Arolygiaeth Gofal Iechyd Cymru
Healthcare Inspectorate Wales

Estyn

Arolygiaeth Gofal Cymru
Care Inspectorate Wales

How are healthcare, education, and children's services supporting the mental health needs of children and young people in Wales?

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Foreword

Supporting the mental health and wellbeing of children and young people is crucial for their development and future, making it essential that they receive the right care at the right time. This joint inspectorate review, led by Healthcare Inspectorate Wales (HIW) alongside Care Inspectorate Wales (CIW) and Estyn, takes an in-depth look at how healthcare, education, and children's services are working to meet the mental health needs of children and young people across Wales.

The findings of this report highlight both progress and ongoing challenges. While it is encouraging to see improvements in early support and prevention services, significant gaps still exist, especially when it comes to providing timely and consistent specialist care for children and young people with diverse needs. The demand for Child and Adolescent Mental Health Services (CAMHS) remains high, and too often, children and young people find themselves falling through the cracks, unable to access the support they need. Current systems, including inconsistent eligibility criteria for accessing CAMHS and inefficient records management, must be addressed to prevent children and young people from being lost in the system. Particularly concerning are the barriers faced by neurodiverse and care experienced children and young people, who experience greater difficulties in accessing mental health services. The review also shines a light on the dedication and hard work of CAMHS, local authority, education and voluntary sector teams who are working tirelessly to support our children and young people, despite these challenges.

This report is an important step in identifying where services are succeeding and where more needs to be done. By continuing to listen to children and young people, families, and professionals, and by improving the systems and partnerships in place, we can work towards a future where all children and young people in Wales receive the care and support, they need and deserve. We need to ensure all children and young people in Wales, no matter who they are or where they live, can access mental health support when they need it.

We are grateful to the children and young people, families, and professionals who gave their valuable time to share their experiences with us. Your voices are essential in making sure we keep improving mental health services across Wales.

Alun Jones
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Summary

This report sets out the findings of a joint review focusing on how healthcare, education, and children's services in Wales are addressing the mental health needs of children and young people.

The mental health of children and young people has been a key area of focus for Welsh Government, policy makers, and professionals across healthcare, local authorities, education, and the voluntary sector. This review aims to assess progress, highlight challenges, and recommend areas for improvement in the system.

Recent years have seen advances in early help and preventative mental health resources, making support more accessible through schools, online platforms, and voluntary sector initiatives. However, despite these positive steps, our review highlights that challenges persist in ensuring that the right level of support is available at the right time and place to effectively meet a young person's needs. The availability of these services remains finite, and increasing public sector pressures are likely to place further strain on this provision.

For children and young people whose needs cannot be met by early help services, specialist care from Child and Adolescent Mental Health Services (CAMHS) may be required. While there have been improvements in reducing waiting times for initial assessments, our review identified significant barriers to accessing timely follow-up interventions, particularly for those with complex needs.

This includes delays in receiving treatment from both primary and secondary CAMHS services. There is a need to ensure that all children and young people receive consistent, timely care, regardless of where they live in Wales, to prevent any deterioration in their mental health.

The high demand for CAMHS services means that not all children and young people referred can be seen. As a result, some children and young people fall through the gaps, unable to access CAMHS or receive adequate support elsewhere.

This issue is particularly pronounced for neurodiverse children and young people with co-existing mental health needs, where pre- and post-diagnostic support services are often underdeveloped. Care experienced children, a group that was a focus of this review, are also disproportionately affected, with fragmented working and operational barriers between CAMHS and local authority children's services. Communication and information sharing between health board and local authority services require improvement, as demonstrated by instances where practitioners were unaware of each other's roles despite the child receiving support from both. Inconsistencies in risk management and communication were evident, particularly in formulating joint risk management plans.

One of the critical issues highlighted by the review is the inconsistency in the application of eligibility criteria and thresholds for accessing CAMHS. Feedback from children and young people, parents, carers, and professionals has revealed frustrations with the lack of transparency around these decisions. There is a clear need for Welsh Government and health boards to ensure greater clarity in the criteria and thresholds used by CAMHS teams and to improve communication with referrers and families regarding referral outcomes.

Our review also identified significant concerns regarding records management and information sharing across services. Current systems, both electronic and paper-based, are often inefficient and disconnected, leading to key information being missed or misplaced. This not only disrupts the continuity of care but also forces children and young people to repeat their traumatic experiences, adding to their distress. Addressing these issues is essential to ensure that services can work together more effectively and provide timely, coordinated care.

Despite these challenges, we found positive developments aimed at supporting children and young people in crisis. Initiatives such as Sanctuary Spaces and Crisis Hubs offer therapeutic environments for children and young people outside traditional emergency departments, often in partnership with voluntary sector organisations. These spaces provide a valuable alternative for children and young people in crisis, offering age-appropriate, safe, and supportive settings. However, demand for crisis intervention services remains high, with some children and young people only entering CAMHS following a crisis, or requiring crisis care while waiting for their intervention to begin. The review also noted increased funding in various areas of the mental health support system, contributing to the development of early help services and crisis care initiatives. However, concerns were raised about the sustainability of this funding in the face of rising demand and financial pressures across the public sector. This uncertainty makes it difficult for services to plan effectively and retain the skilled staff necessary to deliver high-quality care.

Education settings have played an increasingly vital role in providing mental health support to children and young people, with schools becoming a key access point for early help services. The review highlights positive developments in education services, including improved access to early and preventative support and school-based initiatives, such as the increased number of school-based counsellors and the positive feedback on CAMHS school in-reach services. Collaborative efforts and national initiatives, like the Whole School Approach to Emotional and Mental Well-being, have enhanced support for students. Additionally, schools have proactively established support hubs and implemented targeted interventions, such as art therapy and trauma-informed practices. However, challenges persist. The surge in demand for mental health services, exacerbated by the pandemic, has placed considerable strain on available resources. School leaders have highlighted a pressing need for additional staffing and specialist provisions, particularly as post-pandemic funding has been reduced.

While progress is evident, there is a need for more consistent and comprehensive support to effectively address these ongoing challenges Our findings highlight the need for further quality improvement and audit activities. There is a need to strengthen partnership working, improve the care provided to complex care groups, and enhance record keeping. A robust quality improvement framework should support reflective practice and foster constructive dialogue between teams and organisations.

Despite the challenges identified, we observed many positive initiatives and a high level of dedication from CAMHS, local authority services, and other professionals working across Wales. These teams are working tirelessly to support the mental health needs of children and young people, even in the face of increasing demand and resource constraints.

To move forward, it is essential that Welsh Government, health boards, local authorities, and education leaders work together to address the systemic challenges identified in this review. A unified approach is required to ensure that all children and young people, regardless of where they live or their specific needs, can access timely and appropriate mental health support. The focus must remain on creating a more responsive, equitable, and joined-up system of care that ensures children and young people receive the support they need, when they need it, so they can lead healthy, fulfilling lives.

We extend our sincere thanks to all the children and young people, parents, carers, professionals, and stakeholders who contributed their experiences and insights to this review.

Context

A range of intelligence held by HIW highlighted that the demand nationally for mental health support for children and young people is significantly above service capacity. This issue was exacerbated by the COVID-19 pandemic, resulting in a high number of children and young people waiting prolonged periods for specialist CAMHS assessment and intervention. Consequently, this led to some people not receiving timely support and care, and in some instances, their mental health deteriorated further.

Managing the mental health needs of a young person is not solely the responsibility of healthcare services. It also involves all service partners working with children and young people, including children's services and education services across local authorities in Wales. Children and young people often receive support from their parents, carers, schools, or peers, with additional mental health support primarily delivered through community-based services. This support typically comes from primary healthcare services, local authority teams, or education services. In recognition of this, HIW reached out to Care Inspectorate Wales (CIW) and Estyn, to ask if they would consider undertaking joint work (but led by HIW), to explore this area. This was agreed, and our joint terms of reference were published in January 2024.

In setting the scope for our review and conducting this work, we considered how children's rights are supported by a wide range of legislative and policy approaches, implemented by Welsh Government and adopted by public sector organisations in Wales.

The Rights of Children and Young Persons (Wales) Measure 2011 places a duty on Ministers (now Cabinet Secretaries and Ministers), to have due regard to the United Nations Convention on the Rights of the Child (UNCRC) when developing or reviewing legislation and policy. This extends to legislation as it affects children and young people, including the health and social care systems and within education services.

The report 'Mind over Matter' was published by the Senedd's Children and young people and Education Committee in 2018. Within it, a key recommendation highlights the need for an urgent shift towards early help and preventative approaches, and improved collaboration between health, local authorities, education, and others. In follow-up, the Committee published its report 'Mind over Matter: Two years on' in 2020, which highlights that change is starting to happen, and that people are committed to making things better to improve the emotional, mental health and wellbeing of children and children and young people. However, the report emphasises that change is not happening quick enough, and there must be a focus on a whole-system change, and that the impact of the pandemic makes progress more necessary than ever.

In 2018, the Children's Commissioner for Wales published the report; 'No Wrong Door: bringing services together to meet children's needs', and the 2022 follow-up report 'Making Wales a No Wrong Door Nation – how are we doing?'. Both made recommendations regarding the continued importance of early intervention and collaboration between public sector services. In addition, a later report; 'No Wrong Door Approach to Neurodiversity: a book of experiences', also makes reference to need for early intervention and collaboration across services.

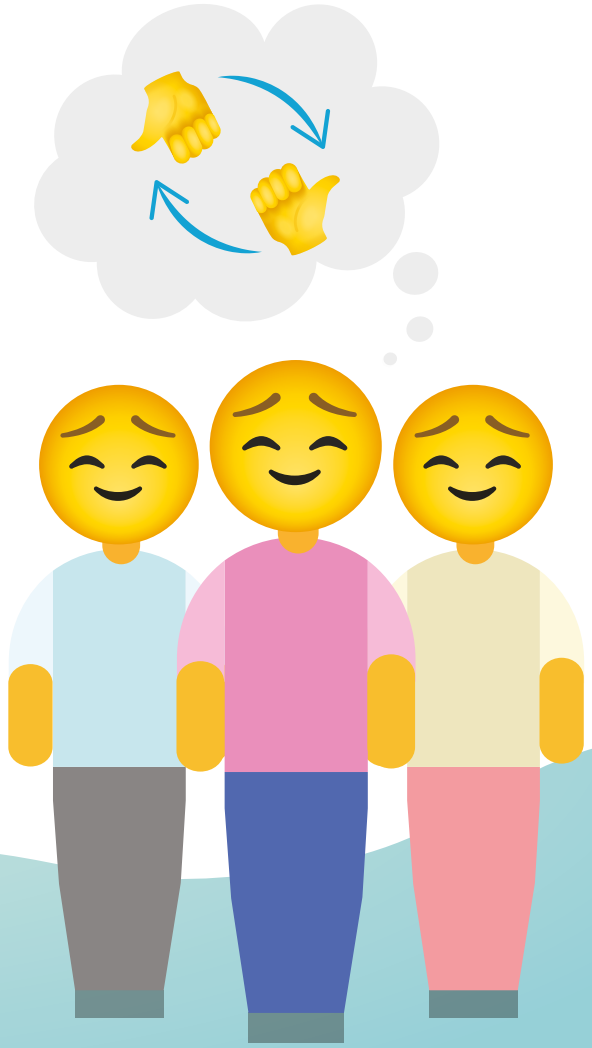
Strategic policy and operational developments, because of programmes, such as Together for Children and young people (T4CYP, 2015-2022), also facilitated multi-agency improvement through the implementation of key priorities for children and young people's mental health and wellbeing, including CAMHS, and this is reflected in the Legacy Report – Together for Children and young people programme.

In 2021, the NEST Framework for planning mental health, wellbeing and support services for children and young people and families was launched. Regional Partnership Boards (RPB's) use this as a means for implementing a whole system approach towards developing support services for children and young people, including mental health.

Since 2021, and through to 2025, Welsh Government's 'Framework on embedding the Whole School Approach (WSA) to Emotional and Mental Well-being' became statutory guidance to all schools and local authorities. Furthermore, in 2023, the Senedd's Children, Young people and Education Committee report: 'If not now, then when? Radical reform for care experienced children and children and young people' was published also emphasising this.

At the time of undertaking our review, Welsh Government's consultation for the new 10-year mental health and wellbeing strategy had been completed. In addition, a new CAMHS Service Specification had been drafted to help ensure greater consistency across Wales. It will be helpful for this report to be considered alongside these, when outputs and deliverables are formulated at regional and local service levels.

As outlined above, considerable attention has been given to this subject in recent years. It is important to note that the aim of our review was not to provide a comprehensive review of the CAMHS across Wales. Instead, it focused on the availability of, and access to the wellbeing and mental health support for children and young people within healthcare, children's and education services. This joint report consolidates the key strategic and operational challenges into national themes and findings.



What we did

Focus of the joint review

The focus of our joint review was to consider whether children and young people are receiving timely and effective support for their mental health needs. We concentrated on children aged 11 to 16 in mandatory education and considered the services available to support their mental health needs within healthcare, education, and children's services, before referral to, or assessment by specialist CAMHS.

The key question the review sought to answer is:

'How are healthcare, education, and children's services in Wales supporting the mental health needs of children and children and young people, as they wait for assessment, or who do not meet the criteria for specialist CAMHS intervention?'

Scope and methodology

We undertook our review in two key stages:

Stage one

Key documents and information were requested from all health boards to understand what mental health services are available across Wales, and to enable the overall review team to determine the locations of our onsite fieldwork. As part of this stage, we also interviewed both senior and service managers in all health boards, to further explore aspects the data submitted to us for clarity, and to discuss any identified issues.

