

Agenda – Y Pwyllgor Plant, Pobl Ifanc ac Addysg

Lleoliad: I gael rhagor o wybodaeth cysylltwch a:
Hybrid – Ystafell Bwyllgora 5 Tŷ Hywel a Naomi Stocks
fideogynadledda drwy Zoom Clerc y Pwyllgor
Dyddiad: Dydd Mercher, 26 Hydref 0300 200 6565
2022 SeneddPlant@senedd.cymru
Amser: 09.15

Rhag-gyfarfod preifat

(09.00 – 09.15)

1 Cyflwyniad, ymddiheuriadau, dirprwyon a datgan buddiannau

(09.15)

2 Cymorth Iechyd Meddwl mewn Addysg Uwch – sesiwn dystiolaeth

6

(09.15 – 10.15)

(Tudalennau 1 – 28)

Ben Lewis, Cyfarwyddwr Bywyd Myfyrwyr, Prifysgol Caerdydd, yn cynrychioli AMOSSHE

Kirsty Palmer, Cyfarwyddwr Gwasanaethau Myfyrwyr, Prifysgol Metropolitan Caerdydd

Sharon Jones, Cyfarwyddwr Gwasanaethau Myfyrwyr, Prifysgol De Cymru

Dogfennau atodol:

Briff Ymchwil

AMOSSHE Sefydliad Gwasanaethau Myfyrwyr Cymru – CYPE(6)–21–22– Papur

1

Egwyl

(10.15 – 10.25)



3 Cymorth Iechyd Meddwl mewn Addysg Uwch – sesiwn dystiolaeth 7

(10.25 – 11.25)

(Tudalennau 29 – 43)

Lynne Hackett, Swyddog Arweiniol ar gyfer addysg uwch, UNSAIN Cymru

Jamie Insole, Swyddog Polisi, Undeb Prifysgolion a Cholegau (UCU)

Dogfennau atodol:

UNSAIN – CYPE(6)–21–22– Papur 2

Undeb Prifysgolion a Cholegau (UCU) Cymru – CYPE(6)–21–22– Papur 3

4 Cymorth Iechyd Meddwl mewn Addysg Uwch – sesiwn dystiolaeth 8

(11.30 – 12.30)

(Tudalennau 44 – 58)

David Blaney, Prif Weithredwr, Cyngor Cyllido Addysg Uwch Cymru (CCAUC)

Harriet Barnes, Cyfarwyddwr Polisi a Chyllid, Cyngor Cyllido Addysg Uwch

Cymru (CCAUC)

Dogfennau atodol:

Cyngor Cyllido Addysg Uwch Cymru (CCAUC) – CYPE(6)–21–22– Papur 4

5 Papurau i'w nodi

(12.30)

5.1 Gwybodaeth gan randdeiliad

(Tudalennau 59 – 60)

Dogfennau atodol:

Nodyn briffio gan y Coleg Brenhinol Pediatreg ac Iechyd Plant (RCPCH) –

CYPE(6)–21–22 – Papur i'w nodi 1 (Saesneg yn unig)

5.2 Gwybodaeth gan randdeiliaid

(Tudalennau 61 – 90)

Dogfennau atodol:

Llythyr ac adroddiad gan Brif Weithredwr Family Fund – CYPE(6)–21–22 –
Papur i'w nodi 2 (Saesneg yn unig)

5.3 Cydsyniad Deddfwriaethol: Bil Prisiau Ynni

(Tudalennau 91 – 92)

Dogfennau atodol:

Llythyr gan y Gweinidog Materion Gwledig a Gogledd Cymru, a'r Trefnydd –
CYPE(6)–21–22 – Papur i'w nodi 3

6 Cynnig o dan Reol Sefydlog 17.42 i benderfynu gwahardd y cyhoedd o weddill y cyfarfod hwn, ac o Eitem 1 y cyfarfod a gaiff ei gynnal ar 17 Tachwedd

7 Cymorth Iechyd Meddwl mewn Addysg Uwch – Trafod y dystiolaeth

(12.30– 12.35)

Mae cyfyngiadau ar y ddogfen hon

Yn rhinwedd paragraff(au) vi o Reol Sefydlog 17.42

Mae cyfyngiadau ar y ddogfen hon

CYPE(6)-21-22- Papur 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: UNSAIN

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 do 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.

Eitem 4

CYPE(6)-21-22- Papur 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)**

Mae CCAUC yn croesawu'r cyfle hwn i ymateb i Ymchwiliad y Pwyllgor Plant, Pobl Ifanc ac Addysg i gymorth iechyd meddwl mewn addysg uwch.

Maint yr angen

Y sefyllfa bresennol o ran iechyd meddwl myfyrwyr mewn addysg uwch, ac unrhyw heriau penodol maent yn eu hwynebu o ran eu hiechyd meddwl a'u gallu i gael cymorth.

1. Mae nifer a chyfran y myfyrwyr mewn addysg uwch yng Nghymru sy'n dod i sylw â chyflyrau iechyd meddwl wedi bod yn cynyddu dros y blynyddoedd diwethaf. Mae nifer a chyfran y myfyrwyr yn cofrestru yn y naw prifysgol a'r tri choleg addysg bellach a reoleiddir gan CCAUC¹ yng Nghymru a ddatganodd gyflwr iechyd meddwl megis iselder, sgitsoffrenia neu anhwylder gorbryder wedi cynyddu o **2,065 o fyfyrwyr yn 2014/15 (1.6% o'r myfyrwyr) i 6,245 o fyfyrwyr (4.3% o'r myfyrwyr) yn 2020/21**. Mae'r ffaith bod niferoedd cynyddol o fyfyrwyr sydd wedi datgan cyflyfrau iechyd meddwl yn byw ac yn astudio mewn trefi a dinasoedd ledled Cymru'n creu galw am gymorth gan brifysgolion a cholegau ac yn rhoi pwysau ychwanegol ar gwasanaethau iechyd y cyhoedd presennol a mudiadau'r trydydd sector.

¹ Prifysgolion Bangor, Aberystwyth, Caerdydd, Metropolitan Caerdydd, y Brifysgol Agored yng Nghymru, De Cymru, Abertawe, y Drindod Dewi Sant, Glyndŵr Wrecsam. Colegau addysg bellach Coleg Llandrillo Menai, Coleg Gŵyr, Grŵp Colegau Castell-nedd Port Talbot.

~~Mr Rob Humphreys~~
Cadeirydd | Chair

~~Dr David Blaney~~
Prif Weithredwr | Chief Executive



2. Mae adroddiad gan Universities UK [Minding our Future](#) yn amlygu bod fyfyrwyr 'are now not an elite minority', gan ddweud '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. Mae strategaeth ddeng mlynedd Llywodraeth Cymru [Law yn Llaw at Iechyd Meddwl: Strategaeth ar gyfer Iechyd Meddwl a Lles yng Nghymru](#) (2012) yn nodi:

'Efallai y bydd angen cymorth ychwanegol ar fyfyrwyr sy'n wynebu heriau wrth symud oddi cartref am y tro cyntaf, a/neu wrth iddynt addasu i, neu ymdopi ag, amgylchedd academiaidd. Mae gan staff colegau a phrifysgolion rôl dyngedfennol i'w chwarae i hyrwyddo'r agenda les a sicrhau bod gan fyfyrwyr fynediad i'r cymorth iawn, yn ôl yr angen.'

4. Caiff rhai o'r heriau y mae myfyrwyr yn eu hwynebu mewn perthynas â'u hiechyd meddwl eu hamlygu yn yr adroddiad *Minding our Future*. Gall y ffactorau canlynol gyfrannu at iechyd meddwl gwaeth yn y boblogaeth myfyrwyr:

Daearyddol: Mewn nifer o achosion, mae myfyrwyr yn symud i wlad sir neu hyd yn oed gwlad newydd i gofrestru yn y brifysgol. Gall hyn arwain at gofrestru gyda meddyg teulu newydd yn ardal eu prifysgol. Yn nodweddiadol mae'r rhai sy'n symud i ffwrdd i astudio'n dychwelyd adref ar ddiwedd pob tymor am nifer o wythnosau neu fisoedd.

Yng Nghymru, roedd **62,185 o fyfyrwyr israddedig amser llawn sy'n hanu o Gymru** wedi cofrestru gyda darparwyr addysg uwch y DU yn 2020/21 yr oedd 38.5% (23,925) ohonynt yn astudio'r tu allan i Gymru. Yn yr un flwyddyn roedd **84,888 o fyfyrwyr israddedig amser llawn wedi cofrestru gyda darparwyr addysg uwch yng Nghymru** yr oedd **38,257 (45.1%) ohonynt yn hanu o Gymru**.

Addysgol: Mae myfyrwyr sy'n cofrestru yn y brifysgol yn pontio i system addysg sy'n gofyn dysgu'n fwy annibynnol na'r addysgu a brofwyd ganddynt yn yr ysgol neu'r coleg.

Gwasanaeth: Mae llawer o fyfyrwyr wedi cyrraedd yr oedran lle mae'r gwasanaethau iechyd meddwl y maent yn eu cael yn symud o wasanaethau iechyd meddwl plant a'r glasoed (CAMHS) i wasanaethau iechyd meddwl oedolion (AMHS). Mae'r broses bontio hon yn gryn her hyd yn oed i'r rhai nad ydynt wedi newid cyfeiriad ac sy'n aros o fewn yr un gwasanaeth iechyd.

Personol: Mae myfyrwyr sy'n symud oddi cartref i fynychu'r brifysgol yn ysgwyddo cyfrifoldebau a phwysau ariannol a domestig. Efallai y bydd rhai hefyd yn arbrofi'n rhywiol am y tro cyntaf, yn cael perthnasoedd ac yn mynd trwy brofiad o berthynas yn chwalu.

5. A throi at rwystrau i gael mynediad at wasanaethau iechyd meddwl y tu allan i addysg uwch, fe wnaeth adroddiad gan Universities UK² nodi'r rhwystrau canlynol i fyfyrwyr sy'n ceisio cael mynediad at wasanaethau iechyd meddwl:

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

- *'more students are arriving at university with pre-existing mental health disorders. Some of these disorders in particular eating disorders and autistic spectrum 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' a*
- *'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'.*

A oes heriau gwahanol o ran iechyd meddwl ar gyfer gwahanol grwpiau o fyfyrwyr, ac a oes unrhyw grwpiau o fyfyrwyr mewn addysg uwch y mae iechyd meddwl gwael yn effeithio'n anghymesur arnynt.

6. O ran croestoriad iechyd meddwl a nodweddion gwarchoddedig eraill³ fe gadarnhaodd adroddiad y Comisiwn Cydraddoldeb a Hawliau Dynol A yw Cymru'n Decach 2018 *'Yn 2015, dywedodd pobl anabl bod eu hiechyd meddwl yn wael bron i dair gwaith yn fwy aml (48.0%) na phobl nad ydynt yn anabl (16.9%). Nododd pobl anabl iau hefyd gyfraddau uwch o iechyd meddwl gwael na phobl hŷn, gan amrywio rhwng 66.6% (16–24 oed) a 34.4% (75+ oed)*⁴. Mae'r adroddiad hefyd yn nodi, yn y boblogaeth gyffredinol, y ***'Nododd llai o ddynion (22.3%) na menywod (31.1%) eu bod yn dioddef o iechyd meddwl gwael yn 2015. Mae mwy o fenywod na dynion yn cael eu trin ar gyfer cyflyrau iechyd meddwl, a allai fod yn rhannol oherwydd bod menywod yn fwy tebygol o ddatgelu problem iechyd meddwl na dynion'***. Mae'r patrwm o ran dod i sylw â chyflyrau iechyd meddwl yr un fath i fyfyrwyr benywaidd mewn addysg uwch (AU). Gwyddom fod cyfraddau hunanladdiad yn uwch ymhlith myfyrwyr gwrywaidd⁵. Goblygiadau'r ffaith bod dynion yn llai tebygol o ddatgelu cyflyrau iechyd meddwl na menywod yw bod angen i wasanaethau gael eu dylunio i ymgysylltu â myfyrwyr a thrin nid dim ond y myfyrwyr hynny sy'n eu ceisio'n rhagweithiol.
7. Mae Llywodraeth Cymru wedi deddfu ar y ddyletswydd economaidd-gymdeithasol yn Neddf Cydraddoldeb 2010 ac mae anfantais economaidd-gymdeithasol yn gallu effeithio'n negyddol ar iechyd meddwl disgyblion. Yn ei Siarter Iechyd Meddwl mewn Prifysgolion mae Student Minds yn nodi *'Inequality can, in and of itself, have negative effects on mental health. There are numerous causes of this, which can*

³ Y nodweddion gwarchoddedig dan Ddeddf Cydraddoldeb 2010 yw: oedran, anabledd, aillbennu rhywedd, beichiogrwydd a mamolaeth, priodas a phartneriaeth sifil, hil, crefydd a chred, rhyw, cyfeiriadedd rhywiol. Gweler hefyd dyletswydd statudol Llywodraeth Cymru ar anfantais economaidd-gymdeithasol [Y Ddyletswydd Economaidd-gymdeithasol: canllawiau](#).

