

CYPE(5)-18-20 - Paper to note 1

Senedd Cymru

Y Pwyllgor Plant, Pobl Ifanc ac Addysg

Welsh Parliament

Children, Young People and Education Committee

Vaughan Gething MS, Minister for Health and Social Services

Julie Morgan MS, Deputy Minister for Health and Social Services

Kirsty Williams MS, Minister for Education

Dyddiad | Date: 3 July 2020

Pwnc | Subject: **Impact of Covid-19 on the physical and mental health of children and young people**

Dear Ministers,

The impact of Covid-19 on children and young people's physical and mental health has been a priority area of scrutiny for us during the current public health emergency. While we recognise that children and young people appear to be less susceptible to the virus than adults, there is little doubt that the wider effects of Covid-19—and the measures taken to manage it—have impacted their lives significantly.

On 9 June we took evidence from Royal College, third sector, and clinical psychology representatives on the **physical and mental health impacts of Covid-19 on children and young people**. In accordance with our approach to our scrutiny of Covid-19, the annex to this letter highlights the areas on which we request further detail and/or reassurance at this stage in the pandemic. It is not an exhaustive list of the issues we consider important; rather, our intention is to provide feedback to the Welsh Government, at pace, on the areas we believe require more attention, and to provide effective and timely oversight of the issues that are emerging.



Dr David Tuthill, representing the Royal College of Paediatrics and Child Health, summarised the impact of Covid-19 on children and young people's physical and mental health as follows:

"Children are probably unlikely to be directly affected by the virus with physical illness—that's uncommon in terms of severe illness, but as an inflammatory condition, which we see, but it's very uncommon. What they have been affected by quite greatly is, if I could call it, collateral damage—their schools have been closed, their clubs have been shut, they can't socialise. All those things have affected children, and they're very anxious, because there's a lot of worry about coronavirus, which they're hearing about—their grandparents might have died, or they're hearing that thousands of people have died." (*Record of Proceedings, para 7, 9 June 2020*)



We are concerned to ensure that a children's rights approach is not lost in the process of managing this pandemic, nor in our scrutiny as a Senedd. As such, we have requested a debate on



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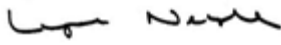
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the impact of Covid-19 on children and young people. If that request is agreed, this letter, and previous correspondence between us, will form the basis of that debate, as we believe that all Members of the Senedd should have an opportunity to discuss these issues, before the summer recess, as a matter of priority.

Kind regards,



Lynne Neagle MS

Chair

Croesewir gohebiaeth yn Gymraeg neu Saesneg | We welcome correspondence in Welsh or English.



ANNEX

1. School closures

While it was acknowledged that school closures had been a necessary part of managing the pandemic, there was a clear consensus among witnesses at our meeting on 9 June that the impact on many children's well-being of being away from school was substantial. The negative impact on children's wellbeing, educational attainment and the entrenchment of disadvantage has been widely covered in recent academic work and media coverage. The negative impact of the pandemic on a child's right to education has also been highlighted by the Children's Commissioner for Wales. A child's right to education is listed in the United Nations Convention on the Rights of the Child and, in turn, the Welsh Government is obliged by the Rights of Children and Young Persons (Wales) Measure 2011 to have due regard to the UNCRC.

In light of this we believe that we must prioritise maximising safe, face to face contact with children and young people this summer. It is a matter of regret to us that the Welsh Government's preferred option of taking an earlier school summer holiday and returning in August could not be agreed with trade unions. We are also very disappointed that — despite the hard work of many school leaders, teachers and staff — the fourth week proposed for schools to check in, catch up and prepare children for the autumn term has not come to fruition in many parts of Wales.

