

Agenda – Children, Young People and Education Committee

Meeting Venue:	For further information contact:
Hybrid – Committee room 5 Tŷ Hywel and video conference via Zoom	Naomi Stocks Committee Clerk
Meeting date: 26 October 2022	0300 200 6565
Meeting time: 09.15	SeneddChildren@senedd.wales

Private pre-meeting

(09.00 – 09.15)

1 Introductions, apologies, substitutions and declarations of interest

(09.15)

2 Mental Health support in Higher Education – evidence session 6

(09.15 – 10.15)

(Pages 1 – 29)

Ben Lewis, Director of Student Life, Cardiff University, representing AMOSSHE
Kirsty Palmer, Director of Student Services, Cardiff Metropolitan University
Sharon Jones, Director of Student Services, The University of South Wales

Attached Documents:

Research Brief

AMOSSHE The Student Services Organisation Wales – CYPE(6)–21–22– Paper

1

Break

(10.15 – 10.25)



3 Mental Health support in Higher Education – evidence session 7

(10.25 – 11.25)

(Pages 30 – 44)

Lynne Hackett, Lead officer for higher education, UNISON Wales

Jamie Insole, Policy Official, University and College Union (UCU)

Attached Documents:

UNISON – CYPE(6)–21–22– Paper 2

University and College Union – CYPE(6)–21–22– Paper 3

4 Mental Health support in Higher Education – evidence session 8

(11.30 – 12.30)

(Pages 45 – 59)

David Blaney, Chief Executive, Higher Education Funding Council for Wales (HEFCW)

Harriet Barnes, Director of Policy and Funding, Higher Education Funding Council for Wales (HEFCW)

Attached Documents:

Higher Education Funding Council for Wales (HEFCW) – CYPE(6)–21–22– Paper 4

5 Papers to note

(12.30)

5.1 Information from Stakeholder

(Pages 60 – 61)

Attached Documents:

Briefing note from the Royal College of Paediatrics and Child Health (RCPCH)
– CYPE(6)–21–22 – Paper to note 1

5.2 Information from Stakeholders

(Pages 62 – 91)

Attached Documents:

Letter and report from Family Fund Chief Executive – CYPE(6)–21–22 – Paper to note 2

5.3 Legislation Consent: Energy Prices Bill

(Pages 92 – 93)

Attached Documents:

Letter from Minister for Rural Affairs and North Wales, and Trefnydd – CYPE(6)–21–22 – Paper to note 3

6 Motion under Standing Order 17.42 to resolve to exclude the public from the remainder of this meeting and for item 1 at the meeting on 17 November

7 Mental health support in Higher Education – Consideration of the evidence

(12.30– 12.35)

Document is Restricted

By virtue of paragraph(s) vi of Standing Order 17.42

Document is Restricted

Agenda Item 3

CYPE(6)-21-22- Paper 2

Cyflwynwyd yr ymateb hwn i ymchwiliad y [Pwyllgor Plant, Pobl Ifanc ac Addysg i gymorth iechyd meddwl mewn addysg uwch](#)

This response was submitted to the [Children, Young People and Education Committee inquiry into Mental Health support in Higher Education](#)

MHHE 12

Ymateb gan: UNISON

Response from: UNISON

About UNISON Cymru Wales

UNISON is the UK's largest trade union organising and representing 1.3 million public sector workers UK wide, including 100,000 public sector workers across Wales.

Our members, 85 per cent of whom are women, work in the delivery of public services through direct public sector provision, private and voluntary contractors providing public services, and in the essential utilities. They include frontline staff and managers working full or part-time in public administration, local authorities, health and social care, the police and justice service, universities, colleges and schools, the electricity, gas, environment and water industries, transport, and in the voluntary and community sectors.

Across Welsh Higher Education Institutions, UNISON Cymru Wales represents thousands of members in the following departments: administrative (both support and managerial); domestic and housekeeping; maintenance; security; estates; academic; catering and coffee shops; sport; students' unions and nurseries.

This submission paper is shaped by their experience.

Summary of UNISON position

The Committee is right to investigate worsening mental health in students at Welsh universities; how they might be best supported and how their mental health problems can be alleviated.

As the main trade union representing Higher Education support staff, we know that mental health issues do not just affect the students of the institutions, but the employees as well. Being a support staff worker in a Welsh university over the last ten years has been increasingly challenging. This group of workers have been the most vulnerable to mass job cuts as the financial model universities are based on has changed, along with other pressures including, of course, the pandemic. Their pensions have been regularly threatened and benefits reduced in some HEIs. UNISON Cymru Wales has campaigned against the outsourcing of employees as a way for the employer to absolve itself of its pension obligations and other employment terms.

We have been active in supporting our members in confronting threats to privatise university services they might work in or use, such as creches and cleaning services.

There is a predominance of low pay and a growth in the use of zero hours and casual contracts along with a reliance on agency staff. At the same time, support staff will have contrasted their depressing experiences with the extravagant six figure salaries and extremely favourable pensions of Vice Chancellors.

Placing yourself in the position of a low paid employee in Higher Education, it is easy to understand why they feel unappreciated and undervalued.

Looking in more detail at the last three years, morale at Welsh universities has been badly undermined by a series of below-inflation pay awards. Support staff know their contribution to the whole student experience, including their academic attainment, is crucial, but repeated poor pay rises have left them questioning whether they want to work in this sector.

University support staff, unsurprisingly, have been negatively affected by working through the covid pandemic and the current cost of living crisis, something they and their families would have been in a stronger position to face had they received fair pay rises over the last few years.

Their mental health is further affected by the practice of leaving support staff vacancies unfilled and general understaffing of departments. Asking employees to do much more with less, over a sustained period of years, is a common theme across Wales and can only damage their wellbeing.

Understandably, the weight of these combined pressures, has caused some in the sector to consider leaving for more rewarding work. Employees leaving in any number would compound the current understaffing problem. To counter this, Welsh universities need to urgently consider how they can be more attractive, rewarding and compassionate places to work.

There is a duty of care on employers to look after their employees, yet our very recent survey reveals Welsh universities are not providing the mental health support their staff urgently require. Staff not being properly supported with their own mental health, which will in turn have an adverse effect on students, negatively impacting their support and experience in their university life.

Support staff are dedicated professionals and the first point of contact of students outside their lecture rooms, they want to be as well-trained as possible to support those young people experiencing mental health difficulties. Many support staff have told us, they feel ill-equipped to help people struggling in those very serious situations, where they may be self-harming or considering suicide, because they lack training and the resources to provide support. Our members are those who are dealing head on with issues in their roles such as security, residence management and cleaning.

A world class education system will drive Wales's economic growth, it can help deliver a fairer society providing equal opportunity for all and unlocking people's potential. Unfortunately, the complete failure to invest in Higher Education support staff in all aspects of their employment and wellbeing means this cannot be achieved.

UNISON Cymru Wales survey

We wanted to support the Committee's investigations by providing detailed feedback on how support staff feel about these issues.

We launched a survey of UNISON H.E. support staff on 4 October 2022 which closes on 17 October, after this written submission has been made, so an update can be provided in our oral evidence. To date 166 members have completed our survey. A link to the full survey findings (minus personal testimonies which could identify individuals) can be found at the end of this submission. The key findings are summarised below.

Key survey data

Q1. On a scale of 1-10, how would you rate your current mental health? 10 being perfect and 1 that you are experiencing real difficulties

- 30.9% had a score of 4 or below
- A further 12.7% had a score of 5

Q2. Has your mental health changed in the last 3 years?

- 68.5% worse or much worse (49.7% worse, 18.8% much worse)

People who responded with 'worse' or 'much worse', were then asked: *Have you spoken to anyone about your mental health?*

- 53.1% yes
- 46.9% no

People who responded with 'yes', were then asked who they had spoken to (and more than one may apply):

- 61.7% to a GP
- 36.7% to a counsellor
- 15% to a mental health professional
- 16.7% to employee assistance
- 58.3% to a family member
- 46.7% to a manager
- 45% to a colleague
- 65% to a friend
- 15% to a trade union rep

Those who had used employee assistance were asked to mark the scheme, 10 being excellent and 1 being completely inadequate.

- 87.1% marked the scheme as 1.

Those answering 'no' to Q2. Were then asked: *Do you know how to access advice and support in the workplace if you were experiencing mental health issues?*

- 35.8% said no

Those answering 'yes' or 'no' to this question were asked: *Would you feel comfortable speaking to your manager about worsening mental health?*

- 64.2% said no

Q9. Has pressure at work negatively affected your quality of life?

- 84.2% said Yes, a lot or a little (40.6% said Yes, a lot, 43.6% said Yes, a little)

Respondents were then given the opportunity to tell us about the pressures they have experienced at work if they wished. Only a sample is given below. Each bullet-point denotes a different respondent.

- *Too much work and too little time*
- Lack of managerial support
- *My manager brings a lot of stress with micromanaging*
- Excessive amounts of work due to a vague job description. Tension with colleagues due to cutbacks and job insecurity. Extremely short notice for changes in workplans
- *Significantly high workload and expectation to be available at all times. No real way to alleviate this. Mentally, I feel I lost a sense of myself from working so much.*
- Workload, lack of resources, asked to do more with less. Colleagues often working until 10/11pm regularly. Constant breaking of EU working hours regulation. Manual and archaic systems not functional for expansion an increased pressure on admin services. Increased student expectation.
- *I had a bullying boss for years who would hound me out of hours, sending emails at 6.30am and expect me to be online picking them up. If I didn't answer immediately, she would contact me on my personal mobile*
- Team too small for workload
- *Being expected to do more with less resource*
- More workload with no financial gain
- *Being short-staffed quite often*
- Too much work resulting in very long hours. Unpaid and never ending. Poor recruitment rates resulting in staff gaps we are expected to cover. Poor support from top management makes me feel undervalued and unimportant.
- *Not feeling supported by managers at times.*
- Last minute deadlines given without warning and with no thought of personal wellbeing
- *Senior management are expecting more from us all the time. The level of mental health and safeguarding support the learners require is increasing and therefore increasing the workload.*

- (Senior person) where I work does not believe in breaks away from your desk including to make a hot drink. X shames individuals about sickness absence and childcare issues. This leaves me upset and anxious.
- *Students needing more support with their own wellbeing due to covid and the cost of living crisis.*
- Unclear structure and expectations
- *Under pressure from management*
- There is too much work and not enough paid staff
- *Overworked*
- Workload is excessive. I work hundreds more hours a year than I should. Returning from leave is very difficult and I have a sick feeling for a few days before I do, as I know the deluge of work I will face on my return
- *High workload not enough staff on the ground. We are constantly inundated with calls to a point we cannot cope*
- We are severely understaffed and expected to pick up the workload of multiple people by ourselves. I feel our compassion for the students is preyed upon to get us to do work over and above what we have capacity for.
- *Workload and lack of reserve staff for specialised tasks*
- Busy start of term - big case load of students, not enough staff to cope
- *The team has been cut by half, but the workload has increased. I feel anxiety and despair knowing I am behind in my work, and not able to catch up.*
- Workload too high, volume of students to staff to support them is overwhelming and affecting us - having to work overtime all the time just to try and make a dent. 10-12 hr days and weekends. It's been like this since pre-covid and now students are back face to face in such numbers the university is happy to take the money but not use some of that to increase resources
- *Under-resourcing of service, unrealistic expectations of senior management feeling undervalued, frequent changes, internal recruitment promoting inexperienced staff into management roles*
- Short staffed and greatly increased workload.
- *My workload has increased over the last 2 years, doing two jobs at the same time with little and inconsistent support.*
- Too few staff. Staff leaving and not being replaced. Being undermined. New managers coming in. Constant change.
- *We are not being listened to by management. They schedule in work with stupid deadlines and don't allow us enough time to deal with housekeeping meaning that we are stressed, sometimes having to work until the late hours or coming on our days off to sort things out.*

- Covering the work of others/vacant posts makes it difficult to get my work done.
- *During the last three years. I have been carrying out the work of two people. This has recently changed with an additional colleague now employed. So hopefully things will now improve.*
- Ever increasing workload
- *I was made to work way above my level for no extra pay and the environment is very toxic.*
- Lack of staff and pressure to take on more work meaning night times and weekends are spent recovering from exhaustion
- *More work piled on - less staff*
- Not enough staff
- *Too much work, not enough help and when we do get extra staff it is more management and not those on the ground*
- Deadlines, doing more with fewer people. Uncertainty everywhere.
- *Less time to spend with family due to workload and time spent working. 35-hour contract and regularly work 45 to 55 hours per week. No real work/life balance. Unable to take all my leave due to chronic under-staffing. Our department is at breaking point with some colleagues just permanently burnt out.*

Q.11 To what extent to you agree with the following statement:

Below inflation pay awards over the last few years have negatively impacted my mental health

- 62.4% agree or strongly agree (24.2% strongly agree, 38.2% agree)

Q12. To what extent do you agree with the following statement: Understaffing in my department has negatively impacted my mental health

- 73.4% agree or strongly agree (37% strongly agree, 36.4% agree)

Q13. To what extent do you agree with the following statement: Working through covid has negatively impacted my mental health

- 55.7% agree or strongly agree (24.2% strongly agree, 31.5% agree)

Q14. To what extent do you agree with the following statement: The cost-of-living crisis has negatively impacted my mental health

- 77.6% (35.8% strongly agree, 41.8% agree)

Q15. Are you considering leaving the Higher Education sector because of the impact on your mental health

- 16.4% said Yes, I am actively looking for a different job
- 32.1% said Yes, I am considering leaving HE

Q16. Have you experienced or witnessed incidents which have been the result of a student/s with poor mental health?

- 45.5% said Yes

Respondents were then given the opportunity to tell us about incidents experienced or witnessed. Only a sample is given below. Each bullet-point denotes a different respondent.