⁴ [A Yw Cymru'n Decach? Cyflwr cydraddoldeb a hawliau dynol 2018 \(equalityhumanrights.com\)](#)

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

include adverse experiences, not feeling understood or accepted, feeling actively rejected or being threatened by the surrounding culture'.⁶ Mae'r Sefydliad Iechyd Meddwl yn nodi bod tystiolaeth o'r Arolwg o Iechyd Meddwl Plant a'r Glasoed wedi canfod bod nifer yr achosion o broblemau iechyd meddwl difrifol oddeutu deirgwaith yn uwch ymhlith y cwintel isaf o incwm teuluol nag ymhlith y rhai yn y cwintel uchaf.⁷

8. Ceir tystiolaeth bod y cynnydd mewn costau byw ar hyn o bryd yn cael effeithiau negyddol ar fyfyrwyr â nodweddion gwarchoddedig, myfyrwyr sy'n ofalwyr a myfyrwyr â chefnidir o fod mewn gofal, myfyrwyr sydd wedi ymddieithrio oddi wrth eu teuluoedd a myfyrwyr o gefndiroedd economaidd-gymdeithasol is a myfyrwyr rhyngwladol. Dynododd adroddiad gan UCM yn 2022 fod codiadau mewn costau byw'n cael 'a negative impact, and 31% reporting this to be a 'major' impact'.⁸ Mae'r adroddiad a gyhoeddwyd ym mis Medi 2022 gan Undeb Cenedlaethol y Myfyrwyr a'r Sefydliad Polisi Addysg Uwch [Student Cost of Living Support](#) yn nodi fel a ganlyn:
 - mae defnydd o fanciau bwyd yn fwy tebygol ymhlith myfyrwyr hŷn, y rhai mewn addysg bellach, myfyrwyr anabl, a myfyrwyr o gefndiroedd economaidd-gymdeithasol is;
 - mae myfyrwyr trawsryweddol ac anneauaid, yn ogystal â myfyrwyr o liw'n fwy tebygol o fod â llai na £500 y mis o incwm; ac
 - mae rhieni a gofalwyr yn fwy tebygol o ddweud eu bod yn pryderu'n eithriadol am eu gallu i ymdopi'n ariannol na myfyrwyr eraill ac yn fwy tebygol o fod wedi ceisio cymorth o nifer o ffynonellau gan gynnwys cynlluniau credyd a chardiau credyd.
9. Fe wnaeth adroddiad a gomisiynwyd gan [Student Minds](#) nodi fel a ganlyn, '*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 Yn 2019 fe gadarnhaodd [Advance HE](#) fel a ganlyn: '*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
10. Roedd adroddiad y Comisiwn Cydraddoldeb a Hawliau Dynol yn 2019 yn nodi '*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 Mae pobl sy'n wynebu trais a cham-drin ar sail hunaniaeth yn cynnwys menywod o bob cefndir. Fe brofodd myfyrwyr a staff benywaidd yr effeithiwyd ar eu hiechyd meddwl gan drais domestig, cam-drin a thrais rhywiol effeithiau andwyol pellach o ganlyniad i'r cyfyngiadau symud yn ystod y pandemig. Mae prifysgolion yn cefnogi menywod a theuluoedd sy'n byw dan yr amodau hyn.

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

⁷ [Green, H., McGinnity, A., Meltzer, H., Ford, T., a Goodman, R. \(2005\). *Mental Health of Children and Young People in Great Britain*: 2004.](#) Y Swyddfa Ystadegau Gwladol.

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 a Dr Nicola Byrom

¹⁰ [Mynd i'r afael ag aflonyddu hiliol: Prifysgolion yn cael eu herio \(equalityhumanrights.com\)](#)

11. O ran hunanladdiad, mae digwyddiadau'n uwch ymhlith myfyrwyr gwrywaidd nag ydynt ymhlith myfyrwyr benywaidd¹¹. Mae data'r Swyddfa Ystadegau Gwladol ar gyfer Cymru a Lloegr yn dynodi fel a ganlyn: *'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 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.'* Rydyn yn llwyr gydnabod bod un hunanladdiad yn un yn ormod.
12. Gweler hefyd y myfyrwyr a nodwyd fel rhai yr effeithiwyd yn fwy andwyol arnynt gan Covid-19 ym mharagraff 14 isod.

Yr effaith, os o gwbl, a gafodd COVID-19 yn gyffredinol ar iechyd meddwl a lles myfyrwyr ac effaith y pandemig ar y lefelau a'r math o gymorth a ddarperir gan y sector addysg uwch.

13. Mae papur briffio gan Dadansoddi Cyllid Cymru yn 2021¹² yn awgrymu bod y pandemig yn debygol o fod wedi cael effaith fawr ar iechyd meddwl a lles y boblogaeth gyfan. Roedd y papur brifio'n nodi'r dadansoddiad canlynol o ddata:

'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'; a

'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. Effeithiwyd ar fyfyrwyr mewn addysg uwch gan bandemig a chyfyngiadau symud Covid-19, ac mae ymchwil a gyflawnwyd dros y flwyddyn ddiwethaf wedi dangos hyn. Canfu adroddiad gan y [Centre for Mental Health](#) a oedd yn gwerthuso effaith y rhaglen [Student Space](#) a ddarparodd ymyriadau dros y we i gefnogi lles meddyliol myfyrwyr dros y pandemig nad oedd yr effaith ar yr holl fyfyrwyr yn gyfartal, a bod rhai grwpiau o fyfyrwyr wedi profi heriau mwy. Y rhai a enwyd ganddo oedd:
- myfyrwyr o gymunedau lleiafrifol;
 - myfyrwyr anabl;
 - myfyrwyr rhyngwladol; a
 - myfyrwyr o grwpiau 'ehangu cyfranogiad/ mynediad'.

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

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

15. Nid yw'n glir inni eto beth yw effeithiau parhaus a thymor hwy'r pandemig ar ymgeiswyr a myfyrwyr. Fe gyhoeddodd Academi Prydain [The COVID Decade: understanding the long-term societal impacts of COVID-19](#). Un o gasgliadau'r adroddiad oedd:

'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 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.' a:

'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.'

Adnabod a darpariaeth

Pa mor effeithiol y mae darparwyr addysg uwch yn hyrwyddo ethos o iechyd meddwl a lles da cyffredinol i'r holl fyfyrwyr, ac a yw hyn yn rhan annatod o'r profiad dysgu ac o ryngweithio â staff

16. Cyhoeddwyd cyfarwyddyd polisi cyntaf CCAUC i brifysgolion ar lesiant ac iechyd mewn addysg uwch yn 2013. Roedd y cyfarwyddyd yn nodi arfer cyfredol mewn addysg uwch ac yn cadarnhau bod yr holl gynlluniau ffioedd yn 2014/15 yn cynnwys cymorth ar gyfer iechyd meddwl a lles.¹³ Roedd [Addysg uwch ar gyfer cenedl iach: iechyd a lles myfyrwyr](#) yn cynnwys mwy na deugain o astudiaethau achos o weithgareddau a gwasanaethau addysg uwch i hybu lles ac iechyd a chefnogi myfyrwyr gyda'u hiechyd meddwl. Yn 2021 fe gyhoeddodd ni [Addysg uwch i'r genedl: cefnogi myfyrwyr](#) gydag astudiaethau achos mwy diweddar a oedd yn ymwneud â lles ac iechyd.
17. Yn 2019, fe lansiodd CCAUC ei [Ddatganiad Polisi Lles ac Iechyd mewn AU](#) mewn cynhadledd genedlaethol. Yn 2019, fe gyhoeddodd Swyddfa Archwilio Cymru ei harchwiliad: [Cyngor Cyllido Addysg Uwch Cymru – Llesiant Cenedlaethau'r Dyfodol: Cynllun ar gyfer lles ac iechyd mewn addysg uwch](#) a oedd yn nodi:
- 'Mae CCAUC yn frwd yn gyrru cydweithredu ac mae yna ystod o gamau ymarferol a strategol y gall eu cymryd i adeiladu ar ei berthynas gadarnhaol â phartneriaid.'*
18. Yn 2019, fe wnaeth CCAUC gyllido pum prosiect lles ac iechyd arloesol cydweithredol i wella a chefnogi lles ac iechyd myfyrwyr mewn addysg uwch. Fe

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

wnaethom hefyd wahodd Strategaethau Lles ac Iechyd o Flwyddyn Ariannol 2020-21. Mae'r prosiectau'n mynd rhagddynt neu wedi'u gwreiddio ac yn cynnwys:

- Y gwasanaeth gwybodaeth a chyngor cyfrwng Cymraeg ar y we, [Myf.com](#), ar gyfer myfyrwyr â chyflyrau lles ac iechyd meddwl ysgafn neu gymedrol. Arweiniwyd y prosiect gan Brifysgol Bangor mewn partneriaeth gyda Phrifysgol Aberystwyth a Phrifysgol Cymru y Drindod Dewi Sant ac fe'i lansiodd yn y Senedd ym mis Mai 2022;
- Mae [Partneriaeth Iechyd Meddwl Myfyrwyr De Ddwyrain Cymru](#) wedi creu 'Hyb Myfyrwyr Meddyliol Iach' i wella mynediad at amrywiaeth o gymorth gan drydydd partion a roddir gan asiantaethau iechyd a'r trydydd sector, yn ogystal â datblygu protocol cyffredin ar gyfer diffinio afiechyd meddwl, ac atgyfeiriadau iechyd critigol at bartneriaid yn y GIG, gan weithio gydag Ymddiriedolaeth Bwrdd Iechyd Caerdydd a'r Fro. Fe lansiodd y prosiect yn y Senedd ym mis Mehefin 2022. Mae gwasanaethau ar y cyd rhwng y bwrdd iechyd/y brifysgol wedi'u lleoli ym Mhrifysgol Caerdydd, Prifysgol Metropolitan Caerdydd a Phrifysgol De Cymru;
- Fe sefydlodd y Brifysgol Agored yng Nghymru bartneriaeth gyda Phrifysgol Glyndŵr Wrecsam a Dysgu Oedolion Cymru i ddatblygu [modiwlau lles ac iechyd](#) ar-lein ar gyfer myfyrwyr â chyflyrau iechyd meddwl lefel isel;
- Fe sefydlodd Prifysgol Glyndŵr Wrecsam bartneriaeth gyda Phrifysgol De Cymru ac Ymddiriedolaeth Bwrdd Iechyd Betsi Cadwaladr i ddatblygu [presgripsiynu cymdeithasol](#) i gefnogi myfyrwyr â chyflyrau lles ac iechyd meddwl lefel isel ac i wella'i phrosesau brysbennu i'w gwneud yn bosibl rhoi cymorth yn gyflymach i fyfyrwyr.
- Mae'r prosiect [Connect](#) dan arweiniad Prifysgol Abertawe gyda Phrifysgol Cymru y Drindod Dewi Sant yn ymdrin ag unigrwydd ac yn cynyddu'r ymdeimlad o berthyn i gymunedau addysg uwch trwy fynd ati'n rhagweithiol i gysylltu myfyrwyr unig, dihyder â staff a myfyrwyr sy'n gweithredu fel cysylltwyr, gwasanaethau a gweithgareddau. Cyflwynwyd y prosiect i [Rwydwaith Prifysgolion Iach y DU](#) yn 2021.