Recognising the very real possibility of a second wave of coronavirus in the autumn term, it is crucial that lessons are learned from the recent challenges faced when trying to agree arrangements for our children's return to school. Children's well-being must be at the centre of decisions relating to schools, and we urge the Welsh Government and the sector to work together to be adaptable, bold and innovative in the face of this global pandemic. We believe that, from September, children across Wales must have consistently high quality contact with their teachers, and that opportunities to progress their education must be maximised for all children in Wales. This will also enable schools to play their vital part in the whole-system approach to supporting the mental health and wellbeing of children and young people.

Our Mind over Matter report emphasised the crucial role of schools in the emotional and mental health of children and young people. This is true now more than ever. Prior to the onset of this pandemic, the guidance we had called for on a whole-school approach to emotional and mental health was being prepared. **We believe that this guidance should be published for consultation as a matter of priority, to ensure that support for our children's emotional and mental health can be a central feature of their education.**

2. Recognising diversity of well-being and mental health issues

It is clear from the evidence we have received that many of the feelings young people have been experiencing, such as anxiety, stress and loneliness, are a natural response to the risks and challenges posed by the pandemic and the measures taken to manage it. Samaritans Cymru emphasised:



“What we don't want to do is to medicalise a perfectly reasonable, natural response to the challenges that young people are experiencing, including the loneliness that we know is quite a significant part of it, and they're going to be impacted by the situation of their parents and their wider family, of course. So, I think it's a very important message, and I don't think it's clear enough, really, that actually the measure of the distress people are feeling shouldn't just be measured through how many young people tip into mental health problems that are defined as such—important though that is to be aware of that danger. But it's also responding to distress in the wider population of young people, and I think it just really underscores this point about building emotional resilience for every child and every school, skilling up every teacher in every school, around a compassionate response to the distress in the young people they might encounter.”¹

On the other end of the spectrum of severity, Samaritans Cymru emphasised that it is too early for data to show what impact the pandemic is having on suicide rates. They warned, however, that factors which contribute to suicide rates and suicide risk – such as significant economic shocks, loneliness, and isolation – need to be monitored closely.

It is clear from the evidence we have received that an important balance needs to be struck between recognising and supporting mental health problems and not medicalising natural responses to a frightening pandemic. The importance of children and young people knowing where they can go for help is clear, and is even more significant when familiar places, such as schools and doctors surgeries, feel less accessible. In our view, this demonstrates further the importance of our Mind over Matter recommendations relating to provision of emotional resilience and early intervention support, and addressing the gaps in service for those children and young people who find themselves ineligible for CAMHS services but unable to find suitable therapeutic or “lower level” support – the so-called “missing middle”. The Welsh Government must continue to prioritise implementation of our Mind over Matter recommendations, and we plan return to our follow-up work on that inquiry at the earliest available opportunity.

3. Data

We recognise that the unprecedented circumstances presented by the Covid-19 pandemic has necessitated a change to routine performance reporting in to reduce the burden on health boards. We also note that the Welsh Government has established the Mental Health Incident Group to maintain oversight of mental health services during the pandemic, with health boards reporting on a weekly basis on the capacity and capability of mental health services. Nevertheless, Mind Cymru told us:

“...ensuring that the data collection around access to services, referrals, where they're coming from, and having that broken down by protected characteristics as well, in terms of ethnicity and things like that [...] is really important, so that we get an idea of

¹ Record of Proceedings, [para 142](#), 9 June 2020.



where the pressures are on the system, as well as how those pressures are being coped with at any given time [...] the data around what's happening is probably not in the best possible position for us to be able to say exactly what's going to happen in the coming months.”²

We are concerned to ensure that a clear and transparent picture of the number of children and young people accessing services to support both their physical and mental health is available publicly. The Welsh Government must make this data available in a timely and accessible way, to ensure that the impact of the pandemic and measures to manage it can be scrutinised fully.

