



HEALTH, SOCIAL CARE AND SPORT COMMITTEE

HEALTH AND WELLBEING OF CHILDREN AND YOUNG PEOPLE

SUBMISSION FROM Children 1st

Q1: What are the key issues around health and wellbeing for children and young people in Scotland?

Children 1st is Scotland's National Children's Charity. We exist to prevent abuse and neglect, to protect children and keep them safe from harm. Together we help children in Scotland live in safe, loving families and build strong communities. We help survivors of abuse, trauma and other adversity to recover and we work tirelessly to protect the rights of children in Scotland.

We welcome the opportunity to share our views, which are informed by the children and families we support, with the committee. We would also like to extend an invite to the committee to visit us and meet with children and their families to hear their views directly.

For many years, Children 1st have supported children to recover good mental health and emotional wellbeing. We know from our service delivery experience that the best outcomes are secured for children when their whole family is supported.

Many of the children that we work alongside live with the impact of intergenerational trauma, including parental drug and alcohol use, poor mental health and domestic abuse among the additional factors that some children are navigating. Children also tell us that family relationships, challenges from social media and the pressure to succeed at school both socially and academically are factors that affect their mental health. Many of the children and families that we have supported have had experience of the current statutory systems (including CAMHS). They tell us about having a myriad of labels and conditions diagnosed, through assessment processes, but often feel they were given very little actual practical support to help them recover good mental health and wellbeing.

Our response to this has been to work with Health and Social Care Partnerships to develop social and relational models of support in partnership with primary care professionals (e.g. GPs) where children and their families can quickly access early support. An example of how this works and what it felt like for a family who needed this

help, can be found in the answer to Q4 below which shares Ava and Emily's story of working with us.

Therefore, the most important thing we would like to highlight to the committee is our growing understanding around how children in Scotland are emotionally distressed because of their emotional and social circumstances and contexts, and how this can be addressed. We have found that for the children we work with, the most benefit comes from consistent relationship-based support from sensitive and skilled professional that helps get to the root of the problem. Our approach understands the child's distress in the context of family relationships and social circumstances, and builds on the strength of the whole family, keeping the child's recovery rooted in the family's understanding of their needs.

The children and families who we work alongside have told us about the difficulty they often experience in finding any kind of support when they have looked for it. All too often, families tell us the services and support that is available are confusing, inaccessible, siloed and disjointed. Many families feel lost between the gaps or feel 'parked' on waiting lists for inappropriate more acute services when there is no alternative. Families who have come to us for help often have already tried to get help from their GP, the school counsellor and other universal support services which have not been able to meet their needs. When we are able to get alongside children and their families, we have evidence of an immediate reduction in distress and stress levels.

The pandemic and associated restrictions (especially lockdown) have impacted on every child and every family. For some families, especially those who were already experiencing trauma and adversity, it has pushed them to crisis point while at the same time removing their access to their friends, family and other sources of support. This has led to a substantial increase in demand for our services. To provide an example, in just one of our family wellbeing services, the number of families we work alongside has increased by 50% between 1st June 2020 and 31st May 2021 compared to the same period in the previous year. This service is also working with 80 families who are waiting for intensive family support to address challenges to emotional wellbeing. Pre-pandemic, this service was able to see children and their families within two weeks.

These experiences, shared with us from families living in communities situated the length and breadth of Scotland – sit at odds with the Scottish Government's commitment to incorporating the UN Convention on the Rights of the Child, to GIRFEC and to the realisation of The Promise. Children 1st believe that children and their families are being let down as a result of the so-called implementation gap and that what is required is a new, nationally-driven approach to make holistic, whole family support available to every family in their local community, as soon as they reach for it.

We know from our experiences that parents and carers feel shame when their children are distressed and emotionally unwell. The current system can reinforce this shame and blame culture by delivering support which is focused on diagnosis of condition. Our approach is to find out from the child and parents' perspective what has led to the situation which is causing them distress. We do this in a relationship-based manner which is non-judgemental, non-stigmatising and available when it is needed.