- Incidents of students self-harming on site have increased significantly- we have had to put measures in place within my department (art) due to easy access of tools/sharps that can be used for this. Students suffering from anxiety and having panic attacks are now so frequent that mental health first aiding is used far more often than physical first aiding. I have had to be trained in both.
- *I work as a student counsellor so see students with poor mental health frequently.*
- Deal with more than 50% cases with student with mental health concerns
- *Students expressing their wish to end their lives, sitting with them for 5 hours after we are supposed to go home waiting for ambulances that never turn up.*
- Learners are reporting feelings of completing suicide.
- *I manage students and many have experience of mental health issues during lockdown and after.*
- Too many to mention. We have had suicides, students who don't know how to deal with stressors, there is regular abuse from students to staff and I'm sure that this is due to frustration.
- *I work in student disability so am in contact with students with poor mental health daily.*

- It is saddening seeing young people who feel there is nobody there for them and then don't reach out when in need of help. Issues caught early are easily solved.
- *Student went out lunchtime bought paracetamol from various places and overdosed*
- I work in well-being services so work with students who have poor mental health. We have seen a huge rise in suicidal ideation recently, as well as homelessness
- *I deal with international student's they are usually not equipped financially to be in UK and a lot of them are struggling - they are only allowed to work 20hrs a week. Lack of available affordable accommodation is a huge issue. This all trickles down to the student facing staff.*
- I am a Mental Health Adviser, so I deal with these incidents every day. Increase in students with suicidal ideation, increase in students with low levels of resilience, increase in students with anxiety
- *I briefly worked in the advice zone and came into contact with many students in mental health crises. I have also heard many stories from other staff members about students in crisis or behaving in a way as a result of poor mental health*
- Student shouting and screaming in room next to me. He was threatening to kill himself.
- *I work with mature students who have really struggled to cope as they have a lot of other responsibilities as well as their studies*
- I have witnessed self-harming in students. And also, unfortunately I witnessed a student death and also a major medical Incident which led to a student having life-saving surgery.
- *Self-harm. Sectioning. Substance misuse. Knife crime. Drug dealing.*
- Students with psychosis who have severe mental health conditions such as schizophrenia or similar disorders. Self-harm (frequently). Attempted suicide. Drug induced psychosis.
- *Numerous breakdowns*
- Even students with high mental health resilience express concerns with their mental health.
- *Students reaching crisis point, very often exacerbated by insufficient preparation for the new term by the University and malfunctioning university systems with little priority, given to fixing the issues and problems becoming long-term. Students are finding themselves in immediate difficulties through no fault of their own, in particular international students.*

- Students stressed due to not having their queries resolved in reasonable timeframes, with many waiting weeks.
- *Studying from home has impacted on normal student life and relationships*
- Violence and frustration towards staff

Q18. Do you feel equipped with the necessary training in Mental Health Awareness to provide support/signposting for students you come into contact with?

- 53.3% said No

Respondents were then asked what training they would like to receive to better equip them with incidents/concerns. Only a sample is given below. Each bullet-point denotes a different respondent.

- Not directly student facing but could benefit from spotting issues with colleagues and effective signposting
- *Not in my current role but would have been really useful if my placement role where I had direct contact with students.*
- Despite having already done mental health first aiding, I feel I could use further training. Also, I am the only staff member to have undertaken this training in my department so far, so it would better if more staff had access to these courses.
- *Mental Health Awareness*
- No- the university offers mental health first aid training and courses to support this. It's not about training- it's about the need for support for students being increased and increased support for coping strategies in HE. Students need support and training
- *I received Mental Health First Aid training for students in Sept 19, but that has now run out. The university has changed so much during COVID, with so many people leaving due to restructure and retirement, it's now no longer relevant. Also, critical incident teams, especially out of hours, are very understaffed, I believe refresher training would be useful, so I know where to signpost the students both inside and outside of the university.*
- Suicide prevention course
- *Yes, internal training*
- Any mental health training would be good
- *I had signed up to a Mental Health training course offered by the University, but this was cancelled due to covid and has never been re-arranged.*

- Clear sign posting for support available to them and to me as witness/person dealing with issues/concern
- *I would like to attend Suicide Awareness Training. I have completed the Mental Health First Aid course.*
- I feel that the training sessions should be advertised better.
- *I don't have time to train for anything we are constantly firefighting the workload with too few staff.*
- Mental health first aid for all staff
- *Refresher courses on mental health awareness please*
- Mental health training and break away techniques
- *Yes, however not all staff are eligible for the training at the university I work for.*
- Training would be good but additional resources to support these students would be better
- *In-person mental health training*
- Online training has been provided but face to face training for such things could be better.
- *Training on substance misuse would be beneficial as we see more of it.*
- Suicide awareness/first aid training
- *No, I have attended my university's crisis training which was very thorough and exceptional*
- Due to the high volume of the work I need to process I don't have any time left for trainings
- *An online training session. Information on where to signpost people in an emergency. Contact numbers for staff to phone for advice.*
- I have not had any training so something would be helpful
- *Unsure of what options are available*
- I do not have contact with students, but I do think mental health training is useful for all staff - for example, to help with colleagues or even ways to manage our own mental health. Maybe it should be a mandatory thing, as even if I wanted to opt into training right now, I feel like I don't have the time during work hours to do this.
- *Training in being able to easily identify common behaviours from students who may/are experiencing mental health difficulties would be helpful, so that they could then be told about and signposted to support services.*
- More training would be useful and would also, hopefully, raise the profile of mental illness among employers.
- *Yes - training on student mental health for quality of life and good study skills / self-care. Recent training is for suicide prevention which is a bit last resort.*

**This is a link to the full survey summary findings in chart and graph form.
Personal testimonies have been omitted.**

https://reporting.alchemer.eu/r/90022134_63494981ceafe0.15557173

Cyflwynwyd yr ymateb hwn i ymchwiliad y [Pwyllgor Plant, Pobl Ifanc ac Addysg i gymorth iechyd meddwl mewn addysg uwch](#)

This response was submitted to the [Children, Young People and Education Committee inquiry into Mental Health support in Higher Education](#)

MHHE 13

Ymateb gan: Undeb Prifysgolion a Cholegau

Response from: University and College Union

The University and College Union (UCU Wales) represents almost 7,000 academics, lecturers, trainers, instructors, researchers, managers, administrators, computer staff, librarians, and postgraduates in universities, colleges, adult education and training organisations across Wales. UCU Wales is a politically autonomous but integral part of UCU, the largest post-school union in the world. We welcome this opportunity to provide evidence to the CPYE Committees investigation into student mental health (higher education).

To support our oral evidence, UCU Wales has prepared the following brief and recommendations for committee members;

1: Any effective strategy to improve student mental health and wellbeing must take account of staff mental health and wellbeing. Notwithstanding the position of matriculating post graduate researchers (who count both as students and staff – see below), many academic staff currently confront a workload crisis. Recognizing this relationship, NUS Wales President, Orla Tarn, cited the [UCU 2021 Academic Workload Survey](#) whilst giving evidence to this committee (October 6th). Orla set out how academic staff work on average 51.3 hours per week with many precarious staff working more than three times their contractual hours. Characterising higher education as a “mentally unhealthy sector”, Orla elaborated to say that some frontline academics simply do not have the “time or mental capacity” to instil a positive mental health message in the classroom. Describing how it is “impossible to pour from an empty cup”, Orla recommended that work must be undertaken at an institutional level. UCU Wales supports the evidence offered by NUS Wales and considers it essential that the administration monitoring of the new registration wellbeing condition (Commission for Tertiary Education & Research) covers staff as well as students.

2: Confronting similar challenges in further education, UCU Wales is currently working in social partnership with Welsh Government and Colegau Cymru to take forward a funded wellbeing and professional learning project – ‘Digging in’. Digging

in follows on from a previous funded piece of work ('Well Aware') undertaken between 2021/2022. The attached project report lists several specific challenges arising in college settings which are usefully summarised in the executive summary. Ranging between excessive workload, work intensification, culture, values and relationships, the action research project sought to identify solutions by embedding a cadre of trained wellbeing representatives. Having co-created a model that works, UCU Wales recommends that government apply these lessons and considers extending a similar social partnership scheme in Welsh higher education institutions.

3: An effective institutional approach must rest on sound intersectional foundations. In the view of UCU Wales, it is vital that the sector approach mental health and wellbeing through the prism of the Welsh Anti Racist Plan and LGBTQ+ Action Plan as well as taking account of further developments in other equality areas (such as the First Ministers Disability Task Force). Questions such as equality of access, staff recruitment and cultural competency will be vital if institutions are to look like the communities which they serve.

4: UCU Wales acknowledges the mental toll of loneliness and isolation suffered by many students throughout the pandemic. Additionally, we appreciate the very real danger that many students might now be 'priced out' of social activity because of growing inequality pursuant to a 12-year cost of living crisis. Whilst appreciating that budgets are tight, both government and institutions must ensure that assistance is in place to address the long-known relationship between poverty and negative wellbeing.

5: UCU Wales also cites the similarly accepted relationship between poor physical and mental health. Throughout the pandemic, government, institutions and campus unions (including NUS) worked in social partnership to successfully mitigate the threat of illness and death. However, in recent months, we have seen an alarming relaxation of protections. In one case, a major university now seeks to downscale mechanical ventilation during a period in which Welsh Government projects a steep rise in Covid infection and other pathogens. The attitude which determines that we can accept 'Fresher's Flu' as just another feature of campus life is not fit for the Covid age. For instance, only recently we saw [reports](#) detailing Long Covid's capacity to maim the most vulnerable. Institutions must accept that sound mental health and wellbeing begins with effective health & safety.

6: With respect to mental health crisis, at an institutional level NUS Wales identify issues around consistency and equity. With support differing from place to place, students who are judged as being too 'poorly' for university services but not sufficiently ill for Wales NHS risk falling through the gaps. University mental health liaison officers have proven key to helping this cohort who would otherwise be

passed from pillar to post. Funding for these posts needs to continue and, in some cases, be intensified.

7: Finally, In May 2022, UCU published a [report](#) which presented the findings of a survey into the experiences and needs of 955 postgraduate researchers (PGR's) in UK higher education (including Welsh institutions). Issues highlighted by respondents can be grouped into three categories:

1. Insufficient income and/or funding and the associated workload and time costs
2. Insufficient specificity in training and the formal requirements of the PhD for career development
3. Insufficient interpersonal support and integration of PGRs within universities Low pay and/or the ability to meet the costs of the PhD was the biggest issue for the majority of PGRs.

It was noted that this would likely have a knock-on effect on issues of health and wellbeing, concerns about workload and worries about career progression. Extra casualised work outside of the PhD was not considered to be an effective solution, with survey comments often describing significant underpayment and unfair workloads where adequate work opportunities could be accessed.

Committee Members can read more about the position of PGR's in the UCU Wales [response](#) to Welsh Governments Draft Innovation Strategy (page 10). However, it is worth considering how, given that post graduate research work acts as a gateway to academia, poor expectations and negative experiences of mental health can be solidified during early career.

Agenda Item 4

CYPE(6)-21-22- Paper 4

Cyflwynwyd yr ymateb hwn i ymchwiliad y [Pwyllgor Plant, Pobl Ifanc ac Addysg i gymorth iechyd meddwl mewn addysg uwch](#)

This response was submitted to the [Children, Young People and Education Committee inquiry into Mental Health support in Higher Education](#)

MHHE 14

Ymateb gan: **Cyngor Cyllido Addysg Uwch Cymru (CCAUC)**
Response from: **Higher Education Funding Council for Wales (HEFCW)**

HEFCW welcomes this opportunity to respond to the Children, Young People and Education Committee Inquiry on mental health support in higher education.

Extent of need

The current situation with regard to the mental health of students in higher education, and any particular challenges they face with their mental health and ability to access support.

1. The number and proportion of students in higher education in Wales presenting with mental health conditions has been increasing in recent years. The number and proportion of student enrolments in the nine Welsh universities and three further education colleges regulated by HEFCW¹ declaring a mental health condition such as depression, schizophrenia or anxiety disorder has increased from **2,065 students in 2014/15 (1.6% of students) to 6,245 students (4.3% of students) in 2020/21**. Increasing volumes of students declaring mental health conditions, living and studying in towns and cities across Wales creates demand for support by universities and colleges and puts additional pressure on existing public health services and third sector organisations.

¹ Universities of Bangor, Aberystwyth, Cardiff, Cardiff Metropolitan, Open University in Wales, South Wales, Swansea, Trinity Saint David, Wrexham Glyndŵr. Further education colleges Coleg Llandrillo Menai, Gower College, Neath Port Talbot Group of Colleges.

Mr Rob Humphreys
Cadeirydd | Chair

Dr David Blaney
Prif Weithredwr | Chief Executive



2. A Universities UK report [Minding our Future](#) highlights that students ‘are now not an elite minority’, stating ‘half of all young adults will access higher education by the time they are thirty. Support within universities and NHS services needs to build from a nuanced understanding of the differing identities and characteristics of individual students¹’.
3. The Welsh Government ten-year strategy [Together for Mental Health: A Strategy for Mental Health and Wellbeing in Wales](#) (2012) states:

‘Students facing challenges in moving away from home for the first time and/or adapting to or coping within an academic environment may require additional support. College and university staff have a crucial role to play in promoting the wellbeing agenda and ensuring students have access to the right support, when necessary.’

4. Some of the challenges students face in relation to their mental health are highlighted in the *Minding our Future* report. The following factors can contribute to worse mental health within the student population:

Geographical: In many instances, students move to a new county or even country to enrol at university. This may result in registering with a new GP in their university area. Those who move away to study typically return home at the end of each term for several weeks or months.

In Wales, there were **62,185 Welsh domiciled full-time undergraduate students** enrolled at UK higher education providers in 2020/21 of which 38.5% (23,925) were studying outside Wales, In the same year there were **84,888 full-time undergraduate students enrolled at higher education providers in Wales** of which **38,257 (45.1%) were Welsh domiciled**.

Educational: Students enrolling at university transition to an education system that requires more independent learning than the teaching they experienced at school or college.

Service: Many students are at the age where the mental health services they receive move from child and adolescent mental health services (CAMHS) to adult mental health services (AMHS). This transition is challenging even for those who have not changed address and remain within the same health service.

Personal: Students who move away from home to attend university acquire financial and domestic responsibilities and pressures. Some might also be experimenting sexually for the first time, having relationships and experiencing break-ups.

5. Turning to barriers to accessing mental health services outside of higher education, a report by Universities UK² identified the following barriers for students accessing mental health services:
 - *‘more students are arriving at university with pre-existing mental health disorders. Some of these disorders in particular eating disorders and autistic spectrum*

² [UUK; Starting the conversation about the support of student mental health](#)

disorder require effective coordination of specialist care and adjustment of the student environment'

- *'although the NHS is starting to consider students as an atypical population, significant difficulties remain with the coordination of care between primary and specialist care and with the support provided by universities' and*
- *'as students move between GP and university services, information about their condition and treatment rarely travels with them. This means that students either need to repeat their situation several times, acting as their own case co-ordinators, and access treatment and support with incomplete information, or not access it at all. Better sharing of patient records is essential to address potential discontinuity of care'.*

Whether there are different challenges with regard to mental health for different groups of students, and if there are any groups of students in higher education who are disproportionately affected by poor mental health.

