

# Health Inequalities- Children and Young People

## September 2024 Briefing Paper

This briefing paper is provided by Healthwatch across West Yorkshire and is a summary of the key messages related to children and young people (CYP) that we have heard via West Yorkshire Voice, local Healthwatch across West Yorkshire and from insights gathered through focussed outreach and shared by our partners and local ICB engagement colleagues.

A survey was shared via West Yorkshire Voice and across local Healthwatch networks. This was aimed at children and young people, parents/carers of children and young people and professionals. The survey asked what works well for children and young people in healthcare services, what improvements can be made, what worries people about their health and managing their health, and for suggestions on what would work better for children, young people and communities. The survey also focussed on Asthma and Mental health; to capture more specific feedback in these areas.

71 people across West Yorkshire accessed the survey: with 29 people answering in full. Within this number 9 answered for themselves as a child or young person, 13 answered as a parent/carer of a child or young person, and 7 professionals completed the survey.

Responses came from across West Yorkshire and all areas (places) were represented in the responses received. There was a broad representation of

demographic groups and a focus on those who experience or are at risk of experiencing inequalities. It is important to note that many people who responded identified with several groups and there is a need to consider intersectionality and the impacts of this on people's health.

Outreach work has also been led by West Yorkshire Voice to further understand the experiences of people and communities at greatest risk of health inequalities. This has included conversations with professionals who work with and support children and young people who are accessing gender services, young people (and their families) who are seeking asylum, young carers, children and young people experiencing mental health, neurodivergent people, those who have experienced bereavement, children and young people accessing special educational needs services, Deaf, have a learning disability, people who are impacted by the cost-of-living crisis, and those living in areas of high deprivation. We would like to thank our West Yorkshire Voice partners Gender Space (Barnardos), Neurodiversity Coproduction Group (Touchstone), Just B, Refugee Council, North Yorkshire Together, Star Bereavement Wakefield, Bradford SEND services, Accessible Calderdale, Calderdale Council Youth Voice, Youth in Mind (Leeds Mind), LEAP Group (Family Action) and SELFA for their involvement. The insight, feedback and recommendations made by partners can be found in a 'Community testimonies' section towards the end of this briefing paper and is of particular relevance when considering the health and wellbeing of those at greatest risk of health inequalities.

In its entirety this briefing paper highlights the key themes from the survey responses and outreach conversations along with collated local insight from Healthwatch and partners and provides recommendations. The themes highlighted are areas that when they are working effectively can help to create positive experiences of healthcare for children and young people but can also create barriers to accessing healthcare and successful treatment

when they do not work well, and this is particularly true for those experiencing or at risk of health inequalities.

## **‘Focus on’ Asthma and Mental Health**

### **1. Asthma**

We heard that people (children, young people and parents/carers/families) feel much more able and confident in managing Asthma when they are supported to understand the causes, what can make symptoms better or worse, and how to access support when needed. In some cases, a lack of diagnosis has got in the way of appropriate care and education being provided.

**“Access to healthcare as and when needed, clear information on how to look after my child when they are well/how to look for signs/symptoms of illness and what to do if you spot them.”**

Medication can play a big part in managing Asthma and so it is important that this is easily available, and that people are educated in how/when to administer this. Regular contact with health professionals for support around medication is helpful.

**“One of the main things that helps my physical health is that I have regular medication for my asthma and routine check-ups”.**

People told us that allergens and air pollution cause concerns when it comes to managing Asthma in children and young people. Having a clean home environment and access to green spaces with ‘clean’ air are vital in managing Asthma- for those living in built up and inner-city areas this is a greater concern as access to outdoor space is more limited and there are higher pollution levels.

Poor or inadequate housing can lead to symptoms getting worse and those living in areas of greater deprivation have shared how difficult it can be to maintain a healthy living environment despite their very best efforts.

## **2. Mental health**

We heard that children and young people need to be supported and cared for in a safe, secure and trauma informed way. Early intervention to support CYP mental health is key and CYP need to be able to easily access the right support at the right time.

Peer support is helpful and can break down barriers to CYP accessing support for their mental health, providing safe and trusted relationships and for CYP not to feel alone. This also helps to recognise the strengths that CYP bring to managing their own health.