4. Digital infrastructure

The importance of using technology to enable our population, young and old, to manage during this pandemic has been documented clearly. In the case of children and young people, we welcome the investment made by the Welsh Government in enabling access to equipment and broadband. **We are unclear, however, about the steps the Welsh Government is taking to monitor how many children are currently without access to the digital infrastructure necessary to access their education, health and support services. We would welcome further detail on these monitoring arrangements, and the steps being taken to measure how many children are benefitting from the investment made.**

While we recognise the significant and beneficial contribution remote digital access to services and support has made during this pandemic, we would caution against an over-reliance on it. **In many circumstances, particularly in relation to mental health, face to face interaction remains a vital component of support. Service design must have children and young people at the centre, and must recognise that individuals’ needs and preferences vary – one size does not fit all. We request reassurance that plans are in place for a safe return to face to face services where they are the most appropriate option, and that clear principles are in place to assess where a continuation of remote, digital support may be beneficial.**

5. The capacity of health professionals to support children and young people

During our session on 9 June a number of health professionals commented that NHS staff had been redeployed from children and young people’s services in order to provide the emergency response to Covid-19. Advocating for resources to be retained for mental health during a pandemic was described as “a real struggle”:

“...there was that period at the beginning when working in health meant that you were directed towards COVID unless it was considered life or limb, and that was really hard.”³

² Record of Proceedings, [para 158](#), 9 June 2020.

³ Record of Proceedings, [para 306](#), 9 June 2020.



We recognise that, in the face of a rapidly developing pandemic, public services faced unprecedented circumstances in which to plan and deploy resources. We commend the response across services to respond to the crisis, and to prioritise those most in need. **We are concerned, however, that while the physical health needs of the population were necessarily a priority in the early stages of this pandemic, services to support children’s mental health and well-being were exposed to the risk of de-prioritisation.**

We are aware that, in April 2020, Dr Andrew Goodall wrote to health boards setting out the Welsh Government’s expectation that mental health services should continue to provide “safe and sustainable responses” to individuals who need access to mental health support during this period. The Health Minister also confirmed to this Committee on 5 May 2020 that mental health services, including those for children and young people, are essential services and are not to be scaled down during the pandemic. However, this does not necessarily reflect the evidence we have heard from frontline practitioners about the redeployment of staff working in children and young people’s services. **Recognising the very real possibility of a second wave of coronavirus, the Welsh Government needs to set out the clear steps it will take to ensure that children’s mental health services are protected to avoid the long-term consequences that would follow from a lack of specialist support.**

We welcome the flexibility with which many services – both within the health service and third sector – have adapted to meet the needs of children, young people and their families. **We were particularly interested to learn of steps taken in some areas to enable parents to refer to single point of access facilities for CAMHS. We would welcome further details from the Welsh Government about where these models are in place, and believe they should be evaluated and considered for use all health board areas.**

Witnesses highlighted the difficulty young people can face in accessing age-appropriate crisis care services. Mind Cymru suggested that work is needed to identify what this model of care should look like:

“If any young person is attending a service, desperate for help, that service should be there. There's nothing in any guidance or any legislation that has suggested that those services shouldn't be there, but I think it just shows (...) the gap between services being there and sometimes the reality of trying to access those services, and trying to access them in a way that helps the young person.”⁴

The British Psychological Society told us that while there was a significant drop in referrals for self-harm earlier in the pandemic, crisis teams and A&E services are now seeing an increase in presentations and also that self-harming behaviour is becoming riskier:

“Actually, they've noticed more boys than usual presenting with self-harm and the crisis team, and they definitely feel it's getting busier, and also that it's getting riskier. So, maybe that children and young people who are struggling with those thoughts and

⁴ Record of Proceedings, para 183, 9 June 2020.



feelings, perhaps because they're at home and under the spotlight of their parents, are maybe then using more extreme measures or extreme methods to act out on some of those thoughts and feelings.”⁵

We request further details from the Welsh Government about:

- the steps it has taken to monitor the crisis care support that has been available for children and young people during the period since lockdown;
- the arrangements it has in place to ensure that crisis care support for children and young people is available to all those children and young people who need it as the pandemic unfolds.

