

Cyflwynwyd yr ymateb i ymgynghoriad y [Pwyllgor Iechyd a Gofal Cymdeithasol](#)
ar [anhydraddoldebau iechyd meddwl](#)

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MHI 35

Ymateb gan: | Response from: Barnardo's Cymru



Barnardo's Cymru has been working with children, young people and families in Wales for over 100 years and is one of the largest children's charities. We currently run more than 60 diverse services across Wales, working in partnership with local authorities. Each year we regularly support more than 10,000 children, young people and families. We aim to secure better outcomes for more children by providing the support needed to ensure stronger families, safer childhoods and positive futures. We use the knowledge gained from our direct work to campaign to improve lives by promoting positive change in policy and practice. We believe that with the right help, committed support and belief all children can fulfil their potential.



Barnardo's Cymru is a leader in the mental health and emotional wellbeing space, providing services to support children, young people and families with their mental health and emotional wellbeing across the country.

Since the pandemic, it has been clear that children and young people have been exposed to more stressors than ever. In April 2020, we published research to demonstrate the impact of lockdowns on vulnerable children and young people ahead of their return to school. We stated that the pandemic had exposed children and young people to an unprecedented level of trauma, loss and adversity.¹ This continues to be borne out in the situation we see with young people and mental health today.

89% of Barnardo's practitioners felt that there was an increase in children and young people experiencing mental health and wellbeing problems in our UK-wide practitioners survey which was undertaken in November 2021. This is a quarterly survey, and mental health has topped the list of areas of concern consistently throughout the pandemic.

Our response will primarily answer these questions in relation to children, young people and families.

Which groups of people are disproportionately affected by poor mental health in Wales? What factors contribute to worse mental health within these groups?

¹ Lessons from Lockdown: Support vulnerable children and young people returning to school and to learning <https://www.barnardos.org.uk/sites/default/files/uploads/lessons-from-lockdown-supporting-vulnerable-children-young-people-returning-school-learning-english.pdf>

There are a number of groups of children and young people that are disproportionately affected by poor mental health in Wales. Some of those groups are:

- *Children living in poverty*

The pandemic has exacerbated existing inequalities, with those living in the most deprived communities affected most by exposure to Coronavirus, but also the measures to contain it.² This has, of course, contributed to the cost-of-living crisis that Wales is facing today. We know that this is pushing many families closer to the edge of crisis and/or poverty. This is an issue that is reported daily by many of our practitioners and frontline workers.

In the UK-wide Barnardo's Practitioner Survey that took place in November 2021, 65% of practitioners were supporting someone who is in, or at risk of, poverty. 80% of those were supporting someone with an increased need for grants or financial support.

The impact that this has on children and young people, their overall wellbeing and mental health should not be underestimated. Concerns about the impact of poverty on mental health and ACEs have been well-raised for some time.³ This is experienced by young people both through their own experiences, but also by witnessing the impact of stress and anxiety on their parents and the uncertainty that this brings to their lives.

- *Children who have experienced Adverse Childhood Experiences (ACEs) and trauma*

Where children are exposed to persistent stress through the adverse experiences they have encountered, they view the world as a threatening place. This toxic stress changes the architecture of their brains and affects their ability to regulate their emotions and behaviour. This also results in overactivation of the stress response itself, creating a self-perpetuating cycle that can continue to have detrimental consequences over the course of a lifetime.

To prevent and mitigate these effects, it is necessary to develop a practice of trauma-informed care. We need to improve professionals' recognition of and response to trauma-related difficulties. ACEs can include experiencing abuse, neglect, or experiencing parental domestic abuse, substance misuse, incarceration, and divorce or separation.

Recognising and responding to the impact of trauma and adversity is key to improving outcomes for all children.

²² Bibby, J. (2020). Will COVID-19 be a watershed moment for health inequalities? The Health Foundation. <https://www.health.org.uk/publications/long-reads/will-covid-19-be-a-watershed-moment-for-health-inequalities>

³ <https://gov.wales/review-adverse-childhood-experiences-ace-policy-report-html>

We welcome the Welsh Government's leadership for Wales to become trauma informed, as well as the publication of the [Plan for Preventing Adverse Childhood Experiences](#). This includes funding for Barnardo's Cymru to develop a trauma-informed training package for use by community organisations.