Stage two

We selected a sample of three health boards to undertake our onsite fieldwork, and the local authorities within the selected health boards were determined by CIW. This was to help us gain a further understanding of how the mental health needs of children and young people are being supported, to help identify areas of noteworthy practice, any areas requiring improvement.

Our fieldwork took place across the following locations:

- Aneurin Bevan University Health Board (Aneurin Bevan) and Torfaen County Borough Council
- Hywel Dda University Health Board (Hywel Dda) and Ceredigion County Council
- Cwm Taf Morgannwg University Health Board (Cwm Taf Morgannwg) and Merthyr Tydfil County Borough Council.

We built upon our findings identified during stage one, by undertaking a joint case tracking review of children and young people's health and social care records. This was undertaken by HIW and CIW inspection teams. Through this approach, we considered the support provided to help children and young people's mental health needs, prior to, or following specialist CAMHS assessment.

To ensure we managed our work within the defined scope, we made a joint decision that the records we reviewed during our onsite fieldwork would focus on the needs of care experienced children. This group of children and young people have an increased likelihood of Adverse Childhood Experiences (ACES's). The complex needs of this group of children and young people potentially gives rise to a disruption in continuity of care, gaps in knowledge of health and social histories, geographical and boundary issues in accessing care, bureaucratic delays, other social detriments linked to socio-economic factors and engagement with education.

To ensure our findings were well-rounded and considered the breadth of services providing support to children and children and young people, Estyn undertook a comprehensive analysis of its main findings following inspection activity in schools and local authorities between September 2022 and March 2024. This included inspections within the following:

- 48 secondary schools
- 8 all age schools
- 5 Pupil Referral Units
- 12 maintained special schools
- 18 independent schools
- 9 inspections of local authority education service departments.

All Estyn reports can be found on its website.

Public and professionals engagement

We developed three separate national surveys for children and young people, parents and carers, and professionals from across health, education, and children's services.

We engaged with charity or third sector organisations, such as Mind Cymru and Children in Wales who provided us with access to members of their youth advisory boards, to help us ensure our surveys were appropriate and accessible for the target audience.

We launched our surveys online and circulated the survey links through health boards, the relevant local authority and education teams, on the HIW website and through our social media channels.

We received the following number of responses:

215 from children and young people

200 from parents/carers

91 from CAMHS professionals

76 from Local Authority professionals

17 from voluntary sector professionals

68 from primary care professionals

We also engaged with key stakeholders from our Review Stakeholder Group meetings, which were established on commencing our work and held at key points throughout our review. These meetings provided a broad range of perspectives and constructive feedback, with participation from key stakeholders relevant to this subject area.

As part of the fieldwork, HIW and CIW also jointly held nine focus groups. These were conducted for different staff groups, children and young people, and parent/carers.

Fieldwork review team

For each of the fieldwork locations, the review team consisted of a HIW Senior Healthcare Inspector (who led the overall review), a HIW Healthcare Inspector (who supported the lead and review team), four HIW Clinical Peer Reviewers with significant expertise in CAMHS, and a CIW Senior Local Authority Manager and Inspection Manager. An Estyn Education Inspector provided input throughout the review remotely.

What we found

Good mental health is essential to children and young people's well-being and is closely connected to their physical health, life experiences and future opportunities. Poor mental health can have many complex causes, often resulting from a combination of contributing factors rather than one. A key risk in maintaining the mental well-being of children and young people is ensuring they have access to the right support at the right time, and from the right service.

A key aim of the Together for Children and young people (T4CYP) programme was to facilitate a change of approach in how services support children and young people and the wider family, with their mental health and wellbeing. The T4CYP legacy report acknowledged that whilst specialist mental health support, such as CAMHS, is important and necessary, it must be provided early, to avoid escalation in mental health needs, requiring referral to CAMHS.

The support provided should be holistic, closer to the young person and family, and available through a 'no wrong door' approach, to ensure the right help is given at the right time. There is a consensus of these broad principles across many reports, such as 'No Wrong Door' and 'Mind over Matter', highlighted earlier. However, these reports highlight a lack of consistency in the availability of CAMHS and overall mental health support across all areas of Wales.

In response, Welsh Government implemented significant policy and funding drivers. These included national initiatives, such as the Whole School Approach, additional funding for specialist CAMHS services, and funding for Regional Partnership Boards (RPBs) to improve integration between health and social care services to support emotional wellbeing, mental health and complex needs.

It was important to all inspectorates involved in the review, that we hear the voices of children and young people, and consider their experiences where they have tried to seek help with their mental health needs. As highlighted earlier in the report, we engaged with children and young people through focus groups and our national online survey. We considered the findings from our engagement and in summary identified key themes.

Access to Support

It is disappointing that our children and young people's survey told us:

50% didn't know where to access support to help with their mental health or emotional wellbeing;

29% could access support when they needed it;

16% felt they could access the right amount.

Most children and young people felt that their family and carers were the most useful resource to help them with their mental health needs.

We also found that when children and young people received support for their mental health only

42% felt able to ask questions about their needs; and

50% felt their views were not considered before decisions were made about the support they should receive.

Furthermore, it is disappointing and concerning to note that:

83% felt their mental health needs affected their schooling the most, and sadly just;

37% said they were happy in school, and only half said they felt safe.

Within our survey, we received numerous comments from children and young people, although most reflected on the support provided by CAMHS. Some of the comments include:

> ***"Sometimes I was able to talk in counselling once I found a counsellor that I liked [and] didn't rush me, but then [they] left and now I'm waiting again."***

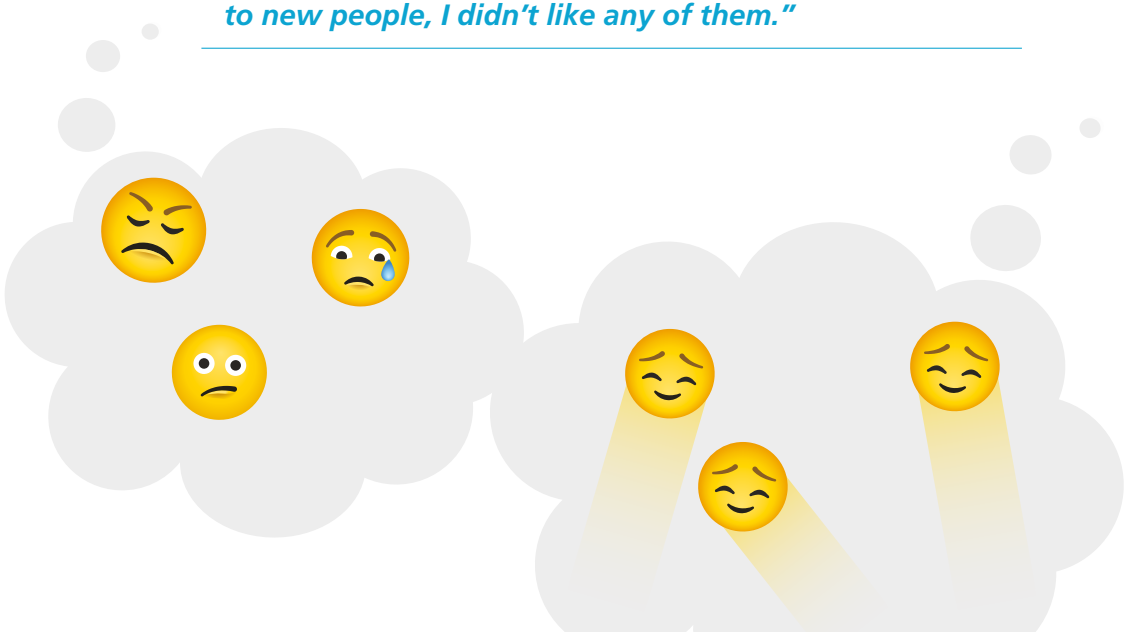
> ***"My therapy lasted five sessions. Then I heard that I was not ready for changes and the meetings were completed."***

> ***"Just as I started to feel an improvement, my sessions ended."***

> ***"I accessed the CAHMS counselling service and had a very supportive counsellor who adapted sessions to what I wanted to focus on."***

> ***"I think the once a week or every two weeks was good, but the total amount of appointments/sessions is not really enough to really make a difference."***

> ***"Treatment was disjointed, different people all the time - I didn't form a relationship with anyone - they didn't get to know me. I had to explain everything again and again to new people, I didn't like any of them."***



When children and young people referenced CAMHS as a key source of their support, 88% said they had accessed or tried to access CAMHS. It is concerning that 75% felt they were not offered any support whilst they waited for their CAMHS intervention to start, and for those who had received intervention, 64% felt this support did not help them. When receiving CAMHS intervention, we asked if they felt supported at each stage of their CAMHS journey, two thirds responded negatively, and only 26% said they would recommend CAMHS to other children and young people.

When we asked children and young people to tell us what was good about the overall support they had received for their mental health, very few responded. Of those who did, they said:

> ***"Helped me move to safer accommodation and helped me withdraw off drugs…"***

> ***"Evolve (Mind, Llanelli) were amazing and supported me straight away and when the support finished, I was referred to evolve youth club and my support worker checked in with me to see if I liked it. The youth club workers were amazing and have helped me and my friends through difficult times over the years."***

> ***"The CAMHS worker that I had last had a good relationship with me, and she helped me to open up about my struggles which the other CAMHS workers that I saw previously did not make me feel comfortable enough."***

A recurring theme in our review is that children and young people often feel they do not receive the support they need at the right time, and by the right service. This can affect important areas of their lives, both socially and educationally. Further findings about the experiences of children and young people seeking and receiving mental health support are highlighted throughout this section of the report.

Early support and preventative measures

In keeping with the key recommendations in the T4CYP legacy report, it was positive to find a breadth of early help and preventative services available to children and young people and families across Wales. Below are examples that demonstrate the range of services.

- **Within CAMHS and wider health:** NHS 111 press 2, School In-reach, Early Help Panels, Family Hubs, Sanctuary Space and Crisis Hubs, Neurodevelopment team, Paediatrics, Family Intervention Service, GPs
- **Partner agencies:** Social Worker (Children's Services within Local Authority, ELSA (Emotional Literacy Support Assistant), Educational Psychology, School Nurse or Youth Worker, Families First, MAPSS, MyST
- **Commissioned third sector services:** Kooth, Silvercloud, Area43, Place2Be, Adferiad, Mind Cymru
- **Third sector provided services/Self-help:** Young Minds, The Mix, Cruse, The Sleep Charity, Happy Maps, Tourettes Action.

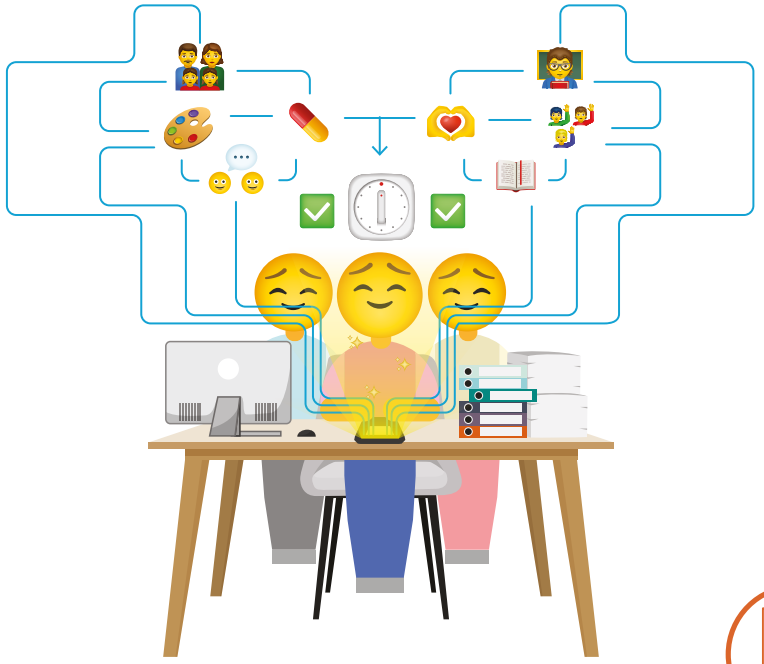
The services highlighted above, both new or longstanding, are examples of valuable resources available to children and young people, families and referrers. These have undoubtedly improved access to the 'front door' for children and young people and their families; by ensuring they can access a greater range of mental health support services. We did however identify a variation in how these services are delivered, how accessible they are throughout Wales, and how effectively they meet the mental health support needs of children and young people.