19. Yn ystod y pandemig, fe ddyrannodd CCAUC gyllid ychwanegol o **£50m** gan Lywodraeth Cymru i gefnogi myfyrwyr mewn addysg uwch, gan gynnwys ar gyfer lles ac iechyd meddwl, gweler cylchlythyrau [W20/32HE](#) a [W21/04HE](#). Hefyd, fe wnaeth CCAUC, ar y cyd â'r Swyddfa Fyfyrrwyr, gyllido'r prosiect [Student Space](#) i roi cyngor a gwybodaeth arbenigol i fyfyrwyr yr effeithiwyd arnynt gan y pandemig. Rhwng 1 Gorffennaf 2020 a 31 Gorffennaf 2022 roedd cyllid CCAUC ar gyfer Student Space yn **£220,000**. Mae Student Space wedi cael ei estyn tan 2025 gyda chyllid CCAUC yn sicrhau adnoddau cyfrwng Cymraeg.

20. Mae gan yr holl brifysgolion yng Nghymru, yn wahanol i Loegr, strategaethau a chynlluniau cyflawni llesiant ac iechyd, a gyllidwyd trwy gylchlythyrau CCAUC [W20/35HE](#), [W21/22HE](#), [W22/29HE](#). Mae CCAUC wedi dyrannu cyllid o oddeutu **£6.7m** rhwng 2020/21 a 2022/23 i gefnogi strategaethau a chynlluniau cyflawni, strategaethau prifysgolion mwy diogel rhag hunanladdiad ac adolygiadau hunanasesu o wasanaethau myfyrwyr gan ddefnyddio [fframwaith asesu arbenigol y DU](#). Mae prifysgolion yng Nghymru wedi ymrwmo i ddulliau prifysgol gyfan a danategir gan [fframwaith Stepchange Universities UK](#) sy'n galw ar brifysgolion i drin iechyd meddwl fel rhywbeth sy'n sylfaenol i bob agwedd ar fywyd prifysgol, ar gyfer yr holl fyfyrwyr a'r holl staff. Bwriad CCAUC, yn amodol ar benderfyniadau gan y

Comisiwn Addysg Drydyddol ac Ymchwil newydd a'r gyllideb a ddyrennir iddo, yw y dylai cyllid sy'n gysylltiedig â lles ac iechyd barhau i fod yn ddyraniad cyllid cylchol blynyddol er mwyn cynnal y gwasanaethau prifysgol.

21. Daeth dadansoddiad CCAUC o ganfyddiadau hunanasesiad prifysgolion o'u gwasanaethau myfyrwyr i'r casgliad bod 'elfennau o arfer da' a pheth 'arfer da cyffredin' a rhai 'meysydd sy'n her', gan gynnwys mewn perthynas ag adnoddau a/neu ddulliau prifysgol gyfan¹⁴. Roedd meysydd sy'n her i dair prifysgol yn ymwneud â gweithio gyda gwasanaethau'r GIG ledled Cymru.
22. Ym mis Rhagfyr 2021 fe wnaethom ddyrannu cyllid ychwanegol o **£1.3m** gan Lywodraeth Cymru i gynorthwyo prifysgolion i weithio gyda'u Hundebau Myfyrwyr i hyrwyddo gwasanaethau lles ac iechyd¹⁵ wrth i ni ddechrau dod allan o ganlyniadau uniongyrchol y pandemig. Darparwyd gweithgareddau yn erbyn y themâu canlynol:
 - i. hybu addysg uwch ddiogel a chynhwysol, gan gynnwys mynd i'r afael â gwahaniaethu, aflonyddu ac erledigaeth ar sail hunaniaeth a meithrin perthnasoedd da rhwng pobl â nodweddion gwarchoddedig a phobl heb nodweddion gwarchoddedig;
 - ii. mynd i'r afael â thrais ac aflonyddu rhywiol, gan ystyried papur briffio Universities UK ar [The intersection of sexual violence, alcohol and drugs at universities and colleges](#) (Gorffennaf 2021);
 - iii. cefnogi urddas mislif ar gyfer myfyrwyr ble bynnag y maent wedi'u lleoli;
 - iv. cefnogi'r myfyrwyr hynny yr effeithiwyd yn arbennig ar eu lles a'u hiechyd, gan gynnwys iechyd meddwl, gan newidiadau i fyw a dysgu a oedd yn gysylltiedig â Covid-19;
 - v. cefnogi unigrwydd ac ysgogi ymdeimlad o berthyn i'r gymuned AU/AB;
 - vi. rhoi cymorth lles yn Gymraeg a hyrwyddo diwylliant Cymru a diwylliannau amrywiol Cymru; a
 - vii. cefnogi lles ac iechyd sy'n gynhwysol, ni waeth o ba wlad y mae myfyrwyr yn hanu na beth fo'u dull neu lefel astudio, gan gynnwys gyda darparwyr addysg uwch sy'n bartneriaid.
23. Mae gan yr holl brifysgolion yng Nghymru wasanaethau myfyrwyr, gyda Phrifysgol Caerdydd, er enghraifft, yn agor ei Chanolfan Bywyd y Myfyrwyr yn ddiweddar. Mae'r holl brifysgolion yn rhoi cymorth ar-lein ac wyneb yn wyneb, gan gydnabod bod cymorth ar-lein wedi dod yn fwyfwy poblogaidd a hygyrch i fyfyrwyr ers y pandemig. Mae'r holl brifysgolion yn darparu hyfforddiant cymorth cyntaf iechyd meddwl ar gyfer staff. Mae'r holl brifysgolion yn gweithio gydag ymddiriedolaethau byrddau iechyd lleol ac ystod o fudiadau'r trydydd sector megis [Mind Cymru](#), [Papyrus](#), [Barnardo's Cymru](#), [Cymorth i Ferched Cymru](#), [Togetherall](#), [Student Minds](#) ac [Anabledd Cymru](#).

¹⁴ Diffinnir arfer o'r fath gan Universities UK fel ELFENNAU O ARFER DA: Mae tystiolaeth yn bodoli o enghreifftiau o arfer da, ond nid yw wedi'i sefydlu ar draws y brifysgol gyfan. Gall arfer fod wedi'i ynysu o fewn timau neu adrannau penodol. ARFER DA CYFFREDIN: Ceir tystiolaeth sylweddol o arfer da a oleuwyd gan dystiolaeth ac sy'n cael ei werthuso'n dda. Mae peth o'r gwaith hwn yn digwydd ar draws y brifysgol ac yn ystyried anghenion grwpiau penodol o fyfyrwyr. HER FAWR: Fe wnaed cynnydd bach iawn ond mae tystiolaeth o gamau gweithredu i symud gwaith yn ei flaen.

¹⁵ Cylchlythyr CCAUC [W21/39HE Covid-19 Cymorth ariannol ychwanegol ar gyfer llesiant ac iechyd ar gyfer myfyrwyr addysg uwch](#)

24. Mae prifysgolion yng Nghymru'n parhau i wella ac estyn eu cymorth ar gyfer llesiant ac iechyd meddwl myfyrwyr, ond nid ydynt yn hunanfodlon, gan gydnabod bod galw o du defnyddwyr gwasanaethau'n parhau i gynyddu a bod adnoddau'n derfynedig.

Pa mor effeithiol yw'r sector o ran sicrhau bod myfyrwyr yn cael eu hadnabod yn gynnar os oes arnynt angen cymorth unigol wedi'i dargedu.

25. Mae'r broses ceisiadau addysg uwch amser llawn trwy UCAS yn cynnwys opsiwn i ymgeiswyr ddatgan cyflwr iechyd meddwl¹⁶. Mae hyn yn galluogi prifysgolion i gysylltu ag ymgeiswyr i drafod cymorth priodol. Efallai na fydd prifysgolion yn gallu rhoi cefnogaeth lawn i ymgeiswyr a myfyrwyr â chyflyrau iechyd meddwl difrifol a fyddai'n effeithio'n sylweddol ar eu gallu i astudio; i'r gwrthwyneb mae llawer o fyfyrwyr â chyflyrau iechyd meddwl yn astudio'n effeithiol ac yn llwyddo mewn addysg uwch. Gweler y [Storiâu myfyrwyr](#) ar wefan [Student Space](#)¹⁷.

26. Mae prifysgolion yn cymryd camau rhagweithiol i adnabod ar adeg gynnar yn y broses ceisiadau a derbyn pa fyfyrwyr sydd wedi hunanddatgan afiechyd meddwl y gall fod angen cymorth ychwanegol arnynt ar ei gyfer. Er enghraifft, mae'r Coleg Brenhinol Cerdd a Drama'n gofyn drosodd a throsodd i fyfyrwyr am gyflyrau iechyd meddwl cyn mynediad, ar adeg mynediad, ar adeg sefydlu ac ar adeg dewis llety yn dilyn cael eu derbyn gan ei fod yn ymwybodol o gyndynrwydd rhai myfyrwyr i ddatgan unrhyw gyflyrau sy'n bodoli eisoes, a hwythau'n credu y gallai'r rhain gael effaith negyddol a pheryglu eu cais.

27. Mae gan Wasanaethau Myfyrwyr brosesau brysbennu i sicrhau bod myfyrwyr yn cael eu cyfeirio'n briodol at wasanaethau perthnasol mewn modd amserol. Mae gwasanaethau, er enghraifft, yn cynnwys cwnsela, cyngor ynghylch lles, mentora iechyd meddwl arbenigol, a chymorth i gael mynediad at wasanaethau allanol y maent i gyd yn cael eu hyrwyddo trwy wefannau prifysgolion: [cwnsela](#), [cyngor ynghylch lles](#) a [mentora lles](#) arbenigol.

28. Mae prifysgolion yn ymwybodol bod myfyrwyr gwrywaidd yn arbennig yn debygol o geisio cyflawni hunanladdiad hyd yn oed heb gysylltu â gwasanaethau myfyrwyr neu ymddiried mewn teulu neu ffrindiau¹⁸. Mae ymwybyddiaeth o'r myfyrwyr sy'n wynebu'r risg fwyaf yn galluogi prifysgolion i fonitro ymgysylltiad myfyrwyr â'r dysgu a'r addysgu, gwasanaethau myfyrwyr, gweithgareddau cymdeithasol ac adnoddau megis llyfrgelloedd a thechnoleg gwybodaeth mewn modd rhagweithiol i adnabod patrymau cynnar o ymddieithrio a phryderon posibl ynghylch iechyd meddwl. Rydym yn darparu arian grant i [JISC](#), gyda dyraniad o **£130k** yn 2021/22, i weithio gyda phrifysgolion i ddatblygu dulliau o ddefnyddio data, a rhannu arferion o ran defnyddio data fel dangosyddion cynnar o gadw a lles myfyrwyr. Yn 2022/23 byddwn yn dyrannu **£225k** i'r sector i barhau â'r gwaith hwn.

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

¹⁷ Bydd CCAUC yn darparu cyllid tan 2025, ar y cyd â'r Swyddfa Fyfyrwyr, ar gyfer y prosiect Student Space sy'n rhoi gwybodaeth a chymorth ar gyfer lles ac iechyd meddwl myfyrwyr.