6. In relation to the intersection of mental health and other protected characteristics³, the Equality and Human Rights report *Is Wales Fairer 2018* confirmed that *'in 2015, disabled people reported poor mental health nearly three times more frequently (48.0%) than non-disabled people (16.9%). Younger disabled people also reported higher rates of poor mental health than older people, varying between 66.6% (aged 16–24) and 34.4% (aged 75+)'*.⁴ The report also notes that in the general population **'Fewer men (22.3%) than women (31.1%) reported poor mental health in 2015. More women than men are treated for mental health conditions, which may be partly because women are more likely to disclose a mental health problem than men'**. The pattern of presentation is the same for female students in higher education (HE). We know that suicides are higher in male students⁵. The implications of men being less likely to disclose mental health conditions than women are that services need to be designed to engage and treat not just those students who proactively seek them out.
7. The Welsh Government has enacted the socio-economic duty of the Equality Act 2010 and socio-economic disadvantage can negatively impact on students' mental health. Student Minds in its University Mental Health Charter state *'Inequality can, in and of itself, have negative effects on mental health. There are numerous causes of this, which can include adverse experiences, not feeling understood or accepted, feeling actively rejected or being threatened by the surrounding culture'*.⁶ The Mental Health Foundation states that evidence from the Child and Adolescent Mental Health Survey found that the prevalence of severe mental health problems was around

³ Protected characteristics under the Equality Act 2010 are: age, disability, gender reassignment, pregnancy and maternity, marriage and civil partnership, race, religion and belief, sex, sexual orientation. See also the Welsh Government statutory duty on socio-economic disadvantage [The Socio-economic Duty: guidance](#).

⁴ [Is Wales Fairer? The state of equality and human rights 2018 \(equalityhumanrights.com\)](#)

⁵ Universities UK [Stepchange mentally health universities](#) quotes (Gunnell et al, 2019).

⁶ [Hughes, G. & Spanner, L. \(2019\)](#).

three times higher among children in the bottom quintile of family income than among those in the top quintile.⁷

8. There is some early evidence of the negative impact of the current cost of living increase on students with protected characteristics, student carers and students with a care background, students estranged from their families and students from lower socio-economic backgrounds and international students. An NUS report in 2022 indicated that cost of living increases are 'having a negative impact on student mental health, with 90% of students reporting a negative impact, and 31% reporting this to be a 'major' impact.'⁸ The September 2022 National Union of Students and Higher Education Policy Institute report [Student Cost of Living Support](#) reports that:
 - food bank usage is more likely among mature students, those in further education, disabled students, and students from lower socio-economic backgrounds;
 - trans and non-binary students, as well as students of colour are more likely to have less than £500 a month in income; and
 - parents and carers are more likely to report extreme concern about their ability to get by financially than other students and are more likely to have sought assistance from a number of sources including credit schemes and credit cards.
9. A [Student Minds](#) commissioned report noted a '*meta-analysis of health surveys that covered 94,818 participants across the UK found that lesbian, gay and bisexual people in the UK - particularly younger and older individuals - have higher prevalence of poor mental health and low wellbeing*'⁹. In 2019 [Advance HE](#) confirmed that: '*some LGB+ and/or trans students may experience higher rates of non-continuation in studies, have specific needs around mental health support, and may face higher rates of harassment*'.
10. The Equality and Human Rights Commission's 2019 report stated that '*our evidence shows that, for many students and staff in our universities, racial harassment results in humiliation, isolation, loss of confidence and serious harm to their mental health. Our call for evidence heard how harassment both caused and worsened existing mental health conditions.*'¹⁰ People facing identity-based violence and abuse include women of all backgrounds. Women students and staff whose mental health is affected by domestic violence, abuse and sexual violence were further adversely impacted on by the lockdown during the pandemic. Universities support women and families living in these conditions.
11. In terms of suicide, incidents are higher among male than female students¹¹. Office for National Statistics (ONS) data for England and Wales indicate that: '*The student suicide rate for those aged 17 to 24 years was 1.7 per 100,000 students (25 suicide deaths) for the academic year ending 2020. This was statistically significantly lower than the rates seen in academic years ending 2017 and 2018. This is in line with the trend seen in the general population*'. '*For context, the overall suicide rate in*

⁷ Green, H., McGinnity, A., Meltzer, H., Ford, T., & Goodman, R. (2005). [Mental Health of Children and Young People in Great Britain: 2004](#). ONS.

⁸ [Cost of Living Research June 2022 - Students and Apprentices @ NUS](#)

⁹ [LGBTQ+ Student Mental Health: The challenges and needs of gender, sexual and romantic minorities in Higher Education](#) Student Minds, Dom Smithies and Dr Nicola Byrom

¹⁰ [Tackling racial harassment: Universities challenged \(equalityhumanrights.com\)](#)

¹¹ [Stepchange: mentally healthy universities \(universitiesuk.ac.uk\)](#)

the general population (which includes higher education (HE) students) is statistically significantly higher (12.5 deaths per 100,000 general population) compared with students (3.9 deaths per 100,000 students) for the academic year ending 2017 to academic year ending 2020.’ We fully recognise that one suicide is one too many.

12. See also the students identified as being more adversely impacted by Covid-19 in paragraph 14 below.

The effect, if any, that Covid-19 had generally on students’ mental health and well-being and the pandemic’s impact on the levels and type of support provided by the higher education sector.

13. A Wales 2021 fiscal analysis briefing¹² suggests that the pandemic is likely to have greatly affected the mental health and wellbeing of the population as a whole. The briefing outlined the following data analysis:

*‘survey data suggests the proportion of the population with a severe mental health problem increased from **11.7% in February 2020 to 28.1% in April 2020**. Overall, **mental health problems increased by 17% between February 2020 and November 2020**’; and*

‘given this worsening picture for mental health among the population we would anticipate increased demand for mental health services over coming years. Modelling for England suggests the pandemic may cause a surge in referrals for such services. If these trends were replicated in Wales, additional pressures on mental health services would amount to £75 million to £98 million in 2021-22’.

14. Students in higher education were impacted by the Covid-19 pandemic and restrictions, and research conducted over the last year has demonstrated this. A report by the [Centre for Mental Health](#) evaluating the impact of the [Student Space](#) programme which provided web-based intervention supporting student mental well-being over the pandemic found that that not all students were impacted equally, and that some groups of students experienced greater challenges. Those it identified were:

- students from racialised communities;
- students with disabilities;
- international students; and
- students from ‘widening participation/ access’ groups.

15. We are unclear as yet of ongoing and longer-term pandemic impacts on applicants and students. The British Academy published [The COVID Decade: understanding the long-term societal impacts of COVID-19](#). One of the report’s conclusions was:

‘The pandemic and various measures taken to address it have resulted in differential mental health outcomes. Access to support for new cases and for those with pre-existing conditions has also been disrupted, in addition to services for children and

¹² [The NHS and the Welsh Budget: Outlook and challenges for the next Welsh Government \(2021\)](#)

young people. Both have the potential to result in long-term mental health impacts for particular groups if there is not a renewed focus on the causes and solutions for sustaining mental health across society, including by tackling the structural and root causes of inequality.’ and:

‘The consequences of lost access to education at all levels, coupled with changes to assessments, will be felt for years to come, and wholly recovering lost education is unfeasible. This has exacerbated existing socioeconomic inequalities in attainment and highlighted digital inequality. Because a high-skill economy will be essential for future prosperity and for society to thrive, it will be vital to consider whether lifelong educational opportunities are sufficiently comprehensive, diverse and flexible.’

Identification and provision

How effectively higher education providers’ promote an ethos of good mental health and well-being to all students and whether this is an integral part of the learning experience and interactions with staff

16. HEFCW’s first policy guidance to universities on well-being and health in higher education was issued in 2013. The guidance identified current practice in higher education and confirmed that all 2014/15 fee plans included support for mental health and well-being.¹³ [Higher education for a healthy nation student well-being and health](#) included more than forty case studies of higher education activities and services to promote well-being and health and support students with their mental health. In 2021 we published [Higher education for the nation supporting students](#) with more recent well-being and health-related case studies.

17. In 2019, HEFCW launched its [Well-being and Health in HE Policy Statement](#) at a national conference. In 2019, the Wales Audit Office published its examination: [Higher Education Funding Council for Wales – Well-being of Future Generations: A plan for wellbeing and health in higher education](#) which noted that:

‘HEFCW is enthusiastically driving collaboration and there are a range of practical and strategic steps it can take to build on its positive relationships with partners’.

18. In 2019, HEFCW funded five, collaborative innovative well-being and health projects to improve and support student well-being and health in higher education. We also invited Well-being and Health Strategies from FY 2020-21. The projects are ongoing or embedded and include:

- The [Myf.com](#) Welsh language web-based information and advice service for students with mild to moderate well-being mental health conditions. The project was led by Bangor University in partnership with Aberystwyth University and University of Wales Trinity Saint David and launched in the Senedd in May 2022;
- The [South East Wales Student Mental Health Partnership](#) has created a multi-agency ‘Mentally Healthy Student Hub’ to improve access to a range of third-party support provided by health and third sector agencies, as well as

¹³ [W13-31HE Equality-and-Diversity-in-Higher-Education-Promoting-Mental-Health-and-Wellbeing.pdf \(hefcw.ac.uk\)](#)

developing a shared protocol for defining mental ill-health, and critical health referrals to NHS partners, working with Cardiff and Vale Health Board Trust. The project was launched in the Senedd in June 2022. Joint health board/university services are located in Cardiff University, Cardiff Metropolitan University and the University of South Wales;

- The Open University in Wales partnered with Wrexham Glyndŵr University and Adult Learning Wales to develop online [well-being and health modules](#) for students with low level mental health conditions;
- Wrexham Glyndŵr University partnered with the University of South Wales and the Betsi Cadwaladr Health Board Trust to develop [social-prescribing](#) to support students with low level well-being and mental health conditions and to enhance its triage processes to enable more rapid support for students.
- The [Connect](#) project led by Swansea University with the University of Wales Trinity Saint David tackles loneliness and increases the sense of belonging to higher education communities through proactively connecting lonely, unconfident students with connector staff and students, services and activities. The project was presented to the [UK Healthy University Network](#) in 2021.

19. During the pandemic, HEFCW allocated additional Welsh Government funding of **£50m** to support students in higher education, including for well-being and mental health, see circulars [W20/32HE](#) and [W21/04HE](#). Additionally, HEFCW jointly funded, with the Office for Students, the [Student Space](#) project to provide expert advice and information to students impacted by the pandemic. Between 1 July 2020 and 31 July 2022 HEFCW Student Space funding was **£220,000**. Student Space has been extended to 2025 with HEFCW's funding securing Welsh medium resources.

20. All universities in Wales, unlike in England, have Well-being and health strategies and implementation plans, funded through HEFCW circulars [W20/35HE](#), [W21/22HE](#), [W22/29HE](#). HEFCW has allocated funding of about **£6.7m** between 2020/21 and 2022/23 to support strategies and implementation plans, suicide-safer strategies and self-assessment reviews of student services using a specialist [UK assessment framework](#). Universities in Wales have committed to whole university approaches underpinned by the [Universities UK stepchange framework](#) which calls on universities to see mental health as foundational to all aspects of university life, for all students and all staff. It is HEFCW's intention, subject to decisions made by the new Commission for Tertiary Education and Research and the budget allocated to it, that well-being and health-related funding should remain as an annually recurrent funding allocation in order to sustain the university services.

21. HEFCW's analysis of the findings of universities' self-assessment of their student services concluded that there are 'elements of good practice' and some 'widespread good practice' and some 'areas of challenge', including in relation to resources and/or whole university approaches¹⁴. Areas of challenge for three universities related to working with NHS services across Wales.

¹⁴ Such practice is defined by Universities UK as ELEMENTS OF GOOD PRACTICE: Evidence exists of examples of good practice, but it is not embedded across the whole university. Practice may be isolated within specific teams or departments. WIDESPREAD GOOD PRACTICE: There is significant evidence of good practice that has been informed by evidence and is well evaluated. Some of this work is cross-university and considers the needs of specific groups of students. MAJOR CHALLENGE Minimal progress has been made but there is evidence of actions to move work forward.

22. In December 2021 we allocated additional Welsh Government funding of **£1.3m** to support universities to work with their Students' Unions to promote well-being and health¹⁵ activities as we began to emerge from the immediate aftermath of the pandemic. Activities were delivered against the following themes:

- i. promoting safe and inclusive higher education, including tackling identity-based discrimination, harassment and victimisation and fostering good relations between people who have protected characteristics and those that do not;
- ii. tackling sexual violence and harassment, taking account of the Universities UK briefing on [The intersection of sexual violence, alcohol and drugs at universities and colleges](#) (July 2021);
- iii. supporting period dignity for students wherever they are located;
- iv. supporting those students whose well-being and health, including mental health, has been particularly impacted by Covid-19 changes to living and learning;
- v. supporting loneliness and encouraging a sense of belonging to the HE/FE community;
- vi. providing well-being support in Welsh and promoting Welsh culture and the diverse cultures of Wales; and
- vii. supporting well-being and health that is inclusive, regardless of domicile or mode or level of study, including with partner higher education providers.

23. All universities in Wales have student services, with Cardiff University, for example recently opening its new Centre for Student Life. All universities provide online and in person support, recognising that online support has become increasingly popular and accessible for students since the pandemic. All universities provide mental health first aid training for staff. All Universities work with local health board trusts and a range of third sector organisations such as [Mind Cymru](#), [Papyrus](#), [Barnardo's Cymru](#), [Welsh Women's Aid](#), [Togetherall](#), [Student Minds](#) and [Disability Wales](#).

24. Universities in Wales continue to enhance and extend their support for students' well-being and mental health, but they are not complacent, recognising that demand from service users continues to increase and resources are finite.

How effectively the sector ensures early identification of students who need individual and targeted support.

25. The full-time higher education applications process through UCAS includes an option for applicants to declare a mental health condition¹⁶. This enables universities to contact applicants to discuss appropriate support. Universities may not be able to support fully applicants and students with severe mental health conditions that would significantly impact on their ability to study, conversely many students with mental health conditions study effectively and succeed in higher education. See the [Student stories](#) on the [Student Space](#) website¹⁷.