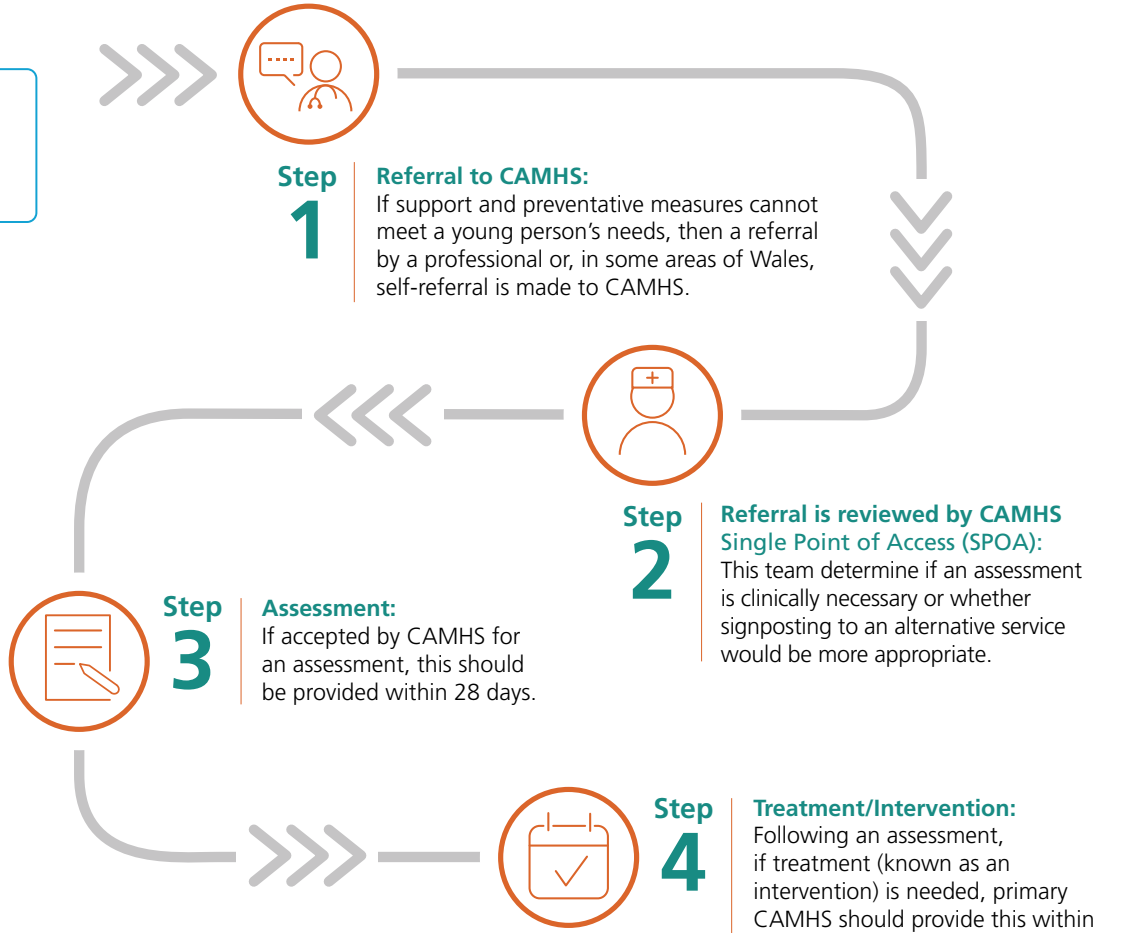
It was positive to note that a number of online or app-based services, such as Kooth, were available in an effort to engage hard to reach groups, such as children and young people who did not favour face to face support. Some CAMHS teams expressed concern however, that funding for some of these services was not confirmed beyond the current financial year and would likely increase demand on support provision elsewhere in the system, if funding were not available.

Despite the availability of services across Wales such as those noted above, significant ongoing challenges remain for children and young people who do not meet the threshold for CAMHS intervention and whose needs are not met by other support options. These challenges are evident for most children and young people, particularly those with more complex needs, such as care experienced children, where difficulties in accessing appropriate services or seamless pathways of care between organisations, limits timely and positive outcomes for this vulnerable group of children and young people.

Access to CAMHS

CAMHS teams are designed to provide care and treatment for children and young people with mental health needs. The services are generally structured into primary CAMHS, which provide support for initial and mild mental health presentations, and secondary CAMHS, which provide support for children and young people with moderate to severe mental health symptoms. Although some CAMHS services are integrated and do not differentiate between primary and secondary services. Access to CAMHS is usually through a referral, such as by a GP, local authority or education service.





Single point of access

It was positive to find that in response to the 'No Wrong Door' report findings, CAMHS teams across Wales have adopted a single point of access (SPOA) service. All SPOA services have an established and experienced nursing workforce in place, who act as a gateway into CAMHS. Their role is to triage referrals, provide signposting support and, where required, facilitate CAMHS assessments to establish a young person's mental health needs.

Whilst most health boards use traditional nurse triage as its SPOA model, some health boards and local authorities have established multi-agency SPOA or Early Help Panels. An example of this included the Single Point of Access for Children's Emotional (SPACE) Wellbeing in Aneurin Bevan, with each of the five local authority partners hosting a SPACE Panel. This facilitated effective multidisciplinary discussions, with a balanced, holistic and child-centred, approach. This was particularly beneficial in avoiding a repetition of previously used support services being offered to children and young people, that had failed to meet their needs. We also observed other Early Help Panels or Hub models providing a similar level of multi-agency working, providing clarity over access, and support resources for professionals and families alike.

These examples highlight the importance of partnerships working together in the best interest of children and young people. Therefore, this should be a key priority embedded across all healthcare and local authority services for children and young people.

Recommendation

Health boards and local authority partners responsible for supporting children's mental health and emotional wellbeing must evaluate their services to ensure that children and their families receive appropriate assistance from the right professionals on their first contact. This may be achieved by implementing multi-agency Single Points of Access (SPOA) or Early Help panels to streamline support and improve the efficiency of service delivery.

It is the role of SPOA teams to screen and triage each referral into CAMHS. CAMHS staff highlighted to us the pressures they are under with the volume of referrals they receive, and the appropriateness of some referrals. Their comments include the following:

> ***"CAMHS are inundated with referrals, and they do not have the staff or resources to meet the significant increase. This has meant that young people are on very long waiting lists. There are also a lot of inappropriate referrals being made."***

> ***"There appears to be a lack of understanding of emotional health [versus] Mental health by referrers who I feel would benefit from some training and updating on what CAMHS do."***

We found a wealth of SPOA structures and dedicated experienced teams who had helped to embed a degree of consistency in reviewing and triaging referrals into each service. Triage documentation however, appeared to vary between health boards, which led to disparity and variation in the information used and recorded by SPOA teams. Implementing an all-Wales approach for triage documentation may be of benefit to all children and young people for consistency and equitable access.

We did, however, find some positive examples to support consistent decision making. This included the joint use and evaluation of a standardised UK Mental Health Triage Scale between SPOA and NHS 111 press 2 teams in Hywel Dda, access to multidisciplinary team meetings within all health boards, and monthly practitioner case study meetings to reflect on decision making in Powys.

In general, at the SPOA stage we found good examples of communication and engagement with children and young people and their families or carers, which included the provision of bespoke resources and self-help tools to support them. However, we also found that timely and effective decisions about access to support, care, and treatment for some groups of children and young people could be strengthened.

During our review of children and young people's records across the three onsite fieldwork visits, we examined cases of those who did not meet the criteria for CAMHS assessment, those who had met the criteria and were waiting for CAMHS intervention, and those already receiving intervention. We found that triage and referral pathways were generally well followed, with effective review of referrals and clear identification of individual's needs, and support required by SPOA professionals.

We did however find some inconsistencies with communication between CAMHS and referrers, parents and carers. Some children and young people were not accepted for assessment, and whilst signposting support was generally satisfactory in the context of demand on services, some of the information given was too generalised. In some instances, it was unclear what the service being signposted to was, or how this support could be accessed. In one location, examples existed of limited to no contact with parents, carers and referrers at the point of referral, with a reliance on information contained within the referral alone to inform the triage and decision-making process.

We also found instances of limited or no contact with parents, carers or referrers until an appointment letter was issued for those accepted for an assessment. There is a need for strengthened communication in respect of this to ensure that interim safety advice and assurance is provided to children and young people, families and referrers.

When considering partnership responsibilities for supporting children and young people, we found barriers for those with more complex needs, such as care experienced children, who traditionally straddle multiple agencies to access CAMHS support. We found examples of conflicts between services about who should provide care and support, which sadly, can result in delays or unmet needs. In some instances, these conflicts have resulted in significant and potentially harmful delays due to inadequate and untimely access to care and a lack of clear ownership of the young person's mental health support.

In our professional's survey, 90% of CAMHS staff felt that the SPOA process is effective in providing children and young people with initial support. In contrast, many parents and carers reported that there is a lack of effective support for children and young people as they waited for assessment following triage or waiting for an intervention to start.

We found additional confusion amongst parents, carers and referrers over CAMHS access criteria or thresholds, and little understanding of what other appropriate support could be obtained. Despite this, we did find some positive examples where supportive conversations had been held by SPOA teams with families, which included appropriate safety advice, and clearly identified routes back into the service should clinical advice be needed promptly, or where a young person's needs have escalated.

When asked to provide us with feedback about the point of referral to CAMHS, and any assessment taking place, parent and carers generally provided negative feedback. Over 60% felt that the CAMHS process was not properly explained to them, and over 65% felt they were not given details of how to keep the young person safe at home whilst they awaited an assessment.

Primary care teams, who remain one of the most common sources of referrals into CAMHS, also provided feedback in our survey. Ninety-one percent felt that their referrals into CAMHS are rejected 'most of the time' or 'sometimes', and only 15% said that the reasons for the referral rejection and signposting to alternative support is provided consistently.

There was a significant number of comments provided by primary care respondents, and a summary of the themes is highlighted below:

- Much of the signposting information has already been provided by primary care teams, and SPOA responses repeat this, with little impact seen.
- Reasons for not accepting referrals are not provided.
- Referral to CAMHS is often a 'last resort', often without acceptance for assessment.
- Signposting responses often do not correlate with the reasons for referral and are too generic.

Despite some of the challenges identified by primary care respondents, a small number of CAMHS teams are working with GP clusters or are engaging more broadly with GP practices to strengthen partnership working for the benefit of children and young people. This is positive to note since these strengthen partnerships provide dedicated consultation times at practices within clusters and helps to facilitate timely access to CAMHS when necessary. Elsewhere, we also found some positive initiatives where CAMHS teams had delivered referrer engagement events to help inform them of the services provided by CAMHS, and guidance on how to ensure referrals made into the service are robust.

To maintain equity in children and young people's timely access to CAMHS, there is clear merit in strengthening links and engagement between all CAMHS and local primary care services across Wales to help reflect the themes we identified as highlighted above.

Recommendation

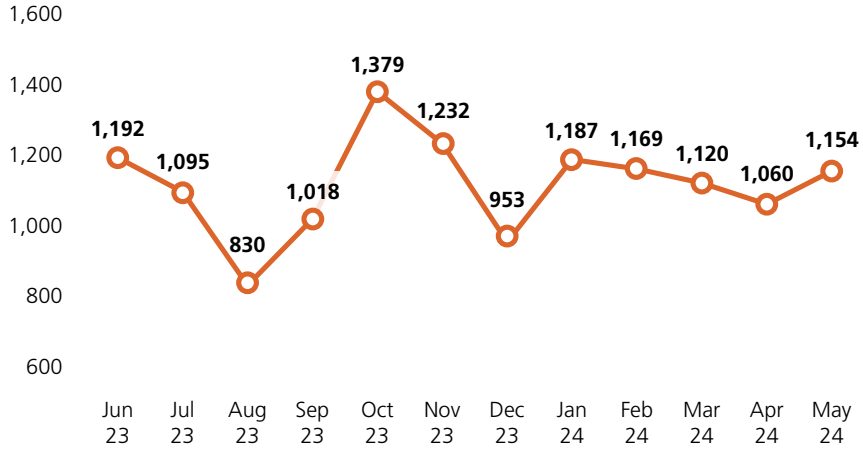
Health boards must:

- **Ensure their CAMHS teams reflect on their communication processes with parents, carers and referrers, and ensure timely communication and advice is provided, once a referral for assessment has been made.**
- **Explore the options available within their local CAMHS teams to facilitate a strengthened approach for communication and partnership working with GP clusters and/or directly with GP practices.**

Eligibility for CAMHS

Whilst not every referral into CAMHS may require specialist CAMHS support, the number of referrals CAMHS services across Wales receives each month remains high. This is creating significant demand on SPOA teams to triage and effectively communicate support and advice to all referrers, parents and carers. The following chart shows the volume of referrals into CAMHS services across Wales on a monthly basis, between June 2023 and May 2024.

Number of referrals for a LPMHSS assessment received during the month, for all-Wales:



This chart shows a generally consistent number of referrals into CAMHS services across Wales each month. The exceptions to this are the dips during the school summer holidays and in December, around the Christmas period. Whilst reasons for this were not established, it is likely attributable to reduced professional input (e.g. school in-reach teams) around children and young people, who would ordinarily make referrals into CAMHS on the young person or parents and carers behalf. Within the three fieldwork locations that we visited, we found a degree of variation in the rates of children and young people who are referred into CAMHS and are accepted for assessment over a 12-month period, ranging between 41-80%.

This variation itself warrants further exploration. However, it also demonstrates the demand and expectation on CAMHS from all referrers, children and young people and families to provide an effective solution for their mental health needs.

In the wake of the COVID-19 pandemic, feedback from health and care services indicated however that the threshold to access CAMHS had risen. This was echoed by children and young people, parents and carers, and professionals from all sectors, who felt that CAMHS is now inaccessible for many children and young people, or that they are not 'unwell' enough to access the service. This is despite needing more support than a GP or local authority service can provide on their own.

During our fieldwork, it was concerning to find that some health board teams could not fully articulate what access criteria or thresholds look like for their service. We also found variation in the rates of children and young people who are referred into CAMHS, triaged by SPOA teams, and who are subsequently accepted by CAMHS for an initial assessment. The scope of our review did not include a detailed analysis of data for referral to, and assessment by CAMHS teams; therefore, future work would be required to consider this, to understand the cause for variation across Wales. This is to fully appreciate the number of children and young people who do not progress to assessment from SPOA, whether the reasons are valid or not, and to determine if access to services is equitable based on the needs of the young person.