Barnardo's Cymru is working with Welsh Government to develop a Trauma Framework for Wales that encompasses ACEs under the umbrella of developing trauma informed services. This covers ACE's but also many other traumas (e.g. intergenerational, cultural, racial, medical and more). A trauma-informed approach aims to provide environments that minimise the risk of further harm and gives a positive experience to those accessing services, as well as staff of the service, partner agencies etc.

- *Families where an adult has experienced ACEs and trauma*

In the discussion around trauma and ACEs, it is important to remember that there are thousands of adults in Wales living, working, and parenting whilst managing trauma from their childhoods and the impact this still has on their lives.

47% of adults in Wales have experienced 1 ACE, whilst 14% have experienced 4 or more.⁴ Adults with 4 or more ACEs were five times more likely to have low mental wellbeing than those with no ACEs.⁵ Parents/carers who have unresolved experiences of trauma can affect their adult/parenting function. Such trauma can be re-triggered with their children's experience or behaviour. However, our systems, while impressing the need for good parenting and understanding of such for future safeguarding, are not set up to respond to this.

Barnardo's Cymru calls on Welsh Government to ensure that parents/carers are supported in their own right, and that these approaches are trauma-informed, evidence-based and ensure parents/carers are able to process their own trauma whilst responding to their child's needs.

- *Children with protected characteristics*

Children and young people with protected characteristics often face more challenges than their peers which may make it more likely for them to experience mental health challenges. This is often compounded by a lack of specialist services that support their needs and experiences.

We must question whether our assessment tools adequately respond to the needs of children and young people with protected characteristics, and therefore help diagnose and signpost them in the right direction. This

⁴ <https://phw.nhs.wales/files/aces/infographic-aces-and-their-impact-on-health-harming-behaviours-in-the-welsh-adult-population/>

⁵ Adverse Childhood Experiences and their association with mental wellbeing in the Welsh adult population <https://phw.nhs.wales/files/aces/ace-and-their-association-with-mental-well-being-in-the-welsh-adult-population-pdf/>

includes understanding and taking action on the impact of intersectionality of protected characteristics e.g. Race and disability, Sexual orientation and race etc.

- *Young carers*

Young Carers face a huge number of burdens that many of their peers would be unable to imagine. Issues include providing 24/7 care for a loved one with very little respite, a lack of recognition for this role within schools, colleges and other institutions that make the same demands of them as their peers, worry about the health and wellbeing of family members, intense stress, lack of support brought about by the pandemic and many more.

Life Beyond Caring is a project run by the Barnardo's Cymru Newport Young Carers group⁶ to support young adult carers across the city. Young people ranging in age from 15 – 26 get together for activities, support and to campaign for better assistance for young carers.

One young carer noted that they were not identified as a young carer until they were in year 9 at school, despite having cared for their Mum for much of their childhood. This demonstrates the way in which many young carers are 'hidden' and not recognised and provided with the support that they need. Another young person stated that she had dropped out of college after six months because of a lack of support provided to her.

All of the young people in the group noted the impact of the pandemic on their wellbeing – both in terms of increased social isolation as well as fear about the impact of contracting Covid and passing it on to their vulnerable loved ones. The carers became concerned about leaving home for fear of bringing the virus home with them.

These issues create an exacerbated chance of young carers experiencing mental health and emotional wellbeing issues, but because of a lack of identification and subsequent support, their needs are often unaddressed, and support is lacking.

- *Asylum seekers and refugees*

Asylum seekers and refugees who have arrived in Wales are often suffering trauma, disruption and a huge upheaval are more likely to suffer mental health problems as a result.

Cardiff Family Wellbeing Service⁷ provides intensive support for asylum seeker and refugee families whose experience has involved trauma and loss but who are also trying to function in a new country – this requires

⁶ <https://www.barnardos.org.uk/what-we-do/services/newport-young-carers-service>

⁷ <https://www.barnardos.org.uk/what-we-do/services/family-wellbeing-service-cardiff>

effective links with other support for asylum seekers and refugees in the City.

