

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 13

Ymateb gan: Cyngor Cymreig y Gwasanaethau Ieuenctid Gwirfoddol  
Response from: Council for Wales of Voluntary Youth Services

The Council for Wales of Voluntary Youth Services (CWVYS) is the national, independent representative body for the voluntary youth work sector in Wales with a current membership of 96 organisations that work with over 250,000 young people between the ages of 11–25 years. It is estimated that 40,000 volunteers and 4,000 paid staff are engaged in delivering work with young people within the voluntary youth work sector.

Current membership reflects the huge diversity and rich variety of voluntary youth work and youth support services and includes both national and local/community based organisations.

CWVYS seeks to work in close co-operation with partners from across the voluntary and maintained youth work sectors, believing that such joint working creates better results and serves the wider sector well.

We welcome the opportunity to respond to the consultation and in doing so, seeks to fully represent the views of its member organisations.

## GENERAL

CWVYS subscribes to the view presented in the *Youth Work National Occupational Standards*; namely, that youth work ‘*assists young people to develop holistically, working with them to facilitate their personal, social and educational development, to enable them to develop their voice, influence and place in society and to reach their full potential*’.

CWVYS also espouses the routes to specialist support for young people as outlined in *Youth Work in Wales: Principles and Purposes: the ‘Five Pillars of Youth Work’*

In addition, it is important to highlight that ‘*Youth work in Wales is based primarily on a voluntary relationship between young people and youth workers. The Youth Service is a universal entitlement, open to all young people within the specified age range of 11-25*’

The voluntary youth work sector continues to be able and willing to deliver open access (or universal) and targeted youth work – either within

collaborative partnership frameworks and/or within individual organisations, where both open access and targeted delivery co-exist 'under the same roof', for the benefits of all young people.

## **EVIDENCE**

Whilst CWVYS is able to provide a strategic overview of such issues, discussions with CWVYS Member organisations located in each of the CWVYS Regional Group have elicited key, operational and contextual perspectives. i.e. where youth workers, youth support workers and volunteers come into daily contact with young people who present a wide range of factors and behaviours. In addition, in a non-formal and informal environment and with opportunities to discuss issues with a youth worker, young people are able to highlight worries and anxieties about themselves but also mental health of peers, family and others.

The interactions between youth workers and young people occur through contact established via open access provision. Based on the critically important voluntary relationship between young people and youth workers, this non-judgemental and supportive approach enables young people to engage and to highlight issues of emotional health and well-being. Some of the evidence provided by Member organisations is set out here:

**Volunteering Matters** (Pontypool) report how an increasing number of young people have informed workers of low-level mental health problems during the last two years. The organisation believes that there is a limited understanding of mental health issues amongst young people and this is exacerbated by a lack of specialised support services.

The response to this situation was typical of a go-ahead youth work organisations: it established a programme (Mind Matters) to meet the needs of those same young people by developing and delivering peer-led sessions, workshops and activities.

Concentrating on peer-to-peer education approaches, this programme successfully combines youth work methodology, young people-led design plus delivery with topics such as self-esteem, motivation, confidence and resilience. The programme also includes work on sexual health, isolation, loneliness and early intervention. [www.volunteeringmatters.org.uk](http://www.volunteeringmatters.org.uk)

**Media Academy Cardiff** identify training, funding and specialist support as key factors in meeting the emotional health and well being of young people. In its work with young offenders, MAC sees a problem with the lack of structural funding for early identification of mental health issues – and that an intervention post-CAMHS is generally 'too late'.

MAC also highlights a real need for youth service funding and training. The organisation's award-winning Triage service emphasises the need for a focus

on early intervention and prevention; youth workers engage directly with young people in a non-formal, informal setting and on the latter's 'own terms'. [www.mediaacademycardiff.org](http://www.mediaacademycardiff.org)

**KPC Youth** (Pyle) highlight long delays for access to CAMHS as being a real problem for young people in need of support. In addition, they identify the length of time between identification and referral processes as being of particular concern: this adds stress and complications for the young people involved (as well as the likelihood of involvement in activities likely to increase negative well being) whilst placing greater strain on youth service provision.

KPC suggests that local mental health services need to be better equipped to react more quickly. One way in which this might be achieved is to share information on 'who does what' locally (from both mental health and youth work providers).

Additionally, the organisation suggests that a simplified guide relating to local mental health service provision would be helpful, as would access to inclusive training on early recognition.