¹⁵ HEFCW circular [W21/39HE Covid-19 Well-being and health additional financial support for higher education students](#)

¹⁶ [Sharing a mental health condition on your application | Undergraduate | UCAS](#)

¹⁷ HEFCW will fund to 2025, jointly with the Office for Students, the Student Space project providing information and support for students' well-being and mental health.

26. Universities proactively take steps to identify early in the applications and admissions process students self-identifying mental ill-health that may require additional support. For example the Royal College of Music and Drama repeatedly asks students about mental health conditions at pre-entry, entry, induction and choosing accommodation following acceptance stages as it is aware of some students' reluctance to declare any pre-existing conditions, believing that these might negatively prejudice their application.
27. Student Services have triage processes to ensure that students are directed appropriately to relevant services in a timely manner. Services, for example, include counselling, wellbeing advice, specialist mental health mentoring, and support to access external services all promoted through universities' websites: [counselling](#), [well-being advice](#) and specialist [well-being mentoring](#).
28. Universities are aware that male students in particular are likely to attempt suicide without ever contacting student services or confiding in family or friends¹⁸. Awareness of students most at risk enables universities to proactively monitor student engagement with learning and teaching, student services, social activities and resources such as libraries and information technology to identify early patterns of disengagement and potential mental health concerns. We grant fund [JISC](#), with an allocation of **£130k** in 2021/22, to work with universities to develop approaches to, and share practice in, using data as early indicators of student retention and well-being. In 2022/23 we will allocate **£225k** to the sector to continue this work.

How effectively the higher education sector and the NHS work together to deliver the right mental health support for individual students when and where they need it.

29. All universities work with NHS services with specific examples including:
- The South Wales Mental Health Partnership noted above, working with Cardiff and Vale Health Board;
 - Wrexham Glyndŵr University's social prescribing activities with Betsi Cadwaladr University Health Board;
 - Bangor University's translation of the Moving On app, originally supported by Welsh Government and the North Wales Area Planning Board and delivered by the Betsi Cadwaladr University Health Board Substance Misuse Services and other service providers across Wales (e.g., Drugaid, North Wales Recovery Community, Recovery Cymru);
 - Swansea University's work with Public Health Wales and integrated autism services
 - University of Wales Trinity Saint David's work with NHS Mental Health Crisis teams to support students; and
 - Aberystwyth University's meeting with GP practices and liaison with local social services on safeguarding matters.

¹⁸ Universities UK Suicide Safer Universities 'Male students are more than twice as likely to take their own lives than females'. Other groups at higher risk of suicide include those that have experienced suicide, refugees and asylum seekers, those that have experienced abuse, trauma, bullying, conflict, and LGBTQ+ students. See p.11 of the report).

30. As noted in para 21 above, effective working with the NHS is a challenge for universities, as set out in the Universities UK Step change guidance¹⁹. Some key challenges include:
- fragmented primary care arrangements, especially when students live and study in different locations;
 - problematic information sharing between NHS services and universities both within Wales and across borders; and
 - the variability of access to secondary and specialist care which is indicative of a wider treatment gap in young adult care.
31. Universities tell us that there is a lack of universal mental health criteria or thresholds to determine what support is the responsibility of the NHS rather than universities, resulting in inconsistency in students' care transition, including for the most vulnerable students.

Whether there are specific issues with access to NHS mental health support, for example the impact of changing GPs more frequently; that many students are at an age where they are transitioning from CAMHS to adult mental health services; any issues with data sharing.

32. There are specific issues with accessing NHS mental health support, including the examples noted above, and as identified in this Committee's terms of reference and used as headings for this submission.
33. In our view the current Welsh Government strategy, [Together for Mental Health](#), does not capture the complex whole system approach needed to support the well-being, health, including mental of students as we set out in the section below on Welsh Government strategy and policy.
34. In relation to data sharing, the UK and Welsh Government should consider the recommendation by the [Institute for Public Policy Research](#) to pilot a digital NHS Student Health Passport, to improve the continuity of healthcare and treatment for students who move between home and university within and outside Wales, several times a year sometimes for several months at a time, and ensure that students have control over their own health data.
35. In terms of data, a Welsh Government review of mental health in higher education/the post-16 sector could consider, amongst other things, how national and regional strategic planning, including regional and local well-being assessments, current data capture and use, and data sharing takes account of post-16 learners and students, including at key transition points.

How well the wider post-16 education sector works to promote good mental health, particularly with regard to transitions.

36. The education and health systems are complex. They require a clear, strong national strategy with guidance to ensure that schools, further education colleges,

¹⁹ Universities UK Step change: mentally health universities, p.31

universities, local authorities, the NHS in Wales, students' unions and the third sector work collaboratively to address pupils', learners' students', apprentices' and post-graduates' mental health and well-being needs.

37. With the Tertiary Education and Research Act having received royal assent in September 2022, there is an opportunity to create a more cohesive post-16 sector approach to well-being and mental health. Future national well-being and health strategies should consider the interaction between schools, the post-16 learning sector, NHS, Public Health Wales and the third sector to support learners, to and through pre- and post-16 education, training and lifelong learning.

Welsh Government policy, legislation and funding

How effectively the Welsh Government's policy, funding and regulatory arrangements for the sector support the mental health of students in higher education, and whether there is more that the Welsh Government could do.

38. The Welsh Government ten-year strategy [Together for Mental Health: A Strategy for Mental Health and Wellbeing in Wales](#) (2012 to 2022) and [delivery plan](#) should be refreshed following evaluation and consultation, to take account of current issues including: data and evidence, the impact of the pandemic, issues of intersectionality, increased digitalisation of staff and students' lives, cost of living and financial pressures, and the Welsh Government's socio-economic duties enacted under the Equality Act 2010.
39. The delivery plan, apart from the establishment of Higher Education and Improvement Wales (HEIW) and a reference to a higher and further education mental health framework, makes no reference to higher education students and 'whole' organisation approaches are framed only in terms of schools.
40. The [Welsh Government's Programme of Government](#) commits to '*service redesign to improve prevention, tackle stigma and promote a no-wrong door approach to mental health support*' and to '*prioritise investment in mental health*' (p.1). We welcome these commitments, which can only be delivered through cross-Government and cross-sector partnerships and we will work with the Welsh Government to realise these ambitions.
41. In terms of investment, HEFCW welcomes the funding of £2m provided by Welsh Government for mental health funding, but this funding is having to stretch to address the mental health needs of continuously increasing numbers of students as set out at the start of this submission. Funding that is long-term to secure sustainable well-being and mental health support for students is key to a system that is prevention- and safety-focused rather than crisis-focused.
42. Equality of opportunity is one of two fee and access plan priorities. HEFCW's regulatory function includes approving, or otherwise, fee and access plan commitments to support students' with protected characteristics²⁰. We consider the current fee and access plans to be blunt instruments with limited regulatory power to challenge or improve sector performance. HEFCW undertakes annually, formal risk

²⁰ Students with protected characteristics include students with disabilities, including mental health conditions.

assessment of regulated higher education institutions. Institutional risk reviews take account of processes for managing, governing and supporting equality and diversity and the student experience.

43. In addition to a general population strategy for mental health, the Welsh Government could consider commissioning a specific national student mental health review with a focus on a whole education/health system approach. The new Commission for Tertiary Education and Research could provide the architecture to contribute to a 'whole post-16 education system' approach to address strategic and policy gaps in mental health and well-being in post-16 education for staff and students.

In the context of the Tertiary Education and Research (Wales) Act, what a whole-system approach to mental health and well-being in post-16 education may look like, and what the role of higher education and healthcare providers would be.

44. An 'whole system' approach to mental health and well-being in post-16 education should be informed by an evaluation of existing approaches and a review of current practice to build on evidence-based practice and provide a benchmark against which to measure success.

45. A completely 'whole system' approach should include policies, priorities and guidance that relate to supporting staff in the post-16 sector (including schools' sixth forms). A mentally healthy workforce that is appropriately trained and 'mental health aware' is fundamental to staff delivering effective learning and teaching and supporting students' needs, where appropriate.

46. An 'whole system' post-16 approach should embed the [Well-being of Future Generations Act five ways of working](#), with priorities to include, amongst other things:

- long-term, cross-government expectations on education, health, housing and social services sectors to collaboratively support students' well-being and health;
- effective regulatory powers for the new Commission to challenge and support the post-16 education sector to meet the well-being and mental health needs of staff and students;
- sustainable, long-term funding for well-being and health that takes account of the volume of student demand and cost inflation;
- integrated national and regional strategic planning which takes account of students in regional and local well-being assessments;
- collaborative and clearly articulated transition pathways across the system for learners, applicants to further and higher education and workbased learning students with mental health conditions to prevent adverse issues arising;
- agreed, clearly articulated and shared care thresholds and definitions of need, and the responsibilities of education providers, NHS, social services and others and underpinned by a principle of duty of care to vulnerable children and adults to prevent 'no-wrong door' situations;
- high quality student support and/or referral to external secondary and specialist care providers, where appropriate;

- equity of student support across post-16 education, including equitable collaboration with, and support from, secondary and specialist health care providers across Wales;
- integrated approaches to effective data capture and use across the post-16 and school sectors in Wales and across borders where required, including appropriate data and information sharing protocols for students at pre- and post-16 years of age;
- collaborative working with NHS services and third sector services as appropriate;
- the availability of Welsh language support services across the system.

These priorities should be underpinned and informed by:

- consultation and collaboration with learners, students and their representative bodies, including those with lived experience of mental health conditions;
- action to remove learners' and students' reluctance or stigma to disclose a mental health condition in post-16 education in Wales;
- staff who are supported with their own mental health and well-being and trained to support or signpost learners and students, as appropriate.
- shared practice across Wales and the UK and more widely, taking account of the UK and international context in which higher education operates;
- the awareness raising and promotion of well-being and health, including mental health services by post-16 providers.

How the new Commission for Tertiary Education and Research should approach mental health and well-being for students in higher education, and in the wider tertiary education sector

47. The new Commission should consider the following points when developing further its mental health and well-being approach for students in higher education, and the wider tertiary education sector:

- i. work closely with the Welsh Government in any review of well-being and health in the post-16 sector, taking account of findings and recommendations;
- ii. contribute to closer working between the Welsh Government, NHS services, Public Health Wales, third sector organisations, higher and further education, schools, students' unions and other representative bodies including Universities UK, Universities Wales and the Association of Managers of Student Services in Wales;
- iii. take account of the Well-being of Future Generations Act's five ways of working to ensure its approach and funding commitment is long-term and sustainable;
- iv. contribute to developing the Welsh Government's next mental health strategy and other related strategies and plans;
- v. consult on, impact assess and publish its position on well-being and health, including mental health, for all post 16 education;
- vi. prioritise 'whole system' approaches' which include staff and students;
- vii. support Welsh medium well-being and mental health provision;
- viii. use data and evidence, including identifying what works in other sectors, to inform its risk assessment and policy development and implementation;
- ix. use regulatory processes to challenge higher education providers to continue to make ambitious progress to meet students' needs;

- x. monitor and review progress against the higher education well-being and mental health statement and monitor higher education providers' implementation of strategies, plans and their progress against agreed measures;
- xi. continue to work with other funding councils, UK-wide sector bodies and international higher education to share practice with, and learn from, the wider higher education community;
- xii. publish guidance and briefings on well-being and mental health to influence and inform post-16 education providers' strategic and operational developments;
- xiii. promote the post-16 education sector's support for students' well-being and health, including mental health, to reduce any stigma and barriers to success in higher education.

Recommendations for change

Whether there are any recommendations that the Committee should make

48. Some of our recommendations are included in the text above and repeated in this section. Other recommendations are informed by UK-wide evidence and research. Recommendations the Committee should consider include encouraging Welsh Government to:

- i. set long-term, cross-government expectations on education, health, housing and social services sectors to collaboratively support post-16 students at Welsh providers' well-being and health and ensure its 'no-wrong door' commitment is realised;
- ii. involve the new Commission at an early stage of developing mental health strategies and related policies prior to public consultation;
- iii. include post-16 learners, students and staff in revised mental health strategies, taking account of intersectional and Welsh language considerations and informed by the lived experiences of learners, students and staff;
- iv. ensure learner, student and staff mental health considerations are embedded in all relevant strategies, including on violence against women and identity-based violence, abuse and harassment²¹;
- v. provide long-term, sustainable investment to support mental health in the post-16 sector; and
- vi. work with the UK Government, to take forward the recommendation by the [Institute for Public Policy Research](#) to pilot a digital NHS Student Health Passport, to improve the continuity of healthcare and treatment for students;

²¹ [Violence against women, domestic abuse and sexual violence: strategy 2022 to 2026 | GOV.WALES](#)

49. We look forward to working with Welsh Government, our universities including the wider post-16 sector, students and partner organisations to improve and sustain support for student well-being and mental health in Wales.

CYPE(6)-21-22 - Paper to note 1

Shift the dial on child health inequalities in Wales

Briefing notes on our open letter signed by over 100 paediatricians and child health experts in Wales calling for action to reduce child poverty and tackle child health inequalities.

Shifting the dial

114 members of the Royal College of Paediatrics and Child Health (RCPCH) have signed an open letter to the First Minister today (17.10.22) urging him to commit to clear cross-government strategy to reduce child poverty and the child health inequalities it causes. They're joining over 1000 paediatricians and child health professionals UK-wide calling for action to reduce child poverty and tackle child health inequalities.

The letters, which you can [download here](#), are addressed to political leaders in each nation, and outline a number of key recommendations which will help shift the dial on health inequalities and improve outcomes for children and young people.

What we're calling for in Wales

In Wales, we acknowledge important steps the Welsh Government is taking, including that of rolling out free school meals to all primary school children. We also note that reducing health inequalities is a Welsh Government objective across a number of policy areas, including its obesity strategy and plans for health and social care services. However, we lack a focussed and prominent strategy setting specific targets to reduce child poverty and unequal health outcomes.

In Wales, the letter calls upon the Welsh Government to:

- Acknowledge high child poverty rates, review existing programmes and publish a revised strategy to reduce child poverty
- Provide national targets to reduce child poverty rates, with clear accountability across Government.
- Expand the Children and Young People Plan so that future iterations form a comprehensive cross-departmental child health and wellbeing strategy that will address health inequalities and the impact of child poverty.