For the groups identified, what are the barriers to accessing mental health services? How effectively can existing services meet their needs, and how could their experience of using mental health services be improved?

There has been significant progress in ensuring that existing services meet the needs of children and young people. This was noted in *Mind over Matter* which found that there have been improvements in assessment and driving down waiting lists for specialist CAMHS services.⁸

However, recent data showed that 77.9% of young people waiting for a referral for Specialist Child and Adolescent Mental Health referrals wait more than four weeks for a first appointment⁹ which shows that there is still more work to do.

As part of this inquiry, we have facilitated two focus groups with children and young people who have accessed support via Barnardo's Cymru and who have shared their own views on the experience of accessing mental health services and how this could be improved.

We have gone into more detail about the barriers facing children and young people in accessing services below.

- *Lack of parenting and family support*

Many issues within families develop from a lack of parenting and family support within the community, and a lack of integration between services where they do exist.

Barnardo's Cymru service Cardiff Family Wellbeing Service is a prime example of the benefits of an integrated model that brings wellbeing and parenting support much closer together and helps ensure an intervention that holds the family providing them with the tools and the confidence to move forward.

In this model, parenting services can refer on to Cardiff Family Wellbeing Service for interventions such as counselling, play therapy and much more. These interventions can support the whole family together, or individual members, in order to deliver an outcome that benefits the whole family and helps bring about change for the family unit, not just an individual within it. In this service, families also have choice about the type of intervention they receive and whether this is done as a group or

⁸ <https://senedd.wales/laid%20documents/cr-ld11522/cr-ld11522-e.pdf>

⁹ <https://stats.wales.gov.wales/Catalogue/Health-and-Social-Care/Mental-Health/specialist-child-and-adolescent-mental-health-services-scams/first-appointment-waiting-times/scamspatientpathwayswaitingforafirstappointment-by-month-groupedweeks>

1-1 with individual family members. It is our view that enhanced investment in community-based, whole-family mental health services is essential to support children, young people and their families.

- *Lack of early intervention*

For many children, young people and their families, early intervention is key.

This means ensuring that services providing mental and emotional wellbeing support are widely available, work within the community and offer a range of evidence-based interventions. Our service examples throughout this response are examples of how these operate in tackling mental health and wellbeing at the earliest possible point in a child's life.

- *Social attitudes / stigma*

It is all too well-known that stigma around mental health persists.¹⁰

Within Barnardo's services, we try to encourage a conversation around positive attitudes towards mental health and how we can break down the barriers preventing us from reaching out for help and being honest about our feelings. This is a conversation that needs to continue throughout society, particularly with children and young people.

- *Lack of specialist resources for protected characteristics*

Children and young people with protected characteristics have less ability to access resources directly tailored for them. This can be seen even as early on as at assessment stage.

For example, approximately 1 in 6 children aged 2-8 years have some form of neurodevelopmental, behavioural or emotional difficulty including ADHD, Autism, learning disabilities, cerebral palsy and others and face challenges.¹¹ In 2017 the BMA reported that 42% of children with autism also have an anxiety disorder, compared to just 3% of children without autism.¹²

Pandemic and associated restrictions have had a greater negative impact on the mental health of children with SEND compared to their non-SEND peers.¹³

¹⁰ <https://gov.wales/sites/default/files/publications/2019-03/together-for-mental-health-a-strategy-for-mental-health-and-wellbeing-in-wales.pdf>

¹¹ <https://www.ssa.gov/ndf/documents/T%20Benton%20-%20NDF%2004-15-21%20-%20FINAL.pdf>

¹² <https://www.bma.org.uk/media/2056/autism-briefing.pdf>

¹³ https://files.digital.nhs.uk/97/B09EF8/mhcyp_2021_rep.pdf

Nearly half (46.2%) of parents with SEND children between 6 to 16-years-old reported a reduction in the support their child received for special educational needs due to the coronavirus pandemic.¹⁴

