

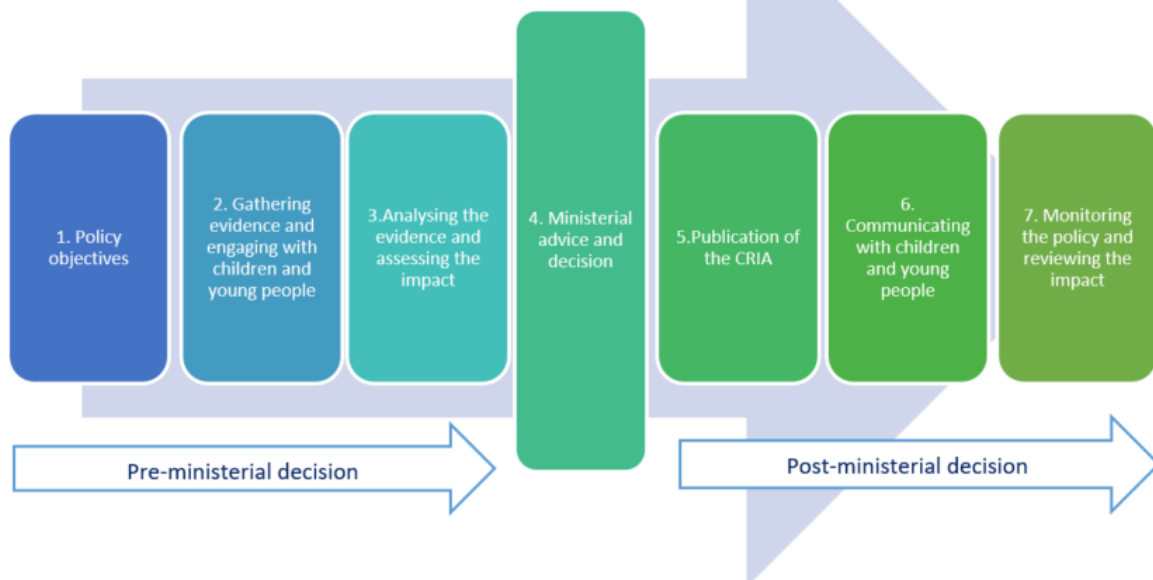
A. CHILDREN'S RIGHTS IMPACT ASSESSMENT

All completed Children's Rights Impact Assessments must be sent to the CRIA@gov.wales mailbox

The Rights of Children and Young Persons (Wales) Measure 2011 places a duty on the Welsh Ministers to pay due regard to the [United Nations Convention on the Rights of the Child \(UNCRC\)](#) and its [Optional Protocols](#) when exercising any of their functions.

The CRIA process is the agreed mechanism officials should use to support Ministers to meet this duty and ensure they give balanced consideration to children's rights in their decision making. A CRIA should be used to inform ministerial advice and **must** be completed prior to a ministerial decision being made. Once a decision has been reached, your CRIA must also be published.

Please note we have an established Children's Rights Advisory Group (CRAG), comprising the Children's Commissioner for Wales's office, UNICEF, the Wales Observatory on Human Rights of Children and Young People, and Children in Wales, who can be used to discuss or test your draft CRIA. Please contact the Children's Branch CRIA@gov.wales for further information.



For further advice and guidance on the CRIA process, please consult the [Children's Rights Manual for Staff](#) or contact the Children's Branch CRIA@gov.wales

1. Policy objectives

Welsh Government is consulting on a new Substance Misuse Treatment Framework (SMTF) and new standards for mental health services in the prisons in Wales. The development of the SMTF and the new standards for mental health services in the prisons are priorities set out in the [Partnership Agreement for Prison Health](#) developed and agreed by Welsh Government, health boards, Public Health Wales and Her Majesty's Prison and Probation Service (HMPPS). The Partnership Agreement aims to drive improvements in the health and wellbeing of people in prison in Wales, recognising the unique statutory obligations of key partners. It aims to build on the shared objective of ensuring those in prison can live in environments that promote health and wellbeing and where health services can be accessed to an equivalent standard of those within the community.

People in prison often have poorer health outcomes in comparison to the wider population, who frequently present with complex needs and high levels of ill health, often as a result of health inequalities (WHO, 2014).¹

The development of the SMTF and the new standards for mental health services in the prisons are specific commitments in the Substance Misuse Delivery plan for Wales and the Mental Health Delivery plan for Wales.

The Welsh Government 'Together for Mental Health: A Strategy for Mental Health and Wellbeing in Wales' 2012 and Delivery Plan 2019-2022 outlines clear actions for people in prison including development of 'consistent mental health, mental wellbeing and learning disability services across all prisons that are tailored to need through an agreed set of standards and indicators for mental health services in prison', and to develop approaches to improve mental health support to youth and female offenders.

