by a Disability Future Partnership which will cover both children and young people with complex needs and adults with learning disabilities so that these services are better coordinated across the age of transition in services.

Case Study:
Powys RPB

Powys RPB have recently secured ICF funding for a 2-year project looking at transitions to adult services for children and young people. This work is led by the Transition Partnership Steering Group. The project aims to develop an integrated pathway for young people including, but not limited to those experiencing disability, mental health issues, Autistic Spectrum Conditions, vulnerability, and leaving care.

Powys also have an Integrated Disability Service which hold weekly triage meetings to consider referrals and facilitate information sharing, multi-agency meeting planning, signposting and any onward referrals.

These examples are welcome, but we have not seen examples of real change on the ground, despite several Boards telling us that they were reflecting on responses to the findings of *Don't Hold Back, Improving Lives*, and HIW's thematic review. There were pockets of good practice in local authorities in several of the

regions, but we saw little evidence that there was enough ambition from the regions to provide an equitable service across their region which addressed the concerns outlined in my *Don't Hold Back* report.

Overall, we remain concerned that this group of young people have not seen improvements to their transitions experience across Wales and, with the exception of the case studies above, there is not enough evidence of regions taking a lead on this issue.

Part 5: Some Further Challenges for RPBs

How do RPBs see their role?

RPBs need to be doing some of the doing

RPB member

All Boards saw the value in having regional strategic partnerships. Some commented that partnership working means that services can truly have ownership of the issues facing their populations. There were also comments that these partnerships provide the forum to step back a bit and focus on improvements to preventative services, that it can mean the avoidance of duplicating work, and that it should lead to a better working relationship between services as they are joined by a set of underpinning key principles. Some members of RPBs told us that health and social care are getting better at 'picking up the phone to each other', and that conversations have shifted from 'what can I or my local authority area do' to 'what can we do collectively'.

RPBs were keen to tell us that they are a 'bringing together' of organisations, not a delivery body. This was reflected in some comments from the RPBs such as "RPBs are not decision making bodies; they do not have delegated authority or powers"; they are a "mechanism not an organisation". There was also the suggestion from one RPB member that Welsh Government are "not really sure what they have with RPBs", and that they see them as solid entities, not a coming together of agencies despite this not being reflected in their funding and governance/structural arrangements.

However, as one stakeholder pointed out, "it isn't early days anymore" and if things aren't working "RPBs need to be doing some of the doing". We would share this view. While RPBs are not direct service-delivery bodies in the same way as health boards or local authorities, we believe it is a fundamental part of their role to intervene as far as they can if services are not integrating. They have the power to do this through pooled funding and joint commissioning arrangements, for example.

Transformation and scaling up good practice

The Transformation Funding from Welsh Government is specifically designed to encourage the scaling up of good practice across the regions. There were few examples of where scaling up of good practice 'from local to regional and national level, and out to other teams and organisations' as envisaged by *A Healthier Wales*⁴⁵, has happened or is happening. While the funding is certainly welcome and has been invested in several exciting projects, just one RPB specifically told us that Transformation Funding had been a catalyst for the scaling up of a service. The ambition is the right one, and there have certainly been movements in the right direction, but Welsh Government will need to consider how they create truly transformational change, as providing short-term kick-starter funding does not appear to have been enough. We certainly believe that some of the examples highlighted in this report have the potential to become embedded practice beyond the individual region where it has been trialled.

⁴⁵ Welsh Government (2018) *A Healthier Wales: Our Plan for Health and Social Care*. Available at: <https://gov.wales/sites/default/files/publications/2019-10/a-healthier-wales-action-plan.pdf>

Are all partners on an equal footing?

[Our RPB] has a very good third sector forum which allows organisations to feed into and contribute to overall priorities of the board

Because the geographical footprints of the RPBs align with health board areas, some members of RPBs shared an anxiety that some of the work of the board can feel very much health-led, rather than truly integrated. This can be compounded if regional funding is distributed via the health board, rather than being held by the RPB itself. This was a view expressed by several RPB members.

RPB third sector representative Some Boards told us that the bringing together of different areas within the region can cause tensions. In one RPB, for example, we were told of tensions over which local authority area the Chair of the Board should come from within the region, and tensions between the different local authorities over funding, resource and capacity.

Concerns were raised with us over the involvement of third sector partners in the work of the RPBs, as has been highlighted by the Welsh Council for Voluntary Action⁴⁶, and was reflected in responses to this project from the third sector. There was a sense from third sector respondents that the power at the Board sits with the statutory bodies. Some third sector representatives did express frustration at feeling like they attended the board in order to 'rubber stamp' decisions that had already been made by statutory partners. There is also the issue that third sector members are not paid to attend the Boards and may not be sufficiently incentivised to attend.

