

# REVIEW OF CHILDREN AND YOUNG PEOPLE'S COMMUNITY MENTAL HEALTH AND WELLBEING SERVICES AND SUPPORTS PHASE I

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# INTRODUCTION

Using a whole system approach (WSA) to support children and young people (hereafter CYP)'s mental health and wellbeing has been the topic of several key policy documents in Scottish Government.

The WSA was defined by Public Health Scotland as:

*An ongoing, flexible approach by a broad range of stakeholders to identify and understand current and emerging public health issues, where, by working together, we can deliver sustainable change and better lives for the people of Scotland.*

The focus of the WSA is to move away from siloed ways of working, and towards more collaborative ways of working that are local, responsive, and delivered by people with the right skillsets, at the right time.

This call for collaboration has also been seen in children and young people's mental health and wellbeing policy in Scotland. For example, the 2019 CYP Mental Health Task Force report and the 2021 Community Mental Health and Wellbeing Supports and Services (CMHWBSS) framework both reference a need for collaborative working.

Both documents suggest that services supporting CYP mental health and wellbeing should be responsive and provide the right help at the right time, have a shared agenda, have CYP and their families at the centre to ensure they are *empowered to express their views regarding their needs and services, and to have these views acknowledged and recorded* (Taskforce, 2019). The support offered should be based on assessed need, be asset based and have the child at the centre.

Key in both documents is the need for focused strategies that centre on prevention and early intervention, which requires community support networks to have the capacity to provide an early response and informed assessment. This relies on community supports and services to work closely with Child and Adolescent Mental Health Services (CAMHS) and other relevant health, social work, and educational partners to ensure there are pathways to support in place. However, it also relies on strong relationships within the system, and for CYP and families to identify trusted

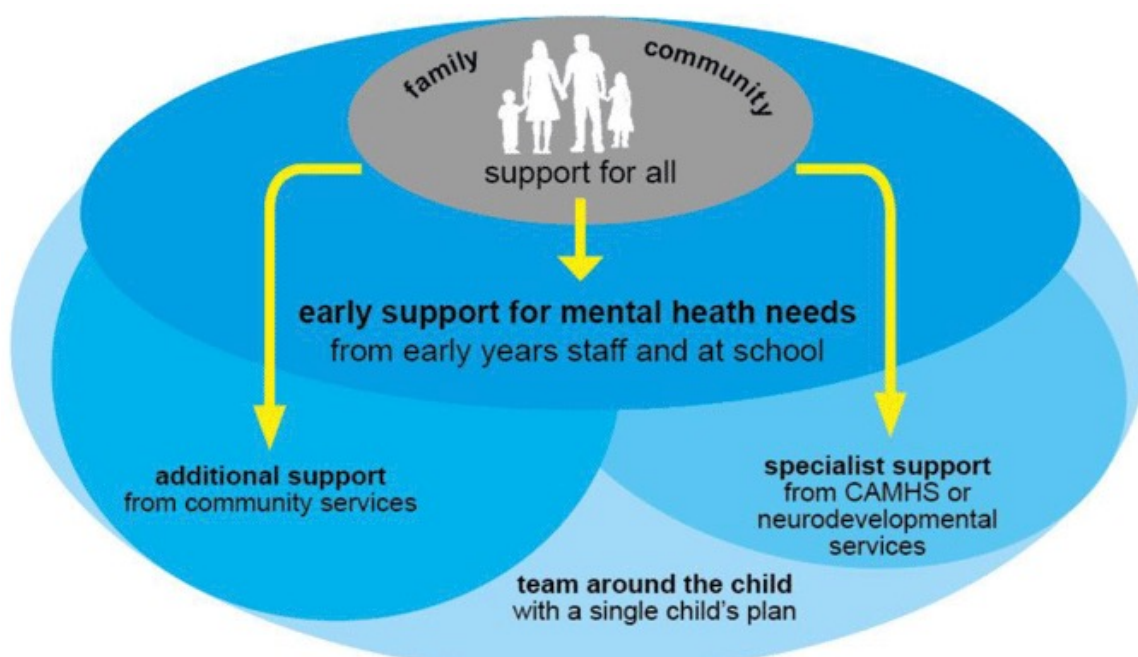


Figure 1: Illustration of whole system approach to collaborative working from Children and Young People's Mental Health Taskforce report (2019).

organisations that they can discuss issues with, and who can identify distress.

Given the importance placed on collaborative whole system approaches to supporting child and adolescent mental health and wellbeing, this report seeks to understand how this approach has been adopted in West Dunbartonshire. The report outlines findings from research that took place between January and March 2021.

The aim of the project is threefold. First, to discuss the perceptions of different organisations and agencies to collaboration, and what opportunities and challenges are associated with collaboration. Second, to understand how community-based organisations are supporting mental health and wellbeing for young people who may not require clinical intervention. Third, to examine how COVID-19 has provided a barrier or a catalyst to changes in practice.

The report begins by providing a summary of the context of the research, the methodology of the research and research questions. A summary of the key findings will follow, and the report concludes with suggestions for development in West Dunbartonshire.

## CONTEXT OF THE STUDY

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### KEY POLICIES

While looking to change elements of how we support child and young people's mental health at the local authority level, it is also useful to acknowledge the wider policy drivers that will further strengthen the call to create a system that focuses on early intervention, listening to young people, and stronger collaboration between statutory and voluntary, and specialist and universal services. Appendix one describes three key policies and documents that highlight the importance of these elements in supporting CYP: *Getting it Right for Every Child*, The Care Review, and the report by the children and young people's mental health taskforce.

### CHILDREN, FAMILIES, AND COVID-19

While the intention of the report is not to create a "COVID-19 account of practices in West Dunbartonshire", all surveys and interviews took place during a national lockdown, where practitioners had faced a year of change as a result of social distancing, physical school and service closures, and increased demands on service as will be discussed below.

The COVID-19 pandemic had a disruptive impact on young people's lives. It caused nationwide closures of schools and colleges, closure of organised youth and sports clubs, periods of home confinement linked to Government "stay home" orders that further disrupted opportunities for social interaction. Several surveys in Scotland sought to capture the impact of COVID-19 on the mental health and wellbeing of CYP. A common theme across the surveys was the impact of lockdown on emotional wellbeing (TIE, 2020, Young Scot, 2020, Children's Parliament, 2020), with some reports also highlighting an increase in exposure to violence, and parental alcohol and substance misuse at home (Public Health Scotland, 2021, NSPCC, 2020).

Some work, such as that of the Child Poverty Action Group indicated that families on low incomes had been hit hardest in the past year. A review of the evidence relating to CYP and COVID-19 suggested that this is likely to be due to difficulties with at home learning, finding it harder to stay in contact with friends (Scottish Government, 2020). Work by Children's Neighbourhood Scotland (2020) described the negative impact of financial insecurity on families reliant on precarious work worsened by COVID-19, and household overcrowding linked both to virus transmission and lack of private space. Both of which may go some way to explain the household stressors experienced by young people.

The strain caused by COVID-19 on mental health and wellbeing of young people and their families was likely exacerbated by the reduced contact with services that usually would be in contact with them. Work from Public Health Scotland found families on low incomes, single parent families and those with long-term health conditions found it difficult to access universal services including health visiting (Scottish Government, 2020) that may have provided support for CYP. Young Scot also suggested that young people felt less supported by services in the past year (TIE, 2020, Young Scot, 2020). Perhaps linked to young people's difficulties in accessing face-to-face services, the past year also saw a rise in calls to support phonelines such as Childline.

## AIMS OF THE STUDY

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The aim of the project is three-fold. First, to discuss the perceptions of different organisations and agencies to collaboration, and what opportunities and challenges are associated with collaboration. Second, to understand how community-based organisations are supporting mental health and wellbeing for young people who may not require clinical intervention. Third, to examine how COVID-19 has provided a barrier or a catalyst to changes in practice.

The initial research questions are:

- What is the nature of collaboration within West Dunbartonshire?
- What are examples of good practice within West Dunbartonshire?
- What supports are currently missing in West Dunbartonshire?
- How has COVID-19 impacted on practice and collaboration?

