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Newid Bywydau.
Changing childhoods.
Changing lives.

Barnardo's Cymru's response to the draft Mental Health and Wellbeing Strategy consultation

Question 1: How much do you agree that the following statement sets out an overall vision that is right for Wales?

“People in Wales will live in communities which promote, support and empower them to improve their mental health and wellbeing, and will be free from stigma and discrimination. We will take a rights-based approach to ensuring that everyone has the best mental health possible. There will be a connected system of support across health, social care, third sector and wider, where people can access the right service, at the right time, and in the right place. Care and support will be person-centred, compassionate and recovery-focused, with an emphasis on improving quality, safety and access. Care and support will be delivered by a workforce that feels supported and has the capacity, competence and confidence to meet the diverse needs of the people of Wales.”

- Strongly agree
- **Agree**
- Neither agree or disagree
- Disagree
- Strongly disagree

Question 1a: What are your reasons for your answer to question 1?

At Barnardo's Cymru, our purpose is clear – changing childhoods and changing lives, so that children, young people and families are safe, happy, healthy and more hopeful.

Barnardo's Cymru currently runs more than 60 diverse services across Wales, in partnership with local authorities. Each year, we regularly support more than 10,000 children, young people and families. We provide a wide range of services from early intervention and family support, to working with children, young people, and their families affected by abuse and exploitation.

This is a challenging time for children, young people and their families across Wales. There has never been a more important time to develop a new Mental Health Strategy.

In January 2024, we surveyed our practitioners across Wales. The results were stark. 82% said there had been a change in the number of children and young people

experiencing mental health and wellbeing issues in the 12 months prior. Mental health continues to be a significant issue in the lives of children and young people with our practitioners highlighting high levels of anxiety, social isolation and an increased demand for support.

A connected system of support – incorporating whole-family wellbeing

We welcome the Strategy's commitment to "a connected system of support" and would highlight that our work with families in Wales has shown us that improving young people's mental health often requires an understanding of their whole family dynamic to bring about sustained change.

The Cardiff Family Wellbeing service works with each individual in a family to develop interventions and support the child or young person, as well as their parent(s) / carers using positive psychology. The service can support with low level emerging difficulties with thoughts, behaviours and feelings that are impacting upon wellbeing, family relationship difficulties, anxiety or depression as well as bereavement and loss. We believe that working across the family gives the best opportunity to develop the right interventions and improve family wellbeing. Working in this way ensures that the network around the child or young person also embraces change, making families more resilient in the long term. The service offers community-based interventions, which includes sessions within a Barnardo's Cymru setting but practitioners also go out to families in their homes, as well as to venues in the community. Part of the services success is in offering choice and flexibility to support families.

Another key part of Cardiff Family Wellbeing is ensuring that the service is not working in isolation and has an understanding that family issues are present such as cost of living, homelessness and parental conflict, which may all have an impact on a child or young person's wellbeing. As part of ensuring that the service does not work in isolation, integration with parenting teams is an integral part of how the CFWB team works with health and other providers across the area. This ensures that families are able to access a raft of support to address their whole need instead of addressing issues in isolation of one another and without understanding the root cause.

A whole family approach to wellbeing should be embedded within all early help and prevention services for families across Wales. This would hopefully lead to greater more cost effective joining up of interventions from across the third sector, as well as family support teams within local authorities, child health, emotional wellbeing services, formerly CAMHS and the wider health teams, which in turn can improve longer term outcomes for all family members. It is essential to have the ability across agencies to discuss the gaps and interventions necessary to wrap around a family.

Barnardo's Cymru believes the way that provision is funded requires improvement to develop and support to fully embed a whole family approach to mental health and wellbeing. Currently, families first funding is being used for early intervention and prevention, however work across sectors to improve outcomes for children has

become increasingly complex, but there is no requirement that the Welsh Government protects this funding and are putting requirements into local planning boards to enable them to think about the whole family across agencies, leaving it to regional planning boards but funding sits in different areas with differing priorities/ requirements. We know that building multi-agency work into funding is essential, to enable and encourage agencies to develop stronger interventions and responses to family challenges.

Third sector organisations are, in our experience, delivering both pre and post CAMHS work, and have integrated the service with help as part of regional development working, aligned with that as were getting step-down referrals.

Many families supported by the service have been referred to child health, whilst assessments waiting times appear generally improved, children and young people remain on long waiting lists for interventions. Cardiff Family Wellbeing service is able to bridge gap, providing therapeutic and therapeutically informed, holistic support to families.

Cardiff Family Wellbeing also works to support families who are waiting for a neurodevelopmental diagnosis, providing vital support to families focusing on symptomatic support rather than diagnostic. Practitioners consider how the neurodevelopmental symptoms are impacting the child and their family. This pre-diagnosis work engages families in resilience **work and skills building**.

We have successfully applied this model in Barnardo's Cardiff Family Wellbeing Service which utilises a holistic approach to support children and young people. We urge the Welsh Government to prioritise investment in interventions that use a whole family approach, and we were pleased to see reference to a whole family approach within the strategy, we would welcome more detail on what this would look like and what the deliverables will be in relation to this.

Recent feedback, Jan – March 2024¹, on the whole-family approach showed that:

- **96.2%** (75 of 78) of families reported they had improved emotional and mental wellbeing.
- **96.1%** (74 of 77) reported an improvement in their resilience.
- **100%** (66 of 66) report an improvement in family resilience.
- **98.5%** (67 of 68) said they feel they can contribute towards changes to their lifestyle and behaviours.
- **94.7%** (71 of 75) report improved family relationships.

We firmly believe that this approach works for families, prevents problems from escalating and makes families more resilient. We would like to see an integrated whole family approach embedded throughout the final mental health and wellbeing strategy

¹ Internal feedback from those supported by the service.

to improve family outcomes as part of a systemic approach to better mental health and wellbeing.

Accessing services

The strategy talks to a connected system of support where people can access the right services at the right time. We welcome this approach however, young people tell us that there needs to be better access to mental health support² and more specialised services to support more complex mental health and wellbeing challenges³.

They face long waiting lists for support and when it comes, in some cases they are having to go out of their county to access this support. They worry about being able to afford transport, food and housing and this exacerbates their mental health challenges.