RCPCH Officer for Wales, Dr David Tuthill said:

“It is shocking to think that across the UK approximately four million children are living in poverty – and that Wales now has the worst child poverty rate of all the UK nations at 31%. The child health inequalities associated with poverty, such as poor nutrition, respiratory issues and higher rates of mortality are now more visible than ever. With this open letter to leadership, Welsh child health professionals have spoken. We can no longer ignore the damage being inflicted on children, young people and their families through poverty and inequality. Urgent action is needed.

“We are urging the Welsh Government to acknowledge our exceptionally high child poverty rates, review existing programmes and publish a revised strategy to reduce child poverty. The strategy should provide national targets to reduce child poverty rates and specific health inequality targets for key areas of child health, with clear accountability across Government. All our futures depend on how we support children and young people to develop into healthy, robust adults.”

About the RCPCH and our work on poverty and child health inequalities

The Royal College of Paediatrics and Child Health (RCPCH) works to transform child health through knowledge, innovation and expertise. We have over 500 members in Wales, 14,000 across the UK and over 17,000 worldwide. The RCPCH is responsible for training and examining paediatricians. We also advocate on behalf of members, represent their views and draw upon their expertise to inform policy development and the maintenance of professional standards.

With insight from paediatricians, children and young people, we have a range of resources on child health inequalities on our website, including our full policy position statement, case studies of innovative working happening within paediatrics and a toolkit for paediatricians to draw upon in their clinical practice.

You can find all of that here: <https://www.rcpch.ac.uk/key-topics/child-health-inequalities>

For further information please contact Gethin Matthews-Jones, Head of Policy and Public Affairs (Devolved Nations) gethin.matthews-jones@rcpch.ac.uk.

CYPE(6)-21-22 - Paper to note 2

03 October 2022



Jayne Bryant MS
Welsh Parliament
Cardiff Bay
Cardiff
CF99 1SN

Dear Jayne Bryant MS

As Chief Executive of Family Fund, I would like to take the opportunity to thank you for your work as Chair of the Children, Young People and Education Committee.

I would also like to take the opportunity to introduce our latest 'The Cost of Caring' report we have produced which explores the challenges facing families on a low income raising disabled children and young people across the UK- this can be found as an attachment to my email.

The aim of the report is to highlight the incredibly challenging situation families are facing due to the cost of living crisis and the lasting impact of the coronavirus pandemic. We know that families raising disabled or seriously ill children face ever-present and substantial pressures in their lives. The report paints a very worrying picture of the past year and we know this situation will only continue to deteriorate due to the deepening cost of living crisis. The report highlights four key areas: The impact of the cost of caring on income and expenditure, the resulting financial difficulties, the resulting wellbeing impacts and the worries and needs of families. The findings draws upon the quarterly family polls we have conducted since September 2021 to June 2022 where we engaged with 4,264 families raising 6,074 disabled children and young people across the UK.

Key findings in the report include:

- Nine in ten families raising disabled children (92%) currently say they are struggling or falling behind on their regular household bills. In order to manage financially, many families have had to cut back on essentials with 52% of families reporting the adults in the household have had to cut back on food and 48% of families have reduced their energy usage.
- In the past year, 50% of families report their disabled children's physical health has worsened and 68% say their disabled children's mental health has deteriorated.
- One in ten families (10%) report their household has gone without a washing machine or an oven in the past 12 months because they were unable to afford these items.
- Three in four families raising disabled children (76%) report having to buy some form of specialist goods and services without any financial support.
- On average carers spend around 60 hours a week providing help and looking after their disabled children, with a third (32%) caring for more than 100 hours a week.

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- More than two in three carers (69%) report the amount of time they spend caring means they are unable to work at all or as much as they would like to. The impact of this is seen in less than one in four of adults (23%) in the families working full time

As you know, [Family Fund](#) is the UK's largest charity providing grants to families on low incomes raising disabled or seriously ill children. We provide grants for essential items such as kitchen appliances, clothing, family breaks, computers and tablets, sensory equipment and more. In the last year we supported families across the UK with over 150,000 grants and services worth over £32.3 million with the support of the four UK Governments, Charitable Trusts, trading income and donations.

Our vision is that families raising disabled or seriously ill children and young people have the same choices, opportunities and aspirations as other families. We work hard to achieve this by meeting the essential needs of families and breaking down some of the barriers families face, improving their wellbeing and supporting them to realise their rights. The findings of this report highlight how great a challenge we have to realise that vision.

One of the unique aspects of a [Family Fund grant](#) is that a family have choice and control over what support they receive, based on what they think will best help their own family at a particular time. Whether it is support with technology to aid a child's learning and communication, a customised car seat to travel safely and easily to school or a day trip/family break to improve wellbeing; we support children and families in hundreds of different ways every year.

We would very much welcome the opportunity to meet with you in person, or virtually to share more about our work and this report. Should this be of interest, please contact our Government Policy and Public Affairs Coordinator, Rory Hannon (Rory.Hannon@familyfund.org.uk), who will help to organise meeting arrangements.

Yours sincerely

Cheryl Ward
Chief Executive

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"Struggling to
survive since
everything
has gone up."



The Cost of Caring

A report exploring the challenges facing families
raising disabled children

October 2022



Family Fund

Helping disabled children

Pack Page 63

Cost of caring

A report exploring the challenges facing families raising disabled children



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Introduction

About us

Family Fund is the UK's largest charity providing grants for families raising disabled, or seriously ill, children and young people.

Last year we delivered over 150,000 grants and services worth over £32.3 million with the support of the four UK Governments, charitable trusts, trading income and donations.

We believe all families raising disabled, or seriously ill, children should have the same choices, quality of life, opportunities and aspirations as other families. Focusing particularly on families raising disabled children on low incomes, we aim to make a real difference in their lives.

We provide grants for essential items such as kitchen appliances, sensory toys, family breaks, bedding, tablets/computers, furniture and clothing. We also provide information and support for families that apply to us, in order to help them access further relevant support.



Foreword

This past year has been incredibly challenging for many, but even more so for families on low incomes raising disabled, or seriously ill, children. The coronavirus pandemic is still having a disproportionate and negative effect on everyday lives, and on top of this, families are now facing a cost-of-living crisis, with increasing costs for all their basic needs such as higher energy bills and everyday household costs. As a result, many families are plunged into debt and are finding it almost impossible to make ends meet.

This means the support we provide to families has never been as important as it is today, and the research we are presenting highlights exactly that - the positive difference Family Fund makes to their lives. Whether it's an iPad to support communication at home or connecting with family members living far away, a fridge that allows medication to be stored safely or is large enough to reduce trips to the supermarket, or a much-needed

break to enjoy some fun and quality time together, our grants support the family as a whole- improving wellbeing and quality of life and easing the additional daily pressures many families face.

Our research shows that the outlook for many of our families is extremely grave. The time that parents and carers need to spend supporting and caring for their disabled children means that many are unable to increase their income to meet spiralling costs. We therefore need to work together with partners from across the public, private and voluntary sector to go further in ensuring no families raising disabled children are forced to go without.



Cheryl Ward
Chief Executive, Family Fund

Methodology

The data in this report comes from our quarterly Family Poll. The purpose of the poll is to understand and better track the needs and challenges families on low-incomes raising children face.

The sample size for each quarterly poll is 1,066 families raising disabled children. This report brings together results from polls that took place in September 2021, December 2021, March 2022 and June 2022. In total across the four polls, the research has engaged 4,264 families, with 6,994 adults, raising 6,074 disabled children and 4,372 non-disabled children.

A sampling approach was applied in this research to ensure the results were broadly representative of families on low-incomes raising disabled children living across the UK. Sampling was applied on the following characteristics; geography, disabled children's age, and disabled children's gender.

To help mitigate the impact of Family Fund grants on the responses given, all families surveyed for the poll had not received a grant from Family Fund within the previous six months.

Thanks to all families who shared their stories

Thank you to all families across the UK who gave up their valuable time to share their views, opinions and experiences with us. We are incredibly grateful to every family that took part in a poll. Without their contribution, this report would not have been possible.



"I've **stopped eating breakfast,** and rarely eat lunch, as I try to make sure my kids have everything they need."

Parent, West Midlands

Executive summary

“The cost of living [is] going up much faster than my income and [I am not] able to earn more as my son needs 24/7 round-the-clock care.”

Parent, Wales

The families that we support have shared with us “The Cost of Caring” and the daunting challenges they now face.

This report shows how families with disabled children, struggling to recover from the pandemic, must now grapple with a cost-of-living crisis which places the vast majority in acute financial jeopardy. As families with disabled children have higher costs and are able to work less, their financial challenges have become largely insurmountable. Many are now at acute risk of experiencing poverty.

Price rises across the board, particularly in relation to food and energy, have pushed families to their very limits and this is likely to worsen in the year ahead. The time that parents and carers need to spend supporting and caring for their disabled children means that many are unable to increase their income to meet spiralling costs. “The Cost of Caring” shows the stark choices facing families, as many are forced to forego even the essentials of living- food; heating and basic furniture such as beds or flooring, washing machines and fridges in order to make ends meet.

The report is based on information provided in the charity’s last four quarterly family polls from September 2021 to June 2022. It shows that on average parents and carers spend 60 hours a week providing help and looking after their disabled children and one third spend more than 100 hours. By contrast they receive an average of only one hour a week of respite and support.

As a result less than one in four parents and carers are able to work full time and over half do not work at all and are dependent on grants and benefits.

As one carer stated:

“Caring for our child is not the issue, she is the light of our lives. Being able to access the right care, education and support in order to provide me the opportunity to work is key.”

Parent, North West England

On average, families raising disabled children live on £17,000 a year and report their income has decreased by £400 during the last 12 months. At the same time they face additional and escalating costs. Not only do they have to increasingly pay out for specialist items such as adaptations, sensory items and therapies but they have to pay more for clothing, food and household goods due to extra wear and tear or special dietary requirements.

Another parent stated:

“How will I be able keep my disabled child warm this coming winter when I'm struggling to pay gas and electric in summer? My disabled child needs to be warm for medical reasons. How will I afford petrol which I need as I have two children with physical disabilities including one in a wheelchair. And the cost of food, and availability of safe food for an autistic child if shortages start happening. I worry every day and night over this.”

Parent, West Midlands

In September 2021, families raising disabled children reported their household bills had increased by an average of £800 a year. By June 2022, this increase was more than £1,500.

- 54% of parents and carers report cutting back on the size of meals or skipping meals completely to provide enough food for their children;
- 40% of families report they can't afford to keep their accommodation warm - an increase of 13% since last December;
- Nine in 10 families raising disabled children (92%) say they are struggling or falling behind on their regular household bills;
- Four in five families are in debt and debt levels are rising for the majority.
- Many families worry about what the future holds and what they will be able to do to support their disabled children this winter, and beyond. Our research shows many feel isolated and their mental and physical health has worsened.

It is therefore critical that we work urgently with our government partners and others to help relieve these acute financial hardships.



Cost of caring - income and expenditure

Reduced incomes

For families raising disabled children, the ability of carers being able to work, maintain or increase their incomes, is significantly limited by the time they spend caring.

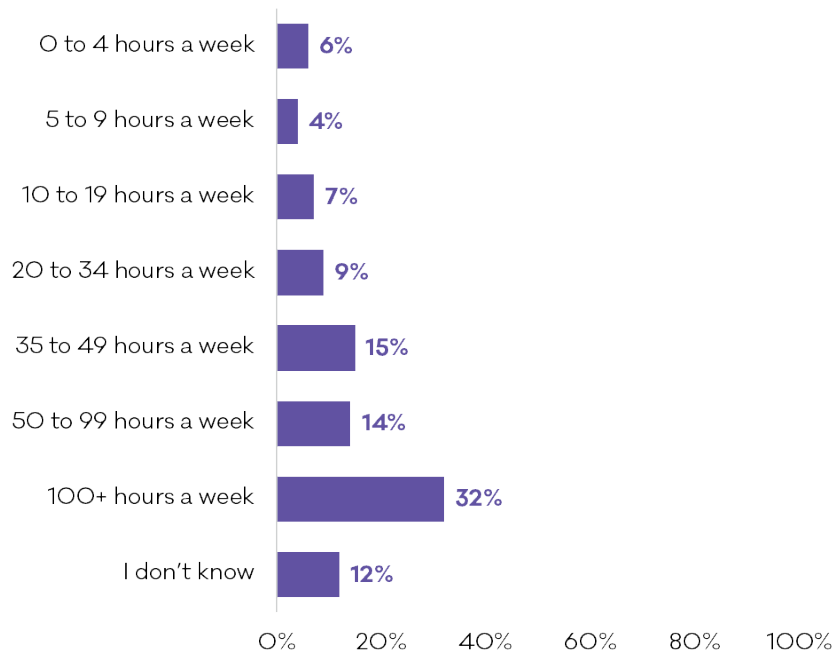
"I love my children to death but I get no time to myself apart from when they are in education. I would love local services to take me seriously and provide respite as I have no family, no friends and am incredibly isolated. I have no time to myself at all and as much as I love my children, I feel so isolated, lonely and suffocated."

Parent, East England

- On average parents and carers spend around 60 hours a week providing help and looking after their disabled children, with a third (32%) caring for more than 100 hours a week;
- More than two in three parents and carers (69%) report that they are unable to work at all or as much as they would like to;
- Less than one in four adults (23%) in families work full time;
- Up to 59% of adults currently report that they are not working;
- In almost half of cases (47%) there are no adults in employment within the household.

These numbers have changed little since before the pandemic, despite declining levels of unemployment in the wider population across the UK.

About how many hours a week, on average, do you spend providing care and help for your disabled children? (n=1,066)



"I've gone from working full-time to now unemployed, and isolated as I have no support with respite or childcare due to my son's behaviour. I can't get a worthy job that would work around the school hours. I feel life can feel so pointless at times."

Parent, East Midlands

The ability of adults with disabled children to work is limited by a lack of respite, care and support available to them. Just one in five families (21%) reported that their disabled children were cared for by others outside of an educational setting.

On average, families received just one hour a week of respite, care and support.

The pandemic has further limited the care and support available to families. Despite some recent improvement, two in five families (42%) report they are still receiving less financial support for their disabled children than before the beginning of the coronavirus pandemic, and the hours of respite, care and support being received by families remains largely unchanged. As a result, parents and carers of disabled children are more likely to need to rely on the social security system as a primary source of income. This means, on average, families raising disabled children live on £17,000 a year.