However, some RPBs were keen to emphasise that they involved and valued their third sector partners, with one member of an RPB telling us that "there are some things that statutory services are very good at, and some things they are terrible at". This RPB had a specific commitment in their work plan to working directly with third sector partners. One third sector stakeholder told us that one region had a "very good third sector forum which allows organisations to feed into and contribute to overall priorities of the board".

Some stakeholders shared concerns that RPBs aren't hearing from a wide enough pool of voices. One charity told us that while their client group is relatively niche, they believe they could provide expert insight into experiences and services for children with complex needs. This charity believed that insight from professionals working with children with the most complex needs can help to 'cut through' overly complicated situations, and they expressed regret that they had not been approached by any RPBs.

At the time of writing, one of the seven RPBs is chaired by a third sector representative. All the other RPBs are chaired by either local authority cabinet members or senior Health Board members.

⁴⁶ Welsh Council for Voluntary Action (2017) *Delivering Transformation in Wales: Social Services and Well-being (Wales) Act 2014 Interim findings*. Available at: https://wiserd.ac.uk/sites/default/files/documents/eng_sswba_briefingpaper_wcc_final_27.11.17_1.pdf

Information sharing

This issue has been highlighted throughout this report – effective information sharing between relevant agencies continues to be a struggle across regions. One board told us that in their recent citizen engagement exercise, families told them that they wanted to see services working more closely together, and specifically raised that they wished to see better and more efficient information sharing. Getting this right is essential if we are to see the ‘no wrong door approach’ we are calling for.

The integrated IT system for health and social services (WCCIS) is welcome, and the Boards were able to demonstrate activity on implementing this integrated IT system. However, it does not include other services such as education. RPB members told us of their frustration at not being able to share data between services. They said that there are examples where services do not know that they are involved with the same family as another agency. Indeed, in one multi-disciplinary panel we observed, not everyone in the room was able to see details of referrals being discussed, as not all partners could access this information through their agency.

Transparency, accessibility and accountability of the Board’s work

How can we be accountable if people don't know we exist or what we do?

RPB Member

How can we find the services we need, or what the Regional Partnership Boards are doing well?

NYSG Member

RPBs must improve their transparency. This was reflected by several stakeholders we spoke to. At a basic level, it is not straightforward to access minutes from meetings or annual reports, or indeed any information for those outside the Boards to understand the mechanisms of how the RPBs work and how to access them. These should be clearly accessible online and kept up to date. At the time of writing, one of the RPB’s websites does not appear to have published minutes of meetings since 2018, for example.

In addition, we would also like to see a commitment from every board to creating accessible versions of all of their major documents, including annual reports. We would like to see the RPBs detailing where initiatives are designed to benefit children and young people, and how they will explain this work in a language suitable for children and young people.

Culture change and honesty with families

We heard from a member of a board that they felt there is a mind-set of ‘protecting specialists from demand’ by making referral processes complicated and difficult, and by not sharing systems and information smoothly. It is understandable why we would want instinctively to protect specialists from

demand, but we need to do that in an open and honest way which recognises that specialist mental health interventions aren't always the answer, and to manage the expectations of families. This culture change cannot begin until we have more transparency from our public services. Indeed, representatives of individual services on Boards told us that there are also issues with expectations of their service from other services (all of which would sit around the RPB table). RPBs have a key part to play in facilitating open and honest conversations both between services, and with the citizens they serve. We should have the ambition of integrated pathways for children with complex needs, which are responsive to the needs of the child or young person, not just to their diagnoses.

Families should be able to access information on care pathways across health and social care straightforwardly where these are in place in their region. Not only would this help inform families more broadly, it would also mean that they have a better understanding of how integrated care should be designed around the child or young person, and their family, rather than necessarily seeing a CAMHS appointment or a diagnosis as a 'golden ticket' to getting the help they need. A professional involved in an early help panel model described the challenge of persuading families that the integrated response would be more beneficial to them than signing up for a waiting list for a CAMHS appointment. This is a cultural shift which will be difficult to achieve, but is necessary in order for integrated services to be successful. RPBs are uniquely placed to drive this shift in how we view our health and care services.

Relationships with other strategic partnerships

The issue of cross-over of priorities and objectives, and clarity over governance boundaries between strategic partnerships has also been raised, particularly in relation to children's issues, and for preventative and early help initiatives aimed at improving wellbeing. From the perspective of children and young people's services, this is particularly relevant to the role of Public Services Boards (PSBs), established under the Wellbeing of Future Generations (Wales) Act (2015)⁴⁷.