As highlighted earlier, the survey responses from both primary care professionals and parents and carers bring to light an on-going frustration with access to CAMHS. We asked parents and carers to provide feedback on their child's experience of accessing CAMHS for assessment. More than three quarters felt that the threshold/criteria were not adequately explained to them, neither was the rationale clear as to why a decision was made 'not' to accept a young person for assessment, following triage. The general theme gained from their feedback is typified by the comment below, which is based on one family's experience:

> ***"Early requests for help were turned down because our child did not meet thresholds for support - we recognised that there were difficulties, but they weren't 'bad enough' to require professional mental health support. We believe that earlier intervention would have helped us avoid reaching much more significant depression and anxiety later on. We have been told that unless a child is actively self- harming or seeking to end their life, there is no access to mental health services; help only in crisis situations means that mental health difficulties escalate unnecessarily."***

Local authority staff also shared their frustration with us in the survey, about children and young people accessing CAMHS. Their comments include the following:

> ***"It feels that CAMHS threshold is disgraceful and that concerns are brushed off as behavioural even though we are all trained to know that behaviour is a result of an underlying cause."***

> ***"Sometimes CYP do not reach threshold 'on paper' but as a professional, you know when someone is in crisis."***

> ***"The threshold to access supports seems to need to be close to death."***

Local authority teams also felt they would value improved signposting and information sharing when referrals are triaged by a SPOA. However, they also felt that CAMHS teams are generally a positive support to children and young people once they have been accepted.

Recommendation

Welsh Government, with health boards, must work collaboratively to consider a whole system view of CAMHS. They should review and standardise the criteria and threshold decisions applied by CAMHS teams across Wales to ensure consistent practices and eliminate existing variations. This should focus on:

- **Enhancing transparency regarding the criteria and thresholds for accessing CAMHS assessments and interventions.**
- **Developing clear, uniform guidelines that all CAMHS teams will follow to ensure equitable access to services.**
- **Implementing regular audits to monitor compliance with these standardised practices and address any discrepancies.**

Risk assessments

During our review of children and young people's records, we found that the risk assessments undertaken at the stage of SPOA and primary CAMHS intervention need strengthening. We found examples where poor documentation had led to an absence of appropriate risk formulation, and whilst we were verbally assured that all teams routinely manage risk, the records did not accurately or consistently reflect this.

When staff complete Wales Applied Risk Research Network (WARRN) risk assessments, we found these to be generally well completed by all teams responsible for a young person's care. However, following the assessment some records were either not easily accessible or updated in a timely manner, despite opportunities to do so. For instance, significant events that could alter a young person's risk profile should prompt a review.

For children and young people who underwent a specialist assessment, such as mental health crisis or for eating disorders, we found these to be generally well completed. However, in line with above, there were notable inconsistencies with updating assessments when appropriate to do so.

We also found an example of a three-month delay in uploading paper-based care documentation onto the care records system due to administrative backlogs. This can impact on the ability of communication across teams when planning care for children and young people. In addition, whilst we found evidence of therapeutic goal setting and nursing reviews, there were examples where these were generalised and not appropriately individualised to a person or were not reviewed at regular intervals.

Our records review of care experienced children, reflected the CAMHS triage and referral pathway. However, we found inadequate record-keeping regarding a young person's eligibility and the application of thresholds for progressing to assessment. Additionally, there was a lack of clarity on how decisions were made regarding whether to advance to a formal CAMHS assessment or not. This also included confusion amongst some professionals, in particular GPs and local authority staff, who felt they were not always appropriately informed of the reasons why their referrals were not accepted. This is a fundamental issue and is a point of contention for professionals, children and young people and their families. CAMHS teams need to ensure that a referrer's expectation can be better managed and understood. CAMHS teams across Wales must also provide clear advice and guidance on how to safely manage a young person's mental health needs, particularly when the referrer cannot manage the needs of the person themselves.

Overall, it was concerning that we found numerous issues with record keeping, which included ineffective electronic record systems and inefficient paper record systems, which were impacting on timely and appropriate interventions.

Recommendation

Health boards must reflect on the feedback from CAMHS referrers, parents, and carers to enhance transparency regarding the criteria and thresholds for accessing CAMHS assessments and interventions.

This process should involve revising the outcome letter templates used to communicate decisions following the Single Point of Access (SPOA) and CAMHS assessments, ensuring that they clearly convey the rationale behind decisions and improve overall understanding and communication.

Recommendation

Health boards must ensure improvements are achieved in relation to record keeping across all CAMHS teams. This must consider:

- **Ensuring the recording of clear rationale for a young person's eligibility for CAMHS assessment and intervention.**
- **Ensuring that CAMHS teams implement clinical record keeping audits to ensure all staff are maintaining robust documentation in line with their professional codes of conduct.**

The 'Missing Middle'

We identified groups of children and young people who sit in-between services, and consequently, their needs are not being met effectively elsewhere either. This has often been referred to as the 'missing middle', a term identified in the Mind over Matter report. This is where children and young people may find themselves ineligible for CAMHS intervention but are unable to find a suitable therapeutic or 'lower level' support to effectively meet their needs.

There have been developments in recent years to ensure appropriate support is provided closer to the young person and delivered at the right time. However, all organisations must consider the 'missing middle', and develop solutions to adequately guide referrers, children and young people and their families to other key support services when planning and delivering services. This is particularly important for children and young people who straddle primary and secondary CAMHS services, and those with complex and co-existing needs, such as care experienced children.

In response to our professional's survey, only 28% of CAMHS staff felt there is sufficient support to meet the needs of children and young people who do not meet the criteria or threshold for CAMHS intervention. In addition, 33% felt the same for those who are awaiting assessment or to start intervention. A representative sample of comments from CAMHS staff includes the following:

> ***"Sometimes there is information on signposting but it can be received negatively as some families only want CAMHS."***

> ***"There are very effective services, but I am concerned that the threshold is set too high, and even those who I have referred into service after very thorough assessments and liaison with school, home and CYP, [they] have not always met criteria. I also believe that some of the signposting is insufficient and not considered in line with the CYP needs, abilities and values."***

> ***"I think the quantity of services available is sufficient. The quality of multi-agency work (e.g. coordinating where to start (e.g. which service to start working, order of services involvement, shared goals, joint working, having similar agendas is what lets things down)."***

Despite these comments, we found that CAMHS teams were attempting to respond to local needs of children and young people. They were eager to trial initiatives, pilots and innovative ways of working, to help improve access and to provide timely support for children and young people when needed. Examples of initiatives include the following:

- Continued use of outposted staff, such as Youth Offender Services, and increased investment for in-reach provision, such as School in-reach.
- Supporting and upskilling teams closer to the young person, for example school nurses and health visitors, to understand and deliver low level interventions.
- Delivering ACES (trauma informed) training to professionals closest to children and young people.
- GP cluster pilots for early and self-referral within Hywel Dda and Swansea Bay.
- SPOA Roadshow's to all key referrers into the CAMHS service to help understand what services CAMHS can provide, and how to make a robust referral. We found 17 roadshows had been undertaken within Cwm Taf Morgannwg.

There is, however, a significant time and resource impact with successfully implementing the above in all areas across Wales, since many CAMHS teams are primarily focussing on delivering their core services and have little time to develop and implement new innovative ways of working.

Recommendation

Health boards and local authorities must collaboratively review their existing multi-agency working arrangements to ensure that effective forums are established for making decisions about children and young people's access to CAMHS services.

Post referral communication and support

When considering how services communicate to families and referrers, in general we found examples of signposting support within CAMHS assessment outcome letters that provided children, young people and families with support options for a breadth of presenting needs. There was, however, some degree of reliance on generalised information or self-help resources. Feedback from parents, carers, children and young people suggested that they did not always value this alternative method of support, and that it was often ineffective to meet their needs. Furthermore, some information resources sent to parents, children and young people were also found to be no longer accessible people. It would be beneficial for CAMHS services to reconsider the content, tone and style of outcome letters when communicating to children and young people, families and referrers. This could help increase uptake of early help and preventative resources to effectively manage needs.

We found that some CAMHS assessment outcome letters contained support information that was not consistent nor sufficiently tailored to individuals. In some cases, these letters contained an overwhelming number of resources, which risks poor continuity of support for children, young people and/or their families. This can lead to disengagement or difficulty accessing the most appropriate support for their interim needs. In addition, the availability of more substantial support, such as in-person support provided by voluntary sector organisations varied depending on geography, rurality, and local commissioning arrangements, resulting in inconsistent accessibility across Wales.

For children and young people accepted by CAMHS for a formal assessment, they should receive this within 28 days. However, we found that in some cases, there was a lack of signposting to support while waiting for the assessment. This gap occurred after acceptance but before the assessment took place. Whilst practical advice may be offered during phone calls to referrers or families, this was not always reflected within the children and young people's records we reviewed.

This issue partly arises because some teams do not communicate with referrers or families until an assessment date is confirmed.

Recommendation

Health boards must ensure that all CAMHS teams regularly review the availability of support services within their locality, across boundaries, and online. This should ensure that when signposting individuals to other services, the options provided are current, accessible, and relevant to meet their needs.

Recommendation

Health boards must review their referral outcome processes, including the letter templates and the sufficiency of information provided to better inform and engage patients, families, and referrers.

There is a disconnect between the experiences and expectations of children and young people and families and the professional opinions of CAMHS services regarding access to services based on individual needs. This disconnect undermines the objectives outlined in the 'Mind over Matter' report, which advocates for support based on the level of distress rather than the traditional tiered pyramid model of service.

Barriers remain for children and young people and referrers when attempting to access CAMHS, despite the efforts by CAMHS teams to ensure children and young people receive appropriate and proportionate support to meet their needs. With a risk that children and young people fall through the gaps when they cannot access CAMHS, and where other forms of support is not effective to meet their needs.

We found services are working hard to provide alternative forms of support whilst children and young people wait for interventions, such as the offer of evidence-based clinical group therapy. However, some children and young people, parents and carers do not favour this approach, and opt to wait for one-to-one treatment instead. This reluctance may be detrimental, as group support can still be beneficial. Therefore, it is important to promote the advantages of group therapy to children and young people and their families to ensure they receive some support during the interim period.

While staff believe that systems are in place for parents and carers to consult with CAMHS directly if they need to escalate concerns or report a deterioration in a young person's condition, these mechanisms are reactive. Although there are processes for reviewing children and young people based on the severity of their needs and risk levels, there is a significant reliance on families to re-contact services if there are changes in the young person's circumstances.

Recommendation

Health boards, children's services and education services must work together to review existing support mechanisms for children and young people who do not meet CAMHS criteria but require more than what lower-level interventions can offer. This must evaluate the effectiveness, accessibility, and reach of alternative support measures, such as group therapy and community-based programs.

These alternatives should be promoted effectively to children and young people and their families, ensuring their interim needs are met while awaiting formal assessment or intervention.

Mental health crisis care

Mental health crisis can occur where a person requires urgent help, for example if they are a risk to themselves or to others or are experiencing acute psychological or emotional distress. There are CAMHS crisis teams within all health boards across Wales. The crisis teams undertake risk assessments for children and young people who need urgent support when they are experiencing a crisis with their mental health, and where necessary, can provide brief interventions. The teams can also refer children and young people into secondary CAMHS teams or for more intensive treatment within the community, as an alternative to inpatient admission.

Through our review of clinical records, we found that sadly some children and young people who are waiting to start CAMHS intervention, or for those who have not been accepted for CAMHS treatment due to not meeting the access thresholds, repeatedly require crisis team interventions and Emergency Department (ED) visits.

This issue emphasises our concerns for children and children and young people not receiving the support or care they need, where the GP or other service partner feels they cannot manage the person's mental health needs alone, hence the original referral to CAMHS. If a person is not accepted for CAMHS assessment or intervention and slip in to the 'missing middle', then there is clearly a problem which must be resolved. Whilst this is a concern for some children and young people in Wales, they are not alone, and this issue also exists for numerous children and young people across the UK.

Crisis response

We found well-documented examples of timely and effective care and support provided to children and young people in crisis, including prompt reviews and risk assessments. However, we also found examples where children and young people did not receive a timely response despite presenting with high-risk needs, and where CAMHS teams failed to take effective action following assessment by a crisis professional.

Through our engagement with children and young people, and parents and carers, the general themes highlighted were that they felt that care and support should have been provided earlier, before reaching the point of crisis. In many cases, it was only after a child's mental health reached a critical stage that broader support was offered. Some of the comments we received from parents and carers include the following:

> ***"My child's decline in mental health should have been picked up sooner before crisis point"***

> ***"No we have been ignored completely… If you have a child in crisis, it may be too late."***

> ***"Once my daughter had started CAHMS sessions with a psychiatrist there was support in times of crisis, but it took a crisis to get the support."***

> ***"Just accessing the service required 3 crisis attendances at A&E that escalated each time."***

> ***"Too many children reach crisis point before anyone takes notice."***

These comments are concerning as they highlight instances where a young person's mental health had to significantly deteriorate before appropriate action was taken, increasing the risk to their safety.

We identified that EDs remain a common place of safety for children, young people and families seeking urgent help with their mental health. The ED environment is generally unsuitable for most children and young people experiencing a mental health crisis. EDs are often overcrowded, lack a youth-friendly or therapeutic setting, and involve prolonged waits for assessment by CAMHS crisis teams.

