

Cynulliad Cenedlaethol Cymru | National Assembly for Wales

Y Pwyllgor Plant, Pobl Ifanc ac Addysg | Children, Young People and Education Committee

Ymchwiliad i Gwella Iechyd Emosiynol ac Iechyd Meddwl Plant a Phobl Ifanc | Inquiry into The Emotional and Mental Health of Children and Young People EMH 54

Ymateb gan: Cymdeithas y Plant Cymru a'r Eglwys yng Nghymru

Response from: The Children's Society Cymru and the Church in Wales

### **About The Children's Society and the Church in Wales' partnership**

The Children's Society is a charity that runs services across England helping vulnerable children and young people. Building on our 136-year history of tackling child poverty, we also campaign for changes to laws in England and Wales to help disadvantaged families escape poverty and give their children the best start in life. In June 2016 we re-established our policy and public affairs work in Wales, working in partnership with the Church in Wales.

### **Summary of recommendations**

- 1. All mental health services should have policies in place on transitions for young people from vulnerable groups between Children and Adolescent Mental Health Service (CAMHS) and adult services to ensure that young people experience a positive transition with continuous access to high quality mental health support. Policies on transitions should outline how CAMHS will work with other agencies in planning transition.*
- 2. Schools in Wales should use the new curriculum to educate pupils about well-being and issues that affect well-being. Schools should also provide information on the importance of healthy and safe relationships, both online and offline.*
- 3. The Welsh Government should deliver programmes to promote positive mental health and well-being – particularly targeting specific groups of children (such as those affected by bullying and living outside of the family) for whom levels of well-being are known to be lower.*
- 4. The Welsh Government should make more funding available for children's services to support children and young people who are affected by adverse childhood experiences, with a particular emphasis on early help services.*
- 5. Public Service Boards should prioritise the well-being of children experiencing multiple disadvantage.*

## **Support for young people during transition**

In 2015, The Children's Society launched its 'Seriously Awkward' campaign, examining the vulnerabilities children aged 16 and 17 face, specifically related to their age and in their transition to adulthood. In a report written to coincide with the launch of 'Seriously Awkward', we drew attention to the range of risk factors faced by vulnerable teenagers of this age as they begin to experience significant changes in their life and start to be treated increasingly like adults.

Mental Health in adolescence is important in both the immediate and long-term. Three quarters of adult mental health problems have their roots in adolescence,<sup>ii</sup> one in five girls aged 15-17 have self-harmed and young women aged 15-19 are the most likely group to attempt suicide<sup>iii</sup>.

The report also focussed on well-being. Two in five of the 16 and 17 year-olds we surveyed for the report 'always' or 'often' felt sad, low, anxious, lonely, distressed or panicked. A crucial finding was that parents tended to seriously underestimate (in about half of cases) these feelings in their children. This mirrors our wider concern, that adults - including professionals and even parents - often tend to underestimate problems in the lives of older teenagers through a combination of either expecting them to cope, writing them off as teenage-concerns, or perhaps both.

Data recently published by NHS digital confirms that young people aged 16-24 are the group most at risk of experiencing mental ill-health yet are least likely to seek help<sup>iv</sup>.

Finally, we know that for especially vulnerable young people these issues can be exacerbated. Care leavers, for example, are five times more likely to self-harm in adulthood<sup>v</sup> and yet often the pathways between the care system and CAMHS are not working in the way they should.

Transition between children's and adults' mental health therefore poses a number of risks. It can be a time of emerging mental-ill health both in adolescence and in adulthood. Young people do not seem to seek help. Adults tend to underestimate the impact of poor mental health and well-being on the young people they know or are working with as professionals. It is therefore critical we get transition right.

Transition policies for both between different mental health services and between child and adult services must take into consideration the needs of young people within this age group and work with agencies supporting those with additional needs, such as care leavers.