Young people that Barnardo's Cymru supports told us that every time they ask for help with their mental health it should be treated as an emergency, they do not want to feel forgotten while waiting and they want to be supported more quickly.

Therefore, the assertion that there will be a connected system of support is a positive step. Young people need to be able to access support where they are, when they need it and in a variety of ways that offers them choice. A number of Barnardo's Cymru services offer a number of ways to access support, such as face to face, hybrid and in our school-based counselling provision, alternative provision such as walking sessions to ensure young people are supported in a way that feels safe and inclusive, particularly for those with neurodevelopmental challenges.

As demonstrated, Barnardo's Cymru actively supports choice-based provision to ensure that children, young people and their families are able to access support in the way that feels comfortable, meets their needs and offers them choice in how they are supported. We welcome a focus on community-based provision within this strategy but this must be supported and fully funded throughout Wales to ensure consistency and choice is available to all accessing support.

Mental Health Standards (Wales) Bill

We are supportive of many of the aspects of the new Mental Health Standards (Wales) Bill being put forward to the Senedd. This Bill, if passed, focuses on this choice-based model of access for young people and reinforces their rights, which we believe to be absolutely vital to the care and support of young people in Wales. We are pleased to see this draft mental health strategy encompass a similar rights-based approach to children and young people's support. We would like to see integration between the final mental health and wellbeing strategy and the proposed Bill. This strategy should seek to

² From a focus group held in one of our services in November 2023.

³ From a focus group held in June 2024.

work with the Bill and complement its aims to deliver more choice and autonomy to young people and enhance access to their rights.

Support services

A number of our services, despite not being dedicated mental health support services, are finding that mental health and wellbeing support makes up a huge part of the work that they do. In one area, our practitioners are seeing families presenting with significant mental health concerns, so significant that they can often need the intervention of children's services. The impact of these services on family wellbeing cannot be understated, with one parent sharing that;

"Before (worker) started helping us, I was at my lowest. My children weren't listening and I was suffering terrible to anxiety. She listened to all our issues and made suggestions. She never gave up on us. She saved our family, and for that we will forever be thankful."

The children in this family told Barnardo's Cymru practitioners; "We want to thank you for giving us our mam back. It's nice to see her smile again and not worry about things all the time".

Another family who was referred into the same service was supported through 1-1 support via home visits, telephone calls and emails which focused upon family members wellbeing, feelings and emotions as well as behaviour management/self-regulation techniques, routines, chores and responsibility and self-care. The family made several improvements to the family, including improved relationships and significant increases to the mother's wellbeing (WEMWBS score increased from 21 to 46) which has had a positive impact upon her parenting.

In her feedback to the service, she shared;

"Nice to have someone who also helped my wellbeing, showing me that I was important too".

Despite the significant positive impact that support can have on families, there is limited provision available to support a parent with their mental health challenges. Often what is being commissioned are short-term, 6-12 week interventions. Whilst these types of intervention alleviate some of the short-term needs and produce positive outcomes for families, without longer term, sustainably commissioned support, services can see the family return through re-referral some months later.

Practitioners shared that the thresholds for support from CAMHS are high, meaning that a large proportion of children and young people, with mental health concerns, are unable to access this support and are instead turning to services which are best suited to early intervention work. This, coupled with increased waiting lists within services, means that the presenting issue can escalate, becoming more complex, with more

significant repercussions for young people living with them, and in need of longer-term support.

Workforce

When considering the workforce, we would welcome a move to ensure that the workforce feels supported and that capacity is considered. Often when contracts are re-commissioned, there are limited uplifts and sometimes, funding is cut, meaning that services are already having to do more with less.

The capacity of services to support families and ensure that nobody is placed on a waiting list, is being increasingly stretched. We understand that funding is a challenge for local authorities and for Welsh Government, however we fear that the current situation will be exacerbated, and if funding continues to be frozen or diminish further there is a risk that **workforces will not be able to manage** the increased pressures. One practitioner told us that *“I want to see action not just more words. We are beyond crisis level and need the financial backing to effect change.”*

We welcome the vision to ensure that the workforce feels confident to support those struggling with their mental health and wellbeing. We would like to understand further detail about how the workforce will be supported e.g. increased training, further training on being trauma informed, and how would this be extended across the country.

Question 2: In the introduction, we have set out ten principles that are the building blocks of the new Mental Health and Wellbeing Strategy. Do you agree these principles are the right ones?

- Strongly agree
- **Agree**
- Neither agree or disagree
- Disagree
- Strongly disagree

Question 2a: What are your reasons for your answer to question 2?

Through our work across Wales, we understand the determinants of poor mental health and wellbeing are intersectional in nature and can affect anyone. Therefore, we welcome a person-centred approach to mental health and wellbeing, treating each person as an individual and seeing the whole person is vital in ensuring they get the right support.

We have long been an advocate for the no wrong door approach to support children and young people who ask for help and ensure that they are never turned away. Whilst this

approach is recognised across Wales, we do have concerns that this is not happening in practice.

It is our view that children and young people need provision that is distinct to that from adult services. Their challenges are different and whilst we welcome a significant focus on children and young people, we hope that the final strategy can fully set out a preventative pathway from birth to old age that seeks to prevent the development and escalation of poor mental health and wellbeing outcomes. This pathway should focus on early help and prevention in childhood and adolescence, where many life-long mental health challenges can arise. We firmly believe that early help and a preventative focus are essential to ensuring that mental health and wellbeing challenges don't escalate into more complex and enduring issues that young people carry throughout their life.

For many children, young people and their families, early help is key. This means ensuring that services providing mental and emotional wellbeing support are widely available, work within the community and offer a range of evidence-based interventions, such as those offered through our Cardiff Family Wellbeing Service. Our service examples throughout this response are examples of best practice across Barnardo's Cymru in tackling mental health and wellbeing at the earliest possible point in a child's life and supporting children, young people and their families to build resilience and prevent escalation.

Barnardo's Cymru is pleased to see the intersectional approach taken at the outset of this draft strategy in highlighting a number of essential principles from which the four visions stem. We welcome the recognition of equitable access to services and the need for this to be considered in a culturally sensitive and appropriate way.

