

Ambitions for Wales:

The survey results and analysis of the experiences and hopes of children, young people, parents and carers and professionals in Wales, and their priorities for the Commissioner.

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**Comisiynydd
Plant Cymru**
Children's
Commissioner
for Wales

Executive Summary

This large-scale 'Ambitions for Wales / Gobeithion i Gymru' consultation was designed to enable children, young people, parents and carers, and professionals who work with children to share their experiences and contribute their views around key thematic areas of relevance to children in Wales. These insights have been collected to inform and guide the Children's Commissioner for Wales (the Commissioner), Rocio Cifuentes MBE, in setting priorities for the first three years of her seven-year term.

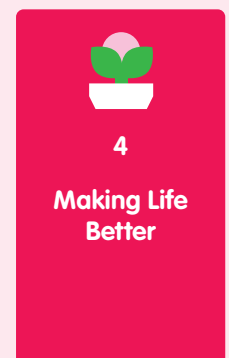
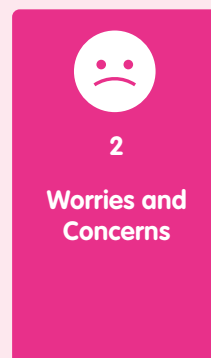
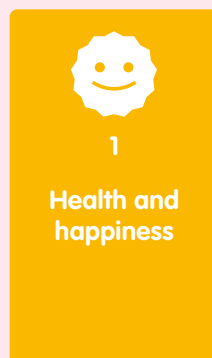
8,830

In total, 8,830 children and young people responded to the survey or completed the related activities.

507 & 876

507 professionals and 876 parents and carers responded to the survey

The survey design and questions were informed by an initial scoping study. Through the scoping exercise, several thematic areas were identified as important to children and young people. These helped inform the final survey and its questions. Related activities were also developed for children under 7 years old, and children with profound and multiple learning disabilities (PMLD), to ensure these children and young people were able to have their voices heard. In total, 8,830 children and young people responded to the survey or completed the related activities. 507 professionals and 876 parents and carers responded to the survey. The survey data are presented in this report under four result sections;



Health and Happiness



All participating children were invited to reflect on activities that make them feel happy.

The youngest children (aged 3-6) most frequently highlight spending time with family, playing, outdoor spaces, spending time with friends and food. To keep healthy, they eat a healthy diet, exercise, wash and brush their teeth, make time for relaxation and sleep.

Children aged 7-11 associate happiness with spending time with family and friends and going to school. Boys more frequently highlight spending time online compared to girls, and children from more affluent households are more likely to enjoy going to groups and clubs compared to those from less affluent households. Children age 12-18 told us they enjoy school, spending time with family, engaging in hobbies, and spending time online. Children who identify as neither girls nor boys less frequently indicate that spending time with family makes them feel happy, compared to those who identify as girls or boys.

Children with profound and multiple learning disabilities (PMLD) most frequently highlight going to school, followed by games and hobbies and spending time with friends as activities that make them feel happy.

Adult survey respondents were asked to share their thoughts and experiences around children's mental health and wellbeing, and their recommendations for improvement to mental health and wellbeing support services.

Around half of parents and carers are concerned about their children's mental health and wellbeing, and one third feel that schools do not support their child/children's mental health and wellbeing. Less than half know where to go to get mental health and wellbeing support for their children, and four fifths are not confident that they could access support quickly if they needed it.

Most frequently, narrative responses from parents and carers focused on suggested priorities for the Commissioner including:

- 1) Improve waiting times and turnaround for mental health support services;
- 2) Improve access to services;
- 3) Improve the visibility of information about services, and;
- 4) Provide better support to parents and caregivers.

These and other suggested priorities from children and adults are discussed in detail with supporting quotes throughout the report.

Among professionals, two thirds indicate that they are concerned about the mental health and wellbeing of the children they work with, and one third feel that schools do not support their children's mental health and wellbeing. Less than a quarter believe that there is good advice and support available for parents/carers who support children with mental illness, and less than one in ten report that when the children or young people they work with have had help for their mental health and wellbeing from a service, it's been easy to get the help they needed.

Most frequently, narrative responses from professionals focused on priorities to:

- 1) Accelerate the referral process and reduce waiting times;
- 2) Allocate more funding and resources to children and young people's mental health and wellbeing;
- 3) Improve the accessibility and clarity of information about service providers and services, and enhance signposting to the information, and;
- 4) Provide more support for affected families, parents and caregivers.

Worries and Concerns



Children aged 7-11, 12-18 and those with PMLD discussed issues that worry them and their feelings of safety in various locations.

The youngest children (aged 3-6) reflected on what or who keep children safe and identified parents, teachers, emergency services, friends and medical professionals.

Children aged 7-11 most frequently worry about our planet and climate change, followed by tests and exams and getting a job when they grow up. Almost two thirds are also concerned about their mental and physical health. Locations where children feel least safe include public transport and online.

The most frequent worries identified by young people aged 12-18 are exams and future employment. Climate change and the planet are also widespread concerns. More than half of these children worry about their family having enough money. Around a quarter worry about having somewhere to live and having enough to eat. Respondents identifying as girls, and those with the lowest levels of affluence worry more about housing and food than other young people in this age group.

Young people also specifically referred to their concerns about:

- 1) Being judged and low self-esteem;
- 2) Family members' wellbeing;
- 3) Death and worries about people close to them dying, and;
- 4) Exams and school work.

Young people aged 12-18 also identified the negative impact of COVID-19 on their education, mental health and wellbeing and physical health. One quarter identified positive impacts on their home life, and one third on friendships and hobbies.

Children and young people with PMLD worry about going to school, their appearance and their families' financial situation. They highlighted the impact of the pandemic on their mental health and wellbeing and friendships.

Adult survey respondents were asked to share their worries and concerns about the children and young people in their care, and those they work with. They were also invited to share their suggested priorities for the Commissioner to mitigate or address these concerns.

Among parents and carers, two thirds always worry about their children having somewhere to live and almost two thirds always worry about their children having enough to eat. Almost half always worry about their children's relationships with their family, and almost one third always worry about their children having enough money for the things they need.

Parents and carers also described other concerns for their children, the most frequent being:

- 1) The education system;
- 2) Children's futures and their job prospects;
- 3) Social media, gaming and influencers, and;
- 4) Recreation and play.

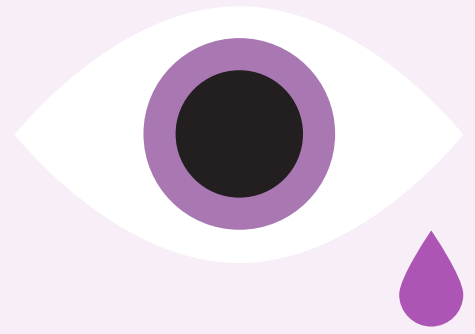
In relation to the cost of living, parents and carers frequently expressed worries about meeting their children's basic needs (housing, bills, food, fuel), paying for activities and celebrations, and for costs associated with school. Parents and carers identified the negative impacts of COVID-19 on children's education, hobbies, community life and confidence; but one third also identified positive impacts on home life.

Adult professionals raised worries about all aspects of children's lives, and frequently expressed concerns for children's wellbeing relating to:

- 1) Poverty and the cost of living;
- 2) Relationships between children and parents and caregivers, and the quality of care provided by parents and caregivers;
- 3) Limited support available for parents and carers, and;
- 4) Lack of funding, resources and staff for children's services.

Professionals frequently expressed worries about families meeting children's basic needs (housing, bills, food, fuel), paying for activities and celebrations, and for costs associated with school. Parents and carers identified negative impacts of COVID-19 on children's education, development and mental health and wellbeing, and a small percentage identified positive impacts on home life.

Bullying and Abuse



Children aged 7-11, 12-18 and those with PMLD discussed issues that worry them and their feelings of safety in various locations. Activities designed for the youngest children aged 3-6 did not explore issues of bullying and abuse to ensure that participatory activities were age appropriate.

Among surveyed children age 7-11, over half worry about bullying and abuse and around a third have experienced bullying or been treated differently because of who they are. One fifth have been bullied at home, and bullying in all locations varies according to children's stated gender. Children were also asked about what extent adults ask for their opinion and care about what they say. They report that adults treat them most respectfully at home and at school; and adult professionals like doctors, social workers and police listen to them.

Among young people aged 12-18, around a third have also experienced bullying or been treated differently because of who they are, most frequently at school, online and in the street, town or village. Over half of young people have witnessed children being bullied because of their sexuality, almost half have witnessed bullying related to children's gender, and around a third have witnessed bullying related to children's disability or neurodivergence. Most frequently, bullying was witnessed in schools, online and in the street, town or village.

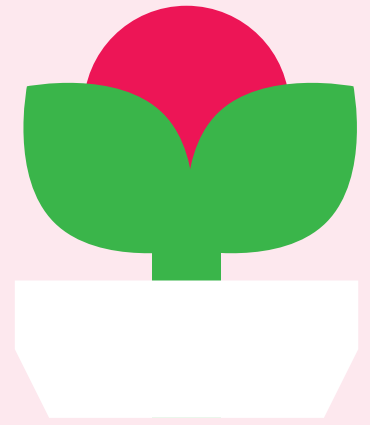
Young people aged 12-18 were also asked to what extent adults ask for their opinion and care about what they say. The majority report that adults treat them respectfully at home and at school, while over two thirds indicate that adult professionals like doctors, social workers and police listen to them. Young people also discussed where they feel safe, with a small proportion reporting that they 'never' feel safe on public transport, in groups and clubs, online, in school, in their neighbourhood and even in their homes.

A small number of children with PMLD reported experiencing bullying in public places, and the majority feel that adults ask for their opinion and care about what they say in school and at home.

Almost half of surveyed parents and carers reported that a child in their care had experienced discrimination, bullying, verbal or physical abuse or harassment, most frequently relating to neurodivergence or disability, followed by gender and poverty. The majority stated that bullying incidents had occurred in school.

Professionals most frequently identified disabled young people, followed by young people from black, Asian or ethnic minority backgrounds, young refugees and asylum seekers, neurodivergent young people and transgender young people as most at risk from bullying, and highlighted online and local neighbourhoods as the most high-risk environments for bullying.

Making Life Better



Participating children, parents and carers, and adult professionals were asked to reflect on what would make children's lives better.

The youngest children aged 3-6 recommended ensuring that children's basic needs (food and water) are met, make sure people are kind, increase opportunities for play and make sure everyone has housing. Children aged 7-11 focused on prevention of bullying, ensuring families have enough money and resources, and treating children equally. Their most frequent written suggestions were:

- 1) Stop bullying and abuse and be kind to each other;
- 2) Address poverty, ensure access to food and water;
- 3) Keep children safe, and;
- 4) Provide more opportunities for play.

Young people aged 12-18 most frequently recommended helping families to get the things and money they need, more mental health support and tackling bullying and hate crime. Their most frequent written suggestions were:

- 1) Support children and young people's mental wellbeing;
- 2) Address bullying and hate crime;
- 3) Increase opportunities for play and relaxation, and;
- 4) Make improvements to the education system.

Children and young people with PMLD most frequently agreed that it is important that all children are treated the same and have the help they need. They also recommended that families get the things and money they need, as well as ensuring outdoor areas are accessible for all, and providing technological improvements to empower them to communicate and be more comfortable.

Parents and carers recommend providing more free activities and things to do, and providing more support for mental health and wellbeing as the most important actions to make lives better for children and young people in Wales. In narrative responses, the most frequently mentioned were:

- 1) Provide more free and accessible spaces, activities and clubs;
- 2) Adjust the school curriculum;
- 3) Increase inclusivity in schools and activities, and;
- 4) Provide practical support for families and caregivers.

Professionals most frequently recommended prioritising more support for children's mental health and wellbeing, and discussed the importance of:

- 1) Provide more free activities, clubs and spaces for children and young people;
- 2) Enhance support and training for parents, and;
- 3) Provide community-based support, particularly in rural areas.

Acknowledgments

The Commissioner and staff team extend their sincerest gratitude to their network of Ambassador schools, community groups and individuals who worked with them to design, pilot and participate in the Ambitions for Wales work. Particular thanks is extended to a teacher from Tŷ Coch special school, Leigh Wharton, who created a version which enabled the team to listen to the views of children with profound, multiple learning disabilities. Using specialist technology which uses a camera to track pupil's eyes to tell which symbols and answers they are looking at without them needing to verbally answer, led to this poignant feedback:

“This means everything to the child and the family because it means that their opinions and voices are heard and that they can be listened to as well.”

Participating children and young people dedicated a cumulative 2,792¹ hours to completing the survey on which this report is based, parents and caregivers contributed 157 hours² and professionals spent 293 hours³ completing the survey to share their experiences, concerns, and suggested priorities with the Commissioner. Many of their responses were highly detailed and insightful, with some even providing links to external sources and peer-reviewed references in support of their recommendations. We are extremely grateful for the time and insights of all who contributed.

1. Equivalent to around 508 school days, based on a 5.5-hour school day

2. Equivalent to around 20 working days, based on an 8-hour work day

3. Equivalent to around 37 working days, based on an 8-hour work day

Acronyms

ACE	Adverse Childhood Experiences
ADHD	Attention-Deficit/Hyperactivity Disorder
ALN	Additional Learning Needs
ASD	Autistic Spectrum Disorder
BSL	British Sign Language
CAMHS	Child and Adolescent Mental Health Services
CLA	Children Looked After
EAL	English as an Additional Language
ELSA	Emotional Literacy Support Assistants
FAS	Family Affluence Score
FSM	Free School Meals
GP	General Practitioner
ICT	Information Communication Technologies

IT	Information Technology
LGBTQI+	Lesbian, Gay, Bisexual, Transgender, Queer, Intersex, and more
MBE	Member of the Order of the British Empire
NHS	National Health Service
NPT	Neath Port Talbot
PMLD	Profound and Multiple Learning Disability
QR Code	Quick Response Code
RCT	Rhondda Cynon Taf
SEND	Special Educational Needs and Disabilities
STEM	Science, Technology, Engineering and Maths
TA	Teaching Assistant

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1

Introduction

This large-scale ‘Ambitions for Wales / Gobeithion i Gymru’ consultation was designed to enable children, young people, parents and carers, and professionals who work with children, to share their experiences and contribute their views around key thematic areas of relevance to children in Wales. In line with her statutory obligations to consult with children and young people, these insights have been collected to inform and guide the Children’s Commissioner for Wales (the Commissioner), Rocio Cifuentes MBE, in setting priorities for three years of her seven-year term.

The Commissioner’s job is to promote and protect children’s rights in Wales. All children under the age of 18 have rights under the United Nations Convention on the Rights of the Child. The Children’s Commissioner works for every child in Wales who is:

- Up to the age of 18
- Up to the age of 21 if they’ve been in care, or 25 if they’ve been in care and are still in education

For the purpose of this report the term ‘children’ is used to describe anyone aged 4-11, and the term ‘young people’ is used to describe anyone aged 12-18, and aged up to 25 living in care.



1.1. Navigating this report

This report presents the methods and the results of this large-scale survey. Throughout the report, direct quotes from **children and young people** and those provided by **adult respondents** are differentiated by colour coding.

The methods are summarised below, including the survey design, structure, tools to widen accessibility and dissemination strategy. An overview of the sample characteristics is provided with a discussion of the limitations of this sample. The results sections are structured thematically, presenting results for each group of respondents and facilitating comparison of the similarities and differences between the different categories of respondents in their priorities, concerns, and suggested priorities for the Commissioner.



Each result section begins with an overview of the thematic area, then introduces the responses of children and young people (including under 7s and those with PMLD), and of parents, carers and adult professionals.



2

Methods

2.1. Survey design

The survey design and questions were informed by an initial scoping study conducted during various events and through a 'special mission' at the Commissioner's Ambassador schools. During this scoping study, 644 children and young people were asked,

'How can Rocio make Wales a better place for children and young people?'

During this initial scoping phase, 127 adult professionals also contributed to the survey design. Four roundtable events were facilitated to explore their perceptions of the biggest issues facing children and young people, priority recommendations for our strategic priorities, and suggestions for the thematic areas and questions included in the survey. Additional roundtable events were also conducted with established groups of professionals working with and for children and young people.

The themes, questions, and response options were tailored to children's concerns, informed by the issues raised by participants in the initial scoping phase of the research. As a result of these consultations, the survey included questions on several thematic areas:

- Children's and young people's Health and Happiness
- Children and young people's Worries and Concerns
- COVID-19
- Bullying and abuse
- Being listened to
- Cost of Living
- Making Life Better

In this report, the 'COVID-19' data, 'Being Listened to', and 'Cost of Living' data are presented in the Worries and Concerns results.

2.2. Survey structure

The survey consisted of anonymous self-completion digital questionnaires. Participants were informed that they would not be asked for their names, there were no right and wrong answers, there were no mandatory questions, and they could discontinue at any time. Questions were formatted in multiple-choice options, to enable respondents to select the most relevant issue for them. Open questions were included to invite respondents to share suggestions for priority issues and solutions in their own words. Five bilingual versions of the survey were produced:

1. 7–11-year-olds survey (with British Sign Language (BSL) option)
2. 11–18-year-olds (and 18–25-year-olds in care) (with BSL option)
3. Accessible Widgit symbol version for 7–18-year-olds
4. Professionals (people working with or for children and young people in Wales)
5. Parents and carers

In addition, activities based on the survey were developed for other groups of children (see Accessibility).

Similar topics were discussed in each survey; however, the language and items differed. This was to help ensure that the questions were appropriate for respondents' levels of understanding and that they addressed issues that were likely to be relevant to each group. Groups of young people also supported the development of the survey and helped to pre-test the questions and response options.

The survey was available in English or Welsh. It was open to everyone living in Wales. Information about the survey, including links to the online survey was promoted and circulated as widely as possible within Wales (see Survey Dissemination).

2.3. Accessibility

To widen accessibility, the survey data collection was supported by a resource pack with activities designed to support all children and young people to take part in the Children's Commissioner for Wales' "Ambitions for Wales" survey. The resource pack was developed in collaboration with Leigh Wharton from Ysgol Ty Coch special school. It enabled educators to split the survey into smaller, accessible activities to be facilitated over a series of sessions, including:

- A small group activity for children aged 2 – 3
- A small group activity for children aged 4 – 6
- A series of one-to-one or small group activities for children and young people with profound and multiple learning disabilities (PMLD)

These activities addressed similar topics to the survey, using appropriate and accessible formats to engage with younger participants and persons with learning disabilities.

2.4. Survey dissemination

To disseminate the survey as widely as possible, the Commissioner's team drew on strong relationships with a wide variety of stakeholders who work with and for children. The Commissioner's Schools and Community Ambassador Schemes also provided valuable networks to promote the survey and widen participation.

Information and links to the survey were disseminated by email and through social media to encourage participation by children, young people, parents and carers, and professionals working with children. A QR code (Quick Response Code) enabled smartphone users to access and complete the survey directly.

The survey was open for completion for five weeks in the autumn of 2022, and included a period during the school holidays.

2.5. Data analysis

Survey data were cleaned and disaggregated, and interrogated in Microsoft Excel (descriptive statistics) and Stata statistical software (regression analysis). Qualitative data were both coded and analysed by frequency and thematically.

Data for children (age 7-11) and young people (age 12-18, or up to 25 and care-experienced) were analysed and presented separately, and data for all children (combined) are also presented. Narrative responses to open questions were coded and also analysed thematically. Data for adult professionals and parents and carers were analysed similarly and presented separately, with narrative responses both coded and analysed thematically.

Due to variations in the questions and response options in the picture survey, and the high likelihood that questions were likely to be interpreted differently, it was not possible to combine these results with the survey data collected from other children and young people. These findings are presented alongside the results for children with PMLD, although the sample size for both groups is small.

Qualitative and quantitative data gathered from the participatory activities with the youngest children and those with PMLDs were analysed thematically and also coded to facilitate content analysis.

2.6. Limitations

The author has endeavored to provide a balanced and unbiased summary of the views and suggestions of all who contributed their experiences by completing the survey questionnaires or through participatory activities.

Where appropriate, direct quotes are used to ensure that the voices of parents and care givers are amplified. Inevitably, some themes recurred more frequently and with more urgency than others, and in the interests of parsimony in an already sizable report, themes raised by only one or two individuals are not included here.

We also acknowledge that the range of response options provided in the questionnaires was not completely comprehensive, and we are grateful to those respondents who took the time to provide more detailed responses and illuminate concerns and issues not initially identified by the CCfW team.

We acknowledge that our sample is not fully representative of the population of Wales. In particular, few male parents and carers completed the survey and so it was not meaningful to disaggregate the parents and carers data by gender. Some young people identified as neither girls nor boys, but as this sample was small the results may not be representative of the views and experience of non-binary young people in Wales. Refugees and asylum seekers were also underrepresented in relation to the known population in Wales, as were respondents from non-White Welsh or British ethnic groups and different religious groups. For transparency, a thorough summary of the sample characteristics is provided (see Our Sample).

Although parents and carers and professionals were invited to share their views on mental health and wellbeing, the survey questions designed for children and young people intentionally excluded these topics to avoid duplication with the Welsh Youth Parliament's Mental Health and Wellbeing Committee's #youngmindsmatter Mental Health Survey, also launched in 2022.

The CCfW has drawn upon the best available research to develop the methods to facilitate inclusive and innovative tools for meaningful data collection with children with PMLD. Sixteen children and young people (from two schools) completed the activities for children with PMLD, and we recognise that this sample is small but we are pleased to have the opportunity to amplify their voices and share their valuable insights.

3

Sample

3.1. Geographical distribution

Young respondents comprised a geographically diverse sample, with 16.0% from North Wales, 29.3% from South West and Mid Wales, 25.7% from Central South Wales and 12.2% from South East Wales. Parents and carers comprised a geographically diverse sample, with 7.9% from North Wales, 42.3% from South West and Mid Wales, 22.7% from Central South Wales and 22.3% from South East Wales. Few professional respondents provided demographic data, and accordingly it is not meaningful to present their geographical distribution.

Table 1: Geographical distribution of the children and young people and professional survey respondents

	Children and Young People	Caregivers
North Wales	16.0%	7.9%
Isle of Anglesey	1.2%	0.6%
Gwynedd	4.5%	0.7%
Conwy	3.2%	0.9%
Denbighshire	2.7%	2.1%
Flintshire	3.0%	1.7%
Wrexham	1.4%	2.0%
South West and Mid Wales	29.3%	42.3%
Powys	5.3%	4.1%
Ceredigion	2.0%	2.6%
Pembrokeshire	8.5%	10.2%
Carmarthenshire	3.6%	6.5%
Swansea	6.1%	12.3%
Neath Port Talbot (NPT)	3.9%	6.4%
Central South Wales	25.7%	22.7%
Bridgend	5.8%	2.2%
Vale of Glamorgan	4.7%	3.6%
Rhondda Cynon Taf (RCT)	2.8%	5.4%
Merthyr Tydfil	2.6%	1.4%
Cardiff	9.8%	10.2%
South East Wales	12.2%	22.3%
Caerphilly	6.0%	14.7%
Blaenau Gwent	0.7%	0.9%
Torfaen	2.5%	1.7%
Monmouthshire	0.1%	1.5%
Newport	2.9%	3.4%
Not Sure	5.6%	0.2%
Blank	11.3%	4.6%

3.2. Children and Young People

In total, 8,830 children and young people responded to the survey or completed the related activities contributing their views and experiences to this research report:

- 8,278 children and young people completed the age 7-11 / age 12-18 / 18-25 in care/ BSL online questionnaires. Of these,
 - o 5,749 were aged 7-11.
 - o 2,529 we aged 12-18.
- 120 children completed the easy read pictorial survey.
- 416 younger children from 22 schools completed the under 7s activities.
- 16 children and young people (from two schools) completed the activities for children with PMLD.

The participatory research activities developed for the youngest children (under 7s) were completed in 22 schools and nurseries in eight Local Authorities across Wales. Approximately 416 children participated, in groups ranging from four to 54 children. Of these children, 48% identify as boys and 52% identify as girls, and four have experience living in care. Many participating children (precise number not recorded) are living with a disability, additional learning needs (ALN) or English as an additional language (EAL). The youngest participants included children with a range of ethnic backgrounds and religious beliefs, and also included refugees and asylum seekers.

The participatory activities developed for people with PMLD were completed by 16 children and young people from two schools in two different Local Authorities. Of these respondents, 63% identify as girls and 38% identify as boys and none have experienced living in care.

The picture survey was completed by 97 children, 89.8% of whom answered the English language version. 48.8% were boys and 38.8% girls, 7.1% preferred not to answer and 4.1% identified with neither gender.

Of the 8,278 children and young people who responded to the survey or completed the related activities, 50.2% identify as girls and 43.5% identify as boys, with 2.1% preferring an alternative gender identity and 4.3% prefer not to say.

Across the entire sample of young respondents, 87.1% chose to answer the survey in English, and 12.9% responded in Welsh. Welsh respondents were highest (17.3%) among younger children (aged 7-11) compared to young people aged 12-18, of whom 2.9% of respondents selected the Welsh version.

Among the entire sample 92.7% attend school or college, 0.1% attend university, 1.2% are home educated, 0.2% are educated somewhere else and 0.6% are not in education. 3.9% preferred not to provide this information.

The majority (89.5%) of young respondents live with one or both parents, with 2.5% living with other family members (including grandparents, brothers and sisters, aunts and uncles). 0.8% of participating children and young people live with a foster carer or in a children's home. 0.6% live somewhere else (not specified) and 6.7% preferred not to answer. Among the 12-18 sample, young people who identify as boys more frequently (0.9%) report living in care than girls (0.6%) but the highest frequency is reported by those who do not identify as boys or girls, 3.2% of whom report living in care. For the younger children (7-11) there is little difference between boys (0.7%) and girls (0.6%), but again those who identify as neither gender report higher rates of living in care (4.1%).

6.4% of children and young people who responded to the written survey identify as disabled and 14.9% are not sure. Exploring gender dimensions of disability, it is noteworthy that young people (aged 12-18) identifying as male were twice as likely (10.7% of the sample) to identify as disabled than those identifying as female (5.1%). Among respondents who identify as neither male nor female (n=94), 33.3% identify as disabled. Similar trends are reported by children aged 7-11, with 6.3% of boys and 4.2% of girls identifying as disabled, compared with 22.7% of those (n=75) who report identifying with neither gender. While the sample size for the latter group is small, the findings are nevertheless interesting.

The majority of young respondents (70.9%) identify as White Welsh or British and 9.0% identify as black, Asian or minority ethnicities (BAME), while 10.8% were not sure and 9.3% prefer not to answer. Over half (51.9%) of participating children described themselves as having 'no religion', while 13.7% preferred not to provide this information. Over a quarter (27.4%) identify as Christian, 3.0% as Muslim and 0.5% as Hindu. 0.4% of children who completed the survey identified as Jewish and another 0.4% as Buddhist, while 0.3% identified as Sikh. 2.5% indicated that they practice another religion. 2.2% of the participating children identify as refugees and asylum seekers.

Younger children (below the age of 16) were not asked to provide their sexual orientation, and accordingly only 15.1% of the older children respondent to this survey question. Among young people aged 12-18, 62.1% of children and young people identify as heterosexual, 17.2% as bisexual and 6.5% as gay or lesbian. 5.2% identify as having another sexual orientation.

Socio-economic profiles were calculated using family affluence scores (FAS), standardised to support comparative analysis with the previous iteration of this survey launched in 2019. Accordingly, FAS were calculated based on responses to six questions about household resources (vehicles, bedrooms and bathrooms, information communication technology (ICT), dishwasher) and habits (holidays outside of Wales), a higher score indicates more items missing and therefore a higher level of deprivation. However, we cannot calculate how representative the sample is by FAS as there is no national information available that is comparable to the measurement used in this survey. Furthermore, considerations of parental preferences and priorities may also inform these scores, particularly attitudes to technology, motor vehicles and foreign travels and therefore lower scores may, in some cases, reflect intentional choices rather than deprivation.

According to this scale, 19.8% of young respondents are categorised as the least affluent, with similar levels reported by young people identifying as male (19.6%) and female (19.4%), and higher levels of affluence were reported by young people who do not use either of these gender identities (28.8%). 38.3% of the sample fall into the most affluent category (FAS score of 10-13), and 19.8% fall into the lowest category (FAS score of 0-6). Across the entire sample, 88.1% of young respondents report that their household has one or more vehicles, and 18.9% share a bedroom with at least one other person. 25.4% have not left Wales in the past year. Only 2.6% of the sample report that they do not have a computer or tablet in their household. Among all respondents, living with parents correlates with higher affluence levels compared with living with other caregivers. Young people who identify as disabled are more likely to report lower levels of family affluence.

3.3. Parents and Carers

Of the 876 parents and carers who responded to the survey, 91.6% identify as female and only 6.8% identify as male, with 1.6% not providing this information or preferring an alternative gender identity.

Across the parents and caregivers who responded to the online survey, 3.3% chose to answer the survey in Welsh, and 96.7% responded in English.

In total, 876 parents and carers responded to the survey. Of these, 93.6% are parents, 2.8% are kinship carers and special guardians, 2.3% are grandparents, 0.6% are foster carers and 0.8% selected the 'other'. Children and young people under their care range from newborns to age 25. 8.8% of participating parents and carers identify as disabled. 0.5% identify as a refugee or asylum seeker. 90.75% of parents and carers identify as White Welsh or British, and 4.9% identify as BAME. The predominant religious belief is atheist/agnostic (54.3%) followed by Christian (39.2%) and Muslim (1.7%). Less than 1% of the sample selected other religious beliefs.

