

CYPE(5)-09-16 – Papur | Paper 3 – i'w nodi | to note

Ymateb gan : NSPCC Cymru
Response from : NSPCC Wales

10th October 2016

Dear Lynne Neagle AM

As you debate the policy areas on which you focus on the coming years can I urge you to listen to children's voices?

To assist you, Childline's 2015/6 annual report was recently launched. It can be found here: <https://www.nspcc.org.uk/globalassets/documents/annual-reports/childline-annual-review-2015-16.pdf>

Mental health and wellbeing issues were the main reason why children contact Childline.

These are the key points from our Childline 2015/6 annual review:

- Demand for our Childline service has remained high and we've provided more than 300,000 counselling sessions this year (up 5 per cent on last year).
- **Mental health and wellbeing issues continue to be the main reason why children and young people contact us, with one in three counselling sessions about this topic.**
- Most worryingly, **we're seeing increases in the most serious mental health problems.** This year we provided over 19,000 counselling sessions with young people who were thinking about or planning suicide – the highest levels we've ever seen.
- At the same time, we've seen an **87 per cent increase in the number of counselling sessions where children and young people talked to us about struggling to access appropriate professional support** locally especially for mental health problems, some of which were linked to their experiences of abuse. This follows an increase of 124 per cent in the previous year.
- Young people are also increasingly turning to Childline for support about the issues they are encountering online. We provided over 11,000 counselling sessions relating to online issues including sexual abuse, bullying and safety (up by 9 per cent on last year). We've seen increases this year in counselling sessions around online grooming, sharing sexual images online (sexting) and viewing online sexually explicit images (pornography and child abuse images).

We at the NSPCC are concerned that abused children do not always receive the professional support they need. We know that the impact of abuse can include mental health problems such as anxiety, depression, substance misuse, eating disorders, self-harm, anger and aggression, sexual symptoms and age inappropriate sexual behaviour. Research by Public Health Wales shows that 10% of adults in Wales suffered sexual abuse and 17% physical abuse and that adverse childhood experiences lead to health-harming behaviours and low mental well-being in adult life. Receiving the right support at the right time can mean the

difference between overcoming their trauma, or a life shaped by the horror of their experiences.

Article 19 of the United Nations Convention on the Rights of the Child states that children should be protected from all forms of violence and Article 39 states that the Government 'shall take all appropriate measures to promote physical and psychological recovery....of a child victim of any form abuse'. Children need access to support and therapeutic services to enable them to overcome the trauma of their experiences and we are concerned that the provision of such services for children is at best patchy.

In 2015, there was a 124% increase in Childline counselling sessions relating to mental health and wellbeing that mentioned problems accessing services across the UK. In 2016 there was a further increase of 87%. We know that there is a high threshold for children and young people's access to CAMHS, so it is important to ensure that other therapeutic services such as counselling, CBT and attachment based therapies are available.

Because of our concerns about access to therapy for abused children we suggested to the Health and Social Care Committee and the Equalities, Local Government and Communities Committee that they undertake a short inquiry into therapeutic services for children who have experienced abuse.

We urge your Committee to respond to the very recent Childline figures and monitor the delivery of services for children's mental health, both access to CAMHS and availability/ access to other therapeutic services for children and young people in Wales. We also think it's essential to monitor the impact that the additional CAMHS funding has had, in particular for children who've been traumatised.

Des Mannion
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