Similarly, the Substance Misuse Delivery Plan (2019-2022) also includes the action for Welsh Government to work closely with her Majesty's Prison and Probation Service (HMPPS), Area Planning Boards, health boards and other stakeholders to undertake work that will aim to ensure that all prisons in Wales (to also include Eastwood Park) have a coordinated, transparent and consistent service for those with substance misuse issues, based on best practice. The aim is to produce a standardised clinical pathway for the management of substance misuse in prisons in Wales – as well as ensuring continuity of care in the community (as set out the Partnership Agreement for Prison Health).

¹ WHO (2014) Prisons and Health, World Health Organisation, Copenhagen. Available at: <http://www.euro.who.int/en/health-topics/health-determinants/prisons-and-health/publications/2014/prisons-and-health>

Developing the SMTF and the new standards for mental health services will help to ensure that while a person is in prison, they have access to equivalent care and treatment to that available in the community. It will also help to support people in prison to improve their health and wellbeing and make an important contribution to reducing those inequalities in outcomes which currently exist.

2. Gathering evidence and engaging with children and young People

- *What existing research and data on children and young people is available to inform your specific policy? Your policy objective may impact on other policy areas – discussions with other policy teams will be an important part of the impact assessment process ensuring you have gathered a range of information and evidence.*

Substance Misuse and Mental Health Amongst People in Prison

The SMTF and the new standards for mental health services are for prisons in Wales. There are currently six male-only (adult) prisons. As such – it is anticipated that their impact on children’s rights will predominantly relate to improving access to services amongst younger adults in Welsh prisons. However, both the SMTF and the new mental health standards for the prisons could also contribute to improved outcomes for those children and young people who have parents and other relatives currently serving custodial sentences. For example, having access to appropriate substance misuse and mental health support (and associated care and treatment pathways whilst in prison) could help to stabilise an individual and potentially improve family relations. A report by HMIP (2016) on Life in Prison: Contact with Families and Friends found that: “While family members may sometimes be the direct or indirect victims of a prisoner’s offence, or may have contributed to the offending behaviour, maintaining family contact, where appropriate, is recognised as a key source of support for prisoners during their time in custody and on their release.”² In addition: “Maintaining contact with parents in prison is important for children in terms of their development, including educational attainment, social inclusion and mental health.”³ This is something that will be considered and explored with those with lived experience.

We know that people in prison are known to have higher rates of substance misuse and homelessness prior to going to prison, as well as a higher prevalence and severity of mental health problems. An estimated 25% of the UK prison population have difficulties in communicating and/or processing or learning new or complex

² Paragraph 1.4: [HMIP Report \(2016\) Life in Prison: Contact with Families and Friends](#)

³ Paragraph 1.5: [HMIP Report \(2016\) Life in Prison: Contact with Families and Friends](#)

information resulting in potentially increased vulnerability within the prison environment as well as on release. Those in prison also have a 50% higher mortality rate than the general population⁴ and a risk of suicide 3.7 times higher than the general population amongst men in prison.⁵

Evidence suggests that there have long been issues with alcohol and substance misuse amongst the prisoner population.

Recently, the UK Government report on alcohol and drug treatment in secure settings (2019-2020) found that there were 1,186 young people receiving treatment for drug and alcohol problems in secure settings in 2019 to 2020. Most (74%) of these were in young offender institutions, with a further 16% in secure children's homes.⁶ This report found that young people often enter specialist substance misuse services with a range of problems or 'vulnerabilities' which are related to, or in addition to, their substance use. These include using multiple substances (poly-substance use) and being a parent or pregnant. The most common vulnerability by far was poly-substance use (63%).

A 2010 report identified that "young people who binge drink in adolescence are at increased risk of being binge drinkers as adults... Furthermore young people who binge drink at an early age are more likely to experience drug use, achieve lower educational attainment and be involved in crime".⁷

The development of the SMTF and the standards for mental health services in the prisons will also help to address recommendations made recently by Criminal Justice Joint Inspection, CQC and HIW and their thematic inspection of the criminal justice journey for individuals with mental health needs and disorders (December 2021) and the HMIP and CQC joint thematic report on community-based drug treatment and recovery work with people on probation (November 2021). Both reports highlight the higher prevalence of substance misuse and mental ill-health amongst offenders and those in prison and the challenges currently facing these populations within the context of the pandemic. Her Majesty's Chief Inspector of Prisons Annual Report 2020-21 found that: "...most mental health services had ceased routine assessments or interventions and were focusing only on urgent and acute care. Prisoners often faced considerable waits to see mental health practitioners; in our survey, over half