## METHODOLOGY

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The study adopted a mixed-method approach to explore the perspectives and experiences of practitioners (both front-line and managerial) working with CYP or involved in CYP mental health in West Dunbartonshire. The fieldwork for the study reflected national lockdown restrictions, with surveys being distributed via a web-link and QR code, and interviews and group interviews being held via video-conferencing software (such as on Zoom, Microsoft Teams or Google Meet).

Survey recruitment was supported by two key contacts within West Dunbartonshire's Health and Social Care Partnership (HSCP) who used existing mailing lists and raised the survey at multi-agency strategy meetings. Recruitment included community-based, statutory and specialist services. The initial mailout to the organisations included a copy of the plain language statement and statement about data handling for the project. The email also included a link to the online survey. Within the survey, there was an opt-in option to be contacted for a follow-up qualitative interview. If the participant agreed to be interviewed, a further information sheet would be sent to them to ensure their informed consent.

Additional recruitment for the qualitative component was carried out via email, or through further gatekeepers who arranged an online group discussion. This was done in situations where the practitioners had time sensitive posts and could not afford multiple interruptions due to research participation.

In total, 37 people participated in the online survey, and 25 in the qualitative interview, and

two group interviews were carried out. Table one below provides breakdown of participants from survey and interviews. The University of Glasgow Research Ethics Committee gave approval for the research.

*Table 1: Breakdown of participants by sector and research type*

Job Sector	Survey	Interviews
Health	10	9
Social Work	9	5
Education	7	4
Local Authority	3	2
Third Sector	6	5
Total	37	25

Given the number of responses from the online survey, a descriptive analysis of the survey responses was undertaken. Qualitative data were analysed using standard qualitative research methods. A sample of transcripts were analysed with key topics and issues identified. Using insight from these transcripts and research notes, a framework was devised that encompassed themes that spanned multiple sectors. The framework was then piloted on a small number of transcripts and refined where necessary, with care taken to ensure the nuances between different sectors were highlighted wherever possible. Important to the analysis stage was to capture moments of agreement and disagreement between the various sectors, and across statutory and voluntary services. These were compared.

## RESULTS

This section addresses each research question in turn, exploring where good or innovative practice is already in place, how these practices within different sectors complement one another, and where there is frustration or stressors. While acknowledging the fieldwork was conducted during the COVID-19 pandemic, participants were asked to reflect both on their previous practices as well as current practice.

### NATURE OF COLLABORATION WITHIN WEST DUNBARTONSHIRE

At the core of this piece of research is the importance of collaboration and the question surrounding the ability of services to move towards a whole system approach to support mental health and wellbeing of CYP. Given that 'collaboration' is an umbrella term that encompasses a large number of different activities and may involve (or ignore) different partners, the first section will focus on what is meant by collaboration through the eyes of the stakeholders. Specifically, looking at examples of how aware stakeholders are of collaboration, the different types of collaboration existing in West Dunbartonshire, and the importance of visibility as a driver of collaboration.

#### AWARENESS OF COLLABORATION WITHIN WEST DUNBARTONSHIRE

Within the survey, participants were asked two questions specifically exploring their awareness of collaboration: their general awareness of collaborative activities between organisations to support CYP mental health and wellbeing, and their specific awareness of how their organisation collaborates with others to support CYP mental health and wellbeing. Table 2 below details responses:



Table 2: Awareness of collaboration by sector

Job Sector	Very Aware		Somewhat Aware		Neutral		Somewhat Unaware		Very unaware	
	General	Specific	General	Specific	General	Specific	General	Specific	General	Specific
Health	4	6	7	3	0	1	0	1	0	0
Social Work	7	6	1	2	0	1	1	0	0	0
Education	4	5	3	2	0	0	0	0	0	0
LA	1	1	1	1	0	0	0	0	1	1
Third Sector	2	4	4	2	0	0	0	0	0	0
Total	18	22	16	10	0	2	1	1	1	0

As shown in table two, general awareness of the collaboration between organisations to support CYP mental health was high, with most respondents suggesting they were very aware, or somewhat aware of these activities across West Dunbartonshire (34 of 37 respondents). When asked about their specific knowledge of their organisations collaborations within West Dunbartonshire to support CYP mental health and wellbeing, we see a small increase in ‘very aware’ within health (from 3 to 6) and third sector (from 2 to 4). There was also a small increase within education (4 to 5).

In all cases, this small increase came from ‘somewhat aware’, meaning that the participants may have had a general impression of the wider strategy, but are more informed about their own organisation’s role. One point of interest emerged from the health sector, where all participants suggested they were either very or somewhat aware of the general collaborations within WDC, but when asked specifically about their organisation, they were either neutral (n=1) or somewhat unaware (n=1) of those activities.

Given the seniority of many of the participants whose roles include a strategic remit, the high rates of awareness surrounding collaboration may not come as a surprise. However, it could be suggested the slightly lower rates of awareness surrounding general awareness of collaboration may reflect the need for better communication through the system of how wider collaboration is achieving the goal of whole system support for CYP mental health and wellbeing.

#### DIFFERENT FORMS OF COLLABORATION WITHIN WEST DUNBARTONSHIRE

Collaboration can be viewed as a spectrum of activities, including passive activities (e.g. attending meetings) to active activities (co-developing action plans, shared case work). These can be one-off events, such as a knowledge sharing event, or as a continuous production. Within the qualitative interviews, different forms of collaboration were explored.

Three forms of collaboration were discussed as being key to the participants’ work in West Dunbartonshire and can be seen as highlighting good practice already existing in the local authority.

##### *Cross-sector meetings*

Participants described various cross-sector meetings, steering groups, or panels that they were a member of that were seen as beneficial to sharing expertise and knowledge around the system. While some of these cross-sector meetings are seen as useful in terms of information gathering (such as the wider HSCP meeting), participants also mentioned active meetings such as the ‘Team Around the Child’ or ‘Vulnerable Young Persons’ meeting where services can put forward a young person as a case for a multi-disciplinary team to discuss.

In the meetings, participants describe being able to share concerns relating to an identified young person, and detail what is already being undertaken. The meeting then focuses on potential solutions with input from multiple sectors such as social work, education and CAMHS. However, this is not limited to statutory services, with several examples from Third Sector organisations of times they either supported a young person who was attending a Team Around the Child meeting, or they put forward a young person to be discussed at these meetings.

Where Third Sector youth workers attend meetings in an advocacy role, they often provide an alternative young person's perspective:

*You're coming purely from the perspective of working, co-working, with the young person (Third Sector)*

Working as an advocate in these meetings meant youth workers ensured young people's wishes and feelings were expressed and acted on, and that young people were empowered in the process. Ensuring young people's voices are heard is particularly important when young people are facing issues at home or at school, which may lead to an intervention by education or social work. One youth worker described their role as offering a perspective of the young person that may not be seen by statutory services, with another suggesting their knowledge could offer valuable context regarding why certain behaviours occur. Having this alternative voice around the table emphasises the work undertaken in West Dunbartonshire to move towards a whole system approach and explores the different components of CYP beyond the traditional spheres of influence.

These types of meetings have also been described as potentially being a mechanism to limit the need for additional services to become engaged in a family's life who may already be working with several agencies, but also to identify who is best placed to lead the work.