**“An approach that recognises young people's development and opportunity to develop key skills and protective factors. Having opportunities to be themselves, learn, and grow.**

Children and young people have shared useful ways that they manage their mental health and keep themselves well, these include listening to music, playing games, going for a walk every day, being calm, talking to someone, green spaces, having money to do things that help and accessing services like counselling.

**“Even though there are long wait times the services that can help like counselling but also having time to just relax not rushing to do thing after thing.”**

We have heard from CYP things that can get in the way of them feeling well are feeling tired and stressed, a lack of access to green spaces, health conditions, cost of exercise and healthy food, finding it hard to deal with multiple things such as having ADHD and mental health issues, struggling with

gender identity, time, a lack of motivation, family issues, feeling anxious or down, and not feeling safe.

We have heard from parents and carers that being able to access resources and information is vital when supporting CYP mental health. Straight forward signposting can help when navigating complex systems. Parents and carers have told us that time as a family, friends, reading, being able to talk to the CYP, free transport, having time, buddy support groups, flexibility at work and school, access to exercise, health food, supportive and caring environments all help in keeping CYP well.

Parents and carers have told us that external influences (school, friends, communities) can have both positive and negative influences on a CYP's mental health. Parents and carers have shared their frustrations and concerns around limited resources, inconsistent messaging, needing more support, life stresses, isolation, lack of activities, the cost associated with being healthy and staying well, and the pressure felt by parents/carers to keep CYP well.

**“There is a reliance on parents attending parent support groups rather than child accessing trained professionals in education and health.”**

People told us that mental health support must be person centred and provided based on each individual's needs.

**“Understanding of his needs in school - a learning mentor helping him to understand how autism affects him and why he feels the way he does. Family and school knowing he needs mental health days off school.”**

We have heard that long waiting times and complex referral routes have a negative impact on CYP's mental health and experience of services. This can lead to having less confidence in accessing support when needed in the future.

## What else have we heard?

### 3. Communication

Clear and consistent communication comes through as a key theme in what we have heard from people. Things work well when information is easy to access, understand and is readily available. Children and young people, and parents and carers have told us resources and advice can be really helpful in knowing how to keep CYP well.

People told us that messaging can be inconsistent at times and in these cases, this can cause confusion.

**“We recently got a letter advising that my daughter needed her 3 year immunisations, but when I went to book them, I was told the letter was sent in error and she was too young to have the injections- I now have to ring back at a later date rather than getting them booked in.”**

We have heard that it is vital that children have opportunity and space to talk about their health and how they are feeling. For children and young people to feel motivated to take responsibility for their health they must feel listened to, supported and included in decisions being made about their care. This means that communication must be appropriate, sufficient time given to talk with children, young people and their families/carers and clear plans put in place.

**“Feeling valued helps children and young people to feel motivated to stay healthy and well.”**

There is a need to many different methods of communication too, such as texting, WhatsApp, video calls, to allow CYP to feel able to fully engage.

## 4. Access

We heard how important it is for children and young people to have places to go to get help and support for free when they feel that they need it. CYP told us that being able to access help and support from practitioners and healthcare staff is key to them being able to stay well. It is also important that CYP are given the tools and education to be able to access services independently, for example, booking appointments.

Long waiting lists and referral processes can have a serious impact on a CYP's health and mental wellbeing - having to wait for a long period of time without support puts CYP at risk of becoming more unwell and feeling unable to cope. This also puts added pressure on families/carers and alternative services.

**“Many things get in the way of looking after my mental health the main one is for me to get help, I have to be put on wait lists these can be years long so in those years I have no help, so I struggle.”**

**“My son has been on a waiting list for the Calderdale bladder and bowel clinic for over 1 year and still hasn't had an appointment.”**

As well as being able to access support in a timely way, we have heard that the support provided is often time limited and due to in-service support timeframes, this can be stopped when a child or young person, or family/carer does not have alternative support in place, or they have not yet built the coping mechanisms to help maintain their health.