⁴ Revolving Doors Agency (2017) Rebalancing Act: A briefing for Directors of Public Health, Police and Crime Commissioners, the police service and other health and justice commissioners, service providers and users. Available at: <http://www.revolving-doors.org.uk/file/2049/download?token=4WZPsE8I>

⁵ Office for National Statistics (2019) Drug-related deaths and suicide in prison custody in England and Wales: 2008 to 2016. Available at: [Drug-related deaths and suicide in prison custody in England and Wales - Office for National Statistics](#)

⁶ [Alcohol and drug treatment in secure settings 2019 to 2020: report - GOV.UK \(www.gov.uk\)](#)

⁷ Vulnerable Groups: Interventions and models of care for substance misuse in children and young people – Public Health Wales – May 2010

of prisoners told us they had mental health problems (52%) but less than a quarter said it was easy to see mental health workers (22%). There was also widespread curtailment of other health care services that left a long backlog of cases.”⁸

Her Majesty’s Chief Inspector of Prisons Annual Report 2020-21 also found “an increasing shift in the delivery of substance misuse services to single mental health and substance misuse teams, which combined the management of caseloads and delivery of psychological interventions”. In particular, it was noted that: “During the pandemic, all services adopted a risk-based approach, which prioritised clinical treatment and safe detoxification for new arrivals. Despite regime constraints, specialist clinical staff maintained direct contact and support for prisoners with pressing drug and alcohol problems. As a result, the clinical support offered, including opiate-substitution treatment, had mostly remained safe, evidence-based and needs-led. The delivery of psychosocial support for prisoners with substance misuse needs proved more problematic. Regime restrictions lessened opportunities for support services to see individual prisoners, group work had virtually ceased and peer support provision had stopped or was very restricted, but there were some exceptions. In our survey, only 24% of prisoners said it was easy to see substance misuse workers.” The Annual Report also noted, however, that “...most prisons had given greater emphasis to through-the-gate support for prisoners with substance misuse needs on release due to the increased difficulties in identifying and facilitating external support. All services had prioritised harm-reduction initiatives, and training and supply of naloxone (used to reverse the effects of opiate overdose) was still delivered almost everywhere.”⁹

According to the World Health Organisation and their analysis of prisons and health, prison systems that hold children and young people must take into consideration the United Nations Convention on the Rights of the Child, which underlines the importance of using custody as a last resort. The prevalence rates of poor mental health for young people in prison are very high, including over half with conduct disorders and around a third of young girls having a major depression. For young people and children, access to education should be an important part of their purposeful activity in prison.¹⁰

According to the Substance Misuse Delivery Plan 2019-2022 published by the Welsh Government substance misuse affects people of all ages, including children and young people, both as a result of their own use and that of their parent/carer: “As at 31 March 2017, there were 4,035 children receiving care and support due to parental substance misuse. The number of children receiving care and support whose own substance misuse was identified as a problem was 615...There were 953

⁸ Page 8 [HMI Prisons Annual Report and Accounts 2020/21 \(publishing.service.gov.uk\)](#)

⁹ Page 44 [HMI Prisons Annual Report and Accounts 2020/21 \(publishing.service.gov.uk\)](#)

¹⁰ [Prisons and Health, 11 Mental health in prison \(who.int\)](#)

admissions involving young people aged under-25 with an alcohol-specific condition in 2017-18...There were 1,271 admissions of young people aged under-25 for conditions related to illicit drugs in 2017-2018".¹¹

The 'Guidance on Good Practice for the provision of services for Children and Younger People who Use or Misuse Substances in Wales' published by Welsh Government states that: "Substance misuse in children and young people presents a major public health challenge. The UK has some of the highest rates of young people aged 15-16 using or misusing substances in Europe. Currently there are rising trends in the use of alcohol (particularly by young women) and binge drinking has increased dramatically...The intervention element of the young people's strand of this guidance is founded on the hope that early intervention will reduce the need for young people to use services when they are adults". This suggests that "all young people receiving assessment care, and/or interventions for potential or actual substance misuse should have a transition care plan that is devised prior to their eighteenth birthday. This should identify any continuing needs and the organisations that are best able to meet those needs".¹²

- *Using this research, how do you anticipate your policy will affect different groups¹³ of children and young people, both positively and negatively? Please remember policies focused on adults can impact children and young people too.*

For young adults in prison in Wales we are anticipating that the development of the SMTF and the new standards for mental health services in the prisons will have a positive effect.