Our survey feedback from parent and carers in relation to emergency or crisis care obtained through an ED includes the following mixed comments:

> ***"We took my daughter to the ED where we waited for four hours before being told that CAMHS would not be seeing our daughter and that they advised to go home and follow the safety plan. We didn't have a plan! I have never been more frightened or angry in my life."***

> ***"My daughter was assessed by crisis team next morning after being hospitalised. Safety plan put in place, referred to psychiatrist, follow up appointments arranged for the next day and following week. Seen Psychiatrist within 10 days. Good clear communication across health professional's social services and police…"***

The feedback we received within our children and young people survey was similar and included the following:

> ***"I wish there had been crisis services available and that these could have been holistic for me and my family and not just an assessment at A and E each time I had to go there in order to tick a box and say they had seen me and assessed me."***

> ***"Support of Crisis Outreach Team very helpful, however… having a base closer to Blaenau Gwent as traveling to Newport is near impossible living in a deprived area."***

NHS 111 Wales

The NHS 111 telephone service is accessible 24 hours a day, seven days a week. People can call 111 to receive advice for urgent health needs (including dental), and what health services to access, how to manage an illness or condition, and how to access a GP when people's usual surgery is closed (out of hours). There is also The NHS 111 Wales online website, which provides additional advice and information to help people stay healthy and look after themselves, and guide them what to do, if they are not sure.

The service developed in 2023 and introduced NHS '111 press 2', which provides advice and support by a mental health professional, and is also available 24 hours a day, seven days a week, for people of all ages. By providing access to a mental health professional, without the need for a GP referral, the service can help support some people to manage a mental health crisis, and in many cases may be an alternative to attending an ED or calling the police. Whilst some children and young people referred to this as being an available source of support, we did not receive any comments about their experiences of using the service.

Safe spaces supporting mental health needs

In response to the recognised issue of EDs not being suitable environments for children and young people with mental health needs, it was positive to find that health boards have used 'Alternative to Admission' funding, provided by the Welsh Government, to open Sanctuary Spaces or Crisis Hubs. These have minimised the need for children and young people to attend ED or being admitted to hospital.

Sanctuary spaces have, overall, improved access for children and young people and offer a more youth friendly and calming environment, with risk assessment and/or referral to other services as required. We found a good example of improving services for children and young people at Bro Myrddin Wellbeing Hub in Hywel Dda, which had co-located the local crisis teams in the same building, to help undertake timely assessments and provide appropriate support.

Whilst there was some variation across Wales as to the availability and opening hours of these hubs, the implementation of these is a notable and positive development. We received some feedback from children and young people in relation to Sanctuary Spaces and crisis hubs, and the comments included:

> ***"The Hangout (Cardiff and Vale) has given me a safe space to talk. Not necessarily the best place to support long term, more of a short-term service."***

> ***"Crisis teams have been very supportive and helpful. Wasn't accepted by CAMHs. Staff at A&E have been very understanding and caring."***

> ***"It's a really welcoming space… and the staff are so friendly."***

Neurodevelopmental Services

We received a breadth of feedback from CAMHS services, children and young people, parents, and carers about access to, and support from neurodevelopmental (ND) services, which covers autism spectrum disorder (ASD) and attention deficit hyperactivity disorder (ADHD). Whilst ND services were outside the scope of our review, we found several children and young people with a neurodivergent condition, or who were awaiting assessments for this, but who had attempted to, or had accessed CAMHS services for co-existing mental health needs.

We found excessive and unacceptable waits for ND services in Wales, and sadly this is consistent across the UK. Whilst data for this is not publicly accessible, the Senedd Research services, found in June 2024, that as of December 2023, 16,817 children and young people were waiting for an ADHD or ASD assessment in Wales. Furthermore, in June 2023, 67.4% of children and young people had waited for an assessment more than the 26-week target set by Welsh Government.

Feedback from staff, parents and carers highlighted that there remains a significant lack of pre and post diagnostic support for neurodivergent children and young people. Parents and carer said that the lack of support whilst waiting significant lengths of time for an ND assessment had left themselves and children and young people in vulnerable positions. Some comments provided to us by parents and carers includes the following:

> ***"We are waiting a ND assessment. In the meantime, our child needs support with mental health, sensory difficulties, and has significant difficulties sleeping… It is not clear why the extremely long wait for a ND assessment precludes support with associated issues such as sleep."***

> ***"Reaching the point of referral to the ND pathway came about only when she was already in mental health crisis… Being put on a 2.5 year waiting list for a child who has already reached crisis, with no professional support during that wait is a massive problem for both wellbeing and lost education."***

Complexities of neurodiverse needs and CAMHS

Our engagement with CAMHS staff, particularly those who manage SPOA services, found that whilst CAMHS is often not the most appropriate service for ND support, the teams frequently feel compelled to provide support for people, due to a lack of provision elsewhere. In our survey, a representative sample of CAMHS respondents said:

> ***"We receive high numbers of referrals for young people who are neurodiverse. There are no intervention services for children in our health board and our assessment service is consistently inundated with referrals, with a current wait time of 3 [or more] years."***

> ***"Many CYP with suspected ND are referred to CAMHS due to no other services being in place to support them and the pathway for an ND assessment being so long. I feel that if more CYP received timely diagnoses of ASD or ADHD, then their schools would be better placed to support them, and fewer mental health issues would arise."***

Local authority teams also raised concerns with us from an education and care experienced child perspective and felt that a lack of ND support is putting strain onto foster carers, which results in children and young people's condition deteriorating, and foster carers being unable to continue supporting a young person. This can have a highly negative impact on children and young people in the event of a placement breakdown and was found to add additional pressure on already limited local authority placement breakdown, prevention initiatives, and therapies.

It was positive to identify some initiatives and pilots being developed within CAMHS services, to provide early and on-going support for children and young people with neurodivergent and co-existing mental health needs. These included joint clinics between CAMHS and NHS children's services, and information and advice lines that can provide appropriate signposting support for families; however, these were in their infancy. The lack of pre and post diagnostic support is certainly a cause for concern which has been raised in a range of report findings nationally, including that of the Children's Commissioner for Wales: A No Wrong Door Approach to Neurodiversity.

Whilst the issue of supporting neurodiverse children and young people with co-existing mental health needs is identified as a priority area within the 2022-2025 Welsh Government Neurodivergence Improvement Programme, it is important that improvements to the ND pathway remain a strategic priority whilst initiatives are developed, implemented and evaluated.

Recommendation

Welsh Government, with health boards, must explore how improvements are made with the accessibility of pre and post diagnostic support for neurodivergent children and young people, who have co-existing mental health needs. This should focus on identifying and addressing gaps in current support systems.

Timely support for mental health needs

As highlighted earlier, once a young person is referred to CAMHS, a SPOA team will triage (review) the referrals, and where appropriate, will undertake a CAMHS assessment. We found this assessment to be conducted in a timely manner. In contrast to this, we found that subsequent treatment or interventions by CAMHS are often not provided in a timely manner, which is a consistent issue across Wales. This includes children and young people with mild to moderate mental health needs, some of whom wait several months to begin treatment, during which time their condition may deteriorate.

When asked about their overall service, 51% of CAMHS staff felt children and young people are provided with a timely service. However, three quarters of respondents felt the most delays were between the point of a young person being assessed by CAMHS, to the start of their intervention. Their comments included the following:

> ***"I think this is really dependent on which area of the service they have been referred to and circumstances around this. Different areas of the service have individual wait times however as a service it is mSy experience that we are very responsive to professionals and families and adapt responses/wait times in line with this where required…."***

> ***"The wait for assessment is timely but the wait for intervention is unacceptable"***

> ***"I feel young people receive timely assessments from CAMHS, but due to staff shortages and long wait lists for interventions, I feel that young people wait longer than they should to receive any treatment."***

We found that CAMHS teams endeavour to provide interim treatments, such as group therapies, however, this was not always effective in meeting individual needs, and often, do not meet the expectations of children, young people and their parents or carers. Despite these delays, parents, carers, and professionals had routes to escalate concerns about a young person's condition while waiting for treatment to begin. We also saw evidence of some interim clinical reviews taking place.

Children and young people with complex needs, such as care experienced children, were affected by the above issue to a greater extent. There is a reliance from children, young people and carers on the multiple agencies working together effectively to provide joint care and treatment to children and young people, with often higher needs. Whilst local authorities had established therapeutic services to support care experienced children, where needs could not be met by CAMHS or elsewhere, we found an overall drift and delay in care planning and treatment.

Performance

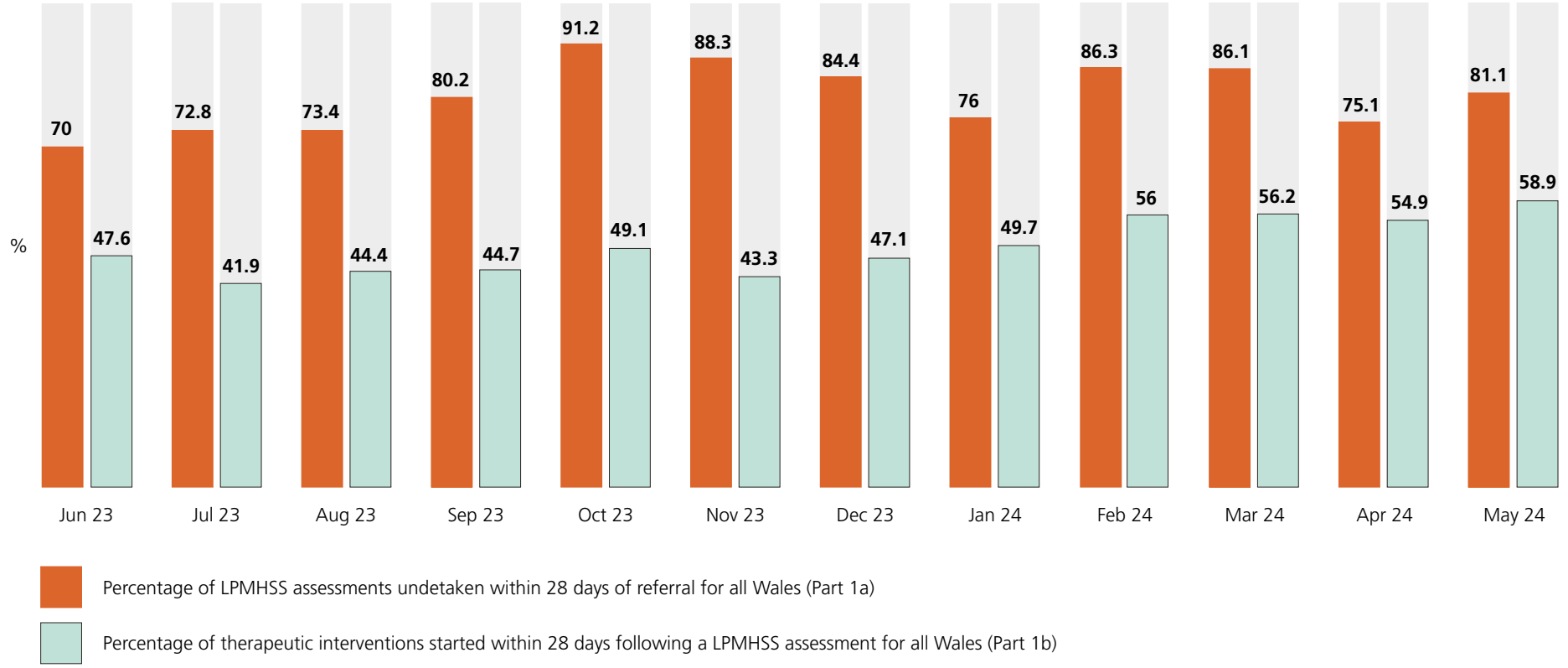
CAMHS performance is monitored by Welsh Government in line with the Mental Health (Wales) Measure (2010) (the measure). Within the scope of our review, we considered the first two targets, which are:

- Part 1a: percentage of assessments undertaken by primary CAMHS within 28 days
- Part 1b: percentage of initial interventions provided by primary CAMHS within 28 days.

In recent years, there has been well documented delays UK wide with the initial CAMHS assessment and the start of intervention for children and young people. This has been impacted by the increasing demand on CAMHS services and exacerbated by the COVID-19 pandemic.

The chart below provides an all-Wales view of CAMHS assessments undertaken within 28 days and the percentage of initial interventions started within 28 days.

All-Wales percentage of CAMHS assessments undertaken within 28 days by health boards and the percentage of initial interventions started within 28 days:



Part 1a

At the three health boards where we conducted our onsite fieldwork, it was positive to see that between January and March 2024, an average of 91% of children and young people received an assessment within 28 days. Performance was also high in other parts of Wales. Several initiatives have been utilised by CAMHS teams to strengthen performance, including increasing workforce capacity, either through additional recruitment or use of agency staff, and through the commissioning of external independent assessment organisations in some areas.

However, as highlighted earlier in this report, there is a need for health boards and Welsh Government to reflect on the issue of meeting the threshold and criteria to receive a CAMHS assessment, or to receive intervention. This includes reviewing repeated referrals into CAMHS to ensure that children and young people can access services at the right time and place, without needing to experience a deterioration in their condition to qualify for support.