The membership of each Board is important here as, while there are senior decision makers on the RPBs, it is often the case that Chief Executives attend PSBs, and it has been suggested by some that Chief Executives may be in a better position to 'sign up' to something 'there and then' whereas a Director, for example, attending the RPB may not be in a position to do so.

There was a mixed response to the suggestion of confusion over the governance and roles of the different Boards when the Commissioner wrote to every PSB and RPB in a joint letter with the Future Generations Commissioner for Wales in 2019. However, it is clear that there are concerns which included several members of each board attending both Boards, and of the potential for duplicating pieces of work. Some of these concerns have also been raised by the Wales Audit Office⁴⁸. The issue of funding has also been raised with us, as the largest pots of funding are distributed through RPBs, not through PSBs. However, as

⁴⁷ National Assembly for Wales (2015) *Well-being of Future Generations (Wales) Act*. Available at: <https://www.legislation.gov.uk/anaw/2015/2/contents/enacted>

⁴⁸ Wales Audit Office (2019) *Review of Public Services Boards*. Available at: <https://www.audit.wales/system/files/publications/review-of-public-service-boards-english.pdf>

outlined above it is likely that priorities may at times be shared, and we see this as a further incentive for closer collaboration between the Boards when this is appropriate.

We have been told of RPBs and PSBs collaborating in a productive way, for example developing joint proposals to the Prevention and Early Years Grant and the Early Years Pathfinder Grant, where priorities complement each other. Where there are shared objectives between the Boards, it is important that the relationship between the two bodies is developed sufficiently so that either a joint response is taken forward, or when one is better placed than the other to take this work forward (for example through the RPB's access to transformation funding), the bodies work together to support that work, and set out clear expectations of how that relationship will function.

The Welsh Government and Welsh Local Government Association (WLGA) are currently reviewing the strategic partnership arrangements in Wales, which includes RPBs, as well as Public Services Boards (PSBs)⁴⁹, safeguarding partnerships and others. We await its conclusions and recommendations.

A whole-school approach to mental health and emotional wellbeing

There is also a decision which will need to be made over the relationship between the RPBs and the Regional Education Consortia in terms of coordination and accountability for the Welsh Government's whole-school approach to mental health and emotional wellbeing framework guidance. It is our view that while there are encouraging signs, RPBs are some way off being in a position where a whole system approach to children and young people's emotional wellbeing and mental health is 'business as usual'. However, we believe that it makes most sense for oversight of the whole-school approach to eventually sit at RPB level as Regional Consortia do not share their geographical footprint. The whole-school approach is a key element of the whole-system 'no wrong door' approach the Commissioner is calling for, and should complement the work ongoing at a regional level for children with complex needs as far as possible.

⁴⁹ Established under the Well-being of Future Generations (Wales) Act - National Assembly for Wales (2015) *Well-Being of Future Generations (Wales) Act 2015*. Available at: <http://www.legislation.gov.uk/anaw/2015/2/section/29/enacted>

Conclusion: Have RPBs been transformational in integrating services for children with complex needs?

Being good at innovation doesn't always lead to transformation. There must be system change

RPB Member

Regional Partnership Boards are seen as key to the Welsh Government's 10-year strategy for integrating health and social care, A Healthier Wales. The Welsh Government has invested large sums of money with funding incentives tied to demonstrating a scaling up of good practice to create transformation across the regions. It is envisaged that this in turn will lead to a transformation of services system-wide.

This report has focused on the experiences for children and young people with complex needs in relation to emotional wellbeing and mental health, and transition to adult services for young people with learning disabilities. We are pleased to see progress in specific governance arrangements being put in place to focus on children and young people, but in some regions these are at a very early stage and little has changed on the ground for children and young people in those areas. While there are some particularly encouraging examples in relation to supporting children with complex needs with their emotional wellbeing and mental health needs, these are not as advanced (with the exception of arrangements in the Gwent region) as we would expect, and plans for children with learning disabilities, particularly around transitions, are also not advanced far enough.

Most of the RPBs are thinking regionally, and we believe are committed to learning from their own good practice examples, and good practice from other regions. However, we also came across several examples of RPBs who would provide an example of what they viewed as good practice in one local authority, but where there was no evidence that funding had been bid for, or work was being undertaken, to scale up that good practice across the region.

Some of the issues outlined in this report have been addressed by recent action from Welsh Government, in response to our calls for change. However, while the Welsh Government's recent amendments to the Part 9 statutory guidance and ICF guidance are very welcome, regions will need more support from Welsh Government to get this right. Many are moving from no focus whatsoever on children and young people to, in a majority of regions, having a major part of their work plan dedicated to children and young people. This is a welcome improvement on the previous situation, but it is clear that this process will take time, and Welsh Government will need to be proactive in supporting RPBs both in terms of strategic and governance issues, and importantly in long-term sustainable funding which allows RPBs the opportunity to prove the

worth of their innovative integration models and to upscale these into transformative change across their region.