Summary – SMTF for the Prisons in Wales

As set out in the [Partnership Agreement for Prison Health](#) – the SMTF develops a substance misuse pathway that addresses both clinical and psychosocial provision in Welsh prisons. It will drive forward an integrated approach between health and

¹¹ Substance Misuse Delivery Plan 2019-2022, Welsh Government

¹² [guidance-on-good-practice-for-the-provision-of-services-for-children-and-younger-people-who-use-or-misuse-substances-in-wales.pdf \(gov.wales\)](#) (June 2008)

¹³ You may, for instance, consider how your policy would affect the following groups of children and young people differently: early years, primary, secondary, young adults; children with additional learning needs; disabled children; children living in poverty; Black, Asian and minority ethnic children; Gypsies, Roma and Travellers; migrants; asylum seekers; refugees; Welsh-language speakers; care experienced children; LGBTQ+ children. Please note that this is a non-exhaustive list and within these cohorts there will not be one homogenous experience.

justice roles that runs from reception through to release regardless of sentence length.

The draft SMTF is designed to inform and assist health, social care and criminal justice planners and providers to design and deliver high quality, sustainable and equitable prevention and treatment services for those at risk of, or experiencing substance misuse issues in prison. It forms part of the suite of harm reduction and Substance Misuse Treatment Framework (SMTF) [guidance](#) for those working in Wales.

Chapter 2 of the draft SMTF sets out the clinical treatment pathway, from initiation and assessment to follow-on care and support following release from prison, for both alcohol and drugs. It also includes a specific section on co-occurring drug and alcohol dependence and mental health. As an individual may have both problematic drug and alcohol use, the assessment process and pathway is designed to be flexible and inclusive – through to follow-on support and relapse prevention.

Chapter 3 briefly outlines the guidance for resettlement, while Chapter 4 provides a focus on the required workforce developments including realignment and training. In order to move to an equitable and seamless substance misuse service, substantial changes are required in relation to technological innovation, information governance and data flows covering both community and criminal justice settings.

Chapter 5 outlines the requirements to access information systems to facilitate the delivery of an 'excellent, safe and equivalent service to that in the community'¹⁴ in relation to substance misuse and related health and social care requirements.

In terms of where the SMTF specifically impacts on children and young people:

- The SMTF provide a clinical pathway to access substance misuse care, support and treatment for both alcohol and drugs. This supports Article 24 and Article 33 of the UNCRC.
- Standard 11 (page 16): Service users are provided with responsive, appropriate and seamless interventions and care that reflects their physical, social, psychological needs and preferences. This is critical to improving the health outcomes of those in prison, ensuring equivalence and addressing the health inequalities that currently exist. This supports Article 24 of the UNCRC.
- Young people may manifest poor mental health in very different ways to adults. Difficulties in communication, challenging behaviour and behavioural difficulties could be signs of poor mental health. The SMTF specifically states that information should be presented in a clear way so that they are able to fully understand. This will be particularly important when it comes to information on

¹⁴ World Health Organisation. Health in Prisons. Available at: [Prisons-and-Health,-14-Drug-treatment-and-harm-reduction-in-prisons.pdf](#)

care, support and treatment for substance misuse and mental health (page 18). This supports Article 24 of the UNCRC.

- Page 46: Trauma and related issues. Trauma can have a pervasive and detrimental impact on an individual's cognitive, emotional and social functioning and developmental progress. Specifically: "The experience of trauma may include events occurring in childhood, referred to as adverse childhood experiences (ACEs). These types of experiences include physical, emotional and/or sexual abuse, violence in the home, parental separation, incarceration, mental illness or substance use. Evidence indicates that individuals experiencing high levels and complex adverse experiences under the age of 18 are more likely to have contacted with criminal justice services, have been incarcerated, and been involved in more serious and repeat offending. In addition, adverse experiences and early trauma are associated with poorer physical and mental health across the life course, including vulnerability to health-harming behaviours including substance misuse. Through both the SMTF and the new standards for mental health services – there will be a focus on developing a trauma informed workforce. This supports Article 24 and Article 39 of the UNCRC.
- A [recent study by Public Health Wales](#) to understand the prevalence of Adverse Childhood Experiences amongst the male offender population found that over 8 in 10 prisoners in Wales reported at least one Adverse Childhood Experiences, and nearly half had four or more. This found that: "Among youth, ACEs have been associated with an increased risk of serious offending, and reoffending. For example, a US study of juvenile offenders found that while 80% had at least one ACE and 23% had four or more ACEs".¹⁵ In addition: "Research has identified that criminality and victimisation can be intergenerational. The replication of ACEs across generations can also occur when individuals exposed to adversity and stress in childhood develop coping mechanisms such as alcohol misuse and expose their own children to ACEs".¹⁶
- Page 56 – Resettlement: "There is extensive research to show the link between homelessness and re-offending and imprisonment...Providing someone with a home, skills and employment gives the highest chance of successfully making positive life changes." A key focus of the SMTF will be transition from prison to the community and continuity of care. The SMTF specifically highlights links to

