



**Response to**  
**Together for Mental Health Delivery Plan 2016-19**

**Date:**

**March 2016**

NSPCC Cymru/Wales,  
Diane Englehardt House,  
Treglown Court,  
Dowlais Road,  
Cardiff CF24 5LQ

Tel: 02920 108 161 Email: [publicaffairs.cymru@nspcc.org.uk](mailto:publicaffairs.cymru@nspcc.org.uk)

# MAE POB PLENTYNDOD WERTH BRWYDRO DROS EVERY CHILDHOOD IS WORTH FIGHTING FOR

## About the NSPCC

We're leading the fight against child abuse in the UK and Channel Islands. We help children who've been abused to rebuild their lives, we protect children at risk, and we find the best ways of preventing child abuse from ever happening.

Abuse ruins childhood, but it can be prevented. That's why we're here. That's what drives all our work, and that's why – as long as there's abuse – we will fight for every childhood.

We help children rebuild their lives, and we find ways to prevent abuse from ruining any more. So when a child needs **a helping hand, we'll be** there. **When parents are finding it tough, we'll help.** When laws need to **change, or governments need to do more, we won't** give up until things improve. Abuse changes childhood. But so can we.

## Consultation response form: - *Together for Mental Health* Delivery Plan (2016-19)

**Overview**                      **Proposed *Together for Mental Health* Delivery Plan 2016-19**

**How to respond**              Responses should be submitted by 4 April 2016 to:  
[mentalhealthandvulnerablegroups@wales.gsi.gov.uk](mailto:mentalhealthandvulnerablegroups@wales.gsi.gov.uk)

Alternatively you can send the form to:

Mental Health and Vulnerable Groups  
Health and Social Services  
4<sup>th</sup> Floor, North  
Welsh Government  
Cathays Park  
Cardiff  
CF10 3NQ

**Further information and related documents**      Large print, Braille and alternative language versions of this document are available on request.

**Contact details**              If you have any queries on this consultation, please email:  
[mentalhealthandvulnerablegroups@wales.gsi.gov.uk](mailto:mentalhealthandvulnerablegroups@wales.gsi.gov.uk)

**Data protection**              How the views and information you give us will be used

Any response you send us will be seen in full by Welsh Government staff dealing with the issues which this consultation is about. It may also be seen by other Welsh Government staff to help them plan future consultations.

The Welsh Government intends to publish a summary of the responses to this document. We may also publish responses in full. Normally, the name and address (or part of the address) of the person or organisation who sent the response are published with the response. This helps to show that the consultation was carried out

properly. If you do not want your name or address published, please tell us this in writing when you send your response. We will then blank them out.

Names or addresses we blank out might still get published later, though we do not think this would happen very often. The Freedom of Information Act 2000 and the Environmental Information Regulations 2004 allow the public to ask to see information held by many public bodies, including the Welsh Government. This includes information which has not been published. However, the law also allows us to withhold information in some circumstances. If anyone asks to see information we have withheld, we will have to decide whether to release it or not. If someone has asked for their name and address not to be published, that is an important fact we would take into account. However, there might sometimes be important reasons why we would have to reveal someone's name and address, even though they have asked for them not to be published. We would get in touch with the person and ask their views before we finally decided to reveal the information.

Responses to consultations may be made public – on the internet or in a report.

If you would prefer your response to be kept confidential, please tick here:

## 1. Contact Details

Your name:	Cecile Gwilym
Organisation (if applicable):	NSPCC Cymru/Wales
Email	<a href="mailto:Cecile.Gwilym@nspcc.org.uk">Cecile.Gwilym@nspcc.org.uk</a>
Contact telephone number	02920 108 051
Your address	Diane Englehardt House Treglown Court Dowlais Road Cardiff CF24 5LQ

## 2. Are you responding as an individual or on behalf of an organisation?

Please tick box.