*'Picking up the phone'*

For some participants, they described collaboration as not only existing within the multi-agency teams and the shared case work, but also in the trusted relationships that senior staff develop over time. This was discussed more often by statutory services than the Third Sector, and by those more established within West Dunbartonshire than those who were more recent in post. The location of educational psychology within the system meant this type of activity was possible:

*[B]ecause we have the relationships, I think that's key, and we're known within the establishments, people will phone up readily and ask for advice in terms of level of need of a young person... I mean, you can have, in theory, the best forum system processes but where people don't talk and pick up the phone, pick up an email. So, I think communication is the key thing, for me (Education sector)*

The ability to 'pick up the phone' and reach out to key contacts from various sectors was also championed as a reciprocal interaction, where participants describe being able to reach out and ask for help, but are also happy to respond to their colleagues' requests for assistance:

*I think that probably comes back to that question about accessibility. I think, you know, I don't mind a headteacher phoning my secretary and asking to speak to me, because there's a child in her classroom who she knows attends one of my clinics... I like to think that because they know that they can pick up the phone and call for help, that likewise...I can pick up a phone and say, I'm really worried,*



*or this family are really struggling, and ...I'm not in a position to impact any change, but education can then tap into their resources, and do it (Health sector)*

This also corresponded with their ability to identify where expertise and resources lay within the system to support young people. For those participants who were not as knowledgeable about the system, they were then less able to have these useful conversations, but also were less likely to be called upon to offer support in this way. This, therefore, could be described as verifying those well-established services, confirming their place as reliable resources at the cost of engaging with new, lesser known, services. These personal/professional networks were discussed as being bolstered by their attendance in the multi-agency or themed groups, whereby the network members further their membership through between-meeting interactions.

For more established Third Sector organisations, this was also discussed as being a useful way to communicate with statutory services and reflecting the lasting relationships that had built up over time. However, this was not the case in all third sector agencies. Where organisations were in their first or second year of implementation, there were challenges of obtaining this level of relationship, trust, and visibility within the wider system. It also reflects the experience of Third Sector organisations that have recently expanded their remit, which relies on previous knowledge regarding their practices being updated and communicated in a way that would ensure uptake is not impacted. These issues reflect the challenges of visibility of Third Sector within the system.

#### CHALLENGES OF VISIBILITY

In terms of collaboration, visibility was described as a challenge, both for those services that were seen as too visible in the system, and those who were invisible. In both instances, visibility posed challenges for collaboration within the system. Participants from CAMHS suggested that given their visibility within the system, there was a perceived 'need' to refer to CAMHS without acknowledging if other services would be better suited to the CYP need, or if the CYP met the criteria for a referral:

*Every parent we refer will more or less tell you that its urgent and that their child needs to be seen, because that's their first priority but what a lot of the public isn't aware of is the thresholds ...they just see 'children and adolescent mental health services' (Health sector)*

Incorrect referrals were seen as stressful for both the CYP and families, as well as for the associated services involved in their care. This was particularly the case if the referring services were unsure where to signpost young people to if they were found to not meet the criteria for CAMHS support.

For the Third Sector organisations who were recent additions to West Dunbartonshire, they discussed the difficulties in becoming visible in a complex system:

*[W]e've got this great buy-in from the council and the department that we work alongside and their staff team as well. I have fortnightly meetings with one of the team leaders in the homelessness service as well just to keep an eye on referrals and make sure that, you know, anything that is coming up...But I don't know what the story would have been had we not had those kind of relationships built up in the first year where I was, you know, going along to the opening of an envelope to speak about what we were doing (Third sector)*

For this organisation, their workers drove visibility in relationship building and knowledge

awareness. They described the benefits of receiving invitations to attend multi-agency meetings where they could describe what their service offers and the hope that the representative from each organisation would then disseminate what was presented to their wider team. One of the challenges for new Third Sector services appeared to be ensuring the statutory services understood how their proposed collaboration and service would fit with their ongoing work. Third Sector organisations described it as ‘frustrating’ when statutory services did not understand, as they believed they could see how their service would enhance early intervention opportunities within the system.

This challenge was echoed in the social work focus group where they discussed the disconnect between the work of third sector organisations and the higher tier of CYP that their workers currently support. From their point of view, the lack of engagement with some of these new services was due to a perceived disconnect between what both services could offer. As will be discussed later, the ‘fire-fighting’ currently undertaken within statutory services such as social work and CAMHS can be seen as a threat to whole system collaborative responses to CYP mental health and wellbeing.

#### WITH CYP

Across West Dunbartonshire, there appears to be many ways for CYP to be involved in collaborative activities with organisations, although this leans more towards older young people than those in primary school. Schools focus on involving pupil voice in a number of ways, and this feeds into the understanding of the school environment.

In social work, the Champions Board was seen as key for care-experienced young people to have a say in issues that affect them:

*We have a young person who works with the Champions Board... sit round the table, and for them just to make sure that their young people's voices are being included in any of the consultations or any of the different pieces of work, whether that's projects or campaigns. So we do work with them, yeah (Local Authority sector)*

*The Champions Board should be front and centre in supporting children's rights, although there is some work to be done...some of the momentum has been lost in the past year (Social Work sector)*

The Champions Board was also seen as key for raising awareness of the various Corporate Parents of their responsibilities towards care experienced CYP, which may include pieces of campaigning work to raise agenda items that impact the health and wellbeing of this population. However, similar to the point above regarding visibility within the system and the associated challenges, two participants reflected on criticisms they have heard regarding the visibility of this group, leading one to suggest that while organisations may be unclear about the remit of the Champions Board, the CYP who engage with it see it as vital.

Within some Third Sector organisations, particularly those who support young people who may be less visible (e.g. those at risk of homelessness, those living with parental addiction, those experiencing being looked after at home), there was a discussion of the need to ensure they engaged young people in planning and improvement activities. In some instances, listening to young people led to a complete rethink of the support on offer, resulting in a much more youth-centred and supportive approach than the one initially imagined. There are also examples within West Dunbartonshire of engagement with CYP developing further, such as involving young people in financial decisions relating

to the service. One participant described the empowerment of young people as crucial in collaboration activities in Working4U:

*Having young people at the forefront of any activities that's being organised, so that they feel included, they feel empowered, they feel as if they're contributing to whatever it is they're participating in (Local Authority sector)*

For the participant, the involvement of young people is part of the wider aim of youth work, but also ensures that young people's voices and needs are central to service design, which benefits both services and the young people who participate.

A community engagement team in the public sector described a youth volunteer programme in the police focusing on good citizenship that involves activities including assisting at large events and discussing their perceptions of community issues and working together to create solutions to these. One example was a toy bank appeal that raised money for a friendship bench to address social isolation.

## **STRENGTHS IN THE SYSTEM**

Participants described several elements within West Dunbartonshire that were working well when supporting CYP mental health and wellbeing within the wider system. These included the non-clinical wellbeing agenda of organisations within schools and youth work, the position of non-statutory services within the system, the work already ongoing to support parents in West Dunbartonshire, and the mentoring and buddying schemes that support CYP.

### **NON-CLINICAL WELLBEING AGENDA**

Responsibility for mental health and wellbeing was not restricted to those specialist services who offered clinical support and guidance to CYP in West Dunbartonshire. Instead, it was seen as being part of the broader remit of all services, with the understanding that other elements of a child or young person's life could not be separated from their broader wellbeing requirements. Instead, often the services reflected that their work could not begin until the wellbeing of the young people in their care had been addressed.

A third sector participant whose organisation has a remit for providing sheltered accommodation for young people who are at risk of homelessness described the need to focus on young people's mental health and wellbeing before they support young people in learning life skills such as cooking or cleaning: *they can't focus and prioritise things until they focus on their mental health, we are led by what their needs are*. There is an expectation that when the young people feel safe and secure in the service, they will be better able to concentrate on the practical skills and support that the workers can offer. In particular, this may be the case for young people who come into the service with a history of adverse childhood experiences. The focus on being "there" for CYP and being a listening ear rather than a clinical intervention appeared to be vital in some youth work relationships. Linked to this is the importance of ensuring that activities developed have a wellbeing focus, either through healthy eating, exercise or creating a safe space for discussions. Some participants did raise examples of staff doubting their capacity to deal with complex cases, and identified a need for additional training to support staff wellbeing.

Recent shifts in practice have also seen schools move from a focus on curricular outcomes to a more holistic nurture and wellbeing focus. While this is particularly strong in nursery and primary schools, participants also discussed the role of guidance teachers in secondary schools. Given the role of the school in the lives of CYP and their families, and how this

enables teachers to witness the mental health and wellbeing needs of their pupils on a daily basis, the move towards a nurture curriculum was seen as vital. One educational psychologist referred to this as head teachers being heavily invested in their communities, knowing their pupils, their families and the wider community the school sits within. By building capacity within schools to address low-level problems, it has also enabled the staff to understand how to use their own resources and when to reach out for help. This was reiterated in the group discussion with teachers, where they spoke of the need to look at emotional wellbeing in pupils to ensure they are ready to learn and using mindfulness and growth mindsets to support this goal.