SEND is higher among children from poorer families and in some ethnic minority groups while pupils from the poorest families experience barriers to accessing support.¹⁵ Children with SEND are at higher risk of co-morbid mental health problems and have had their emotional wellbeing and mental health more negatively affected than their peers by the pandemic and associated restrictions.¹⁶

When considering protected characteristics, it is also important to bear in mind intersectionality and any further barriers that this can create. Prior to the pandemic research published by the Joseph Rowntree Foundation identified that 'Pupils from poorest families are more than twice as likely to be identified as having SEND – but are less likely to receive the support they need leading to these children being more likely to becoming NEET and at higher risk of going to prison.'¹⁷

In March 2021 research by the Universities of Cambridge, Newcastle and Maastricht found that Black and Chinese pupils were 26% and 38% more likely to be autistic respectively and autistic children were much more likely to face significant social disadvantage. Pupils with a record of autism in schools were 60% more likely to also be socially disadvantaged, and 36% less likely to speak English.¹⁸

- *Geographic barriers*

In more rural areas of Wales, being able to physically access support services can be a challenge. This is tied to issues related to poverty – if a young person can arrange an appointment, do they have a car to access it? Can they afford public transport to get there? This is also a consideration with young carers.

- *Staffing issues*

Recruitment and retention of staff in specialist third sector mental health services is an endemic problem.

This issue is felt unevenly across Wales. It is much more difficult to attract specialist staff to work in areas of Mid and North Wales that are further away from training centres that are predominantly clustered in South Wales.

- *Supportive adults*

¹⁴ https://files.digital.nhs.uk/97/B09EF8/mhcyp_2021_rep.pdf

¹⁵ <https://www.ncl.ac.uk/press/articles/archive/2021/03/autismratesincrease/>

¹⁶ https://files.digital.nhs.uk/97/B09EF8/mhcyp_2021_rep.pdf

¹⁷ <https://www.sec-ed.co.uk/news/research-identifies-10-barriers-facing-poor-pupils-with-send/>

¹⁸ <https://www.ncl.ac.uk/press/articles/archive/2021/03/autismratesincrease/>

Children and young people that need to access mental health services will often have to rely on a supportive adult to get them there.

This refers both to the physical need to take a young person to an assessment or appointment, but also to the psychological support that a parent or carer needs to provide to a young person seeking support. Being understood and supported by significant adults in their lives is an important part of a young person successfully accessing services. This can be a barrier to a child or young person accessing support where it is not available.

- *The missing middle*

As has long been established, particularly by work undertaken by the Children, Young People and Education Committee of the Fifth Senedd in *Mind over Matter*¹⁹, there is a missing middle when it comes to mental health provision for young people in Wales.

Where young people need an intervention to support their mental health and emotional wellbeing, but do not meet the threshold for a CAMHS referral, *Mind over Matter* found that there was not enough provision for those children and young people who fell into the 'missing middle'.

In the review *Mind over Matter: Two Years On*²⁰ it was found that children and young people still had limited options for mental health support, and where services were available there were often long waiting times.

We would recommend that this work be revisited to assess the current situation and make recommendations to Welsh Government about where improvements continue to need to be made.

- *Long waiting lists*

Long NHS waiting lists are, in themselves, a barrier to accessing those services.

For many people, taking the leap of asking for help results in a long period of time waiting for treatment. Our services regularly report that long waiting lists directly lead to higher levels of emotional distress for children and their families, which results in a need for longer 1-1 interventions from services.

This has particularly been reported in Atebion, our service that supports families where a child has been diagnosed with a disability, and Beyond the Blue, which supports young people dealing with grief or with a mental health problem.

¹⁹ Mind over matter: A report on the step change needed in emotional and mental health support for children and young people in Wales <https://www.exchangewales.org/wp-content/uploads/sites/14/2020/06/cr-ld11522-e.pdf>

²⁰ Mind over Matter: Two Years On <https://senedd.wales/laid%20documents/cr-ld13568/cr-ld13568-e.pdf>

Many services have innovated to drive down waiting times and to help families access resources virtually whilst waiting for a face-to-face intervention, which has helped to mitigate some of the effects.

To what extent does Welsh Government policy recognise and address the mental health needs of these groups? Where are the policy gaps?