We believe that an anti-racist approach is essential to recognise the intersectional impact of race on children, young people and family's mental health and wellbeing. All services should be delivered in a culturally sensitive way with an individual's protected characteristics and their intersectionality in mind. We hope to see further engagement with the BAME communities to ensure that this strategy meets their needs and works alongside the anti-racist Wales action plan.

Additionally, we know that young people in the LGBTQ+ community can struggle more with their mental health and wellbeing.⁴ In particular, Trans young people are suffering

⁴[LGBTIQ+ people: statistics | Mental Health Foundation](#)

disproportionately with mental health issues including being at higher risk of suicidal ideation⁵.

We welcomed the Welsh Government's 2023 LGBTQ+ action plan, and we would like to see further detail on how these plans will work together to ensure that LGBTQ+ young people have access to the mental health and wellbeing support they need.

We look forward to the publication of the delivery plans that will support this strategy. We would welcome the opportunity to engage with the development of the delivery plans and to support their implementation where possible.

Poverty

Whilst we agree with the principles set out in the mental health and wellbeing strategy, we wish to see further emphasis on poverty. At Barnardo's Cymru we recognise the long-term effects of poverty on health outcomes including the impact on the mental health and wellbeing of children and their families. The impact of the Covid pandemic has continued to have a significant effect on the mental health and wellbeing of children, young people and their families. Three years on, our services are now seeing the cost-of-living crisis exacerbating existing inequalities, with those living in the most deprived communities affected disproportionately. We know that this is pushing many families closer to the edge of crisis and/or poverty. This is an issue that is reported daily by many of our practitioners and frontline workers. Last year, our Child Poverty report found that families were struggling with the cost of food and 61% of parents polled in Wales said their financial situation had declined⁶.

It has become clear that poverty can cause a ripple effect within families and that, the increased cost of living is worsening parents mental health but it must also be acknowledged that this can lead to worsening wellbeing and mental health for children and young people who also see and feel the challenges of poverty in their young lives.

While distinctly challenging, the impact of these events on children and young people and their overall wellbeing and mental health should not be underestimated. Where children are exposed to persistent stress through the adverse experiences they have encountered, they view the world as a threatening place. This toxic stress changes the architecture of their brains and affects their ability to regulate their emotions and

⁵ [LGBTIQ+ people: statistics | Mental Health Foundation](#)

⁶ [Barnardo's Cymru briefing on the deepening impact of poverty and the cost-of-living crisis on children, young people and families in Wales - ENGLISH.pdf \(barnardos.org.uk\)](#)

behaviour. This can also result in overactivation of the stress response itself, creating a self-perpetuating cycle that can continue to have detrimental consequences over the course of a lifetime⁷.

In their 2022 report, Children in Wales highlighted the impact of the cost-of-living crisis on the mental health and wellbeing of children as well as on their parents,⁸ particularly referring to the high stress and continual worry of children who they describe as ‘withdrawn, upset and unable to cope in many circumstances.’

Where poverty is a challenge for families, being able to physically access support services can be extremely difficult. This is tied to issues related to poverty – if a young person can arrange an appointment, do they have a car to access it? Can they afford public transport to get there? Can they take time out of school or work to attend, particularly if this will impact their income? This is also a consideration with young carers who face additional barriers to accessing support and wellbeing due to their caring commitments. We would like to see more focus on alleviating these additional barriers and consideration of access for children and young people who may be unable to afford to travel or leave their homes for a myriad of reasons including the impact of poverty and/or caring obligations. This strategy should consider poverty and its impact on access to mental health and wellbeing services across Wales.

In a recent focus group, one young person told us that “you’re doing everything you can to get the bare minimum to survive. You need money but there is none. You need money but there is nowhere to get it, but some people have more than enough.”¹⁴ We are particularly concerned about the long-term effects of poverty on health outcomes including the impact on mental health.⁹ Young people have told us that if they are unable to attend a session, they can often be placed back on a waiting list, it is essential that financial challenges are not a barrier to accessing support.

In the strategy, we have a number of sections which are informed by four key vision statements. These four vision statements represent our overall aims. We would like to know what you think of each of them. You can answer questions about as many of the statements that are of interest to you.

⁷ [Stress | The Children's Society \(childrensociety.org.uk\)](https://www.childrensociety.org.uk/press-releases/2022/04/2022-stress-report)

⁸ [CIW Poverty report 2022 English.pdf \(childreninwales.org.uk\)](https://www.childreninwales.org.uk/wp-content/uploads/2022/09/CIW-Poverty-report-2022-English.pdf)

⁹ [Review of Adverse Childhood Experiences \(ACE\) policy: report \[HTML\] | GOV.WALES](https://gov.wales/government/policies/childhood-experiences/childhood-experiences-policy-report)

Vision statement 1

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Question 3: Vision statement 1 is that people have the knowledge, confidence and opportunities to protect and improve mental health and wellbeing. Do you agree that this section sets out the direction to achieve this?

Strongly agree

Agree

Neither agree or disagree

Disagree

Strongly disagree

Question 3a: What are your reasons for your answer to question 3?

We welcome the focus on increasing the knowledge around mental health and wellbeing. In a recent focus group with young people, one person shared that “The stigma is a lot better, I’ve noticed a big difference between 2016 and these days.”

Empowering children, young people and their families to ask for the support they need and understand how to access this information at any time, will provide more opportunity for early intervention and prevention of escalating issues. Whilst we agree that it is important to address the stigma associated with poor mental health through knowledge and conversation, this must be coupled with the resources needed to provide the support when individuals take the brave step to ask for help.

Practitioners tell us that “Not enough services for children and young people, not enough help at the right time.”

We welcome the ambition to stop stigma, however, community-based support and activities need to be properly funded and supported with the right attention on workforce. Additionally, when setting out the vision to ‘*Work with organisations to reduce the barriers that stop people taking part in activities like culture, heritage, leisure, sports and more.*’ It is important to recognise that this is a cross-governmental ambition, and we would welcome clarity on how this will be considered and achieved.

This strategy needs to further consider the structural nature of mental health and wellbeing challenges and the interconnectedness of poor mental health and poverty, marginalisation and discrimination. Whilst the strategy does make reference to support for marginalised communities, it must clearly look at the intersectional nature of poor mental health and how this can be mitigated.