<b>Individual</b>	<b>On behalf of an organisation</b> (please tell us which organisation)
	NSPCC Cymru/Wales

### 3. Structure of delivery plan

*Together for Mental Health*, the Welsh Government's 10 year strategy to improve mental health and wellbeing was published in 2012 following significant engagement and consultation with key partner agencies, stakeholders, services users and carers. It is a cross-government strategy and covers all ages, ranging from a whole population approach in improving the mental well-being of all residents in Wales, through to the support needed for those with a severe and enduring mental illness. The strategy consists of five chapters and is underpinned by 18 outcomes. These were subject to detailed formal consultation in 2012 and remain unchanged for the lifetime of this delivery plan. These outcomes have been mapped to the Goals contained within the Wellbeing of Future Generation (Wales) Act 2015.

Following feedback from stakeholders we have laid out the priority areas, by subject, detailing links back to the relevant chapter areas where required for ease of reading.

#### Question 1

<b>Do you feel that there are any priority areas missing from the delivery plan? Please tick appropriate box</b>		
Yes	No	Partly
Where you have ticked 'Yes' or 'Partly' please explain what you think these are.		
<p>NSPCC Cymru/Wales welcomes the opportunity to comment on the draft Together for Mental Health Delivery Plan 2016-19.</p> <p>We strongly support the <b>clear focus of the Delivery Plan on improving mental wellbeing for children and young people</b>: out of the 10 priority areas, 3 clearly refer to children and young people.</p> <p>This is to be welcomed in the context of a "cradle to grave" mental health strategy. We expressed concerns when Together for Mental Health was published in 2012 about taking a people approach to mental health and felt that the specific needs of children and young people could be overlooked as part of such an approach.</p> <p>While it is good to see that the Welsh Government is seeking to focus clearly on improving mental wellbeing outcomes for children and young people, we feel that <b>some areas of the Delivery Plan need to be strengthened so this can be achieved</b>. We will detail areas which we feel need revising in our answer to other consultation questions.</p>		

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**Question 2**

**Within each priority area we have identified a number of goals and key actions. Do you feel these are the right ones? Please tick appropriate box**

Yes	No	Partly
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Where you have ticked 'No' or 'Partly' please provide an explanation and any alternative suggested wording. In your answer please state which priority area/goal or key action you are commenting upon.

As previously stated, we feel that some of the key actions and performance measures in the plan need to be tightened to ensure that **improvements to mental well-being outcomes for children and young people can be both achieved and evidenced.**

**Priority area 2: All children and young people are more resilient and better able to tackle poor mental well-being when it occurs**

*2.1 To develop the resilience and emotional well-being of children and young people in Wales in educational settings.*

The focus on improving emotional well-being within educational settings is welcome, particularly as children and young people have told NSPCC Cymru/Wales that they feel that schools are currently putting results and academic achievement first. As part of a research project about the early support provided by education and early years services to children who experience low-level neglect <sup>1</sup> we received the following feedback:

*“You could probably put a child in front of their faces and they’d be blind to it. You could probably stand there with a massive sign over your head-Young carer- and you could walk around the whole school and teachers would be like “Oh, alright bud?”, and they don’t care. All they care about is grades and attendance and that.”* Young Carer

As a result, we strongly support the development of the Health and Wellbeing Area of Learning and Experience as part of the new curriculum. **A**

<sup>1</sup> Newbury, 2015, unpublished.

**key plank of this work in our view is to ensure that all children and young people in Wales have access to quality preventative education through compulsory PSE/SRE.** This will empower children and young people to protect themselves, contribute to preventing abuse, and ensure that they are more resilient and able to tackle poor mental well-being.

We support the use across Wales of a multi-agency module encompassing health, education and social care. It would be helpful to outline in more detail what the training entails, and to have a **corresponding performance measure which captures the impact of the training on staff and service users**: for example, a performance measure could seek to capture levels of confidence among staff.