We welcome the work that Welsh Government has undertaken to understand the mental health needs of children and young people. Much work has been undertaken in recent years to implement the 'No Wrong Door'²¹ policy and to ensure that children and young people can more readily access mental health support. However, progress is not consistent across Wales. No wrong door is implemented well in areas where there are individuals driving progress, but this is not always felt throughout the process. Furthermore, whilst there is still a 'missing middle' we will not be able to fulfil the ambitions of no wrong door.

- Single point of access

One policy gap that we recognise in our work supporting children, young people and families is the lack of an all-Wales single point of access for young people experiencing mental health difficulties, or for someone who is worried about a child or young person.

We understand that progress has been made on implementing this, and this work is more advanced in some health boards than others, but there is still much more to be done.

This can make it difficult for families or concerned professionals to adequately signpost children and young people in need of support. This is particularly the case for those who are not familiar with the health system in Wales or who find it complex and difficult to navigate.

During the pandemic, Barnardo's Cymru launched See, Hear, Respond,²² which was designed directly in result to the impact of the pandemic on the mental health of children and young people. The intervention offered therapeutic support including counselling and practical advice and was available to any family in Wales struggling with the impact of the pandemic. Families could self-refer by calling a helpline or visiting the website and would receive signposting to the right service for them. See, Hear, Respond supported 350 children, young people, and their families in Wales over an 18-month period.

²¹ No Wrong Door: Bringing services together to meet children's needs https://www.childcomwales.org.uk/wp-content/uploads/2020/06/NoWrongDoor_FINAL_EN230620.pdf

²² <https://www.barnardos.org.uk/see-hear-respond/announcement>

This is an example of how providing a simple, easy to access gateway to support is an effective means of supporting families.

Barnardo's also launched the Boloh²³ helpline for children from Black, Asian and minority ethnic backgrounds for support on a range of issues, including mental health and wellbeing concerns. This helpline provides advice in a large number of languages, as well as providing signposting to appropriate organisations.

What further action is needed, by whom/where, to improve mental health and outcomes for the groups of people identified and reduce mental health inequalities in Wales?

Further action should be taken in the following areas:

- *Invest in the whole-family approach to mental health*

Working with children and young people on their mental health often requires an understanding of their whole family dynamic to bring about sustained change within the whole family to benefit the child.

This is the approach adopted in Barnardo's Cardiff Family Wellbeing Service. Through the whole-family approach, there is a bespoke intervention that supports the child and the environment in which they live.

Sometimes, when working in isolation problems facing a child or young person remain evasive, and their environment doesn't change making it more difficult to facilitate and achieve sustained improvements.

The whole-family approach helps identify the problem and move towards an understanding of how this can be tackled, as well as helping families take the first steps in recognising any issues, including their own.

- *Trauma-informed, community-based services*

Children and Adolescent Mental Health Services (CAMHS) should adapt their model to reflect the lives of the children and young people that they support. This means extending their availability to outside of school hours and ensuring that services are available on weekends, during the evening and in settings that are not off-putting to children and young people. These settings should be in the community and not based in a GP surgery wherever possible.

²³ https://helpline.barnardos.org.uk/?gclid=EAIaIQobChMIu-mtzL319QIVkoBQBh3ZOAQYFAAYASAAEqJ9cPD_BwE

Barnardo's Cymru advocates services that are embedded within communities and working in homes wherever possible. CAMHS needs to ensure that they meet the needs of children and young people and meet them where they are, instead of expecting them to come to strange places that are not conducive to making them feel comfortable.

This can include ensuring that we treat the community as the asset that it is and work within comfortable, attractive community spaces where they are more appropriate than clinical settings.

CAMHS also need to ensure that they are not a purely clinical offering, and we believe that there are opportunities for the voluntary sector to support in this. Golau, Barnardo's Cymru's service on Anglesey, is an example of this community-based, child-centred approach.

Golau has recently been commissioned to work with CAMHS in Gwynedd and Mon to develop an offer for children who may not meet criteria for core CAMHS intervention or require brief intervention following crisis admission to hospital. Golau will also provide prevention intervention for Family Wellbeing Practitioners linked to GP clusters.