Parents and caregivers indicated that 65.3% of children in their care attend primary school, 38.8% attend secondary and 15.1% attend nursery. 9.0% attend college or university, 6.0% attend specialist schools and 4.5% are educated at home.

3.4. Professionals

In total, 507 professionals who work with children responded to the survey. 8.9% of professionals answered the survey in Welsh, and 91.1% answered in English. Professionals were also asked to provide demographic data including gender, religion, ethnicity, location and disability, but the majority declined to provide this information and therefore it was not possible to interrogate the demographic distribution of the sample.

Participating professionals were asked to indicate which sector(s) they work in. The most frequent was education, selected by over half (56.6%) of adult professionals. 12.2% work in social work and social care, and 10.1% in the health sector. 8.3% work across the whole of Wales, 14.2% work in more than one region and 77.5% work in a particular area.

Professionals also work with a range of groups, most frequently with children who identify as girls (85.6%), and children who identify as boys (85.2%). 76.8% of professional respondents specified working with neurodivergent children and young people including attention-deficit/hyperactivity disorder (ADHD), autistic spectrum disorder (ASD), Tourette's, among others; 64.6% specified children with disabilities and 63.2% specified children in care.

Professionals who responded to the survey work with children and young people of a wide range of ages, from newborn to 18, or up to 25 living in care, and 21.5% also indicated that they work with families.

4

Results

4.1.

Health and Happiness



4.1.1.2.Children aged 7-11 years

Among the younger survey respondents aged 7-11 (Figure 3), most frequent responses were spending time with family (88.3%) and with friends (82.6%), followed by going to school (78.1%). The least frequent activity associated with feeling happy was eating healthy meals (40.8%).

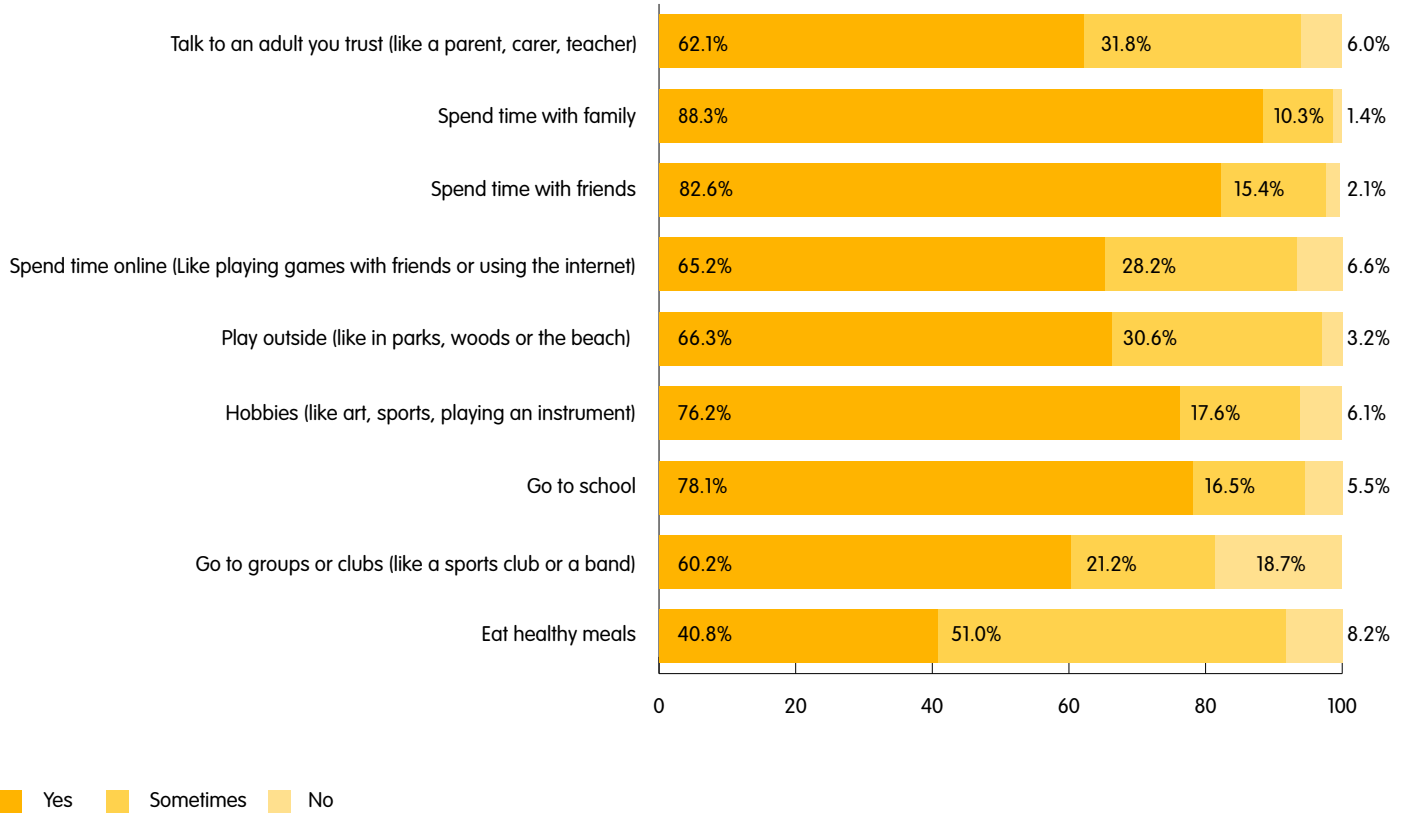


Figure 3: Activities that make children happy (7-11s)

There are some gender differences in responses. Responses provided by boys are shown in Figure 4, and by girls in Figure 5.

Respondents who identified as boys more frequently (74.2%) identify spending time online as an activity that makes them happy compared to respondents who identified as girls (56.5%).

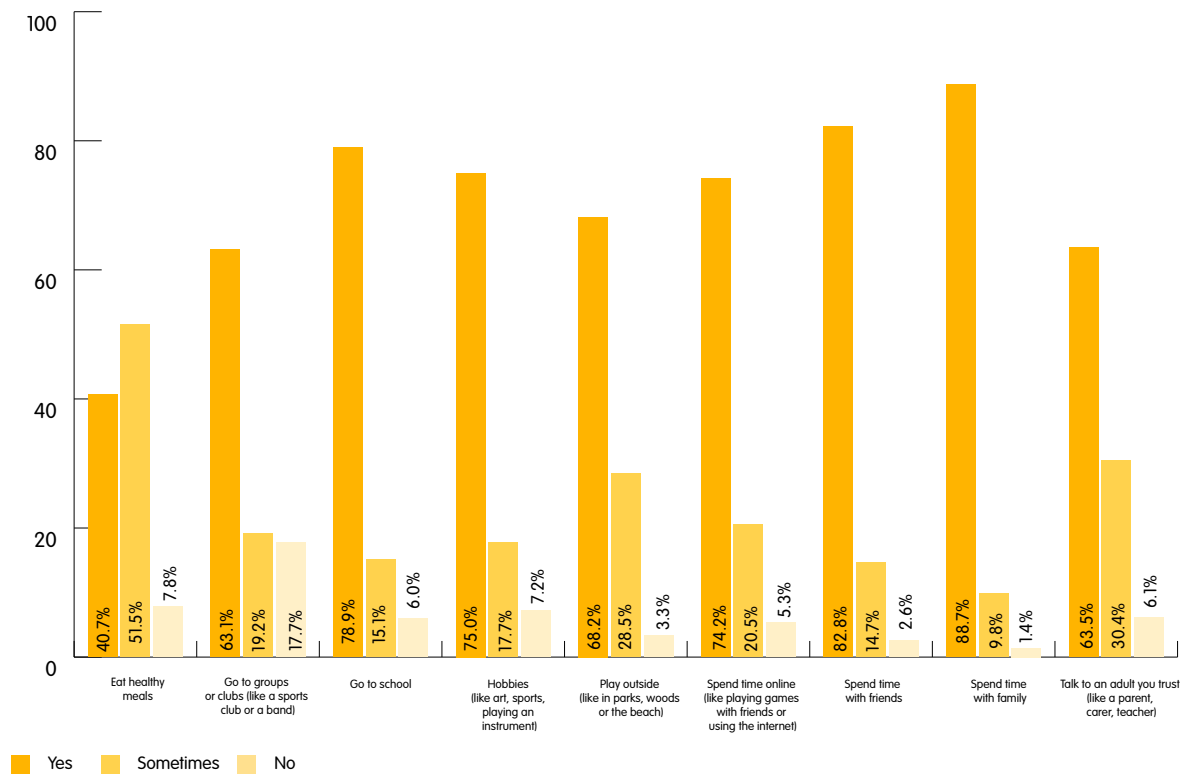


Figure 4: Activities that make boys happy (7-11s)

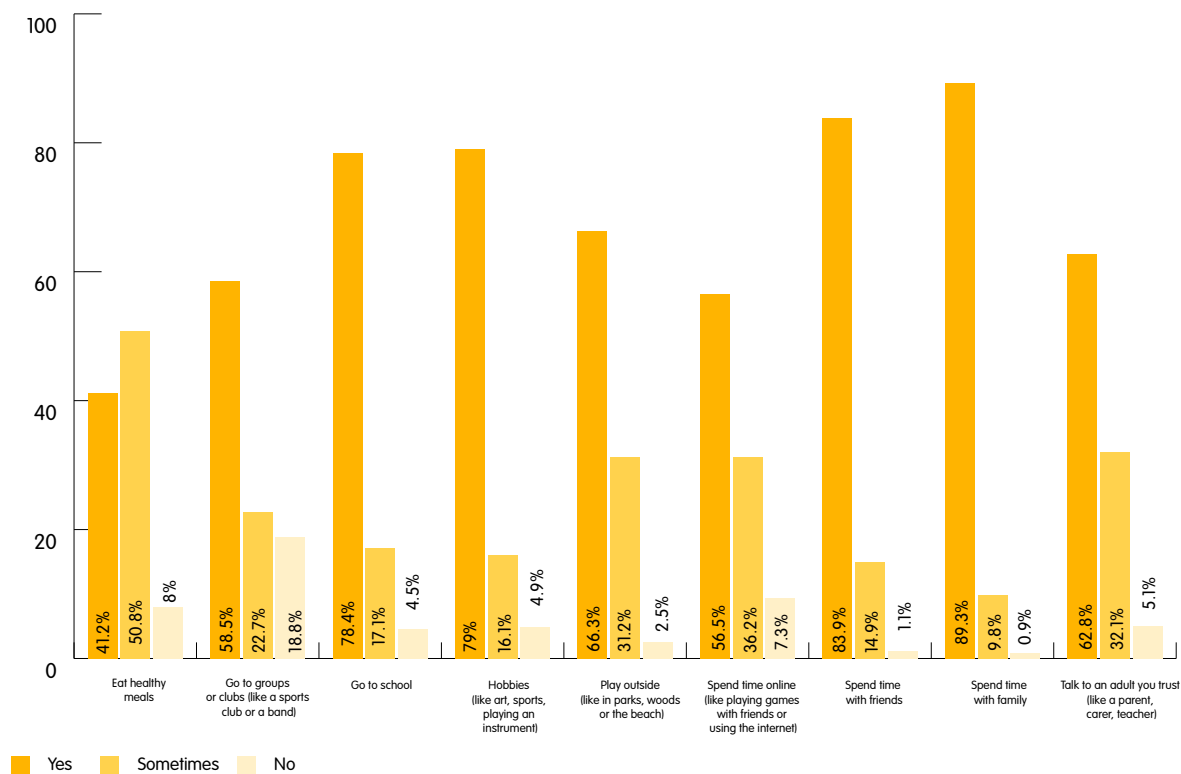


Figure 5: Activities that make girls happy (7-11s)

Children also indicated that some activities do not make them happy. The activity most frequently associated with not feeling happy among this age group was 'going to groups or clubs', which 18.8% of respondents indicated does not make them happy. This is more than double the rate of unhappiness associated with any other activity according to the responses provided by children. However, it is not clear due to the format of the survey questions whether these children do not have the opportunity to attend clubs and groups, or whether they do not associate them with happiness. The former seems most likely given the narrative responses to the open questions and suggested priorities provided by children.

Differences between children with higher and lower levels of family affluence (using the FAS data) indicate that levels of happiness associated with going to clubs correlates with economic deprivation, with only 48.9% of those with the lowest scores (FAS 1) reporting that going to groups makes them happy compared with 71.0% of those in the highest band (FAS 3).

4.1.1.3. Young people aged 12-18 years

Among older young people (aged 12-18) (Figure 6) the most popular responses for the question around being happy include going to school, spending time with family, engaging in hobbies and spending time online.

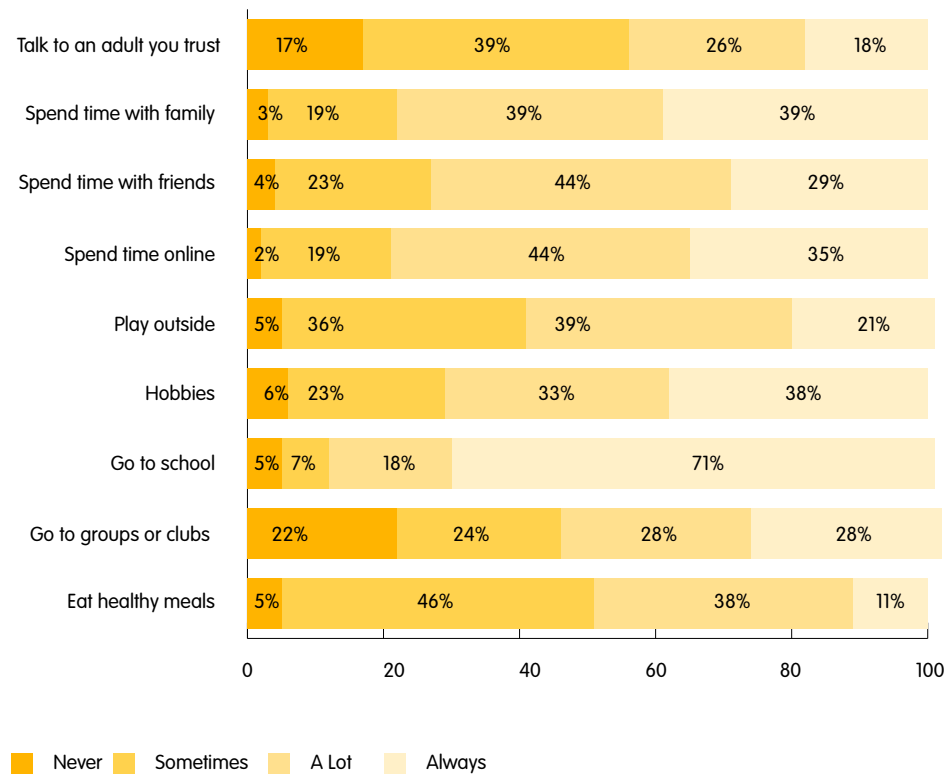


Figure 6: Activities that make young people happy (12-18)

While there were minimal differences between respondents who identified as boys and girls, those who identified as neither expressed different attitudes to happiness associated with spending time with family and online. Compared to 43.3% of boys and 38.1% of girls, only 13.6% of those who identify as neither gender report that they always spend time with family to make them feel happy. In contrast, 46.6% of respondents identifying as neither boy nor girls report that they always spend time online to feel happy, compared with 37.1% of boys and 32.4% of girls.

Similar trends emerged around activities that do not make them happy. Among 12–18-year-olds, 22.3% of respondents report that they ‘never’ go to groups or clubs to make them happy, with minimal differences between genders. It is not clear from the wording of the survey whether they simply do not have the opportunity to go to groups and clubs, or whether they do not enjoy going to them. It seems likely based on the narrative responses to other questions that the majority of these do not have the opportunity to go to groups or clubs. In support of this, examining trends among the different FAS categories reveals that 12–18-year-old respondents from more affluent households are twice as likely (30.0%) to go to groups and clubs to feel happy, compared with 15.5% of those from the least affluent households.

The next most frequent activity never associated with making them happy was talking to trusted adults. 12.2% of boys, 17.7% of girls and 36.4% of young people who identify as neither gender report that they ‘never’ talk to an adult they trust in order to feel happy.

Comparing responses between the two target age groups is challenging due to the different formatting of questions and response options, but overall, the data reveals that young people in the older group are less likely go to groups and clubs, to spend time outside, or to talk to a trusted adult in order to feel happy, compared to younger children. Older children are more likely to spend time online gaming or using social media compared with younger children.

Participating young people (age 12-18) were also invited to share ‘other’ activities that they do to keep happy, and their responses are provided in the Wordcloud (Figure 7).



Figure 7: Wordcloud, “what makes us happy” (12-18)

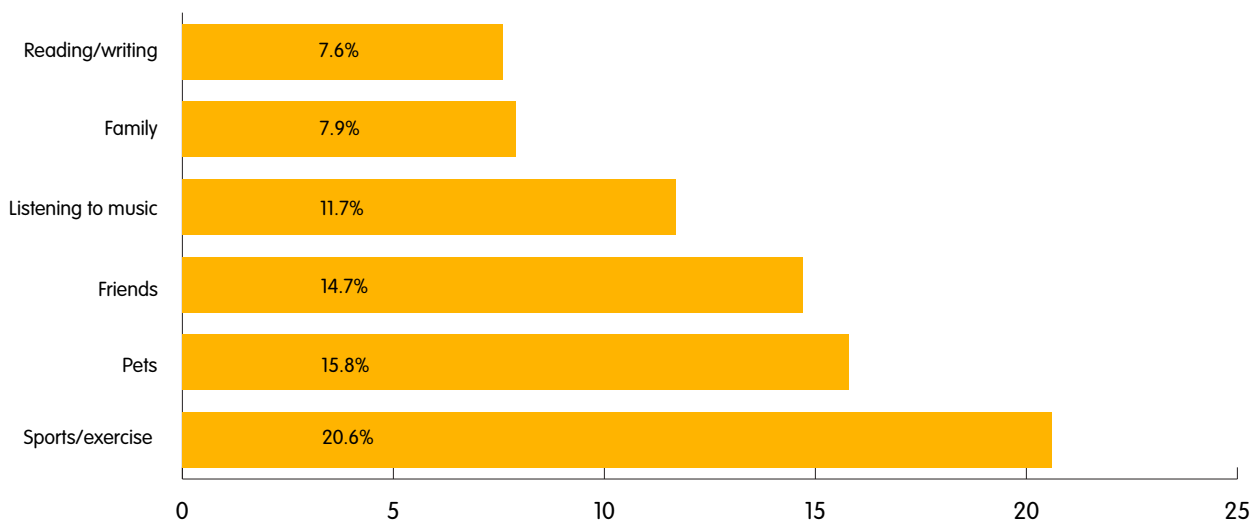


Figure 8: Other activities that make young people happy (12-18)

These responses were also coded thematically to identify frequencies of different types of activities (Figure 8). The most frequent responses were coded as sports and exercise, and this category combined a wide range of physical activities such as “**playing football and rugby**”, “**riding my bike**” and “**going climbing**”. Next, young people indicated that activities relating to their pets make them happy, frequently mentioning “**walking my dog**”. Another young person stated, “**I spend time with my cat**”, and one said that they, “**cuddle my puppy and spend time with him**”. Young people often mentioned spending time with their friends. One explained, “**I spend a lot of time with my friends which makes me so happy**”, and another stated, “**I hang out with friends, they make me the happiest**”.

The next most frequent activity mentioned by young people aged 12-18 was listening to music. One young person explained, “**I like to listen to rain sounds and imagine stories in my head, or if it is dark and raining I like to listen to a relaxing song and look out my window.**” Some young people mentioned that music helps them to, “zone out”. One explained, “**If I feel upset with an event that happened in my life, I’d listen to music or try distracting myself from whatever happened, which usually makes me feel happy.**” Several young people indicated that music is “**calming**” and helps them to, “**focus on the positives**”.

4.1.1.4. Children and young people with learning disabilities

Among participating children and young people with PMLD, the most frequent responses (Figure 9) to the related activity exploring what they do to feel happy were going to school (43.7%), followed by games and hobbies (37.5%) such as “**using special toys**”, “**playing with animals**” and “**playing with lights**” and spending time with friends (12.5%).

Of the children who responded to the picture survey, the most frequent responses were spending time with friends (67.4%), spending time with family (65.2%) and hobbies (60.9%).



Figure 9: Wordcloud “what makes us happy” (PMLD)

4.1.2 Parents and carers

Parents and carers were asked to share their thoughts and experiences around children’s mental health and wellbeing by indicating the extent to which they agreed or disagreed with a series of statements (see Figure 10) and by sharing their suggested priorities for improvements to mental health and wellbeing support services.

The questionnaire for parents and carers focused more on their experiences of the mental health of the children under their care compared to the questionnaires aimed at young participants that focused on activities that make them happy.

Summarising the responses provided,

- 72.1% of parents and carers agree or strongly agree that the children under their care have good mental health and wellbeing;
- 48.6% are concerned, or have been concerned about their children’s mental health and wellbeing;
- 82.9% feel that they can talk to their children about mental health and wellbeing;
- 45.1% are confident that they know where to go to get mental health and wellbeing support for their children;
- 19.5% are confident their children would have mental health and wellbeing support quickly if they needed it
- Of the 48.1% of respondents for whom this question is relevant, only 5.6% report that when their children have had help for their mental health and wellbeing from a service, it’s been easy to get the help they needed.
- 62.6% feel that their children’s school/education setting positively supports mental health and wellbeing
- 16.3% believe that there is good advice and support available for parents/carers who support children with mental illness

Parents and carers were invited to discuss what additional help, support and improvements for children and young people to access and receive support for their mental health and wellbeing. Of the parents and carers who responded, most made multiple suggestions.

These responses were coded thematically and are presented in Figure 11. Respondents frequently expressed frustration with limited availability and range of services and long wait times.

Most frequently, narrative responses related to;

- 1) Improving waiting times and turnaround;
- 2) Improving access to services;
- 3) Improving the visibility of information, and;
- 4) Providing better support to parents and caregivers.

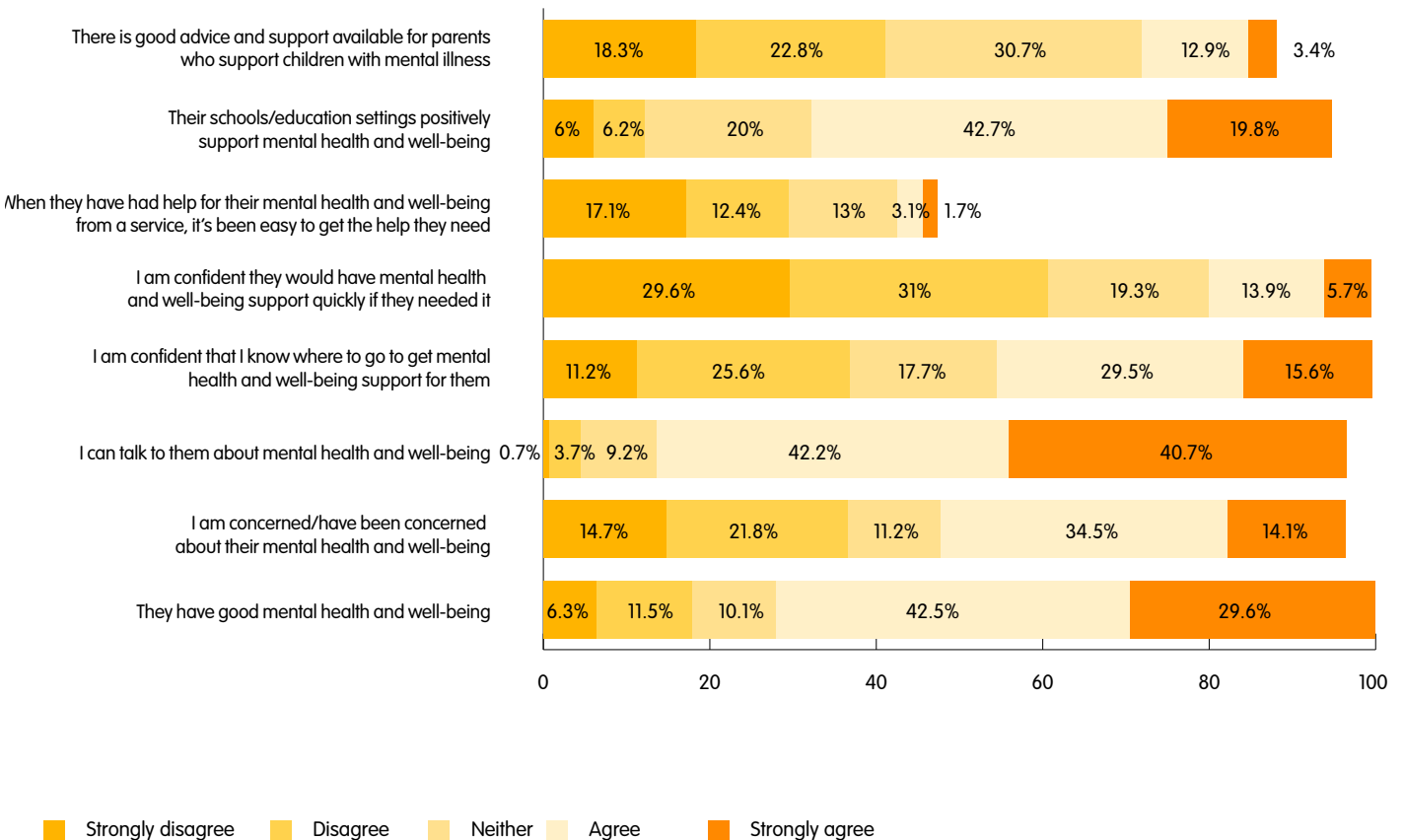


Figure 10: Parents’ and carers’ perspectives on the mental health support available for children and young people

Suggestion 1:

Improve waiting times

The most frequent suggestion, suggested by a quarter of participating parents and carers concerned reducing waiting times for mental health services. One parent explained,

“We have spent half of my daughter’s life battling for the right support for her. Systems and services always seem to be reactive rather than proactive and preventative. I have heard repeatedly from professionals that children come to them too late, when they and their families are already in crisis. That has certainly been our experience.”

Waiting times for mental health services were a huge concern for parents and carers, variously described as **“horrendous”** and **“obscene”**, **“absolutely shocking”** and **“fail[ing] so many children on so many levels”**. Caregivers described, **“young people being left for years without the recommended interventions”**, including children with suicidal thoughts being put on year or two-year waiting lists through GP referrals, and neurodivergent children waiting three years or more for support.

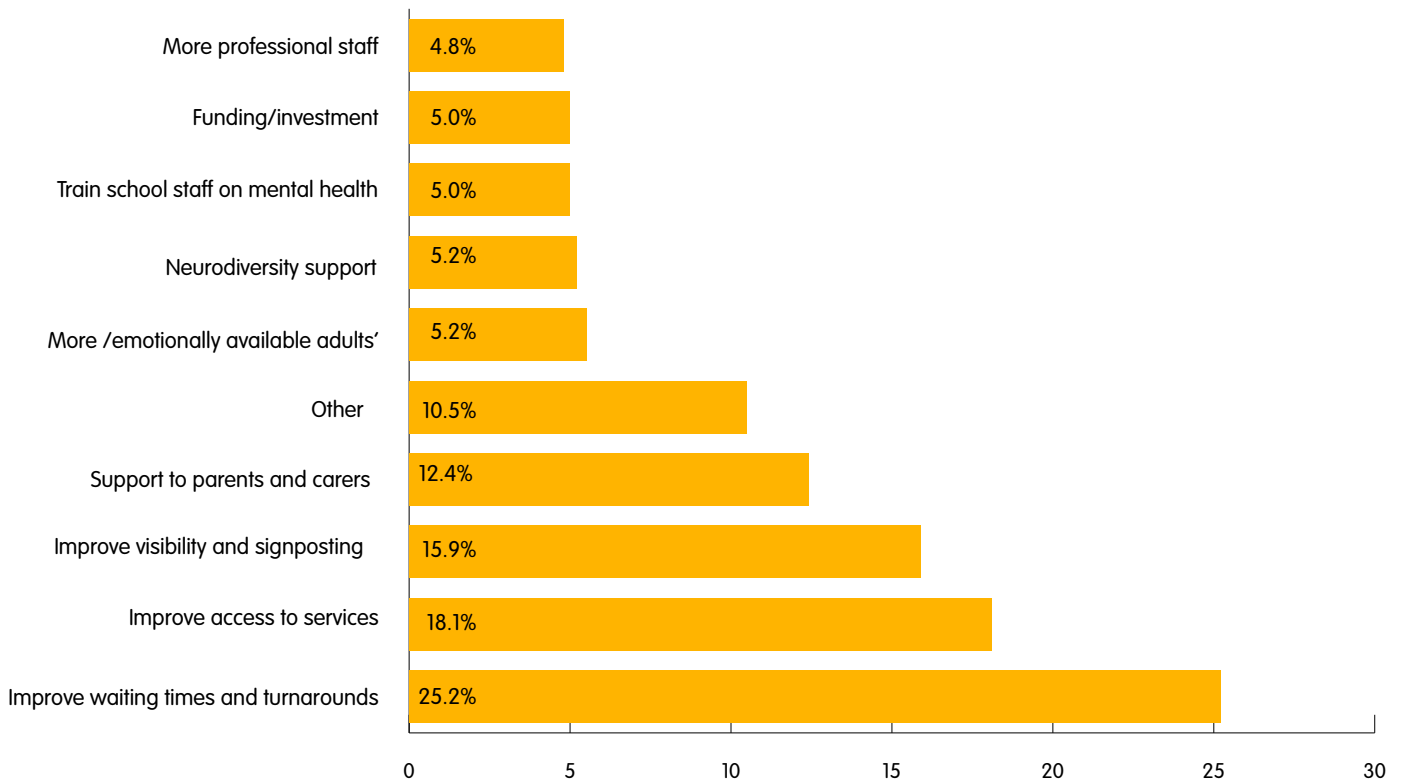


Figure 11: Parents’ and carers’ suggested priorities for the Commissioner to address core issues affecting how children and young people access and receive support for their mental health and wellbeing in Wales

Respondents described their experiences of “huge” waiting lists for a range of services and support for young people, including

- School counsellors: **“We’ve been on the waiting list for the school counsellor for over a year”**
- Paediatricians: **“My daughter (8) is in crisis. Her mental health is rock bottom. The waiting list for my daughter to be seen by a paediatrician is 3 years. Heaven knows what state she’ll be by 3 years’ time”**
- CAMHS: **“...exceptionally difficult to access with lengthy waits following referral”**

Many survey respondents reflected on the impact of delayed support on lifelong wellbeing and mental health. One caregiver noted,

“If mental health is supported at a young age it could prevent/assist with mental health and well-being while people grow up. It may teach people how to understand their feelings and guide them on how to manage their feelings.”