¹⁵ Understanding the prevalence of adverse childhood experiences (ACEs) in a male offender population in Wales: The Prisoner ACE Survey (2019) <https://phw.nhs.wales/files/aces/the-prisoner-ace-survey/>

¹⁶ Understanding the prevalence of adverse childhood experiences (ACEs) in a male offender population in Wales: The Prisoner ACE Survey (2019) <https://phw.nhs.wales/files/aces/the-prisoner-ace-survey/>

the Accommodating Offenders Framework Wales, and how the SMTF also aligns with both the Female Offending and Youth Offending Blueprints. The Accommodating Offenders Framework will support approaches working to prevent youth homelessness and designing support packages that address issues unique to young people and those with low maturity and or learning disabilities. This supports Article 24 and Article 23 of the UNCRC.

- Referral and information sharing protocols must be in place for responding to an individuals' non-substance misuse specific needs. As a minimum this must include: Child Protection and Education. This supports Article 3 of the UNCRC.

Summary – Standards for Mental Health Services for the Prisons in Wales

As set out in the [Partnership Agreement for Prison Health](#) – the new standards for mental health services in the prisons will develop consistent mental health, mental well-being and learning disability services across all prisons that are tailored to need.

The Universal Standards set out in the consultation document act as a framework by which to assess the quality of prison mental health services via a process of self and peer review. The standards have been adapted from the Royal College of Psychiatrists, College Centre for Quality Improvement (CCQI) Quality Network for Prison Mental Health Services (QNPMHS) standards.¹⁷

The standards are introduced by a section on Enabling Environments, which are based on ten values, all of which are believed to be factors in positive psycho-social environments. Enabling Environments¹⁸ are places where there is a focus on creating a positive and effective social environment and where healthy relationships are seen as the key to success.¹⁹ Places which are enabling create more opportunities and better outcomes for everyone there. They create happier, more productive, staff; better outcomes for individual recipients; and support everyone to give greater contributions and to be the best they can be. These values depend on each other for meaning and for clarity. Taken individually, each value will enhance an environment, but it is not until they are all working together, they create an Enabling Environment. Each of the 10 values are defined by a standard, and for every standard there are criteria which are ways in which services can meet that standard.

¹⁷ [Royal College of Psychiatrists \(August 2021\) Standards for Prison mental Health Services – Fifth Edition](#)

¹⁸ [The Perceived Impact of the Enabling Environments Programme within Her Majesty's Prison and Probation Service Settings](#)

¹⁹ [Evidence-based reasons for embedding 'Enabling Environments' relational practice into the Criminal Justice System](#)

There are new standards on strengthening collaborative working with primary care and substance misuse services; with specialist prison programmes such as therapeutic communities and offender personality disorder pathways; and knowledge of the principles of trauma informed care. Therefore, the draft mental health standards focus on:

- Reception and assessment – including arrangements for the assessment of former users of secondary mental health services
- Treatment and recovery
- Discharge and transfers
- Safety
- Patient experience
- Collaborative partnerships
- Medication management
- Wider prison environment
- Workforce
- Leadership and governance
- 24 hour mental health care
- Welsh Language

Condition Specific Standards for mental health are also being developed through a network approach taking learning from prison teams in Wales. These Condition Specific standards will include Brain Injury, Learning Disability, Autism, Dementia and Crisis Care. However, approaches to support condition specific care are also present within the Universal Standards.

Within the document, each individual standard is rated as Type 1, 2 or 3. Type 1 are Essential Standards. Failure to meet these would result in a significant threat to patient safety, rights or dignity and/or would breach the law. These standards also include the fundamentals of care, including the provision of evidence-based care and treatment. Type 2 are Expected Standards that all services should meet. Type 3 are Desirable Standards that high performing services should meet.

In terms of where the Mental Health Standards specifically impact on children and young people:

- MH Standard 12 – All information is provided to patients in a format they can easily understand → benefit young people. This supports Article 13 of the UNCRC.
- MH Standard 14 – Patients are given accessible written information which staff members talk through with them as soon as is practically possible. This supports Article 13 of the UNCRC.
- MH Standard 34 – When a patient is transferred to another establishment, the mental health team provides a comprehensive handover to the receiving

establishment's mental team before the transfer takes place. (Includes when youth offenders transition to adult prisons). This supports Article 24 of the UNCRC.