¹⁸ Universities UK Suicide Safer Universities 'Male students are more than twice as likely to take their own lives than females'. Mae grwpiau eraill sy'n wynebu risg uwch o hunanladdiad yn cynnwys y rhai sydd wedi profi hunanladdiad, ffoaduriaid a cheiswyr lloches, y rhai sydd wedi cael eu cam-drin, wedi profi trawma, bwlio, gwrthdaro a myfyrwyr LHDTTC+. Gweler t.11 yn yr adroddiad).

Pa mor effeithiol y mae'r sector addysg uwch a'r GIG yn gweithio gyda'i gilydd i roi'r cymorth iechyd meddwl cywir i fyfyrwyr unigol ar yr adeg ac yn y lleoliad y mae ei angen arnynt.

29. Mae'r holl brifysgolion yn gweithio gyda gwasanaethau'r GIG ac mae enghreifftiau penodol yn cynnwys:

- Partneriaeth Iechyd Meddwl De Cymru a nodwyd uchod, sy'n gweithio gyda Bwrdd Iechyd Caerdydd a'r Fro;
- Gweithgareddau presgripsiynu cymdeithasol Prifysgol Glyndŵr gyda Bwrdd Iechyd Prifysgol Betsi Cadwaladr;
- Cyfieithu'r ap Moving On gan Brifysgol Bangor, a gefnogwyd yn wreiddiol gan Lywodraeth Cymru a Bwrdd Cynllunio Ardal Gogledd Cymru ac a gyflawnwyd gan Wasanaethau Camddefnyddio Sylweddau Bwrdd Iechyd Prifysgol Betsi Cadwaladr a darparwyr gwasanaethau eraill ledled Cymru (e.e., Drugaid, Cymuned Adferiad Gogledd Cymru, Recovery Cymru);
- Gwaith Prifysgol Abertawe gydag Iechyd Cyhoeddus Cymru a gwasanaethau awtistiaeth integredig
- Gwaith Prifysgol Cymru y Drindod Dewi Sant gyda thimau Argyfwng Iechyd Meddwl y GIG i gefnogi myfyrwyr; a hefyd
- Cyfarfod Prifysgol Aberystwyth gyda phractisau meddygon teulu a'i chyswllt â gwasanaethau cymdeithasol lleol ar faterion diogelu.

30. Fel a nodwyd ym mharagraff 21 uchod, mae gweithio'n effeithiol gyda'r GIG yn her i brifysgolion, fel a nodir yng nghanllawiau Step change Universities UK¹⁹. Mae rhai heriau allweddol yn cynnwys:

- trefniadau gofal sylfaenol darniog, yn enwedig pan fo myfyrwyr yn byw ac yn astudio mewn lleoliadau gwahanol;
- rhannu gwybodaeth rhwng gwasanaethau'r GIG a phrifysgolion yn profi'n broblemus yng Nghymru ac ar draws ffiniau; ac
- amrywioldeb mynediad at ofal eilaidd ac arbenigol sy'n arwydd o fwllch triniaeth mwy llydan mewn gofal i oedolion ifainc.

31. Dywed prifysgolion wrthym fod diffyg meini prawf neu drothwyon cyffredin ar gyfer iechyd meddwl i benderfynu pa gymorth y mae'r GIG yn gyfrifol amdano yn hytrach na phrifysgolion, gan arwain at anghysondeb ym mhroses bontio myfyrwyr lle mae gofal yn y cwestiwn, gan gynnwys i'r myfyrwyr mwyaf agored i niwed.

A oes problemau penodol o ran mynediad at gymorth iechyd meddwl y GIG, er enghraifft effaith newid meddygon teulu yn amlach; bod llawer o fyfyrwyr ar oedran lle maent yn trosglwyddo o CAMHS i wasanaethau iechyd meddwl oedolion; unrhyw broblemau o ran rhannu data.

32. Ceir problemau penodol gyda chael mynediad at gymorth iechyd meddwl y GIG, gan gynnwys yr enghreifftiau a nodwyd uchod, ac fel a nodwyd yng nghylch gorchwyl y Pwyllgor hwn ac a ddefnyddiwyd fel penawdau ar gyfer cyflwyno'r dystiolaeth hon.

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

33. Yn ein tyb ni nid yw strategaeth gyfredol Llywodraeth Cymru, [Law yn Llaw at Iechyd Meddwl](#), yn cyfleu'r dull system gyfan gymhleth y mae ei hangen i gefnogi lles, iechyd, gan gynnwys iechyd meddwl, myfyrwyr fel yr ydym yn ei nodi yn yr adran isod ar strategaeth a pholisi Llywodraeth Cymru.
34. Mewn perthynas â rhannu data, dylai Llywodraeth y DU a Llywodraeth Cymru ystyried yr argymhelliad gan y [Sefydliad Ymchwil Polisi Cyhoeddus](#) i dreialu Pasbort Iechyd Myfyrwyr digidol y GIG, i wella parhad gofal iechyd a thriniaeth ar gyfer myfyrwyr sy'n symud rhwng eu cartref a'u prifysgol o fewn Cymru a'r tu allan i Gymru, sawl gwaith y flwyddyn weithiau am fisoedd lawer ar y tro, a sicrhau bod gan fyfyrwyr reolaeth ar eu data iechyd eu hunain.
35. O ran data, gallai adolygiad gan Lywodraeth Cymru o iechyd meddwl yn y sector addysg uwch/ôl-16 ystyried, ymhlith pethau eraill, sut y mae cynllunio strategol cenedlaethol a rhanbarthol, gan gynnwys asesiadau llesiant rhanbarthol a lleol, y modd y cesglir ac y defnyddir data ar hyn o bryd, a'r modd y rhennir data, yn ystyried dysgwyr a myfyrwyr ôl-16, gan gynnwys ar adegau pontio allweddol.

Pa mor effeithiol yw gwaith y sector addysg ôl-16 ehangach i hybu iechyd meddwl da, yn enwedig o ran pontio.

36. Mae'r systemau addysg ac iechyd yn gymhleth. Maent yn gofyn strategaeth genedlaethol eglur, gref gyda chanllawiau i sicrhau bod ysgolion, colegau addysg bellach, prifysgolion, awdurdodau lleol, y GIG yng Nghymru, undebau myfyrwyr a'r trydydd sector yn cydweithio i ddiwallu anghenion iechyd meddwl a lles disgyblion, dysgwyr, myfyrwyr, prentisiaid ac ôl-raddedigion.
37. Gan bod y Ddeddf Addysg Drydyddol ac Ymchwil wedi cael cydsyniad brenhinol ym mis Medi 2022, mae cyfle i greu dull mwy cydlynus gan y sector ôl-16 ar gyfer ymdrin â lles ac iechyd meddwl. Dylai strategaethau lles ac iechyd cenedlaethol yn y dyfodol ystyried y rhyngweithio rhwng ysgolion, y sector dysgu ôl-16, y GIG, Iechyd Cyhoeddus Cymru a'r trydydd sector i gefnogi dysgwyr, i a thrwy addysg cyn 16 ac ôl-16, hyfforddiant a dysgu gydol oes.

Polisi, deddfwriaeth a chyllid Llywodraeth Cymru

Pa mor effeithiol y mae trefniadau polisi, ariannu a rheoleiddio Llywodraeth Cymru ar gyfer y sector yn cefnogi iechyd meddwl myfyrwyr mewn addysg uwch, ac a oes mwy y gallai Llywodraeth Cymru ei wneud.

38. Dylai strategaeth ddeng mlynedd Llywodraeth Cymru [Law yn Llaw at Iechyd Meddwl: Strategaeth ar gyfer Iechyd Meddwl a Lles yng Nghymru](#) (2012 – 2022) a'r [cynllun cyflawni](#) gael eu diweddarau yn dilyn gwerthuso ac ymgynghori, i ystyried materion cyfredol gan gynnwys: data a thystiolaeth, effaith y pandemig, materion trawstoriad, bod bywydau staff a myfyrwyr wedi'u digideiddio'n fwy, costau byw a phwysau ariannol, a dyletswyddau economaidd-gymdeithasol Llywodraeth Cymru a ddeddfwyd dan Ddeddf Cydraddoldeb 2010.
39. Heblaw am sefydlu Addysg a Gwellu Iechyd Cymru (AaGIC) a chyfeiriad at fframwaith iechyd meddwl addysg uwch ac addysg bellach, nid yw'r cynllun

cyflawni'n cyfeirio o gwbl at fyfyrwyr addysg uwch a dim ond yn nhermau ysgolion y caiff dulliau sefydliad 'cyfan' eu fframio.

40. Mae [Rhaglen Lywodraethu Llywodraeth Cymru](#) yn ymrwymo i '*ailgynllunio gwasanaethau i wella dulliau ataliol, mynd i'r afael â stigma a hyrwyddo dull dim drws anghywir o ddarparu cymorth iechyd meddwl*' ac i '*flaenoriaethu buddsoddi mewn gwasanaethau iechyd meddwl*' (t.1). Rydym yn croesawu'r ymrwymadau hyn, na ellir ond eu cyflawni trwy bartneriaethau ar draws y Llywodraeth ac ar draws sectorau a byddwn yn gweithio gyda Llywodraeth Cymru i wireddu'r uchelgeisiau hyn.
41. O ran buddsoddi, mae CCAUC yn croesawu'r cyllid o £2m a ddarparwyd gan Lywodraeth Cymru ar gyfer cyllid iechyd meddwl, ond mae'r cyllid hwn yn gorfod ymestyn i ddiwallu anghenion iechyd meddwl niferoedd o fyfyrwyr sy'n cynyddu'n barhaus fel a nodwyd ar ddechrau'r dystiolaeth hon. Mae cyllid sy'n hirdymor i sicrhau cymorth lles ac iechyd meddwl cynaliadwy ar gyfer myfyrwyr yn allweddol i system sy'n canolbwyntio ar atal a diogelwch yn hytrach na chanolbwyntio ar argyfwng.
42. Mae cyfle cyfartal yn un o ddwy flaenoriaeth mewn cynlluniau ffioedd a mynediad. Mae swyddogaeth reoleiddiol CCAUC yn cynnwys cymeradwyo, neu beidio cymeradwyo, ymrwymadau mewn cynlluniau ffioedd a mynediad i gefnogi myfyrwyr â nodweddion gwarchoddedig²⁰. Rydym ni o'r farn bod y cynlluniau ffioedd a mynediad cyfredol yn offerynnau heb awch ac â phŵer rheoleiddiol cyfyngedig i herio neu wella perfformiad y sector. Mae CCAUC yn mynd ati'n flynyddol i gynnal asesiadau risg ffurfiol o sefydliadau addysg uwch a reoleiddir. Mae asesiadau risg sefydliadol yn ystyried prosesau ar gyfer rheoli, llywodraethu a chefnogi cydraddoldeb ac amrywiaeth a phrofiad myfyrwyr.
43. Yn ychwanegol at strategaeth poblogaeth gyffredinol ar gyfer iechyd meddwl, gallai Llywodraeth Cymru ystyried comisiynu adolygiad cenedlaethol penodol o iechyd meddwl myfyrwyr gyda ffocws ar ddull system addysg/iechyd gyfan. Gallai'r Comisiwn Addysg Drydyddol ac Ymchwil newydd ddarparu'r saerñaeth i gyfrannu at ddull 'system addysg ôl-16 gyfan' i fynd i'r afael â bylchau strategol ac o ran polisi mewn iechyd meddwl a lles mewn addysg ôl-16 ar gyfer staff a myfyrwyr.
- Yng nghyd-destun y Bil Addysg Drydyddol ac Ymchwil (Cymru), sut olwg fyddai ar ddull system gyfan o ymdrin ag iechyd meddwl a lles mewn addysg ôl-16, a beth fyddai rôl darparwyr addysg uwch a gofal iechyd.
44. Dylai dull 'system gyfan' o ymdrin ag iechyd meddwl a lles mewn addysg ôl-16 gael ei oleuo gan werthusiad o ddulliau presennol ac adolygiad o arfer cyfredol i adeiladu ar arfer seiliedig-ar-dystiolaeth a darparu meincnod y gellir ei ddefnyddio i fesur llwyddiant.
45. Dylai dull cwbl 'system gyfan' gynnwys polisiau, blaenoriaethau a chanllawiau sy'n ymwneud â chefnogi staff yn y sector ôl-16 (gan gynnwys chweched dosbarth mewn ysgolion). Mae gweithlu sy'n iach yn feddyliol ac sydd wedi'i hyfforddi'n briodol ac

²⁰ Mae myfyrwyr â nodweddion gwarchoddedig yn cynnwys myfyrwyr ag anabledau, gan gynnwys cyflyrau iechyd meddwl

sy'n 'ymwybodol o iechyd meddwl' yn hanfodol er mwyn i staff ddarparu dysgu ac addysgu effeithiol a chefnogi anghenion myfyrwyr, lle y bo'n briodol.