As previously highlighted, poverty is a substantial driver in poor mental health and wellbeing. We cannot ignore this, and we are pleased to see a recognition of this within the draft strategy. However, it is also vital that we make services and access to

services, more equitable. For example, those within the travelling community may struggle to access the services they need, young carers and those with neurodivergent diagnosis.

Social Prescribing

Barnardo's supports Welsh Government's focus on social prescribing. We have seen evidence through our own social prescribing services that this is a means of providing support that can be effective early and prevent further interventions.

Barnardo's delivers one of the largest children and young people social prescribing services in England. This service is based in Cumbria, called LINK, and has supported over 320 children and young people aged 5 to 19 since March 2020. It is funded by three Primary Care Networks (PCNs) and meets a growing need for children's mental health services in primary care.

Social prescribing for children and young people is about developing non-medical solutions that improve wellbeing, mental health, physical health and connects children and young people to their family, friends, and peers. Many of the young people we see through our service want support for low mood, anxiety, emotional wellbeing, peer pressure, self-esteem, weight management and relationships. 96% of our referrals are accepted.

In this model, 'social prescribing' is used to define the provision of workers to help children and young people socially connect to local wellbeing boosting services within their local communities.

The outcomes have been as follows:

- 88% feel less isolated
- 78% have increased self-awareness and feel able to manage emotions
- 66% experience positive relationships with friends and family

Barnardo's strongly believes that social prescribing can be utilised as an important part of the early intervention and prevention landscape in Wales. We would like to see further development of social prescribing specifically for children and young people, recognising their unique experiences and needs.

Question 3b: We've included a number of high-level actions for vision statement 1 in the strategy. Do you agree with these actions?

Strongly agree

Agree

Neither agree or disagree

Disagree

Strongly disagree

Question 3c: Are there any changes you would like to see made to these actions?

VS1.5 - 'work to increase knowledge, opportunities and confidence of frontline workforce...' We feel this would benefit from more detail. We would like to understand how this will work in practice, for example, will this include training for staff and how will this be funded?

VS1.6 'Embed the national framework for social prescribing in a way which meets the needs of all communities.' We would like to see a national framework specifically aimed at children and young people, recognising their needs as distinct from adult provision.

Additionally, when considering the measures in this section, we note that they are mostly focused on the wellbeing of adults in the community. Whilst this is important, Barnardo's would encourage the Welsh Government to consider an additional child/young person focused measure. This could help to develop a better understanding of how children and young people relate to their community and should relate to wellbeing and community inclusion, such as *'the percentage of young people who feel connected to and supported by their community.'* We know that community assets and supportive community environments are a significant part of this vision and would support a measure that considers this from the perspective of children and young people.

This measure could support the vision statement and give an indication of how young people feel about their community connection and social wellbeing.

When discussing vision 1 in an engagement session with young people, they highlighted the importance of action 5 'Make sure staff have the skills to understand mental health and wellbeing so they can help people in the right ways.' One young person felt very strongly that this action was essential to a new mental health strategy for Wales and that this should be a distinct vision. They shared; "That [action 5] is probably the most important thing that could possibly be done".

Vision statement 2

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Question 4: Vision statement 2 is that there is cross government action to protect good mental health and wellbeing. Do you agree that this section sets out the direction to achieve this?

Strongly agree

Agree

Neither agree or disagree

Disagree

Strongly disagree

Question 4a: What are your reasons for your answer to question 4?

In this section we say what different parts of Welsh Government will do to meet the objectives of vision statement 2:

what mental health policy can do (question 4b)

what wider Welsh Government will do (question 4c)

Question 4b: Is there anything else that mental health policy can do to ensure that work across Government improves mental health outcomes?

We welcome the inclusion of the Marmot principles to encourage better cross-governmental working and ensure there is a joined-up approach to supporting children, young people and their families throughout their life course. We particularly support proposals for coordinated work to support young people transitioning between CAMHS and AMHS. Despite this, there doesn't seem to be any targeted action points in this area, and we would welcome a specific action related to this.

There are a number of strategies highlighted in this section that speak to supporting children, young people and their families and we welcome the focus on improving the wider determinants that influence mental health and wellbeing, such as fair employment, sustainable communities and giving all children the best start in life.

However, many of the areas indicated already involve ongoing work such as the child poverty strategy, rather than highlighting specific future actions to improve the mental health and wellbeing of children and young people. We are concerned with the lack of detail in some areas, particularly around how these strategies will connect with each other and how those working to fulfil the ambitions of each one will ensure they complement one and other moving forward.

The indicators in this section, excluding the measure of those children living in poverty, refer mainly to adults and whilst the determinants of adults ultimately impact the children in their care, these indicators do not reflect the experiences, needs or outcomes of children and young people. We would encourage the inclusion of measures that represent the wellbeing of children and young people.

Gender-based violence – support for children and young people

Barnardo's Cymru would welcome further commitments to mental health and wellbeing support for those children and young people who are victims and survivors of gender-based violence.

We have been pleased to see the recent response to the gender-based violence committee report which acknowledged the gaps in support for children and young

people. The initial committee report recommended that, ‘The Welsh Government should take urgent action to ensure that fast-tracked, specific and specialised therapeutic services are available for all babies, children and young people who experience or witness gender-based violence and provide details of these in response to this report.’¹⁰ Whilst this was accepted, and reference made to the upcoming National Practice Framework we would urge Welsh Government to include provisions for support within the final mental health and wellbeing Women’s Aid highlighted in their report, ‘a duty to support’¹¹ a concerning ‘postcode lottery’ for children and young people attempting to access support.

It is important that any future engagement also includes children and young people who have lived experience of domestic and gender-based violence and abuse.

Question 4c: There is lots of work happening across Government that could improve mental health outcomes. Is there any work we have missed that you think we should include?

Children and young people are not a homogenous group. They are distinct individuals with different experiences of life. It is disappointing to see that there is no explicit reference to some of our most underserved groups of children and young people. This strategy cannot ignore the support needs of specific groups of children and young people who would benefit from specialised support. We would welcome actions and indicators that speak to distinct populations of children and young people focusing on improving their mental health, wellbeing and access to support.