Core to this is Children 1st Parentline, our national family support offer which offers parents and carers immediate help delivered by trauma informed, highly skilled volunteers and team members. This includes advice, ongoing support via the phone and online methods offering emotional, practical and financial support through our trauma informed money advice service. This service received short-term funding by SG due to our acknowledged agility to respond to families across the whole country during the pandemic and we are actively considering how to grow and sustain this service. Our learning from one of our community-based services was that while Parentline was offered as an initial support, it was often so positive that it met family's needs without requiring escalation to acute services. Where required, Parentline can also be a safe route to more direct and local support.

Over the last year, concerns about children's mental health and wellbeing was one of the main reasons that parents or carers contacted Parentline, in approximately half of all calls received. And, the number of calls to Parentline has more or less doubled compared to the same month in previous years.

Q2: What are the current challenges with improving the health and wellbeing of children and young people over the next 5 years?

In 2018, both Audit Scotland's report and research commissioned by the Scottish Government on "rejected referrals" from CAMHS found complex and fragmented systems that made it difficult for children and young people to get the mental health support they needed at the point where their mental health and wellbeing had already reached a point of crisis (see <https://www.audit-scotland.gov.uk/report/blog-child-and-adolescent-mental-health-services>)

Children 1st believes that CAMHS offer incredible help to children who are unwell and that CAMHS provision is specialist, valuable and required. But we also believe that for the majority of children presented to GPs because they are distressed, their answer to recovery lies not in a clinical pathway, but instead in trauma-informed relational support, including building peer connections in the community. Our work is about keeping connections between family members at all stages of childhood, mindful of different developmental stages that children and young people navigate on their route to adulthood.

When it comes to securing a long-term improvement in children's mental health and wellbeing, the focus must shift to prevention and early help as called for by children and their families, outlined in The Promise, and supported by children's organisations. If improving national wellbeing is a priority for this Government, then it is critical that children and their families can get support long before their mental health reaches a point of crisis.

There is no kindness in a system that makes children wait when they need help.

The current system continues to respond to children's distress as a medical need, throwing ever more resources to "diagnosis" and "treatment" of conditions. There needs to be a radical overhaul in how children and their families are supported to overcome the trauma and stress that they have experienced. This must be based on a

commitment to supporting families which acknowledges, recognises and responds to their experiences, which understands trauma and is compassionate.

The Christie Commission called for a move to a preventative model a decade ago. It is unacceptable that the funding shift to enable such an approach has not yet happened. The recent Hard Edges Scotland report, commissioned by Lankelly Chase and The Robertson Trust and authored by Heriot-Watt University illustrates the mismatch between the multiple disadvantages people face and the fact that services are often set up to address 'single issues'. The people with lived experience who were interviewed as part of the report were very clear on what made for helpful services from their point of view: the provision of emotional as well as practical support, and personalised support tailored to their specific needs. (see www.therobertsontrust.org.uk/publications/hard-edges-scotland/)

During the pandemic we further appreciated the benefit of the outdoors in sustained, positive mental health and wellbeing. Bide Oot is a unique partnership between Children 1st and Ardroy Outdoor Education Centre, which offers families who are working with Children 1st the chance to try new skills, sports and activities together during a residential weekend at an outdoor education centre in a remote area of Scotland. It has been designed and developed alongside families to support those who have experienced trauma to repair and recover their emotional wellbeing.

Children and families' local Children 1st's family support team continue to work alongside them before, during and after their experiences with Bide Oot to prepare them for their adventure and to stay connected to activities in their local environment when they return. Families who have already experienced Bide Oot say it has helped them strengthen relationships, built their confidence and had a long-term positive impact on their mental health, relationships, and emotional wellbeing.

We believe that models like our Bide Oot provision could be expanded so that more children and their families are able to access activities which nurture and nourish the wellbeing of, and relationships within, the whole family.

Q3: What offers the best opportunity for improving the health and wellbeing of children and young people over the next 5 years?