**“No access health care professionals in a timely manner. Having to wait on endless waiting lists and triage waiting lists. No services working together. Services constantly trying to close his case so no longer on their workload.”**

We have heard specifically about waiting times for neurodiversity and mental health assessments and the negative impact that this has on young people and their families while they wait.

Positively we were told that although accessing the local GP can be difficult at times, there are more positive experiences of accessing GP care for children and young people, particularly those of a younger age. This is really helpful in providing appropriate support and signposting in a timely way and should be consistent across all ages.

We have heard that lack of funding and cuts to services are having an impact. This includes local services being closed or no longer being free to access. Significantly reducing the options a child or young person has to access support.

**“I feel that teenage children's needs are ignored. When my children were small, they had access to a variety of school holiday activity provision. There is nothing for children aged 12+ in Wakefield.”**

## **5. Cost of keeping well**

We have heard from CYP, families and professionals that the cost of keeping well is a huge barrier for some - this includes access to healthy foods, activities and exercise, travel costs to recreational activities and healthcare appointments and the cost of 'things' such as music players that can really help CYP to keep well. For CYP living in areas of high deprivation these costs have a greater impact and get in the way of a CYP and their families staying well.

Families have reported struggling to cover ever increasing costs and this adds to the stress and pressure that families can feel under when trying to keep themselves well.



## 6. Healthy living

Children and young people have told us that maintaining a healthy diet and eating lots of fruit and vegetables helps them to stay well. Some CYP explained that it is sometimes hard to do this as healthy food is expensive and not always readily available at home or elsewhere. It is also important to drink lots of water - some CYP spoke about doing this well, but others were not as aware of the health benefits of keeping hydrated.

**“Meals are not healthy physical training is outdated and is more about sport not individual fitness and health and wellbeing”.**

We have heard how important it is for CYP to have regular access to outdoor and green spaces; being able to go for walks and get fresh air has a positive impact on both mental and physical health. People told us that it is not always easy to access green spaces or CYP do not always feel confident in doing so. Parents, families and professionals raised concerns over a ‘culture of being sedentary’ and an increased use of digital hobbies that limit time spent outdoors and keeping fit.

**“Spending too long on their iPads - helpful when working at home for parents to entertain the children, but I worry about the influence on children.”**

Poor housing and living conditions have a negative impact of a CYP's physical and mental health- increasing the risk of conditions such as asthma and poor mental health.

## 7. Healthy communities

### Relationships

We have heard from all parties that relationships can play a key part in a CYP's health and wellbeing. This includes the relationships at home with parents/carers and with professionals and services providing support.

People told us that having time as a family and doing things such as eating together are important but this does not always happen.

Good practice examples were shared where services offer support separately from children around how to better support CYP questioning their gender identity, helping to improve relationships.

**“A supportive and caring family/nursery environment. Time to support my child’s emotions and learning. A safe and happy home life.”**

People have told us that positive and trusting relationships are integral to a child or young person’s confidence and feeling of wellbeing. Where CYP do not have these relationships, they can feel lonely, isolated and low in confidence.

### **Culture/community**

We have heard that community and culture can play a key part in the health of children and young people.

There are different approaches to health and wellbeing within different communities and cultures; we have heard that in some cultures, things like mental health are less recognised and accepted, which means being open about how they are feeling and accessing support can be more difficult for a family or CYP. Culturally sensitive support, services and conversations can help understanding and willingness to access healthcare services.

### **Education**

We have heard that school and education systems play a key part in a keeping a child or young person well.

**“Lack of trained staff in autism and no clear pathway for these children- There’s an expectation school should be able to just meet these kids needs even though schools are not staffed to facilitate this.”**

People told us of examples of CYP being off sick or on reduced hours from school due to challenges with mental health and schools/ services being unable to support them. Some CYP have been moved around schools due to schools feeling unable to support them.

We heard that support provided by schools can be inconsistent at times, and education providers are under a lot of pressure to provide additional support but there is not capacity or training to do so.

## **Safety**

People have told us that they worry about CYP being safe and this has a negative impact on a child or young person's confidence or on a parent/carer's trust in things that can help keep a CYP well, such as going out for walks or accessing activities.