The context of the current crisis of course raises concerns over the sustainability of the funding available to RPBs for this agenda, as well as the RPBs' ability to focus resources on this agenda during this very difficult time.

Nevertheless, the statutory role of RPBs is to respond to their population assessment and implement plans to meet the health, well-being, care and support needs of their populations, and we must build on the progress they have already made, utilising this important, statutory, multi-agency body to drive this forward and plan services for the future.

Recommendations

I will meet with all Regional Partnership Boards during the 2021-22 financial year to follow up on this piece of work, specifically to check in on progress against the following recommendations. I will invite young people to come with me to every Board meeting so that they have the opportunity to scrutinise each Board's progress.

A pledge from the Children's Commissioner, Sally Holland:

Sustainable funding and support for transformation

While I have seen good practice examples, the intended effect of the Transformation Funding has not yet been realised in relation to integrated services for children and young people with complex needs. In light of changes to the funding arrangements for RPBs due to the Covid-19 crisis, it is vital that the Welsh Government considers how RPBs will be supported financially to upscale existing pockets of good practice from their region or to learn from the practice of other regions.

Ring-fenced ICF funding has been used to support some transformation projects already and consideration needs to be given to ensuring that momentum is not lost and to support RPBs to address clearly identified gaps in provision for our most vulnerable children and young people. These gaps will only be exacerbated by ongoing changes to how services operate and therefore new ways of working need to be found as these children's needs will not simply disappear because of the Covid-19 lockdown arrangements.

I therefore call for the Welsh Government to revisit how financial incentives can be used to support RPBs in upscaling pockets of good practice in their regions. The Transformation Fund and ICF have both clearly incentivised RPBs to think about providing for children and young people with complex needs, particularly the ring-fenced ICF funding. This momentum cannot be lost. Nor can it be sustained solely by core funding following an injection of monies. Welsh Government must be in a position to provide funding for transformation projects when these can demonstrate addressing a clear gap in integrated provision for our most vulnerable children and young people.

While it is difficult in fixed-term parliaments to have truly sustainable funding, the Welsh Government must do more to extend the life-cycle of funding where good practice, and ability to upscale across the region, is demonstrated.

Engagement and coproduction with children and young people

In addition to having groups dedicated to children and young people's issues, Boards must engage with a diverse range of young people from across the whole of their region. The dedicated sub-groups of the Boards should also be responsible for ensuring that, wherever possible, children and young people are given the skills and the platform to co-produce elements of its work. They should ask young people how they wish to be involved in the Board's work in a way which is engaging for them. No Board should be in a position where they are taking decisions without having heard directly from children and young people.

Transitions for Children and Young People with learning disabilities

There needs to be a conscious effort by RPBs to focus on transition to adult services as I have seen little evidence of region-wide approaches which sufficiently plan for children and young people with learning disabilities. Transition arrangements for children with complex needs more broadly should be part of the core business of RPBs, and I am pleased to see this recognised by the new statutory guidance. What we need to see is multi-disciplinary pathways involving health, education and social services. This will usually be most efficient and effective if the same processes are in place across the region. This would mean that there is more consistency for health board staff, and could be more efficient in commissioning voluntary sector support, accommodation or training opportunities, for example.

Recommendation 1: As part of our national response to children and young people's mental health and well-being needs following this period of lockdown, all Regional Partnership Boards should plan and implement a 'no wrong door' approach to mental health and well-being which could include integrated teams, panel and hub models to provide timely joined-up help, drop in centres and plans for integrated residential provision where needed. All Boards should review their current Area Plan to ensure they are taking sufficient action to address the needs of children and young people with complex needs, and that local authorities and local health boards are truly working in partnership towards this. This should include consideration of the Plan in light of the Covid-19 pandemic and how this impacts on the remaining years of the Area Plan, and longer term strategies.

Recommendation 2: Welsh Government will need to support Regional Partnership Boards with their long term strategies. This support will be needed more than ever because of the current circumstances, and should make clear how Welsh Government will make funding available to achieve better experiences and outcomes for children and their families. This should include system change that will help families experience a 'no wrong door' approach in every region such as integrated teams, panel and hub models to provide timely joined-up help, drop in centres and plans for integrated residential provision where needed.