Connected to this was the role of associated professional services (including school nurses, education officers, and educational psychology) in promoting health and wellbeing in schools. For school nurses and educational psychologists, there was a discussion of the importance of early intervention as well as training teachers in techniques such as mindfulness. Also, there was discussion of schools using Pupil Equity Funding (PEF) to fund additional resources that would support wellbeing in schools. Participants in education described referral to CAMHS as being 'a last resort' that schools should do only when they had exhausted other avenues.

#### POSITION OF NON-STATUTORY SERVICES WITHIN SYSTEM

One of the key factors within youth work participants described as being supportive to CYP mental health and wellbeing was the alternative role that youth workers play within the wider system. They are "treated with less suspicion than statutory services" (Third Sector) due to the fact they were perceived as having no agenda compared with the other services:

*...it's really about that power of that one relationship and having that one trusted adult that that young person...that's not got any agenda, you're not a teacher coming from an education perspective or a social worker coming just about the care (Third sector)*

For some Third Sector services, trust with young people was built over time, with participants describing the need to prove themselves to young people who were initially wary of engaging with another service. For one youth worker, who worked with young people with adverse childhood experiences, persistence helped to overcome the wariness, *letting them know that they matter*. For the worker, finding activities that the young person would like to do helped to develop trust, as did addressing the poverty of opportunity that may exist in the young person's life, and repeatedly showing up even when they were initially rejected by the young person.

As mentioned above, youth workers can act as advocates for CYP in formal meetings such as "Team around the Child". However, they are often not automatically invited to these meetings, and their participation is often based on a request from the CYP. This ability to work outside of statutory services also mean that Third Sector organisations are often exposed to boundary testing conversations, where young people may disclose experiences or thoughts that require risk management discussions:

*They kind of test the water. I love that I have that sort of privilege of being able to know our young people, and I feel like it's really beneficial that they know that they have an adult. But also they know that I have boundaries and there are limits to what they can tell me without me doing something (Third Sector)*

Participants described the person-centred ethos of youth work, and the conversations

with young people that sought to acknowledge and build their agency to make decisions, with the knowledge that their youth worker would support them. This relationship also meant that youth workers could respond to conversations or questions raised by their young people, and where appropriate information evenings or harm reduction workshops could be introduced on key issues such as smoking, alcohol and drugs, housing options, homelessness, healthy-eating, and sleep. Similar workshops were also discussed as being delivered in collaboration with local schools or youth groups.

## SUPPORTING FAMILIES

Within West Dunbartonshire, there are some examples of multi-agency work surrounding supporting parents. For example, the 'parenting RIG' is an active multi-disciplinary team spanning social work, educational psychology, health, etc. This network also provided members with better information of what different agencies do in relation to supporting parents. This was of particular use to those participants who did not have a formal remit to support parents but found it was part of their post. The local authority also use interventions such as Triple P, POP, Incredible Years, Seasons for Growth, and Sleep Scotland with several participants serving as trainers in these interventions.

Community nurses, outreach and support workers in West Dunbartonshire exist in several sectors such as education and health and are described as having a key role in providing a vital service as they work closely within the community but were also 'tuned in' to the professional networks. They have been described as having their finger on the pulse when linking family need, to professional expertise, and as a key advocate for the child and the parent through different systems. This resource was described as particularly useful for one mentoring group who said they were useful for getting information about the wider context of the young person they support.

Another resource that already exists in the system is the Working4u family support that was established in 2019. The 'family opportunity hubs' (Education Scotland, 2020) focus on supporting parents through conducting a needs assessment, confidence building, focusing on ensuring they receive the correct benefits and can access advice regarding debt and career options. This was created through the understanding that to support CYP, you have to look at every element of their life: *"you can give a child all the support they need in school, if they go home and it's chaotic, then you're kind of fighting a losing battle"* (Local Authority sector). By addressing issues that the family may be facing, and any associated stress with unemployment or debt, it will also ensure the CYP benefit from any positive change.

## MENTORING AND BUDDYING

Another positive activity within third sector is the work in mentoring and buddying. Often this is delivered by Third Sector organisations in collaboration with sectors such as social work or education.

One of these schemes (Care Connections) supports young people under a Compulsory Supervision Order (CSO) who live in the family home, a group identified as 'flying under the radar' and as such are a vulnerable group. It is a collaborative piece of work between Y-Sortit, Champions Board and education, and offering mentoring support for young people in primary and secondary schools. The mentors work with young people to locate activities that meet their interests within the local area as well as aiming to broaden the opportunities open to them, for example by paying for membership fees, uniforms, transportation to



remove barriers.

Another mentoring organisation in the third sector described the ability of mentors to work with individual young people, or with family groups where individual family members are given support but acknowledging the whole family within this role. Delivery of the service is youth-led, with progress monitored regularly. One of the strengths of having a youth-led approach is that it allows for a different perspective on young people's issues: *sometimes what professionals see as the difficulty is not, and through working with them you can see 'actually they're late in school because they have all of this to do at home, or the reason they don't do their homework is because they don't have a quiet place to do it'*. This can then be fed back to services such as social work to bridge communication gaps between the CYP and other services.

Key in the mentoring relationship is consistency, as suggested by one mentoring organisation: *what you're looking for is commitment*. This commitment often equates to organisations asking volunteers to sign up to at least one year, to ensure they can build trusting relationships with young people, and to make positive progress with the issues identified by the young people.

#### BARRIERS TO COLLABORATION

While there is good practice within West Dunbartonshire in relation to using collaborative approaches to support CYP mental health and wellbeing, in addition to the ongoing work within individual organisations to address the needs of young people, there are also barriers and pinch points that create difficulties for organisations to work together or create difficulties for organisations to individually address the needs of CYP and their families.

Barriers to collaboration were explored in the survey and qualitative work. In the question "have you experienced any barriers to working with other organisations when supporting CYP mental health and wellbeing", 32 of the 37 respondents answered yes. Two responded no, two responded don't know. A multiple-choice question followed, asking participants if any of the following had posed a barrier: financial, organisational, lack of resources, lack of time, lack of opportunity, unsure of the remit of other organisations, and belief it could be solved by other organisations. Below is a graph representing overall responses, and a crosstab table reflecting the multiple-choice responses from the different sectors:

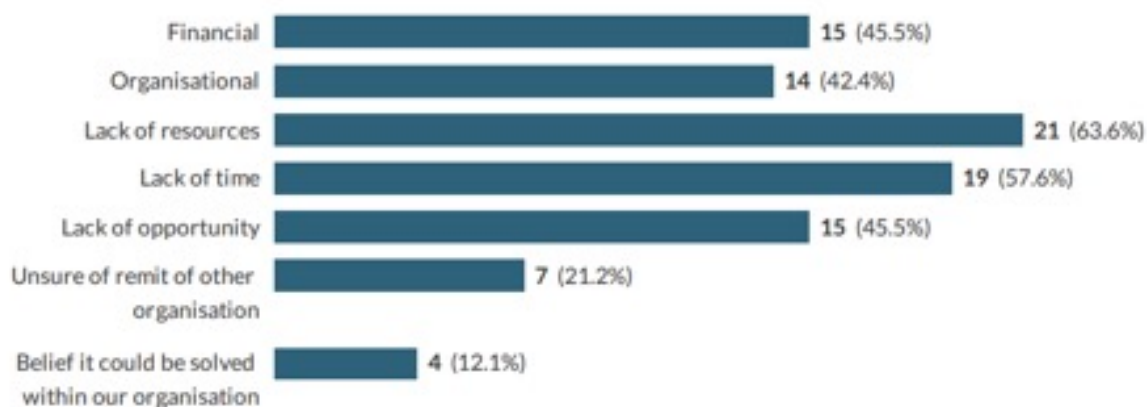


Figure 2: barriers to collaboration survey responses

As we can see from the diagram above, the barriers which challenge collaborative work



are multi-faceted, including financial, temporal, and organisational. What was of interest were the relatively low scores for 'unsure of remit of other organisations' and 'belief it could be solved internally'. These comparatively low scoring responses may reflect the increasing attention on collaborative responses and information sharing within West Dunbartonshire, and the growing organisational ethos surrounding the importance of a whole system approach.