- MH Standard 43 – Staff members follow inter-agency protocols for the safeguarding of vulnerable adults and young people. This includes escalating concerns if an inadequate response is received to a safeguarding referral. This supports Article 19 and Article 24 of the UNCRC.
- MH Standard 48 – Patients are actively involved in shared decision-making about their mental and physical healthcare, treatment and discharge planning and supported in self-management. This supports Article 12 of the UNCRC.
- MH Standard 50 – Patients are treated with compassion, dignity and respect. This supports Article 40 of the UNCRC.
- Standard 90 – The team receives training consistent with their roles on risk assessment and risk management. This is refreshed in accordance with local guidelines. This training includes training on safeguarding vulnerable adults and children. This supports Article 19 and Article 24 of the UNCRC.
- MH Standard 91 - Staff have an understanding of Trauma Informed Care and have the opportunity to access training on this practice. This supports Article 39 of the UNCRC.
- *What participatory work with children and young people have you used to inform your policy? If you have not engaged with children and young people, please explain why.²⁰*

To date, there has been no specific engagement with children and young people regarding the development of the SMTF and draft standards for mental health services for prisons. Service user engagement with the men in prisons in Wales had been planned for 2021 to inform the development of the draft SMTF and new standards for mental health services, but this was postponed in light of the pandemic.

As part of the consultation, Public Health Wales and HMPPS in Wales will explore the use of local prison groups to gather views on the draft documents to ensure they are informed by those with lived experience. We will also explore the potential for engagement with peer support groups – such as those established to support recent

²⁰ Article 12 of the UNCRC stipulates that children have a right to express their views, particularly when adults are making decisions that affect them, and to have their opinions taken into account.

research on the impact of Covid-19 on people with substance misuse problems and the services that support them, carried out by the University of South Wales.²¹

The mental health standards for the prisons have been informed by ongoing work by the Royal College of Psychiatrists and findings from previous reviews of mental health services in prisons (which include engagement with those in prison).

3. Analysing the evidence and assessing the impact

- *Using the evidence you have gathered, what impact is your policy likely to have on children and young people? What steps will you take to mitigate and/or reduce any negative effects?*

We anticipate that the SMTF and the new standards for mental health services will have a positive impact on young adults in prison.

- How does your proposal enhance or challenge children's rights, as stipulated by the UNCRC articles and its Optional Protocols? Please refer to the [articles](#) to see which ones apply to your own policy.

Annex A sets out how we anticipate the SMTF and the new standards for mental health services will impact on the children's rights and the individual articles of the UNCRC.

- *Consider whether any EU Citizens Rights (as referenced in the Equality Impact Assessment) relate to young people up to the age of 18.*

²¹ A [collaborative research project](#) on the impacts of the pandemic was recently undertaken by a partnership of staff and peer workers from the University of South Wales (USW) and support from organisations such as [Barod](#) and [Kaleidoscope](#), with assistance from Welsh Government and [Developing a Caring Wales](#) (DACW).

There are no specific impacts on EU citizens rights.

For further information on the [UNCRC](#) and its Optional Protocols, please visit the [Children's Rights Intranet Page](#).

4. Ministerial advice and decision

- How will your analysis of these impacts inform your ministerial advice?
- *Once completed, your CRIA must be signed off by your Deputy Director.*
- *Your CRIA findings should be integrated into your ministerial advice to inform their decision.*

Welsh Government will provide advice to Ministers regarding the consultation on the SMTF and the new standards for mental health services. We will also use the consultation period to strengthen our assessments of impacts – by also consulting on a draft Children's Rights Impact Assessments.

5. Publication of the CRIA

- *Following the ministerial decision, the CRIA should be published on the Welsh Government website.*
- *Send sections 1 and 8 of your IIA and the CRIA (Annex A) to your departmental web manager for publishing.*
- **All** completed CRIAs must also be sent to the CRIA@gov.wales mailbox.

For further information and support on this process, please visit the [Children's Rights Intranet Page](#) which contains a range of resources.

The draft CRIA will be published as part of the consultation on the draft SMTF and the draft standards for mental health services. An updated CRIA will be published following consultation.

6. Communicating with Children and Young People

- If you have sought children and young people's views on your proposal, how will you inform them of the outcome?

Welsh Government will publish a summary of consultation responses on line. We will provide a summary of consultation feedback and share this with services users and those with lived experience.

If your policy affects children and young people, remember to produce child-friendly versions of any public document relating to your proposal. Please contact the Children's Branch for further advice.

7. Monitoring and Review

It is essential to revisit your CRIAs to identify whether the impacts that you originally identified came to fruition, and whether there were any unintended consequences.

Where you are taking forward secondary legislation, it will not be sufficient to rely on the CRIA for the primary legislation; you will need to update the CRIA to consider how the details of the proposals in the regulations or guidance may affect children.