Recommendation 3: Regional Partnership Boards must ensure they are compliant with the newly amended Part 9 statutory guidance by:

- Ensuring funding is not seen as ‘held’ by either the health board or the local authority, and that these arrangements are subject to a written agreement between partners. The funds should be owned by the whole region and all services should feel they have an equal stake.
- In light of the new statutory requirement for section 12 duties to extend to Regional Partnership Boards, all Boards should review their current arrangements for engagement and coproduction with children and young people. RPBs should use my *The Right Way* framework for taking a children’s rights approach to working with children and young people⁵⁰ to guide their approach, alongside the National Participation Standards⁵¹. This must include the Board itself hearing directly from children and young people, and for children and young people to be empowered to shape the work of the Board.
- As part of their duty to support effective, integrated transition arrangements from children’s to adult services, Regional Partnership Boards should publish multi-agency transition protocols, if they have not already, for children and young people with learning disabilities, considering how they deliver an approach so that the current multiple and pervasive issues of cross-local authority border and cross-sector disparities in transition arrangements are integrated as far as possible.

Pooled funding and joint commissioning

More must be done to encourage and facilitate pooled / shared funding and joint commissioning. We shouldn’t be seeing situations where local authorities don’t agree on sharing resources for a regional service when it clearly benefits the entire region. Welsh Government should take action to require pooled funding and to encourage joint commissioning.

Recommendation 4: Welsh Government should amend the *Partnership Arrangements and Population Assessments Regulations* to require pooled funding for a ‘no wrong door’ approach for children and young people.

Residential provision for children with complex needs which provides care and support for both mental health and social care needs

If they have not already, RPBs should undertake a full analysis of provision and provide a position statement for the whole region so that plans can be made based around providing the best possible integrated model. The Welsh Government should begin creating this vital provision here in Wales as soon as the safe accommodation review team have completed their work. This work must now accelerate at pace. The current crisis has highlighted the lack of this provision, as inpatient units have struggled to provide a service for all those children and young people who require admission. Some RPBs indicated when we met with them that they are ‘ready and willing’ to begin work on these facilities. I urge Welsh Government to engage with the regions to turn plans into action as soon as the review has concluded.

⁵⁰ Children’s Commissioner for Wales (2018) *The Right Way*. Available at:

<https://www.childcomwales.org.uk/resources/childrens-rights-approach/right-way-childrens-rights-approach-wales/>

⁵¹ Welsh Government (2016) *Having a Voice, Having a Choice: Children and Young People’s National Participation Standards*. Available at: <https://gov.wales/children-and-young-peoples-national-participation-standards>

Recommendation 5: The current Welsh Government review of 'safe accommodation' must lead to concrete action being taken to develop new residential provision in Wales for children with complex needs upon reporting.

Transparency and accountability

Children and young people and their families should be able to easily access documents telling them about what work their RPB is doing for them. In addition, families should be able to access information on care pathways across health and social care straightforwardly. Not only would this help inform families more broadly, it would also mean that they have a better understanding of how integrated care is designed around them, rather than seeing a CAMHS appointment or diagnosis as a 'golden ticket' to getting the help they need.

Recommendation 6: As the responsible body for the administration of funding for Regional Partnership Boards, Welsh Government need to demonstrate leadership by clarifying their responsibility for the framework within which Regional Partnership Boards operate. Welsh Government should ensure that robust accountability mechanisms are in place for Regional Partnership Boards to report on their work on multi-agency arrangements for children with complex needs, including transitions to adult services. This should include proactively reviewing Regional Partnership Boards' Area Plans and monitoring progress against their ambitions through Annual Reports and meetings.

Recommendation 7: Regional Partnership Boards should work with the Together for Children and Young People Programme (2) to explore how they can better organise and publicise the role and work of the Regional Partnership Boards to make it more accessible to families. This should include accessible descriptions of multi-agency pathways for children with complex needs, as well as those projects which are of direct relevance to children and their families.

Citizen and third sector representation on the Boards

Citizen representatives and third sector stakeholders told us there isn't enough representation of children and young people's issues on the Boards, or enough representation of or engagement with the third sector, which provides input as they have a view across children's services. Every RPB should review its current membership from the third sector in relation to children with complex needs, and from professionals working specifically with children and young people with complex needs and their families. They should also review their approach to involving citizen representatives.

Recommendation 8: Regional Partnership Boards should work with citizen and third sector representatives who work with children and young people with complex needs to make sure they are sufficiently involved in meaningful work as part of the Board, and feel fully valued as equal partners by the statutory members on it.

Opportunities for shared learning

Further opportunities should be created for RPBs to learn from each other on their approaches to integrating services for children with complex needs. This exercise would allow for a comprehensive review of the

barriers facing RPBs, and what would help to overcome them. This shared learning exercise could be based around the recommendations of this report.

A shared language

While Boards will prioritise approaching issues for children with complex needs in different ways, it is important that there is a shared understanding across regions, and across services (particularly health, social care and education), of what is meant by complex needs and how we respond to those needs, and to emphasise that it must be a broad definition which is based on the experience of the child and their family. Welsh Government will need to engage with RPBs on how to embed this shared understanding across services.