Table 3: Barriers to collaboration by sector

	Financial	Org	Lack of resources	Lack of time	Lack of opportunity	Unsure of org remit	Solved internally
Health (N=11)	5	5	6	6	6	2	0
Social work (N=9)	6	3	9	5	3	1	2
Edu (N=7)	3	4	3	4	2	2	1
LA (N=3)	1	1	1	0	0	1	0
Third Sector (N=6)	0	1	2	4	4	1	1
Total	15	14	21	19	15	7	4

Of interest in the table above, which has been organised by sector, is the comparatively low score 'financial barriers' received by third sector participants compared with health and social work sectors. Participants reflected that the precarious nature of third sector working, and the constant need to locate funding, meant that they were perhaps more used to these pressures compared with centrally funded services.

A free text box offered participants an opportunity to provide more detail regarding their responses, or highlight other issues creating barriers to collaboration. Some of these responses have been collated in textbox 1 below.

*"Day job is a blizzard of fire-fighting, local meetings are useful, other meetings are a struggle to attend as the day job continues to pile up in your absence"*

*"Many agencies misunderstanding what CAMHS can realistically offer"*

*"There doesn't seem to be clear pathways from children to adult services... A lack of specialist services for adults with autism means the transition is very unclear"*

*"Generally there is a lack of money to invest in joint projects long-term"*

*"Conflicting priorities and a lack of time, very few folk all focusing on broad remits"*

*"The criteria for accessing mental health input from CAMHS seems to be set very high and more focused on responding to crisis. It seems below this level referrals...placed on a very lengthy waiting list which can allow for problems to escalate"*

*"Organisations and departments are being pushed to their limits in terms of referrals rates and capacity. This then affects the quality and quantity that can be achieved"*

*"Multi-agency planning is less robust due to capacity issues in all sectors. The willingness continues, but lack of time, staffing and resources is a huge barrier in recent years"*

In the qualitative work, barriers were discussed in more detail. The following will explore three issues: transitions from child to adult services, traditional 'silo' forms of working and firefighting.

## TRANSITIONS

The five to 24/26 years age bracket encompasses several transitions, with health, education, and social work all containing key moments of transition occurring at different ages in the young person's life. From primary to secondary school, or from secondary to post-school destinations, and from specialist youth services to adult services. For this report, the participants' views mainly reflect those of youth centred services, with limited insight from adult services regarding their role.

There was an acknowledgement of the holistic life of the young person, that at any one point, they may experience several transitions at the same time: the move from school to further/higher education or work, the move from youth to adult services, and maybe moving out of the family home, and other interpersonal changes. The need to be aware of these different elements of transition and acknowledge the complexity within young service-users' lives was key to ensuring the smooth transfer of services.

Given this complexity, transition meetings may involve several stakeholders, the family and the young person. Where transition was seen to work well, there were several collaborative meetings and collaborative planning between child and adult services, with one healthcare professional suggesting a good transition was where: *that team around the child and family have a reasonable understanding about where they're going and that there's a good flow of information*. Crucial to this was the ability for information to be shared, and expertise reflected upon. For example, another healthcare participant described a 'transitional group' that is attended by health, social work, and education to alert each other to those young people who will be transitioning to adult services within the next few months. However, where these conversations are not happening, descriptions of the transition process were described as more negative.

For some participants who were involved in periods of transition to adult services, there was sometimes a concern regarding finding a 'best fit' in adult services, particularly where there was not a replication of what the young person had previously had in child services. This, one healthcare professional described, required adult services to '*get their head around young people's complexity*' and work with agencies to find a way to support the young person. Where support was offered in school, there were questions regarding how to ensure that support was not lost when young people move to post-school destinations.

Transition periods for young people who are looked after and accommodated also pose additional challenges, particularly surrounding the rights of young people at 18 years to continue care in a placement (either residential or fostering) until they are 21 years:

*what we're experiencing just now is children's houses becoming adult houses, quite a significant change... all of our children's houses all have children over 18 in them (Social work sector)*

This was identified as an issue that will increase in prominence over the next few years in West Dunbartonshire, particularly when there are less foster or residential places available for younger people who may require support. But it also raises a training issue in the workforce supporting young people who are opting to stay in placement longer. Given the different periods of transition that young people experience between 12 and 21 years, there is a need to ensure the workforce can work in an inclusive and empowering way for these young adults who are in their care. Part of the solution suggested was the need for more collaboration in early intervention at community level, to ensure that issues can be identified and addressed at an early stage, meaning residential allocation is for those

young people with a 'higher tariff' of need.

The issue of housing and transition was also raised by a third sector participant who has a remit regarding homelessness and supported accommodation. Their service provided supported short-term (6-9 months) accommodation to 16–21-year-olds, with another offering shared accommodation for young people 16 years and over:

*[other service] isn't always appropriate for young people, they support a lot of people with drug and alcohol addictions and for young people who aren't going through that, it's not appropriate for them to be in that service (Third Sector)*

The participant goes on to describe experiences of young people being placed in flats, but without appropriate support in place to support this transition into independent living. This may include advice on money (applying for Universal Credit, ensuring they have a National Insurance Number so they can apply for work, how to set up direct debits to pay bills, etc.) and wellbeing (managing feelings of anxiety or stress). For the participant, there was a need for more collaborative working between agencies, but also a need for outreach support to ensure young people are coping with both the practical elements of having a home. The involvement of outreach workers may enable a wider geographic spread of resource across the local authority, enabling young people to stay near to their support networks.

#### FIREFIGHTING AND SILOS

There was a consensus across participants that social work and CAMHS were stretched and overburdened, and that this culture was creating a barrier to some of the key components of early collaboration with third sector organisations (e.g. answering emails/telephone calls, attending meetings). Some within social work and CAMHS describe their current activities as 'firefighting', in that they are reactive in responding to high tier, high need cases and have less capacity for proactive collaborative work:

*People are so busy firefighting within their own narrow service, that we just pull all the resources in. And one of the obvious places you pull from is collaborative set-ups. So whether that be, you know, triages, or vetting meetings, or where you're discussing clinical care plans, you just pull people out of it, as well. And I think that's one of the barriers, everyone just siloes, and protect their resources, just so that they can fight their own little battle (Health sector)*

There was a discussion within the social work group discussion of the rise of high-tariff cases, where the young people have more intensive mental health issues than previously. As a result, there was a perception that there was less opportunity for third sector or community involvement from the current supports available, as their young people and families required a higher tier response. This increase in high-tariff cases was described as having a knock-on effect on workers being able to do early preventative work which would stop as many cases getting to crisis point.

Within CAMHS, there was a discussion that many of the allocated times during the day where workers would have attended meetings, have now been taken over with casework, and focusing on the immediate demands facing their service, with pressures to reduce waiting times, and to attend to the levels of clinical need within West Dunbartonshire. The need to 'protect their resources' threatens whole system approaches to working, as organisations look inward to solve problems and rely on traditional ways of working with fixed lines regarding ownership.

When asked how they would imagine a system with reduced pressure, participants highlighted the need to focus on early intervention, hiring more staff to address long waiting lists and large case files, or introducing specialist areas where individuals within the team could take on more focused work that reflects their interests and existing training skills.

### **HOW HAS COVID-19 IMPACTED ON PRACTICE AND COLLABORATION?**

Participants described the impact of COVID-19 in several ways, including concerns about the impact on CYP, how this has changed their interactions with CYP and their families, and how their interactions within and between organisations altered.