Caregivers also described the impact on education and the development of other skills during this critical developmental period. One kinship carer explained;

“It’s a vicious cycle and I feel the mental health of children suffer whilst on waiting lists, not to mention gaps in education and little socialisation.”

Another caregiver described the impact of waiting for a referral for their suicidal child,

“Nine months in the life of a young person has dramatic impact on them if they have no support... If my child had received timely mental health support, I suspect he would have been able to remain at school.”

Some caregivers also highlighted the impact of the delayed support on the families. The parent of a teenager explained,

“The waiting lists for each service are roughly 12 months and the processes are difficult, and they pass you back and for constantly. It is a battle, and this then affects parents’ mental health in turn leads to decline in child’s [mental health].”

Some parents and caregivers suggested priorities for the Commissioner to accelerate services including, **“more staff to assess and support the children”**, providing a **“regular point of contact for people in crisis”** and preventative approaches to reduce the number of referrals. In the words of one respondent, parents and caregivers recommend that,

“When a child needs mental health support, the system should kick in to action and immediately provide help.”

Suggestion 2: Improve Access to Services

One fifth of parents and carers described challenges in accessing services, including CAMHS.

Parents and caregivers also mentioned the need to provide a wider range of services, particularly in rural areas and more deprived communities. One respondent noted, **“what little is available isn’t relevant or tailored enough to my children’s specific needs...”**

Another critical issue highlighted by participating parents and caregivers concerned the inappropriate thresholds for mental health services. One explained,

“There is no preventative service in place, our children have to be a suicide risk before CAMHS deem them eligible for quick support, otherwise they are kept on a never-ending waiting list...”

The lack of available services was a serious concern for many parents and caregivers, with a general consensus across all respondents that, **“to “qualify” for CAMHS support you need to be a significant danger to yourself or others.”** One respondent explained,

“In reality much of the support only kicks in if your child attempts to take their own life and even then, the wait for relevant support is huge.”

In the words of one respondent, caregivers suggest that service providers should,

“Be proactive in preventing declining mental health instead of reactive in having to manage very significant mental health concerns that may not have got so bad if prevention-based provision was better.”

Suggestion 3: Enhance visibility of services and signposting

Parents and carers also recommended improving the available information, support and advice, and signposting services more effectively. Parents and caregivers also highlighted concerns around the weak understanding of mental health among professionals (particularly schools and GPs), circular referral pathways, and poor communication with families. A parent and health professional suggested, **“educating primary care, education, health visitors and school nurses would help immensely”**. In schools, another caregiver recommends,

“...better coordinated mental health support ... with on-site and immediate access crisis workers who have open communication with parents”

The importance of adequately capacitated and trained staff was a frequent theme in the responses provided. One parent suggested,

“The system needs easier referral routes, better support/education for those needing to refer, adequately trained staff with the appropriate experience/qualities/mannerisms/characteristics and understanding to fulfil the requirements of the role [and] better support for those staff in the roles that are supporting the children in difficult situations.”

Parents and carers also highlighted the relationship between inefficient services and long wait times,

“There are very long waiting times in order to access children’s mental health services within the NHS and very poor communication between different services which leads to conflicting advice. The NHS services need to be aligned with schools to make referral processes more efficient”

Improving communication and aligned service provision between the education and health sectors is a critical prerequisite for improving children’s mental health in Wales. As one respondent stated, **“sweeping improvements are needed across health and education”**. It was also noted that school-based service provision is not available during the summer holidays, **“ironically the time many parents need such support the most”** according to one respondent.

Convoluting referral pathways that **“bounce between assessments by health and education”** are also fraught with a, **“bewildering level of bureaucracy”**, which parents and caregivers suggest also prohibit the most vulnerable households from securing the support they need.

Suggestion 4:

Improve support and information for parents

Many parents and caregivers described their own struggle to help their children manage declining mental health without support from professional services, recommending improving the support and information available to parents and caregivers. One parent explained,

“There was no support for me as a single mum trying to manage at home juggling working and having a mentally unwell child at home.”

The impact of children’s mental health can also impact entire families, and caregivers recommend that, **“a holistic approach is needed looking at the entire family”**. This refers both to the need to support parents and caregivers to manage their own wellbeing, and to support the wellbeing of the children in their care. As one respondent acknowledged,

“It is exhausting and hugely worrying to have a child who suffers with their mental health and can impact the whole family. Parents need to be able to feel less alone, and better understood by professionals. If parents are able to model good mental health, children are less likely to develop their own mental health concerns.”

Other Suggestions

Some parents and caregivers also indicated that underpinning issues lie with the structure and format of educational provision in the school system. Concern with the **“one-size-fits-all”** educational model was a recurring theme across all the priority focal areas addressed in the survey for many caregivers. Home educators were particularly passionate about the flaws they perceive in the education system. One suggested,

“School provision is an awful format ... Stop measuring children with tests, grading etc... on a system where some MUST fail because otherwise the system is seen to be too soft.”

Caregivers acknowledged that schools are constrained by time and resources, but many recommended mainstreaming mental health and building reliance throughout the education system. One commented,

“I think it would be extremely beneficial if all schools had their own programme of engaging children in mental health awareness. Also, teachers should have more time for understanding the mental health of individual children. There is too much focus on academic achievement and not enough in wellbeing in general both for children and teachers.”

Caregivers critiqued the focus on competition and recommended increasing community projects, boosting opportunities for social interaction and building critical lifeskills outside the classroom to counterbalance the competitive model and academic curriculum. One parent explained,

“One of my own children is dyslexic and comes home quite exhausted and stressed sometimes due to continuous practice of writing, which unfortunately due to his dyslexia cannot be improved on, yet daily he goes through this rather soul-destroying process! We need to tailor and adapt the curriculum more to children’s individual needs.”

4.1.3. Professionals

Adult professionals were also asked to share their thoughts and experiences around children’s mental health and wellbeing by indicating the extent to which they agreed or disagreed with a series of statements (see Figure 12) and by sharing their suggested priorities for the Commissioner for improvements to mental health and wellbeing support services.

- 26.3% of professionals agree or strongly agree that the children or young people they work with have good mental health and wellbeing;
- 70.2% are concerned, or have been concerned about the mental health and wellbeing of the children or young people they work with;
- 80.7% feel that they can talk to the children or young people they work with about mental health and wellbeing;
- 67.5% are confident that they know where to go to get mental health and wellbeing support for the children or young people they work with;
- 22.8% are confident their children would have mental health and wellbeing support quickly if they needed it
- 9.3% report that when the children or young people they work with have had help for their mental health and wellbeing from a service, it’s been easy to get the help they needed.
- 61.5% feel that the school or education settings of the children or young people they work with positively support mental health and wellbeing
- 23.5% believe that there is good advice and support available for parents/carers who support children with mental illness

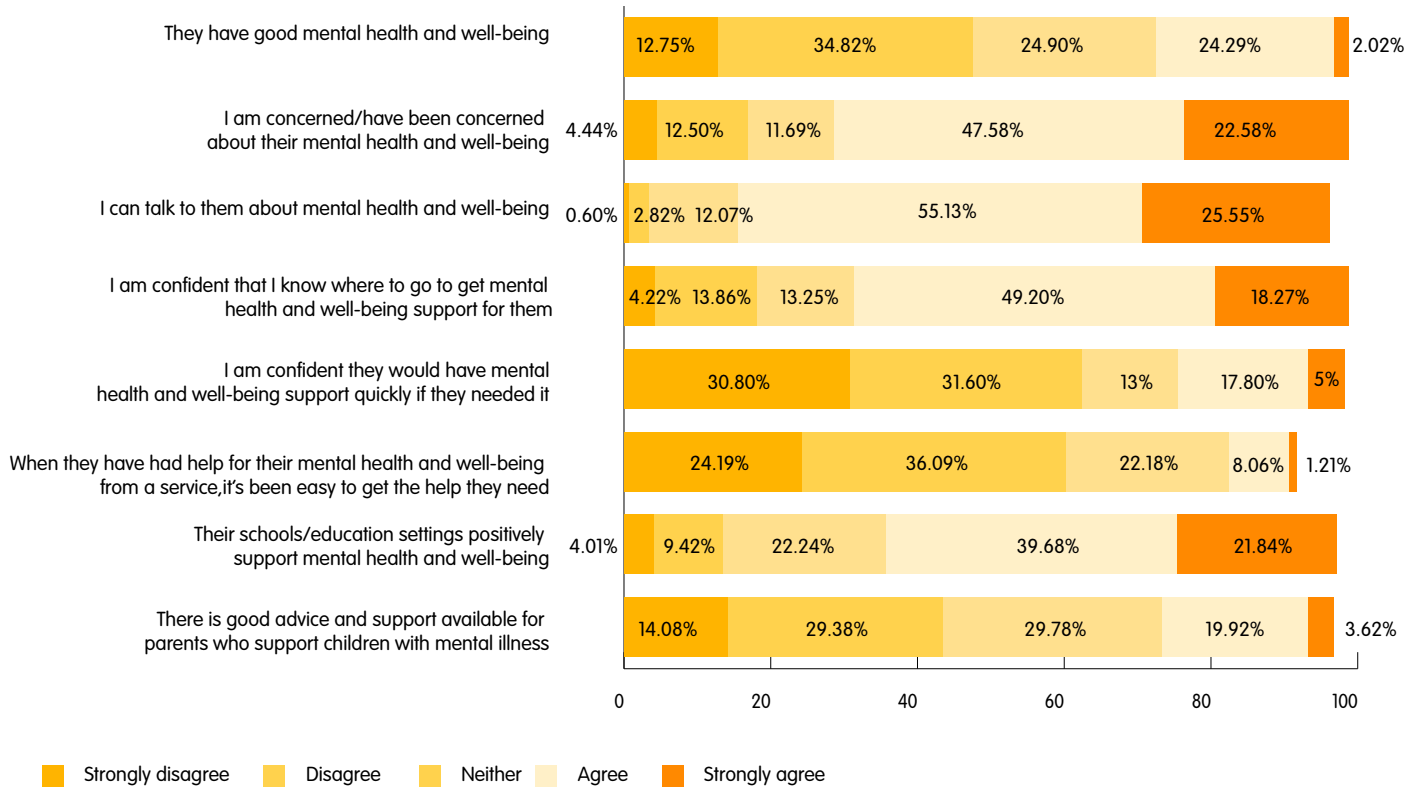


Figure 12: Professionals’ perspectives on the mental health support available for children and young people

Professionals were also invited to share their ideas around any additional help, support or improvements that could be made to how children and young people access and receive support for their mental health and wellbeing. Some professionals expressed their objection to the term 'mental health' used in the survey, preferring the term, **"emotional wellbeing"**.

Professionals identified and discussed a range of broad issues (Figure 13). The most frequent were,

1. Long waiting times to access support;
2. Challenges with the referrals process;
3. The lack of support for parents and caregivers, and the impact on them;
4. Limited range of appropriate services for children and young people.

In responses to the same survey question, professionals also identified and discussed a wide range of issues. The most frequent were,

1. Accelerate the referral process and reduce waiting times;
2. Allocate more funding and resources to children and young people's mental health and wellbeing;
3. Improve the accessibility and clarity of information about service providers and services, and enhance signposting to the information;
4. Provide more support for affected families, parents and caregivers.

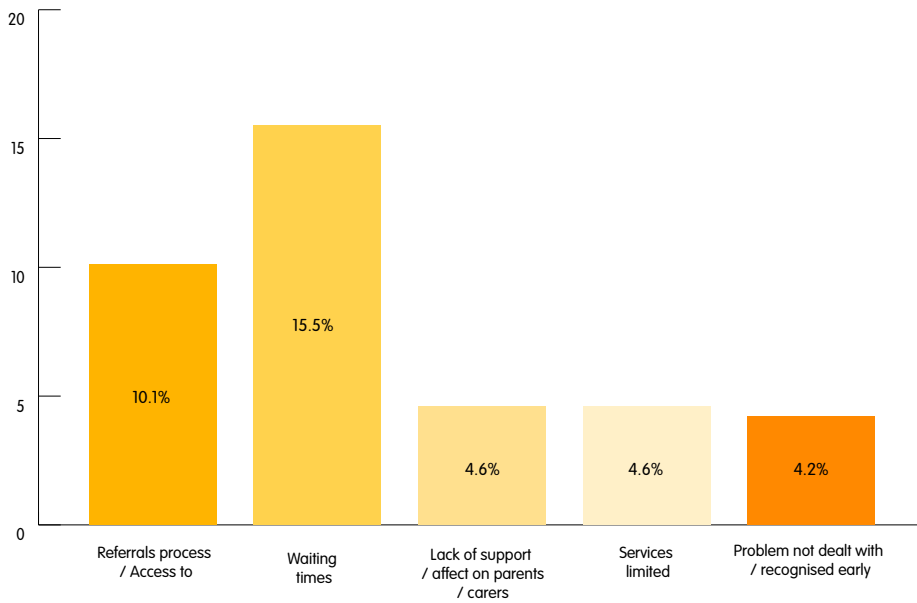


Figure 13: Professionals' perspectives on core issues affecting how children and young people access and receive support for their mental health and wellbeing in Wales

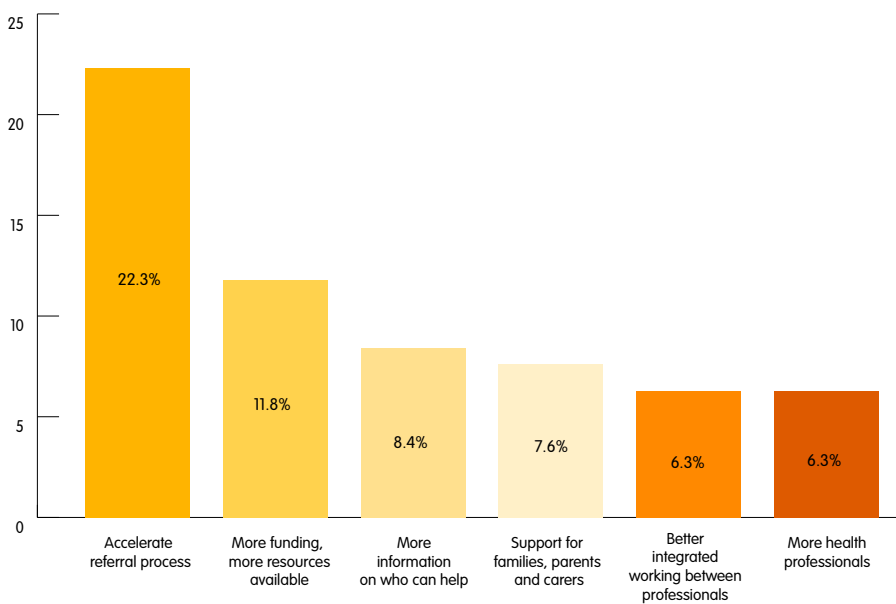


Figure 14: Professionals' suggestions to address core issues affecting how children and young people access and receive support for their mental health and wellbeing in Wales

Suggestion 1:

Accelerate the referral process

Professionals frequently recommended to improve the, **“unacceptable”** waiting times, and even described, **“some services [that] have stopped taking on new referrals”**. While parents and caregivers described waiting times of several years, professionals consistently mentioned waiting times of, **“up to three months”**. They nevertheless describe waiting times as a key barrier when signposting young people;

“...the services available have huge waiting lists which means you know your young people aren't getting the support they need straight away.”

Many professionals highlighted the importance of providing immediate support to children in crisis, perhaps, **“Instant Help straight away, maybe through an app on their electronic devices”**. One respondent suggests,

“There needs to be a holding service providing basic support while a child is in crisis until they can be seen by a relevant person/ specialist.”

Professionals argue that the advantages of accelerating referrals outweigh the costs, citing improvements in educational, wellbeing and health outcomes. One explained,

“If issues were dealt with earlier in a child's life, then they would feel more able to access life and learning, plus less likely to need services later.”

Suggestion 2:

Allocate more funding and resources to training and services

The responses relating to increasing funding and resources for mental health and wellbeing services frequently highlight staff shortages, limited range of services and a lack of adequate training to professionals who work with children and young people. As one professional explained, **“workforce issues are now endemic across all sectors.”** Another explained, **“without the provision of care, there is nowhere to signpost concerned parents, carers and teachers”**. One professional respondent suggested,

“More mental health social workers and nurses are needed to work in communities, in community hubs of mixed agency staff”

Professionals also highlighted the barriers for accessing training, with one citing the **“lack of trained psychological therapies staff (and very few publicly funded routes to training more).”** Educational professionals expressed a high appetite for, and have generally embraced Emotional Literacy Support Assistants (ELSA) training, play therapy training, Trauma Informed Practitioner Training, as well as neurodiversity and disability. One suggests,

“Mandatory training and funding for all educators to improve their understanding of behaviours that challenge and the links to poor mental health, neurodiversity, and disability.”

However, according to one respondent, **“a lot of schools are providing Thrive or ELSA but this is one of the first things that gets left when staff shortages are high”**. Professionals also mentioned the need for more training on cultural sensitivity to combat, **“discrimination and racial inequality at service provider level.”**

Suggestion 3:

Improve accessibility and clarity of information and signposting

Professionals also highlighted their concerns regarding the, **“inequity of provision across Wales [that] urgently needs to be addressed”**. They recommended establishing, **“more facilities in town/city centres”, “more widely displayed information in public areas (libraries etc.) to signpost areas where parents can get help”** and **“more information parents of EAL learners with limited English”** as well as, **“workshops for parents”**.

Professionals also mentioned limited services for children with disabilities and neurodiverse children. and the high thresholds as barriers to secure support when needed, recommending, **“more lower-level support for children with mental health challenges... [because] many children who are struggling fall through the gaps.”**

Suggestion 4:

Provide support for affected families, parents and caregivers

Professional respondents also regularly highlighted the importance of supporting families and caregivers, and highlighted the relationships between children in emotional distress and the emotional wellbeing of their households while **“there is virtually no support for those supporting young people”**. One explained,

“Sometimes it's the parents who need more help than the young person - how can they help their children if they can't help themselves?”

Some professionals mentioned the importance of caregivers' mental health to early child development in particular,

“There is a glaring gap in Wales as to providing support for infants. Their need for responsive care from adults who are well-enough in their own mental health to care for them is often overlooked by professionals and their distress medicalised.”

Other Suggestions

Professionals also highlighted the need for, **“more effective communication cooperation between services and agencies”** working with young people, frequently mentioning the need for more support to be given to schools. One suggested, **“schools should have a bigger support network around them”**, while another explained;

“Staff want to help in the more appropriate way they can, but the presenting issues are too complex for non mental health staff to deal with.”

They highlighted the risk of burnout for teachers attempting to educate children while also providing mental health services, questioning, **“teachers in primary schools run a risk of becoming Jack of all trades and masters of none! how much can they be expected to do in a day without burn out?”**

One professional recommended reflecting critically on the role of schools and the responsibilities of teachers in order to make informed decisions on where to allocate funding and training,

“Schools try to support mental health as best they can. However, a decision needs to be made as to what the purpose of a school is - do teachers teach or do they run wellbeing sessions?”

Some respondents also highlighted the emotional burden on education professionals of supporting young people with emotional wellbeing challenges and experiences of trauma and recommended that support agencies should also help staff to manage their own wellbeing. One suggests,

“There should be a designated well-being officer in every single school, solely based there to offer well-being support to pupils, staff AND parents.”

4.2.

Worries and Concerns



All participating children aged 7-11, 12-18 and children with PMLD were asked questions about the issues that worry them, with the exception of the youngest children (aged 3-6) who were not asked to explore their worries and concerns. The same groups of children were also asked about their feelings of safety in various locations, while the youngest were supported in their groups to reflect on what or who keep children safe.

Older children (12-18 years) were also invited to reflect on the impact of the COVID-19 pandemic (both positive and negative) on areas of their life. Specific data collected around issues of bullying and abuse are presented in Section 4.3.

Parents and carers were asked to reflect on, and share, their concerns and worries for the children under their care. They were also asked how much they worry about paying for various things under the cost-of-living section of the survey.

Adult professionals were asked to share how frequently they worry about elements of children's lives, and also their concerns about the impact of the cost-of-living crisis.

4.2.1. Children and Young People

Surveyed children and young people were asked about their worries and concerns, and indicated the extent to which they worried about selected issues. These issues can be broadly divided into five categories;

1. **Socialising**, including 'bullying', 'how you look', and 'how you and your friends treat each other'. Bullying is also addressed in depth in the Bullying and Abuse section.
2. **Family and household**, including 'having enough to eat', 'having somewhere to live', 'how you and your family treat each other' and 'your family having enough money'.
3. **Education**, including 'going to school' and 'tests/exams'.
4. **Health**, including 'your mental health/wellbeing', 'your physical health', and 'COVID-19'.
5. **Future**, including 'our planet' and 'getting a job when you grow up'.

4.2.1.1. Children aged 3-6 years

The youngest children were not asked to explore their worries and concerns, but they were supported in their groups to reflect on what or who keep children safe (Figure 15).

All participating groups identified mum or dad, and 86.4% also mentioned teachers or school providing this role. 54.5% mentioned emergency services including the police and fire brigade, while 45.5% mentioned friends and 36.4% mentioned medical professionals.

4.2.1.2. Children aged 7-11 years

For this age group a range of response options were provided, revealing issues that children 'always', and 'sometimes' worry about. The graph below presents these data, with aggregated responses recorded as yes/no.

Within the 7-11 age group, the most frequent worries were our planet, tests and exams, and getting a job. All responses are presented in Figure 16. Analysis was also conducted to explore differences among Black, Asian and Minority Ethnic (BAME) respondents and the most frequent worries among this group were our planet, getting a job, and mental health and wellbeing.

- More than four out of five (82.8%) children aged 7-11 are worried about 'our planet', and 85.3% of BAME respondents worry about this;
- More than two thirds (69.3%) of children aged 7-11 are worried about tests/exams. 62.5% of BAME children worry about this.
- Around two thirds (64.8%) of children are concerned about getting a job when they grow up. 68.4% of BAME children age 7-11 worry about this.
- Almost two thirds of all respondents age 7-11 are concerned about their mental (63.2%) and physical (60.8%) health. Over two thirds of BAME children worry about their mental (67.9%) and physical (66.7%) health.

Interrogating the data concerning worries around meeting basic needs, among the survey respondents aged 7-11,

- Almost two thirds (61.1%) of children, and 57.4% of BAME children worry about their family having enough money;
- Around half (49.7%) of children, and 50.5% of BAME children, are worried about having somewhere to live;
- Almost half (44.8%) of children and 44.3% of BAME children are worried about having enough to eat.

Among the younger age group, the responses also reveal consistent differences between children with different levels of affluence according to the FAS scores. Across all questions, children reporting the lowest levels of family affluence (FAS 1) are around 10% more likely to worry about all of the topics listed.

Regression analysis was conducted to illuminate statistically significant differences between groups by gender, FAS and disability in their levels of concern for the various issues.

Among children aged 7-11, girls are statistically significantly⁴ more concerned than boys about:

- COVID-19
- Exams/ tests
- How you look
- Having enough to eat
- Having somewhere to live
- Mental health and wellbeing



Figure 15: Wordcloud "what keeps us safe" (3-6)

4. A lower p-value (indicated by 'p') corresponds with a higher likelihood of a real difference between groups across the wider population. For the purposes of this analysis, $p < 0.01$ and $p > 0.05$ are both reported as statistically significant results.

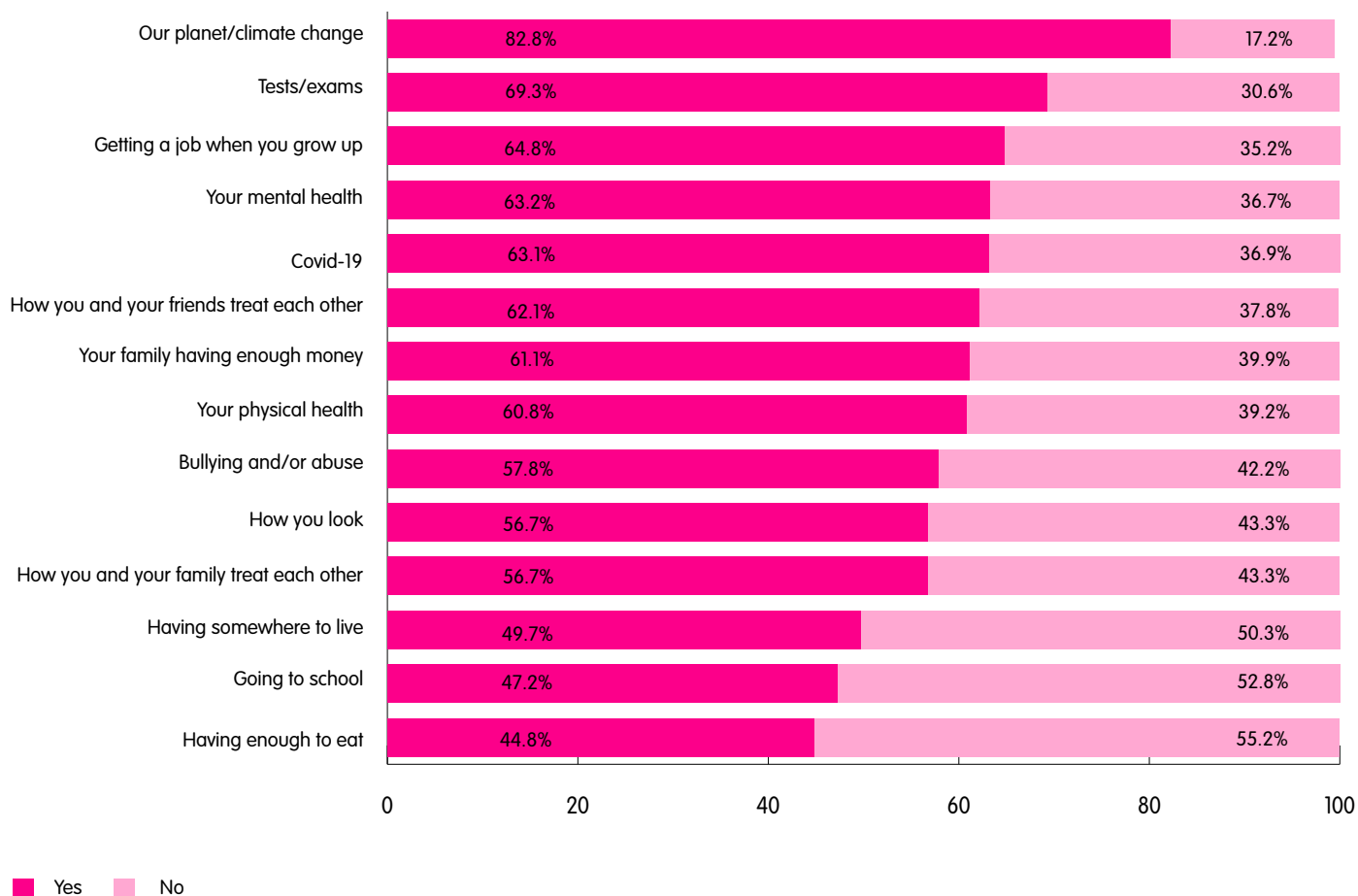


Figure 16: Worries and concerns (7-11)

Children with disabilities are significantly more concerned than others about:

- Getting a job when you grow up
- Going to your school
- Having enough to eat
- Having somewhere to live
- How you look
- How you and your family treat each other
- How you and your friends treat each other
- Your family having enough money
- Mental health/wellbeing
- Physical health

Among children aged 7-11, children with lowest levels of family affluence (FAS category 1) are statistically significantly more concerned than those reporting higher affluence levels (children in FAS categories 2 and 3 combined) about:

- Getting a job when you grow up
- Going to your school
- Having enough to eat
- Having somewhere to live
- How you and your family treat each other
- Your family having enough money
- Mental health/wellbeing
- Physical health
- Exams or tests
- How you and your friends treat each other

Children aged 7-11 were also asked about their feelings of safety in various locations (Figure 17). Overall, 84.5% report that they always or sometimes feel safe at home and 72.0% feel safe at school. 15.1% of younger children feel unsafe on public transport, and 14.5% feel unsafe online.