Information and resource sharing

We should not be in situations where services are brought together to give a multi-agency response to an individual child's needs, but cannot all access the same information. Nor should we still be having disputes over using resources which should be viewed as shared regionally, not the property of individual agencies.

Recommendation 9: Welsh Government and the Together for Children and Young People Programme (2) should work with their partners and with Regional Partnership Boards to organise further shared learning events to focus specifically on a 'no wrong door' approach for children and young people with complex needs.

These shared learning events should include discussions of barriers between services' use of language (particularly but not confined to health, social care and education) around children with complex needs, in order to promote the new broader definition under the revised Part 9 statutory guidance, as well as being guided by the National Commissioning Board Wales' definition. The events should also include discussions of the issue of how information is shared and resources are pooled, and whether the current information sharing system needs improvement.

Relationships with other strategic partnerships

There should be a closer working between RPBs and PSBs where this is not already in place to avoid duplication of work, and to ensure that where funding is available it is put to best use based on the needs of the population of that area.

Recommendation 10: Regional Partnership Boards should develop a memorandum of understanding with Public Services Boards on potential cross-over issues where these related to children and young people, which includes an agreement on how to approach those issues which would benefit from joint working between Regional Partnership Boards and Public Service Boards, such as having arrangements in place for funding applications or joint commissioning.

Appendices

Appendix 1 – Glossary

Children with complex needs: This refers to the complexity of the services required to meet a child's needs, rather than the child themselves being described as 'complex'.

Children with learning disabilities: A learning disability is a reduced intellectual ability and difficulty with everyday activities – for example household tasks, socialising or managing money – which affects someone for their whole life. More context to issues affecting children with learning disabilities and the support they may need are available from Mencap⁵²

Neurodevelopmental services: These are services to support children and young people with a neurodevelopmental disorder, which includes Autistic Spectrum Disorder (ASD), Attention-Deficit / Hyperactivity Disorder (ADHD) and Tourette's Syndrome.

Behaviours that challenge / behavioural issues and trauma: For those children with complex needs, which can often be linked to trauma, which can lead to what is often referred to as 'emotional' or 'behavioural' issues. The term 'behavioural' can be problematic as it can be seen to place the responsibility with the child and their 'behaviour'. However, it is a term which describes actions by the child or young person which are difficult to respond to safely, and can be a danger to themselves and others. This report will tend to refer to 'emotional wellbeing' which should be read to include 'behaviours that challenge' or 'behavioural issues'.

⁵² <https://www.mencap.org.uk/learning-disability-explained/what-learning-disability>

Appendix 2 – Example of letter sent to all Regional Partnership Boards August 2019

Comisiynydd
Plant Cymru

Children's
Commissioner
for Wales

To: Chair Regional
Partnership Board

Via email only

6 August 2019

Dear Chair,

Thank you for agreeing to meet with me and members of my team this autumn.

As you know, we are visiting every Regional Partnership Board to find out more about every board's work in delivering the priority to establish integrated services for 'children with complex needs due to disability or illness and for children and young people with mental health problems', as set out [in the Social Services and Well-being Act 2014 - Part 9 Statutory Guidance \(Partnership arrangements\)](#).

I am looking at the work of Regional Partnership Boards in this area because I know that the offer for children and young people with complex needs looks different across Wales, and I want children and young people to get the best care possible wherever they live in the country.

My aims for this work are to:

- a) Build a picture of challenges and opportunities in developing multi-agency services that are responsive to the needs of children with complex needs including learning disability and mental health problems.
- b) Discover examples of promising developments that can be shared in other regions of Wales
- c) Explore the current arrangements for discussing and making decisions regarding children's services in each RPB
- d) Encourage the prioritisation of establishing integrated services for 'children with complex needs due to disability or illness and for children and young people with mental health problems'



Tŷ Ystumllwynarth/Oystermouth House
Llys Siarter/Charter Court, Phoenix Way
Abertawe/Swansea SA7 9FS
01792 765600

post@comisiynyddplant.cymru
post@childrenscommissioner.wales

comisiynyddplant.cymru
childrenscommissioner.wales

Croeso i gyswrtu yn y Gymraeg yn ogystal â'r Saesneg ac mewn unrhyw o fformatau.
We welcome correspondence in the medium of Welsh and English as well as alternative formats.

This letter goes on to discuss in more detail the information I would like to request is shared with my office in advance of our meeting, and a set of discussion points to inform the meeting itself.

Below are three cases studies which illustrate some of the experiences faced by young people and their families. These are real, but fully anonymised, case studies handled by my independent Investigations and Advice Service.