**“I don't feel like it is safe for the children to walk/cycle on their own - drivers who don't pay attention and general safety stop me from letting them be more free.”**

## **Key Messages and recommendations from the people of West Yorkshire**

### **1. Asthma**

- Regular health checks should be provided for all children and young people, including medication reviews.
- Medication should be available to all as required- this should be easy and free to access, and advice given on how/when to administer this.
- Information, education and signposting should be delivered into communities to build confidence in families to manage conditions like Asthma. This should include causes, symptoms and prevention.
- All children and young people in West Yorkshire should be provided with good quality housing that is warm, without damp and mould.

## 2. Mental health

- Care should be centred around the needs of each individual and should take account of every aspect of people's lives. Children, young people and their families should be fully involved in their care.
- Children and young people should be treated with kindness and compassion and given a safe space to talk and be listened to. There is a key link between compassionate care and CYP and family's confidence and trust in services.
- Work needs to be done to cut waiting times and provide more timely access to much needed services.

## 3. Communication

- Communication should be simple and clear.
- Information should be provided in a format that meets the CYP and parent/carer's needs.
- Good communication can greatly improve the outcomes of CYP and minimises some of the potential harm caused by lengthy waits for treatment.
- Communication should involve the child or young person, where this is not possible or appropriate, services should work to involve the CYP as much as possible in their own care.

## 4. Access

- Timely access to early interventions and ongoing support where needed should be prioritised.
- It is important that CYP are given the tools and education to be able to access services independently, for example, booking appointments.
- The additional challenges faced by those at risk of the greatest health inequalities and their needs and preferences should be recognised and supported by all services.

## **5. Cost of keeping well**

- Free memberships at local gyms and leisure centres should be provided for children and young people who cannot afford to access these.
- An increased provision of youth activities should be provided at no, or low, cost in safe community spaces. These should be accessible to all.
- Additional support should be provided to families who cannot otherwise access healthy food, and information shared on the benefits of a healthy diet where needed.
- Additional support should be provided, where possible, for travel to appointments where needed.

## **6. Healthy living**

- Every child in West Yorkshire should have access to healthy food and education on how to maintain a healthy diet.
- Access to outdoor and green spaces should be improved for all CYP in West Yorkshire- these should be safe and easily accessible places that encourage activity and exercise.

## **7. Healthy communities**

- Service should work to have greater cultural competence, awareness and understanding of neurodivergence, gender variance and the barriers faced by people from marginalised communities.
- Services should work more closely with education providers to provide consistent support to CYP and families. Relevant training should be provided to schools to help support CYP with individual needs.

## West Yorkshire Community Testimonies

What did we ask community organisations?

We asked:

- What helps you or the children you care for/ support to stay healthy and well?
- What gets in the way of you or the children you care for/ support staying healthy and well?

Mental Health

- What helps you or the children you care for/ support to look after your/ their mental health?
- What gets in the way of you or the children you care for/ support looking after your/ their mental health?

Physical Health

- What helps you or the children you care for/ support to look after your/ their physical health?
- What gets in the way of you or the children you care for/ support looking after your/ their physical health?

Asthma

- In your experience, what helps children and families manage symptoms related to asthma?
- In your experience, what gets in the way of children and their families managing symptoms related to asthma?
- Is there anything else you'd like to tell us?

## Community support for Children and Young People

### North Yorkshire Together

North Yorkshire Together is a partnership between North Yorkshire Sport, North Yorkshire Youth and Rural Arts that supports communities across the county to be happy and healthy. They currently run two programmes – FEAST for eligible children and young people, and activities for young refugees.

### Mental health

- Providers are struggling to accommodate the needs of children and young people due to complex needs – can't allow them to attend mainstream services which then puts pressure on specialist services.
- Increased challenges post-pandemic with anxiety, bullying and existential worries about the world.
- Mental health is presenting in younger children more and more.
- Children are struggling to leave the house due to their mental health.

### Poverty/deprivation

- Mental health among poorest communities is impacted by children being very aware of their families' situation.
- Importance of meals provided by activity groups - among families living in poverty, if children can eat at an activity group, it means that parents can eat in the evenings as otherwise they have to choose whether they or their children eat.