46. Dylai dull ôl-16 'system gyfan' sefydlu'r [pum ffordd o weithio yn Neddf Llesiant Cenedlaethau'r Dyfodol](#), gyda'r blaenoriaethau'n cynnwys, ymhlith pethau eraill:

- disgwyliadau trawslywodraethol, hirdymor ar gyfer sectorau addysg, iechyd, tai a gwasanaethau cymdeithasol i gefnogi lles ac iechyd myfyrwyr yn gydweithredol;
- pwerau rheoleiddiol effeithiol ar gyfer y Comisiwn newydd i herio a chynorthwyo'r sector addysg ôl-16 i ddiwallu anghenion lles ac iechyd meddwl staff a myfyrwyr;
- cyllid hirdymor, cynaliadwy ar gyfer lles ac iechyd sy'n ystyried maint y galw ymhlith disgyblion a chwyddiant costau;
- cynllunio strategol cenedlaethol a rhanbarthol integredig sy'n ystyried myfyrwyr mewn asesiadau llesiant rhanbarthol a lleol;
- llwybrau pontio cydweithredol ac wedi'u disgrifio'n glir ar draws y system ar gyfer dysgwyr, ymgeiswyr i addysg bellach ac uwch a myfyrwyr dysgu seiliedig-ar-waith â chyflyrau iechyd meddwl i atal materion niweidiol rhag codi;
- trothwyon gofal a diffiniadau o angen, a chyfrifoldebau darparwyr addysg, y GIG, gwasanaethau cymdeithasol ac eraill y cytunwyd arnynt, a ddisgrifiwyd yn eglur ac a rennir a hynny'n cael ei danategu gan egwyddor dyletsydd gofal tuag at blant ac oedolion agored i niwed i atal sefyllfaoedd 'drws anghywir';
- cymorth o ansawdd da i fyfyrwyr a/neu atgyfeirio at ddarparwyr gofal eilaidd ac arbenigol allanol, lle y bo'n briodol;
- tegwch o ran cymorth i fyfyrwyr ar draws addysg ôl-16, gan gynnwys cydweithio teg gyda darparwyr gofal iechyd eilaidd ac arbenigol ledled Cymru a chymorth gan y rhain;
- dulliau integredig o gasglu a defnyddio data'n effeithiol ar draws y sectorau ôl-16 ac ysgolion yng Nghymru ac ar draws ffiniau lle y bo'n ofynnol, gan gynnwys protocolau rhannu data a gwybodaeth priodol ar gyfer myfyrwyr cyn ac ar ôl 16 oed;
- cydweithio gyda gwasanaethau'r GIG a gwasanaethau'r trydydd sector fel y bo'n briodol;
- argaeledd gwasanaethau cymorth cyfrwng Cymraeg ar draws y system.

Dylai'r blaenoriaethau hyn gael eu tanategu a'u goleuo gan y canlynol:

- ymgynghori a chydweithio gyda dysgwyr, myfyrwyr a'u cyrff cynrychiolaidd, gan gynnwys y rhai â phrofiad personol o gyflyrau iechyd meddwl;
- gweithredu i gael gwared ar gyndynrwydd dysgwyr a myfyrwyr neu warthnod a deimlir ganddynt sy'n rhwystr i ddatgelu cyflwr iechyd meddwl mewn addysg ôl-16 yng Nghymru;
- staff sy'n cael cymorth gyda'u hiechyd meddwl a'u lles hwy eu hunain ac sydd wedi'u hyfforddi i gefnogi dysgwyr a myfyrwyr, neu eu cyfeirio at gymorth, fel y bo'n briodol.
- arfer a rennir ledled Cymru a'r DU yn fwy eang, gan ystyried cyd-destun y DU a'r cyd-destun rhyngwladol y mae addysg uwch yn gweithredu ynddynt;
- codi ymwybyddiaeth o wasanaethau lles ac iechyd, gan gynnwys iechyd meddwl, a'u hyrwyddo gan ddarparwyr ôl-16.

Sut y dylai'r Comisiwn Addysg Drydyddol ac Ymchwil newydd ymdrin ag iechyd meddwl a lles myfyrwyr mewn addysg uwch, ac yn y sector addysg drydyddol ehangach

47. Dylai'r Comisiwn newydd ystyried y pwyntiau canlynol wrth ddatblygu ei ddull iechyd meddwl a lles ymhellach ar gyfer myfyrwyr mewn addysg uwch, a'r sector addysg drydyddol ehangach:
- i. cydweithio'n agos gyda Llywodraeth Cymru mewn unrhyw adolygiad o les ac iechyd yn y sector ôl-16, gan ystyried canfyddiadau ac argymhellion;
 - ii. cyfrannu at gydweithio agosach rhwng Llywodraeth Cymru, gwasanaethau'r GIG, Iechyd Cyhoeddus Cymru, mudiadau'r trydydd sector, addysg uwch ac addysg bellach, ysgolion, undebau myfyrwyr a chyrrff cynrychiolaidd eraill gan gynnwys Universities UK, Prifysgolion Cymru a Chymdeithas Rheolwyr Gwasanaethau Myfyrwyr Cymru;
 - iii. ystyried y pum ffordd o weithio yn Neddf Llesiant Cenedlaethau'r Dyfodol i sicrhau bod ei ddull a'i ymrwymiad cyllido'n hirdymor ac yn gynaliadwy;
 - iv. cyfrannu at ddatblygu strategaeth iechyd meddwl nesaf Llywodraeth Cymru a strategaethau a chynlluniau cysylltiedig eraill;
 - v. ymgynghori ar ei safbwynt ar les ac iechyd, gan gynnwys iechyd meddwl, asesu ei effaith a'i gyhoeddi, ar gyfer addysg ôl-16;
 - vi. blaenoriaethu dulliau 'system gyfan' sy'n cynnwys staff a myfyrwyr;
 - vii. cefnogi darpariaeth lles ac iechyd meddwl cyfrwng Cymraeg;
 - viii. defnyddio data a thystiolaeth, gan gynnwys adnabod yr hyn sy'n gweithio mewn sectorau eraill, i oleuo'i waith asesu risg a datblygu a gweithredu polisi;
 - ix. defnyddio prosesau rheoleiddiol i herio darparwyr addysg uwch i barhau i wneud cynnydd uchelgeisiol i ddiwallu anghenion myfyrwyr;
 - x. monitro ac adolygu cynnydd yn erbyn y datganiad lles ac iechyd meddwl ar gyfer addysg uwch a monitro'r modd y mae darparwyr addysg uwch yn rhoi strategaethau a chynlluniau ar waith a'u cynnydd yn erbyn mesurau y cytunwyd arnynt;
 - xi. parhau i weithio gyda chynghorau cyllido eraill, cyrrff y sector ar draws y DU gyfan ac addysgu uwch ryngwladol i rannu arfer gyda'r gymuned addysg uwch ehangach a dysgu oddi wrthi;
 - xii. cyhoeddi canllawiau a phapurau briffio ar les ac iechyd meddwl i ddylanwadu ar ddatblygiadau strategol a gweithredol darparwyr addysg ôl-16 a'u goleuo;
 - xiii. hyrwyddo cymorth y sector addysg ôl-16 ar gyfer lles ac iechyd, gan gynnwys iechyd meddwl, myfyrwyr i leihau unrhyw warthnod a rhwystrau i lwyddiant mewn addysg uwch.

Argymhellion ar gyfer newid

A oes unrhyw argymhellion y dylai'r Pwyllgor eu gwneud

48. Mae rhai o'n hargymhellion wedi'u cynnwys yn y testun uchod ac fe'u hailadroddir yn yr adran hon. Caiff ein hargymhellion eu goleuo gan dystiolaeth ac ymchwil ar lefel y DU gyfan. Mae argymhellion y dylai'r Pwyllgor eu hystyried yn cynnwys annog Llywodraeth Cymru i wneud y canlynol:

- i. pennu disgwyliadau trawslywodraethol, hirdymor ar sectorau addysg, iechyd, tai a gwasanaethau cymdeithasol i gydweithio i gefnogi lles ac iechyd myfyrwyr ôl-16 mewn darparwyr yng Nghymru a sicrhau bod ei hymrwymiad i ddull 'dim drws anghywir' yn cael ei wireddu;
- ii. cynnwys y Comisiwn newydd ar adeg gynnar yn y broses o ddatblygu strategaethau iechyd meddwl a pholisïau cysylltiedig cyn ymgynghori â'r cyhoedd;
- iii. cynnwys dysgwyr, myfyrwyr a staff ôl-16 mewn strategaethau iechyd meddwl diwygiedig, gan roi sylw i ystyriaethau croestoriadol ac o ran y Gymraeg a'r cyfan yn cael ei oleuo gan brofiadau personol dysgwyr, myfyrwyr a staff;
- iv. sicrhau bod ystyriaethau i iechyd meddwl dysgwyr, myfyrwyr a staff yn cael eu sefydlu yn yr holl strategaethau perthnasol, gan gynnwys ar drais yn erbyn menywod a thrais, cam-drin ac aflonyddu ar sail hunaniaeth²¹;
- v. darparu buddsoddiad cynaliadwy, hirdymor i gefnogi iechyd meddwl yn y sector ôl-16; a
- vi. gweithio gyda Llywodraeth Cymru i weithredu'r argymhelliad gan y [Sefydliad Ymchwil Polisi Cyhoeddus](#) i dreialu Pasbort Iechyd Myfyrwyr digidol y GIG, i wella parhad gofal iechyd a thriniaeth ar gyfer myfyrwyr;

49. Edrychwn ymlaen at weithio gyda Llywodraeth Cymru, ein prifysgolion gan gynnwys y sector ôl-16 ehangach, myfyrwyr a sefydliadau partner i wella a chynnal cymorth ar gyfer lles ac iechyd meddwl myfyrwyr yng Nghymru.