It is welcome that one of the performance measures focuses on how children and young people feel (Life satisfaction rating). However, we think it would be also be helpful to capture **how confident children and young people feel about talking about well-being issues** within the school context. This is particularly important as an NSPCC study of childhood disclosures<sup>2</sup> shows that disclosing abuse is a difficult journey and 90% of the young people had had negative experiences at some point, mostly where the people they told had responded poorly. The young people involved in the research said they wanted: someone to notice that something was wrong; they wanted to be asked direct questions; they wanted professionals to investigate sensitively but thoroughly; and they wanted to be kept informed about what was happening.

In view of this, we would recommend that the multi-agency training module which is currently being developed by the Together for Children and Young People Programme **features simple techniques to empower professionals to notice, ask and hear.** NSPCC Cymru/Wales has a specialist training consultant who would be pleased to assist with developing this aspect of the training. We would also be interested in being involved in the development of the measuring wellbeing toolkit for schools and services which is currently being taken forward as part of the resilience, early years and wellbeing work stream of Together for Children and Young People: we are planning a piece of work which we feel would be highly relevant to this agenda and will be in contact in the near future to discuss it with officials.

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<sup>2</sup> Allnock, Miller: No one noticed, no one heard: a study of childhood disclosures, NSPCC 2013. Available at: <https://www.nspcc.org.uk/globalassets/documents/research-reports/no-one-noticed-no-one-heard-report.pdf>

### **Recommendations:**

- **All children in Wales should have access to quality preventative education through the new Curriculum.**
- **The impact of the multi-agency training module for health, education and social care on staff should be captured in a performance measure.**
- **Performance measures should capture how confident children and young people feel about talking about wellbeing issues within the school setting.**
- **The multi-agency training module should feature simple techniques empowering professionals to notice, ask and hear.**

*2.3: To improve the well-being of children and young people at raised risk of poor mental well-being, which particular attention given to (...) LAC.*

The focus on improving the mental well-being of children in care is particularly welcome. However, we feel that **associated key actions could be further developed to ensure that the care system does meet the needs of this vulnerable group of children and young people.** While NSPCC Cymru/Wales acknowledges the work being currently undertaken by the Welsh Government on reducing the numbers of children who enter the care system in the first instance, we feel that a **whole system approach is needed to redesign care** in a way that fully addresses children's mental health and emotional well-being.

In partnership with four local authorities, three in England, and one in Wales, the NSPCC conducted a programme of field work during 2014/15, interviewing looked after children and care leavers, their carers and professionals from health and social care services, to understand their views on how the care system currently supports young people's emotional well-being and what changes they would like to see. A briefing has been produced summarising the key issues and priorities arising from the project for Wales.<sup>3</sup> Based on the fieldwork and research for this project, the NSPCC and our local authority partners identified five priorities for change, which would improve support for the emotional well-being of children in care. These are:

<sup>3</sup> <https://www.nspcc.org.uk/globalassets/documents/research-reports/achieving-emotional-wellbeing-for-looked-after-children-cymru-wales-briefing.pdf>

- Embedding an emphasis on emotional well-being throughout the system
- Taking a proactive and preventative approach
- Giving children and young people voice and influence
- Supporting and sustaining children's relationships
- Supporting care leavers' emotional needs

Drawing on the key recommendations from the project, we suggest the following key actions for goal 2.3:

- **Developing a local strategy about how the emotional well-being of looked after children will be assessed, monitored and supported and ensuring that a spectrum of evidence-based services are commissioned to respond to looked after children's mental health needs.**
- **Ensuring that robust data on the mental health of children who need care and support is gathered and analysed to inform strategic planning, through the population needs assessments introduced by the Social Services and Well-being (Wales) Act 2014.**
- **Monitoring the implementation of part 6 of the Social Services and Wellbeing Act (2014) to ensure that all children who enter the care system have access to an early assessment of their mental health needs, which informs the care and support planning process.**
- **Involving children and young people in service design to ensure that services meet their needs.**
- **Supporting foster carers to help them understand and address the emotional needs of looked after children.**
- **Supporting relationships between looked after children and their birth families where possible and appropriate.**
- **Ensure adequate mental health and emotional well-being support for care leavers, including those who are not eligible for the I am Ready scheme.**