### Education

Lots of children now being home educated due to:

- Schools being unable to manage the additional needs of children e.g. neurodivergence.
- Distance that needs to be travelled to school.
- Parents who are homeschooling don't qualify for free meals in local activities despite their socio-economic background.

### CATCH- Community Action to Create Hope.

Providing a safe space for young people in Leeds; aiming to help young people reach their potential by ensuring they have access to the tools and resources they need to pursue greatness. They work with many very vulnerable children and young people in Harehills, including those from Roma communities.

### What helps/ works well?

#### Education

- Having a school place - being in school is a protective factor for lots of young people as they can access support, guidance and activities through school and have more supervision here.

#### Mental health

- Having a sense of belonging and community. Children and young people talked about having a safe space outside of school and feeling part of something that has a positive impact on their mental health and well-being.
- Staff having good quality training in mental health, so they have the right conversations with children and young people and use the right language.
- Staff having the ability to signpost to more specialist support if appropriate and wanted.
- Children and young people having safe spaces and trusted people in their lives.

### **Physical health**

- Access to healthcare when needed.
- Access to vaccinations.
- Having access to food - free school meals can help, although the choices aren't always the healthiest. Having food outside of school such as in a youth club or a healthy holiday scheme
- General activity and movement.
- E.g. access to gyms - at CATCH they have a gym on site which is used by young people for free.
- Access to outdoor space for exercise and activities. E.g. CATCH have access to neighbouring schools for young people to use in the evening.
- Having access to sport and other activities in the local community -they should be free, inclusive and varied.

### **Asthma**

- Good quality housing that is warm without damp and mould.
- Access to treatment such as knowing how to use an inhaler properly, going for reviews and family members understanding asthma.

### **What doesn't help or gets in the way?**

#### **Poverty and deprivation**

- Cultural barriers to accessing healthcare, such as some families believing in more traditional remedies for illnesses and not seeking medical attention or not trusting services in the UK.



- Lack of understanding of UK systems, such as not being aware of the need to be registered with the GP and not knowing how to navigate the systems such as making an appointment.
- Language barriers - Many parents of young people supported by CATCH don't speak English and therefore struggle to make relevant improvements for children. Children and young people are often having to make appointments on behalf of parents and translating for them.
- Time barriers such as challenges getting appointments, particularly outside of school hours, and being penalised for missing school if appointments are during school time.

## Education

- Access to school places - Some children and young people that access CATCH, particularly those who are new to the country, do not have school places. Some have been waiting nearly a year for a school place.
- Not being in education has a massive impact on well-being and is detrimental to development and future attainment when these young people do get a school place.
- There is limited education of health and well-being such as through PSHE and other school-based sessions. They do not always cover topics such as healthy relationships, sexual health, oral health and healthy eating, and there is limited capacity in the communities to fill the gaps.
- There is not enough capacity for CATCH to offer targeted or more specialist support such as sexual health support, health focus session signposting or supporting access to primary care.

## Mental health

- Very limited support or provision and closure of services such as the Marketplace.
- Different cultural beliefs towards mental health and the influence of family members can have a negative impact on children and young people's willingness to talk about their mental health or seek and engage with support.
- Some children and young people have additional responsibilities which can impact their mental health and well-being. They might have less time to support themselves because of pressures to find work whilst still being at school or pressure to marry (such as in some Roma communities),

responsibilities to look after siblings and other family members and supporting parents with translation.

## Physical health

- Unhealthy foods and behaviours because there's lots of takeaways in the local area and eating these foods is normal for some young people.
- Drinking energy drinks and other sugary drinks.
- Oral health is a problem among young people, particularly Roma communities. There are no local dentists in Harehills and it's impossible to get a place at a dentist even outside of the immediate community. There is poor oral health due to high sugar intake and poor oral hygiene.
- Vaping has become much more common and readily available.
- Vaccine hesitancy - There is a very little uptake of vaccines such as MMR in the immediate area of Harehills and lots of work is required to support families to understand the importance of these and break down barriers.
- There is not always enough capacity for running sporting and physical activities at CATCH.

