Health & Wellbeing of Children and Young People

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

Mental Health and wellbeing issues for children and young people have been highlighted over recent years, with increasing attention on the apparent increase in poor mental health. This is suggested as resulting from a wide range of factors from educational and exam pressures to the impact of poverty, caring duties and pressures of the on line world and social media. For young people facing adverse factors in their lives these pressures are increased. There is evidence from carers groups of the impact of caring responsibilities on the mental health of young carers who face isolation and lack the same supports as other young people (Carers Scotland, Scottish Government Carers Strategy); from care leavers around isolation and lack of support leading in some cases to an increased likelihood of self-harm (Staf, the Promise,); and from CAMHS of high demand, and an increase in eating disorders and more complex mental health issues in young people (reference work to develop the new Foxglove facility).

Young people are also significantly affected by the mental health and wellbeing of their parents and families, with circumstances such as drug and alcohol misuse, depression, poverty and poor mental health affecting children who come to the attention of social work services. For children with additional needs or disabilities, the proportion of those whose parents also experience poor mental health is significant with one authority quoting figures of three quarters of the care packages for young people with disabilities containing aspects related to the poor mental health of the parents. The covid 19- pandemic has added to those

pressures with an increase in another authority of 62% in children moving in to residential school/care due to their parents no longer being able to manage their care.

With factors so diverse, a whole family approach is required to really tackle issues of poverty and health and wellbeing. Positive impacts on adults around children and the reverse (negative impacts for adults) are inextricably linked to outcomes for any children or young people who are cared for by those adults. Therefore, to truly understand the challenges facing children and young people, we must see them in the context of their living situation, and to effectively support and address these challenges, we must seek to support those individuals that impact on them, and, crucially, to engage with children and young people to gain and understand that lived experience.

 In addition to poverty and the exclusion from society this can bring, Significant Case Reviews provide evidence of both mental health issues in parents impacting on children's health and care, and that transition arrangements between CAMHS and Adult Mental Health services, and more universal children's services and those for adults, are a challenge. A related critical area is those young people whose needs do not meet the high threshold for an adult service, and thus often 'fall through the net' unless their health reaches crisis point. Compounding these transition issues, the lack of a partnership approach between mental health and substance use services, means that young people who uses services can be prevented from accessing mental health support. For looked after children there can be an additional challenge in accessing CAMHS. Due to the need to manage demand in many areas, those not in a stable living environment or not living in their home local authority area, can often be prevented from accessing this provision.

While much attention has been given to early intervention for children and young people, approaches and provision is varied across the country and funding is often very focused and patchy. This lack of an overall coordinated approach leads to inconsistency. Opportunities to utilise the community as an asset and provider of early support is also often lost

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

The full impact of the Pandemic on families has yet to be understood but is undoubtedly affecting the health and wellbeing of children and young people and the adults who support them, and is likely to do so for many years. This is already being noted, and the briefings provided by Social Work Scotland, CoSLA and ADES for the Education Children and Young People Parliamentary Committee evidence session on 1st December on the impact of covid

19 pandemic on children and young people, all highlight this, as do early research papers in this area. Additionally the, potentially life limiting, impact of delayed NHS Treatment due to the pandemic will undoubtedly impact on any children and young people for whom the adult is responsible. In single parent households and those where a parent or child has additional needs, or where a child is looked after, such loss could be catastrophic.

Mental Health issues for children and young people will be a leading health and wellbeing issue over the next five years. The challenge between mental health services and referring services, as noted in the previous answer, can feel like a "hard line" and one that tends to exclude rather than include. School and School Nursing boundaries are not always clear, with families sent back and forth between these agencies for lower tier mental health issues. Effective engagement of young people through channels that make sense are required. For example, there needs to be more done to create face to face supports and groups to connect teens at the earliest point in their mental health journey. This need not be focused specifically on mental wellbeing. Attention to how existing community groups and supports for children and young people - such as community education groups, youth organisations and sports groups - can be better utilised to enhance the wellbeing and mental health of young people would provide early and effective whole systems intervention and support. Many staff in such setting already provide this type of early intervention and support, and additional input would allow greater skill in signposting to more focused provision when required.

Another challenge is the pressure already been seen in the acute side of mental health care with the reduction in MHOs over the past years (SSSC data). Social Work Scotland welcome the recent short term investment in MHO workforce from Scottish Government, but would note that the skills and experiences of a social worker are needed to fill the gaps of those MHOs leaving the profession. To effectively support critical and enduring mental health in the future, in line with legislation, we need to invest in social work workforce

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

A combination of opportunities are required:

• Improving mental health services and open access to these in a timely manner, so that children and young people do not face long delays leading to more entrenched difficulties by the time they access a service.

• More preventative and early intervention supports for children and young people, provided in a cohesive manner, across disciplines and areas (not all should be school based) and making best use of existing structures and opportunities for young people

• A focus on provision of such services to the more vulnerable for whom currently access is most difficult.

• Tacking poverty and supporting adults in children's lives to better support the young people. Any action taken to improve circumstances for adults will almost always lead to improvements for children and vice versa – any action taken in relation to adults which makes their circumstances worse will almost always have an adverse impact on children in their care.

• Preventative and early intervention strategies that involve social workers, schools, and community groups.

• Reducing the mystery around good mental health being the purview of psychologists and psychiatrists,

• Engaging with those services that tackle poverty, disenfranchisement, social justice, and education, as a means of building resilience in the communities that can offer the long term support needed to help people thrive in their surroundings. Seeing mental health as connected to the wider public and social issues arising from austerity, investing in the areas people live and reducing the stigma of living in those surroundings will help people feel connected to and value their communities

To successfully invest in the preventative and early intervention of children and young people and support resilience in mental health, there needs to be significant investment in the social work workforce, to allow the relationship based practice, a core social work skill, to support a child and young person make sense of their environment, develop healthy and nurturing relationships, and embed self care practices into their lives. This should be a multi-disciplinary approach, incorporating education, health, and community based approaches, to maximise effectiveness. Alongside investment in social work support therefore, given the need for a multi-disciplinary approach, training and support needs of partner agencies should be considered to ensure that they have the skills to identify and respond promptly to health and wellbeing issues as they arise. There are examples of positive work in this area.

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

Poverty and the impact on families is perhaps one of the most significant contributors to poor mental health and wellbeing. Poverty and the associated physical and mental health impact on adults and children are well documented. These include financial difficulties and debt and associated worries (rent arrears, worries about being evicted etc.), restricted access to a nutritionally valuable diet with the associated health, learning and growth benefits, relationship stresses, mental health concerns such as depression, social exclusion, limited access to leisure and wellbeing opportunities, substance misuse and the consequences for the health and wellbeing of both the user and their children. These all have a negative impact on parenting behaviours which in turn impact on children's wellbeing and outcomes – both as children and then on into adulthood. Groups experiencing poverty are over represented in the welfare system and prison population and underrepresented in groups such as those attending higher education. Poverty also impacts on those in specific groups more than others – those with a disability, from an ethnic minority group or who have experience of the care system.

Supporting people to have access to basic human rights such as food, shelter, heating, clothing, will remove many of the stressors which trigger poor mental health and wellbeing in families. The whole system approach, tackling the underlying issues but also providing the graded supports needed for children and their families – in line with GIRFEC – are both needed to create the conditions for change. This combined individual and societal approach would support the ability of children and their families to engage in their communities. Though a theory promoted several decades ago, Maslow's Hierarchy of Needs best describes this and why these factors are necessary in a child's life to enable them to grow and develop