Suggested performance measures for goal 2.3 :

We feel that the third performance measure under 2.3 should be reworded. Performance measures should not only seek to capture the number of

children in care who have mental health issues, but **rather how the care system is helping them to address these issues and get better.**

For this reason, we suggest that **robust outcome measures should be gathered at local level to monitor the emotional well-being and mental health of looked after children.** Data should focus for example on the number of looked after children who receive an initial mental health assessment, and on the number of looked after children with mental health issues who have a care and support plan in place addressing these issues.

We also feel that **children on child protection registers** should be identified as being at raised risk of experiencing poor mental health: the main reason for being on a child protection register in Wales remains neglect. We know that neglect has a significant impact on a child's future development and life chances and is likely to result in poor emotional well-being and mental health. It is crucial that **children on child protection registers access the right support at the right time** to address emotional well-being and mental health issues arising from their experiences, in order to prevent problems from escalating.

**Priority area 3: Children and young people experiencing mental health problems get better sooner.**

*3.1 To enable children and young people experiencing mental health problems to access appropriate and timely services as close to their home as practical.*

We agree that it is crucial that the right support is available to children to help them recover. We will focus our remarks on children who experience mental health problems as a result of abuse and neglect.

The impact of abuse includes mental health problems such as anxiety, depression, substance misuse, eating disorders, self-harm, anger and aggression, sexual symptoms and age inappropriate sexual behaviour.<sup>4</sup> Receiving support can mean the difference between overcoming their trauma, or a life shaped by the horror of their experiences. The NSPCC has recently launched a UK campaign, It's Time, calling on governments to ensure that children who have been abused and neglected can access the right support at the right time to overcome their trauma.

Over 2,900 children in Wales were identified as needing protection from abuse last year.<sup>5</sup> 2014 also saw a sharp increase of 26% in the number of

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<sup>4</sup> Lanktree, C. B, Gilbert, A. M, Briere, J, Taylor, N, Chen, K, Maida, C. A and Saltzman, W. R (2008) Multi-informant assessment of maltreated children: convergent and discriminant validity of the TSCC and TSCYC. Child Abuse Neglect 32 (6) pp. 621-625

<sup>5</sup> Welsh Government (2015): Children on Child Protection Register by local authority, category of abuse and age group [Cardiff]: Stats Wales

recorded sexual offences against children aged under 16.<sup>6</sup> Unfortunately, evidence shows that it can be difficult for children who have experienced abuse and neglect to access support. In 2015, there was a 124% increase in ChildLine counselling sessions relating to mental health and wellbeing that mentioned problems accessing services across the UK. In Wales, we know that there has been a considerable increase in the number of children and young people referred to CAMHS services and waiting for treatment in the last four years.<sup>7</sup> This is supported by a survey we have conducted with professionals about the level of support available to children and young people who have experienced abuse. We asked health, education and social care professionals whether the current provision of therapeutic services is meeting the needs of children for whom the effects of abuse or neglect are a primary concern. Although the Welsh response sample is limited, results indicate that the level of service provision is currently insufficient to meet need.<sup>8</sup> **That is why we are pleased that the Welsh Government has committed an additional £7.6 million a year to CAMHS. We would like to see it used to ensure that children who have been abused and neglected get the support they need to recover, at the right time.**

To ensure this is achieved, we would suggest that the following key actions are added under 3.1:

- **Children and young people who develop mental health problems as a result of abuse and neglect receive the right support at the right time to help them overcome their experiences.**
- **A Wales-wide review of therapeutic services is conducted with a view to strengthening provision of evidence-based , children-centred services so the needs of children who have been abused and neglected can be met wherever they live.**