## **Recommendation**

- *All mental health services should have policies in place on transitions for young people from vulnerable groups between the levels of CAMHS and for the transition to adult services to ensure that children do not fall through the cracks of services and that they have continuous access to mental health support. Policies on transitions should outline how CAMHS will work with other agencies in planning for transition.*

## **Educating children and young people about issues relating to their well-being**

In partnership with the University of York, The Children's Society has conducted over a decade-long research programme on children's subjective well-being. For the last six years, we have produced annual reports summarising children's well-being and examining trends over time. Over this period wellbeing has declined, this has been driven by a significant deterioration in the well-being of girls who are particularly unhappy about their appearance.

The most important factors determining children's well-being is their relationship with their family but other factors are also important – particularly friendships, feelings about their future, feelings about schoolwork and whether or not they are bullied. Children also often seek help within their school. The most recent official data reveals that during 2015/16 11,337 children and young people in Wales accessed school-based counselling services.<sup>vi</sup> All of which suggest that it is of crucial importance to understand and apply a well-being framework within the school setting.

There are also concerns within society about how aspects of modern life affect children's well-being. This year we investigated in greater depth the impact of social media usage on children's well-being. Our evidence shows a mixed picture. High intensity social media use (more than four hours a day) is linked to lower subjective well-being but less than one in ten children have this high intensity pattern of usage. It is worth noting that girls however are twice as likely than boys to have this high intensity usage<sup>vii</sup>.

These findings illustrate the need for high quality education in schools to help promote safe and healthy relationships, both on and offline, and to teach children about issues relating to their well-being, including bullying and appearance.

PSHE offers an opportunity to improve children's satisfaction with their school life and well-being by providing children with an understanding of mental health and well-being issues and guidance on where to seek help.

### **Recommendation:**

- We believe that schools can play a vital role in promoting children's well-being as part of personal, social, health and economic education (PSHE). Schools in Wales should use the new curriculum to educate pupils about well-being and issues that affect well-being. Schools should also provide information on the importance of healthy and safe relationships, both online and offline.

### **Promoting emotional well-being**

Our study of children's subjective well-being demonstrates that supporting children to achieve high levels of subjective well-being promotes positive mental health, and can teach children coping strategies to help them combat experiences of low well-being, which can result in mental health problems like depression and anxiety.

Younger boys are more likely than girls to be unhappy with their schoolwork and more likely to have conduct and hyperactivity/inattention problems according to our 2016 Good Childhood Report. These problems are associated with happiness with schoolwork, and these links are stronger for boys than girls<sup>viii</sup>.

Our local well-being research highlights the important findings that bullying is most likely to take place at school, and emotional bullying – such as name-calling, which girls are more likely to experience – is twice as commonplace as physical bullying, which boys are more likely to experience.

When working to secure the positive well-being and mental health of children and young people, intervening early in the development of problems is more effective than providing late intervention when problems may reach crisis point, including into adult life.

### **Monitoring children's well-being**

Measuring well-being can help inform and influence decision-making and to ensure local and national early intervention policies effectively deliver outcomes that are more positive for children. We believe that how children feel about the quality of their lives is inherently important. While our well-being research primarily focuses on subjective well-being, we advocate that policy makers and practitioners look at objective and subjective well-being in equal measure.

## **Our recommendation**

- *The Welsh Government should deliver programmes to promote positive mental health and well-being – particularly targeting particular groups of children (such as those affected by bullying and living outside of the family) for whom levels of well-being are known to be lower. These programmes should be developed using the well-being data that the Welsh Government collates.*

## **The impact of children’s experiences of multiple disadvantage on well-being**

This year, our Good Childhood Report 2017 looked in detail at how multiple experiences of disadvantage relate to children's well-being. Evidence shows that children and young people experiencing some of the most complex problems rarely face single problems in isolation. They are often dealing with multiple disadvantages in many different parts of their lives.

In Wales, there has been concerted efforts by the Government to tackle adverse childhood experiences (ACEs), such as the establishment of the ACEs Hub. Our research deepens the understanding of individual disadvantages that combine to affect children’s lives.