Yn gywir



David Blaney
Prif Weithredwr

²¹ [Trais yn erbyn menywod, cam-drin domestig a thrais rhywiol: strategaeth 2022 i 2026 | LLYW.CYMRU](#)

CYPE(6)-21-22 - Papur i'w nodi 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 - Papur i'w nodi 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

Tudalen y pecyn 63

Cost of caring

A report exploring the challenges facing families raising disabled children



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Introduction

About us

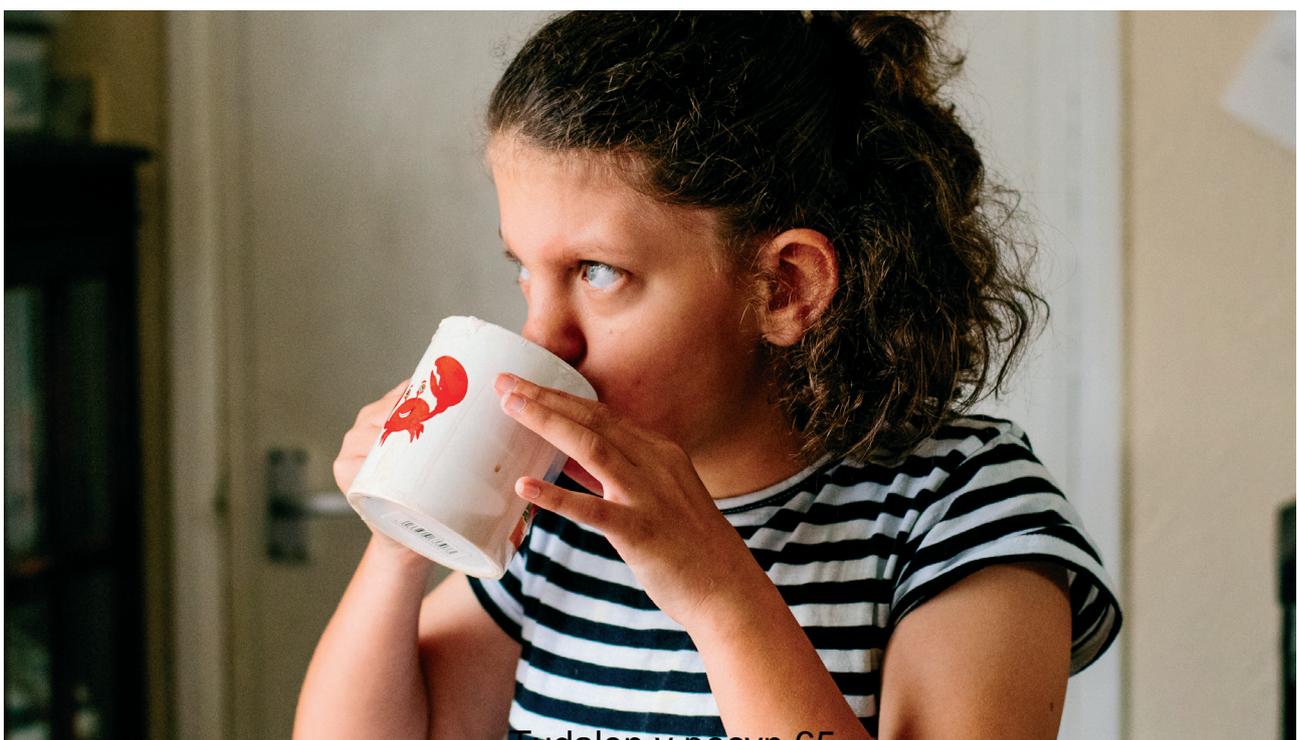
Family Fund is the UK's largest charity providing grants for families raising disabled, or seriously ill, children and young people.



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.



Fudalen y pecyn 65

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.

Tudalen y pecyn 66



"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.



Tudalen y pecyn 69

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.

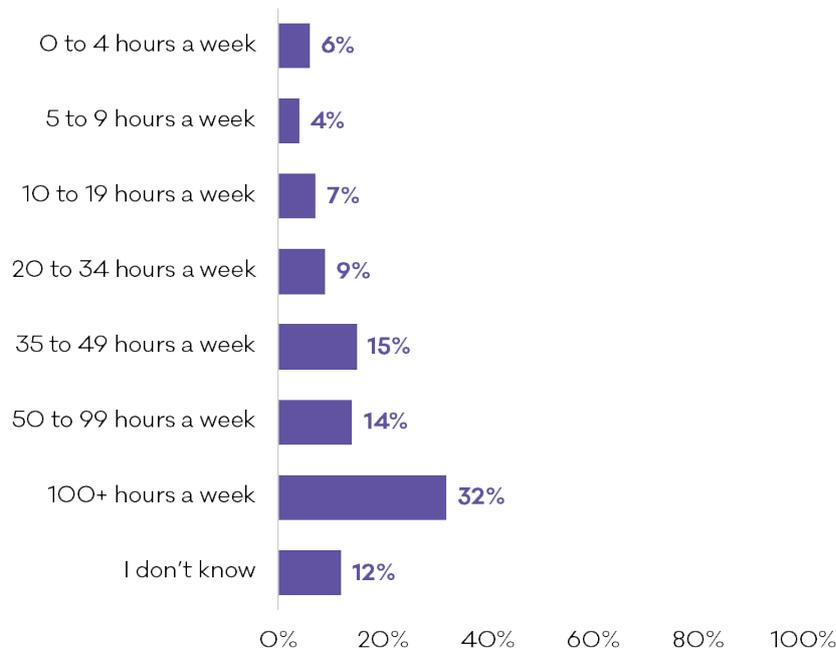
"I love my children to death but I get no time to myself apart from when they are in education. I would love local services to take me seriously and provide respite as I have no family, no friends and am incredibly isolated. I have no time to myself at all and as much as I love my children, I feel so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

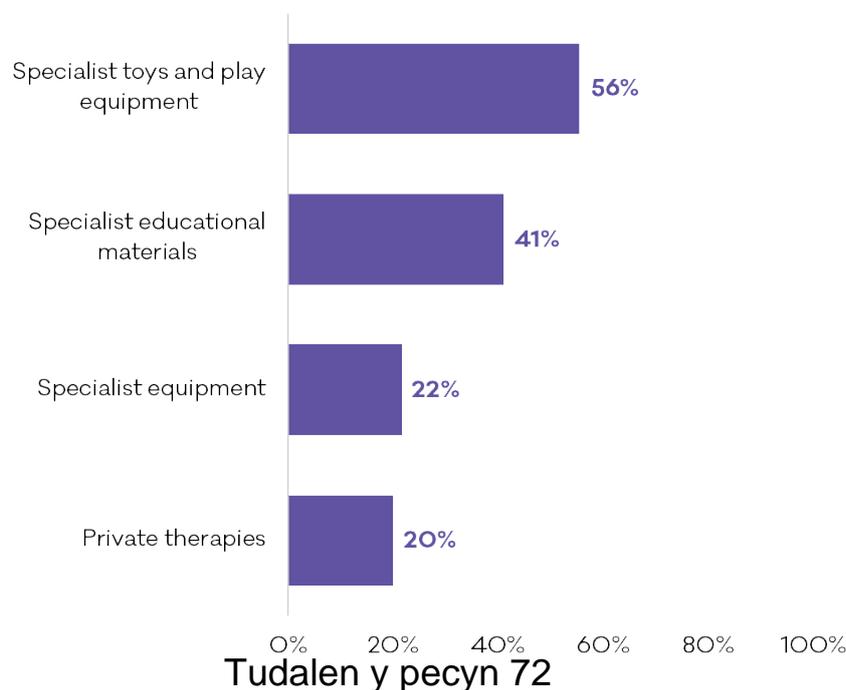
These are items which only families raising disabled children would need to pay for, such as sensory items, wheelchairs, home adaptations, therapies, and personal assistants and carers. In some cases, families raising disabled children will be able to receive financial support to help to purchase these 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.

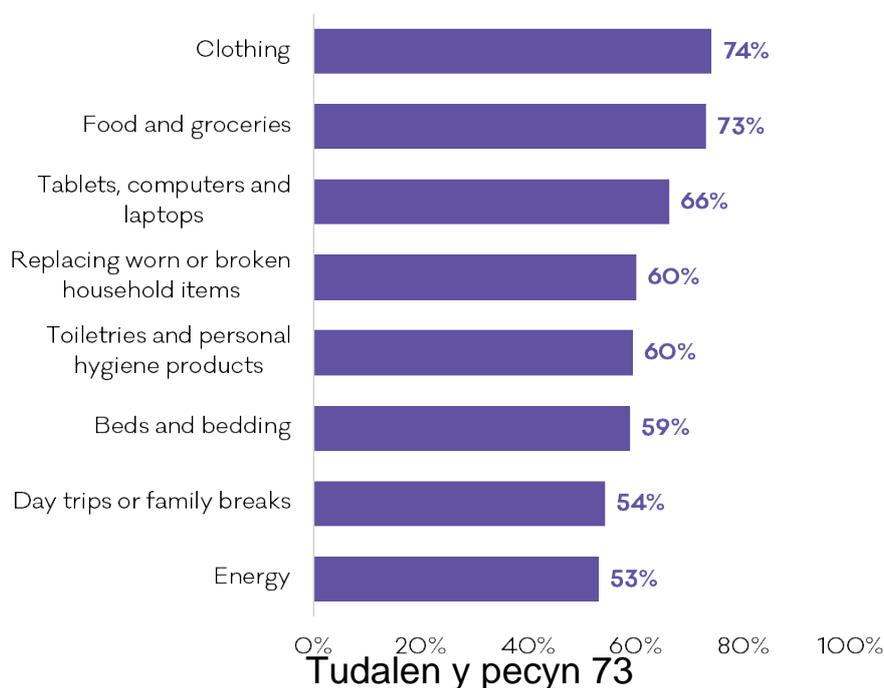
“My child who has ADHD gets into anger issues and smashes things and can't have medication due to epilepsy. Also she has OCD and washes and showers around 3 to 4 times a day, so the wear and tear and energy bills are around £60 to £70 per week and gas around £50.”

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.

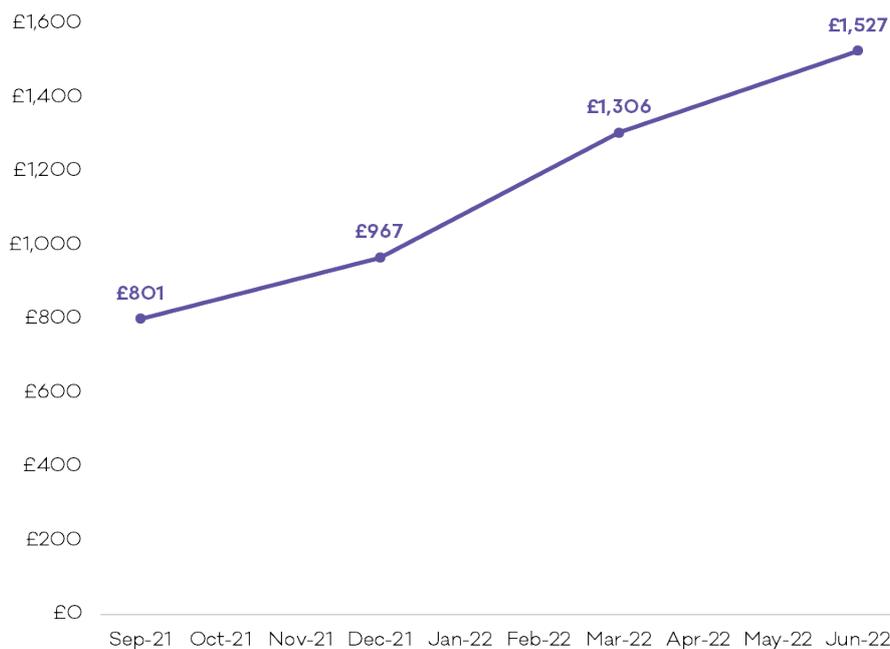
“Struggling to survive since everything has gone up. Food is a struggle as I can only spend what I used to spend but get less. Electricity has gone from £20 a week to £60 to £70 a week. We are in the house all the time.”

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

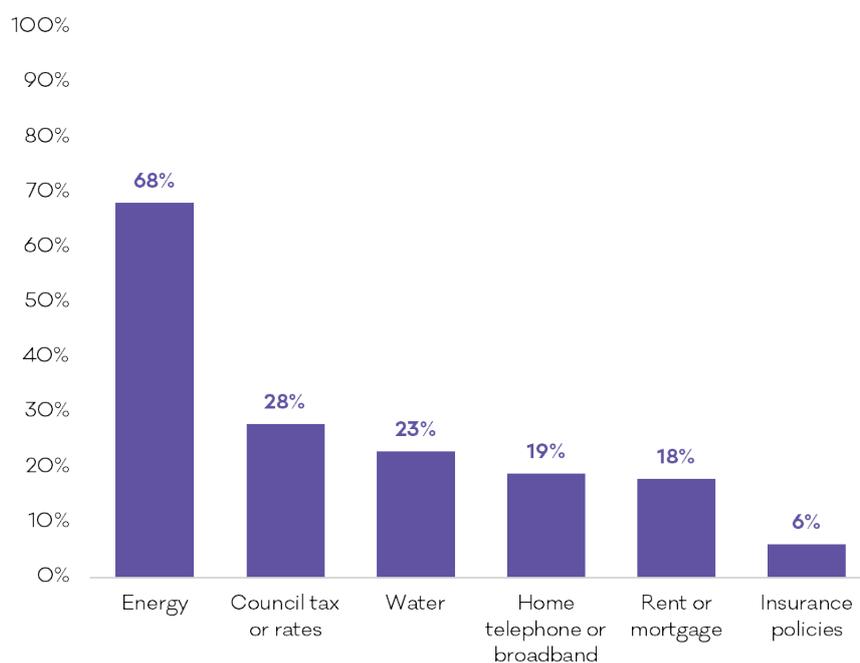
As a result of the financial challenges families raising disabled children face, many struggle to cover their everyday living costs and bills.