Examples of recent cases

Case Study A

Child A was just turning 18 when they contacted our office. They have a life limiting condition, and had been in the same foster placement (out of county) for a significant number of years. The lead social services team was the children's disability team.

The plan was for this young person to remain with the foster carers who would become Shared Lives carers. The foster carers de-registered as foster carers to allow for them to be assessed as Shared Lives carers to enable the young person to remain in their care. The assessment did not take place and this young person was now in a placement with unregistered carers.

The added complication to this case is that the young person has significant health needs and the two Local Health Boards involved were now disputing who has the responsibility for the health needs of this young person as they are now an adult.

Case Study B

Child B had taken an overdose which resulted in the young person being admitted to hospital. Since being discharged from hospital, Child B received no support, although the family were told that the young person would be able to access support in the community.

The family called the local CAMHS service and were told Child B is on the waiting list for an appointment with CAMHS but they were unable to provide a date.

The school were aware of the situation, but there was also a waiting list for their counsellor.

Social services told the family that it is CAMHS' responsibility to support Child B and as a result they did not offer any support.



Child B told their family that the thoughts that resulted in the overdose are back and the family were extremely concerned as they were unable to get any support for Child B. The family told us that Child B was discharged from hospital with no information about what they should do should the young person's symptoms return before the CAMHS appointment came through.

Case Study C

Child C, aged 16, contacted our Investigation and Advice service from a hospital where they had been detained under section 2 of the Mental Health Act. Child C had not been diagnosed with a mental disorder. Child C had been moved to the hospital following an incident at a child and adolescent mental health inpatient unit where the young person had broken doors in an attempt to get out, assaulting a police officer when police arrived to remove them.

Child C was placed at the hospital on an adult ward and supervised by two agency staff from the mental health unit they had been at. Child C was unable to return to the unit as they were unable to manage the young person's behaviour.

Child C was moved to another hospital, again on an adult ward, was segregated, and has the same agency staff they've had all along. A multi-agency meeting was arranged to agree next steps. The meeting was attended by 16 professionals, including one from the child's local CAMHS, the relevant social services department, and one of their lawyers. The meeting was chaired by the Clinical Director for CAMHS in the child's health board. Social Services maintained that they were not able to secure Child C in any form of secure accommodation as the young person was about to turn 17, and not subject to a Care Order.

My request to you

In order for me to determine whether the Boards are making substantial and effective progress on the integration of services for children with complex needs, due to disability or illness and for children and young people with mental health problems, including transition arrangements as required by the aforementioned statutory guidance, I would be interested in hearing more about the following in relation to the case studies above:



1. Your RPB members' assessment of the likelihood of such scenarios occurring in your region currently. What provision do you have in place that could assist these young people? How would you assess the current and future effectiveness of your board in terms of ensuring that young people do not 'fall between the gaps' because of service thresholds? If a decision cannot be agreed on a plan for care, what is the outcome for the young person?
2. Information about the governance structures you have in place to plan and deliver services for this group's needs, and the more particular arrangements designed for this group, particularly those with learning disabilities or mental health issues.
3. Information in relation to integrated service arrangements to support children with learning disabilities in their transition to adulthood, as well as general holistic care arrangements (as highlighted in my 2018 report, [*Don't Hold Back*](#).)
4. Details of the structures of support in place to cater for children and young people with mental health, emotional and behavioural issues, which may be part of wider complex needs, for both:
 - a. the 'Missing Middle' of those who do not reach the threshold for specialist CAMHS but require therapeutic and other interventions; and
 - b. the care and mental health needs of the small number of young people with very challenging behavioural and emotional difficulties, for whom there is currently very little suitable residential provision in Wales

We envisage that there will be an opportunity for discussion when we meet. To free up time at our meeting, therefore, I would like to request that a summary document addressing elements of the above questions, of no more than 4 sides of A4, is shared with us in advance of the meeting. You may also wish to follow up the meeting with further written information about the RPB's work and future plans in relation to the 4 requests above.

As well as visiting each Board, I'll be working to gather experiences from children, young people and their parents/carers. All the information collated will be analysed and I am planning to issue my findings in early 2020 along with any relevant recommendations.



Comisiynydd
Plant Cymru

Children's
Commissioner
for Wales

I hope that this information is helpful in advance of our meeting. Thank you once again for accommodating us. I look forward to our visit.

Yours sincerely,



Sally

Sally Holland
Comisiynydd Plant Cymru
Children's Commissioner for Wales



Appendix 3 – Summary of Recommendations

A pledge from the Children's Commissioner, Sally Holland:

"I will meet with all Regional Partnership Boards during the 2021-22 financial year to follow up on this piece of work, specifically to check in on progress against the following recommendations. I will invite young people to also meet with the Boards so that they have the opportunity to scrutinise each Board's progress."