They report their income has decreased by £400 during the last 12 months.

Just one in ten (13%) have seen their income increase in the last year.

Increased and extra costs

Not only do many families raising disabled children face an income penalty, they also face extra costs as a direct result of their children's conditions and illnesses.

Specialist costs

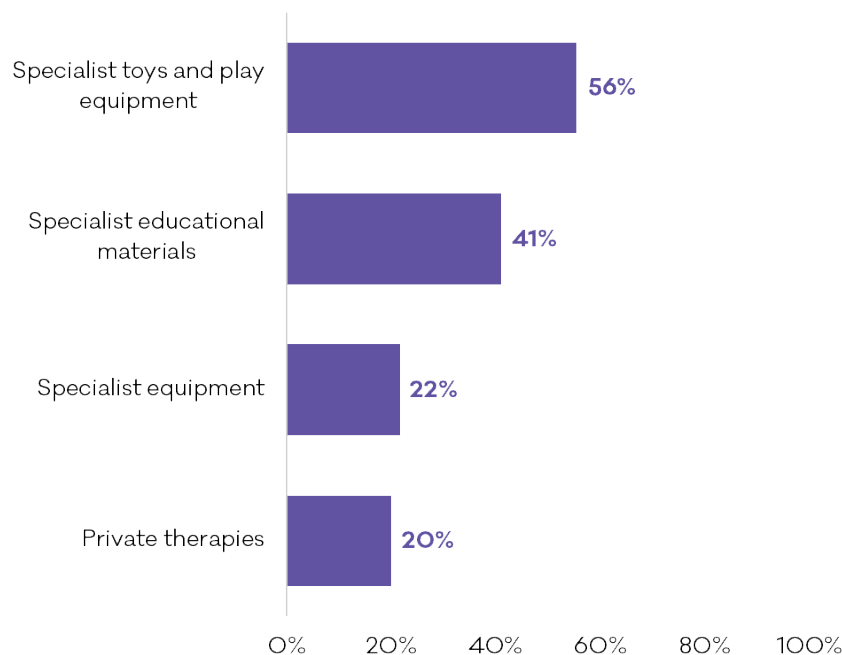
These are items which only families raising disabled children would need to pay for, such as sensory items, wheelchairs, home adaptations, therapies, and personal assistants and carers. In some cases, families raising disabled children will be able to receive financial support to help to purchase these specialist goods and services. However, our research indicates that many families are themselves having to find the money to buy these.

"Cost of equipment that should be provided by the NHS, such as a specialist buggy that cost £1,000, was offered as a NHS voucher for £189."

Parent, North East England

- Three in four families raising disabled children (76%) report having to buy some form of specialist goods and services without any financial support;
- The most common specialist costs families have had to pay for include specialist toys and play items (56%); specialist educational materials (41%) and specialist equipment (22%) related to their children's conditions or illnesses.

As a result of your disabled children's conditions or illnesses, have you had to buy any of the following specialist items and services without financial support? (n=1,066)



Regular costs

Families raising disabled children also have to spend more on regular costs. This may be because they need to use more of an item, experience greater wear and tear so have to replace items more regularly, or have to buy more expensive types, and brands of, goods or services due to their disabled children's conditions or illnesses.

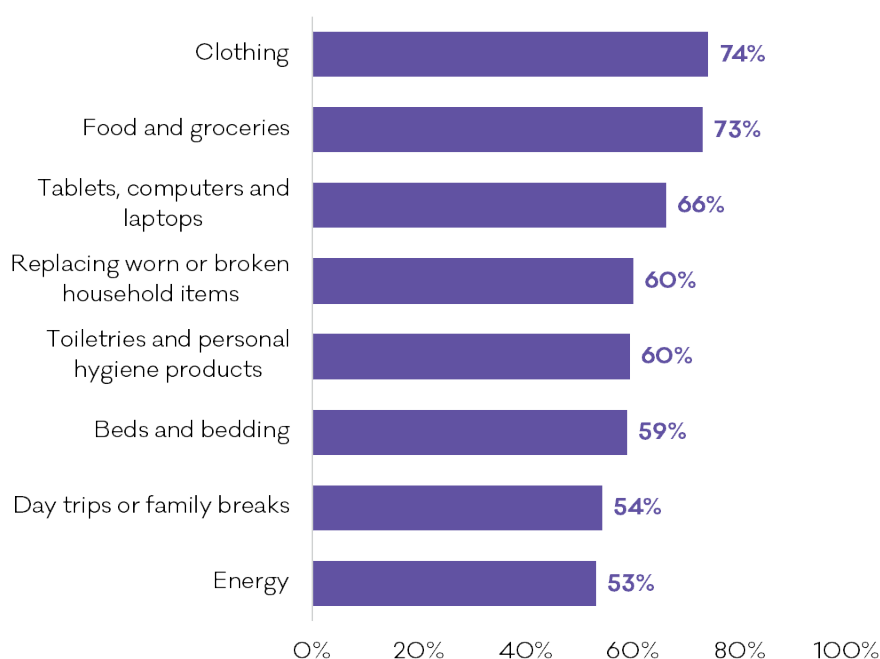
“My child who has ADHD gets into anger issues and smashes things and can't have medication due to epilepsy. Also she has OCD and washes and showers around 3 to 4 times a day, so the wear and tear and energy bills are around £60 to £70 per week and gas around £50.”

Parent, North West England

Almost all families raising disabled children (98%) reported paying out more on regular costs than families with non-disabled children, and these cover a wide range of areas:

- Clothing (74%)
- Food and groceries (73%)
- Technology such as tablets (66%)
- Toiletries and hygiene products (60%)
- Replacing worn or broken household items (60%)

As a result of your disabled children's conditions or illnesses, do you have to pay more for any of the following household costs? (n=1,066)



Not only do the families that Family Fund supports have to cope with decreasing incomes and additional costs, but the current cost-of-living crisis means their additional costs are rapidly increasing. These increases can be seen across all the regular household bills that families raising disabled children need to pay for, but predominantly in energy and food costs. As high as 96% of families raising disabled children report that their energy costs have increased in the last year, and 93% report that the cost of their weekly food shop has increased.

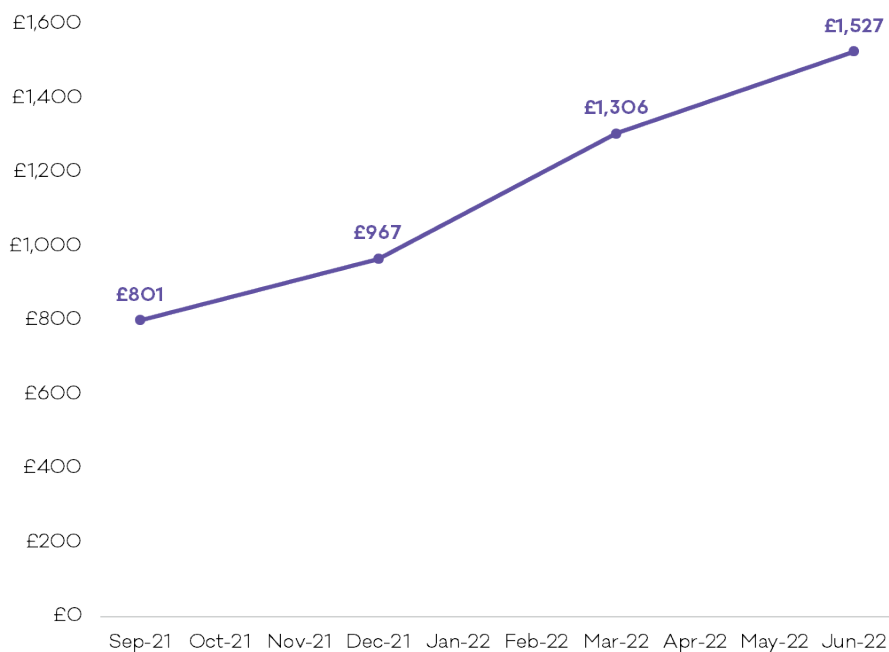
“Struggling to survive since everything has gone up. Food is a struggle as I can only spend what I used to spend but get less. Electricity has gone from £20 a week to £60 to £70 a week. We are in the house all the time.”

Parent, Wales

In September 2021, families raising disabled children reported their household bills had increased by an average of £800 a year.

By June 2022, this increase was more than £1,500.

Thinking about how much higher/lower your current regular household bills are, compared to 12 months ago, which of the following describes the change? (n=1,066)



Financial difficulties

Falling behind

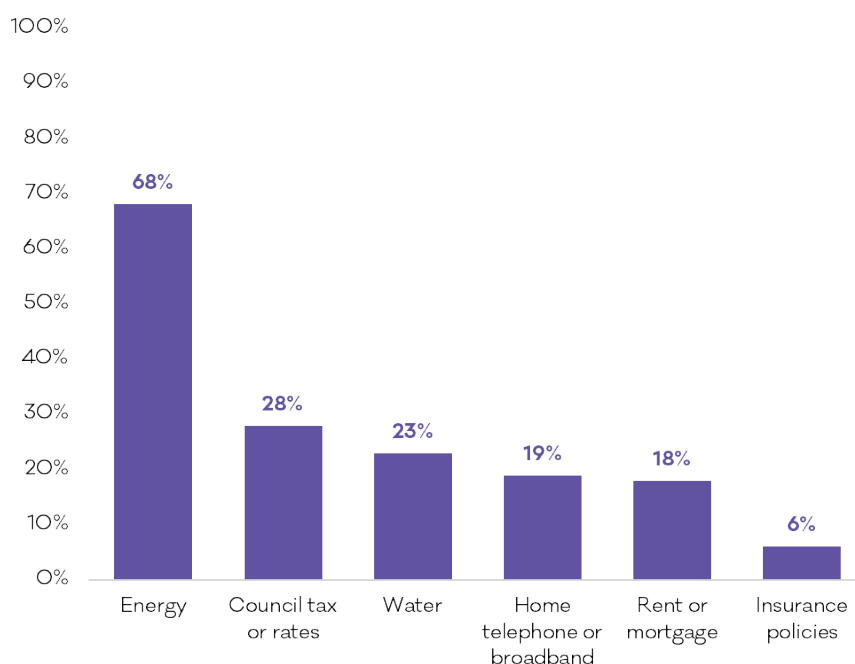
As a result of the financial challenges families raising disabled children face, many struggle to cover their everyday living costs and bills.

“I have had to cut short maternity leave because of our family’s financial situation. We are not using any heating – we will not be able to afford to heat our house. I’m borrowing money from family and friends – life is getting very difficult.”

Parent, North West England

Nine in 10 families raising disabled children (92%) currently say they are struggling or falling behind on their regular household bills.

Which regular household bills are you currently struggling with or falling behind on? (n=1,066)



Driven by rising costs and the need for families to use more resource due to their disabled children's conditions and illnesses, the most common bill families report falling behind on is their energy bill.

- Two thirds of families raising disabled children (68%) are now struggling to pay their energy bills.
- In the last year, families falling behind on their energy bills has increased by 23%.
- Two in five (42%) report they can't afford to keep their accommodation warm - an increase of 13% since December 2021.

"I am more worried about how life will be when the winter comes and energy costs increase further. I am already having to start to prepare and think how we can keep warm without using the heating by making blankets."

Parent, East Midlands



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Cutting back

In order to manage financially, many families raising disabled children are being forced to cut back on both non-essentials and essentials.

“The rising cost of living is giving me more concerns than anything else. We already sacrifice everything for ourselves. Me and hubby don’t buy anything for ourselves or go anywhere. I already buy used clothes and sell on the children’s outgrown items to afford other things for them. There’s not much more to give.”

Parent, North West England

“The worse the financial issues are becoming, the worse it’s isolating whole families that have children with disabilities, it means we can’t enjoy leisurely activities.”

Parent, Scotland

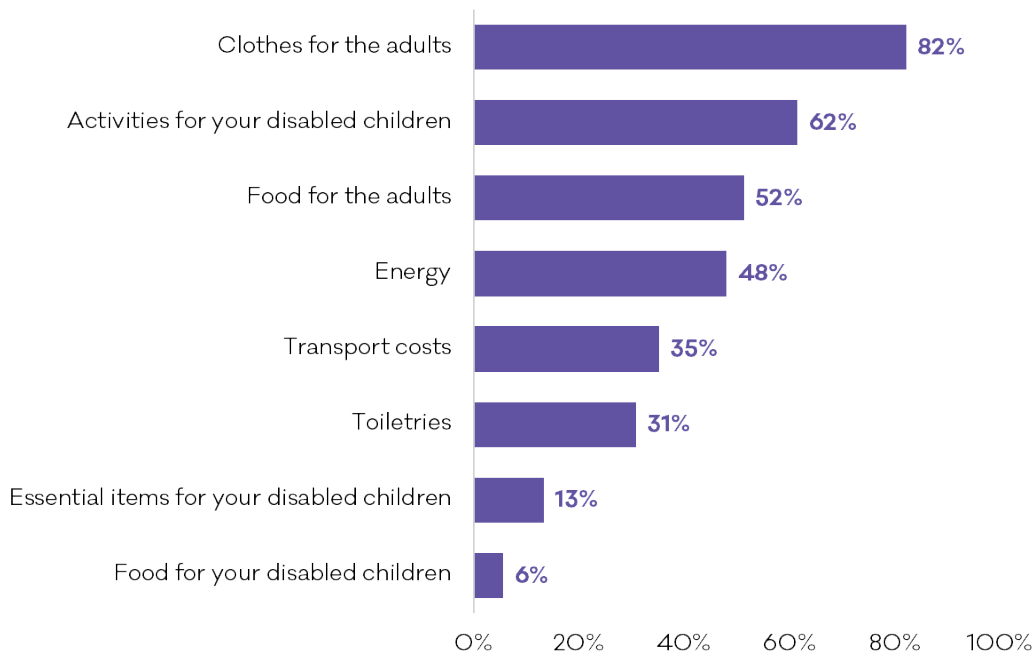
“For me personally, my gas and electric has shot up, in November it went from £150 a month to £212, then in April it went up to £278. I’ve stopped eating breakfast, and rarely eat lunch, as I try to make sure my kids have everything they need.”