In our report, we asked 3,000 children aged 10-17 and their parents in the UK<sup>1</sup> about a list of 27 disadvantages relating to family relationships, as well household, economic and neighbourhood circumstances. We explored both the frequency with which young people were experiencing these disadvantages, and the impact they had on their well-being.

Our analysis finds that of the 270,000 children in Wales aged 10 to 17, 140,000 (52%) have experienced three or more disadvantages. This includes 50,000 children who have experienced seven or more disadvantages. These disadvantages include, but are not limited to, low household income, risk of homelessness and parental depression. Whilst low income was found to have the largest impact on children’s wellbeing at a population level (because so many children are affected,) emotional neglect by parents or carers had the greatest impact on the wellbeing of an individual child experiencing a given disadvantage.

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<sup>1</sup> As our estimates are based on survey data for Great Britain as a whole, they cannot account for actual differences in prevalence of individual disadvantages in Wales, Scotland and England. Nonetheless, they may be a useful indication of the scale of multiple disadvantage facing children.

**Table 2: Proportions and numbers of children aged 10 to 17 experiencing multiple disadvantage**

Number of disadvantages experienced	% of children	Estimated number of 10 to 17 year olds experiencing disadvantage in Wales <sup>4</sup>
0	15.6	40,000
1	15.9	45,000
2	15.9	45,000
3	11.8	30,000
4	9.7	25,000
5	7.8	20,000
6	5.5	15,000
7 or more	17.8	50,000
<b>Total child population aged 10 to 17</b>	<b>100.0</b>	<b>270,000</b>

The large majority of children (85%) experienced at least one of the disadvantages, and more than half (52%) experienced three or more. If these proportions – which are based on survey data for Great Britain – are similar in Wales, we estimate that 50,000 children in Wales (19%) may be experiencing seven or more disadvantages affecting their wellbeing. Experiencing almost any of these disadvantages is linked with lower subjective well-being for children. Children’s services play a crucial role in addressing these problems, such as through early intervention to prevent problems from escalating to points of crisis. However, funding pressures on these services will add difficulty to addressing these issues.

## Our recommendations:

- *The Welsh Government should address the expected financial shortfall in children's services in Wales in the next Budget.*
- *The Welsh Government should use local variations in the well-being of children experiencing multiple disadvantage to determine how this additional funding will be allocated. Particular emphasis should be placed on the provision of early services to help prevent needs from escalating.*
- *Public Service Boards should prioritise the well-being of children experiencing multiple disadvantage.*

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i <http://www.childrenssociety.org.uk/what-we-do/resources-and-publications/seriously-awkward-how-vulnerable-16-and-17-year-olds-are>

ii Kim-Cohen J, Caspi A, Moit T et al. Prior juvenile diagnosis in adults with mental disorder: developmental follow-back of a prospective-longitudinal cohort. Archives of General Psychiatry 60. 709–717. 2003.

iii 45 Staffordshire Safeguarding Children Board. Children and Young People who Self Harm or Disclose an intent to Commit Suicide. 2011. Page 13.

iv <https://digital.nhs.uk/article/813/Survey-shows-one-in-three-adults-with-common-mental-disorders-report-using-treatment-services->

v Department of Health. Preventing suicide in England: A cross-government outcomes strategy to save lives. 2012. The Department of Health, London. Page 22.

vi <https://stats.wales.gov.wales/Catalogue/Education-and-Skills/Schools-and-Teachers/Counselling-for-Children-and-Young-People/numberofchildrenandyoungpeopleattendingcounselling-by-area-ethnicity>

vii [https://www.childrenssociety.org.uk/sites/default/files/the-good-childhood-report-2017\\_campaign-summary.pdf](https://www.childrenssociety.org.uk/sites/default/files/the-good-childhood-report-2017_campaign-summary.pdf)

viii [http://www.childrenssociety.org.uk/sites/default/files/pcr090\\_summary\\_web.pdf](http://www.childrenssociety.org.uk/sites/default/files/pcr090_summary_web.pdf)