Children's responses also illuminated gender differences in where they feel safe, particularly in online spaces and in clubs. 75.6% of boys report that they sometimes or always feel safe in online spaces, compared with 66.6% of girls and 51.4% of children who identify as neither boys nor girls.

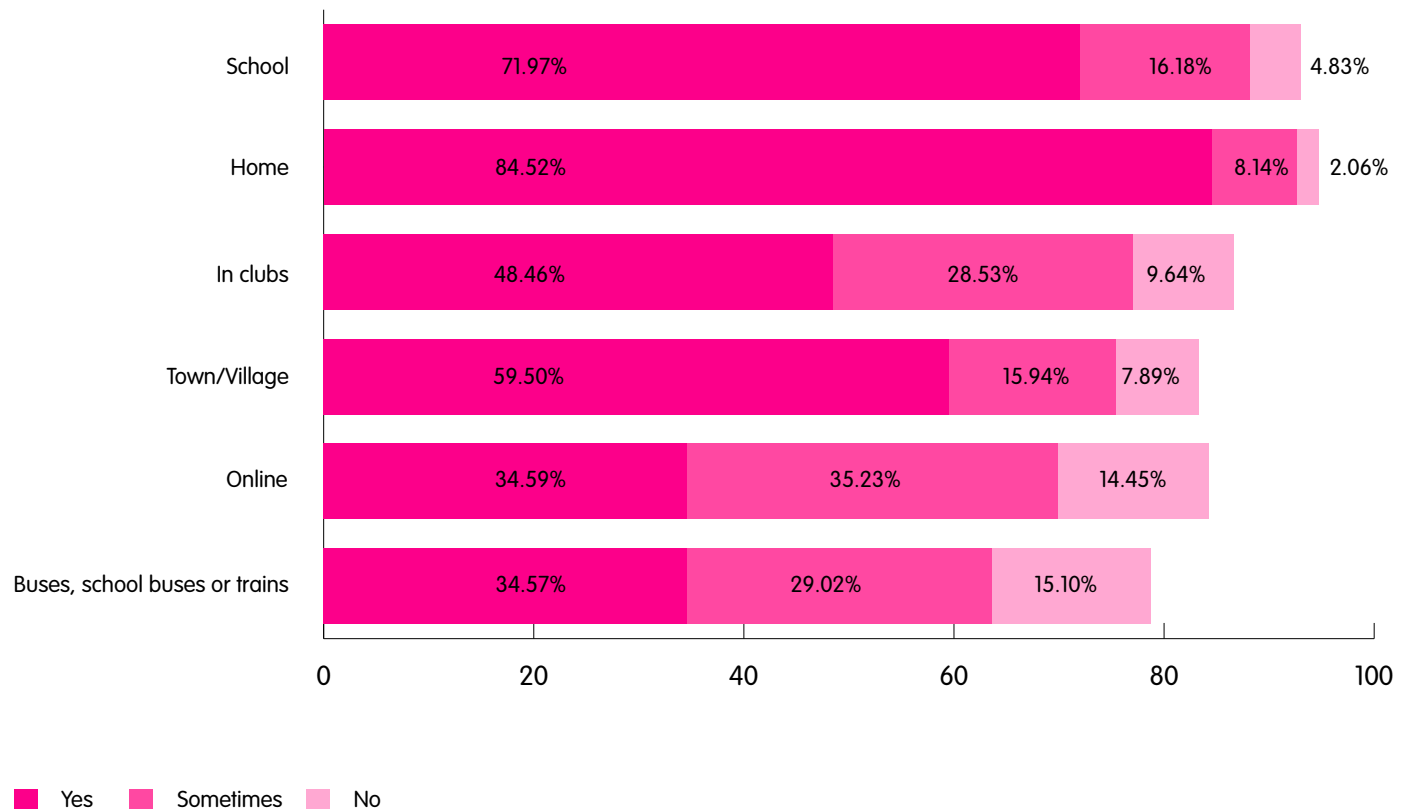


Figure 17: Places where children feel safe (7-11)

4.2.1.3. Young people aged 12-18 years

For this age group a range of response options were provided, revealing issues that young people 'always', 'frequently' and 'sometimes' worry about. The graph below presents these data, with aggregated responses recoded as yes/no in the table provided in Figure 18.

More than half (51.5%) of surveyed young people aged 12-18 (or 25 with experience of living in care) are worried about their family having enough money. More girls (56.0%) expressed concern about family finances than boys (42.3%). Two thirds (65.5%) of young people from the least affluent (FAS 1) households worry about their family having enough money.

Around a quarter (24.9%) worry about having somewhere to live and having enough to eat (25.8%). Respondents identifying as girls, and those with the lowest levels of affluence worry more about housing and food than other age groups.

Most frequent worries identified by young people aged 12-18 are exams (89.2% are worried) and future employment (79.5%). Climate change and the planet are also widespread concerns amongst all young people in this age group (71.6%). Analysis was also conducted to explore differences among BAME young people and the most frequent worries among this group were tests and exams (91.1% are worried), future employment (82.2%). Climate change and out planet (72.5%) was also a widespread concern among BAME respondents.

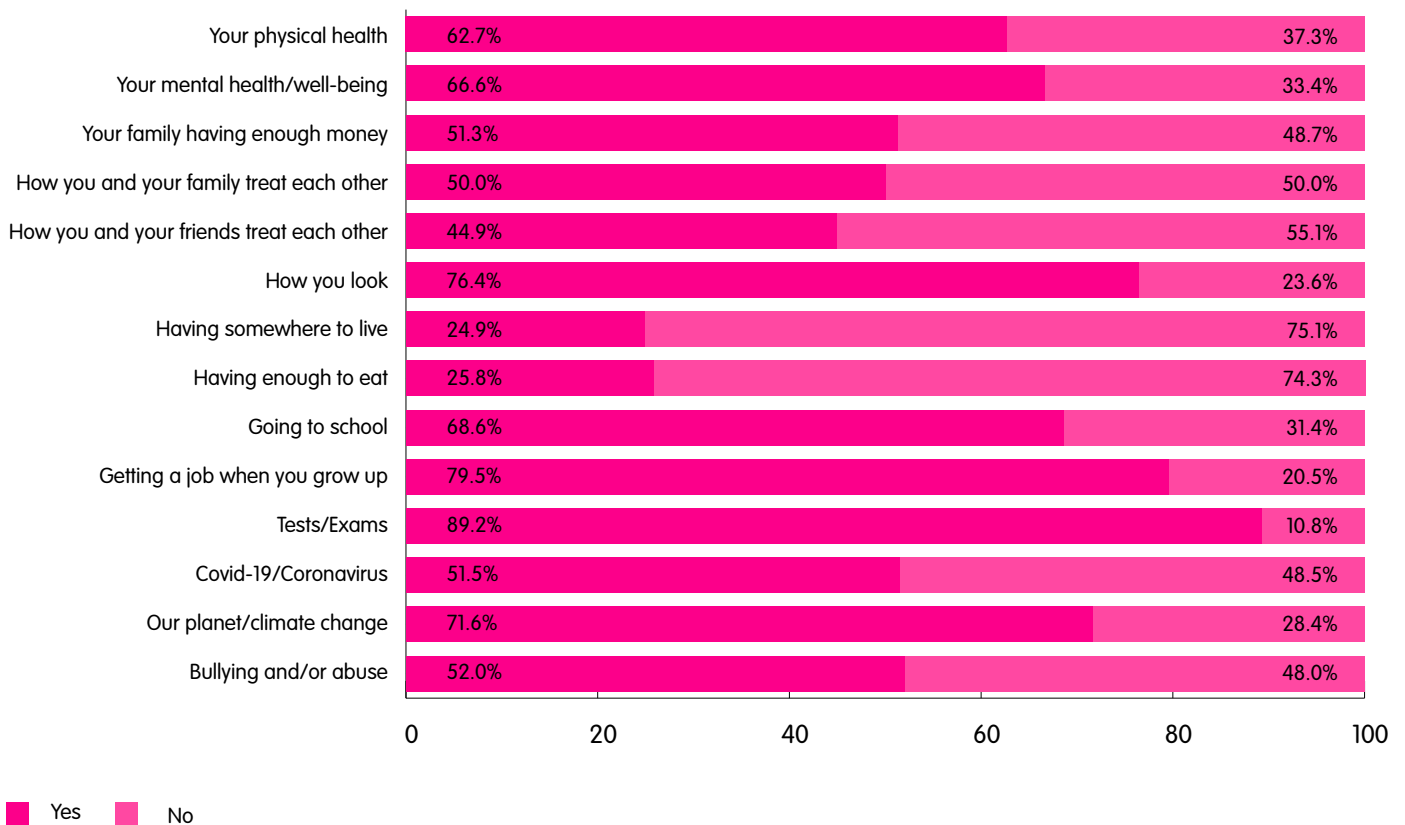


Figure 18: Worries and concerns of young people (12-18)

Almost all (95.0%) of the surveyed young people who identify as girls report that they worry about exams compared with 80.8% of boys. BAME young people also frequently (91.1%) worry about exams. Girls (84.5%) are also more frequently concerned about getting a job in the future compared with boys (71.5%), and 82.2% of BAME respondents worry about future employment. Responses are similar for young people reporting different affluence levels.

While two thirds of young people across the entire sample worry about how they look (76.4%), examining gender differences reveals that 88.5% of girls are concerned about their appearance compared with 57.5% of boys. 52.6% of BAME respondents expressed concern about this. Over three quarters of girls (75.2%) and young people who identify as neither gender (82.0%) and half of boys (51.9%) worry about their mental health. 67.8% of BAME respondents worry about their mental health.

Almost three quarters (73.3%) of young people in the lowest affluence category (FAS 1) worry about their mental health compared with two thirds (63.9%) in the highest.

The regression analysis also reveals statistically significant differences between young people age 12-18 in levels of concern. Among young people aged 12-18, girls are significantly more concerned than boys about:

- Exams and tests
- How you look
- How you and your friends treat each other
- Physical health

Young people with disabilities are significantly more concerned than others about:

- Bullying and abuse
- Exams and tests
- Going to school, college or university
- Having enough to eat
- Having somewhere to live
- How you and your family treat each other
- How you and your friends treat each other
- Your family having enough money
- Mental Health
- Physical Health
- Our planet/ climate change

Among young people aged 12-18, those with lowest levels of family affluence (FAS category 1) are statistically significantly more concerned than those reporting higher affluence levels (young people in FAS categories 2 and 3 combined) about:

- Bullying and abuse
- Having enough to eat
- Having somewhere to live
- How you and your family treat each other
- How you and your friends treat each other
- Your family having enough money
- Mental Health
- Physical Health
- Going to school, college or university

4.2.1.4. COVID-19

Older children were also invited to reflect on whether COVID-19 and the associated restrictions have had a lasting impact on any areas of their life (Figure 19). They most frequently identified negative impact on their education (60.0% negative), mental health and wellbeing (45.7% negative) and physical health (35.2% negative). Gender differences were minimal with the exception of hobbies and activities, for which respondents identifying as girls were more likely to report a negative impact (35.5% negative) than boys (25.5% negative).

Positive impacts of the pandemic were also identified by some young people, most frequently for the category of home life and family (30.3% positive), friendships (25.8% positive) and hobbies and activities (25.2% positive).

Young people aged 12-18 were also invited to discuss anything else they worry about. They identified additional worries. Most frequent worries related to;

1. Being judged and low self-esteem;
2. Family members' wellbeing;
3. Death;
4. Exams and school work.

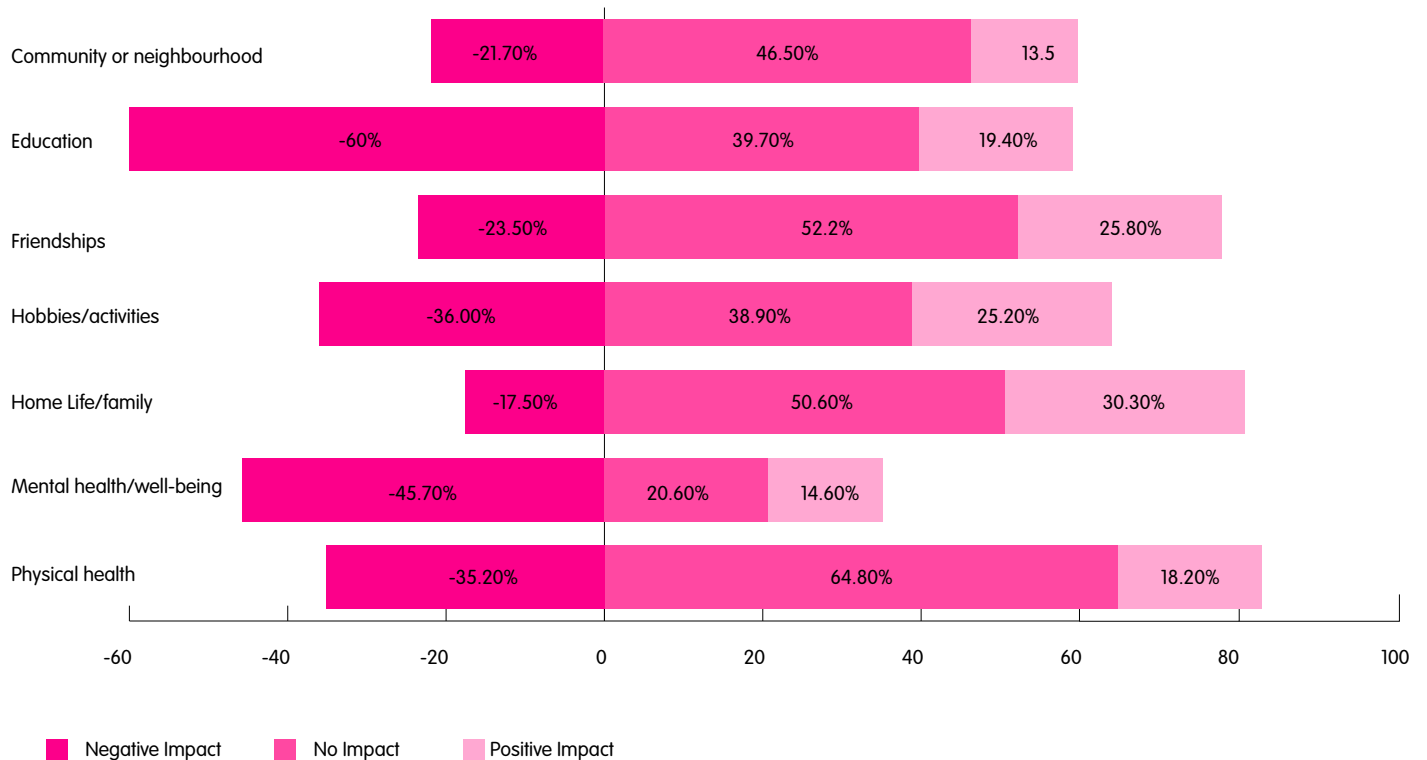


Figure 19: Young people's assessment of the impact of COVID-19 on children and young people (12-18)

Concern 1:

Being judged and low self-esteem

The most frequent other concerns identified by young people related to self-esteem and being judged by others. Some expressed worry, **“about not being good enough for people and not being accepted”, “how other people see me or what they think of me”** and **“being judged about my appearance or the way I act”**. Some worry if they are a good person, while others are concerned about their weight or appearance.

Concern 2:

Family members' wellbeing

The second most frequent concerns related to the health and wellbeing of family members and loved ones. Some mentioned physical health concerns, while others discussed worries about their family members, **“working long hours”**, struggles with mental health and with domestic violence.

Concern 3:

Death

Many young people expressed fear of **“losing somebody else close to me”**, and worried about what happens after death.

Concern 4:

Exams and school work

Young people also expressed concerns about their performance in school and, **“feeling like I am always behind”**. They describe feeling **“embarrassed”, “dreading going to school”** and being denied support. Others specified worries about their GCSE grades.

Other concerns

Other concerns identified by young people included mental health, bullying, climate change, the cost-of-living crisis, feeling safe, changes in the home education system, the future, war and their pets.

4.2.1.5. Children and young people with learning disabilities

Among participating children and young people with PMLD, the most frequent worries and concerns highlighted were going to school (18.8%) and their appearance (18.8%), followed by their families' financial situation (12.5%).

Children and young people with PMLD also reflected on whether they feel safe in different settings. 100% report feeling safe at home, 93.8% report feeling safe at school, and 81.3% report feeling safe on public transport. The remaining respondents with PMLD were unsure; none stated that they feel unsafe in these settings.

Children and young people with PMLD were also supported to reflect on the impact of COVID-19 during their participatory activities, and most frequently highlighted the impact of the pandemic on their mental health and wellbeing (31.3%) and friendships (25.0%). One young person recalled, **“I remember being stuck at home with my mum and my auntie, it was lonely”**. Another explained, **“I was very excited to get back to school!”**

The children who responded to the picture survey most frequently expressed concerns about bullying (52.3%), having enough to eat (47.7%), and going to school or college (46.6%).

4.2.2. Parents and carers

Parents and carers were asked how often they worry about various elements of their children’s lives. The most frequent concerns identified by parents and caregivers were;

- 66.5% of parents and carers always worry about their children having somewhere to live;
- 61.6% of parents and carers always worry about their children having enough to eat;
- 47.3% of parents and carers always worry about their children’s relationships with their family;
- 31.4% of parents and carers always worry about their children having enough money for the things they need.

The full range of responses are shown in Figure 20.

Parents and carers were also invited to shared their other concerns and worries for the children under their care, and provided a range of responses and examples. These were coded thematically.

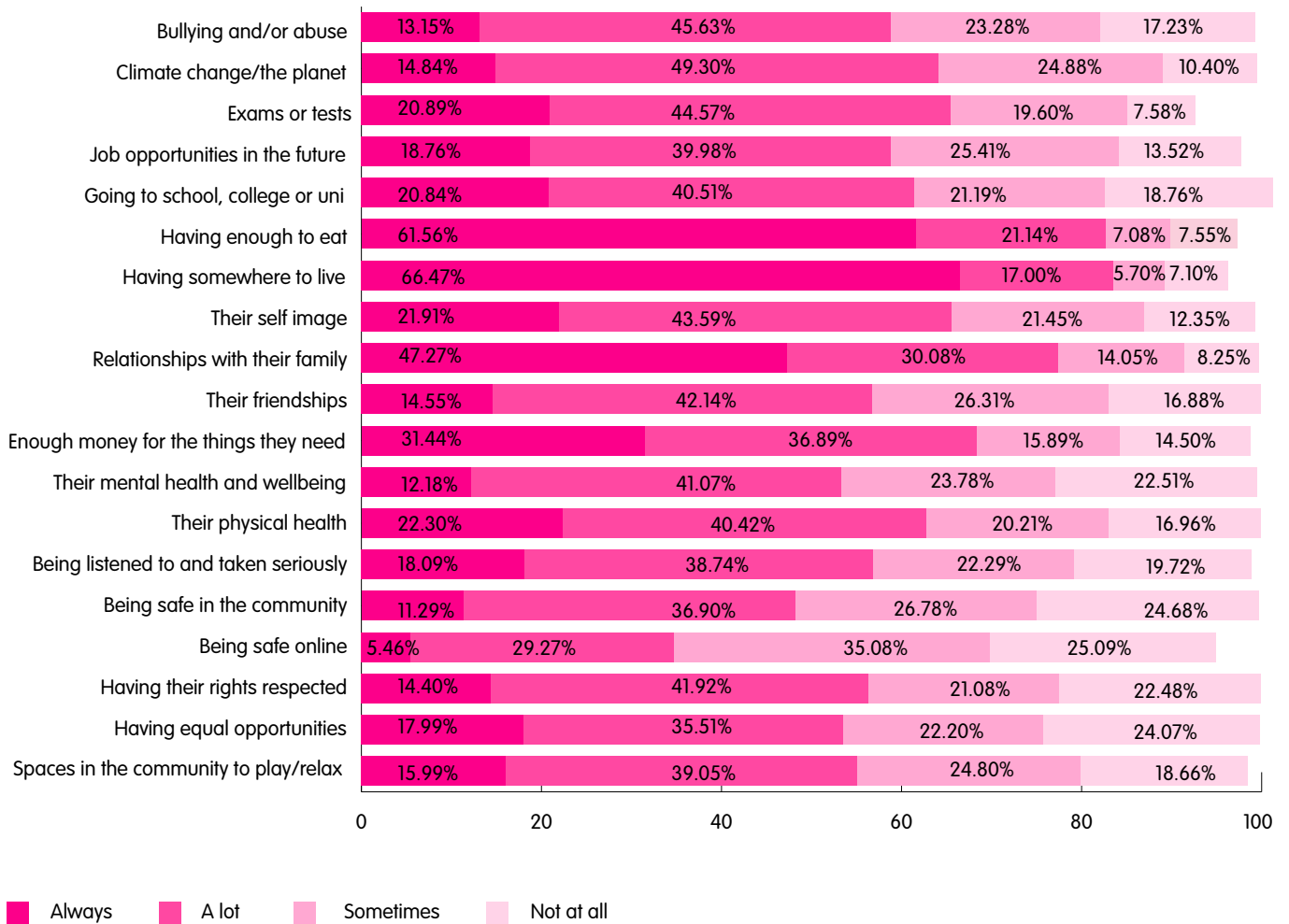


Figure 20: Parents’ concerns about the children in their care

Parents and caregivers listed an extensive range of worries and concerns for their children's wellbeing. The most frequent were;

1. The education system;
2. Children's futures and their job prospects;
3. Social media, gaming and influencers;
4. Recreation and play.

Figure 21 shows the relative frequency of different categories of responses.

It is also noteworthy that many of the issues described by parents as "worries and concerns" were implicitly or explicitly correlated with concerns around mental health. For example, the impact on their mental health of the education system, their future wellbeing, social media, poverty, gender identity, sexuality, etc.

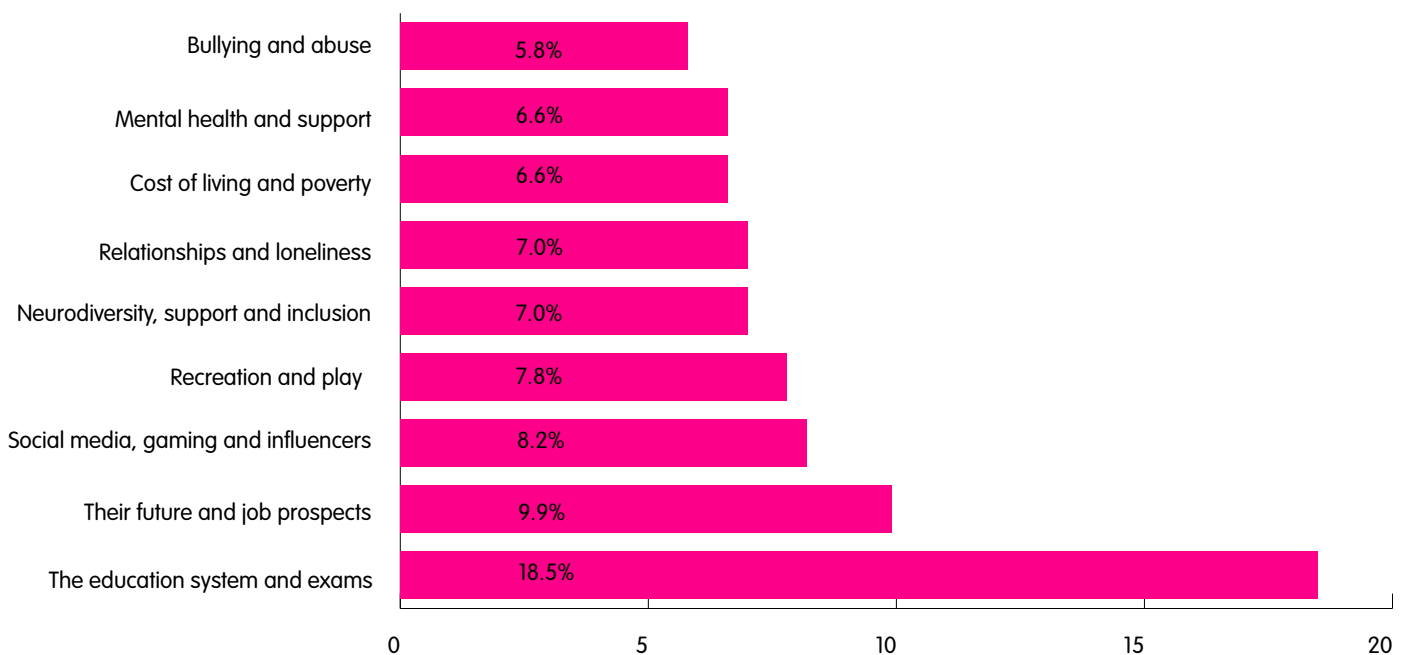


Figure 21: Parents and carers additional worries and concerns for the children in their care

Concern 1:

The education system and children's emotional wellbeing

Parents and carers most frequently expressed concerns about the education system, and particularly the relationship between this system and children's emotional wellbeing. For some, the concerns relate to the, "pressure for academic outcomes", while others worry about, "the capacity for teaching staff to deal with bullying, anxiety and issues facing young people". Many respondents explicitly linked the relationship between these issues, for example one who expressed concern about the, "academic pressure put on children/young people by schools, to the detriment of their mental wellbeing."

Parents were also concerned about "educational systems/settings not respecting and understanding children", including "being respected by school staff, not shouted at", "having their feelings recognised/validated, rather than dismissed and taught to suppress them" and the pressure, "to fit in to their idea of what a child should be".

Parents also describe “overcrowded” and “underfunded” schools with “struggling” teachers and “excessive” tests and assessments. One parent described how, “children eat packed lunches on floor in classrooms” because there is not enough space in the school.

Parents and carers of children and young people with disabilities, neurodivergent children and children with high learning potential expressed particular concerns, and frequently correlated these concerns with emotional wellbeing outcomes for children. One explained,

“So much emphasis in school is put on writing, spelling, exams and for children who struggle with that, how are they ever supposed to feel good about themselves. They might be incredibly intelligent verbally, but for some reason, if they cannot prove it on paper, it is not good enough...”

Home educators expressed particular concerns over the Welsh Government’s planned guidance and regulations for home education, and several called for, the “commissioner to speak up to defend the rights of home educated children and families.”

Parent and caregiver suggestions included “reducing assessments” and ensure that, “tech support is encouraged for anyone with dyslexia etc”. They also recommend more training for teachers to, “understand neurodiverse children and protect them from bullying”.

Concern 2: Childrens’ futures

Parents and carers also expressed concerns about the, “long term effects of secondary school life” and question,

“If [they are] going to be a good and kind person having gone through the modern pressures of a school environment.”

Parents and caregivers concern for the future were sometimes generalised, relating more to existential dread about the state of the world. As one respondent explained,

“Generally the world in which we are bringing our children up, it’s proving to be a scary place for adults let’s alone children.”

The future was particularly frequently mentioned as a concern for parents and caregivers of children with ALN, neurodiversity, care experienced and those with emotional wellbeing issues, as well as those facing financial hardship. One respondent explained,

“I worry about her long-term mental health and her happiness in the future. Raising children at this time is very hard. Cost of living, rising energy bills and our mortgage increasing makes our anxiety levels and experience of stress chronically high. This must impact on our children too and that is a deep concern after a traumatic period during Covid. It feels unrelenting and as much as I try to be the best parent the truth is I’m pouring from an empty cup and working longer and longer hours to stay afloat.”

Enhancing support for children’s emotional wellbeing and equipping children effectively to be happy and successful in the future were the core priorities mentioned by parents and carers in responses coded under this thematic area.

Concern 3: Social media, gaming and influencers

Parents and carers also cited concerns about the negative influences of “social media, celebrity and influencer culture” as well as, “the amount of time wasted on social media”.

Concerns around the former often related to children and young people’s self-image, for example one parent explained,

“I worry that social media has really negative impact on children’s mental health and body image. I also feel a lot of negative information is too easily accessible for children.”

Other parents recognised that, “technology will dominate what they do [in the future] and they will be expected to use more tech than ever in their working/daily lives”. Accordingly, they recommend that children are educated about the dangers of the internet, social media and online culture to mitigate the risk of harm. As one respondent explained,

“It would be helpful to talk about dangers of online etc from a young age in order to make children aware of certain things. Our children are growing up in a digital world- something that none of the previous generations have... Children are being given dangerous tools.”

Concern 4: Recreation and play

The fourth most frequent concerns expressed by parents and caregivers relate to limited opportunities for play, recreation and physical activities for children and young people in their communities, and the impact of this deficit on their physical and mental health.

For some, the issue was one of geography. As one parent explained, “Fair access to outdoor activities as our council seems to favour only the larger towns & now smaller rural ones”, with consequences for households facing financial hardship, those reliant on public transport, and children with disabilities in particular.

For those in urban settings, the safety of public spaces was also a concern,

“There aren’t any spaces in the community I would currently allow [them] to go to play/relax. These areas are unsafe and hotspots for bullying/abuse and exacerbating already poor mental health.”

Parents and care-givers also noted that available clubs and activities are inadequate or inappropriate for those with additional needs, younger children, neurodiverse children and younger teenagers.

Other concerns

Parents and carers expressed a range of other concerns and worries including those around inclusion, bullying and stigma, sexism against boys, girls and children who prefer alternative gender identities, concerns around teaching sex education in schools as well as access to a range of essential services for children and young people. Parents and carers also expressed concern about the effect of radiofrequency radiation (RFR) from school wireless networks on children’s health, and the poor quality of school lunches, among other issues.