The policy lead can revisit the published version of their CRIA, rename it as a review of the original CRIA, and update the evidence of impact. The reviewed impact assessment should be presented to Ministers with any proposals to amend the policy, practice or guidance. This review CRIA should also be published.

- Please outline what monitoring and review mechanism you will put in place to review this CRIA.
- Following this review, are there any revisions required to the policy or its implementation?

There will be ongoing monitoring and review of the SMTF and the new standards for mental health services – as these are implemented across the prisons.

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Annex 1: Children's Rights and the Liberty Protection Safeguards

Article 2 (non-discrimination): The Convention applies to every child without discrimination, whatever their ethnicity, sex, religion, language, abilities or any other status, whatever they think or say, whatever their family background.

The SMTF and the new standards for mental health services will apply to all young people in prison in Wales. The needs of young people with protected characteristics will be considered as care, support and treatment is provided.

Article 3 (best interests of the child): The best interests of the child must be a top priority in all decisions and actions that affect children.

The SMTF and the mental health standards for the prisons will include a focus on the best interests of the young person in prison – in relation to care, support and treatment.

Article 4 (implementation of the Convention): Governments must do all they can to make sure every child can enjoy their rights by creating systems and passing laws that promote and protect children's rights.

The SMTF and the draft standards for mental health services aim to improve the health and wellbeing outcomes of people in prison.

Article 5 (parental guidance and a child's evolving capacities): Governments must respect the rights and responsibilities of parents and carers to provide guidance and direction to their child as they grow up, so that they fully enjoy their rights. This must be done in a way that recognises the child's increasing capacity to make their own choices.

Article 6 (life, survival and development): Every child has the right to life. Governments must do all they can to ensure that children survive and develop to their full potential

The SMTF and the new standards for mental health services in the prisons will ensure that young people in prison are able to access the care, support and treatment that they need.

Article 7 (birth registration, name, nationality, care): Every child has the right to be registered at birth, to have a name and nationality, and, as far as possible, to know and be cared for by their parents.

Article 8 (identity): States Parties undertake to respect the right of the child to preserve his or her identity, including nationality, name and family relations as recognized by law without unlawful interference. Where a child is illegally deprived of some or all of the elements of his or her identity, States Parties shall provide appropriate assistance and protection, with a view to re-establishing speedily his or her identity.

Article 9 (separation from parents): Children must not be separated from their parents against their will unless it is in their best interests (for example, if a parent is hurting or neglecting a child). Children whose parents have separated have the right to stay in contact with both parents, unless this could cause them harm.

Article 10 (family reunification): Governments must respond quickly and sympathetically if a child or their parents apply to live together in the same country. If a child's parents live apart in different countries, the child has the right to visit and keep in contact with both of them.

Article 11 (abduction and non-return of children): Governments must do everything they can to stop children being taken out of their own country illegally by their parents or other relatives, or being prevented from returning home.

Article 12 (respect for the views of the child): Every child has the right to express their views, feelings and wishes in all matters affecting them, and to have their views considered and taken seriously. This right applies at all times, for example during immigration proceedings, housing decisions or the child's day-to-day home life.

The views of the young person will be reflected in the care, support and treatment put in place, as the SMTF and the new standards for mental health services are implemented.

Article 13 (freedom of expression): Every child must be free to express their thoughts and opinions and to access all kinds of information, as long as it is within the law.

The views of the young person will be reflected in the care, support and treatment put in place, as the SMTF and the new standards for mental health services are implemented.

Article 14 (freedom of thought, belief and religion): Every child has the right to think and believe what they choose and also to practise their religion, as long as they are not stopping other people from enjoying their rights. Governments must respect the rights and responsibilities of parents to guide their child as they grow up.

The views of the young person will be reflected in the care, support and treatment put in place, as the SMTF and the new standards for mental health services are implemented.

Article 15 (freedom of association): Every child has the right to meet with other children and to join groups and organisations, as long as this does not stop other people from enjoying their rights.

Article 16 (right to privacy): Every child has the right to privacy. The law should protect the child's private, family and home life, including protecting children from unlawful attacks that harm their reputation.

Article 17 (access to information from the media): Every child has the right to reliable information from a variety of sources, and governments should encourage the media to provide information that children can understand. Governments must help protect children from materials that could harm them.

Both the SMTF and the new standards for mental health services in the prisons both include a specific focus on providing information.

Article 18 (parental responsibilities and state assistance): Both parents share responsibility for bringing up their child and should always consider what is best for the child.

Governments must support parents by creating support services for children and giving parents the help they need to raise their children.

Article 19 (protection from violence, abuse and neglect): Governments must do all they can to ensure that children are protected from all forms of violence, abuse, neglect and bad treatment by their parents or anyone else who looks after them.