#### **IMPACT ON CYP**

For some of the participants, particularly those who work with vulnerable families or have a child protection remit, there were discussions of the increased vulnerability of children and families. This vulnerability may be through the risk behaviours of a parent (e.g. increased alcohol or drug use around the child) or exposure to domestic violence at home. For others, they suggested that where there was previously a support need for the child, such as a communication disorder that would have been supported in a specialist education setting, were described as losing *“pretty much their entire care package overnight”* (Health sector) as parents would not be able to provide the same level of support.

One issue raised regarding the impact of COVID-19 on CYP mental health and wellbeing is how the lockdown and closure of schools has reduced the visibility of young people to appropriate professionals. This was noted in the reduced referrals to CAMHS as CYP were not attending GP surgeries or schools, where referrals would traditionally be generated, with several participants questioning whether there may be a ‘surge’ in referrals or issues when services begin to open, and the impact of COVID-19 becomes more visible. This was echoed in the education focus group, where they discussed the limitations of online learning. While it enabled teachers to gauge participation, it was not always possible to pick-up on the non-verbal cues that would suggest their pupil was struggling. Given the key role of education within the child’s life, and the professional judgements that may often lead to an early identification of an issue at home, the removal of this aspect of classroom teaching stressed teachers. Non-attending pupils, they said, would be one of the key groups to be monitored when schools return.

#### **IMPACT ON SUPPORT OFFERED TO CYP AND FAMILIES**

All sectors discussed developing processes to swiftly identify those families and young people who require additional support. One participant described this as a *“baptism of fire”* (Health sector) as they had to *“put our heads together to categorise children in terms of risk and very quickly get ourselves in a position where we could get access to [them]”*. This idea was echoed in several interviews across several sectors, where participants described needing to use innovative and creative ways to negotiate the challenges posed by COVID-19 including learning new tech with Zoom, Teams and Hangouts. One participant suggested the past year had transformed their role completely, and that there was now *“nothing in my job and work that resembles remotely what I used to do a year ago”* (Health sector). Many reflected the need to create a traffic light system to ensure that the most vulnerable in West Dunbartonshire were being supported. For healthcare and social work settings, this required practitioners to review caseloads to assess need:

*All of us had to sit and look at our entire caseload to see ‘who do we need to see*

*and who can we safely phone', like 'who can I just check in with' and know they're okay and can wait, but then who do I really need to see regardless of what's happening, bringing that family physically into the space because we can't leave it (Health sector)*

Assessing need sometimes also required a collaborative response, for example the Hub Schools had professional input from social work and educational psychology regarding who were known to their teams that may be eligible for additional support.

Aside from those CYP and families seen as most vulnerable, the support for CYP during this time was mainly online. For example, in statutory services such as healthcare, this involved Near Me to limit the footfall in the waiting rooms of surgeries, and in education this was through online classrooms where teachers were able to upload classwork for pupils. The need to address the digital divide was also spoken about, whereby there are barriers to online participation caused by inability to access a reliable or cheap internet connection, laptop or tablet or that this device was shared between several people. However, there was also a discussion of moves to remedy this, such as the education department supplying internet dongles or laptops to young people.

For statutory services, the move to online was particularly useful when supporting families, with some reflecting on how disruptive an appointment with specialist services could be when parents are required to book time off work and arrange childcare to attend a 30-minute meeting. The quality of the interaction was also seen as a benefit:

*I used to think it was second rate to have a phone call, but if you think of the time and comfort they have... it can actually be more intimate... as a result schools are often asking me to have more phone calls with parents. (Education sector)*

In terms of the Third Sector, there have been a series of innovative activities designed to ensure continued engagement of young people including dance classes, cookery workshops, makeup tutorials where the organisations also had to address any barriers to participation (e.g. purchasing cosmetics, buying ingredients and utensils to chop and prepare ingredients). However, there was also an acknowledgement of the limitations of the online approach:

*there was a big push to move everything digitally, but you need to understand that young people have got digital fatigue, they're being asked to look at a computer screen all day during the day. You've got young people who aren't participating in education, so why would you expect them to log onto a computer in the evening to log into a youth provision? (Third Sector)*

This digital fatigue, and the digital divide, meant that the different sectors had to become creative with regards to how they continued to engage with young people. Some Third Sector participants described dropping off food parcels, takeaways, and wellbeing packs to young people to ensure they have had some face-to-face contact with them. Others described conducting outreach work with young people on the street providing support and a listening ear if young people wanted to talk about how the past year had been for them. Going outside was also discussed by a health sector participant:

*I've known school nurses during this period of time to go to parks and sit and talk with young people that don't like the Near Me and the computer and if they don't have the IT supplied...it's about being creative in terms of what you've got in front of you (Health sector)*



Being able to provide a listening ear outside was also discussed as not being a safe space for discussion of sensitive topics, but instead was seen as a social support and for the young person to know there was someone they could talk to.

## ORGANISATIONAL CHANGE

As well as acknowledging the change in how different organisations pivoted from mainly face to face to online interactions with CYP and families, many discussed the organisational changes brought about in the past year- moving from office based, to working from home. This was particularly discussed by participants who had jobs that required site visits, either to homes, or to community locations such as schools:

*I've been able to go to more child protection meetings because you just phone in, you don't have to drive down to social work offices, find somewhere to park, sit and wait...it's probably more focused, they were always fairly good at that anyway but there's less hanging about (Social Work sector)*

Several participants discussed the time wasted where different meetings required travelling to different locations, with one reflecting *'there was no way I could drive round and sit in all those meetings but now if it's done on telephone or Zoom its easier for me to access and feed into a review. It has really made a difference'* (Health sector). It was acknowledged across several sectors that working patterns in the future could become more flexible, particularly in relation to non-contact work with young people.

However, while some participants described the benefits of working at home, the time saved, and the opportunities to participate in more meetings and panels, others suggested there was a negative side to this. The issue of digital burnout was discussed by several participants, particularly as meetings could be scheduled one after another with limited time to relax in between. This was particularly difficult for those front-line workers where they supported families. Previously, they would have had time to process and debrief between meetings, particularly where there were sensitive or emotive issues discussed. COVID has also impacted on the transitions work that has taken place over the past year, including issues of CYP's school transitions, but also from child to adult services. In terms of the latter, there was a suggestion that some of the meaningful meetings regarding young people's transitions that would previously have occurred have been replaced with a 'transfer of care' with limited input from some services.

## POTENTIAL NEW AREAS OF SUPPORT

In reflecting on what is currently missing from West Dunbartonshire, many participants described the need for a better funding in order to move from a firefighting to a forward planning service (as detailed above) and other issues relating to resources and capacity. This section will examine two elements that are currently not available in West Dunbartonshire, and how their introduction may improve service delivery.

## ROAD MAP OF SERVICES

One of the key elements missing in current practice, is what was termed a "roadmap" which visualises available services within West Dunbartonshire from low-level community support to higher-level CAMHS support. The roadmap was discussed in several ways, including to help support CYP who did not meet the threshold for CAMHS. Currently, there was a sense of the system being 'reactive', with different organisations needing to *"use their imagination"* (Third Sector) or *"scrabble around"* (Education sector) in response to the



need to 'plug the gap' of support. This description of a reactive response may highlight the need for better communication between the different services involved in supporting the young people so where there is a judgement of redirection, these services are aware of what is out there for these young people.

The roadmap was also described as a useful tool for CAMHS to support knowledge mobilisation throughout the Local Authority with regards to combatting the number of referrals that could be assigned to different services. The idea being that if there was a directory or data visualisation of what services could be accessed, then service users could feel confident they were being seen by the correct service at the correct time. This may also address the concern within CAMHS of the service being viewed as a "*destination*" rather than as a supportive partner who can facilitate ongoing engagement with other services. If all sectors were to participate in the design of the roadmap, it would also ensure the better visibility of the Third Sector, who have described limited interaction with some services despite having a service that may help to decrease waiting times for some of the over-subscribed services.

This roadmap may also support the issues concerning transitions of CYP from child to adult services. As detailed above, there are concerns regarding parents feeling "*let down*" (Health sector) with regards to CAMHS to adult MH services, particularly with the shift to more independent person-led treatment models (one healthcare professional described the transition as the '*difference between school and university*' in terms of expectation of self-management). However, some of the Third Sector participants described offering a service that spans these transitional years, and therefore may offer some support during times of flux and change. The ability to identify those services within the community that offer these bridging supports would better enable services to include them in their transition planning.