“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)



Tudalen y pecyn 75

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



Tudalen y pecyn 76

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.”

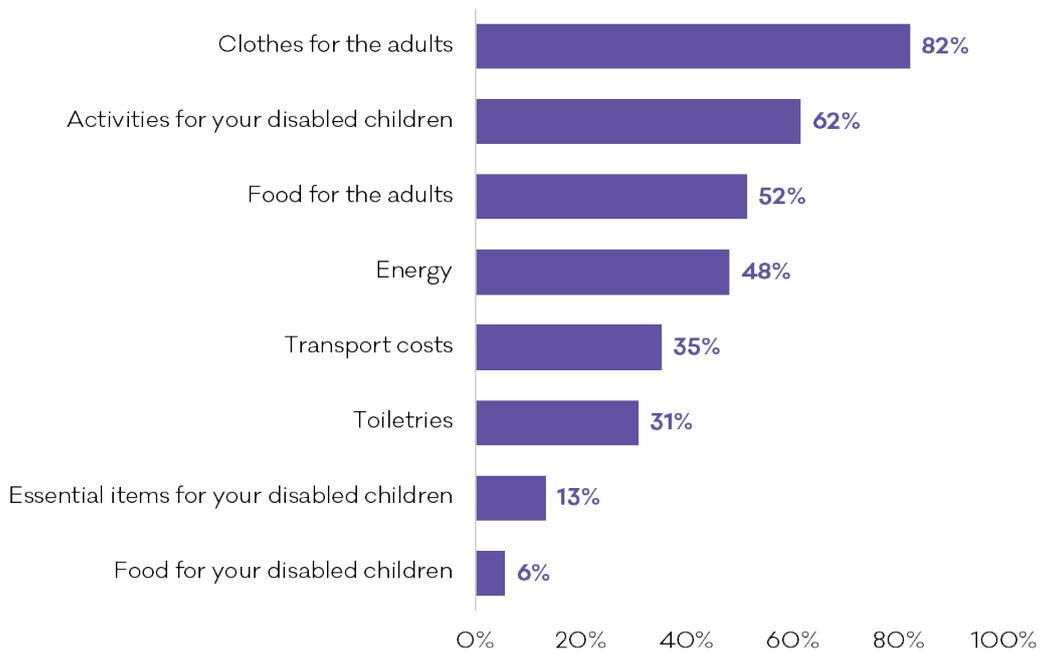
Parent, West Midlands

- 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;

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- 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%).

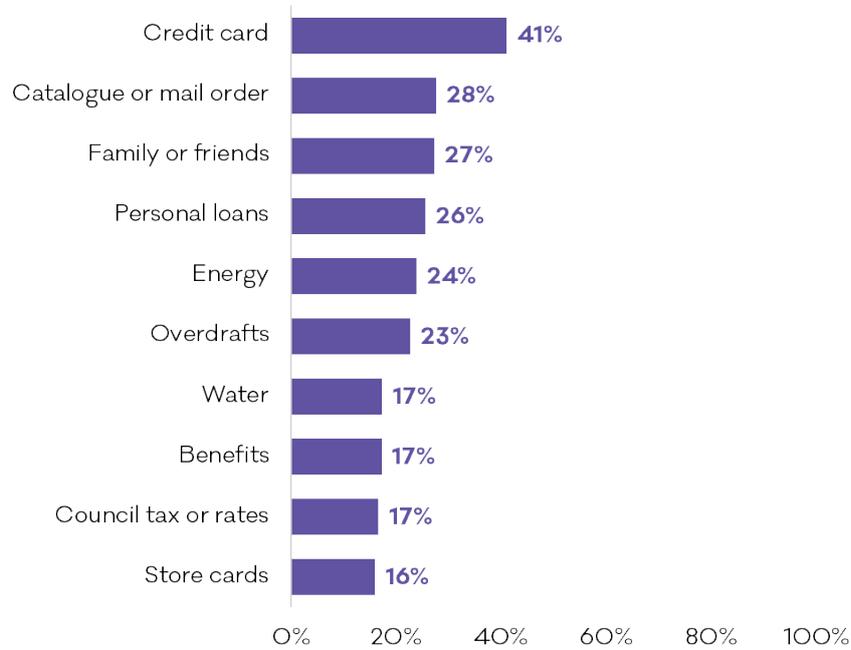
Only one in 10 families raising disabled children (9%) report having no difficulty keeping up with their debts.

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

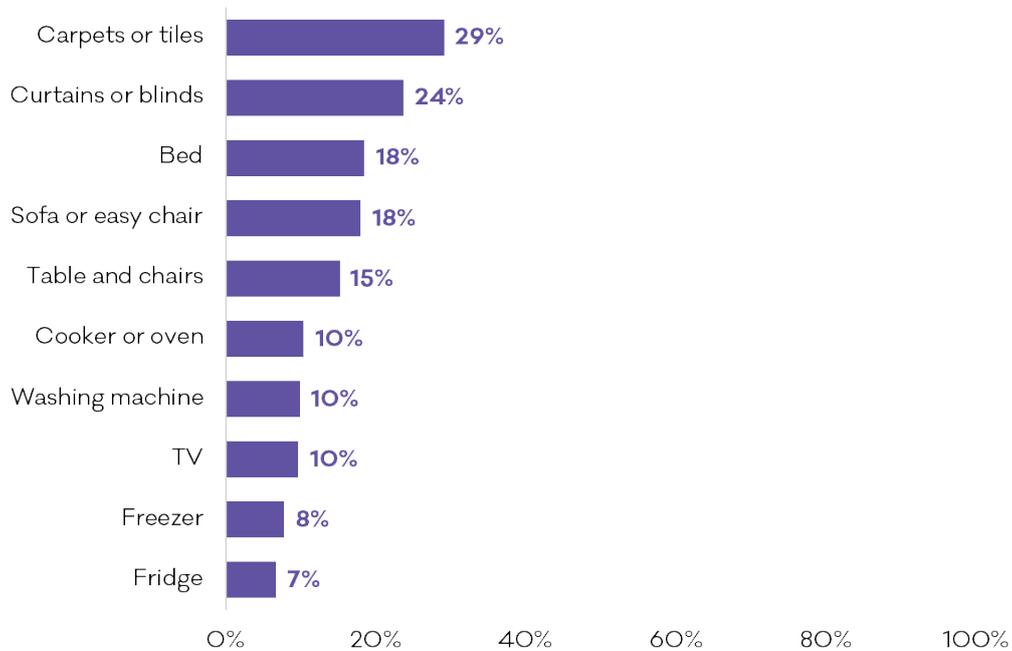
“We haven’t had a holiday or break since 2019, and I’ve had one 24 hour respite in 12 years. I have no family so no respite.”

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

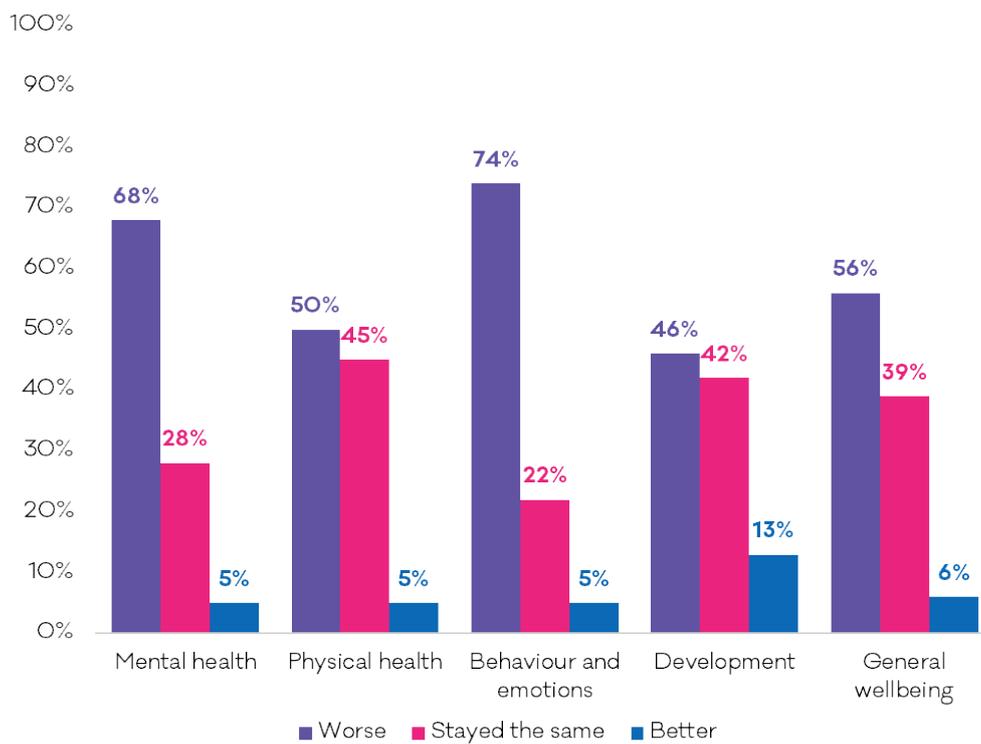
In the past year:

- 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.”

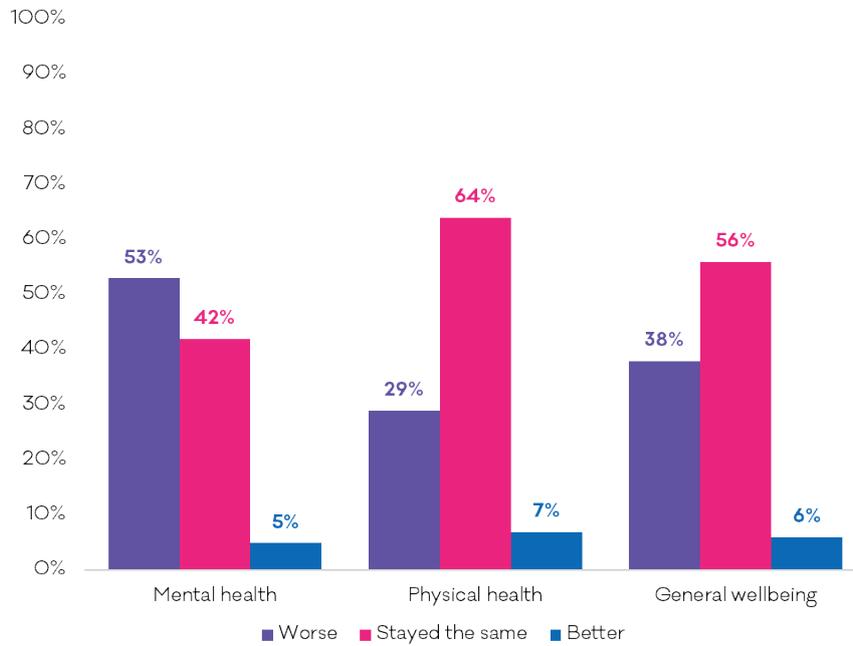
Carer, Scotland

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

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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;