We welcomed the announcement in September's Programme for Government 2021/22 of a £500m 'Whole Family Wellbeing Fund' to be used to help families overcome challenges before they reach crisis point. This reflects the recommendations made in The Promise that families need to be able to easily access early help and support. However, it is not yet clear how this fund will be invested, and how far it represents new spending on early support for children and families. Most importantly, any increased spend for the next financial year must be sustained in future years in order to deliver the transformational changes that we have described in our previous answers. Reflecting on this, Children 1st is supportive of the committee's investigations into improving the health and wellbeing of children and young people over the next 5 years and hopes that the committee will maintain a high level of scrutiny and monitoring progress on the Scottish Government's efforts to improve the health and wellbeing of children and young people over the duration of this session of parliament.

To ensure every child has the opportunity to recover from the losses, trauma and stresses caused by the pandemic, and to support those children who were already experiencing trauma and adversity before the pandemic, every family in every community must be able to easily access an offer of whole family support. Immediate investment is required in practical, emotional and financial help, developed alongside children and families and delivered through consistent relationships with professionals rather than via siloed services. Providing this universally in a way that families can access locally will mean that no child slips through the net and crucially, will remove the shame and stigma that so often stops families from reaching out for early help.

An investment now to keep children safe and loved in their own families and communities will deliver savings – both human and economic - in the long term.

Families tell us that what matters to them when they need support is having time for their full family story to be heard, with all family members included and playing their part. They tell us that this approach, where children and families are the agents of their own recovery, helps them to share their worries and stresses and to work on recovery together.

As an example of how this might work in practice, please see the case study of our work in Aberdeen's Fit Like? Hubs which we have appended to our answer in Q4. Ava and Emily's story offers a detailed example of the difference that holistic, relational, multiagency support is making to families experiencing challenging times.

Q4: How does addressing poverty lead to improved health and social care outcomes?

We had to increase our support to children and their families massively through the pandemic, but it is crucial to remember that even prior to the pandemic, there were already 260,000 children living in poverty in Scotland – that's 1 in 4 of our children. Being a parent can be exhausting at the best of times; add poverty and even the most devoted parents will struggle to do their best for their children. Families tell us that being on a low income makes it harder to do things that support children and other family members emotionally. In fact, the distress of material and relative poverty is one of the main themes that we see in our work alongside children and their families.

Poverty increases shame, shame increases guilt, and guilty parents – despite their best efforts – may feel distracted and overwhelmed by attending to everybody's needs emotionally, socially, developmentally and financially. Shame and guilt have no place in family life in a contemporary Scotland which has the ambition of being the best place in the world to grow up.

Children 1st's Money Advice Team works with families alongside Family Support Workers and communities to provide holistic support, working together alongside families to address the immediate financial issues they are experiencing, but also bringing our relational, non-judgemental, non-stigmatising support to other issues which can be compounded by financial stress and affect the wellbeing of children and their families. Our money advice service colleagues are trauma-informed and embedded in

our family support teams. This must be a model that is rolled out across the country, to help families tackle their challenges.

To understand the impact of this approach, in financial year 2020-21 our money advice colleagues worked with 183 families. They negotiated debt management for £329,497 and increased income for these families by £952,886. This put an average of an additional £7000 into each family's household budget. It cannot be overstated how powerful an impact it has on the whole family's wellbeing when they are financially stable.

The links between financial poverty and inequality of health outcomes, are well established and understood. Scotland's Chief Medical Officer raised concerns in April 2020 (<https://www.bbc.co.uk/news/uk-scotland-52353657>) that referrals to clinical specialists for serious health conditions have dropped, leading to concerns that people could be unwell but not seeking medical assistance as a response to public health messaging around avoiding Covid, and the high-profile strain that the NHS has been under for nearly two years. Children have told us that they sit with this burden of their own worries and anxieties until they reach crisis support, because they are also hearing the messages about NHS strain.

Similarly, NHS dentists are not all back to pre-pandemic operations offering twice annual check-ups – which were disproportionately attended by children from more affluent backgrounds even before the pandemic – but which acted as a mechanism to monitor and treat any dental health concerns early.

For many specific groups of children, including children from Black and ethnic minority families, and disabled children, their circumstances can be even more challenging – highlighting the need for inclusive, sensitive and representative support.