Recommendations for Regional Partnership Boards:

1. As part of our national response to children and young people's mental health and well-being needs following this period of lockdown, all Regional Partnership Boards should plan and implement a 'no wrong door' approach to mental health and well-being which could include integrated teams, panel and hub models to provide timely joined-up help, drop in centres and plans for integrated residential provision where needed. All Boards should review their current Area Plan to ensure they are taking sufficient action to address the needs of children and young people with complex needs, and that local authorities and local health boards are truly working in partnership towards this. This should include consideration of the Plan in light of the Covid-19 pandemic and how this impacts on the remaining years of the Area Plan, and longer term strategies.
2. Regional Partnership Boards must ensure they are compliant with the newly amended Part 9 statutory guidance by:
 - Ensuring funding is not seen as 'held' by either the health board or the local authority, and that these arrangements are subject to a written agreement between partners. The funds should be owned by the whole region and all services should feel they have an equal stake
 - In light of the new statutory requirement for section 12 duties to extend to Regional Partnership Boards, all Boards should review their current arrangements for engagement and coproduction with children and young people. RPBs should use my *The Right Way* framework for taking a children's rights approach to working with children and young people⁵³ to guide their approach, alongside the National Participation Standards⁵⁴. This must include the Board itself hearing directly from children and young people, and for children and young people to be empowered to shape the work of the Board.
 - As part of their duty to support effective, integrated transition arrangements from children's to adult services, Regional Partnership Boards should publish multi-agency transition protocols, if they have not already, for children and young people with learning disabilities,

⁵³ Children's Commissioner for Wales (2018) *The Right Way*. Available at:

<https://www.childcomwales.org.uk/resources/childrens-rights-approach/right-way-childrens-rights-approach-wales/>

⁵⁴ Welsh Government (2016) *Having a Voice, Having a Choice: Children and Young People's National Participation Standards*.

Available at: <https://gov.wales/children-and-young-peoples-national-participation-standards>

considering how they deliver an approach so that the current multiple and pervasive issues of cross-local authority border and cross-sector disparities in transition arrangements are integrated as far as possible.

3. Regional Partnership Boards should work with the Together for Children and Young People Programme (2) to explore how they can better organise and publicise the role and work of the Regional Partnership Boards to make it more accessible to families. This should include accessible descriptions of multi-agency pathways for children with complex needs, as well as those projects which are of direct relevance to children and their families.
4. Regional Partnership Boards should work with citizen and third sector representatives who work with children and young people with complex needs to make sure they are sufficiently involved in meaningful work as part of the Board, and feel fully valued as equal partners by the statutory members on it.
5. Regional Partnership Boards should develop a memorandum of understanding with Public Services Boards on potential cross-over issues where these related to children and young people, which includes an agreement on how to approach those issues which would benefit from joint working between Regional Partnership Boards and Public Service Boards, such as having arrangements in place for funding applications or joint commissioning.

Recommendations for Welsh Government:

1. As the responsible body for the administration of funding for Regional Partnership Boards, Welsh Government need to demonstrate leadership by clarifying their responsibility for the framework within which Regional Partnership Boards operate. Welsh Government should ensure that robust accountability mechanisms are in place for Regional Partnership Boards to report on their work on multi-agency arrangements for children with complex needs, including transitions to adult services. This should include proactively reviewing Regional Partnership Boards' Area Plans and monitoring progress against their ambitions through Annual Reports and meetings.
2. Welsh Government will need to support Regional Partnership Boards with their long term strategies. This support will be needed more than ever because of the current circumstances, and should make clear how Welsh Government will make funding available to achieve better experiences and outcomes for children and their families. This should include system change that will help families experience a 'no wrong door' approach in every region such as integrated teams, panel and hub models to provide timely joined-up help, drop in centres and plans for integrated residential provision where needed.
3. Welsh Government should amend the *Partnership Arrangements and Population Assessments Regulations* to require pooled funding for a 'no wrong door' approach for children and young people.

4. The current Welsh Government review of 'safe accommodation' must lead to concrete action being taken to develop new residential provision in Wales for children with complex needs upon reporting.
5. Welsh Government and the Together for Children and Young People Programme (2) should work with their partners and with Regional Partnership Boards to organise further shared learning events to focus specifically on a 'no wrong door' approach for children and young people with complex needs.

These shared learning events should include discussions of barriers between services' use of language (particularly but not confined to health, social care and education) around children with complex needs, in order to promote the new broader definition under the revised Part 9 statutory guidance, as well as being guided by the National Commissioning Board Wales' definition. The events should also include discussions of the issue of how information is shared and resources are pooled, and whether the current information sharing system needs improvement.