Parent, West Midlands

- More than half of families (52%) report cutting back on food for adults in the household ;
- More than half of parents and carers (53%) have eaten less;
- More than half of parents and carers (54%) have cut the size of their meals or skipped meals completely
- There has been a 9% increase in families who have had to cut the size of meals or skip them entirely and an increase in the frequency of families doing this from 14% in September 2021 to 19% in June 2022
- Two in five families (41%) are deemed to be currently living in very low food security (USDA Household Food Security Survey Module);
- Almost half of families raising disabled children (48%) reported having to cut back on their energy use in the last year;
- The number of families cutting back on their energy use has increased by 9% in the last three months alone, rising from 39% in March 2022 to 48% in June 2022;
- Three in five families (62%) reported cutting back on play, leisure and recreational activities with their disabled children during the last year;

- 82% have cut back on buying clothes for adults in the household;
- Three in four (78%) of wider family members say they cannot afford to spend even a small amount of money on themselves each week.

**Which have you cut back on in the past 12 months because there wasn't enough money?
(n=1,066)**



Frequently families are being forced to cut back activities with their disabled children. Three in five families (62%) reported they have had to cut back on the play, leisure and recreational activities they do with their disabled children during the last year because there wasn't enough money.

"We had to stop our weekend swimming and football classes. The football classes are far away and the fuel prices mean that we can't afford to travel much by car."

Parent, Scotland

Going into debt

Where families cannot make any further cutbacks, they are often forced to go into debt to pay for essential items and bills.

“The price of living is so high, yet wages so low, and it’s hard to make ends meet. We only get by because we have racked up £20k in loans and store cards and credit cards to get by, and help pay mortgage, water, council tax and fuel bills.”

Carer, South East England

In total, four in five families raising disabled children (83%) report being in some form of debt, with the average debt, excluding any mortgage or student debts, standing at more than £5,800.

Moreover, debt levels among families are rising. Two in five families raising disabled children (43%) have reported that their debts have increased by more than £500 in the last 12 months. The main increases have been in energy (25%) and credit card debts (24%)

“Energy debt is being taken out of ESA (Employment and Support Allowance) as it is the only way we can pay for the energy we’re using. So we have a lot less money for food and petrol. We cannot afford to go for days out and feel very isolated as we live in a remote area.”

Parent, Yorkshire and Humber, England

Almost two in five families raising disabled children (38%) believe they will need to go into further debt in the next six months.

The most common debts families raising disabled children are taking on include:

- Credit card debts (41%);
- Catalogue or mail order debts (28%);
- Debts with families and friends (27%);
- Personal loans (27%).

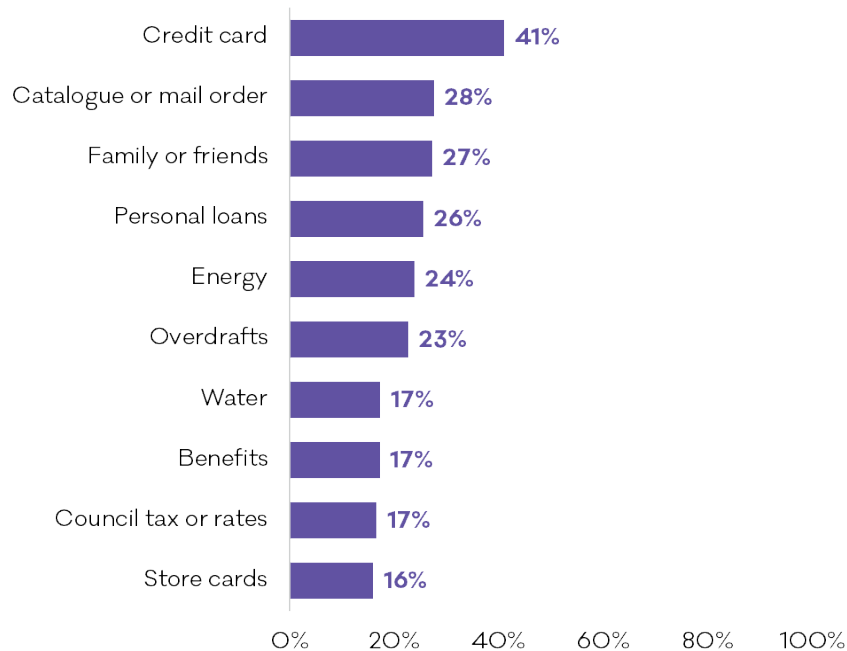
Only one in 10 families raising disabled children (9%) report having no difficulty keeping up with their debts.

While having debt is not necessarily a problem, three in 10 families raising disabled children (31%) are finding keeping up with the repayments a heavy burden.

Almost half of families raising disabled children (47%) have made just the minimum repayments on their debts for three or more months;

One in five (22%) have used credit to keep up with existing credit commitments.

Which debts do your household currently have? (n=1,066)



Going without

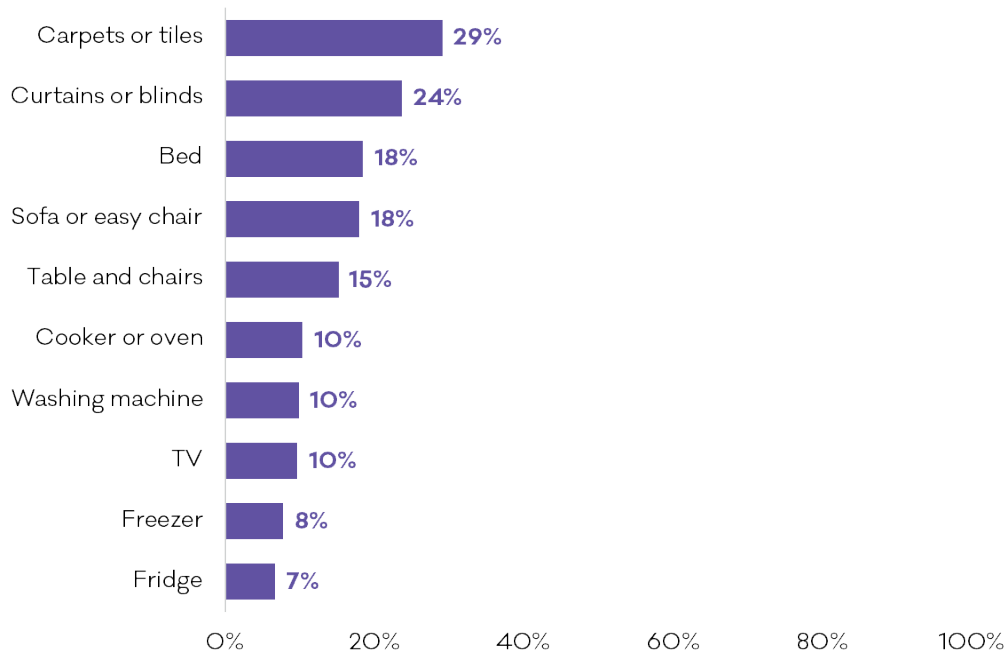
“We haven’t had a holiday or break since 2019, and I’ve had one 24 hour respite in 12 years. I have no family so no respite.”

Parent, East England

In many cases, these financial difficulties mean that families raising disabled children are forced to go without the things that others take for granted:

- Three quarters of families raising disabled children (76%) have been unable to afford to go on a family holiday or break for at least a week during the last year, missing out on valuable respite from their caring and opportunities for their children to play and build valuable memories;
- Four in five families (82%) cannot afford to replace worn-out furniture in their home;
- As a result, families go without a wide range of basic furnishings including flooring (29%), curtains and blinds (24%), beds (18%) and sofas (18%);
- Almost one in four families raising disabled children (23%) report not having at least one vital white good such as a fridge, freezer, washing machine or cooker during the last year;
- Four in five families raising disabled children (80%) report not having enough money to replace or repair major electrical goods when they break and so go without.

Which of the following has your household gone without, as a result of not being able to afford it, during the past 12 months? (n=1,066)



“We cannot afford to replace things when they break or manage the upkeep of our house.”

Parent, South East England

Many families have also been forced to go without essential appliances such as a fridge freezers, washing machines and cookers. Almost one in four families raising disabled children (23%) report not having at least one of these vital white goods during the last year.

“No washer, have to pay a lot more to get clothes clean. No cooker, have to pay more for cooked meals.”

Parent, Yorkshire and Humber

Impact on wellbeing



Disabled children



“My son’s mental health and not getting the support or help of local services. Not being able to afford to pay for private alternative therapies to support him and finding ways to help his emotional needs.”

Parent, London

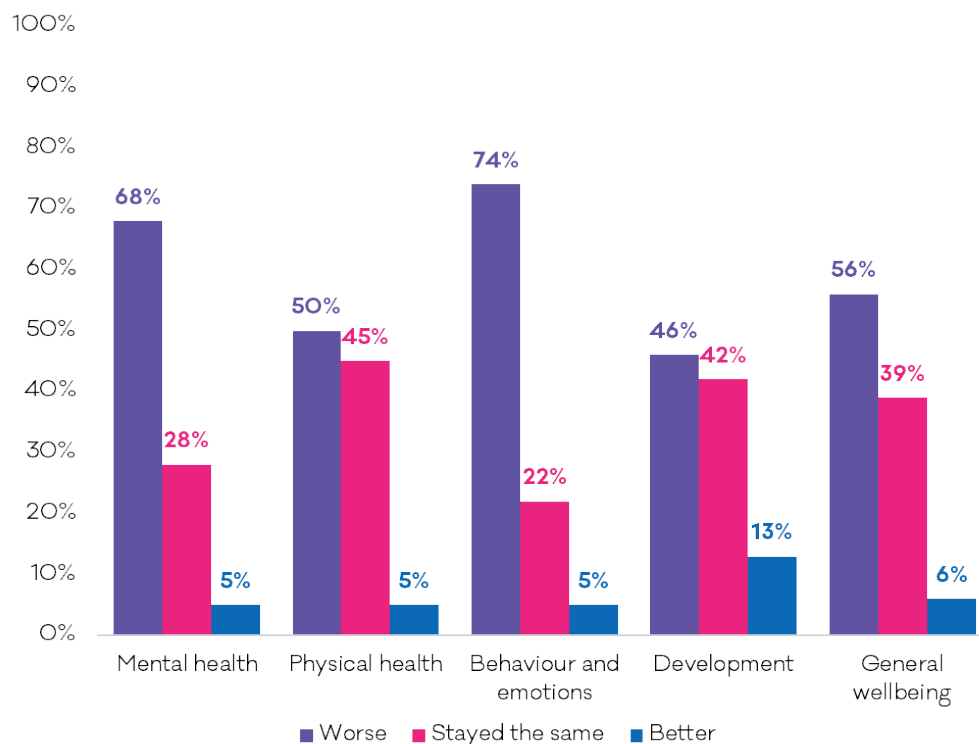
In the past year:

- Four in five families (83%) say their disabled children’s overall health and wellbeing has declined;
- Two thirds of families (68%) say their disabled children’s mental health has declined;
- Half of families (50%) say their disabled children’s physical health (50%) and general wellbeing (56%) have worsened;
- Nearly three quarters (74%) of families say their disabled children’s behaviour and emotional health have worsened;
- Nearly half (46%) say their child’s development has worsened.

“Dealing with my son’s behaviour at home alone is very difficult and has a big negative impact on everything, I wish there was more support for me at home, for people to see what it’s like and offer an understanding ear.”

Parent, East Midlands

How would you say the following have changed for your disabled children over the past 12 months? (n=1,066)



Non-disabled children

The health and wellbeing of many non-disabled children has also been negatively affected.

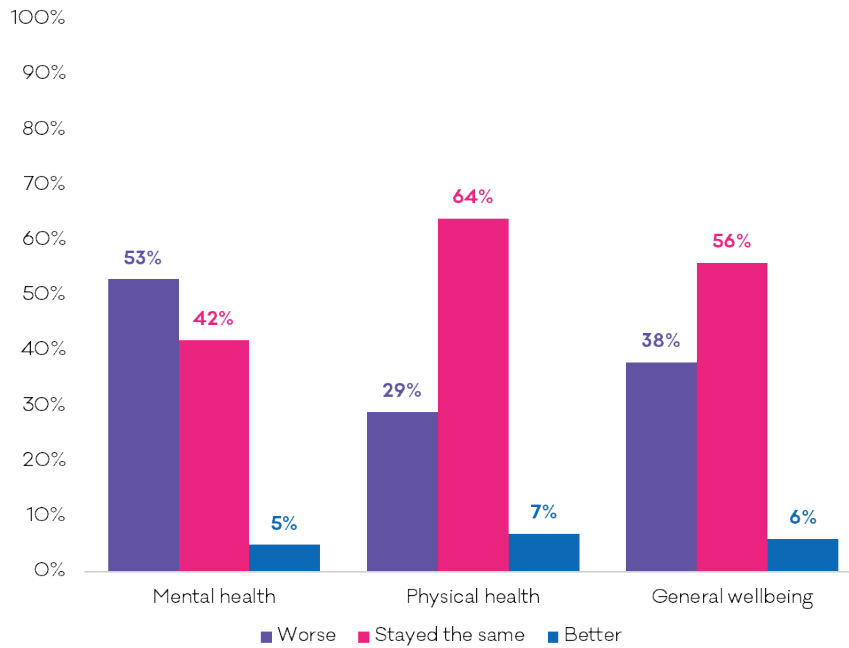
“Mental health of non-disabled child, feeling left out, having to grow up quicker than a normal child not living with such challenges.”

Carer, Scotland

In the past year:

- Three in five families (58%) say their non-disabled children’s health and wellbeing has declined;
- Half of families (53%) say their non-disabled children’s mental health has got worse;
- More than one third (38%) say the general wellbeing of their non-disabled children has declined;
- Almost one third (29%) say the physical health of their non-disabled children has worsened

How would you say the following have changed for your non-disabled children over the past 12 months? (n=657)



Parents and carers

The health and wellbeing of many carers has also been negatively affected.

Many parents and carers feel increasingly isolated and lonely, due in large part to the significant time they spend caring for their disabled children and the lack of sufficient respite or support.

“As a family without support from family/friends we often feel isolated and in need of respite care for our child to allow us to recover from our own exhaustion and fatigue built up from caring for a disabled child.”