[www.kpcouth.com](http://www.kpcouth.com)

**GISDA** (Caernarfon) has developed a specific approach for working with mental health issues – this is low cost in delivery terms but does require a financial investment in training of staff.

The approach, called 'Fi/Me' is based on the Psychologically Informed Planned Environment (PIPEs) method and outlines the involvement of a stable, welcoming and trusting youth work relationship. It identifies the need for continuity and consistency in planning and delivery – in both the provision and length of time required to support young people.

[www.gisda.org](http://www.gisda.org)

**Dr Mz (Carmarthen Youth Project):** refers to the need for young people to access open youth work provision and highlights young people for whom the organisation provides a safe and welcoming alternative to home environments. Staff there say that 'youth work is vital in helping to keep young people on an even keel and a sense of belonging for young people at the Project is key'.

Dr Mz states a clear need for out-of-hours referral processes for young people in crisis. Staff also make a case for more flexibility regarding referrals for 'low levels' of mental health problems but also greater support for early intervention: waiting lists locally are typically 3-8 months in length. The organisation sees itself as having an important role to play, here, and is willing to do its utmost to support young people.

However, it identifies a need for:

- more 'joined up' working between services
- to break down barriers at grassroots levels between youth work practitioners and mental health services
- an increase in staff working with young people on mental health issues to reduce waiting times
- more mental health awareness training for youth workers
- better communication between agencies in positions to support young people

[www.drmz.co.uk](http://www.drmz.co.uk)

**YMCA XXXX** cite the case of XXXX, a 22 year old asylum seeker originally from XXXX, who was known to youth workers at the organisation and who sadly committed suicide very recently after seeking but failing to receive support, which resulted in him becoming destitute. His case was not being dealt with by YMCA XXXX but by a local refugee support charity, who tried all it could to access services on XXXX behalf.

This case highlights the increasing and disturbing prevalence of apparently inadequate service provision for young people who are homeless, for those who are refugees and asylum seekers and for whom services are not available in times of greatest need and crisis.

[www.ymcaswansea.org.uk](http://www.ymcaswansea.org.uk)

**Play Wales | Chwarae Cymru** highlights how play contributes to children and young people's ability to develop core resilience and flexibility, with resultant increases in physical and emotional wellbeing.

Play opportunities also encourage children and young people to become adaptable, socially aware and communicative whilst enabling creative and fun responses to situations. The organisation also outlines how play supports the development of self-sufficiency, independence and ability to express a range of emotional responses.

[www.playwales.org.uk](http://www.playwales.org.uk)

## **OTHER**

- The Committee will also no doubt be aware of recent reports such as Liverpool University's 'Millennium Cohort Study' published by the National Children's Bureau (involving 10,000 young people) which suggests that a quarter of young females and one in ten young males show signs of depression at the age of 14. Factors include exam stress, body image, socio-economic background, race, gender and parental pressures amongst others.
- These findings are borne out by the recent Welsh Health Survey, which reports that in many areas there are significantly more people experiencing mental health issues than those reporting being treated

for mental health issues. The Cardiff Assessment make the point that around 50% of people enduring mental health problems will ‘display symptoms by the age of 14 and many others at a younger age, which should mean that services should be able to shape their provision for the needs of the future. At the Wales level, 10% of children have mental health issues such as stress, anxiety, and depression. In North Wales, the number of self-harming incidents has more than doubled between 2012-13 and 2015-16)’ (*Well-being in Wales: Planning today for a better tomorrow*, Future Generations Commissioner for Wales, 2017)

- The Welsh Government’s recently-announced initiative to support pupils with emotional and mental health issues across 200 schools is welcome news, as is the fact that CAMHS-trained practitioners will be deployed to deliver these services. However, we are duty-bound to once again highlight the fact that children young people spend far more of their time outside of school than they do in formal education settings – with many choosing to spend time with open access youth work provision. This, we would suggest, is where the need is greatest: out of school hours and within non-formal and informal environments and where access to mental health services are best placed as part of universal offer for young people in Wales.
- In Scotland, 2018 has been designated the ‘Year of Young People’ and CWVYS’s sister organisation, Youthlink Scotland, is exploring youth work and the health and social care sector’s contribution to young people’s mental health and wellbeing at its National Youth Work Conference in November. This is being co-organised and co-delivered in association with NHS Health Scotland. CWVYS suggests that such an opportunity needs to be grasped as soon as possible in Wales, in order to effect strategic and operational conversations about how to provide better, more joined-up mental health services for children and young people.