## Asthma

- Cold houses with damp and mould

## SELFA

SELFA's goal is to work towards a community where all children and young people are celebrated and know they belong. We support children and families experiencing vulnerabilities, to build resilience, thrive and achieve. Providing support to Children and Young People in Skipton and Craven.

## Access to services

- Most CYP only have access to their local GP and schools in terms of support and many accessing SELFA say that they are the only support mechanism they have.
- Lots of people move to Craven for a fresh start but struggle with access to services.
- There are people who move from domestic violence situations but have limited support.
- There are also several looked after children living with foster families in very rural parts of Craven e.g. Ingleton.
- There is a lot of food insecurity – community pantries exist in all towns in Craven.

## What works well?

- When support is provided in local communities and staff are people who are local to the area.
- Important to work with voluntary sector – this creates and builds trust and relationships with communities. Social prescribers and health coaches have been successful.
- We find that Individual and one-to-one work, works best with CYP.
- SELFA works well as most staff have grown up in the community which means there are trusted relationships, and they understand the local community.
- Offering one-to-one counselling for CYP and support for parents in local GPs and in local schools.
- People have had good experiences where there has been outreach into communities e.g. CAMHS but the challenge is most of these staff don't live in Craven which means it is limited, especially as they might have to cover the whole of Bradford and Craven.
- Support at SELFA is not time-bound and people can come back at any time which works well.

## What doesn't work well?

### Mental health

- Some people say they have to make an 80-mile round trip for mental health support due to centralised services.
- Group support for mental health isn't often wanted among parents due to small villages/ towns and not wanting others to know their business or that they are asking for support.

### Poverty/Deprivation

- Poorer families with CYP living in affluent rural areas struggle due to cost of heating homes and lack of access to services.

### Asthma

- Clean air quality in Craven means there is a misconception that children have good quality lives, but unmanaged asthma can be a problem for families that have complex situations e.g. parents with mental health difficulties, cost of living challenges and parents working long hours. This means there has been several children coming to their activity groups

without inhalers, who are not using preventative inhalers and who are missing annual asthma check-ups.

- Not enough education for CYP about how to advocate for themselves and access healthcare independently e.g. lots of young people don't know how to use NHS App or patches/ GP websites. We should be empowering young people to do this for themselves, and schools could support by teaching CYP this e.g. through PSHE.

## **Mental Health**

### **Youth in Mind**

Support for 10 to 25 year olds who are struggling with their mental health because of very difficult, frightening or distressing experiences (also known as trauma).

### **What works well?**

#### **Mental health**

- Being flexible – not being rigid e.g. same place/ time for appointments each time.
- Give CYP choice and control. This is important when people have experienced trauma which takes away choice and control.
- Person-centred- and really embodying this as lots of services say they are person centred but they are not.
- Creating a safe space e.g. asking CYP which physical meeting spaces feel comfortable for them.
- Using peer support roles – can help break down barriers through ability to share experiences.
- Thinking about language – non-clinical/ not retraumatising.
- Gender inclusion.
- Sharing pronouns in first meetings with young people.
- Sensitivity around parents e.g. asking, 'if we need to contact your parents, what name shall we use'.
- Using text/ WhatsApp as a way of engaging and conducting appointments – some CYP have found this helps as they don't have to talk out loud.
- Creating trust, particularly where there has been trauma.

- Not too goals focussed- recognising the importance of someone listening to the CYP.
- Culturally sensitive and diverse workers – can relate to CYP of diverse backgrounds.

## What doesn't work well?

### Mental health

- Waiting times for CAMHS
- Cause CYP to age to the point of no longer being eligible for children's services and then have to navigate adult services.
- Some people have their support start and then this has to end due to reaching a certain age.
- Sudden discharges e.g. workers leaving, and support not being picked up.
- Lack of transition support between child and adult services.
- Waiting times for neurodiversity assessments are very long – adds pressure to CAMHS as CYP want to access mental health support while they wait.
- Varied experiences in education settings – CYP get different levels of support depending on the school.
- CYP accessing Youth in Mind have talked about feeling alienated at school and this has an impact on their mental health.
- CYP have experienced poor responses from staff when seeking support in school.
- Example of 2 young people in same school getting very different support and response – seemed to be related to their social background. One was very much supported to be themselves but the other was labelled a 'troublemaker'.
- Can be impacted by parents in terms of how CYP engage and interact with mental health services.
- Some households may not see mental health positively or want their children to get support for it.
- Some children haven't been in school for a long time due to not getting support and not feeling like they can cope with attending school.
- Some have been moved around schools due to being excluded and they can't settle.
- Additional challenges for trans and non-binary CYP.
- How parents respond to a child's gender identity can impact mental health.
- Wider media impact of transphobia.