Victims and survivors of CSA/CSE/CCE

For example, children and young people who are victims and survivors of children sexual abuse (CSA), child sexual exploitation (CSE) and child criminal exploitation (CCE). These groups of young people are often stigmatised and struggle with their mental health be it depression, anxiety or trauma related impacts from their abuse. Practitioners have told us that these children and young people are unlikely to be supported by CAMHS due to eligibility and are often pushed back into services that are not mental health specialist services.

Barnardo’s Cymru’s Better Futures service is a child sexual abuse response service, providing assessment, therapeutic support, consultation, and training services for children with sexualised histories across Wales. This includes children who have been the victims of sexual abuse; display harmful sexual behaviour; and children who are at risk of or are victims of child sexual exploitation.

¹⁰ [Eich cyf \(senedd.wales\)](https://www.senedd.wales)

¹¹ [CYP-FOI-Report-ENG-WWA.pdf \(welshwomensaid.org.uk\)](https://www.welshwomensaid.org.uk)

Barnardo's Girls Research project was a 3-year research project culminating in Girls Talk; a resource for professionals working with girls and young women who have engaged in harmful sexual behaviour. This research highlighted some of the acute mental health and wellbeing challenges of girls who had both engaged in harmful behaviours but also often had a history of abuse themselves. 69% identified as having emotional difficulties whilst 40% had experienced PTSD symptoms.

Only 11% reported a positive relationship with mother and 31% reported having no significant positive adult relationship¹².

Barnardo's Cymru believes that all children and young people should live safe from violence or abuse of any kind, and no child or young person should have to suffer from the impact of it. 70% of the girls who took part in the research had experienced CSA but only 18% had been provided with support to recover from this. Also 89% of the girls who had displayed HSB and took part in the research had also either experienced harm by CSE or were at significant risk of CSE occurring¹³.

Whilst Better Futures is a specialist service with significant expertise in supporting children and young people with sexualised histories, they are not a specialist mental health service and the children and young people they support would also benefit from additional mental health and wellbeing support. We would welcome the Welsh Government to strengthen their commitment to children and young people who have experienced child sexual abuse, child sexual exploitation and child criminal exploitation, in the final iteration of this strategy and include recognition of the mental health of these young people and specific actions to improve their mental health and wellbeing.

The refresh of the National Action Plan (NAP) on Child Sexual Abuse is an opportunity to change some of these outcomes. We would welcome further detail addressing the interactions between the NAP and mental health and wellbeing strategy to better understand how these strategies will work together to support children and young people with these particular support needs.

Young Carers Support

Similarly, many young carers face significant challenges with their mental health and wellbeing due to the additional responsibilities that come with caring for a family member. They face a huge number of burdens that many of their peers would be unable to imagine. Issues include providing 24/7 care for a loved one with very little respite, a lack of recognition for this role within schools, colleges and other institutions that make the same demands of them as their peers, worry about the health and wellbeing of

¹² Girls Talk Research undertaken by Barnardo's Cymru

¹³ Girls Talk Research undertaken by Barnardo's Cymru

family members, intense stress, lack of support brought about by the pandemic and many more.

Life Beyond Caring is a project run by the Barnardo's Cymru Newport Young Carers group to support young adult carers across the city. Young people ranging in age from 15 – 26 get together for activities, support and to campaign for better assistance for young carers. All of the young people in the group noted the impact of the pandemic on their wellbeing – both in terms of increased social isolation as well as fear about the impact of contracting Covid and passing it on to their vulnerable loved ones. These issues exacerbate mental health and emotional wellbeing issues, and because of a lack of identification and subsequent support, their needs are often unaddressed, and support is lacking.

We recommend that young carers' needs are considered under equity of access as their need to be continuously "on call" as a carer can often mean they are unable to access services which can support both their needs as a young carer, and their wellbeing and mental health which can further exacerbate social isolation.

We ask that this strategy specifically addresses the needs of this disparate group and recognises the interconnectedness of childhood experiences and poor mental health and wellbeing. It needs to strengthen the focus on preventative approaches with sustainable investment in early intervention and a significant review into the current support services available for children, young people and their families.

Care experienced young people

Despite the fact that care experienced young people are a population who have often experienced trauma, disruption and loss, there is no statutory requirement for care experienced young people to be offered therapeutic support, unless a child is adopted. Care experienced children and young people have consistently been found to have much higher rates of mental health difficulties than the general population, and they are approximately four times more likely to have a mental health issue than children living in their birth families¹⁴.

With the impact of financial pressures taking more of an effect on local authorities, we have heard from some councils that there will be a reduced therapeutic offer for care-experienced young people due to a lack of resources.

One care experienced young person supported by Barnardo's told us that his local authority paid for private therapy for him until his 18th birthday, when he was no longer eligible for this and the therapy would have stopped, despite his ongoing need. In this case, the therapist was willing to see him for free initially, and then for a nominal charge once he was in work, which prevented him losing his support. This demonstrates the

¹⁴ <https://www.iriss.org.uk/resources/outlines/care-experienced-children-and-young-peoples-mental-health>

inequity and additional stress that care experienced young people face in trying to arrange their own access to therapeutic support. Barnardo's Cymru believes it is unacceptable for a care experienced young person to manage issues relating to being able to continue to access mental health support at the age of 18 in addition to many other practical challenges many care experienced young people can face.

In the recent Children, young people and education committee's Radical Reform enquiry, Barnardo's Cymru suggested that the committee recommend that Welsh Government introduce a statutory requirement for local authorities to offer therapeutic support to all care experienced young people up to the age of 25, and to provide financial support to local authorities to provide this.

In response the committee recommended that, 'the Welsh Government should introduce legislation to give all care experienced children the right to a specialist therapeutic mental health support service. They should have a statutory right to have their needs assessed at intervals and to have those needs met. That service should be available from the point at which they are removed from their birth parents to at least the point at which they cease to be defined as a care leaver. It should be separate and independent from existing mental health services and specialise in trauma-informed mental health support.'¹⁵

This was accepted in part; however, we would again urge the Welsh Government to make this a statutory offer to care experienced young people and to include this in the final mental health and wellbeing strategy, recognising the unique challenges faced by care experienced young people and the importance of early intervention and continued support.