Parent, North West England

Almost half of carers (49%) say that they often feel isolated from others;

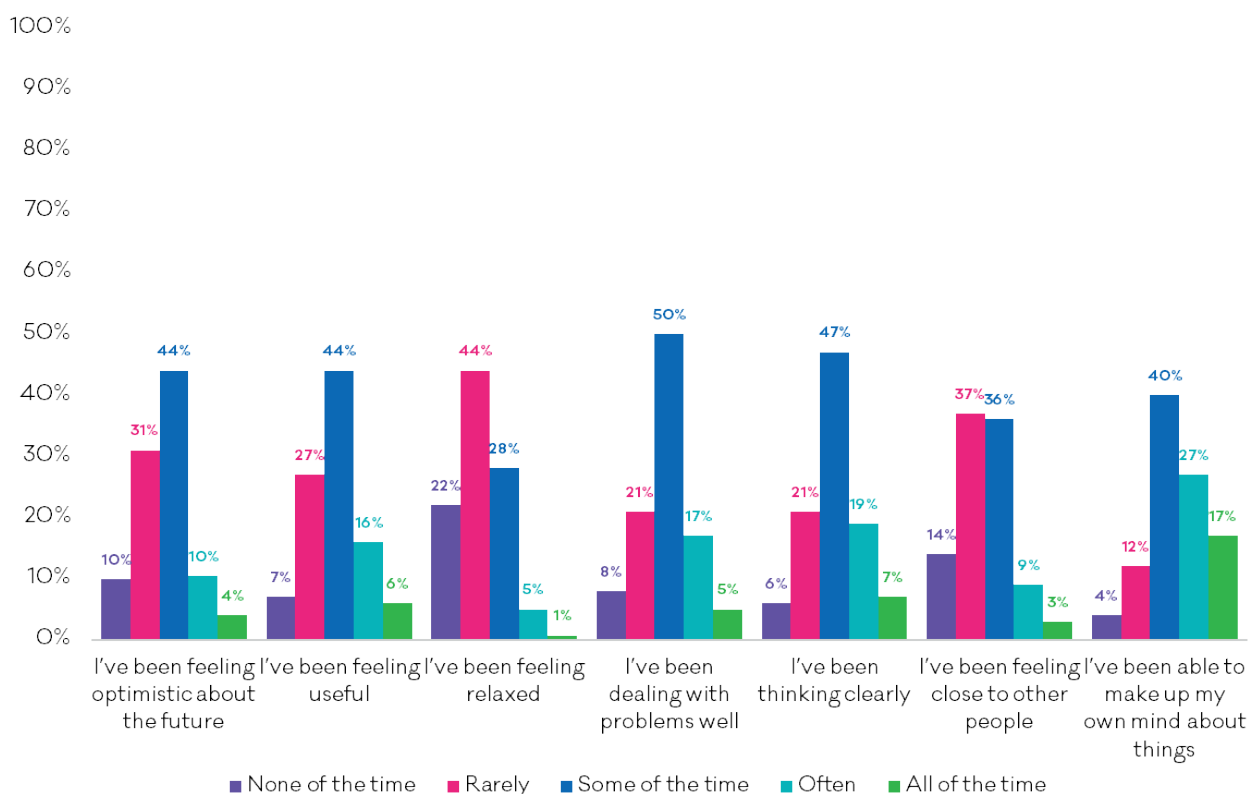
- Two in five parents and carers (42%) often feel lonely (based on their answers to a series of questions using an established scale - UCLA Loneliness Scale);
- Carers of disabled children are five times more likely to say they often or always feel lonely, when compared to the general population (7% of general UK population report feeling lonely ‘often or always’);
- Over three quarters of carers (77%) have a wellbeing score that indicates they experience some form of depression (based on the Shortened Warwick-Edinburgh Mental Wellbeing Scale (SWEMWBS));

The average wellbeing score of carers is significantly below that of the general UK population - 18.59 compared to 23.61. In particular, carers reported low levels of wellbeing in relation to feeling close to other people and feeling relaxed.

“My stress levels are constantly high and I am constantly in standby mode, running mental checklists of medications, injections and appointments. It can be so lonely and overwhelming at times, along with struggling with PTSD due to the months spent in intensive care with my son.”

Parent, South West England

For each statement, please choose the option that best describes your experience of each, over the past two weeks. (n=1,066)

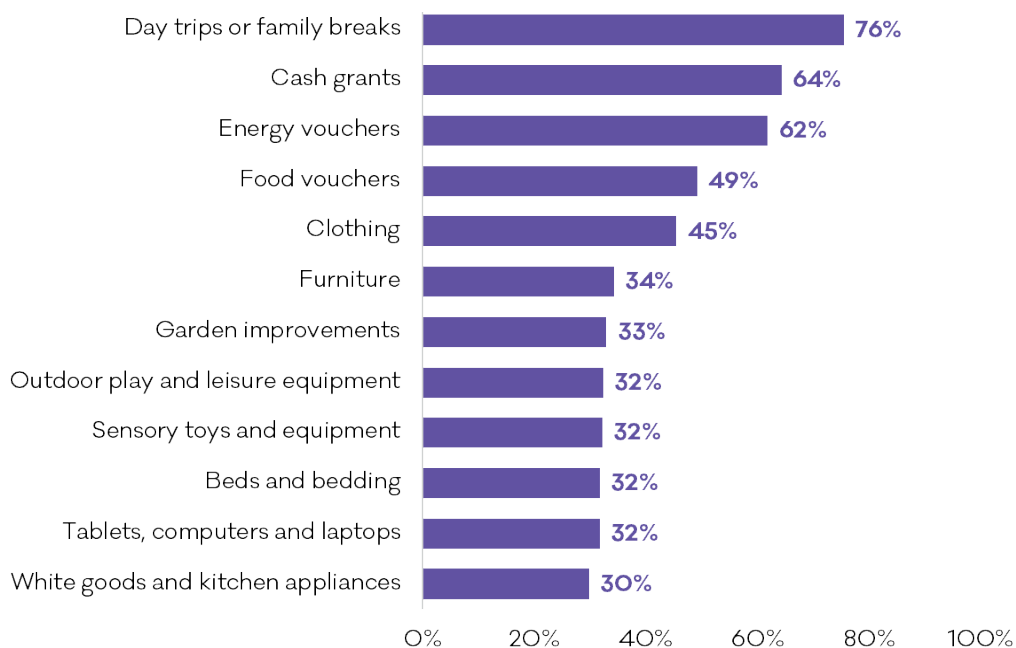


*Short Warwick Edinburgh Mental Wellbeing Scale (SWEMWBS) © NHS Health Scotland, University of Warwick and University of Edinburgh, 2008, all rights reserved.

What families need most

Families have identified a range of actions to help address the worries and challenges they face raising disabled children.

Which grants could Family Fund potentially provide that would be most helpful to your family right now? (n=1,066)



The need for respite from daily caring responsibilities, is closely followed by a need for grants to help families cover essential costs and household bills. Families cited the following as their biggest priorities:

- Cash grants (64%)
- Energy vouchers (62%)
- Food vouchers (49%)
- Clothing grants (45%)

In addition, half of families (50%) identified the need for grant items to help their disabled children play and be active, including outdoor play and leisure equipment, sensory toys and equipment, and specialist trikes and bikes. Not only are these the grants most families said would be most helpful, they are also the areas that have shown the biggest increase in applications to Family Fund since September 2021, highlighting the growing challenge families are facing meeting everyday costs.

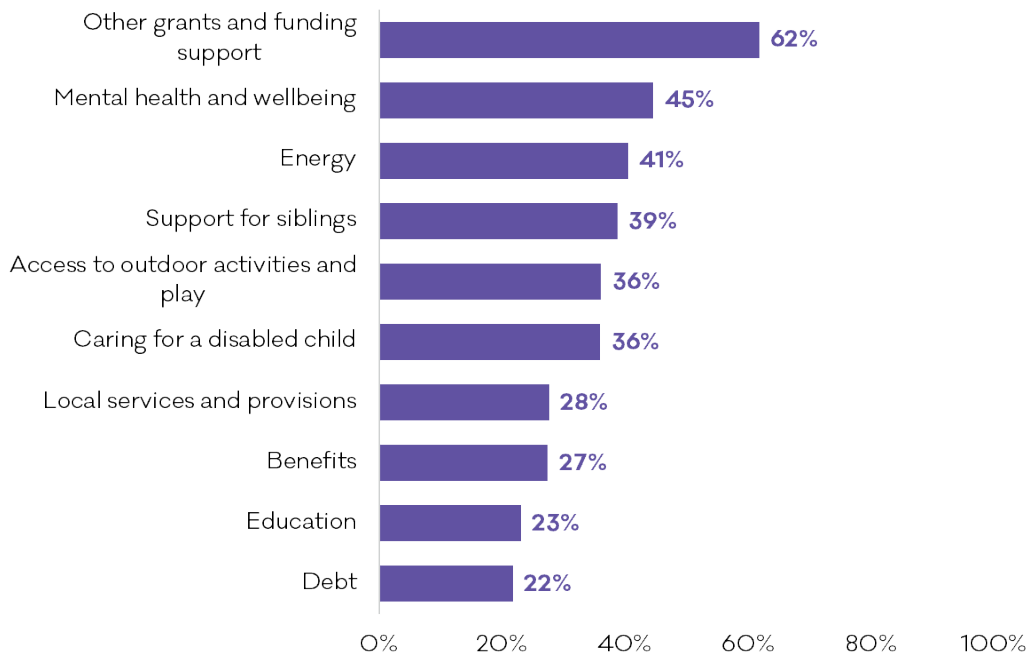
Information and support

Help to find other grants and funding was selected by three in five families (62%), as the overwhelming information and support priority.

Other information and support priorities included:

- Mental health and wellbeing (45%)
- Accessing energy support (41%)
- Caring for their disabled child (36%)
- Caring for their non-disabled children (39%)
- Accessing play and leisure activities (36%) for their children

Which topics could Family Fund potentially provide information and support on that would be most helpful to your family right now? (n=1,066)



Conclusion

Our research shows that families who care for disabled, or seriously ill, children face increasingly grave challenges.

The time, effort and energy families spend caring for their disabled children, mean that without significant increases in respite and support, the ability of parents and carers to increase their incomes or improve their financial situation, through work and wages, is significantly limited. At a time when the cost of living is rising rapidly, this continuing lack of opportunity to increase income is placing families in financial jeopardy.

Despite the best efforts of parents and carers to provide, and create, the best possible environment and opportunities for their disabled children to thrive, this lack of support and the financial situation they are faced with, mean they are forced to make a range of sacrifices to provide even the very basics, such as food, warmth and a safe and stable place to live.

Many families are cutting back, and going without both eating and heating, along with a range of other opportunities and essential household items. The sacrifices being made are, in turn, having negative impacts on the wellbeing of many families raising disabled children, with low and declining general and mental health.

Although there have been some signs of services coming back after the pandemic, the evidence and experiences of families show that levels of support continue to be insufficient to make any real difference.

The lack of respite, care and support puts a greater emphasis on other financial solutions, such as the social security system and charities like Family Fund, to address the shortfall in income.

Unfortunately, our research indicates that this financial support, while very welcome, is nowhere near enough to meet the extra costs of raising disabled children. It is not enough to prevent many families facing poverty. Many families worry about what the future holds and what they will be able to do to support their disabled children this winter, and beyond.

It is therefore critical that we work urgently with our government partners, and others to help relieve families' acute financial hardship.

Such hardship undoubtedly risks the right of children to a standard of living which supports their physical, mental, spiritual, moral and social development. Partners and Government must therefore play their part in ensuring the resource to support this right where families are unable to.

There needs to be a focus on ensuring more families can access respite, care and support, so parents and carers have the chance to improve their quality of life, personal development and ability to bring in additional income. Partners along with Government must address the underlying issues that leave families raising disabled children worse off.



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Agenda Item 5.3

CYPE(6)-21-22 - Paper to note 3

Lesley Griffiths AS/MS
Y Gweinidog Materion Gwledig a Gogledd Cymru, a'r Trefnydd
Minister for Rural Affairs and North Wales, and Trefnydd



Llywodraeth Cymru
Welsh Government

Rt Hon Elin Jones MS
Llywydd and Chair of the Business Committee
Senedd Cymru
Cardiff
CF99 1SN

llywydd@senedd.wales

18 October 2022

Dear Elin,

You will be aware of the UK Energy Prices Bill (the Bill), which includes relevant provision requiring the consent of the Senedd.

The Bill, which we did not have sight of until the evening before introduction, was introduced in the House of Commons on 12 October 2022. All House of Commons stages took place on 17 October, with no amendments to the Bill. All House of Lords stages are scheduled to complete on 24 October and the Bill is expected to receive Royal Assent on 25 October. Despite representations to the UK Government to seek to extend the timetable, the period available to complete the legislative consent process is, therefore, extremely short. The regrettably limited opportunity for scrutiny in the Senedd arising from the UK Government's timetable and the lack of advance sharing of the Bill, will be pursued further with the UK Government.

In order to provide the Senedd with the opportunity to debate and vote on consenting to the relevant provisions in the Bill, we propose to hold a Legislative Consent Motion Debate on Wednesday, 19 October. Our Legislative Consent Memorandum will be laid today recommending the Senedd gives consent to the relevant provisions in the Bill. This will be followed by the tabling of the Legislative Consent Motion.

Bae Caerdydd • Cardiff Bay
Caerdydd • Cardiff
CF99 1SN

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Correspondence.Lesley.Griffiths@gov.wales

Rydym yn croesawu derbyn gohebiaeth yn Gymraeg. Byddwn yn ateb gohebiaeth a dderbynnir yn Gymraeg yn Gymraeg ac ni fydd gohebu yn Gymraeg yn arwain at oedi.

We welcome receiving correspondence in Welsh. Any correspondence received in Welsh will be answered in Welsh and corresponding in Welsh will not lead to a delay in responding.

In order to allow the debate to take place on 19 October, it will be necessary to suspend Standing Orders upon the tabling of our legislative consent motion. It is possible the motions will need to be tabled less than the requisite one working day before we propose to hold the debate. Consequently, in accordance with Standing Order 33.8 we are seeking your agreement in advance to the tabling of these motions. We would, where possible, always seek to provide the Senedd with as much formal notice of a debate as possible and would wish to avoid suspending Standing Orders, however, in the case of this Bill, and in light of the timing imposed by UK Government, we consider it important the Senedd has its say given the significant impact of its provisions on Wales.

I am copying this letter to all Senedd Committee Chairs and all Members of the Senedd.

Regards,

A handwritten signature in black ink that reads "Lesley Griffiths". The signature is written in a cursive style with a large, sweeping flourish at the end of the name.

Lesley Griffiths AS/MS
Y Gweinidog Materion Gwledig a Gogledd Cymru, a'r Trefnydd
Minister for Rural Affairs and North Wales, and Trefnydd