Part 1b

In relation to Part 1b, in two out of the three fieldwork locations, performance was found to be improving against the 90% target. However, there remains wide variation in how equitable it is for children and young people across Wales too receive a timely start to their initial CAMHS intervention. To illustrate this, the following table breaks down compliance with Part 1b of the Measure (90% target), in the fieldwork locations that we visited:

Percentage of children and young people receiving initial intervention within 28 days:

	January 2024	February 2024	March 2024
Aneurin Bevan	7%	0%	8%
Hywel Dda	78%	96%	96%
Cwm Taf Morgannwg	51%	64%	51%

This variation is concerning and potentially gives rise to an inequity, with only some children and young people receiving a timely CAMHS intervention within 28 days following the outcome of an assessment. The start of intervention should be consistent, regardless of where a young person lives in Wales, but sadly, we found it is not. More must be done to improve on this, and where progress is not made, health boards must work with Welsh Government to establish meeting the need for the demand on CAMHS intervention.

Recommendation

Welsh Government, with health boards, should evaluate the equity of access to CAMHS interventions under Part 1B of the Measure. They must develop and implement processes to ensure that access to CAMHS services is consistently equitable across all regions of Wales.

Despite difficulties in meeting Part 1B targets, all health boards demonstrated recovery plans to monitor and review progress throughout 2024-2025. Whilst most were optimistic of the recovery trajectory, some health boards struggled to convey a similar message. There is a pressing need to ensure that children and young people, once assessed as requiring an initial intervention, receive this in a timely manner, to prevent further deterioration and the potential wider negative impact on their development, education, and home lives.

Compliance against the Measure only goes so far in publicly outlining the performance of CAMHS services. This is because of limitations in reporting only certain functions that CAMHS teams can provide. We also noted a subtle variation in how performance is reported, which gave rise to difficulties in mapping out an accurate reflection of performance nationally. For example, what constitutes an intervention under Part 1B of the Measure and how this compares to what is being reported by service providers and service users.

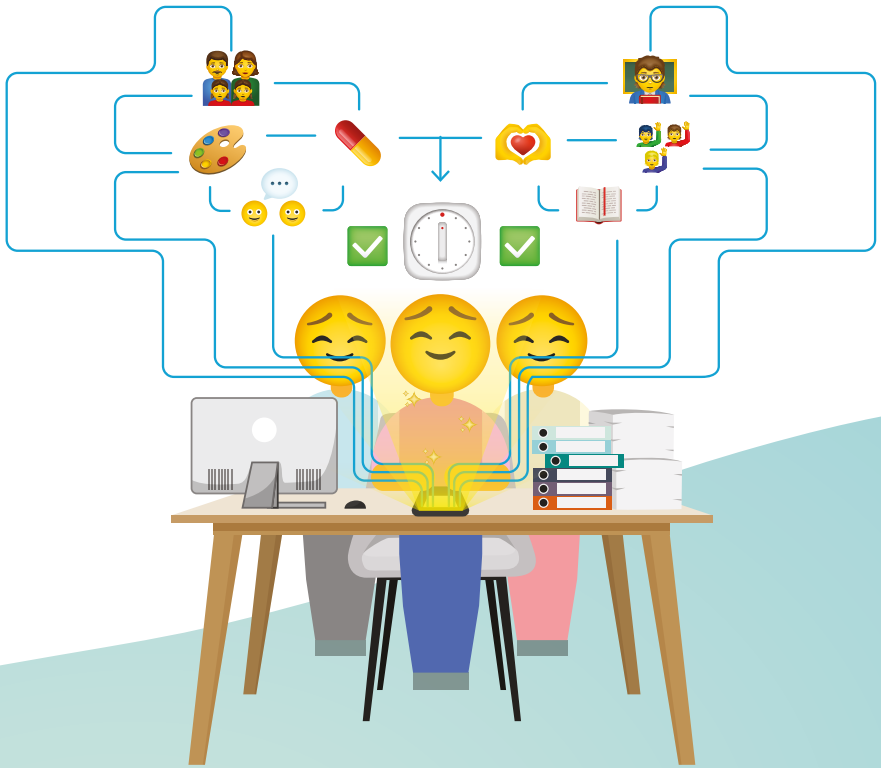
One of the consequences of limitations in national reporting, is the lack of publicly available data regarding waiting lists for core or secondary CAMHS interventions. This can include a range of medical, nursing and psychology led treatments for those with moderate to severe mental health needs. Whilst affecting only a small number of children and young people, we found unacceptably high waiting lists in some areas. Examples we observed at the upper end, included a 12-18 month wait for psychotherapy and up to a 12 month wait for psychology in one health board, and a 14 month wait for a one-to-one intervention in another health board.

Overall, staff we spoke with expressed their opinions that careful consideration should be given in how performance targets are measured, against the quality of outcome. They felt that whilst services work hard to improve compliance with aspects of the Measure, services should also be measured on clinical and experience outcomes. This would help reflect the level of acuity and input provided to some children and young people. The new CAMHS Service Specification should act as a lever for providing new and building upon existing forms of outcome measures.

Recommendation

Welsh Government must continue to monitor core/secondary CAMHS interventions to ensure these are provided in a timely manner, and act where progress is not met or sustained. To support this, consideration should be given to regularly publishing this data for transparency and public accountability.

Increased transparency will enable parents, carers, and referrers to better understand and navigate the system, driving improvements and ensuring that children and young people receive timely and effective care.



Care experienced children

Despite the access challenges highlighted earlier in this report, we found positive examples of multidisciplinary service developments aimed at supporting children and young people, in particular care experienced children, to ensure they receive timely interventions.

The local authorities we engaged with reported a notable increase in children and young people presenting with highly complex needs in recent times. In response to this, and recognising capacity issues in other services, local authorities have established services to support care experienced children, which includes the following examples:

MyST (My Support Team) in Gwent is a specialist service that provides intensive, individualised interventions to children, young people and carer/families who are involved in children's social care. The aim is to promote stability for children and prevent escalations in their care pathways. MyST works with a variety of different placement settings, including providing therapeutic foster placements. An on call service is available to support the delivery of this 365 days a year.

MAPSS (Multi Agency Placement Support Team) in Merthyr provides support to care experienced children, including those with historic placement breakdowns. It also provides intensive support to young people with complex emotional and behavioural needs via holistic therapeutic interventions, based on a trauma informed recovery model.

Local authority children's services

As highlighted earlier, the key focus when reviewing children and young people records was to consider the support provided to care experienced children. When exploring the findings, we considered these against the principles of the Social Services and Well-being Act 2014. We have therefore outlined our findings under the principles below.

People

We found examples of positive practice with children and young people and families, with the voice of children and young people, their wishes and feelings clearly recorded. It is not a surprise that children and families can build more trusting relationships when a social worker has been involved with them over a longer period. However, in areas facing recruitment and retention challenges, maintaining this continuity proves difficult. We found an example where a young person told us they had experienced multiple changes of social worker within a relatively short period of time. Consistency of a social worker is clearly an important factor in building successful supportive relationships, in meeting the needs of a child.

We found that advocacy was routinely considered and offered, so children and young people can more easily express what matters to them. There was evidence of life story work and counselling also being commissioned by local authorities. These represent a much-needed opportunity for children to express their wishes and feelings. An Independent Review Officer (IRO) is an invaluable resource for monitoring children's care plans, however, we found instances where children should have been consulted about important changes in their lives, but were not.

Wellbeing

We identified positive practice in relation to the quality of assessments and care plans, with systemic methods used to develop holistic and outcome focused plans. We also found that practitioners were seen to consider the social and wellbeing needs of children and young people to promote positive emotional and behavioural outcomes, and plans were generally written in the first person, which helped to outline the young person's lived experience and goals.

In relation to risk management, we found some examples of good practice. However, inconsistencies were evident particularly in achieving a joint narrative and shared understanding of risks. Jointly formulated multi-agency risk management plans or safety plans could make this more effective and in line with partnership working principles. There is also a need for robust policies on information sharing between operational staff, which should include clarity about who owns and contributes to plans, responsibilities, and forums or mechanisms for review as risk profiles change.

A shared understanding or narrative of a young person's circumstances would greatly assist partners to work together to deliver timely and effective services to children and young people. The importance of clear recording of this information and communicating this with the child and family cannot be overstated.

Parents and carers told us they are often given different information depending on which organisation they speak to; this makes an already stressful situation even more challenging when they are seeking help. Organisations involved in a young person's care must agree on how best to support them, so the people caring for them are clear about the plan.

We found many instances of drift and delay (What Drift and Delay Really Means for Children) in achieving timely, joined up care planning which contributed to delays in children and young people's needs being met. Professionals are understandably focused on managing crisis situations, but this detracts from long term multi-agency planning for children.

Partnership working

Welsh Government policy has promoted a shift towards providing resources to early help and preventative support for children and young people. This is following reports, such as Mind over Matter and T4CYP programme. Services must therefore work in partnership with the people they are supporting, to achieve the best outcomes. This is however very difficult in the context of increasing demand and complexity, which we observed during this review.

Staff expressed to us a desire to work in partnership and spoke positively about the benefits of joining up systems and processes. However, senior managers told us there are challenges in the context of differing strategic priorities, resource pressures, and budgets to deliver some functions through a true partnership lens.

We found some positive examples of collaborative working between health and local authority teams, notably where services had taken time to implement integrated forums, such as SPACE Wellbeing, highlighted earlier in this report. We found these demonstrated a good multidisciplinary approach and were strongly child-centred in their focus.

Overall, there is a need to strengthen forums, pathways and processes between CAMHS and other agencies, with a particular focus on care experienced children. As highlighted in 'Mind Over Matter', these children have a significantly higher prevalence of mental health issues due to experiences of neglect, trauma, and exposure to familial problems such as mental illness, substance abuse, or domestic violence.

There remains fragmented working and operational barriers between CAMHS and children's services, and some children and young people are continuing to fall through the gaps. It is disappointing to have found, as reviews have done previously, that communication and information sharing between services require substantial improvement. For instance, there were cases where a child was simultaneously receiving support from both children's services and CAMHS, yet practitioners were unaware of each other's roles and contributions.

We found some records that suggested regular contact was taking place between organisations, but assessments and other relevant documents were missing. Effective communication of significant events, decisions, and reports between organisations is essential for a comprehensive understanding of a young person's needs.

We also identified a small number of instances where care experienced children, who had moved between placements, were discharged from CAMHS and placed back on waiting lists upon returning to their original area. This disruption can adversely affect the timely meeting of their mental health needs.

Other instances demonstrated a lack of understanding of the challenges associated with effectively engaging some care experienced children, when receiving an intervention for the first time. To address these issues, a pragmatic approach is needed, making decisions based on clinical need while ensuring that children and young people with complex needs are not unfairly disadvantaged by circumstances often beyond their control. This could partially be resolved through consistent attendance by all relevant organisations at key meetings.

Recommendation

Health boards and local authorities must work collaboratively to generate a shared understanding or narrative of a young person's circumstances, to enable partners to work together to deliver timely and effective services to children and young people.

Recommendation

Health boards and local authorities must work collaboratively to strengthen operational forums, pathways and processes between CAMHS and other agencies, particularly for care experienced children.

Recommendation

Health boards and local authorities must work collaboratively to consider the implementation of practice guidance to support the needs of care experienced children, including post traumatic experiences. This may include flexible appointments in different locations, waiting list placement, and an understanding of the difficulties in engaging some care experienced children who experience placement changes.

We also found other instances where professional disagreements regarding CAMHS eligibility had endured for sustained periods of time, resulting in a lack of support for children and young people. This is an unacceptable position which can prevent children and young people from receiving the support they need.

The importance of operational forums for information sharing is clear, and decisions about the structure of these must be determined on a local basis. The forums are required to enable effective information sharing, decision making in relation to threshold and access disagreements, crisis and care management, and the effective escalation and resolution of concerns, where delays or unmet needs occur for children and young people. Consideration should also be given to the involvement of voluntary sector partners, particularly where services are commissioned by health, local authority services or RPB's.

Recommendation

Health boards and local authorities must ensure that professional record keeping including recording of key decisions is robustly maintained.

Recommendation

Health boards and local authorities must ensure consistent partnership attendance at health and care related meetings.

Recommendation

Health boards and local authorities should implement effective forums at both strategic and operational levels to facilitate effective decision-making, escalation processes, and professional challenge for managing complex care cases.

In the context of partnership working, the T4CYP programme highlighted the importance of drawing critical partners together with a co-created common purpose, and RPBs were tasked with supporting, implementing and evaluating new approaches. A recommendation within the 'Mind over Matter' report states the need for an 'overarching group "with teeth" to manage the joint working that is needed between statutory and third sector organisations, in order to deliver effective and timely emotional and mental health support services.' Examples of this were observed at an RPB level in many instances, but there was varying degrees of relevant meeting frequency and maturity evidenced in some localities.

Overall, there must be consideration given to innovative ways to improve partnership working. These may include the development of joint recording systems, integrated referral processes, or the co-location of staff based on local needs. There also needs to be strategic support for delivering these services, in addition to consideration of joint budgets. Support for care experienced children must be as flexible, individual and pragmatic as possible. This should be implemented consistently across Wales, allowing for necessary local adaptations, while ensuring proper oversight and ongoing evaluation to maintain high standards of care.

Education and Mental Health

When considering the support available within education services, we undertook a comprehensive analysis of the key findings following inspection activity in schools and local authorities, between September 2022 and March 2024. Overall, we found that CAMHS teams, children's services and education services work with a good degree of consistency, to ensure children and young people can access early and preventative support within an education setting.

We found examples of facilitating access to support services, positive examples of collaborative working, and upskilling and development of teachers and non-teaching staff. This was aided by national initiatives and statutory guidance, including the Welsh Government Whole School Approach to Emotional and Mental well-being. This has helped to provide consistency and system-wide maturity in helping schools and wider services to reflect upon and deliver a range of mental health support provisions to children and young people.