The roadmap was also discussed as a much-needed toolkit to help CYP and families while they wait for their referral to go through, and would allow them to have more ownership of the process.

## PARENTAL SUPPORT

There was discussion of the need to provide better support for parents and carers of those CYP who were experiencing anxiety and depression, waiting on diagnoses, or were currently engaged in services such as CAMHS. Some participants from the health sector reflected on the need to challenge the parents' medicalisation of mental health, and the focus on getting a diagnosis, rather than understanding the role of community-level organisations in supporting young people. Given the high threshold in CAMHS for who they see as a candidate for support, there was discussion of the importance of improving visibility of these community services and challenging the attitude that CAMHS is the only service within the local authority with authority to support CYP. This could reflect how the medicalisation of mental health informs the treatment they expect to manage this. Given this is parental expectations, the next piece of work will balance this by providing an account of young people's understanding of mental health and how this informs their expectations of resources.

However, having the 'buy-in' from parents with regards to promoting community services as a useful resource to addressing low-level mental health concerns is key. Within the interviews, there were examples of knowledge and training possibilities that could provide a useful support for families (e.g. individuals trained by Sleep Scotland). But where the parental focus was clinical, these resources may be underused.

One social work participant described this challenge as: *if we don't have parents on board, there will be no change for CYP*. This may involve challenging the diagnosis focus of some parents, and instead engaging in wider conversations surrounding managing routines, and building resilience and skills within the family to manage everyday life. This was discussed by one participant who described the challenges of talking to parents who were seeking an autism diagnosis for their child, and the wider need to engage them in conversations about the specific young person's "*expression of challenging behaviour*", exploring whether this was neurotypical or a reaction to circumstances within family life.

For some participants, they reflected the anxiety of parents was more pressing than the behaviours of young people:

*If they could get the support that they needed when they needed it, I think that would reduce a lot of concerns and anxiety...to give them strategies to know how to help their young person rather than get frustrated (Health sector)*

However, as mentioned by two participants, one of the challenges of building resilience in parenting may lie in the need to empower and build trust between parents and the different organisations, and "*move the gatekeeper down*" (Education sector) from an anonymous decision maker closer to families and their needs. Within West Dunbartonshire, there are some examples of support being offered to families, particularly with regards to the work of education psychology, schools, primary care, and third sector. One example was the shift to a nurture curriculum, where the head teachers in local primary schools are now more community focused and get to know their families, and therefore know their vulnerabilities.

#### COMMUNITY LOCATED SUPPORT

Several participants described the need for a one-stop shop, or community-based hub for CYP and families to access. The idea of what the one-stop-shop offered differed, with some suggesting it would be a resource for information or a tailored search engine for West Dunbartonshire health and social care questions:

*I would like to see a kind of a, one stop shop, if you like. For, not necessarily of personnel, but a one-stop-shop of information and guidance, about different pathways, you know, and how people can access help... I would like to see it kind of a jointly owned by all the agencies involved (Health sector)*

Whereas others envisioned a physical location(s), positioned in the community and addressed the power-imbalance between professionals and the public, through asking professionals to step out of their clinics and offices and spend time embedded in the communities they serve:

*My vision is we have one front door, and it says mental health, and you walk in and you talk to somebody... this week it might be addictions, and you know, next year it might be primary care mental health, you know, people don't fit into the categories, and this is where we're doing it wrong (Health sector)*

While there were differences in terms of how the one-stop shop would function in practice, there were common thematic threads running through. For example, the ability of CYP and their families to be able to walk into a community space that was not directly associated with one service (such as social work, psychological services, or healthcare) but where these professionals may provide drop-in advice sessions. There were suggestions that the public should be able to have a cup of tea and a sit down, without needing to worry about

having a 10-minute allocated slot of time, with bookable rooms for smaller organisations to host activities in.

Any new service should also be sensitive to the geography of West Dunbartonshire and acknowledge the impact inequality has on mobility. One participant described a young person attending an appointment at CAMHS, where it would *take her an hour and a half to get there, and [she would need] need to get two buses, a train, another bus, or walk for twenty minutes, and then the same journey back*. For any new service to be accessible for all, it may require thinking about how to support equitable access across the various communities that it would serve.

#### EXTENDING OPPORTUNITIES FOR ENGAGEMENT FOR YOUNG PEOPLE

The last suggestion for areas of development focuses on the role of the local authority in strengthening opportunities for young people. When asked what the 'ideal' system would look like, two participants described young people having a more active role in running services.

Within social work, a participant described the important role of the corporate parent in supporting young people who are looked after, and the potential for the local authority to become a 'family firm' with opportunities to shadow or gain work experience across the various corporate parent organisations available within West Dunbartonshire. Within the third sector, another participant reflected on a similar idea, of creating opportunities for young people within the local authority and providing experiences:

*...young people who have got a variety of roles within the running of the services, offering a wide range of employability opportunities, whether it be apprenticeships, even if shadowing professionals in the running of that. Putting on activities for other young people (Local Authority sector).*

In both examples, we see the local authority being framed both as a responsible parent but also as a rich resource of experiences where young people could learn skills either through apprenticeships, shadowing, or through small exercises that may incorporate peer-learning and engagement that could empower them as they move into adulthood.

## CONCLUSIONS

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This piece of research reflected the perceptions and experiences of a variety of sectors within West Dunbartonshire, including education, social work, health, third sector and local authority. In this, I interviewed educational psychologists, social workers, CAMHS workers and managers, GPs, healthcare professionals with remits in specialist child health, youth workers, and managers of specialist third sector organisations. While the scope of the work reflected their work with those aged from five to 24/26 years, there were instances where professional reflections focused on older young people (e.g. secondary age), and less about younger children, which may reflect the recruitment of services, or the limited engagement of younger children in youth services outside of school environments. The conclusions reflect this and acknowledge the limited knowledge of support mechanisms available to the younger children in West Dunbartonshire.

During this research exercise, participants evidenced a clear commitment to collaborative working as a solution to support CYP mental health and wellbeing. There was evidence of

how collaboration had become embedded in the language used to discuss improvement, in some of the practices surrounding action planning, and in information sharing. In interviews, participants referred to the wider policies surrounding collaboration, such as GIRFEC, The Promise, with a few also mentioning Dame Coia's review of CAMHS.

The results of the qualitative work underline the wide range of activities, and the different groups that are supported, within West Dunbartonshire. The work discussed reflected not only the clinical work of CAMHS and social work, but also the intensive work offered to support young people who experience family alcohol and drug use, young people who are at risk of homelessness, and the support offered to care experienced young people including those looked after and accommodated as well as those who are looked after at home. The non-clinical wellbeing agenda highlighted the commitment across the authority to supporting CYP, and the vital role good mental health and wellbeing play across all sectors of a young person's life. Across the services, there was a demonstration of the need to include young people's voices and the importance placed on consistency and relationships to facilitate improved outcomes.

Given the report was produced during COVID-19, there was also opportunity to learn about the services' agility in response to the demands of the changing landscape: moving online, offering telephone consultations, and using outreach workers to ensure young people and their families were supported during an anxious time for many. In exploring how working practices changed as a result, there were suggestions of long-term change in relation to flexible working arrangements, more online staff meetings, and using technology to address existing barriers to parental attendance at meetings.

In light of the responses of participants, a number of suggested areas of future development can be found below:

### **Communication and visibility**

- Explore more effective communication strategies, that focus on building stronger relationships between third sector and statutory services. Findings suggest that where new services are introduced in West Dunbartonshire, there are sometimes issues of visibility in the wider system or being able to be noticed by those services who could benefit from working collaboratively with them.
- Create a roadmap for services in West Dunbartonshire that details the key services working to support CYP and families' mental health and wellbeing. Findings suggest that where CYP did not meet the threshold for CAMHS support, there is often a reactive effort from other services to locate support instead of being able to use proactive resources to conduct contingency planning. The roadmap should be created collaboratively with agencies involved in community level support to ensure greater visibility within the system.
- Associated with the above, a roadmap should also be made available to CYP and their families, ensuring positive communication of the benefits of engaging with community services. The roadmap should be user-friendly and involve engagement with CYP service-users.