Article 20 (children unable to live with their family): If a child cannot be looked after by their immediate family, the government must give them special protection and assistance. This includes making sure the child is provided with

alternative care that is continuous and respects the child's culture, language and religion.

Article 21 (adoption): Governments must oversee the process of adoption to make sure it is safe, lawful and that it prioritises children's best interests. Children should only be adopted outside of their country if they cannot be placed with a family in their own country.

Article 22 (refugee children): If a child is seeking refuge or has refugee status, governments must provide them with appropriate protection and assistance to help them enjoy all the rights in the Convention. Governments must help refugee children who are separated from their parents to be reunited with them.

Article 23 (children with a disability): A child with a disability has the right to live a full and decent life with dignity and, as far as possible, independence and to play an active part in the community. Governments must do all they can to support disabled children and their families.

The needs of young people with disabilities through the SMTF and the new standards for mental health services.

Article 24 (health and health services): Every child has the right to the best possible health. Governments must provide good quality health care, clean water, nutritious food, and a clean environment and education on health and well-being so that children can stay healthy. Richer countries must help poorer countries achieve this.

The SMTF and the new standards for mental health services in the prisons will specifically support access to health services amongst those young people in prison.

Article 25 (review of treatment in care): If a child has been placed away from home for the purpose of care or protection (for example, with a foster family or in hospital), they have the right to a regular review of their treatment, the way they are cared for and their wider circumstances.

Article 26 (social security): Every child has the right to benefit from social security. Governments must provide social security, including financial support and other benefits, to families in need of assistance.

Article 27 (adequate standard of living): Every child has the right to a standard of living that is good enough to meet their physical and social needs and support their development. Governments must help families who cannot afford to provide this.

Article 28 (right to education): Every child has the right to an education. Primary education must be free and different forms of secondary education must be available to every child. Discipline in schools must respect children's dignity and their rights. Richer countries must help poorer countries achieve this

Article 29 (goals of education): Education must develop every child's personality, talents and abilities to the full. It must encourage the child's respect for human rights, as well as respect for their parents, their own and other cultures, and the environment.

Article 30 (children from minority indigenous groups): Every child has the right to learn and use the language, customs and religion of their family, whether or not these are shared by the majority of the people in the country where they live

Both the SMTF and the new standards for mental health services include actions around supporting people to access services and information in their language of choice.

Article 31 (leisure, play and culture): Every child has the right to relax, play and take part in a wide range of cultural and artistic activities.

Article 32 (child labour): Governments must protect children from economic exploitation and work that is dangerous or might harm their health, development or education. Governments must set a minimum age for children to work and ensure that work conditions are safe and appropriate.

Article 33 (drug abuse): Governments must protect children from the illegal use of drugs and from being involved in the production or distribution of drugs.

Article 34 (sexual exploitation): Governments must protect children from all forms of sexual abuse and exploitation.

Article 35 (abduction, sale and trafficking): Governments must protect children from being abducted, sold or moved illegally to a different place in or outside their country for the purpose of exploitation.

Article 36 (other forms of exploitation): Governments must protect children from all other forms of exploitation, for example the exploitation of children for political activities, by the media or for medical research.

Article 37 (inhumane treatment and detention): Children must not be tortured, sentenced to the death penalty or suffer other cruel or degrading treatment or punishment. Children should be arrested, detained or imprisoned only as a last resort and for the shortest time possible. They must be treated with respect and care, and be able to keep in contact with their family. Children must not be put in prison with adults.

Article 38 (war and armed conflicts): Governments must not allow children under the age of 15 to take part in war or join the armed forces. Governments must do everything they can to protect and care for children affected by war and armed conflicts.

Article 39 (recovery from trauma and reintegration): Children who have experienced neglect, abuse, exploitation, torture or who are victims of war must receive special support to help them recover their health, dignity, self-respect and social life.

MH Standard 91 specifically states that staff have an understanding of Trauma Informed Care and have the opportunity to access training on this practice. This supports Article 39 of the UNCRC.

Article 40 (juvenile justice): A child accused or guilty of breaking the law must be treated with dignity and respect. They have the right to legal assistance and a fair trial that takes account of their age. Governments must set a minimum age for children to be tried in a criminal court and manage a justice system that enables children who have been in conflict with the law to reintegrate into society.

Article 41 (respect for higher national standards): If a country has laws and standards that go further than the present Convention, then the country must keep these laws.

Having the highest attainable standard of physical and mental health is a human right. People in prison have the right to the highest attainable standard of physical

and mental health (Universal Declaration of Human Rights, Article 25; International Covenant on Economic, Social and Cultural Rights, Article 12).

Article 42 (knowledge of rights): Governments must actively work to make sure children and adults know about the Convention.

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