4.2.2.1. Cost of living

Parents and carers were also asked how much they worry about paying for various things under the cost-of-living section of the survey. Most frequently, parents and carers 'sometimes', 'a lot' or 'always' worry about basic needs:

- 84.4% of parents and carers worry about paying for fuel;
- 83.8% of parents and carers worry about paying bills;
- 77.1% of parents and carers worry about paying for housing costs;
- 58.2% parents and carers worry about paying for children's clothing;
- 43.2% of parents and carers worry about paying for three meals a day for their children;
- 41.5% of parents and carers worry about paying for meals throughout the school holidays.

Family activities and hobbies are also concerns for the majority of parents and carers:

- 68.5% of parents and carers worry about paying for trips and days out for their children;
- 67.1% of parents and carers worry about paying for children's birthday presents and gifts;
- 66.6% of parents and carers worry about paying for children's hobbies and activities.

Around half of parents and carers also worry about costs associated with school:

- 56.5% of parents and carers worry about paying for school trips;
- 53.9% of parents and carers worry about paying for school uniforms;
- 48.3% of parents and carers worry about paying for resources for school such as stationary;
- 40.3% of parents and carers worry about paying for school lunches.

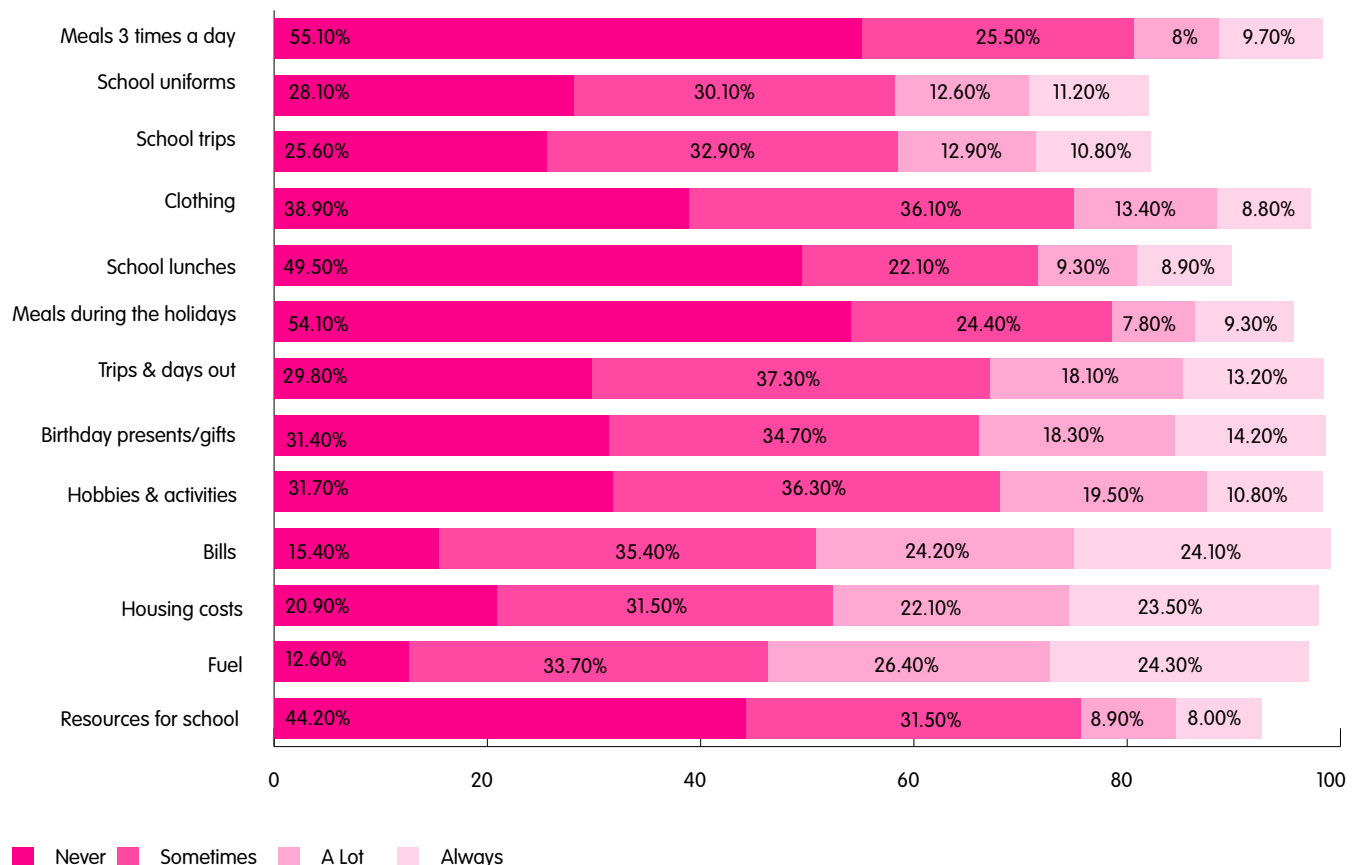


Figure 22: Parents and carers concerns about the impact of cost of living on children and young people

4.2.2.2. COVID-19

Parents and carers were also invited to reflect on the impact of the COVID-19 Pandemic on different aspects of children’s lives. One third (31.1%) of parents and carers identified a positive impact on children’s home life.

The most frequently identified negative impacts were on children’s education (70.9%), their hobbies and activities (68.5%), on community life (65.1%) and on children’s confidence and wellbeing (59.2). Figure 23 shows the full range of responses provided by parents and carers.

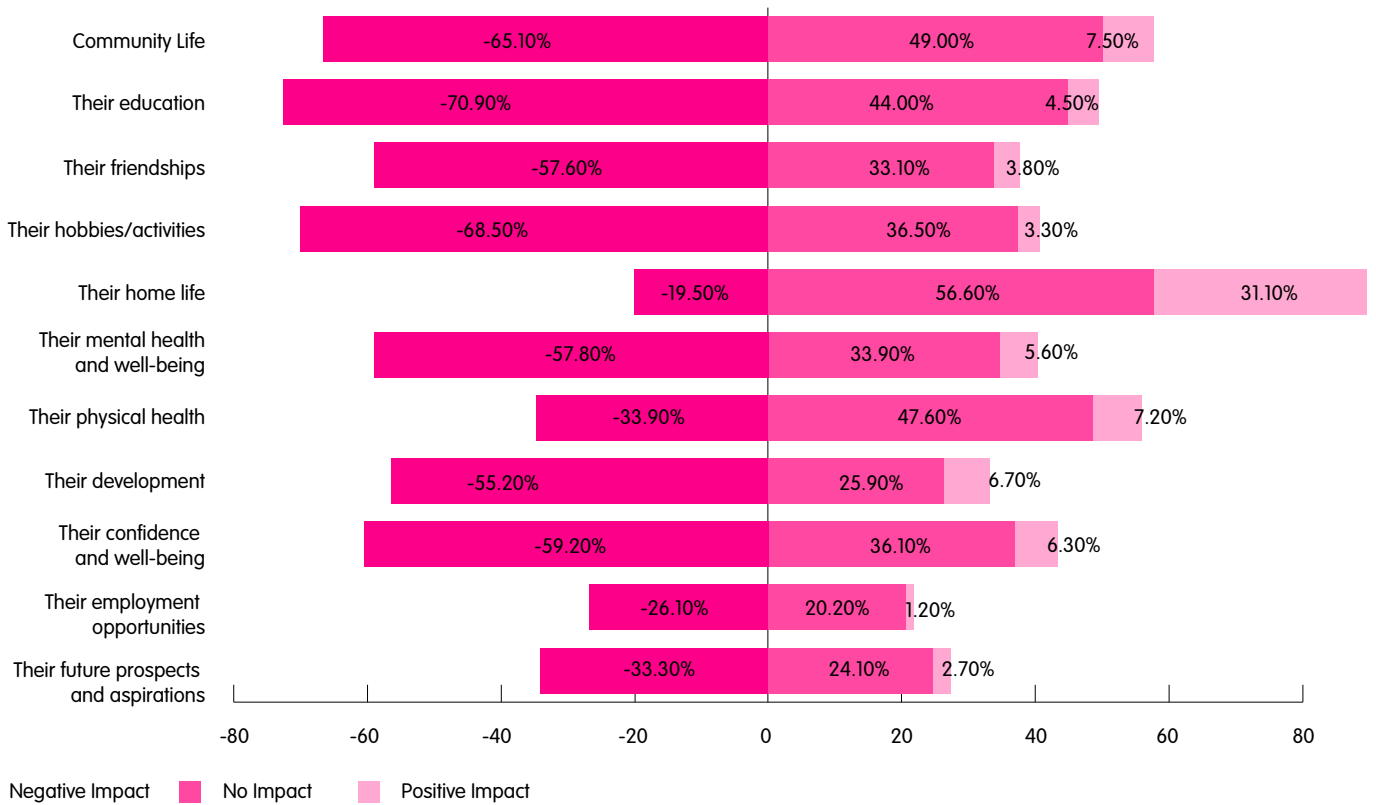


Figure 23: Parents and carers assessment of the impact of COVID-19 on children and young people

4.2.3. Professionals

Professionals were asked how often they worry about various elements of children’s lives. The most frequent concerns identified by professionals were;

- 16.5% of professionals always worry about the effect of climate change on the children they work with. 87.9% worry about this ‘always’, ‘a lot’ or ‘sometimes’.
- 15.6% of professionals always worry about the children they work with having somewhere to live. 83.8% worry about this ‘always’, ‘a lot’ or ‘sometimes’.
- 9.8% of professionals always worry about children’s exams and test results. 87.8% worry about this ‘always’, ‘a lot’ or ‘sometimes’.
- 8.8% of professionals and carers always worry about the children they work with having enough to eat. 82.0% worry about this ‘always’, ‘a lot’ or ‘sometimes’.

Adult professionals were also invited to share their other concerns and worries for the children and young people they work with, and provided a range of responses and examples. These were coded thematically. Adult professionals listed an extensive range of worries and concerns for children’s wellbeing. The most frequent (Figure 25) were;

1. Poverty and the cost of living;
2. Relationships between children and parents and caregivers, and the quality of care;
3. Limited support for parents and carers;
4. Lack of funding, resources and staff for children’s services.

The full range of responses are shown in Figure 24.

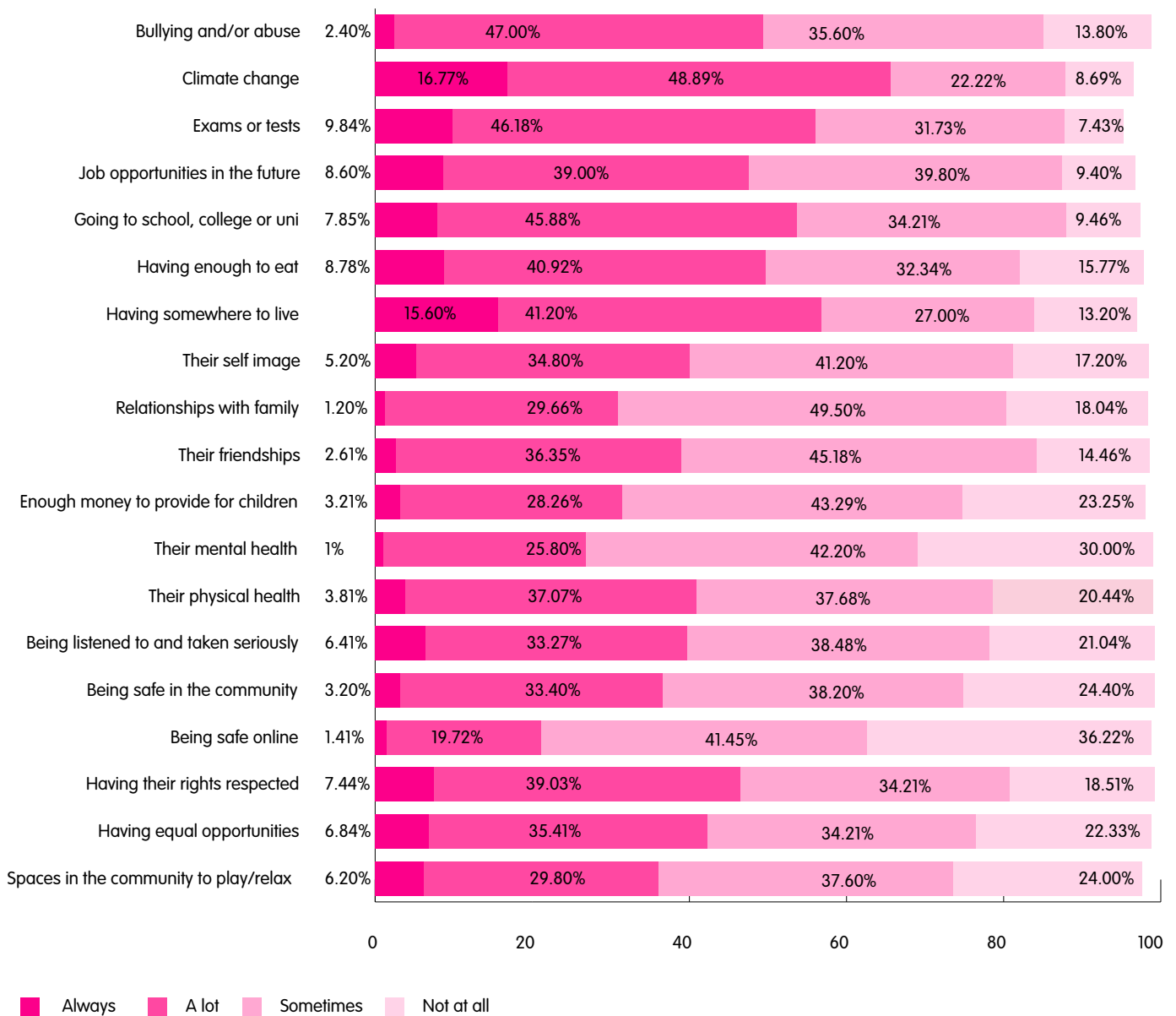


Figure 24: Professionals’ concerns about the children they work with

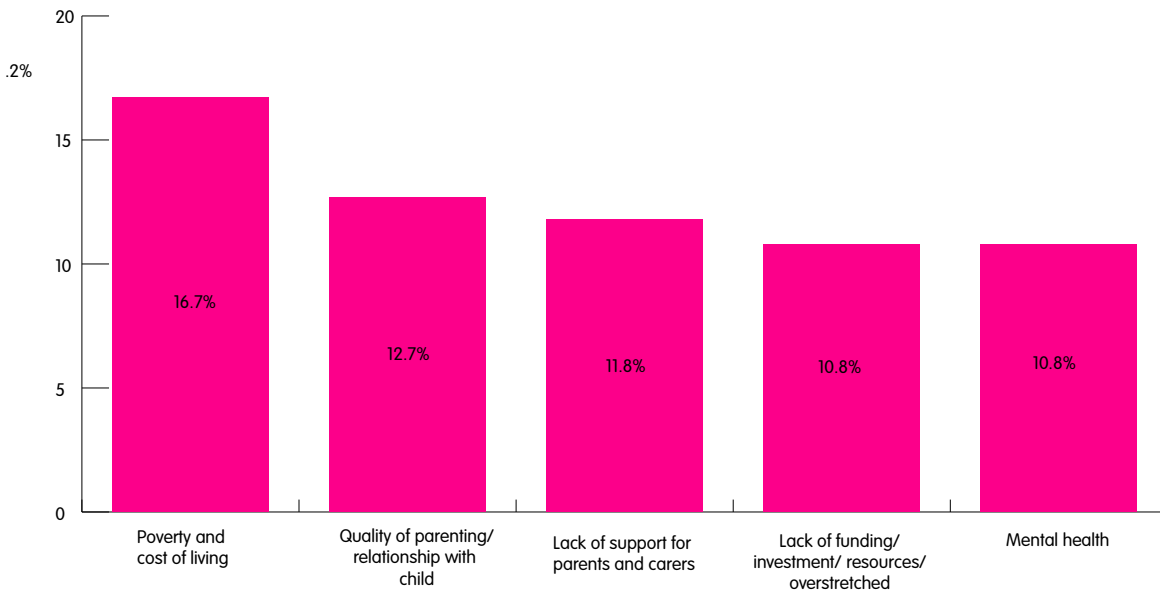


Figure 25: Professionals' worries and concerns for the children they work with

Concern 1: Poverty and the cost of living

Most frequently, professionals who work with children and young people described their concerns around poverty and the cost-of-living crisis. They mentioned, **“how it impacts on day-to-day family life”** including food and heating (particularly during school holidays), as well as **“how children will feel excluded from extra-curricular activities”** as well as reducing opportunities to have fun as a family. Professionals also highlighted the trajectory of increasing financial hardship forcing families into poverty, resulting in care givers working longer hours and children and young people at higher risk of adverse outcomes. As one professional explained,

“I worry that any child who is having to get themselves to school and come home to an empty house [because carers are working longer hours] is more likely to be vulnerable to exploitation and abuse as they are finding friends and support from strangers online.”

Some professionals also reflected on the long-term impacts of poverty and, **“what sort of future will they have as the divide gets bigger”**. Another commented, **“this is the next generation of adults and we are not preparing them adequately for being productive conductive adults”**. Professionals also highlighted the correlations between poverty and adverse childhood experiences (ACEs), crime rate, substance abuse, sexual abuse and grooming, exploitation, homelessness, and a range of other outcomes for children and young people.

One professional respondent discussed the relationship between poverty and public perception of young people in their communities. They explained,

“Young people hang about often in large groups and in community spaces, yet they are constantly being moved along because community members do not recognise that this is all they have. They often have no money so ‘doing things’ isn’t possible, including travelling to other spaces [and] joining the groups and activities they want to.”

Several professionals also highlighted the consequences of reduced levels of funding for community-based youth groups and activities, increasing the pressure on parents to pay, or on schools to provide free activities for children and young people, and the relationship between affordable play opportunities and mental health and wellbeing as well as reducing rates of obesity and chronic health conditions.

Parental stress relating to financial hardship also affects children’s wellbeing, and many professionals highlighted the particular challenges for those who, **“fall through the cracks”**. One explained,

“Free school meals (FSM) children have a meal every day, sometimes two if they come to breakfast club. However, there are 79 other children in our school who are from low-income families with limited resources. These are the children we worry more about. They are missing out on community events because subscriptions [and equipment] for football and rugby etc are high. Parents don’t have this money and so don’t take them and children are missing out on extra physical activity and social events. It’s really sad. The gap is widening socially due to these things... They need to be accessible to all.”

Suggested priorities for the Commissioner identified by professionals to address these include the provision of free, inclusive, safe activities and community spaces where all children and young people, as well as their caregivers, can access opportunities to enjoy hobbies and sports without placing additional financial burdens on families and carers.

Concern 2:

Quality of parenting and healthy relationships with children

Professionals who work with children and young people mentioned concerns around healthy relationships between children and their caregivers. Some highlighted the importance of early years support for building relationships and attachment, supporting infants to learn to play and socialise as a strong foundation for emotional wellbeing in childhood and adolescence. One explained, **“I worry about the needs of infants in Wales being reduced to physical health needs, and a lack of consideration of the importance of parent-infant mental health”**.

Some respondents also highlighted the unhealthy communications patterns and relationship between some teachers and children, particularly significant for children lacking strong parental role models. One respondent explained,

“I worry about the impact of the attitudes and punitive teaching approaches on the development of young people. A lot of young people I work with have internalised negative comments said to them by their teachers.”

Adult-child relationships were a recurring theme in responses, as one professional explained,

“We need to change ‘that’s just how it is’ culture. Schools, youth groups and parents listening and sharing more about pressures to be a certain way... more needs to be done about addressing banter, social media etiquette and peer support.”

Professionals highlighted the particular vulnerabilities of Children Looked After (CLA), ACEs and children in chaotic households with caregivers who struggle with domestic violence, mental health challenges, substance abuse or criminal behaviour.

Suggested priorities for the Commissioner identified by from professionals to address these concerns including investment in support for early child development, and providing positive role models and mentors for young people. One respondent suggests,

“For the children’s commissioner to champion the need for a Wales wide approach to support parent-infant relationships across Wales. This would involve training the existing workforce, increasing psychological professionals within each area to offer specialist advice, training, and direct intervention with families. This will enable a truly early and preventative approach to enable optimal healthy childhoods and reduce mental health difficulties across childhood.”

Concern 3:

Lack of support to parents and carers

The third most frequent concerns highlighted by professionals who work with children and young were around the lack of support provided to parents and carers; both to help them support children’s emotional wellbeing needs, and to reduce their own levels of stress. One professional explained,

“We’re not preparing parents to meet children’s needs, particularly parents with poor history of being parented.”

Professionals highlight the challenges of, **“parents being over tired, stressed, isolated, confused, neglected”** while they try to navigate social support systems and access help for the children in their care. Many of these concerns intersect with poverty and the cost of living, and healthy relationships between parents and children.

Concern 4:

Funding, resources and staffing of children’s service providers, mental health

Professionals who work with children and young people also described their concerns around funding, resources and staffing, and the same percentage expressed concerns about mental health services. The latter is discussed in depth in Section 4.3.1, and both of these issues recurred frequently in professional’s responses to each of the open questions in the survey. As one respondent expressed,

“Our children are being failed by years of policies that cut service costs by downgrading what is actually specialist skill to universal services, then further saved costs by outsourcing critical support for things like parenting skills to third sector organisations who pay peanuts.”

While some professionals expressed general concerns such as the, **“lack of resources available to support any provision”**, other specified the **“depleted youth services”, “closed youth clubs”, “availability of Advocates for young people being looked after”**, etc. Others expressed concern around the increasing responsibilities places on schools and teachers to provide specialised mental health support, without training and support themselves,

“Specialist children’s services used to help families with bed wetting, now schools are expected to know how to support an autistic child who has experienced massive trauma, or is a victim of abuse, with no training and no real contact time with parents. It’s absolutely ridiculous.”

Professionals also described the link between high staff turnover, for example of social workers, and how the, **“lack of continuity contributes to poor safeguarding and poor quality of care and experience for young people.”** One education professional explained,

“Budget cuts in schools are leading to great teachers and support staff leaving the profession. Staff are struggling financially too. They have escalating bills to deal with too. Teaching Assistants (TAs) locally generally earn under the tax threshold which is crazy for the work that they do, but they always put the well-being of pupils first.”

Other concerns

Professionals expressed a range of other worries and concerns including children’s awareness of, and access to rights, the impact of domestic abuse, antisocial behaviour, crime, substance abuse, vaping, class sizes, frequency of assessments, access to opportunities to play, sports and leisure opportunities support for children with ALN and disabilities, sexual exploitation, social skills and online safety.

4.2.3.1. Cost of Living

Professionals were also asked how much they worry about families paying for various things under the cost-of-living section of the survey (Figure 26).

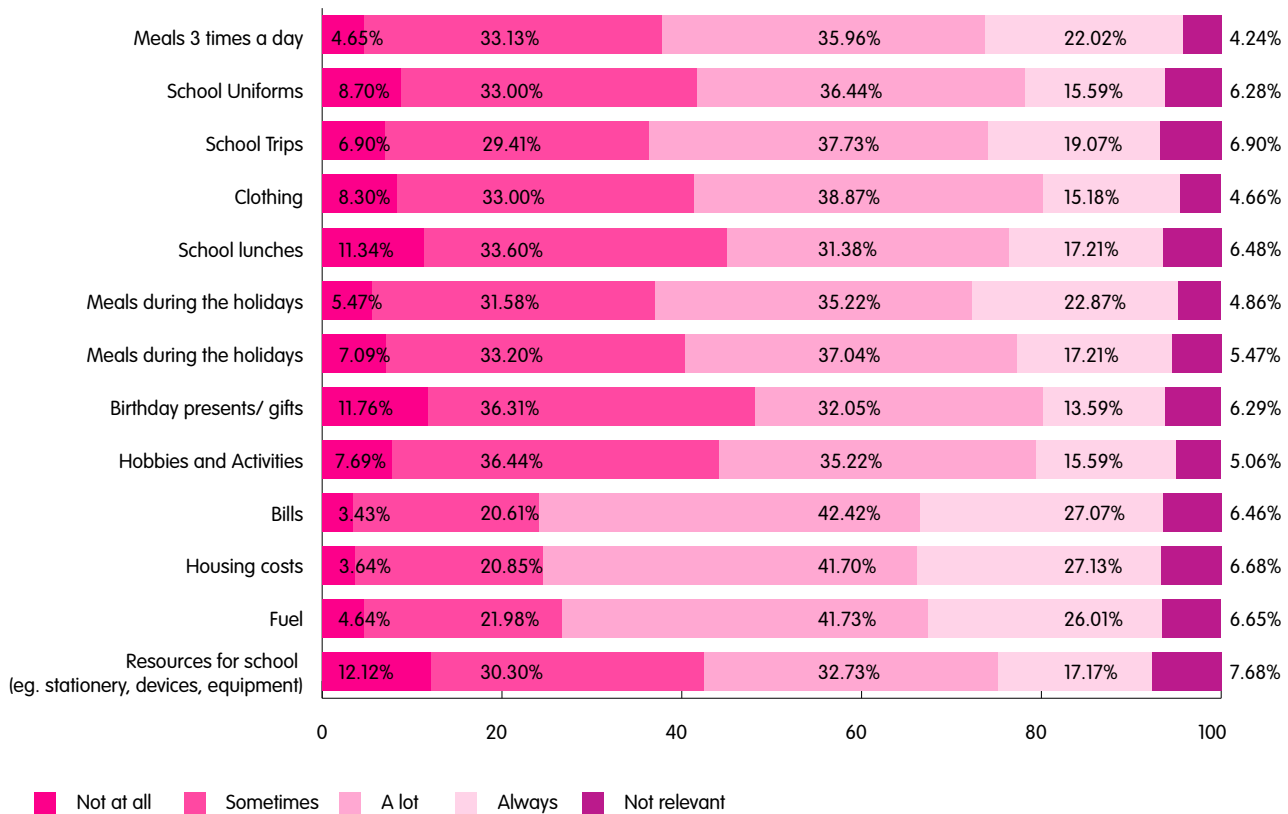


Figure 26: Professionals’ concerns about the impact of cost of living on children and young people

Most frequently, professionals ‘sometimes’, ‘a lot’ or ‘always’ worry about families paying for children’s basic needs:

- 88.7% of professionals worry about families paying for fuel;
- 90.1% of professionals worry about families paying bills;
- 89.7% of professionals worry about families paying for housing costs;
- 87.1% of professionals worry about families paying for children’s clothing;
- 91.1% of professionals worry about families paying for three meals a day for the children they work with;
- 89.7% of professionals worry about families paying for meals throughout the school holidays.

Family activities and hobbies are also concerns for the majority of professionals:

- 87.5% of professionals worry about families paying for trips and days out for the children they work with;
- 82.0% of professionals worry about families paying for children’s birthday presents and gifts;
- 87.3% of professionals worry about families paying for children’s hobbies and activities.

Around half of professionals also worry about families paying for the costs associated with school:

- 86.2% of professionals worry about families paying for school trips;
- 85.0% of professionals worry about families paying for school uniforms;
- 80.2% of professionals worry about families paying for resources for school such as stationery;
- 82.2% of professionals worry about paying for school lunches.

4.2.3.2. COVID-19

Professionals were also invited to reflect on the impact of the COVID-19 Pandemic on different aspects of children’s lives. 7.5% of professionals identified a positive impact on children’s home life.

The most frequently identified negative impacts were on children’s education (90.3%), their development (89.5%) and their mental health and wellbeing (88.5%). Figure 27 shows the full range of responses provided by professionals that work with children.