This could be monitored using the following suggested performance measures:

- **Robust data is collected on the number of children who have been abused and neglected and receive support to overcome their experiences in order to inform the commissioning of services.**
- **Number of population needs assessments under the Social**

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<sup>6</sup> Jutte, S. et al (2015) How safe are our children? The most comprehensive overview of child protection in the UK. London: NSPCC

<sup>7</sup> National Assembly for Wales, Children, Young People and Education Committee Inquiry into child and adolescent mental health services (CAMHS)

<sup>8</sup> 97% of professionals (135) said there are not enough CAMHS services. 98% of professionals (127) said there are not enough “other” therapeutic services such as counselling, CBT and attachment based therapies.

**Services and Wellbeing (Wales) Act 2014 including the needs of children who have been abused and neglected and appropriate strategies and support in place locally.**

### Question 3

**Do you think we have the correct balance between improving the mental health and resilience of the whole population and the care and treatment for those individuals with mental health problems?**

Yes

No

Partly

Where you have ticked 'No' or 'Partly' please say what are the gaps / actions you would propose were added.

NSPCC Cymru/Wales welcomes the emphasis on **prevention** and on improving the resilience of the whole population as well as ensuring appropriate care and treatment for those individuals with mental health problems.

**Priority area 1: All children have the best possible start in life which is enabled by giving parents/care givers the support needed.**

Child abuse is action by a parent, carer, other adult or child that results in significant harm to a child. NSPCC Cymru/Wales believes that the context in which we live shapes all of our behaviours, including abusive behaviour and this means that abusers tend to be made and not born. Abuse can happen to any child, in any family. However certain things make abuse more likely to happen and the more risks are present, the more likely it is that abuse will occur.

We believe that influencing factors on an individual's behaviour can be identified and therefore it is possible to prevent abuse before it occurs. Issues such as inadequate housing, **poor mental health**, domestic abuse, or substance misuse problems are all known **risk factors for all forms of abuse and neglect**. We want more attention to be given to support families facing adversity and we believe problems should be addressed early. These

stressors often occur together and have a cumulative effect- the more of them there are in a family, the greater the risk to the child.<sup>9</sup>

**For this reason, we strongly support the emphasis given by the Welsh Government in this Delivery Plan to supporting parents and care givers to give children the best start in life.** However, we would like to suggest ways in which this could be strengthened.

*1.1 To provide better outcomes for women, their babies and families with or at risk of, perinatal mental health problems*

NSPCC Cymru/Wales agrees that focussing on perinatal mental health is crucial.

Every new parent wants to do the best for their children but certain experiences and difficulties can affect the ability of parents to provide the warm sensitive parenting that babies and children need. 10% of women in the UK suffer from perinatal mental illness, which if left untreated can have a devastating impact on them and increase the likelihood of their children experiencing behavioural, social or learning difficulties. Evidence indicates that the first thousand days, from pregnancy to the child's second birthday, is when crucial brain connections are formed and when the bonds between children and care givers are formed.<sup>10</sup>

As part of its All Babies Count spotlight series on issues which affect families from pregnancy through the first years of life, the NSPCC has published the report Prevention in Mind, which focusses on perinatal mental health.<sup>11</sup>

Drawing on the recommendations from this report, we would like to suggest the following key actions for goal 1.1:

- **Universal services must be able to identify issues early and ensure that all women get the support they need.** This includes ensuring that perinatal mental illness is incorporated into pre-registration training for all midwives, health visitors and GPs with regular refresher training. Every maternity service should also have a Specialist Mental Health Midwife to champion the needs of women with perinatal mental health illness.
- **Timely psychological support must be available to all expectant and new mothers with mild or moderate mental illness.** This includes ensuring that there are evidence-based individual and group

<sup>9</sup> Jutte, S., Bentley, H., Miller, P. and Jetha, N. (2014). How Safe Are Our Children (2014)? Data Briefing, Available from: <http://www.nspcc.org.uk/globalassets/documents/research-reports/how-safe-children-2014-data-briefing.pdf>