While most local authorities have a psychologically led department within children's services to support care leavers, young people are not getting support early enough or consistently enough. This support should be offered when a child goes into the looked after system and there should be a pathway of support that can pick them up at any point. This system should not be waiting for them to get to crisis point.

The 'If not now, when?' report, recommended that 'As part of umbrella reforms to corporate parenting (see radical reform 3), the Welsh Government should introduce legislation to give all care experienced children the right to a specialist therapeutic mental health support service. They should have a statutory right to have their needs assessed at intervals and to have those needs met. That service should be available from the point at which they are removed from their birth parents to at least the point at which they cease to be defined as a care leaver. It should be separate and independent from existing mental health services and specialise in trauma informed mental health support.'

Barnardo's Cymru would like to see this provision included in the final iteration of the mental health and wellbeing strategy.

¹⁵ [If not now, then when? Radical reform for care experienced children and young people \(senedd.wales\)](https://www.senedd.wales/legislation/if-not-now-when-radical-reform-for-care-experienced-children-and-young-people)

Young people at age 18

As previously highlighted, the transition from CAMHS to AMHS at age 18 can be complex and unsupportive for many young people, even more so for care experienced young people. There are significant barriers in terms of a young person turning 18 with complex mental health needs but no formal diagnosis. At 18, a young person is expected to work, be in education or training, and although for some young people this is difficult due to their undiagnosed needs such as autism or ADHD, adult's services are unable to step in and provide support without a formal diagnosis. We would urge Welsh Government to review the transition at age 18 and how this can be smoothed on a number of fronts, particularly with regards to mental health and safeguarding support.

Waiting lists for CAMHS are long, and thresholds are continuing to rise making it more difficult for young people to get the support they need. We know that many children and young people (irrespective of their care experienced status) do not qualify for a CAMHS referral. The missing middle is particularly prevalent for care experienced young people who may benefit hugely from support offered to both deal with existing mental health challenges as well as help develop resilience and prevent future problems.

Question 4d: We've identified a number of high-level actions for vision statement 2 in the strategy, do you agree with them?

Strongly agree

Agree

Neither agree or disagree

Disagree

Strongly disagree

Question 4e: Are there any changes you would like to see made to these actions?

We welcome the vision to 'Identify and monitor a set of measurable, cross-Government indicators to track progress at a population and programme level – and develop a monitoring approach that embeds learning from these indicators into the development of policy impacting mental health and wellbeing.' We would like more information on how these indicators will be identified, whether this will include engagement with young people and their families and how the monitoring approach will be developed. We would like to see these indicators developed at pace, whilst we appreciate the importance of getting this right.

As previously suggested, we would welcome further actions and indicators that refer to distinct populations of children and young people focusing on improving their mental health, wellbeing and regularly monitoring their access to support. In the previous

section we spoke to the challenges faced by groups of children and young people who exhibit additional challenges to good mental health and wellbeing, as well as additional barriers to access the support they need. The actions presented in this section, whilst we appreciate, are high level, don't speak to these challenges and barriers and we would welcome more on this in the final iteration of the strategy.

Considering the ambition within this draft strategy to *'Identify and share best practice in relation to care and treatment planning.'* We would welcome further clarity on the mechanism(s) envisioned to share this best practice and how can we expect this to be cascaded to practitioners and more widely across the third sector.

Vision statement 3

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Question 5: Vision statement 3 is that there is a connected system where all people will receive the appropriate level of support wherever they reach out for help. Do you agree that this section sets out the direction to achieve this?

Strongly agree

Agree

Neither agree or disagree

Disagree

Strongly disagree

Question 5a: What are your reasons for your answer to question 5?

We would welcome an interconnected system which seeks to ensure services can work together to be responsive to children, young people and their families.

It is absolutely right that children and young people are prevented from having to tell their story several times. We welcome the intention to 'Work together to make sure people don't have to tell their story lots of times or get told they have come to the wrong place.' Unfortunately, this is not what young people feel is happening in practice.

Whilst we agree that it is important to '...broaden the conversation away from just thinking that help for poor mental health is the domain of specialist health services only.' To achieve this there must be a strong focus on training and upskilling for the workforce. Welsh Government must consider the capability and support needs of those working in these areas and the provision of mental health and wellbeing support for them. It is not enough to make this the goal without committing to the training and support of the workforce.

We agree that ‘We also need to make mental health advice more accessible for professionals who are supporting someone with poor mental health.’ but we need more clarity on what this looks like and how professionals will be able to access it.

Question 5b: We’ve identified a number of high-level actions for vision statement 3 in the strategy, do you agree with them?

Strongly agree

Agree

Neither agree or disagree

Disagree

Strongly disagree

Question 5c: Are there any changes you would like to see made to these actions?

We welcome ‘improving the transition from Child and Adolescent Mental Health Services to Adult Mental Health Services,’ We know from our work with children and young people across Wales, that this transitional point can be one of immense challenge and for some the support they received in childhood drops like a cliff edge. We would be very supportive of improvements to this transition but would like more clarity on how this could work. We would be open to support Welsh Government as it seeks to improve this transition.

We would like to see more support for young people at 18 so there is less of a cliff edge of support. Additionally, there must be:

- A focus on how we are drawing strategies together, it can be confusing for practitioners to incorporate the different principles especially where many of them are cross cutting, such as the whole school approach, NEST/NYTH and, in the future, this new strategy. It can feel that there are too many strategies which do not align.
- Better consideration of psychologically informed environments and trauma informed practice, considering what this looks like for the workforce. For example, practitioners feel that one day of training is not enough to create a proper trauma informed and trauma responsive environment for children and young people.

Barnardo’s Cymru has always been in favour of the NEST/NYTH framework and the supportive model it envisages for families. However, from our work across Wales we have seen how this is implemented can look different depending on where it is being delivered. As previously highlighted in this response, there are some continuing issues around the accessibility of the no wrong door approach. We welcome the action to: *‘Continue to implement the NYTH/NEST Framework through Regional Partnership Boards and wider partners to develop a connected (no wrong door) and children’s*

rights-based approach to mental health and wellbeing for babies, children, young people and their families.'

We look forward to seeing improvements to this interconnectedness and welcome a rights-based approach.