School-based counselling

A key element for the provision of support to pupils in secondary education across Wales, is access to school-based counselling. It is positive to report that the number of school-based counsellors had increased in all but one local authority area between 2019 and 2023, with notable increases in some local authority areas, underlining the importance and demand for such provision.

It is, however, concerning to note that feedback from parents, carers and staff highlighted the growing demand on school-based counselling services, which now exceeds available capacity. In many cases, waiting lists are either in use, or have to be closed as the academic year ends. Staff also expressed that this causes a knock-on effect to other services, such as CAMHS or local authority services, in what was described to us by multiple professionals as a 'fragile ecosystem', where all parts of the support system are sensitive to change.

Pupil support from CAMHS

For pupils with mental health needs who require support from CAMHS, we found that all CAMHS across Wales had a school in-reach service. These services generally offered consultation, training and, in some instances, assessment and brief intervention. Overall, we received positive feedback about this service in response to our local authority staff survey. Many commented on the effective nature of the service, in terms of facilitating access to CAMHS, and aiding joint communication. However, whilst most school leaders noted increased support provision, many expressed frustrations at lengthy waiting lists associated with CAMHS and in-school counselling services.

For pupils who are not in mainstream education, and attend a Pupil Referral Unit (PRU), we noted positive feedback and outcomes from professionals within Ceredigion. This included a consistent CAMHS outreach service being provided, to help support the needs of children and young people who are not able to access mental health support, which is usually available to pupils in mainstream schools.

Increasing demand to support pupils

Feedback from most school leaders and education service departments showed an increased demand in the need to support the mental health and well-being of pupils. This appears to have increased following the pandemic and continues to be a challenge to meet need and demands.

We also found that most school leaders looked for creative ways to support pupils, such as through internal support provision or setting up new in-school support hubs. However, many schools are finding it challenging to deal effectively with the rising numbers of pupils who need support with increasingly complex mental health and social needs.

Local authority education services also reported challenges, as the demand from schools for support increased, particularly for those pupils with complex needs. This is causing a staffing and financial strain, leading to difficulties in providing a consistent level of support across Wales.

In many instances, where schools, local authorities and other agencies have worked collaboratively, this had led to strengthened identification of a pupil's vulnerabilities and systematic sharing of information. The impact of this on vulnerable pupils can be profound.

Strengths

It was positive to identify strengths in the overall inspection findings, which specifically relate to pupil wellbeing and meeting their mental health needs. Many schools demonstrated significant strengths in responding to the increased demand for mental health support services. Most schools took appropriate actions to address this surge, such as creating safe spaces and strengthening pastoral care by involving family or community engagement staff and emotional and behavioural support assistants.

Schools were proactive in accessing a wide range of external resources, including CAMHS in-reach services, youth workers, external counselling, police liaison officers, school nurses, and voluntary sector provisions. Additionally, most schools successfully implemented the new Health and Well-being curriculum for Years 7 and 8. Strategies were developed to support students, such as allowing short breaks, issuing time-out cards for those feeling overwhelmed, or exempting pupils from group activities if anxiety arose. Targeted interventions, such as Talkabout, ELSA, LEGO therapy and Talk Boost, were also available to address specific needs.

The increasing use of Schools Health Research Network (SHRN) data in many schools enabled more strategic curriculum planning to ensure purposeful use of time. Additionally, a diverse range of extra-curricular activities, such as art therapy and boxing, were introduced to help students develop self-regulation skills. Schools have also collaborated with partner agencies to provide staff with professional development opportunities in trauma-informed practices, mental health first aid, and coaching. These initiatives have better equipped staff to understand and support pupils' mental health needs effectively.

Areas for development in schools

In addition to identifying several strengths, we also found areas for development. Despite their best efforts, school leaders have expressed the need for more staffing and specialist provisions, particularly considering reduced post-pandemic funding. While many schools have expanded their support services, they often fall short in effectively evaluating the impact of these strategies and interventions, making it difficult to determine whether the intended outcomes are being met. Additionally, some schools are not fully utilising available resources, such as the School Health Research Network (SHRN) data and pupil feedback, to plan and enhance their provision.

There is also a tendency to overly rely on stand-alone health and well-being days rather than integrating these concepts into everyday school life. While schools are generally proficient at recording safeguarding concerns, the documentation of mental health-related issues remains inconsistent. Furthermore, responses to allegations of bullying, harassment, or discrimination are not always adequate. In some instances, school staff may resort to harsh disciplinary measures or use inappropriate approaches, such as shouting, which do not align with well-being support strategies. Additionally, certain schools face challenges in providing safe spaces for students to decompress during break or lunch times, further limiting opportunities for pupils to manage stress and regulate their emotions.

Recommendation

Education services and schools must review their current practices against the identified strengths and areas for development within their respective localities and educational settings. This may include an audit, gap analysis, or other development exercise to identify relevant actions for improvement.

Equality, diversity and inclusion

When considering equality and diversity, it was disappointing to find minimal accessible data on equality, such as protected characteristics, and health inequalities specifically related to children and children and young people's mental health.

Whilst some services were able to present basic demographic data regarding children and young people who had accessed their services, there were limitations with the availability, consistency and accuracy of wider data. This is also highlighted in The Human Rights of Children in Wales: An Evidence Review report, and in commentary from Mind Cymru. The need to collate equalities-based metrics to inform and develop service provision is an important consideration for Welsh Government and all relevant organisations, as is the need for greater public visibility of this data.

Recommendation

Welsh Government should consider how equality and health inequalities data relating to children and children and young people's mental health can be reported on and used to inform service delivery.

Consideration should be given to regularly publishing this data for transparency and public accountability.

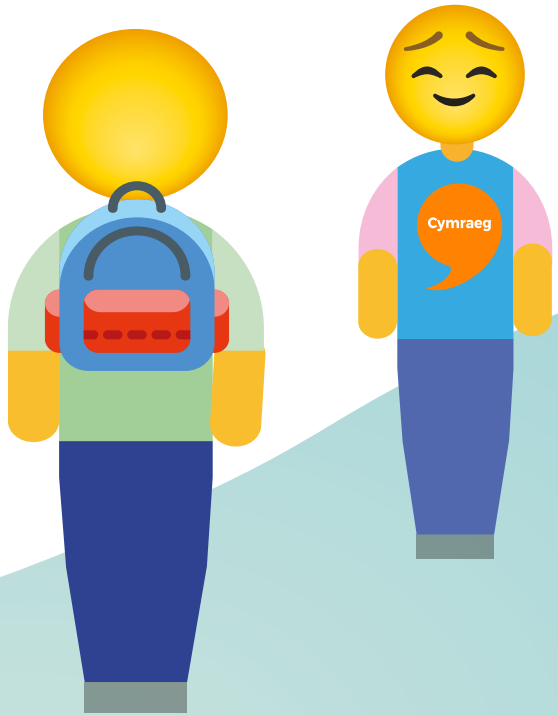
Language choice

Personal language choice is important for children and young people when receiving care and helps enable a trusting relationship between them and their care providers. It can also make it easier for them to express their thoughts and feelings. This is recognised by the Welsh Government through its More Than Just Words plan for the Welsh language. Our survey feedback from parents, carers, children and young people found an overall lack of services available through the Welsh language. Of those who said they are a Welsh speaker, most said they were not asked for their language preference when receiving care or treatment.

During our focus groups, children and young people, parents and carers whose first language is Welsh, highlighted the lack of ability receive assessments, care and treatment through the medium of Welsh. This requires attention as using their first language can help children and young people feel understood and comfortable during their care and treatment. It is, however, positive to note, that some nationally commissioned online support platforms, such as SilverCloud, delivers anxiety based support through the Welsh language.

Recommendation

Health boards and local authorities must ensure that children and young people's language preferences are fully considered, and that Welsh speakers can communicate with CAMHS services in Welsh as appropriate, in line with the principle of the 'Active offer'. In addition, consideration must be given to all people who wish to communicate in languages other than English.



Asylum seekers and refugees

We considered the records of children and young people where they and their families are refugees or are seeking asylum in Wales. For asylum-seeking children and refugee families, we found examples indicating a lack of staff understanding regarding the specific approaches needed to support their complex needs, considering their social history. However, in Powys we found an example where liaison staff were identified to support during the assessment or intervention process.

Within our staff survey we received a comment relating to refugees needing mental health support as follows:

> ***"Possibly because as refugees, the family weren't seen as needing a different approach to mental health need, or perhaps they didn't know how to treat child trauma differently for a refugee?"***

Whilst only one comment was provided relating to refugees or asylum seekers, this links to our review's wider findings and recommendations relating to managing the complex needs of children and young people through a trauma informed lens. In addition, it is important for healthcare and local authority services to consider the language needs of people who seek support as an asylum seeker or refugee.

The socio-economic burden

The socio-economic burden is increased for some children, young people and parents/carers. The feedback received from both children and young people and their families highlight the difficulties they have experienced in attending some assessments and ongoing appointments. This is primarily due to a lack of flexibility with the location, or the timings of appointments. Consequently, this often results in increased costs to people associated with travel and the impact on attending school and work.

Some children, young people and parents/carers also said they had sought private support due to a lack of eligibility for CAMHS intervention or timely commencement of services. Whilst some people are fortunate to be able to afford this, many cannot, raising concerns about the emergence of a two-tier system in access to mental health support for children and young people and their families.

For complex care groups, such as care experienced children, there is significant room for improvement to help them access support, care and treatment. We found examples where individual teams and professionals made significant efforts to engage with children and young people. However, in other cases, children and young people were subject to a rigid system where they were discharged for missing appointments or not engaging sufficiently, further impacting their mental well-being. There is a need for services to provide a greater flexibility when working with different groups of children and young people, who may be traditionally harder to engage with.

Recommendations made by the Senedd Children and Young People and Education Committee found in the report 'If not now, then when?' that independent to CAMHS intervention, trauma-informed therapeutic care should be made available to all care experienced children and young people. It positive to find such services in place through some local authority teams, who are delivering a trauma-informed service to children and young people, particularly for children and young people who are at risk of placement breakdown. However, demand for these services was high, and intervention from specialist CAMHS services remained necessary for many children and young people.

We found in some instances that care experienced children did not receive a timely, effective or seamless service from all services involved in their care. This was caused by drift and delay in care planning, disagreements over which organisation should provide care and support, and a lack of effective escalation routes for professionals, compared to children and young people who are part of traditional parental models. This clearly demonstrates inequality in the provision of appropriate services between different groups of people.

Recommendation

Health boards must adopt flexible, proactive measures to ensure children and young people who miss CAMHS appointments or show poor engagement are not automatically discharged without assessing their individual circumstances. Strategies should target harder-to-reach groups and complex care cases to prevent mental health deterioration, safeguarding their well-being and safety.

Quality Improvement

In some parts of Wales, the pandemic recovery had impacted on aspects of quality improvement, where some improvements were yet to be fully embedded across all CAMHS providers. This includes regular auditing and monitoring of outcome measures to drive necessary improvements. However, we found that some CAMHS teams had successfully incorporated clinical audit processes as routine practice. The new National CAMHS specification aims to ensure consistency in this area moving forward and all Health Boards are recommended to implement these with pace.

Overall, it is clear based on our findings, that clinical audit activity must be strengthened, particularly concerning record-keeping, partnership effectiveness, and the support provided to complex care groups. It is crucial for care providers to conduct audits based on our review's findings to ensure that vulnerable children and young people receive timely, coordinated, and effective care. A robust audit process will enable providers to identify and address areas needing improvement swiftly.

Consideration must also be given to the availability and effectiveness of communication, staff training needs, and the integration of mental health pathways between healthcare and local authority teams. Partnerships should be considered broadly, including informal and commissioned voluntary sector partners where applicable. The creation of a single, national multi-agency audit template tool could enhance these efforts.

Recommendation

Health boards must ensure that local quality improvement practices are strengthened based on the findings of this review. This should include:

- **Enhancing clinical audit processes.**
- **Improving record-keeping.**
- **Integration of mental health pathways.**
- **Address staff training needs.**

Recommendation

Welsh Government should consider developing a national multi-agency audit template tool to standardise and improve practices across all CAMHS providers.

Records management and information sharing

We identified disparity in how teams and partners use health and care record management systems across Wales. Some teams use electronic systems with varying degrees of success, and others relied upon traditional paper systems. We identified a high degree of risk for children and young people with communication breakdowns across staff teams caused using ineffective electronic or paper-based systems. This included the sharing of information between partners such as children's services and education providers.

The risk of communication breakdown extends beyond primary care and community mental health teams to other settings, such as health, education, and children's services. For example, EDs often cannot access child records relating to mental health due to incompatible systems. This lack of access means staff cannot provide individualised support effectively, and children and young people are forced to repeatedly relive traumatic experiences, which adds to their distress.

Staff told us about occasions where records are misplaced or lost. Others said important 'flags' around a child are also missed, such as where a person requires review on a staff ration of 2:1, or higher in some instances, based on their usual level of physical presentation. Additionally, overlap between systems used by various services within health boards, such as paediatrics or neurodevelopment teams, creates difficulties for staff in accessing comprehensive care documentation in a single location.

We found a limited number of information sharing agreements in place between healthcare services, local authorities and third sector partners. Embedding these across Wales for consistency, would enable a timely effective two-way flow of information regarding a young person's care. Again, this is a longstanding issue that HIW has raised in previous assurance work and that cuts across many areas of the NHS. Therefore, Welsh Government, health boards, and local authority services must move at pace, in commissioning a new system to replace unreliable electronic record systems, to ensure robust and rapid communication, in the interest of all children and young people.