<sup>10</sup> Welsh Government (2015) Chief Medical Officer for Wales Annual Report 2014-15: Healthier, Happier, Fairer. Available from: <http://gov.wales/docs/phhs/publications/151014cmoreporten.pdf>

<sup>11</sup> Hogg S, Prevention in Mind. All Babies Count: Spotlight on Perinatal Mental Health, London, NSPCC (2013). Available from: <https://www.nspcc.org.uk/globalassets/documents/research-reports/all-babies-count-spotlight-perinatal-mental-health.pdf>

therapeutic services available in every area. (see key action 1.1 ii on p.8).

- **Women should be able to access specialist perinatal mental health teams and inpatient units when necessary.** This includes ensuring that every area has a Specialist Perinatal Mental Health Services and that every new mother who needs inpatient care in Wales is able to access a nationally accredited Mother and Baby unit.
- **Services must address the impact the impact of perinatal mental illnesses on babies and other family members.** This includes involving and supporting fathers.
- **There must be strategic commissioning of perinatal mental health care based on need.** This includes developing and delivering a perinatal mental health strategy in every local area. There must also be local clinical leadership in each area to champion the needs of women with perinatal mental illness.

We would also like to offer the following comments on the draft performance measures under 1.1:

- It is unclear why a figure of 10% of new mothers has been identified as a measure of success. The performance measure should read: **“100% of women identified as being at risk of perinatal mental illness are in contact with community perinatal support.”**
- The performance measure relating to women having serious mental health problems should read: **“100% of women who are identified as having serious mental health problems such as psychosis or bipolar disorder are offered appropriate support by services during every pregnancy.”**
- We support a performance measure regarding the uptake of training programmes but suggest it is reworded to: **“the uptake by universal services professionals of training programmes to improve recognition, awareness and management of perinatal health problems.”**
- The final performance measure regarding the use of the Baby Bump and Beyond resource should include more evidence of how the resource is helping expectant and new mothers: for example, the performance measure could read **“number of expectant and new mothers reporting enhanced wellbeing as a result of utilising Bump, Baby and Beyond Resource”**.

*1.2 Parents are supported to promote resilience and positive attachment during infancy and early years.*

Child development is a dynamic process – through which a child is transformed from reacting to sensations and being dependent on carers to

becoming independent and making sense of the world. Babies, children and young people have many needs, both physical and emotional. Meeting these needs is crucial for optimal child development and failure to meet some or many of these needs, whether consistently or intermittently, is child neglect. To prevent this, babies and children need responsive and sensitive parenting to ensure all children can fulfil their potential.

We would like to suggest adding the following key actions under 1.2:

- **Health Boards to adopt a relationships-based approach to perinatal education in Wales:** The NSPCC Baby Steps service, which is provided through our Swansea Service Centre, has been developed in collaboration with academics and using a growing evidence-based. The programme is offered to vulnerable families from the 7<sup>th</sup> month of pregnancy through to post birth and helps them to face the pressures of looking after a new baby rather than just the birth itself. The NSPCC carried out an evaluation of Baby Steps in 2015.<sup>12</sup> Results suggested that parents having attended the programme will be **better equipped to provide sensitive, responsive care to their babies**, which may ultimately result in these children having better long term outcomes. The Blackpool Better Start Partnerships has recently adopted Baby Steps as a perinatal programme which is offered to all families on a rolling basis.

Offering Baby Steps on a **rolling basis to vulnerable families across Wales would in our view be key to supporting parents promote resilience and attachment in the early days**. We would welcome the provision of Baby Steps as a key action under 1.2.