Children 1st is a member of the End Child Poverty coalition and welcomed the recent announcement by the First Minister that the upcoming budget will include a commitment to double the Scottish Child Payment from April 2022, to £20 a week. The interim targets laid out in the Child Poverty (Scotland) Act 2017 – that fewer of 18% of children are living in relative poverty – are due to be met in financial year 2023/24. Analysis from Fraser of Allander (see <https://fraserofallander.org/mission-not-impossible-how-ambitious-are-the-scottish-governments-child-poverty-targets/>) published earlier this year (*before* the £20 a week uplift to Universal Credit was withdrawn) shows that the Scottish Child Payment would need to be doubled again, to £40 a week, for these interim targets to be met.

To achieve the radical vision laid out by The Promise requires nothing less than the dismantling of structural inequalities which disproportionately impact the opportunities and life chances of children and their families. Children living in the poorest 10% of neighbourhoods in Scotland are 20 times more likely to be taken into care than those in the wealthiest 10%. Without urgent action, 26% of children in Scotland are likely to live in relative poverty by 2024.

FIT LIKE?

Children 1st is one of the partners in a new multi-disciplinary community hub in Aberdeen city, called Fit Like?

The hub was created with children and their families, alongside partner organisations, to provide safe, secure and open-hearted relationships which allowed for the provision of emotional and practical support to families in Aberdeen through a clear and single point of entry, “no wrong door”. Families contribute to the ongoing design and development of the hub so that they can easily get what they need, at the time they need it.

This approach puts children at the centre of services and recognises that when families get early support children do better. It is rooted in children’s rights and delivers on the recommendations of the National Care Review - the Promise.

Working together through the hub, we seek to build on the strengths already present in families to improve the mental wellbeing of children and their families across Aberdeen.

AVA AND EMILY

“I feel so guilty that I didn’t notice how ill Ava was because I was so worried about other bits of my life and sometimes in the past I’ve felt judged by services.”
Emily

Children do well when their family does well. For many children and young people the roots of their emotional distress lie in the challenges and unresolved trauma that exists within their wider family. By taking a recovery focused approach which supports the whole family and empowers them to address wider challenges, Fit Like? strengthens family relationships to keep children where they are safe and loved. For young people like Ava strong supportive relationships with family and trusted professionals are key to improving mental health.

Ava is 14, lives with her Mum, Emily, and loves animals and art. Ava has little contact with her Dad but a good relationship with her Gran. She has an eating disorder, low self-esteem and lacks confidence. Ava’s physical health had been very poor, requiring significant medical input to avoid further deterioration. Ava felt alone and isolated and rarely left home. She does not consistently attend school. Emily experienced depression and was in significant debt, having lost her job. Emily’s partner was abusive and emotionally and financially controlling.

THE FIT LIKE? TEAM AROUND AVA AND EMILY

Education
Health (School Nurse)
CAMHS
Children 1st
Creative Learning

HOW FIT LIKE? ARE WORKING WITH AVA AND EMILY

Ava has weekly online contact with her school nurse, who is helping her make good body image, nutrition and exercise choices. The family are getting money advice support from Children 1st. As well as supporting the family with their entitlements, the Money Wellbeing Worker is supporting Emily so that she feels ready to address her debt. After being supported to reflect on the impact of her relationship with her partner on herself and Ava, Emily has ended it.

The Hub connected her with the Police for reassurance and safety advice. Ava is meeting a Children 1st Family Support Worker outside her home and through a trauma informed, flexible approach to support, Ava is growing in her social confidence and self- belief.

WHAT'S NEXT FOR AVA, EMILY AND FIT LIKE?

The Hub will support Ava with a referral to an orthodontist. The Hub are exploring creative and innovative ways to harness Ava's love of dogs and the confidence they give her to help her to increasingly cope with social interactions. Family relationships will be strengthened through continued Children 1st support, helping the family to repair and recover from past trauma.

Through youth work, creative learning and teaching support Ava will be empowered to develop confidence and self-efficacy