Practitioners have told us that there is 'not enough help at the right time' and that 'people are not getting the support they need when they need it to stop problems escalating'. It is clear that we need more services that support children, young people and their families before issues escalate into more complex problems. We have continually raised the challenges for those in the 'missing middle' and this strategy does not seem to address that.

As previously outlined, Barnardo's has seen the positive impact that social prescribing can have for children and young people. We believe that social prescribing can also form part of a support pathway for children and young people, and we have previously made clear our calls for a social prescribing model that is distinct from adult provision.

It is important that social prescribing forms a pathway with targeted referrals, this could be offered as part of 'waiting well'. Social prescribing works best as part of an early help offer rather than holding a young person. There is a workforce requirement particularly as the work with young people can often take more time.

This requires a commitment to multi-agency working despite this, it is more about making the best use of funds and does not require new infrastructure instead utilising current link workers and deploying them in a targeted way.

We would welcome a national strategy for babies, children and families that works together with this mental health and wellbeing strategy, building on the principles of a connected system that can support children and young people whenever they reach out and ensuring that their family is supported to give them the best start in life.

Ensuring that all children have the best start in life can depend on their families having access to good mental health support throughout both the pregnancy as well as the first months of the child's life. Peri-natal mental health services make up a part of this network of support and can be essential in ensuring both mother and baby thrive in those early days.

The NSPCC have shared that currently there is inconsistency in community support for women and their families with mild to moderate mental health difficulties who do not meet the threshold for specialist services.

It is vital for the strategy to set out a clear plan, along with consistent and sustainable investment to progress mild to moderate PMH support in universal maternity care and health visiting, and within the third sector

We support these calls for better peri-natal mental health support and would urge the Welsh Government to extend this provision in the final mental health and wellbeing strategy.

Vision statement 4

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Question 6: Vision statement 4 is that people experience seamless mental health pathways – person-centred, needs led and guided to the right support first time without delay. Do you agree that this section sets out the direction to achieve this?

Strongly agree

Agree

Neither agree or disagree

Disagree

Strongly disagree

Question 6a: What are your reasons for your answer to question 6?

We are pleased to see a person-centred approach within this draft strategy. This must include seeing the child as a person in their own right, they need to be front and centre of their own support/care. A way of doing this is ensuring all services are designed with children, young people and their families (Parent/Carers/Guardians), often improving their outcomes and engagement. This is another way to build resilience but also to root community-based services in a child's rights approach and we welcome all work to make this a central part of this strategy.

We would like more clarity on the VS4.4; 'Develop a Mental Health Safety Programme that will improve support.' We would welcome more clarity about the aims of this programme. Despite referring to a quality management approach, it is unclear what the programme intends to do. We would like to know more about who this involves, how it will support children, young people and their families with their mental health and wellbeing and how they will be encouraged to engage in its development.

Similarly, in relation to 'Develop a set of standards and quality statements for health boards and local authorities.' who will be involved in the development of these standards and over what timeframes. When can we expect the standards to be released, how will they be monitored? Will there be distinct standards for children and young people?

We particularly welcome the statement, 'We also want to see action on transitions from working age adult services into older adult services, and the removal of inappropriate age barriers to services.' Whilst we advocate for better transitions between age-based service provision, we would welcome further information on how this would work in practice. In the case of young people, how will professionals meet the needs of children and young people when provision and training of CAMHS and AMHS is so different?

We appreciate that there is limited money in the system and that the Welsh Government has had some difficult choices to make, but a lack of reliable and sustainable funding has a significant impact on preventative services. Understandably, statutory services must be protected when finances are challenging however early intervention support services can often prevent children, young people and families, needs from escalating to a point where they will require a statutory intervention. True early help and prevention support should be accessible at the earliest opportunity providing children, young people and their families with support when they first reach out.

This can often be highly effective and, when adequately resourced, built into a pathway of support from which individuals and families can step up and step down based on their need and circumstances as these can change over time. We know that without the right early help and prevention services in place the pressure on statutory services can rise significantly. This is can also be more costly.

Additionally, we often see interventions that are proven to work stopped because of funding issues, this means a lack of consistency across Wales and at different points in time, which only adds to uncertainty for children, young people and families, sometimes leaving them without the support that they had come to rely on.

Question 6b: We've identified a number of high-level actions for vision statement 4 in the strategy, do you agree with them?

Strongly agree

Agree

Neither agree or disagree

Disagree

Strongly disagree

Question 6c: Are there any changes you would like to see made to these actions?

We previously highlighted our support for the inclusion of a strong recognition of the needs of different groups, supported by the LGBTQ+ action plan, as well as the Anti-Racist Wales action plan.

VS4.12 makes reference to "Build on our front-line remote assessment, intervention and support services (such as MH111#2 and CALL) to ensure they join up with other parts of the mental health, substance misuse, neurodivergence and physical health systems. We will ensure they are complementary, efficient, effective, available 24/7 and respond in a timely manner. We will ensure they connect to deaf; Black, Asian and Minority Ethnic People; LGBTQ+ people; and under-served communities."

We would like more clarity on how this will be delivered, who will be engaged in this work will, for example, LGBTQ+ communities, be involved in developing these intervention/support services alongside the Welsh Government, and how this will be monitored and held accountable.

Question 7: We have identified some areas where action is needed to support the mental health system as a whole. These areas are:

digital and technology

data capture and measurement of outcomes

supporting the mental health workforce

physical infrastructure (including the physical estate of services)

science, research and innovation

communications

Do you agree these are the rights areas to focus on?

Strongly agree

Agree

Neither agree or disagree

Disagree

Strongly disagree

Question 7a: What are your reasons for your answer to question 7?

Barnardo's Cymru agrees that supporting the workforce is an essential element of ensuring this strategy is an active strategy that supports the mental health and wellbeing of everyone in Wales and plays a vital and ongoing role within the mental health landscape.

Early help in the form of coping strategies would be an excellent way to build resilience. We welcome the community-based approach and believe that investment in communities and communities' assets that can support early help is a key step. Often these can be low or no cost options that will allow for additional support for children, young people and families. Despite this there must be consideration for those in the community providing these types of support, they also need the right training, investment and tools to ensure that they can offer holistic trauma informed support and feel confident and capable to do so.