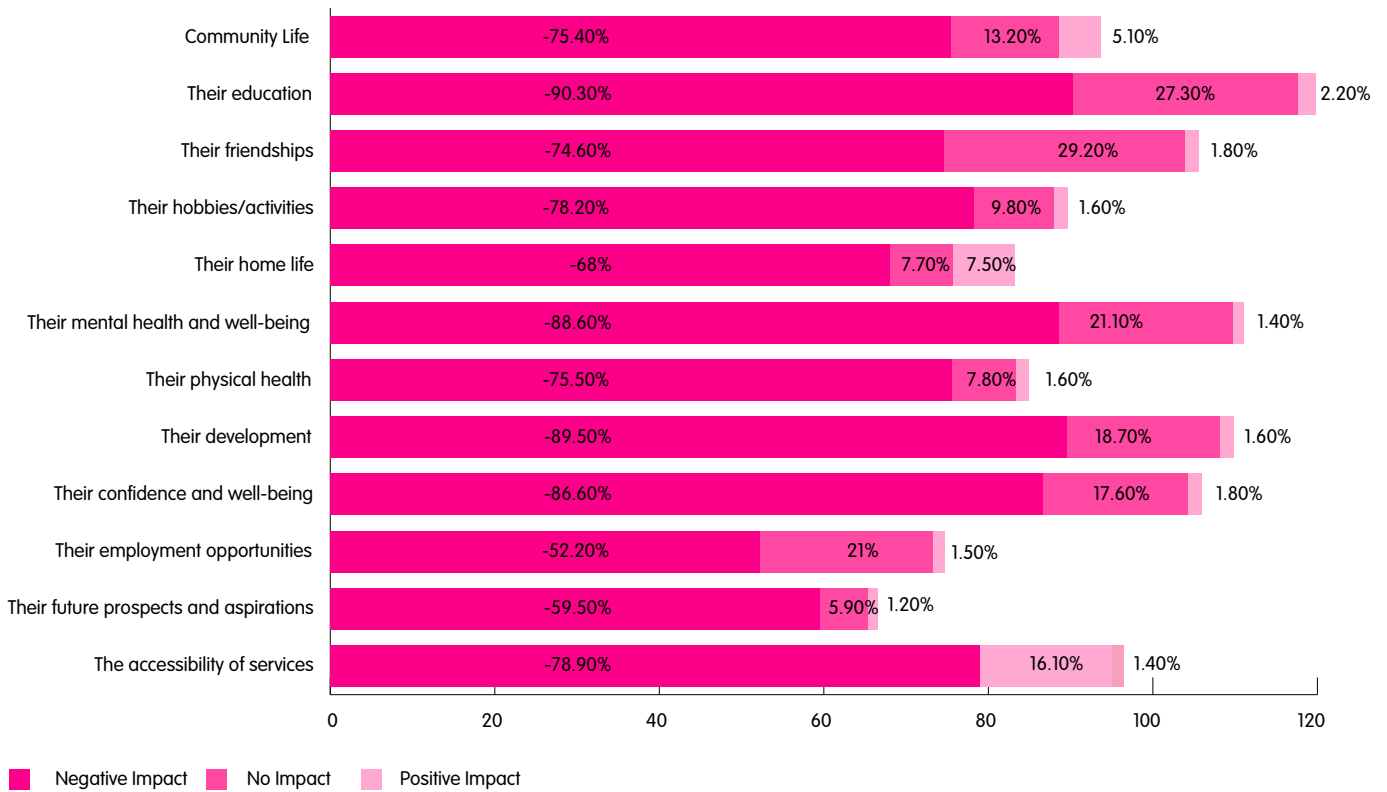
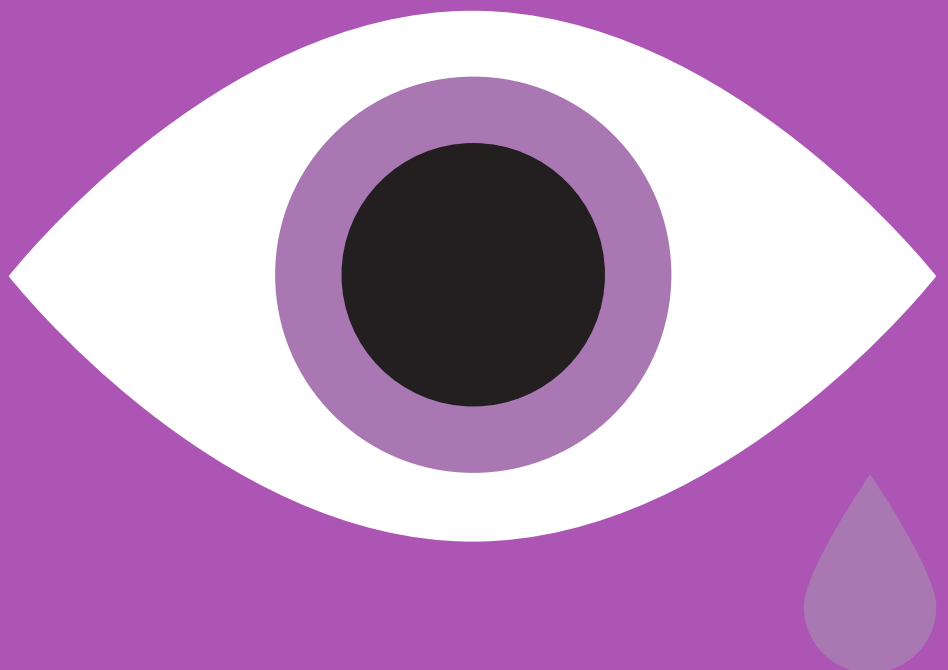


Figure 27: Professionals assessment of the impact of COVID-19 on children and young people

4.3.

Bullying and Abuse



Bullying, harassment and discrimination is never acceptable. We know many children and young people are bullied, harassed and discriminated against because of their protected characteristics or identity. The survey questions aimed to illuminate who has experienced bullying and where children and young people feel safe.

Participating children aged 7-11, 12-18 and those with PMLD were asked whether they worried about bullying, whether they had experienced bullying or had witnessed it, with questions also investigating the dynamics of bullying in different settings and groups. These groups of children were also asked to what extent adults ask for their opinion and care about what they say, in various contexts including at home, at school and in public. Activities designed for the youngest children (aged 3-6) did not explore issues of bullying and abuse, nor the extent to which adults ask for their opinion.

Parents and carers were asked whether the children under their care have experienced discrimination, bullying, verbal or physical abuse or harassment, and how any incidents were handled.

Adult professionals working with children were asked whether they are concerned that any young people from particular groups are bullied or discriminated against, and where they think young people are most at risk.

The Children's Commissioner offers a free and confidential advice service if you have concerns that a child is being treated unfairly. This service can be accessed by phone on 01792 765 600, Freephone on 0808 801 1000, or email at post@childcomwales.org.uk. Further details on this service can be found here: <https://www.childcomwales.org.uk/about-us/investigation-advice/>

4.3.1. Children and Young People

4.3.1.1. Children aged 3-6 years

Activities designed for the youngest children aged 3-6 did not explore issues of bullying and abuse to ensure that all discussions remained age appropriate.

4.3.1.2. Children aged 7-11 years

Over half (57.8%) of surveyed children age 7-11 worry about bullying and abuse, and 57.2% of BAME children worry about this. Overall, around a third (30.1%) of child respondents report having experienced bullying or been treated differently because of who they are, and 29.6% are not sure. Children who describe themselves as having mixed heritage (42.1%) report having experienced bullying more frequently than those of other ethnic backgrounds.

Through the survey, participating children highlighted the importance of tackling bullying, racism and discrimination. They specifically mentioned discrimination relating to race, skin colour, religion, sexuality, appearance, personal life and place of origin.

Respondents aged 7-11 called upon the Commissioner to, **“stop people from bullying other people”** and, **“no more treating children differently because of our race, looks and personal life”**. Many children insisted that, **“we should all be treated the same”**. One child explained,

“Bullying is just really mean and everyone needs to be treated the same no matter if they are black white small tall straight bi – it doesn’t matter or make a difference.”

Children also described their own experiences of being bullied and highlighted that it is important to, **“treat everyone how you want to be treated”**.

Children identifying as boys (29.2%) and girls (29.4%) report similar levels of experience with bullying, but over half (51.4%) of those who identify as neither of these genders report having been bullied or treated differently (Figure 28).

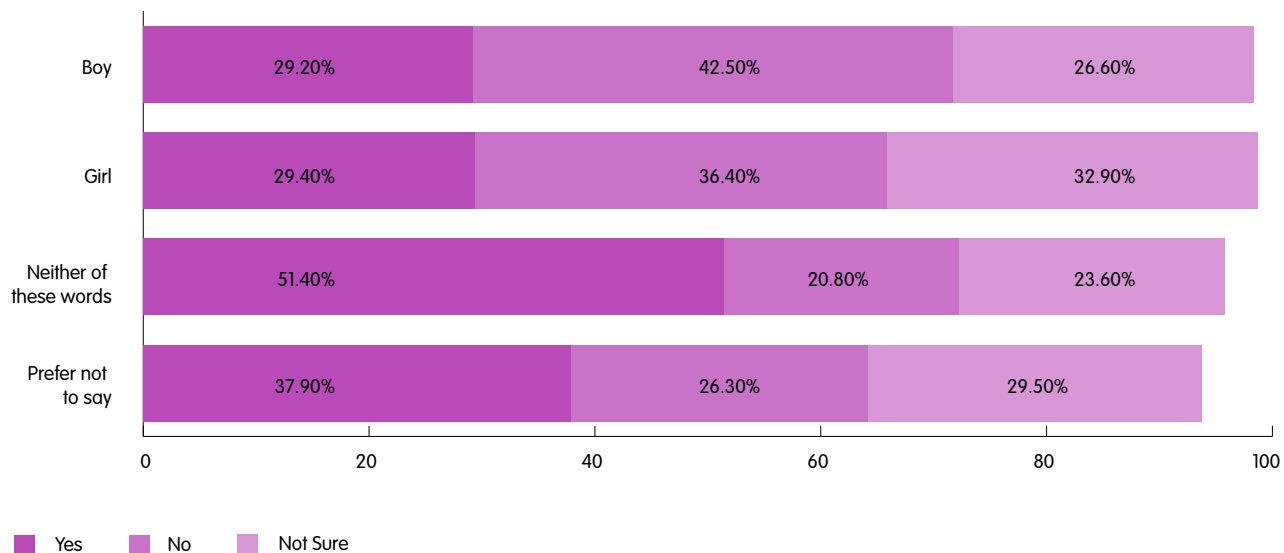


Figure 28: Children's experiences of bullying (7-11)

Young respondents also provided information about the location where they had experienced bullying:

- Most frequently, children age 7-11 reported experiences of bullying at school (75.3%). 80.5% BAME children reported experiences of bullying in school.
- 18.8% of all 7-11-year-olds reported experiencing bullying online, and 19.5% of BAME children.
- 18.5% of 7-11-year-olds reported experiencing bullying in the street or town, and 16.2% of BAME children.
- 13.9% of 7-11-year-olds reported experiencing bullying at home, and 11.4% of BAME children.
- 9.3% of 7-11-year-olds overall, and 14.1% of BAME children, reported experiencing bullying in clubs ;
- 4.5% of 7-11-year-olds overall, and 3.8% of BAME children, reported experiencing bullying on public transport.

Bullying in different locations also varies by gender, as Figure 29 shows.

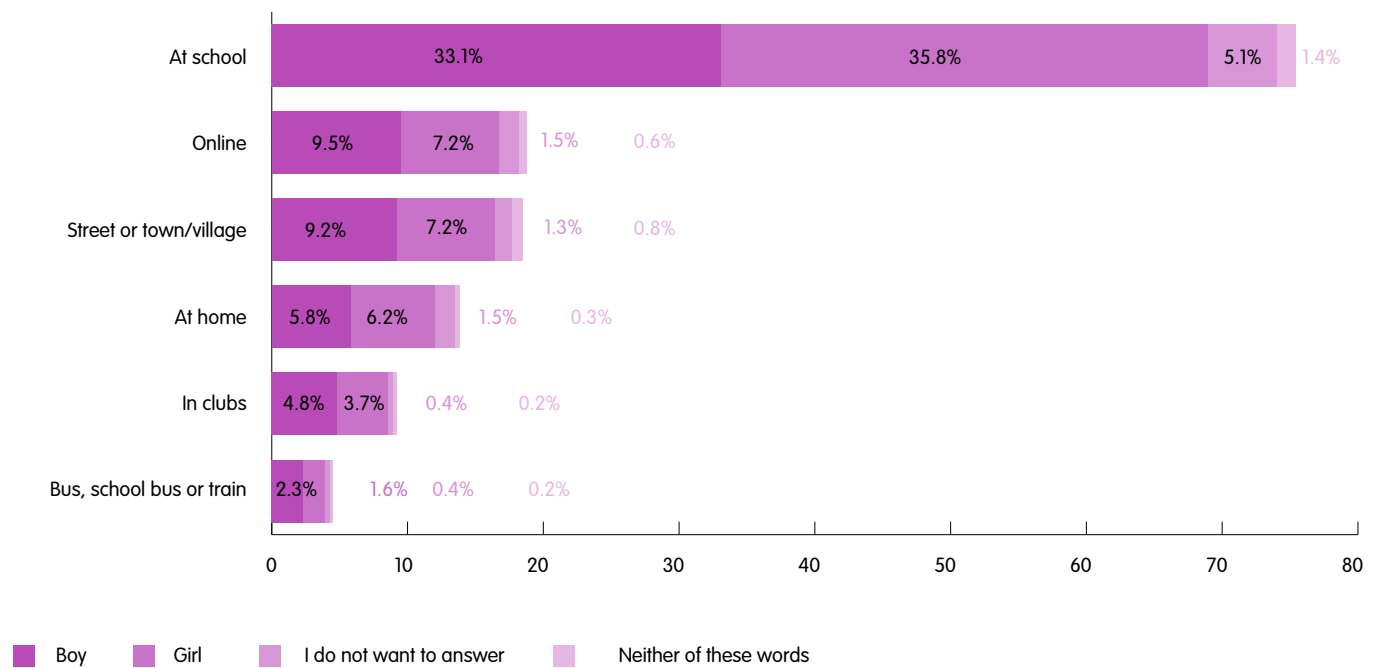


Figure 29: Experience of bullying in various locations, by gender (7-11)

The analysis demonstrates statistically significant differences between groups in experiences of bullying. Among children aged 7-11, girls, children with disabilities and those reporting the lowest level of family affluence (FAS 1) are statistically significantly more likely to have ever been bullied or abused than boys, children who do not identify as disabled, and those in more affluent households (FAS 2 and 3 combined).

There is no statistically significant difference between girls and boys aged 12-18 in the locations where bullying has been experienced. Children with disabilities are statistically significantly more likely than others to have been treated differently at school, college or university, in the street on in their town or village, in clubs and online.

Among children aged 7-11, children with lowest levels of family affluence (FAS category 1) are statistically significantly more likely than others to have been treated differently at home and at school, college or university than those reporting higher affluence levels (children in FAS categories 2 and 3 combined).

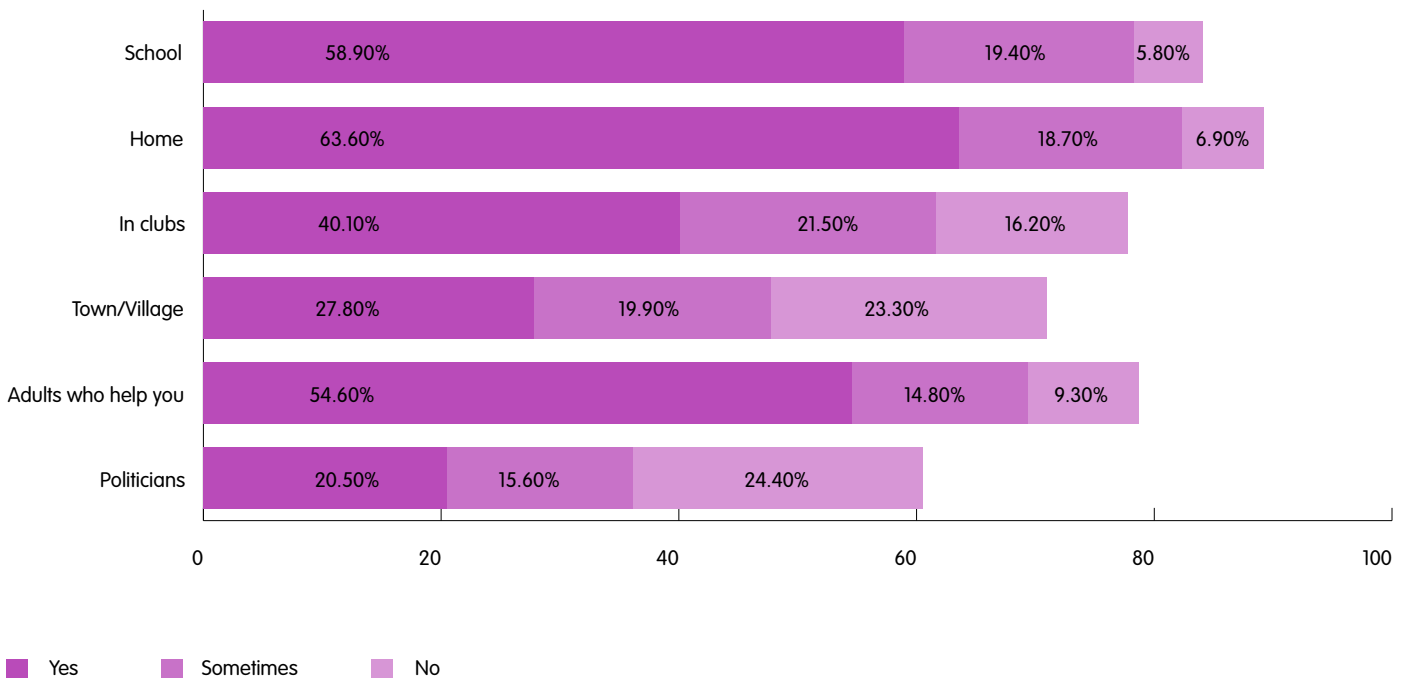


Figure 30: Adults who ask their opinion and care about what they say, according to children (7-11)

Children were also asked to what extent adults ask for their opinion and care about what they say, in various contexts (Figure 30). Across the sample, children age 7-11 report that adults ‘always’ or ‘sometimes’ treat them respectfully at home (82.3%) and at school (78.3%). Over two thirds (69.3%) indicate that adult professionals who help them (like doctors, social worker and police) listen to them.

Around two thirds (61.6%) of young children report that adults ask for their opinion and care about what they say in clubs. Less than half (47.8%) feel listened to in their town or village, and only around a third (36.1%) feel that politicians listen to them and care what they say.

Children aged 7-11 were also invited to reflect on the locations where they feel safe (Figure 31).

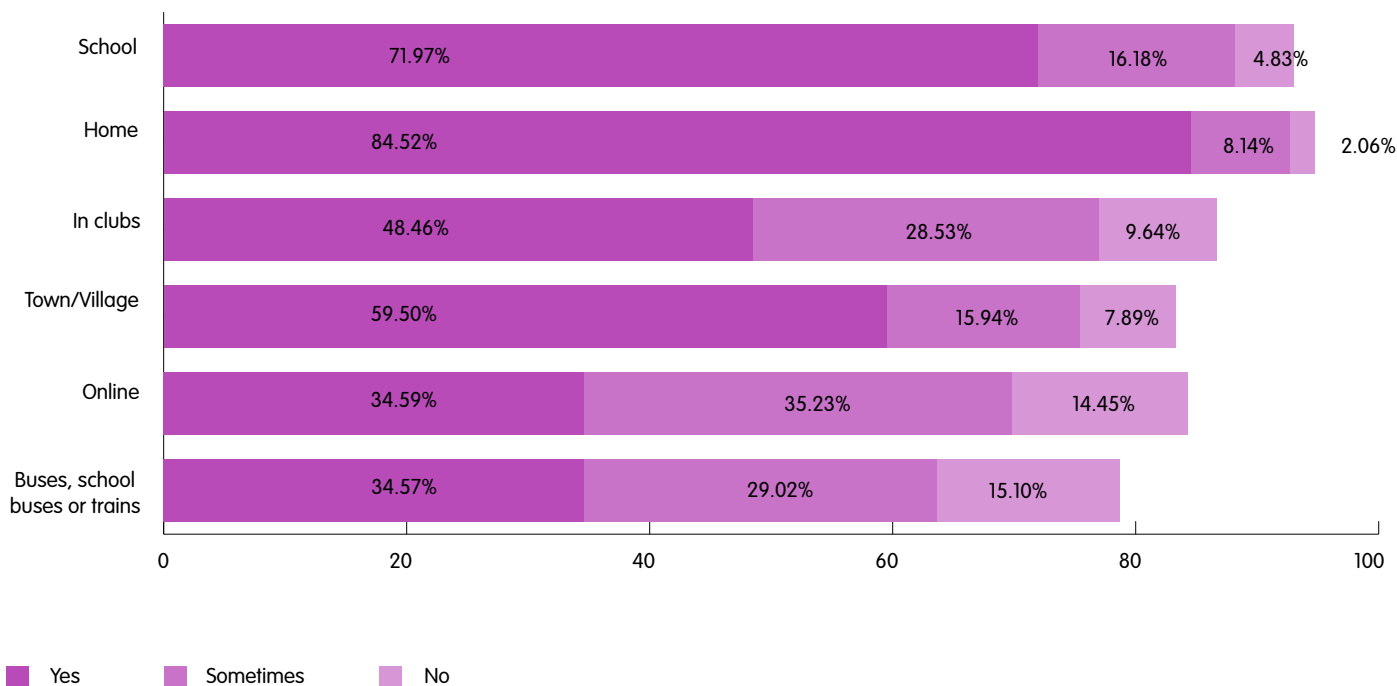


Figure 31: Places where children feel safe (7-11)

- 15.1% of all participating children and 14.2% of BAME children never feel safe on the bus, school bus or train.
- 14.5% of children and 16.5% of BAME children never feel safe online.
- 7.9% of children and 8.6% of BAME children never feel safe in their town or village.
- 9.6% of children and 10.0% of BAME children never feel safe at clubs/groups.
- 2.1% of children and 3.5% of BAME children never feel safe at home.
- 4.8% of children and 6.9% of BAME children never feel safe at school.

4.3.1.3. Young people aged 12-18 years

Young people were asked whether they have ever been bullied or abused because of who they are (Figure 32). Overall, almost a third (30.3%) of young people reported that they have experienced bullying or abuse. Exploring differences between respondents of different ethnicities reveals high rates of bullying among black young people, of whom almost half (48.6%) have experienced bullying. 59.1% of young people who identify as disabled report having experienced bullying.

Throughout the survey responses young people described experiences of bullying, often related to their ethnicity and skin colour. One young person commented,

“I think that Wales in general needs to take care of things such as racism more seriously because of the fact it happens so often due to the fact Wales is a mainly white country and it’s hard for anybody diverse to fit in as they tend to end up whitewashed or bullied/harassed.”

Another explained, **“stop racism, it’s not nice as it has happened to me multiple time just because of where I’m from and the colour of my skin”**. Disaggregating the data from young people who report that they have experienced bullying reveals that;

- 28.9% of boys have experienced bullying or abuse.
- 30.5% of girls have experienced bullying or abuse.
- 35.8% of young people who identify as neither girls or boys have experienced bullying or abuse.
- 48.6% of black young people have experienced bullying or abuse.
- 29.7% of BAME young people have experienced bullying or abuse.
- 59.1% of young people who identify as disabled report having experienced bullying.

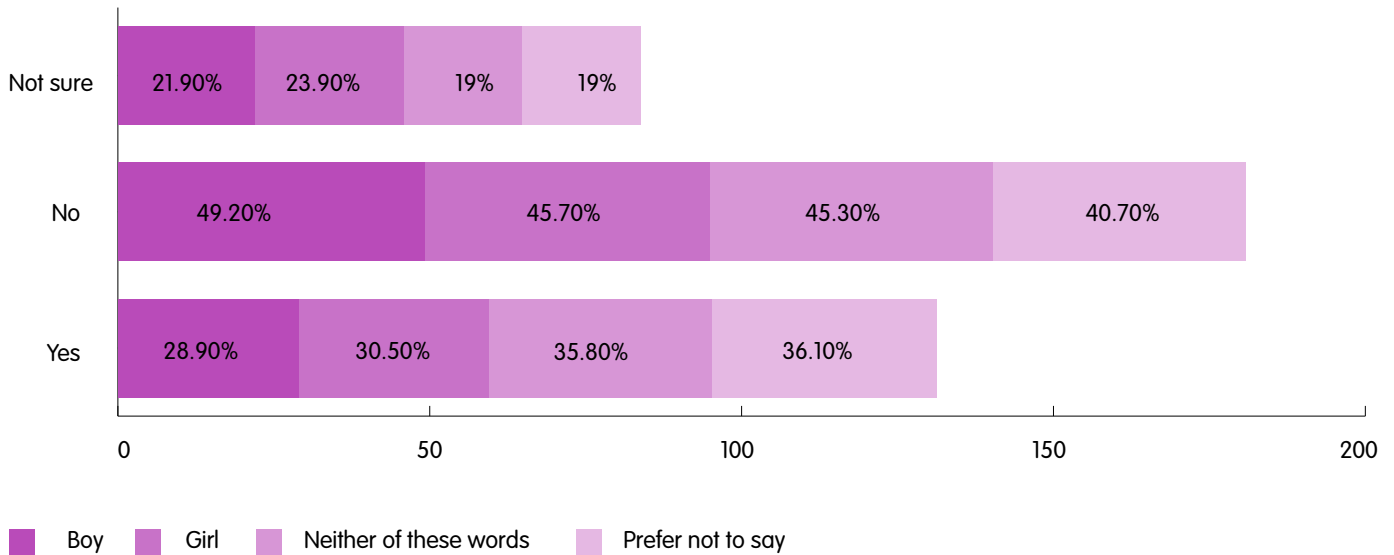


Figure 32: Young people’s experiences of bullying (12-18)

Young respondents also shared the locations where they have experienced bullying (Figure 33). The most frequent was at school, selected by 90.1% of young respondents who have experienced bullying.

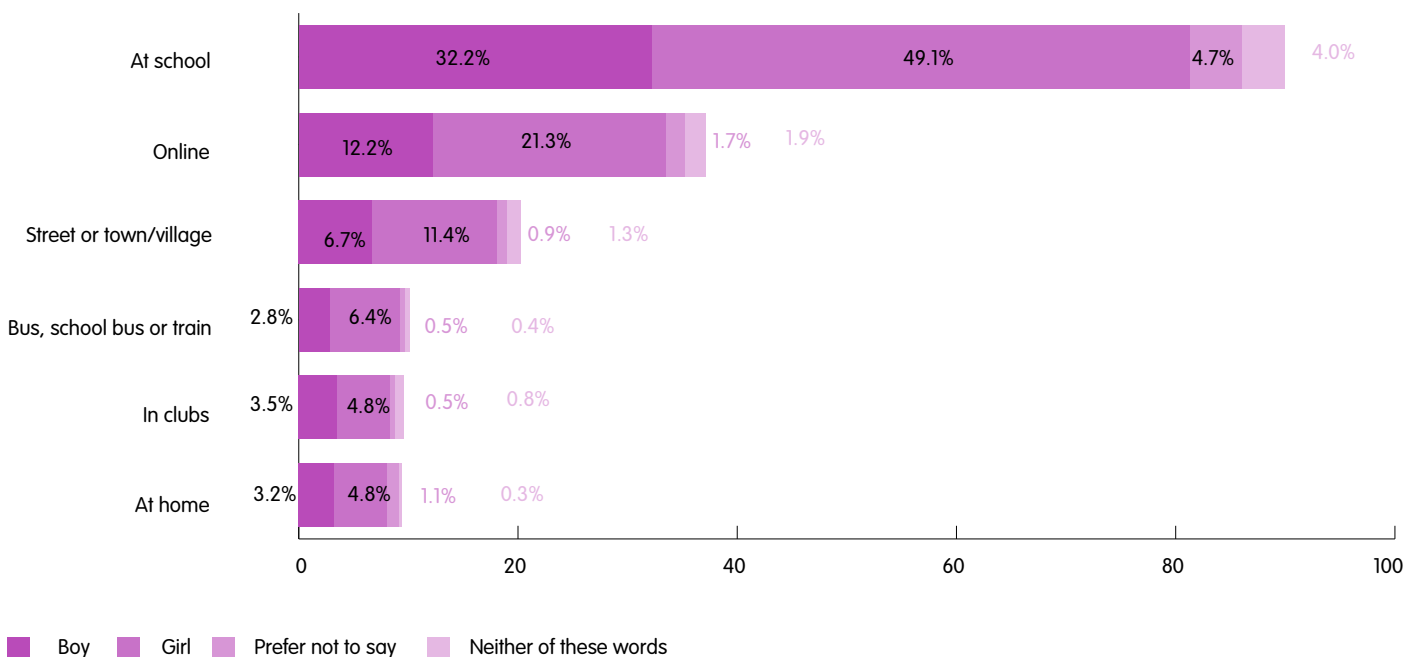


Figure 33: Locations where young people have experienced bullying (12-18)

It was frequently suggested by young people that it should be a priority for the Commissioner to encourage schools to, **“actually punish people who bully others instead of ignoring it”**, with several young people describing their own experience with bullying in school settings.

Of young people who have experienced bullying,

- 90.1% of young respondents who have experienced bullying were bullied in school. 87.3% of BAME young people and 90.9% of those with disabilities who have been bullied, were bullied in school.
- 37.2% of young people who have been bullied, have experienced bullying in the local community
- 20.4% of young people who have experienced bullying, were bullied online.

Figure 33 shows the locations where young people aged 12-18 report that they have personally experienced bullying, disaggregated by gender. The analysis demonstrates statistically significant differences between groups in experiences of bullying. Among young people aged 12-18, there are no statistically significant differences between boys and girls. Young people with disabilities are statistically significantly more likely than others to have been treated differently in clubs and on public transport.

Among young people aged 12-18, those with lowest levels of family affluence (FAS category 1) are statistically significantly more likely to have been treated differently in the street or in their town or village and on public transport compared with those reporting higher affluence levels (FAS categories 2 and 3 combined).

Older children (12-18) were asked to share their experiences of seeing other groups of young people being bullied (Figure 34). They most frequently identified;

- Over half (52.8%) of young people have witnessed lesbian, gay or bisexual young people being bullied.
- 45.5% of young people have witnessed girls being bullied.
- 38.4% have witnessed transgender young people being bullied.
- 37.7% have witnessed disabled young people being bullied.
- 35.1% have witnessed boys being bullied.
- 34.1% have witnessed neurodivergent young people (e.g. with ADHD, autism or Tourette’s) young people being bullied.