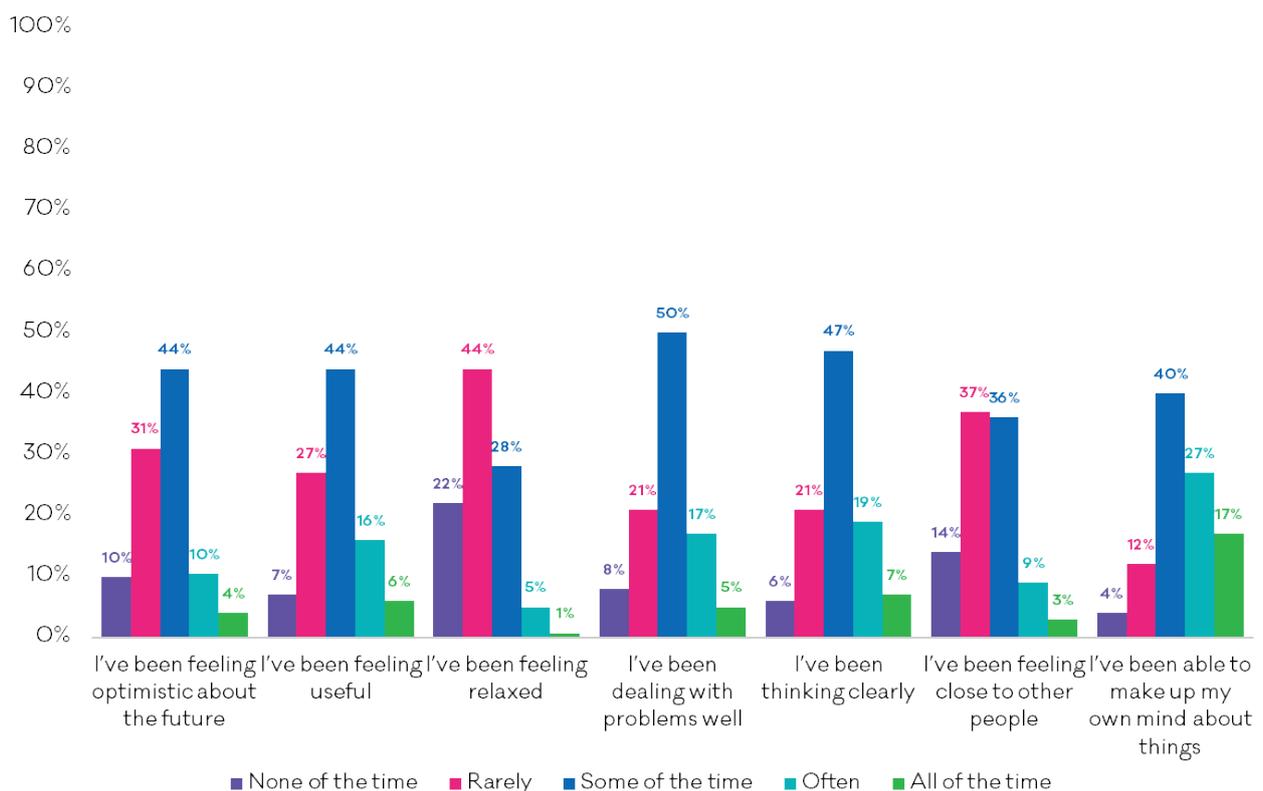
- Two in five parents and carers (42%) often feel lonely (based on their answers to a series of questions using an established scale - UCLA Loneliness Scale);
- Carers of disabled children are five times more likely to say they often or always feel lonely, when compared to the general population (7% 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)

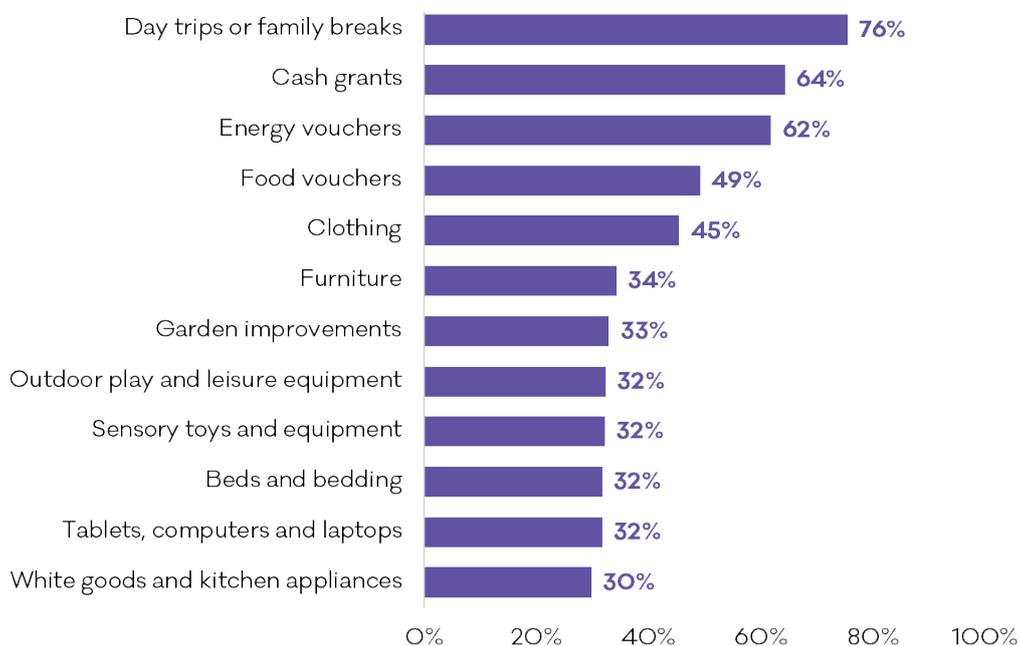


*Short Warwick Edinburgh Mental Wellbeing Scale (SWEMWBS) © NHS Health Scotland, University of Warwick and University of Edinburgh, 2008, all rights reserved.

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.

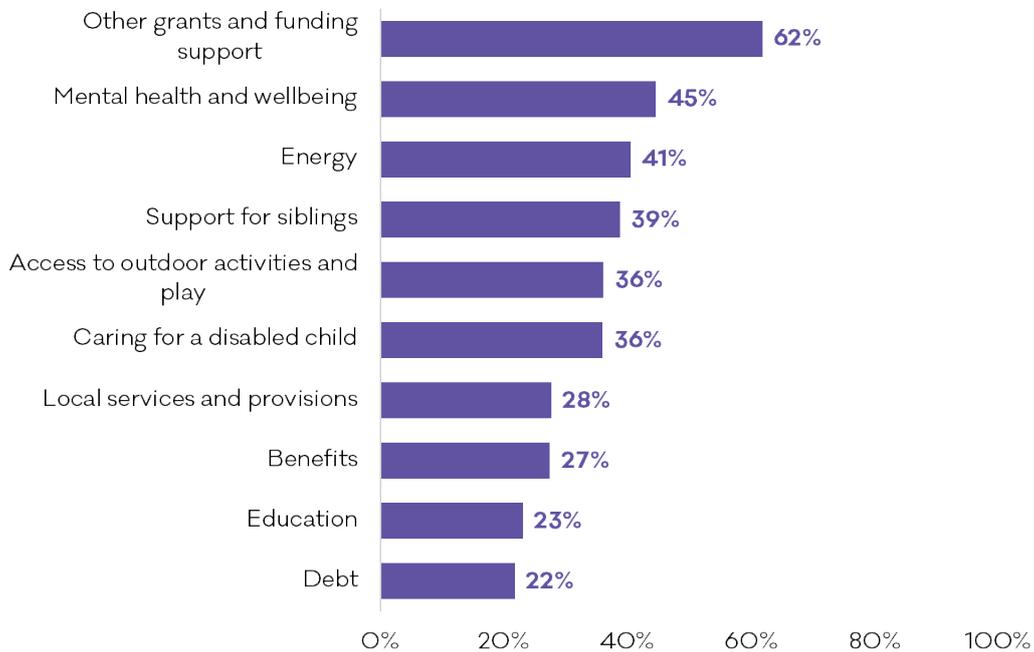
Information and support

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.



Family Fund

Helping disabled children

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Tudalen y pecyn 90

CYPE(6)-21-22 - Papur i'w nodi 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

Y Gwir Anrh Elin Jones AS
Y Llywydd a Chadeirydd y Pwyllgor Busnes
Senedd Cymru
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18 Hydref 2022

llywydd@senedd.wales

Annwyl Elin,

Byddwch yn ymwybodol o Fil Prisiau Ynni y DU (y Bil), sy'n cynnwys darpariaeth berthnasol y mae angen cydsyniad y Senedd iddi.

Cafodd y Bil ei gyflwyno yn Nhŷ'r Cyffredin ar 12 Hydref 2022 ond ni chawsom ei weld tan y noson cynt. Cafodd holl gamau Tŷ'r Cyffredin eu cynnal ar 17 Hydref ac ni chyflwynwyd unrhyw welliannau i'r Bil. Disgwylir y bydd holl gamau Tŷ'r Arglwyddi yn digwydd ar 24 Hydref ac y bydd y Bil yn cael y Cydsyniad Brenhinol ar 25 Hydref. Er i sylwadau gael eu cyflwyno i Lywodraeth y DU er mwyn ceisio estyn yr amserlen, mae'r cyfnod sydd ar gael i gwblhau'r broses cydsyniad deddfwriaethol yn hynod o fyr, felly. Bydd y prinder amser sydd ar gael i'r Senedd graffu arno, oherwydd amserlen Llywodraeth y Deyrnas Unedig a'r ffaith na rannwyd y Bil ymlaen llaw, yn cael ei godi eto gyda Llywodraeth y DU.

Er mwyn rhoi cyfle i'r Senedd drafod a phleidleisio ar gydsynio i'r darpariaethau perthnasol yn y Bil, rydym yn bwriadu cynnal Dadl ar Gynnig Cydsyniad Deddfwriaethol ddydd Mercher 19 Hydref. Bydd ein Memorandwm Cydsyniad Deddfwriaethol yn cael ei osod heddiw, yn argymhell bod y Senedd yn rhoi cydsyniad i'r darpariaethau perthnasol yn y Bil. Yn dilyn hynny fe gyflwynir y Cynnig Cydsyniad Deddfwriaethol.

Bae Caerdydd • Cardiff Bay
Caerdydd • Cardiff
CF99 1SN

Canolfan Cyswllt Cyntaf / First Point of Contact Centre:
0300 0604400

Gohebiaeth.Lesley.Griffiths@llyw.cymru
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.

Er mwyn caniatáu i'r ddadl gael ei chynnal ar 19 Hydref, bydd gofyn atal Rheolau Sefydlog wrth i'n cynnig cydsyniad deddfwriaethol gael ei osod. Mae'n bosibl y bydd angen cyflwyno'r cynigion o fewn amserlen sy'n llai na'r un diwrnod gwaith sy'n ofynnol cyn y ddadl arfaethedig. O ganlyniad, yn unol â Rheol Sefydlog 33.8 rydym yn ceisio eich cytundeb ymlaen llaw i gyflwyno'r cynigion hyn. Pan fo hynny'n bosibl, byddem bob amser yn ceisio rhoi cymaint o rybudd ffurfiol ag y bo modd i'r Senedd ynglŷn â dadl a byddem yn dymuno osgoi atal Rheolau Sefydlog. Fodd bynnag, yn achos y Bil hwn, ac yn sgil yr amserlen a osodwyd gan Lywodraeth y DU, rydym o'r farn ei bod yn bwysig bod y Senedd yn cael lleisio'i barn o ystyried yr effaith sylweddol y bydd darpariaethau'r Bil yn ei chael ar Gymru.

Rwy'n anfon copi o'r llythyr hwn at bob un o Gadeiryddion Pwyllgorau'r Senedd ac at holl Aelodau'r Senedd.

Yn gywir,

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.

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