## **Youth Voice Team- Calderdale Council**

Calderdale have a voice and influence service whose role it is to support young people to share their thoughts, wishes, feelings and ideas about the support they get. A big part of their work is with children in care and care leavers.

### **Mental Health**

- There needs to be more mental health support groups and help specifically for care experienced young people.
- More support around mental health and eating disorders.
- Health professionals who are trauma-informed, so young people feel more comfortable going to doctors or dentists.
- More support available so CYP feel listened to by health professionals.
- More advocacy support for vulnerable young people in health settings.

### **People receiving Gender support**

#### **Barnardo's- Positive Identities Service- Gender Space. Supporting LGBTQ+ children, young people and their families.**

The Barnardo's Positive Identities Service works with children, young people and families and provides support with gender identity and sexuality.

### **What works well?**

- When things work well, young people are shocked and surprised when it's not like the support they've had before because they have had lots of bad experiences.
- Young people welcome the online aspects of gender space as they don't have to show themselves on screen or talk out loud so that they can avoid misconceptions about their gender identity e.g. hearing the tone of someone's voice.
- They also wanted a space to meet in person more recently and this happens monthly in the Barnardo's office.
- The parents support includes lots of peer support elements and more adhoc one to ones than the young person's support.

### **What doesn't work well?**

**Often trans, non-binary and gender questioning children will avoid other health appointments due to:**

- Safety about travelling to and from appointments.
- Having to declare the sex they were assigned at birth – they might avoid attending medical appointments until they are treated as who they identify as.
- Having to use deadname for appointments.
- Not being able to access gender neutral toilets in health and care settings – fear of not being able to use the right toilet.
- Fear of not being able to use the right toilet can lead to young people being dehydrated so they don't need to use the toilet.
- Intersections of neurodiversity and trans experiences – professionals seeing one or the other e.g. 'you're not trans, you're just autistic' and the reverse.

## People who are neurodiverse

NHS West Yorkshire Neurodiversity (Autism & ADHD) Coproduction Project in partnership with Touchstone.

### Factors driving inequalities in outcomes:

- This is an issue for both CYP and Adults, services seem unable to understand how mental health intersects with neurodiversity and CYP / their parent carers often complain that the mental health services they have accessed are modelled on a neurotypical experience, they often pull out early as they feel treatment or therapies aren't working.
- Cultural issues: there is still stigma in some cultures (particularly south Asian communities), around mental health so families may not seek out mental health support or talk about mental health issues for their children for fear of stigma within their communities. The same applies for neurodiversity.
- We get a lot of people talking about PDA (Pathological demand avoidance) in their children and there is very little support out there for this.
- Lack of support for families - often children may be receiving some support at school but there is no support at home or for parents and siblings which impacts the wellbeing and mental health of the whole family.
- Not being believed - I've observed a culture amongst professionals that lots of young people want to be assessed for mental health conditions / neurodiversity in order to 'jump on a bandwagon', this prejudice means

that many genuinely ND young people are falling through the net and not getting what they need.

- In terms of inequalities in physical health outcomes, asthma is often a cooccurring condition with neurodivergent people.
- Lots of people have said that they / their children struggle to access healthcare settings due to the sensory environment and lack of understanding from staff who they may encounter.
- Short appointments mean that there isn't time to build trust or rapport with the young person so health conditions may be missed as GPs / Dentists etc can't perform the observations they need to.
- Leaving the house - a lot of young ND people don't like new places or accessing public transport etc so won't go to surgeries & clinics etc. It's very hard to get a home visit unless you're physically disabled.
- A few people have been getting in touch to say that they've been told by their GPs that school are responsible for making referrals for Autism & ADHD assessments for their children (this isn't true, school gather the evidence, but the GP needs to make the referral) and are seeking advice around this. It's apparently something that has been coming up on Facebook ND family forums a lot more too. This has been across different WY areas.