6. Impact on specific groups of children and young people

While the pandemic and the steps taken to manage it have affected all children and young people, it is clear that specific groups of children are more exposed to these impacts. During our session on 9 June, we were warned:

“There are going to be young people whose experience of lockdown is going to be quite traumatic and difficult, in terms of those from **black and ethnic minority populations**, with the increased level of fear, potentially, in those communities of what the virus will do and how it will impact on them. That needs to be recognised [...] Some **children of front-line staff** will have had really quite a worrying time period where maybe they're not seeing a parent as often [...] there may well be groups, during this period, that are really impacted, and are impacted in a different way. There needs to be some thought about how those groups of young people are supported appropriately so that they can feel that they are moving forward at the same rate as their peers, but may need extra support.”⁶

The impact on **shielding children** was also raised, with the Royal College of Paediatrics and Child Health stating:

“...the shielding advice that's been given out is predominately adult-based, and for many, many children, it's been completely inappropriate.”⁷

In response to a question submitted to the Committee by a young person about the closure of parks, the Royal College of GPs responded that **disadvantaged children** were likely to become even more disadvantaged as a consequence of steps to manage the lockdown. For example, they may not have access to a garden, and with playgrounds being closed they will have more limited opportunities for outdoor play and exercise. (Record of Proceedings, [para 57](#), 9 June 2020). As indicated above, we have concerns about the ability of all children and young people to access

⁵ Record of Proceedings, [para 291](#), 9 June 2020.

⁶ Record of Proceedings, [para 240](#), 9 June 2020.

⁷ Record of Proceedings, [para 55](#), 9 June 2020.



digital technology. This may not only impact on their health outcomes with more services being delivered remotely, but we are also concerned about the gap in educational attainment widening further if children from more deprived backgrounds are unable to engage in online learning.

We recognise that coronavirus has affected all children and young people, however we are particularly concerned about its impact on specific groups, including black and ethnic minority, shielding and disadvantaged children. Our previous letters have also referred to the impact of the pandemic on children with additional learning needs, and those in education otherwise than at school. We would welcome further assurances from the Welsh Government about how these particular groups – and any others considered particularly vulnerable as a consequence of measures to manage the pandemic – are being specifically identified and supported in terms of their physical and mental health. We would also welcome a response to the Royal College of Paediatrics and Child Health’s view that there is no reason for a child who is not under the care of a hospital consultant to be shielded.

7. Funding

On 27 May 2020, the Welsh Government published its first supplementary budget of 2020-21. This sets out that, of the £114 million of funding that has been repurposed within health and social services in order to directly support actions for the response to the pandemic, £7 million has been repurposed from the Mental Health Services Improvement Fund. In response to questions about this funding in the Health, Social Care and Sport Committee on 4 June 2020, the Minister’s official explained:

“The £7 million that you’re referring to was funding that we’d allocated for this financial year in support of our mental health delivery plan. So there’s a set of priorities articulated in that plan, which was published back in January, and that £7 million was to help health boards make progress on those areas set out. That included things like perinatal mental health, children and adolescent mental health services, neurodevelopmental services and the like.

With the advent of Covid, while we absolutely still want to see improvements in our mental health services around those priority areas, we recognise that that funding would be needed to maintain and enhance the mental health response to Covid, so that £7 million is still within the mental health budget, but has been, if you like, repurposed to support mental health services more generally in their response to Covid.”⁸

The Mental Health Services Improvement Fund is a vital component of the financial support available for child and adolescent mental health services. Further to our Mind over Matter report, the Welsh Government made the mental health and well-being of children and young people a stated national priority. While we recognise the need for some activity and funding to be repurposed during the pandemic, children and young people must not lose out as a

⁸ Health, Social Care and Sport Committee, Record of Proceedings, paras 14-15, 4 June 2020.



consequence of adjustments to budgets. We request evidence from the Welsh Government that sufficient funding is available to prioritise the service transformation required in children's mental health in Wales alongside the response to this pandemic.