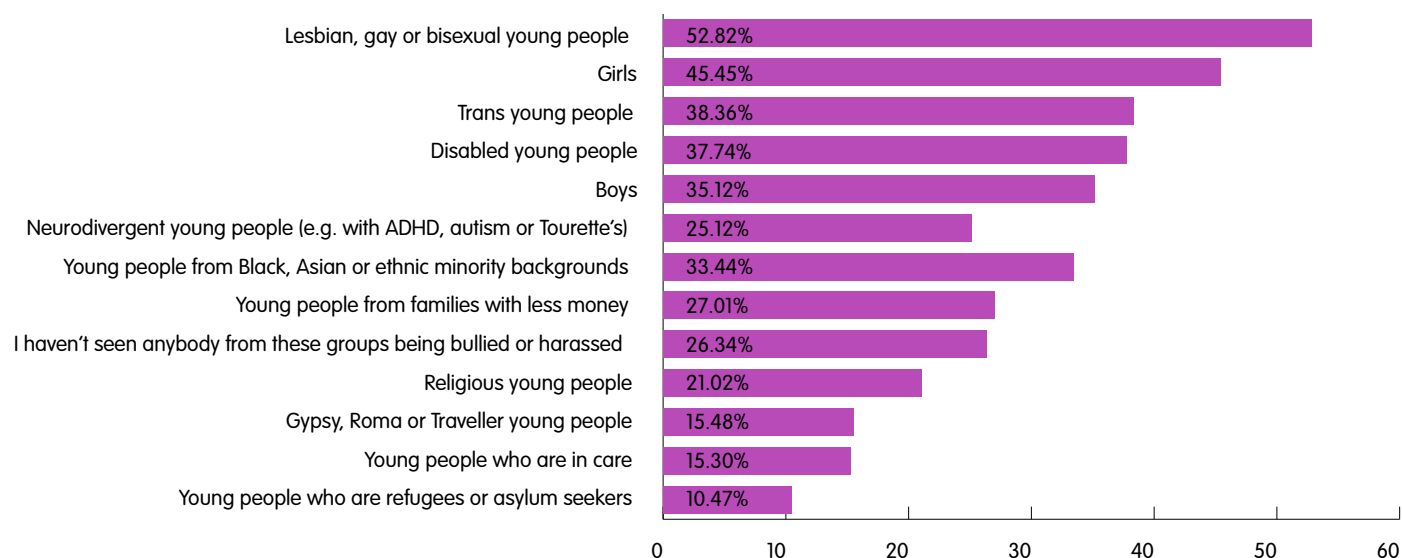


Figure 34: Groups young people have witnessed being bullied (12-18)

Young people were also asked to identify where they had witnessed bullying. Four fifths (81.1%) report having witnessed bullying in educational establishments (schools, college or university). Almost two thirds (60.9%) have witnessed online bullying, and 43.2% have witnessed bullying in the street, town or village.

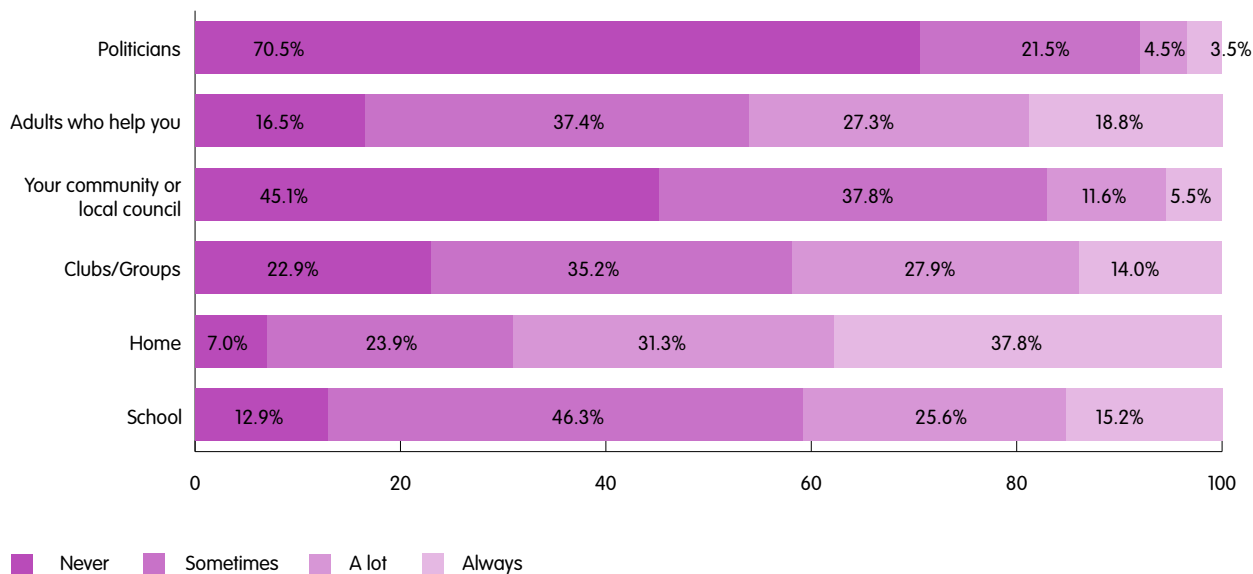


Figure 35: Adults who ask their opinion and care about what they say, according to young people (12-18)

Young people were also asked to what extent adults ask for their opinion and care about what they say, in various contexts (Figure 35). Across the sample, children age 12-18 report that adults listen to their opinion and care about what they say ‘sometimes’, ‘a lot’ or ‘always’ at home (93.0%) and at school (87.1%). Over two thirds (83.5%) indicate that adult professionals like doctors, social worker and police listen to them.

77.1% of older children report that adults ask for their opinion and care about what they say in clubs. Around half (54.9%) feel listened to in their town or village, and less than a third (29.5%) feel that politicians listen to them and care what they say.

Older children were also invited to reflect on the locations where they feel safe (Figure 36).

- 14.9% of young people never feel safe on the bus, school bus or train. 14.8% of young people with disabilities and 10.8% of BAME young people never feel safe there.
- 11.5% of young people never feel safe at clubs/groups. 14.8% of young people with disabilities and 12.2% of BAME young people never feel safe there.
- 8.0% of young people never feel safe online. 19.1% of young people with disabilities and 11.6% of BAME young people never feel safe online.
- 7.5% of young people never feel safe at school, college or university. 17.4% of young people with disabilities and 1.7% of BAME young people never feel safe there.
- 5.5% of young people never feel safe in their neighbourhood. 14.8% of young people with disabilities and 5.5% of BAME young people never feel safe there.
- 1.4% of young people never feel safe at home. 7.0% of young people with disabilities and 5.5% of BAME young people never feel safe at home.

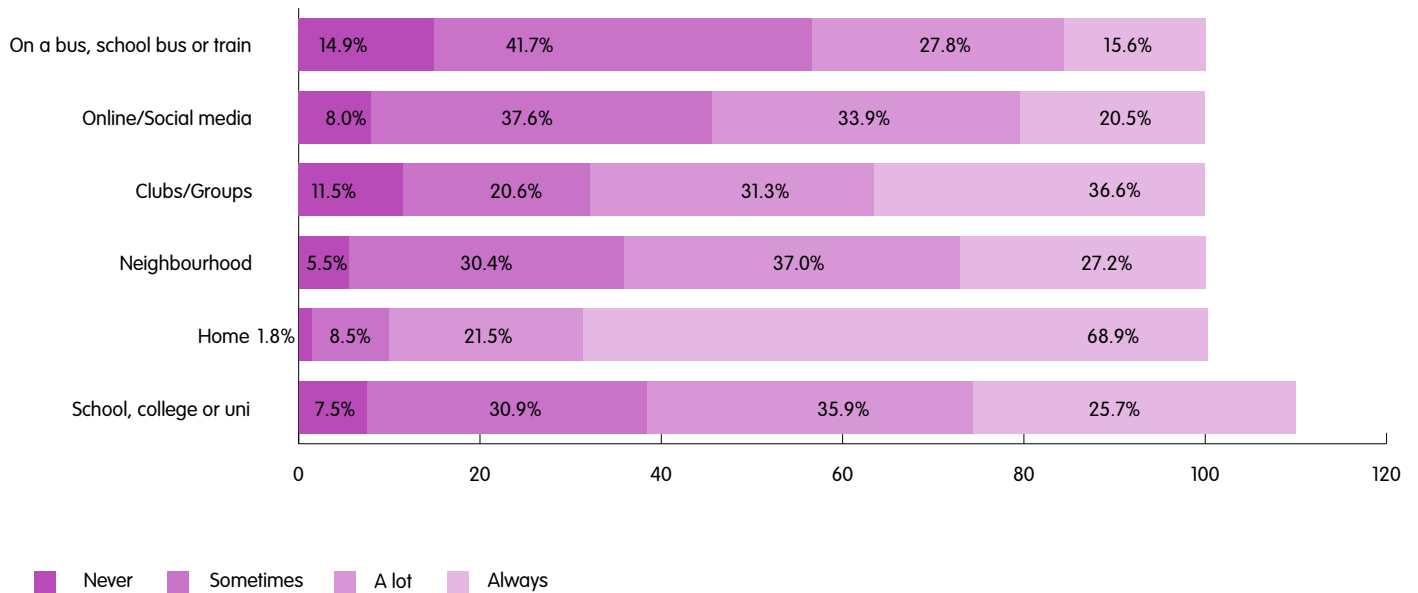


Figure 36: Places where young people feel safe (12-18)

4.3.1.4. Children and young people with learning disabilities

Children and young people with PMLD were also invited to reflect on their experiences of bullying and being treated differently during the participatory activity sessions. 62.5% of respondents with PMLD stated that they were unsure whether they had experienced this, while 25.0% reported that they had not. 12.5% reported that they have been treated differently while **“out and about”**.

Of children who completed the picture survey, 39.6% report having experienced bullying. Most frequently they report that this bullying occurred at school or college (66.7%), at home (25.6%) and in their town or village (23.1%).

Children and young people with PMLD were also invited to reflect on the extent to which adults ask for their opinion and care about what they say. Three quarters (75.0%) answered positively in relation to adults in school, and 81.3% answered positively in relation to adults at home. Only one young person answered negatively in both settings, and the remainder were unsure.

Among children who completed the picture survey, 68.9% of respondents indicated that adults listen to them and care about what they say at school or college, 68.2% at home, 50.0% in clubs, 41.4% in their town or village. 83.3% indicated that adult professionals like doctors and social workers listen to them, and 47.1% responded that politicians listen to them. Among these children, respondents most frequently report that they feel safe at home (84.0%) and at school (71.4%).

4.3.2. Parents and carers

43.6% of parents and carers reported that a child in their care had experienced discrimination, bullying, verbal or physical abuse or harassment.

Of these, the most frequent reasons (Figure 37) identified by 42.3% of survey respondents was relating to their neurodivergence, including ASD, ADHD and other conditions, followed by bullying relating to children's disability reported by 26.0% of respondents. The third most common reason was because they are a girl (12.1%) followed by bullying relating to their home life or poverty (8.0%). Around a quarter (26.6%) stated that they do not know the reason why a child in their care was bullied.

Parents and caregivers were also asked to provide information about the location of bullying incidents. The majority (92.3% of those who reported bullying) stated that it had occurred in school or another educational setting. 15.7% reported bullying occurring online, for example through social media or while online gaming. 14.4% reported bullying in their town, village or neighbourhood and 13.6% reported bullying occurring at a club or group. Only 2.1% of parents and caregivers reported bullying occurring in the home.

78.6% of parents and caregivers who acknowledged that children in their care had been bullied responded that they or someone else had reported the bullying, while 18.0% state that it was not reported. Of those who stated that the bullying was reported, over half (53.9%) were not at all confident in the incident was addressed, while 13.0% were very confident.

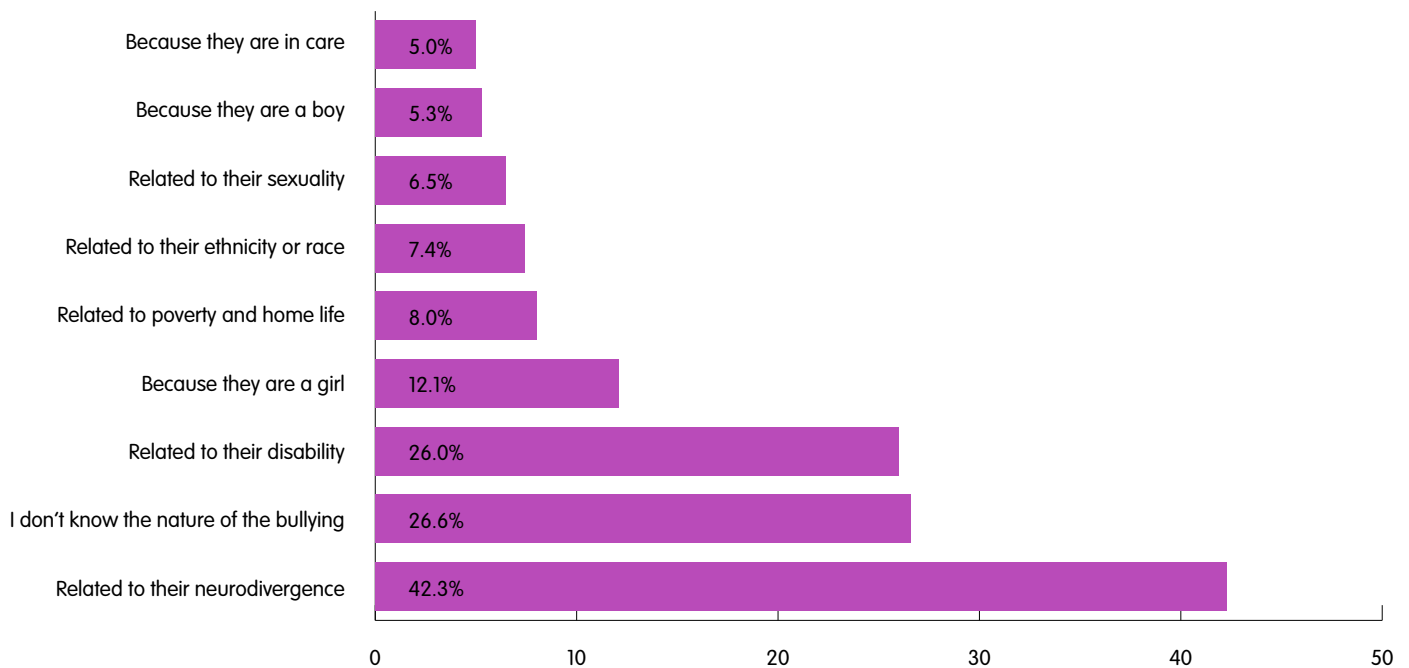


Figure 37: Parents' and carers' assessment of the reason a child in their care experienced bullying

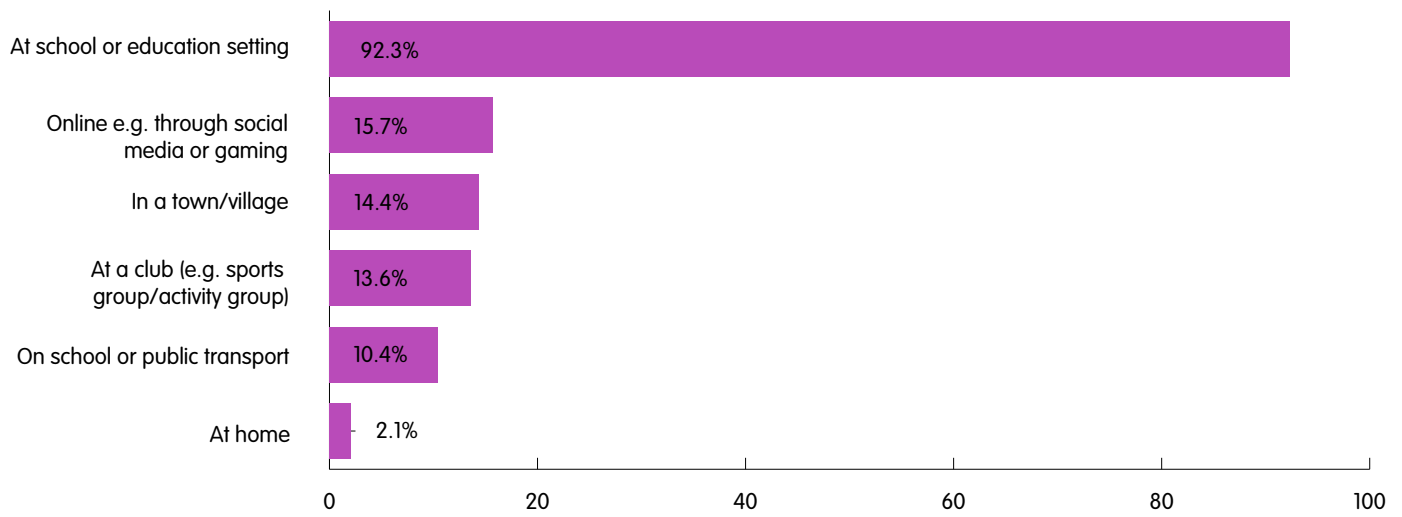


Figure 38: Location of bullying incidents, according to parents and carers

4.3.3. Professionals

Professionals were asked about the groups of young people who they believe are most at risk of being bullied or discriminated against. They most frequently (43.4%) identified disabled young people, followed by young people from Black, Asian or ethnic minority backgrounds (40.6%), young refugees and asylum seekers (39.5%), neurodivergent young people (38.4%) and transgender young people (37.8%), as shown in Figure 39.

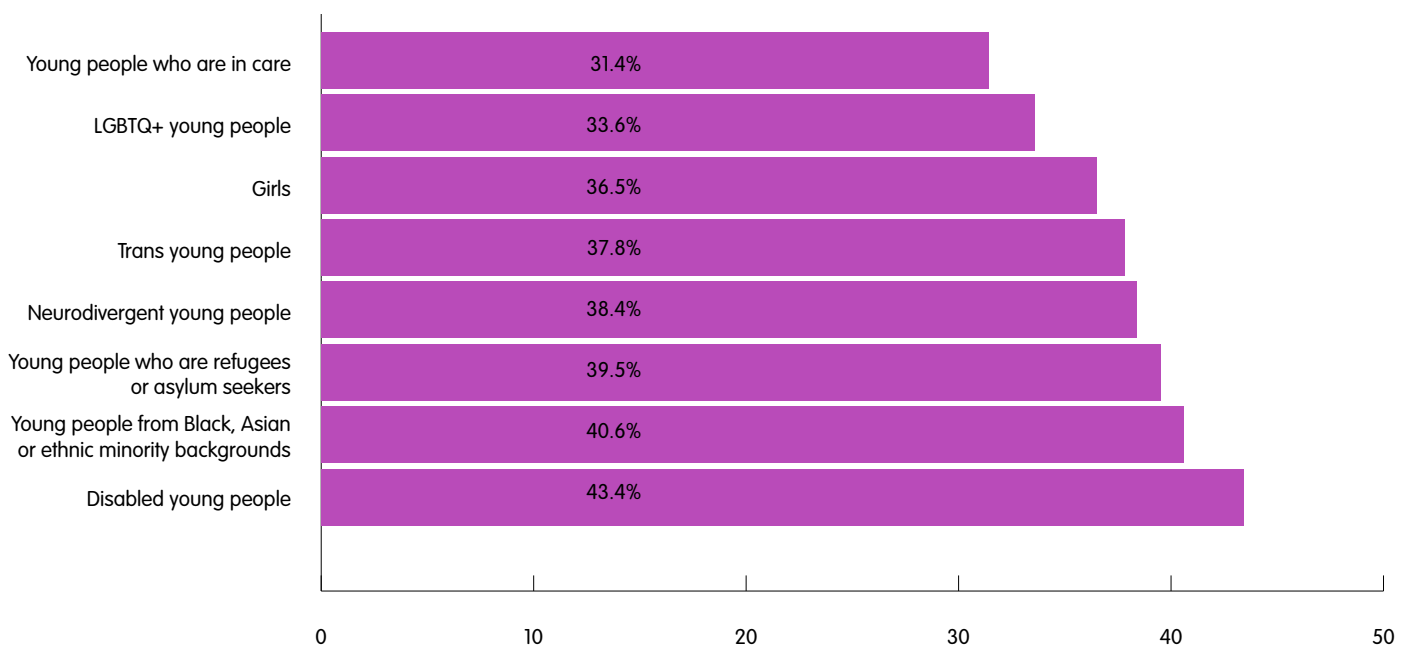


Figure 39: Professionals' concerns about children and young people most at risk of bullying

Professionals were also asked to identify where they believe young people are most at risk from incidents of discrimination, bullying and harassment. The majority (84.8%) of professionals who work with children and young people identified online environments (including social media and gaming) at the highest risk for discrimination, bullying and harassment. Local neighbourhoods were also identified by two thirds (67.3%) of professionals, followed by school and educational settings (64.2%). Figure 40 shows the complete range of responses.

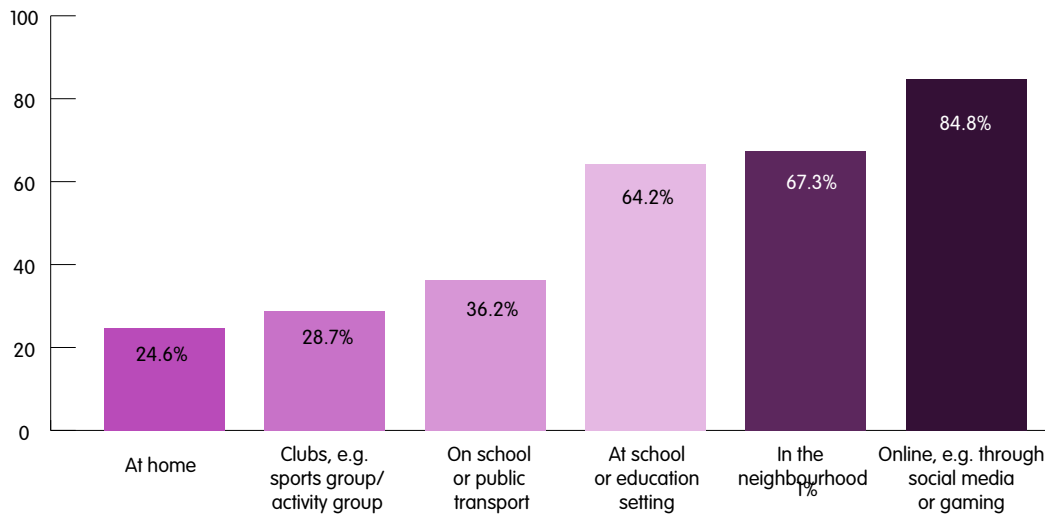


Figure 40: Professionals' assessment of locations where children and young people are most at risk of bullying

4.4.

Making Life Better



Participating children, parents and carers, and adult professionals were asked to reflect on what would make children's lives better.

4.4.1. Children and Young People

4.4.1.1. Children aged 3-6 years

Youngest children shared some ideas for the Commissioner to make children's lives better. Most frequently they suggested to, "make sure everybody has plenty of food and water" (40.9%), "make sure people are kind to each other" (36.4%), to increase "opportunities and access to play" (31.8%), and "make sure everybody has a safe house or place to live" (31.8%).

27.3% of the groups of under 7s suggested to, "give money to people who need it", and 22.7% recommended to, "make sure children have access to healthy food" and "make sure all children have a good family and someone to look after them".

4.4.1.2. Children aged 7-11 years

Younger children were asked, "What would make children's lives better?" Responses are presented in Figure 41. The most frequent responses from over half (54.2%) of young children were to try and stop bullying, and to help families to get the things and money they need (47.8%).

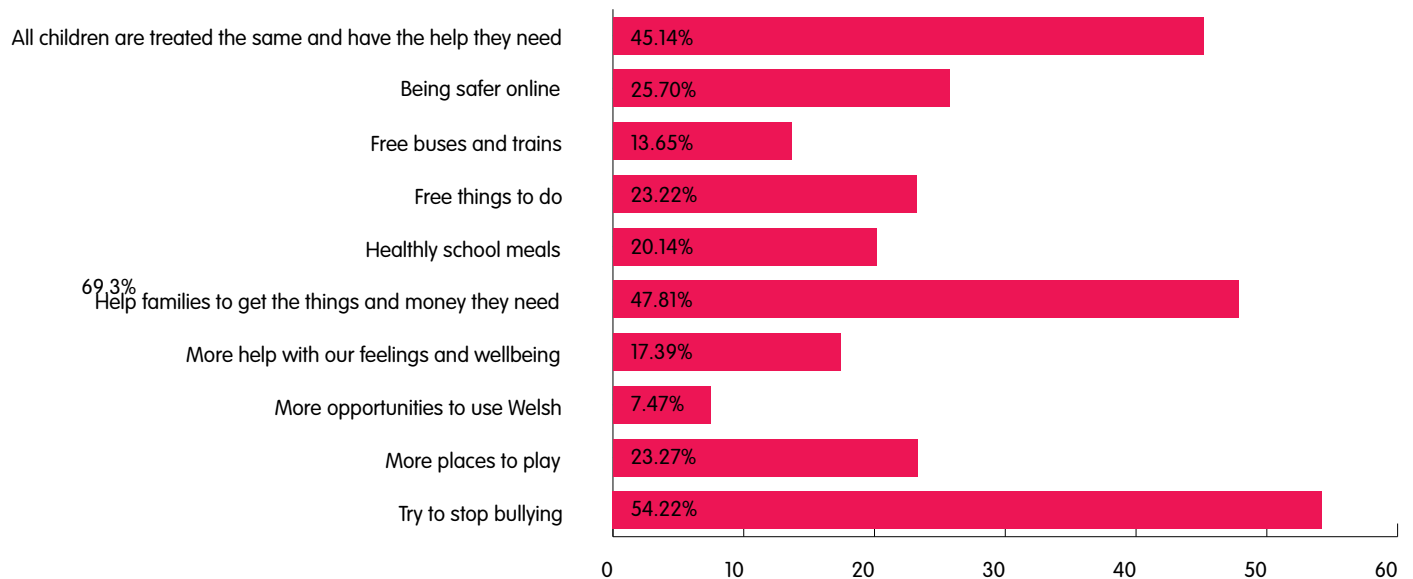


Figure 41: Suggestions to make children's lives better, according to children aged 7-11

Gender differences among the sample are presented in Figure 42. Girls expressed more concern about stopping bullying, treating children the same and help with feelings and wellbeing, while boys more frequently selected more places to play and free things to do.

Of the 2,146 children that reported that, 'helping families get the things and money they need' would make children's lives better, only one third fell in the lowest category of family affluent score (FAS 1).

Children were also invited to share their own suggestions to make their lives better, and suggested a wide range of recommendations. Most frequently, these related to the themes of;

1. Stop bullying and abuse and be kind to each other;
2. Address poverty, ensure access to food and water;
3. Keep children safe;
4. Provide more opportunities for play.

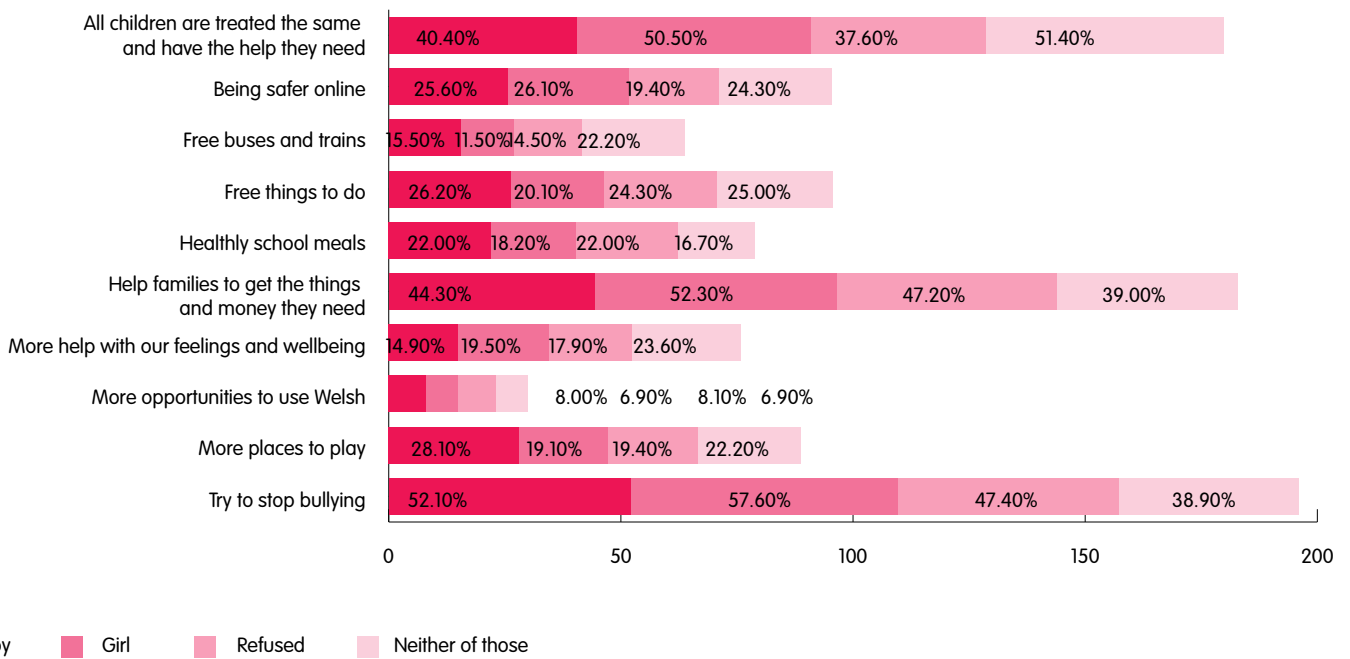


Figure 42: Suggestions to make children's lives better (7-11)

Suggestion 1:

Stop bullying and abuse and be kind to each other;

The most frequent theme discussed by children age 7-11 concerned the importance of addressing **“bullying and abuse”**, and promoting kindness. One child recommended **“no unfairness or bullying or being mean”** and another explained,

“Everyone should be treated the same and school to stop children getting bullied. I was bullied for 4 years in school but now I do boxing they leave me alone.”