The issues around inefficient clinical record systems have been found on several occasions in our past joint inspectorate reviews and sole HIW assurance activity, yet any progress on improving this important issue is very slow. It is pivotal that careful consideration is given to this issue when implementing any new system in the future and implementing a consistent thread across different teams is essential in the interest of all people.

Recommendation

Health boards and local authorities must establish comprehensive information sharing agreements across services. These should ensure that robust and effective systems are in place to share essential information about children and young people.

Recommendation

Welsh Government, with the input from health boards and relevant local authority teams, must move at pace to work together in the development and implementation of a unified, robust electronic health and care record management system. This system should include standardised protocols for information sharing and integration to enhance communication, reduce the risk of misplaced records, and support effective, individualised care for children and young people.

Engagement with children, young people and families

Our review has identified an aspiration amongst mental health services to develop engagement with children, young people and families. This includes co-production events (An Introduction to Co-Production Events) which link closely to the NYTH/ NEST framework, external advisory panels, and robust methods for seeking and acting upon feedback from children, young people and families.

The examples we found include the following:

- Use of NEST/NYTH models in conferences and regular co-production groups attended by children, young people and parent/carers.
- Co-production in the design and set-up of mental health and wellbeing hubs.
- Inclusion of feedback links/QR codes on referral outcome letters for children, young people and families.
- Introduction of youth and parent/carer advisory boards.
- Young person representation on interview panels when appointing clinicians.

The emphasis on developing engagement opportunities had not fully recovered from the pandemic in all areas across Wales, since the priority has been on recovering service core functions. However, all mental health teams we spoke with highlighted the importance of engaging with children, young people and families, and co-producing services with them, and recognised this as a priority area for development.

Considering the feedback provided to us from children, young people and families during this review, there is a need for services to reflect upon their own processes for engagement and capturing and responding to feedback to help inform improvement. This will act as an enabler for re-engaging those who have reported past negative experiences and will ensure services are shaped to meet local needs through the lived experiences of children, young people and families alike.

Recommendation

Health boards should ensure they review their methods of co-production of services with children and young people, and parents and carers.

Funding for mental health support initiatives

Our review found that, in recent years, there has been increased funding aimed at enhancing the mental health and well-being of children and young people through the implementation of an early help and preventative model of care. These have included strategic drivers, such as the T4CYP programme and other national initiatives, such as the Whole School Approach and Sanctuary Spaces (or Crisis Hubs) as highlighted earlier. Services have also responded to local need through pilot programmes, and we noted a breadth of these were already underway.

Health, care and education services overall, are facing extraordinary budgetary pressures and are forced to prioritise and make difficult decisions about supporting the mental health needs of children and young people. During our interviews with health and care staff, they expressed concerns about the negative 'trickledown effect' this is having at a service level. This was impacting on different services at different times, which is potentially impacting on the support or treatment provided to children and young people of all ages.

The potential withdrawal of mental health pilot programs and support services due to budgetary pressures may pose a significant challenge, as these initiatives are highly valued by staff, children and young people, and their families. The uncertainty surrounding the future of these programs not only impacts the immediate availability of critical support, but also limits the ability to retain skilled staff who are crucial to delivering effective services. This uncertainty creates difficulties in planning and establishing complex multi-agency services, especially when funding decisions are made at the last minute.

Additionally, the risk of funding clawback further contributes to uncertainty regarding resource capacity, complicating efforts to maintain and develop essential mental health support systems.

We also heard similar concerns expressed by professionals within the education system. Through Estyn's analysis of inspection findings, we identified themes from school leaders who said there has been an increased demand in the need to support pupils' mental health and wellbeing. To support this, more staffing and specialist provision is required, however, depleting grants is a barrier to delivering these essential support services. Consequently, schools may be faced with difficult decisions in needing to protect its core teaching functions, at the detriment of other priorities.

Third sector organisations, such as Place2Be, a provider of school-based mental health support in Wales, echoed this in a written submission to our review team, that the sustainability of the funding model upon which certain schools deliver support services is, in its view, not viable, and many schools must now fund support services from their own budgets. There is also a need to consider the needs of primary school aged children in response to concerns raised by Place2Be, which echoed by numerous professionals, relating to the families of young children attempting to access CAMHS.

Funding challenges and conversations are not new in public sector services, but there is a need to ensure that children and young people's mental health services are robustly funded. Whilst our review was not scoped to review any service financial arrangements, the message and potential impact expressed by professionals was clear.

A multi-agency approach is required to make improvements and progress in this area, which includes Welsh Government, RBP's, health boards and local authorities. This is to ensure that mental health services, and any successful pilots, initiatives and programmes, are considered and prioritised and suitably funded where appropriate

Recommendation

Welsh Government should explore the funding concerns raised with Regional Partnership Boards, health board and local authorities. This is to ensure that funding models provide certainty for service leaders and are aligned to any medium and long-term strategies, such as the 2024-34 Mental Health and Wellbeing Strategy.

Conclusion

The review has highlighted positive practices across Wales in supporting children and young people's emotional wellbeing and mental health needs. These include effective policies, funding, and strategic measures designed to enhance the availability and accessibility of support. Noteworthy local practices by dedicated health, local authority, and education professionals have also been highlighted.

The increase in early help and preventative support has made services more accessible, with options available through schools, online platforms, and locally based voluntary sector services. However, the finite resources of these services and the strain from challenging public sector finances threaten the sustainability of this support system.

Positively, waiting times for CAMHS assessment have improved notably. Despite this, national challenges continue to affect the delivery of timely delivery of services, particularly for initial interventions by primary CAMHS and some core treatments by secondary CAMHS professionals. It is essential that children and young people identified with mental health needs receive timely care to prevent deterioration and mitigate negative impacts on their developmental stages.

Addressing eligibility criteria for CAMHS support is important. Public confidence in accessing and referring to health services must be reinforced, and mental health services should not be felt as out of reach. Welsh Government must ensure transparency regarding data and that all services provide clear rationales when communicating referral outcomes to referrers, parents and carers.

While CAMHS cannot and should not be expected to meet all emotional wellbeing needs of a young person, gaps remain where children and young people cannot access CAMHS, and alternative support is insufficient. A consistent, focused effort by all partners is required to meet the needs of complex care groups, particularly care experienced children, and neurodiverse young people with co-existing mental health needs in a timely, effective and seamless manner.

What next?

We expect health boards, local authorities, Regional Partnership Boards and Welsh Government to carefully consider the findings of our review and act upon the recommendations outlined in Appendix A.

This report should serve as a catalyst for collaboration across sectors, fostering stronger relationships between health and local authority teams to improve mental health support for children and young people.

We encourage all stakeholders to reflect on the feedback provided by staff and the public, using this insight to drive service improvements. Organisations responsible for mental health services must collaborate, benchmark, and share best practices to enhance outcomes for children and young people across Wales.

Relevant stakeholders are required to develop and submit an improvement plan that addresses the recommendations in this report. These plans will be monitored as part of ongoing assurance work, and HIW, CIW, and Estyn will continue to review progress through follow-up processes. The findings and responses will guide further assurance and oversight activities in the future.

Appendix A

Recommendations

As a result of the findings from this review, we have made the following recommendations:

	Health Board and Local Authority Recommendations
1	Health boards and local authority partners responsible for supporting children's mental health and emotional wellbeing must evaluate their services to ensure that children and their families receive appropriate assistance from the right professionals on their first contact. This may be achieved by implementing multi-agency Single Points of Access (SPOA) or Early Help panels to streamline support and improve the efficiency of service delivery.
2	Health boards and local authorities must collaboratively review their existing multi-agency working arrangements to ensure that effective forums are established for making decisions about children and young people's access to CAMHS services.
3	Health boards, children's services and education services must work together to review existing support mechanisms for children and young people who do not meet CAMHS criteria but require more than what lower-level interventions can offer. This must evaluate the effectiveness, accessibility, and reach of alternative support measures, such as group therapy and community-based programs.
4	Health boards and local authorities must work collaboratively to generate a shared understanding or narrative of a young person's circumstances, to enable partners to work together to deliver timely and effective services to children and young people.
5	Health boards and local authorities must work collaboratively to strengthen operational forums, pathways and processes between CAMHS and other agencies, particularly for care experienced children.
6	Health boards and local authorities must work collaboratively to consider the implementation of practice guidance, to support the needs of care experienced children, including post traumatic experiences. This may include flexible appointments in different locations, and an understanding of the difficulties in engaging some care experienced children care experienced children who experience placement changes.

7	Health boards and local authorities must ensure that professional record keeping including recording of key decisions is robustly maintained.
8	Health boards and local authorities must ensure consistent partnership attendance at health and care related meetings.
9	Health boards and local authorities should implement effective forums at both strategic and operational levels to facilitate effective decision-making, escalation processes, and professional challenge for managing complex care cases.
10	Health boards and local authorities must ensure that children and young people's language preferences are fully considered, and that Welsh speakers can communicate with CAMHS services in Welsh as appropriate, in line with the principle of the 'Active offer'. In addition, consideration must be given to all people who wish to communicate in languages other than English.
11	Health boards and local authorities must establish comprehensive information sharing agreements across services. These should ensure that robust and effective systems are in place to share essential information about children and young people.

	Health Board Recommendations:
12	Health boards must ensure their CAMHS teams reflect on their communication processes with parents, carers and referrers, and ensure timely communication and advice is provided, once a referral for assessment has been made.
13	Health boards must explore the options available within their local CAMHS teams to facilitate a strengthened approach for communication and partnership working with GP clusters and/ or directly with GP practices.
14	Health boards must reflect on the feedback from CAMHS referrers, parents, and carers to enhance transparency regarding the criteria and thresholds for accessing CAMHS assessments and interventions. This process should involve revising the outcome letter templates used to communicate decisions following the Single Point of Access (SPOA) and CAMHS assessments, ensuring that they clearly convey the rationale behind decisions and improve overall understanding and communication.
15	Health boards must ensure improvements are achieved in relation to record keeping across all CAMHS teams. This must consider: • Ensuring the recording of clear rationale for a young person's eligibility for CAMHS assessment and intervention. • Ensuring that CAMHS teams implement clinical record keeping audits to ensure all staff are maintaining robust documentation in line with their professional codes of conduct.

16 Health boards must ensure that all CAMHS teams regularly review the availability of support services within their locality, across boundaries, and online. This should ensure that when signposting individuals to other services, the options provided are current, accessible, and relevant to meet their needs.

17 Health boards must review their referral outcome processes, including the letter templates and the sufficiency of information provided to better inform and engage patients, families, and referrers

18 Health boards must adopt flexible, proactive measures to ensure children and young people who miss CAMHS appointments or show poor engagement are not automatically discharged without assessing their individual circumstances. Strategies should target harder-to-reach groups and complex care cases to prevent mental health deterioration, safeguarding their well-being and safety.

19 Health boards must ensure that local quality improvement practices are strengthened based on the findings of this review. This should include:

- Enhancing clinical audit processes
- Improving record-keeping
- Integration of mental health pathways
- Address staff training needs

20 Health boards should ensure they review their methods of co-production of services with children and young people, and parents and carers.

Local Authority Recommendations:

21 Education services and schools must review their current practices against the identified strengths and areas for development within their respective localities and educational settings. This may include an audit, gap analysis, or other development exercise to identify relevant actions for improvement.

Welsh Government/Multi-agency Recommendations

22 Welsh Government, with health boards, must work collaboratively to consider a whole system view of CAMHS. They should review and standardise the criteria and threshold decisions applied by CAMHS teams across Wales to ensure consistent practices and eliminate existing variations. This should focus on:

- Enhancing transparency regarding the criteria and thresholds for accessing CAMHS assessments and interventions.
- Developing clear, uniform guidelines that all CAMHS teams will follow to ensure equitable access to services.
- Implementing regular audits to monitor compliance with these standardised practices and address any discrepancies.

23 Welsh Government, with health boards, must explore how improvements are made with the accessibility of pre and post diagnostic support for neurodivergent children and young people, who have co-existing mental health needs. This should focus on identifying and addressing gaps in current support systems.

24 Welsh Government, with health boards, should evaluate the equity of access to CAMHS interventions under Part 1B of the Measure. They must develop and implement processes to ensure that access to CAMHS services is consistently equitable across all regions of Wales.

25 Welsh Government should explore the funding concerns raised with Regional Partnership Boards, health boards and local authorities. This is to ensure that funding models provide certainty for service leaders and are aligned to any medium and long-term strategies, such as the 2024-34 Mental Health and Wellbeing Strategy.

Welsh Government Recommendations

26 Welsh Government must continue to monitor core/ secondary CAMHS interventions to ensure these are provided in a timely manner, and act where progress is not met or sustained. To support this, consideration should also be given to publishing this data for transparency.

27 Welsh Government should consider how equality and health inequalities data relating to children and children and young people's mental health can be reported on and used to inform service delivery.

Consideration should be given to regularly publishing this data for transparency and public accountability.

28 Welsh Government should consider developing a national multi-agency audit template tool to standardise and improve practices across all CAMHS providers.

29 Welsh Government, with the input from health boards and relevant local authority teams, must move at pace to work together in the development and implementation of a unified, robust electronic health and care record management system. This system should include standardised protocols for information sharing and integration to enhance communication, reduce the risk of misplaced records, and support effective, individualised care for children and young people.