## **Children and Young people experiencing Bereavement**

### **Just B**

Just 'B' is a specialist bereavement support and emotional wellbeing service helping children, young people and adults across the communities of North Yorkshire, as well as offering specialist support regionally and nationally.

- Children or those with social care involvement can often be more likely to have their CAMHS referral rejected. So those in need of mental health support, often do not receive it due to other circumstances they are experiencing.

### **STAR (Wakefield)**

Grief support services for children and young people in the Wakefield District

- The majority of the children and young people we support have lost a parent or in some cases both parents or parent figures ie whoever was raising and looking after them. We know from research collated by the



Childhood Bereavement Network that, without the right support, this puts young people at risk of a variety of poorer outcomes compared with their non bereaved peers.

- One of those outcomes sadly is death by suicide especially if they have experienced the death of a parent through suicide - this adverse experience significantly increases a young person's likelihood of attempting or dying through suicide, and we want to change this.
- It is important that this information re: outcomes is understood more widely by the young people's workforce, in order to work towards better mental health outcomes for this cohort of young people
- We must strive to see a society in which bereaved young people's needs are better understood and supported with joined up, not patchy, services.

## Refugees and those seeking asylum

### The Refugee Council

The Refugee Council is a leading charity working with refugees and people seeking asylum in the UK. Founded in 1951 following the creation of the UN Refugee Convention, they exist to support and empower people who have fled conflict, violence and persecution in order to rebuild their lives here in the UK.

- Very limited specialist therapeutic support for unaccompanied asylum-seeking children (UASC). Support that is available (My View (Refugee Council), and Solace, for example) but these services have very limited capacity and long waiting lists. Applications can also be closed for long periods while they work through their waiting list meaning that often it is not possible to refer to them.
- Many services only offer telephone/video appointments which are often not preferable for UASC. Most seem to prefer face-to-face support.
- Issues with the use of interpreters for medical appointments, not always available/of a good standard.
- Difficulties accessing emergency dental treatment. Most of the young people we work with are supported to access dental care by their social workers, but I have supported young people in the past who have missed appointments and so been taken off patient registers. Following this it has been difficult for them to find alternative dental care.

## Young carers

### Family Action- LEAP (young Carers Engaged, Active, Participating).

LEAP supports families where a child or young person in the home is providing care for someone who has a mental health or physical illness, disability or a difficulty with drugs or alcohol. Families share their thoughts, wishes and feelings on what is happening for them. By working together with local services, LEAP works to reduce the caring tasks children and young people provide, and support families to improve their quality of life.

#### What works well?

##### Mental health

- CYP feeling accepted.
- Health services working closely with schools and education system.
- Important to understand that assessing young carers should be about the impact on the child.
- Many CYP taking long term prescription medication for mental health.

#### What doesn't work well?

##### Mental health

- CYP not being identified as young carers.
- Sometimes challenges around understanding the threshold of a carer.
- Challenges with self-identification of being a carer.
- Stigma around asking for help.
- CAMHS waiting lists are long.
- Threshold of support is very high, often people in crisis by the time they are getting support.
- Lack of preventative care.
- Impact of lack of support for mental health = self-harming, substance misuse and other coping strategies.
- Many CYP are getting neurodivergent diagnoses or self-diagnosing.
- Education system is not giving CYP the support they need for neurodivergent conditions.
- Additional challenges with LGBTQIA+ CYP.
- CYP who are young carers not understanding what benefits they are entitled to – this is due to a very complex system.

#### What doesn't work well?

## Physical health

- Higher rates of smoking in households

## References

This briefing has been written using a range of reports and sources including insights captured via West Yorkshire Voice, information received through enquiries across local Healthwatch in West Yorkshire, Healthwatch England reports, engagement work undertaken or currently being carried out by Integrated Care Board engagement teams, feedback shared at a local level and reports from local places.