Online bullying was also a concern, and children recommending increasing support to stay online and also in public spaces.

Suggestion 2:

Address poverty, ensure access to food and water

The second most frequent suggestions related to the importance of supporting families to meet their basic needs, including food, drink and heating as well as housing and transport. Children called on the Commissioner to, **“make sure children don’t go hungry”** and support **“local food banks”**. One child explained,

“I think it wold make childrens lifes better if there parents didn’t struggle with money and if they did they could get help and it wouldn’t effect the child with eating or staying warm or have a drink.”

Another recommended,

“every kid gets a home and clean water and warmness and helfy food and lots of love in them and family and all kids to have fun and be happy.”

Another child suggested,

“making shour that each and evey family as the rite to eat and have a safe place to sleep. Each and evey family in wales have a roof over there head.”

Children also recognised food poverty in their schools. One explained, **“Don’t charge so much to eat in schools. I see so meany children having to go hungry because they have no money.”**

Suggestion 3:

Keep children safe

Children also recommended the importance of protecting children and ensuring their safety, mentioning good health and wellbeing for families. This included more police and protection in public spaces and less litter in schools and public spaces. For example, one child suggests,

“make sure child friendly places are more safe like less smashed glass at a kids playground because you can seriously get hurt”.

Others called for general equality, such as one child respondent who felt it is important to, **“be kind, respectful, truthful and helpful”** and another called for an end to shouting. Some children also mentioned online bullying and abuse and the importance of helping children to, **“be safe online”**.

Suggestion 4:

Provide more opportunities for play

Children also highlighted the importance accessible, inclusive activities and recommended, **“more physical activities and clubs for free for all children”**. Some suggested, **“more safe parks for us to play in”** and **“add more stuff to playgrounds”** as well as supporting, **“places where kids can meet up and to make new friends”**. Many children called for more physical play spaces and, **“there being other places out of our home, school, or at a friend or famailys house - not over the phone”**. Some children had specific suggestions to transform unused spaces into playgrounds and improve existing play spaces. One child explained,

“the parks are awful and there is nothing for children to do. There is nowhere for them to go, it hasn’t changed since my mum was a kid.”

Children highlighted the importance of ensuring that play spaces are **“safe”**, and several recommended **“a girl or boy to wach over the chilldern and make sure no one is getiug hurt”** in public play areas.

Many children wanted **“more quality time with family”** and **“more golden time”** and several also suggested, **“toys to be less expensive”**.

Other Suggestions

Children also proposed a wide range of suggestions for the Commissioner to make children’s lives better, including promoting online safety, providing free school meals, healthier school meals shorter school days, more trips and activities, equality, more equipment in schools and donating to charity.

Some were humorous, such as one child who suggested, **“you should make money cheaper”** and another who requested, **“my very own den just like the bat cave with a secret way to get in”**.

4.4.1.3. Young people aged 12-18 years

Young people were invited to share their suggestions for what would make young people's lives better. The most frequent responses from were to help families to get the things and money they need (46.4%), more mental health support (44.6%) and tackling bullying and hate crime (43.6%).

In responses to the open question, young people also suggested a wide range of activities and support that could benefit young people. Most frequently, these related to the themes of;

1. Supporting mental wellbeing;
2. Addressing bullying and hate crime;
3. Increasing opportunities for play and relaxation;
4. Improvements to the education system.

Suggestion 1:

Support mental health and wellbeing

Young people most frequently provided suggestions relating to supporting mental health and wellbeing. They often mentioned the importance of checking in on young people and providing them with regular opportunities to speak and be heard by adults. One recommends,

"Listen to them, [give them] mental health breaks, time for them to sit and talk to someone instead of them being bottled up..."

One young person suggested, **"youth mental health should be taken more seriously and potentially have yearly or monthly checks"**, while another recommends, **"free therapy to have to go to similar to a check-up whether they ask for it or not"**.

Other respondents highlighted the importance of, **"recognising children as individuals"** and **"encourage them to put themselves out there, provide clubs they feel comfortable in, rooms for time out for themselves, mental health breaks"**.

Young people also mentioned the importance of providing school staff with appropriate training, or providing specialist support staff to ensure they take appropriate actions and provide good advice, and also to ensure discretion and confidentiality are respected. One young person recommends,

"mental health support without it being broadcasted to whole year groups as that makes it be joked about, so it should be discreet."

Another suggests, **"have a school nurse that supports you instead of telling you your feelings are wrong"**. For some respondents, the education system is not conducive to mental wellbeing, and they suggest that fewer exams would reduce stress for young people.

Young people also discussed the high thresholds for mental health support, cumbersome referral pathways and slow diagnoses, and recommend providing early mental health support so that, **"young people don't have to reach crisis to get help"**.

Suggestion 2:

Address bullying and hate crime

The second most frequent theme among the suggestions from young people was bullying and hate crime. Many used the hashtag #stopbullying or simply recommended to tackle these issues in school, in communities and online. Young people also suggest, **"to address bullying and deal with the bully not the person who is being bullied"** and **"punish people who hatecrime"**.

Several young people explicitly linked hate crime and mental health and emphasised that it is not **"just a harmless prank"**. One young person suggested, **"take bullying and discrimination more seriously - it's a horrible thing for any child to go through and it really damages their mental health"**.

In schools, young people recommend more awareness of difference including disability, gender identity, LGBTQI+, race, and religion.

Suggestion 3:

Increase opportunities for play and relaxation

Young people also recommended increasing the opportunities for play and relaxation, mentioning sports and hobbies as well as after school clubs and spaces for quiet time and calm activities like reading. One young person suggests,

"maybe somewhere in the school they could put up a tent (or something) and make it a quiet, sort of reading corner/quiet place"

Other young people mentioned the importance of providing activities in the local community, or providing **"free transport"** to help them access opportunities.

Suggestion 4:

Improve the education system

Young people also made suggestions about the education system, frequently just stating **"improve the education system"**. For many, their concerns relate to mutual respect, and giving young people the opportunity to contribute to decisions that affect them. One young person suggests,

"Allow children and young people to voice their opinions on things to do with the school curriculum (e.g. books we should and shouldn't use)."

Many ideas concerned supporting young people's autonomy and independence within the education system, such as one respondent who suggests, **"if a student is sad let them listen to music and do work"** and another who advises, **"let young people in schools go to the toilet when they want to"**.

Young people also recommended the inclusion of lessons on disability, equality and farming in the curriculum. Opinions on learning Welsh in schools were divided, with many recommending that it should not be required. Many recommended reducing the pressure of exams and assessments, and providing more support for children with ALN.

Others recommended an overhaul of the educational model. One young respondent explained,

“Improve the education system. It shouldn’t be run like a dictatorship. So many of the policies have no purpose or are just backwards. It is not a supportive even safe environment for neurodivergency and is not accommodating unless the accommodations convenience the school.”

Some young people expressed concern that they were not being prepared for **“the real world”** within the school system. One explained,

“When kids first start school they’re excited and really happy but by the time it’s over most kids hate it. They leave school scared and they don’t know how to deal with most real-life problems. For every day they are in school, children walk into class quietly and are told to sit down and shut up and listen to the teacher - don’t think for yourself - talk when your spoken to. This seems criminal to not prepare kids for the real world and how to survive.”

Other Suggestions

Young people also recommend providing more financial support for young people and more free activities, and more support for equality and for vulnerable and excluded groups including young people with disabilities and LGBTIQ+ young people.

4.4.1.4. Children and young people with learning disabilities

Children and young people with PMLD also shared their suggestions for making children’s lives better. Most frequently (31.3%), they agreed that it is important that **“all children are treated the same and have the help they need”**, with the second most frequent (25.0%) recommendation to, **“help families get the things and money they need”**. They also recommended increasing spaces for children to play and ensuring outdoor areas are accessible for all, and technological improvements to empower them to communicate and be more comfortable.

Children who responded to the picture survey most frequently recommend to address bullying (40.5%) and provide financial help to families (13.5%).

4.4.2. Parents and carers

Parents and carers were asked to share their opinions on how to improve the lives of children and young people. They most frequently (48.4%) identified 'More free activities and things to do' closely followed (47.4) by 'more support for mental health and wellbeing' as the most important actions to make lives better for children and young people in Wales.

Figure 43 shows the frequency of responses to each of the identified areas to make life better, according to parents and carers who responded to the survey.

Parents and carers who completed the survey also provided a range of further suggestions for the Children's Commissioner (Figure 44).

The most frequent suggestions were;

1. Provide more free and accessible spaces, activities and clubs;
2. Adjust the school curriculum;
3. Increase inclusivity in schools and activities;
4. Provide practical support for families and caregivers.

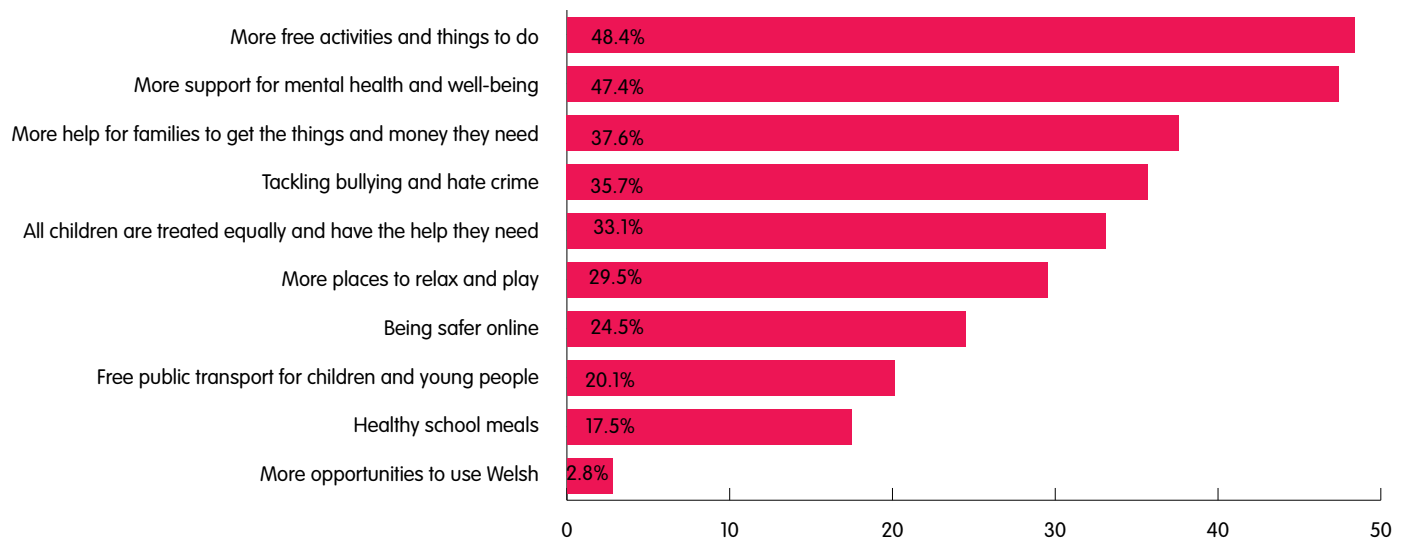


Figure 43: Parents' and carers' suggestions to make children and young people's lives better

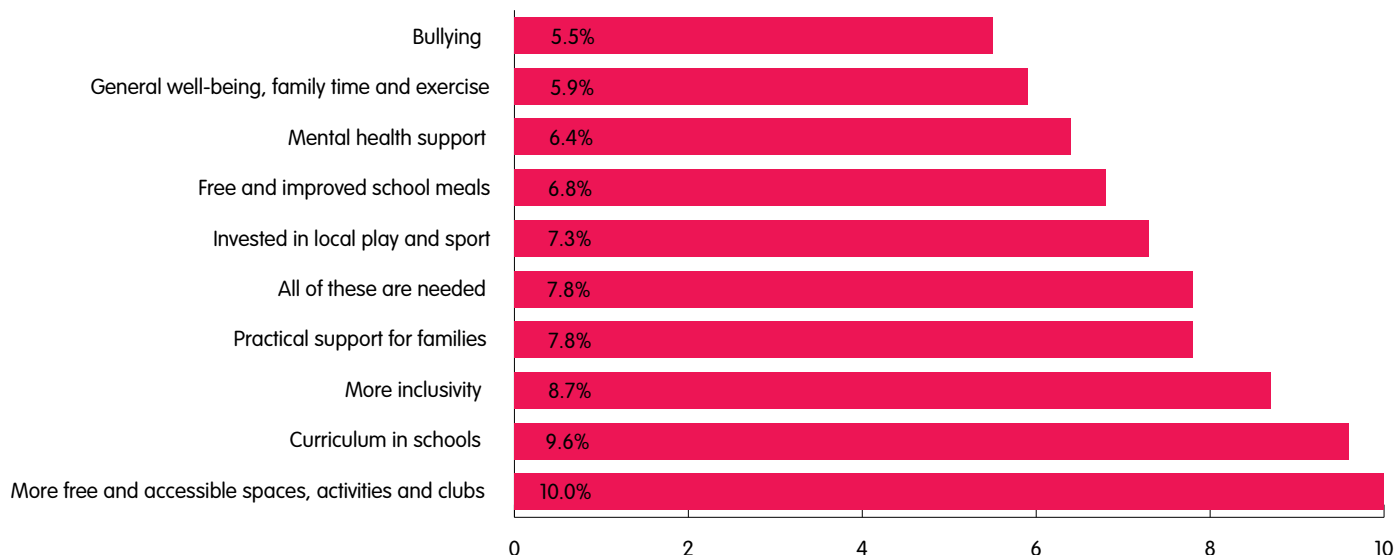


Figure 44: Parents' and carers' additional suggestions to make life better for children and young people

Suggestion 1:

Provide more free and accessible spaces, activities and clubs

Parents and caregivers most frequently discussed the critical importance of providing a range of free sports and activities for children and young people, correlating these with a wide of positive outcomes for social, physical and emotional wellbeing. As one respondent explained,

"You have a small window to nurture a love of sport in children. They need opportunities to try out different sports, both team and non-competitive and find something which makes them feel joyful and alive. Sport and activity are known to have great positive impacts on wellbeing at all ages..."

Improving the quality of local parks was frequently mentioned, including making them safer and more inclusive. One respondent suggested,

"Better park facilities, access to the outdoors, toilet facilities in play areas, undercover areas in the park for poor weather, better facilities for teenagers to reduce antisocial behaviour and more monitoring of parks so children can play safely without fear of older kids."

Another also highlighted safety in public parks commenting, **"make space for girls - groups of young men intimidate other park users"**. Inclusivity for children and young people with disabilities, ALN and neurodiverse young people are addressed in Suggestion 3.

Many parent and carer respondents highlighted the prohibitively high costs of activities for many families;

"Unless you have money it's hard for children to do out-of-school activities. Opportunities for dance, climbing, drama, sport all cost a lot on a weekly basis."

Parents and caregivers also suggested that, **"school trips are also expensive and need to be free if they are for an educational purpose"**. During school holidays, parents and carers called for **"more and funded childcare and play opportunities within communities"**, and in termtime they requested, **"after school and Friday afternoon clubs/provisions to help parents to work more hours"**.

Several respondents commented that the free activities during, **"the 'Winter of Wellbeing' and 'Summer of Fun' were excellent for children"**. One explained that these initiatives,

"...enabled my child to try new activities for free, and kept her entertained throughout the summer. More activities are needed like this all of the time, especially forest school and other activities which take place in nature."

Parents and carers also recommended ensuring that provision of activities and play facilities are equitable across Wales, and **"not just in the larger towns"**. One respondent explained,

"INVEST IN SPORT. There are not enough community sports clubs for children which are free or low cost and easy to get to for parents who do not have a car - in our own small valley ... there is a huge waiting list for the football club ... (and impossible to get to if you don't have a car). The other sports activities for young age groups are very expensive, with waiting lists and difficult to get to."

Suggestion 2:

Adjust the school curriculum

Parents and carers also frequently called upon the Commissioner to support the revision of the educational system and the school curriculum, including “smaller class sizes”, “update the education policies” and “reduced workload for teachers to spend quality time with children”. One respondent noted,

“Long term investment needs to be made to have a significant positive and prolonged impact on children’s lives as they progress through education and into the world of work.”

For younger children, suggestions included “shorter school days”, “more outdoor play” and “outdoor learning”, and “more active time”. For older children, these included a focus on “life skills”, personal finances and home economics, and “emotional wellbeing /resilience”, as well as more opportunities for “sport and physical activity”.

Parents and carers also called for specialist teachers to support children to learn about healthy relationships and online safety,

“Education around relationships is required for all and to be delivered by a specialist in this area not a teacher - what a healthy relationship looks like, education around pornography, etc.”

Specialist support was also encouraged in a range of learning areas, both to broader children’s horizons and to help them deal with the challenges of life. One respondent suggests,

“They should be getting internet technology (IT) lessons from national tech experts, talks and tours from global companies, inclusion in (Science, Technology, Engineering and Maths) STEM activities. Wales needs to think bigger or we will end up with more rural poverty and young people leaving.”

Another recommended,

“Education on social life issues more practical in nature- compulsory ‘University of Life’ - handling insurance, wallpaper, budgets, survival techniques... how to handle a car crash or the loss of a loved one...”

Parents also called for improvements in the quality of school dinners and addressing obesity through promoting healthy eating and active lifestyles.

Suggestion 3:

Increase inclusivity in schools and activities

Parents and caregivers called for, “a more imaginative revamp of education in Wales”. They recommend for children to be taught about disability from a young age, both to increase awareness and reduce stigma of difference and disabilities, and to accommodate and celebrate diverse needs and capacities of young learners.

Parents and caregivers recommended, “promoting strengths of learners and not just focus[ing] on academic achievement” and providing,

“Access for ALL children to join in normal clubs/activities, regardless of their additional needs. If they need extra support to join in something then there should be ways for them to do so.”

Inclusivity was recommended both in schools and in public spaces and groups to ensure that young people with disabilities are able to join in and feel safe and welcome. Parents and caregivers also recommended flexible and blended learning and adjustments to timetables to support, “learners who struggle in full time education to do blended learning on more difficult days”.

Overall, parents and carers do not support the, “one size fits all” approach and recommend that education systems should be more flexible to support and nourish all children.

Suggestion 4:

Provide practical support for families and caregivers

Parents and carers frequently called for more practical support, including financial support for working families who are above the FSM threshold to pay for school uniforms, meals, trips and activities.

Other recommendations included encouraging employers to offer flexibility to working parents and carers. As one respondent explained,

“It’s too easy to reject at the moment. A better work life balance for parents means more family time, better home cooked meals, more exercise time for the whole family, the opportunity to socialise with other families- the list goes on. Having worked for many global/ European businesses the UK is so far behind. Help the parents and you’ll help the children.”

Other parents and carers highlighted the need for, “more mental health support for parents and carers, especially lone parents” and “help to be a good parent”, as well as “respite for families with ALN”. One respondent explained,

“To ensure children have a better live you also have to ensure their parents/carers are in a good place to look after them and provide positive role models. Jobs, education, financial support, medical and wellbeing support and access to these within society all needs improving.”

Other carers and special guardians also called for more rights and support, for example one respondent suggested,

“Kinship carers need to be recognised and valued for the role they play. There needs to be change in how we are supported and treated. We need the rights between kinship carers and foster/ adoptive families to be equalised.”

Other Suggestions

Several parents generally called on the Children’s Commissioner to “advocate for children and parents to ensure their rights are upheld and supported”. They also encouraged the office to increase the scope of the role to represent “young adults 18 to 25 years with a learning disability, our ‘adult children’”. Mental health support was a frequent suggestion, and other suggestions included increasing access to the arts, promoting online safety and promoting healthy eating and exercise.

4.4.3 Professionals

Adult professionals were asked to share their opinions on how to improve the lives of children and young people (Figure 45). They most frequently (43.3%) identified 'more support for mental health and wellbeing' as the most important action to make lives better. Figure 45 shows the frequency of responses to each of the identified areas to make life better, according to professionals who responded to the survey. One fifth (22.2%) of respondents indicated that all of these options are important or expressed frustration that the survey only enabled them to select three options.

Professionals who completed the survey also provided a range of further suggestions for the Children's Commissioner. The most frequent were;

1. Provide more free activities, clubs and spaces for children and young people
2. Enhance support and training for parents
3. Provide community-based support, particularly in rural areas

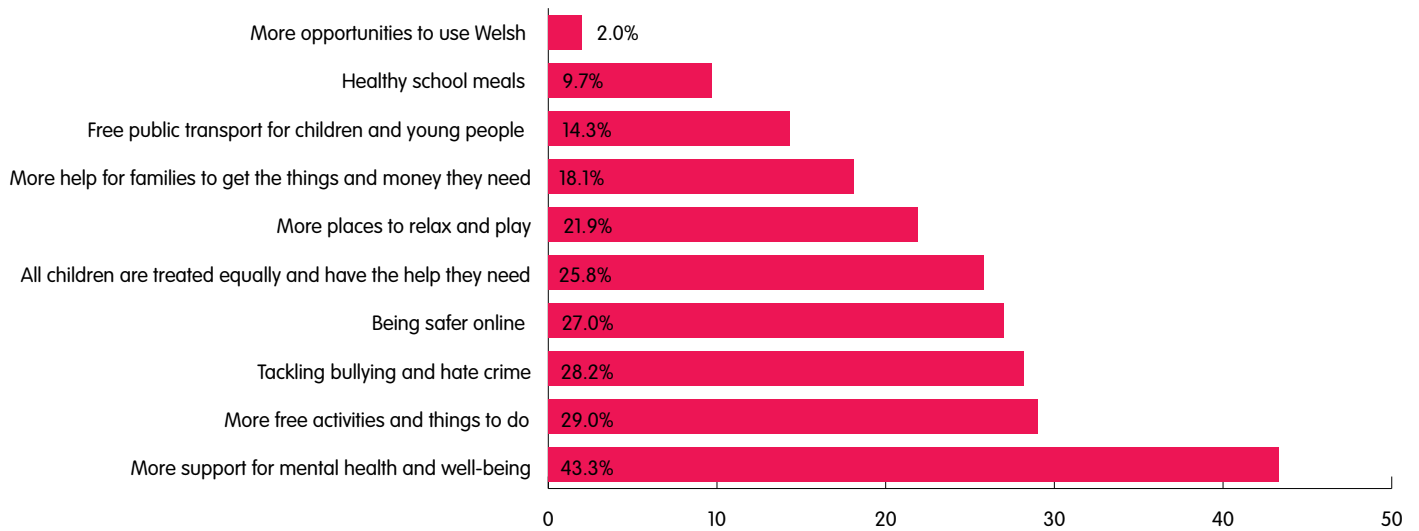


Figure 45: Professionals' suggestions to make children and young people's lives better

Suggestion 1:

Provide more free activities, clubs and spaces for children and young people

A frequent theme discussed by professional respondents was the need for affordable, safe physical places for young people to go outside of school and the home, noting, “activities outside of school are very limited for our pupils”. One explained,

“Young people are desperate to have physical places where they can relax and be themselves. Youth clubs and safe spaces are essential and are sadly less available than before.”

Many professionals recommended removing cost barriers to widen inclusion,

“Free activities during school holidays especially for less advantaged children which will enable them to learn life skills whilst having fun. For example, use school buildings but staff with youth workers and other childcare professionals.”

Suggestions included “free social clubs and ‘warm banks’”, “community-based activities that all the family can enjoy”, “forest schools” and “free organised sport”, with many suggesting to use school buildings after school to reduce travel costs and widen participation.

Professionals also highlighted the importance of ensuring that clubs and social events are inclusive for all, including children with hearing and visual impairments and neurodiverse children. One commented,

“I work with children with developmental disabilities and their families. These families are even more impacted by cost-of-living issues, and often free activities aren’t accessible to children with disabilities so they get excluded.”

Some professionals also highlighted the importance of including vulnerable, neurodivergent children from challenging backgrounds who present with challenging social behaviours who are often excluded from social activities for a wide range of reasons. One explained,

“As someone who works in a special school for children with ASD, I worry about how many ‘safe spaces’/judgment free services that are available to children with ASD and their families.”

Another professional respondent suggested,

“Having youth clubs specialising in supporting these young people in the evenings and weekends would really support them develop the social skills, deliver mental health support and support families to overcome chaotic family life trauma by providing emotionally available adults.”

Professionals also suggested that, “safe places for them to play freely with other children without unnecessary adult interference” can build confidence and resilience. As one professional explained,

“Children need to be allowed to be children without the worry of not having enough money, caring for younger siblings, to have opportunities to play, learn, socialise in safe and stimulating environments. Government policy needs to change to support parents to be parents first and employees second.”

Professionals also frequently correlated access to affordable activities

with improvements in mental health, for example one respondent explained, “if you put more funding into having more places to relax and activities to do, children’s mental health could improve greatly”. They also discussed how these spaces could function as a segue into providing other counselling and support;

“I would like to see more free, worthwhile community-based settings where children could interact and engage with the wider community. This would be an ideal opportunity to stealth-help with counselling, advice and support and could engage all age ranges with cultural, arts and musical activities. We won’t keep our Welsh culture healthy unless we nourish the young...”

Professionals frequently highlighted the challenges facing working households who miss the threshold to receive government support such as free school meals (FSM). One explained,

“One of the areas of concern in our school is the low-income families. Families on FSM receive remission for school trips, free music lessons, free school meals, which is great! Some of our low-income families who do not meet the criteria to claim, have to pay for ‘everything’ and then choose not to - it is these children who are also missing out, but are not recognised as FSM (vulnerable).”

Professionals also recognised that financial planning and budgeting is challenging for vulnerable families, and children’s school trips are unlikely be prioritised over other urgent household bills. One recommends subsidising enriching extracurricular experiences, trips and activities as well as healthy food to ensure that all children can benefit;

“... all school trips and experiences should be funded for more children, not just FSM... an outdoor education activity ... and the afterschool activities such as gymnastics, football, boxing, swimming...prices a lot of families out. I have lots of children who really want to join a club but can’t because of money - this is sad! [H]ow about free snack for all children in primary school, so no-one goes without and families do not have the pressure of purchasing healthy food and finding the money to do so?”

Others mentioned “free school meals and grant towards purchasing school uniform for ALL children, not just those whose parents are on benefits” and “remove the criteria around free school transport”. This professional explained,

“I have seen families with young children struggle to find bus fares to take them to nursery class or other childcare settings and then go home and then go back two hours later to pick them up. It’s a ridiculous system that places barriers in the way of poorer families.”

Suggestion 2:

Enhance support for families and training for parents

Professionals working with children who responded to the survey frequently highlighted the need to support families and caregivers in order to empower them to provide nurturing, safe environments for children to develop.

For some, early years support is critical and, **“we need to strengthen the role of health, visitors and community groups”** and provide more, **“early years support: more health visitors, targeted support to most deprived”**. Other expressed concern that, **“Wales has horrifically low breastfeeding rates”** and called for, **“full and urgent implementation of the Welsh Government Breastfeeding Action Plan 2019”**.

For preschool children, professionals also expressed concern about skills development in contexts where parents and caregivers are struggling, recommending, **“deprived areas having an investment for parenting with early years so children go to school with the skills they need”** and, **“more parenting education available for parents who have had difficult backgrounds themselves, so that they can parent better.”** Another respondent explained that Wales needs more,

“Support for families - many struggle to parent due to their own childhood traumas, poverty, employment prospects.”

Professionals also highlighted the connection between uninformed parents and bullying and discrimination by and against children and young people, and called for support to ensure that,

“adults [are] well informed and parents in particular [are] prepared properly, so from an early age children develop positive attitudes towards difference.”

Suggestion 3:

Provide community-based support, particularly in rural areas

Many expressed concerns about access to services such as education or healthcare, citing prohibitive costs and practical challenges associated with public transport, particularly in rural and underserved areas. Other examples included shelters for sanctuary-seeking women and children, and providing more support for children in the home rather wherever possible.

Professionals called for, **“a consistent approach no matter where the family live”**. Another explained,

“Rural areas ... are often overlooked. When I see services on offer and the wide range of schooling and specialised units on offer in good quality building and great resources in [other parts of Wales], I get cross. Much of the council's education budget here goes on transportation.”

Other Suggestions

Other themes discussed include more support to young people in care such as, **“robust foster and residential care to minimise moves”** and, **“appropriate accommodation for young people in care that is flexible to meet their needs”**.

Another recommendation identified by professionals was online safety. Professionals mentioned that, “schools should be supported in banning/restricting smart phones during school hours” and that, “tight parental restrictions” should be used on all devices used by children. One recommended supporting parents to better understand the risks and protect their children, for example,

“There could be sessions where children and parents attend an event at school ... to set up safeguards on their phones and teach parents how to continue to safeguard their children online... teach them how to look out for exploitation and to discuss the extent of peer-to-peer sexual harassment and provide information as to where they can go for support.”

Professionals also called for more choice, less assessment, and more support for diversity in schools. One respondent asserted, **“the one size fits all comprehensive education model was a noble idea but it has failed”**. Another suggests,

“Secondary education needs a rethink as the way it is structured now does not serve the best interest of children, especially those from poorer, neurodivergent, social care backgrounds.”



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