This aims to build resilience and create sustainable coping strategies for young people where community resources have declined during the pandemic. It helps to prevent re-referrals into CAMHS and hopefully will prevent readmissions to local emergency departments. It is our hope that this pilot will act as a model for the voluntary sector supporting the work of CAMHS and helping to fill gaps in provision, particularly the missing middle.

We welcome the NEST/NYTH framework and its emphasis on building relationships and bringing the whole community into conversations around mental health support for children and young people. We hope to play our role in ensuring that the voluntary sector help to fill the gaps that exist in provision and support children and young people – particularly those that fall into the 'missing middle'. However, a community-based model such as the NEST/NYTH framework does not replace the need to adequately fund the rollout of better community-based provision.

There is an acute need for funding within mental health services, and whilst we welcome the announcements in Welsh Government's 2022/23 budget, this is still something that we must bear in mind.

- *Identifying children and young people in need of support*

Frontline workers who engage with children and young people need to have the skills and training to help identify a child in distress. A mental health problem can manifest itself in many ways in children and young

people, and professionals such as teachers and healthcare workers must be equipped to recognise this.

Distress can manifest in withdrawal, outbursts, changes to eating and sleeping habits, difficulty concentrating, changes in academic performance and much more. These signs of distress will vary hugely from child to child and will look different based on age. It is vital that those who are on the frontline of working with children can recognise the warning signs and make an appropriate referral. We should also consider who those professionals are and ensure we include all staff working in schools, GP receptionists, and many more.

In the past, there have been incidences of scattergun referrals whereby a professional would make several, often inaccurate referrals to try and get a response.

Barnardo's Cymru believes that there is a big piece of work needed in training these frontline professionals and ensuring that they have the confidence to both spot the sign of mental distress in children and young people and make a timely and accurate referral as a result. This makes the case for a single point of access even more pressing.

When providing training and support to these professionals, we must also develop a shared language around mental health to ensure that we are communicating as effectively as possible.

It is important to remember that whilst the community should have a role in supporting the emotional wellbeing of children and young people, there is still a role for safeguarding where mental health issues escalate to a certain point, and that this is not an appropriate role for the community.

In addition to the training needed for spotting early signs of mental distress, there is also a need to support those professionals who care for children and young people facing more extreme difficulties. Due to a lack of crisis care and referral services within Wales, young people in crisis will often present either in A&E or need support from the police.

Barnardo's Cymru has previously provided Early Action Together training with police officers to help equip them with the tools, knowledge, and skills they need to support a child or young person who is suffering a mental health crisis. The same level of training needs to be provided to health and social care practitioners – from the GP surgery receptionist, through to the A&E healthcare workers – to ensure that this level of understanding is replicated in the health space as it has been in the police force.

- *Structural funding issues*

When considering how to develop our mental health support offering, there needs to be a conversation around the level of resource that can sit behind this effort.

Specialist projects are difficult to sustain without predictable, settled funding arrangements and much of the innovation that we have discussed throughout this response is difficult to achieve without resolving endemic funding issues within the sector.

We would also argue that within the systemic changes that need to be made to support children and young people who struggle to access mental health support, there need to be more evidence-based responses that include talk, play and creative responses that are tailored to the needs of children and young people. Having a measurable, evidence-based approach allows us to determine what works and what doesn't.

- *Building resilience*

Part of the conversation around mental health and wellbeing should focus on building resilience in children and young people from the earliest possible age.

The PATHS® Programme for Schools (UK Version) is a trauma-informed public health approach to education that Barnardo's facilitates in pre-school settings and primary schools in Pembrokeshire, and Vale of Glamorgan. The programme takes a whole-school approach to working with young children (aged 2–11) to develop resilience, and social and emotional skills. The PATHS® Programme was noted by Bangor University as an example of a schools-based approach that addresses the consequences of ACEs and improves social and emotional competency in young children.²⁴

Building resilience will help young people of the future be more adaptable and resilient in the face of trauma and help ensure that they have the tools that they need to respond to difficulties.

For more information contact