We feel that wellbeing and capability training for workers is essential. Secondary trauma can arise for the workforce support children, young people and families with

adversities within the community.¹⁶ Recognising and responding to these risks is essential in developing a supported workforce. We believe that there needs to be a focus on self-care and mental support for the care workforce to ensure that these risks are mitigated. We ask that Welsh Government considers the workforce when setting out the final strategy.

In addition, those within the community, including paid and unpaid carers, particularly young carers, who support a family member are at risk of worsening mental health and wellbeing, due to the impact of their responsibilities. The impacts of supporting someone with physical or mental health challenges cannot be understated and we must ensure there is sufficient help for all carers. We would welcome additional focus that the impact of being a carer has on mental health and wellbeing.

The strategy overall

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Question 8: The high-level actions in the strategy will apply across the life of the strategy. They will be supported by delivery plans that provide detailed actions. These delivery plans will be updated regularly. Are there any detailed actions you would like to see included in our initial delivery plans?

We need to see delivery plans that focus on what can be implemented and how these will have an impact on children and young people's mental health, wellbeing and outcomes.

We would like to see specific measurable outcomes, targets and deliverables in relation to children and young people's mental health. We would welcome targets on waiting lists, access to community-based support and ongoing data collection on young people and their wellbeing.

In addition, we would like to see further clarity on the objectives and clarity on who is responsible for delivering each of these objectives, particularly where there is cross-governmental action.

It is vital that there is regular reporting against these delivery plans and that children, young people and families are engaged in this work.

Question 9: This is an all-age strategy. Whenever we talk about our population, we are including babies, children, young people, adults and older adults in our plans. How much do you agree that the strategy is clear about how it delivers for all age groups?

¹⁶ [Resilience at Work, Burnout, Secondary Trauma, and Compassion Satisfaction of Social Workers Amidst the COVID-19 Pandemic - PMC \(nih.gov\)](#)

Strongly agree

Agree

Neither agree or disagree

Disagree

Strongly disagree

Question 9a: What are your reasons for your answer to question 9?

- Good inclusion
- Pleased to see discussion on transitions from CAMHS to AHMS
- Specific measurables, targets and deliverable outcomes for CYP

Question 10: We have prepared impact assessments to explain our thinking about how our strategy may impact Wales and the people who live in Wales. We have thought about positive and negative impacts. Is there anything missing from the impact assessments that you think we should include?

We particularly welcome the inclusion of child's rights/UNCRC in this draft strategy.

Whilst it is positive that engagement with some children and young people has taken place, we are disappointed that this failed to include children and young people with specific experiences through their life, such as those who are care-experienced, young carers or children with a disability or neurodivergent diagnosis. Children and young people have different needs and whilst we are pleased to see the recognition of cross cutting such as ethnicity and disability, we feel that other groups of children and young people could have been included.

We welcome future planned engagement with children and young people.

Question 11: We would like to know your views on the effects that the strategy could have on the Welsh language. How could we change the strategy to give people greater opportunities to use the Welsh language? How could we change the strategy to make sure that the Welsh language is treated as well as the English language?

Barnardo's Cymru believes that it is essential that this strategy seeks to address the impact on Welsh Language provision. Recruitment and retention of Welsh language speakers within the statutory and non-statutory workforce needs to be carefully considered.

Practitioners have shared that there are times when Welsh speakers are asked to fill out evaluating assessments or attend first assessments conducted solely in English. This can inhibit their expression and can present with challenges for the young people

including being misunderstood. We would welcome improvements to the system to ensure that children, young people and their families can access mental health and wellbeing support in the language of their choice ensuring that the Welsh language always has parity.

Question 12: We have asked a number of specific questions. If you have any related issues which we have not specifically addressed, please use this space to report them.

We welcome the opportunity to respond to this draft mental health and wellbeing strategy for Wales. We are pleased to see the work that has been done to engage groups across the country and to develop four visions for improving and supporting the mental health and wellbeing of all. Our remit speaks to the support needs of children and young people however, this also extends to their families, carers and we are often a prominent part of the communities in which our practitioners and services work.

At Barnardo's Cymru we have seen huge increases in requests for support, with added complexities and similar stories across Wales of the inability to access statutory services. We appreciate the immense pressure on these services, as well as on the Welsh Government and understand that this includes significant financial strain.

Despite this, we must work together to provide the support that children, young people and their families so desperately need before they end up in crisis.

Through our research for this response, practitioners were asked to share their thoughts on the current mental health and wellbeing challenges and potential solutions.

We asked practitioners what they felt is having the biggest impact on the mental health of children, young people and families they support, they told us:

“Children are telling us they are worried about the cost of living, their future prospects and for young carers their responsibilities weigh heavily.”

“Cost of living is also having a direct impact on many of the families that I support, causing difficulty to fund electric, gas, food, and transport.”

“Trauma of abuse - whether abuse in childhood and / or domestic abuse as adults”

“A lack of support available in a good timeframe”

Practitioners also shared that:

“People are not getting the support they need when they need it to stop problems escalating.”

“Not enough services for children and young people, not enough help at the right time”

When we asked practitioners what they thought could help solve these issues, they said:

“Increased services, programmes for children and young people. Greater understanding from all sectors, increased training.”

“That service users and professionals receive clear information about where they can find the support they need for their presenting need (and a resourcing of services to meet that need)”

“Regular drop in, online, face to face. Places children know to go.”

“wellbeing that includes physical/mental health support that includes psychosocial, psychoeducational, psychotherapeutic support,”

It is clear from these responses that those frontline workers see the issues, they know what needs to change to support children and young people and we welcome this opportunity to share those views from their experience.

Barnardo’s Cymru look forward to welcoming the final mental health and wellbeing strategy however, we hope to see an increased focus on children, young people and families to ensure that they get timely access to the right services, in their first language, wherever they live in Wales, that their challenges are recognised early and prevented from escalating and that we have a connected system that works together so no young person has to repeat their story.

We would welcome the opportunity to further support Welsh Government and officials as they continue to develop this essential mental health and wellbeing strategy and urge them to continue to engage with children, young people and their families and ensure that they are at the centre of this work.