### **Strengthen capacity of link workers within West Dunbartonshire**

- Emphasise and build on role of knowledge brokers within West Dunbartonshire, including mental health nurses and link workers (including those in social work and education) who provide a vital bridge between families in community and statutory services. Findings suggest that the role these individuals play are vital both in developing relationships with families, but also in being agile in their approach to

locating information and opportunities that would benefit CYP and their families.

### **Supporting families**

- Create opportunities for knowledge sharing with parents regarding supporting positive daily routines with their children (e.g. creating structure, good sleep hygiene, managing challenging behaviour). This should be multi-faceted and offer personalised care rather than an 'off the shelf' response. It should acknowledge the different ways parents learn, including web resources, handouts, workshops, and signposting to relevant agencies. Findings suggest that currently, parental feelings of anxiety surrounding their children are not being addressed, and with additional support, their capacity could strengthen.
- Linked to this is the need to offer more tailored support for families of CYP who are experiencing anxiety or depression, or who are waiting a neuro-developmental diagnosis. Similar to the above, the findings suggest that families would benefit from support that helps address the medicalisation of mental health, but also builds their capacity to manage daily stressors. This support should engage with parents as active partners and provide support that is tailored to the need of the family.

### **Responding to lessons learned from COVID-19**

- Acknowledge the impact of COVID-19 on mental health and wellbeing of front-line staff across all sectors, and on the time-pressured services in the third sector on their ability to meet pre-set targets. Moving forward towards recovery planning, use multi-disciplinary meetings to have key discussions on the impact of COVID-19, and generate strategies for a whole system approach to meet these challenges.
- Acknowledge the flexibility and strengths within the system as the different sectors responded to the challenges of COVID-19 and explore how these different ways of working may shape how working strategies look moving forward. Findings suggest that participants found it beneficial to conduct meetings online as it enabled them to have more strategic input, but also commented on the need to pace this engagement so as not to diminish ability to critically reflect on meetings/interactions, and to manage 'digital fatigue'.
- Explore with families and young people engaging with services about their experiences of the past year, and how the use of online/telephone support was perceived. Findings suggest that while some parents found these new ways of working useful, youth workers described CYP as preferring outdoor interactions.

### **Development of new service**

- Explore possibility of developing a 'one-stop-shop' to address the need for more collaborative forms of working, and to address traditional siloed working models. Findings suggest that the creation of a community hub, that invites social work, healthcare, education, youth work etc., to attend and provide support, but not own the service, may address issues of stigma surrounding mental health services. Young people should be at the centre of this design, and offered opportunities to engage in working, delivery and planning of the unit. Where existing hubs are already in operation, discussions and engagement regarding lessons learned are crucial.

### **Engaging with children & young people**

- Children and young people to be consulted regarding what services they believe are missing or could be adapted in their local area. This should involve CYP at primary, secondary, and post-school levels, and ensuring these voices include those of service users (e.g. those with experience of CAMHS, care experienced,



young carers). Given the high standard of youth work and youth participation in decision making in West Dunbartonshire, it is important to continue to build this resource and ensure young people are at the centre of decision making where it impacts them.

- Engage with young people to better understand their experiences of geographic spread of resources, particularly whether there is an association with rurality in West Dunbartonshire and a perception of inequality of access.

# APPENDIX

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## KEY POLICIES AND DOCUMENTS

### Getting it Right for Every Child (GIRFEC)

Endorsed by Scottish Government in 2009, GIRFEC is at the heart of Scottish Government's approach to children and young people. The central aim of the document to improve outcomes for children and young people, and ensure agencies respond appropriately to need and risk. In doing so, it provides mechanisms to identify, plan, and measure how we help young people.

The approach is child-focused, ensuring young people are at the centre of decision making, is based on an understanding of the wellbeing of the child in their wider context rather than looking at the individual in isolation, and looks to organisations to tackle needs early using joined up working. The latter is of relevance to the current piece of work, as it states that organisations, young people and families should work together in a co-ordinated way to meet specific needs and improve wellbeing.

One of the key pieces of work within GIRFEC was the named person, an individual who would take responsibility for ensuring support for young people (up to 18 years) was there if and when needed, and be a clear point of contact regarding information or advice. The named person was often a health visitor, head teacher or deputy teacher, or guidance teacher (in secondary schools). However, the mandatory nature of the named person exercise was scrapped after a legal challenge in 2019 suggested that information activities between agencies may breach rights to privacy. Instead, local authorities and health boards can opt in to voluntary schemes that provide a point of contact for those families who wish to take part.

Also within GIRFEC, we see the SHANARRI wellbeing wheel which details the eight factors that are crucial for understanding wellbeing for children. These factors are safe, healthy, achieving, nurtured, active, respected, responsible and included.

### The Promise Care Plan 21-24

In 2020, the Independent Care Review published 'The Promise'. This was based on a review of existing data, policy and governing regulations, and evidence gathered from over 5,500 individuals, including children and young people who were care experienced, adults who had previously lived in care, families, and voices from the paid and unpaid workforce.

The Promise describes the need to move from a 'fractured, bureaucratic, unfeeling care system that operates when children and families are facing crisis' and one which exacerbates individual trauma to one that builds a foundation of protecting stable, nurturing and loving relationships. This involves working with families to support them in working



through difficulties, or where they cannot live with their families, provide a stable home. As well as early intervention, and family centred support, at the centre of the Promise is the voice of young people, to be listened to and involved in decision making around their care.

Relevant to this review, is the importance of scaffolding in the Promise. Scaffolding ensures help, support and accountability are there when needed. The report highlights that “Scotland must facilitate a conversation that ensures wider appetite for change and take the lead through practical legislation, policy and practice change” and suggests that there is a lack of a “clear frame to support children, families, decision makers and service providers” due to a complex and cluttered bureaucratic system. The review suggests the competitive funding environment leads to duplication of services and reluctance to share good practice. Instead, it suggests a need for strategic, needs based planning for children focusing on therapeutic, safe and relational environments. Scaffolding also involves other services acknowledging their role as a corporate parent in young people’s lives, and being able to create that supportive network for them.

### Children and young people’s mental health task force

In 2018, recommendations of an independent taskforce aiming to improve mental health services for young people were published. Chaired by Dr Dame Coia, the review suggested the Task Force puts children and young people at the centre of a programme of work, and set out eight recommendations: support immediate changes in CAMHS to combat the findings of the rejected referral report, support development of a framework for child and young people’s mental health and wellbeing services, strengthen information systems and gather data on how the whole system is working, develop an online platform offering support, information discussion and champion anti-stigma work around mental health that is reflective of growing up today, increase capability in NHS, third sector, social work and education to ensure community based services are ready to support young people, support and help deliver community services that are informed by the needs of children and young people and that are evidenced based and accessible, improve transparency of decision making, and support leadership capability to improve inclusive and effective governance and accountability.

It also recognised that waiting times to access specialist services have become ‘unacceptable’, that there were gaps in community services to support children and young people with milder mental health problems, and there was poor crisis support.

Connected to this work was the Audit of Rejected Referrals to Child and Adolescent Mental Health Services (CAMHS) in 2017. The work, commissioned by Cabinet Secretary and undertaken by the Scottish Association of Mental Health (SAMH) and NHS Information Services Division (ISD) described a “strong indication of a gap in services for children and young people who do not meet the criteria for most specialist help”, describing that nearly 1 in 5 children and young people’s referrals were rejected, but those young people’s experience of after-care was mixed. While some suggested they had experienced signposting, this was often generic, unhelpful or missing all together.

The taskforce also referred to the Audit Scotland report which also detailed several key concerns regarding CAMHS provision, particularly that mental health services responded to crisis at the cost of early intervention and prevention work, and that there was a pressure on the system of young people referred to clinical services due to the lack of appropriate pre-clinical support.

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