- While we welcome the intensive support given to children aged 0-4 in Flying Start areas, we **believe that all young children and families outside Flying Start areas should be provided with an enhanced health visiting service together with targeted evidence-based programmes to help address issues early**. This should also be included as key action under 1.2.
- As a key action under 1.2, we would also like to see the Welsh Government develop a **family support strategy that co-ordinates efforts nationally and locally to ensure children's needs are met**. This must ensure universal services provide early effective support to parents and targeted evidence-based services are available to address issues early. We would like to see the family support strategy **echo the call from Wales' Chief Medical Officer that 'Health Boards and partners should have a 'First 1000 days plan'**.<sup>13</sup> This should be accompanied by appropriate performance measures.

<sup>12</sup> Sally Hogg, Denise Coster and Helen Brookes: Baby Steps: evidence from a relationships-based perinatal education programme London, NSPCC (2015). Available at:

<https://www.nspcc.org.uk/globalassets/documents/research-reports/baby-steps-evidence-relationships-based-perinatal-education-programme.pdf>

<sup>13</sup> Welsh Government (2015) Chief Medical Officer for Wales Annual Report 2014-15: Healthier, Happier, Fairer. Available from: <http://gov.wales/docs/phhs/publications/151014cmoreporten.pdf>

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**Question 4**

<b>The introduction to the delivery plan provides information on the prudent health and care agenda. Do you think we should include any other actions in the delivery plan around the prudent agenda and how this is rolled out across Wales in terms of best practice?</b>	
<b>Yes</b>	<b>No</b>
Where you have ticked 'Yes' please explain what else you feel could be done?	
<p><b>The link between the prudent agenda and the content of the delivery plan could be made clearer:</b> for example, goal 5.3 clearly refers to co-production and it would be helpful to include this within the plan so it is <b>easier to track how the goals contribute to delivering the principles of prudent healthcare.</b></p>	
<p><b><u>Recommendation:</u></b></p> <p><b>The Delivery Plan should include clear reference to the principles of prudent healthcare when applicable.</b></p>	

**Question 5**

<p><b>Do you think the actions will provide a positive impact of the proposals for people with the following protected characteristics:-</b></p> <ul style="list-style-type: none"><li>• <b>Disability</b></li><li>• <b>Race</b></li><li>• <b>Gender and gender reassignment</b></li><li>• <b>Age</b></li><li>• <b>Religion and belief and non-belief</b></li><li>• <b>Sexual orientation</b></li><li>• <b>Human Rights</b></li><li>• <b>Children and young people</b></li></ul>
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Yes	No	Partly
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Where you have ticked 'No' or 'Partly' please explain why.

We believe that the Delivery Plan has **the potential to have a positive impact on mental well-being outcomes for children and young people** if the issues we have outlined in our response to previous questions are addressed. It is particularly important to **ensure that the performance measures are detailed enough** so the Welsh Government is able to properly track progress against the defined goals. Without this, it will be difficult to evidence change.

We are also concerned that **there is no explicit reference to human rights within the plan**. In our response to Together for Mental Health in 2012, we recommended that that the **realisation of children's rights should be clearly evidenced as a central concept throughout the strategy**. The delivery of mental health services for vulnerable children and young people is key to ensuring that they secure and realise their rights as outlined in the United Nations Conventions on the Rights of the Child (UNCRC), particularly in articles 24(access to health services), article 39 (recovery), article 19 (abuse) and article 12 (participation).

We welcome reference in the final strategy to embedding the UNCRC but feel that the strategy could be **clearer about exactly how it is fulfilling the due regard duty** and contributing to realising children's rights. **The Delivery Plan could be the tool with which this is achieved.**

For this reason, we would **wish to see clearer evidence that the realisation of children's rights is a key concept** in the Together for Mental Health Delivery Plan. This could **easily be achieved by mapping the priority areas against relevant areas of the UNCRC.**

- Recommendations:**
- **Performance measures should be detailed enough to ensure progress against the goals in each priority area is properly tracked.**
  - **Each priority area should be mapped against relevant areas of the UNCRC to demonstrate how it is embedded in the delivery of the Together for Mental Health Strategy.**

