

CHILDREN 1ST

Children 1st is Scotland's national children's charity. For many years Children 1st has been alarmed by the way that children's right to appropriate, high-quality support to help improve their mental health and emotional wellbeing is not being fully realised in Scotland. We are extremely concerned by the number of children and families within our services who are at breaking point, languishing on waiting lists for acute services that are unlikely to meet their needs or who do not meet specific criteria and are left with nowhere to turn.i

We are particularly concerned by the way that some children and young people are presenting at universal services with requests for support around anxiety, depression and associated behaviours with their distress being interpreted as mental illness in need of medication or clinical diagnosis often without follow up treatment.ii In our practice experience, and informed by the children and families we support, the more likely hypothesis that many of these children are presenting coping behaviours (such as self-harming) which are actually symptomatic of relational disconnection, family stress, pressure and unresolved trauma. With nowhere else to turn professionals such as GPs are forced to refer children to vital but specialist clinical services like CAMHS and Educational Psychology when we believe that more often children require skilled, relationship- based support for the entire family to help build understanding of what has led to the current issues, strengthen family relationships and improve emotional wellbeing.

For this reason, we were pleased to contribute to the work of the Children and Young People's Mental Health Taskforce and subsequent recommendations.iii We note the initial invest of £12 million to support delivery of the access to school counselling services in line with the commitments identified in the 2019 Programme for Government.

However, we encourage the Committee to explore the level of flexibility of this investment for our children and families and the mixed evidence around impact of school counselling and feedback that parents shared through the Taskforce. In particular, we are concerned that a focus on school counselling for individual children leaves a significant gap in terms of what we believe would make the biggest difference to improving children and young people's mental health and emotional wellbeing: relationship- based whole family support.

Children's emotional wellbeing is most often compromised within family relationships, it is also protected and recovered within family relationships. In our view there is an urgent need to address the significant underfunding of trauma-informed and recovery focussed approaches that encompass support for the whole family and draw on family and community strengths to alleviate the way that children's emotional distress is understood and manifests.

In our view, many of the children who require support do not need 'counselling' but rather a strong and trusting relationship with someone that can get alongside them, challenge them, believe in them, advocate for them and help them to connect better to their family and community. Support may encompass family members or may lead to a one-to-one relationship, but it

involves a flexibility and choice that is child- centred and mindful of the family and community in which a child lives.

Additionally, it is important to recognise that some children most in need of help and support may not be attending school. We are aware through our services of many children who are on 'reduced timetables' or only attend school for a few hours a day. Providing support in school in this particular way may not therefore be the most appropriate way of reaching all young people. Parents consistently tell us that they want to be better supported to talk with their own children about mental health and wellbeing which delivers better outcomes and can avoid unnecessary stigma, labelling and diagnosis. School counselling involves no such connection with parents and family.

Although the Cabinet Secretary's letter to local authorities dated July 2019 sets out the aim that these services will "enable children and young people to be supported more efficiently and effectively with issues affecting their health and wellbeing," as stated above, our experience, of over 130 years of working alongside families to provide relationship- based support, is that children's emotional distress often has at its root cause issues relating to complex family dynamics. Often this is exacerbated by the material circumstances in which families live. Providing one-to-one counselling support may, in some cases, help children to deal with specific issues in school, but unless support is provided for the whole family they may be returning home to the family where the root cause has not been addressed and where family strengths and relationships have not been built so that children can be supported by their own families to cope with their challenges.

Of course, there will always be some children who experience significant, diagnosable mental health problems that rightly require a clinical diagnosis and medication and there will also be some children who would benefit from one- to- one counselling support with a qualified counsellor. However, in our view, this approach does not help to address the emotional wellbeing of children who are experiencing problems rooted in family issues. Indeed, our understanding is that it may be difficult to recruit the number of school counsellors required given that there may not be an extensive pool of highly qualified, trauma- informed counsellors from which schools can draw.

The letter goes on to state that the "provision of counselling will help school staff to engage children and young people with appropriate support services from within their local communities and at an early stage", but in our view the provision of support from the age of ten is not "at an early stage". The Committee will be familiar with the vast amount of evidence relating to the need for support for children during their early years and indeed the recommendations from the Christie Commission in 2011 to shift investment away from crisis management to prevention.^{iv}

Additionally, the suggestion that counsellors may 'signpost' children to appropriate services suggests that firstly they exist in a way that we do not believe they currently do at present and secondly that they are a conduit for passing children on to more appropriate services. This seems an unnecessarily bureaucratic approach when services that co-locate family wellbeing workers within schools, health and community centres can work with the entire family without a need for signposting of this nature.

Relationship- based whole family support

In order to help these families, we believe that rather than offer individually-focused counselling support through school it is often more appropriate to provide access to trauma- informed, family- centred practice where the safety and wellbeing of all family members are considered, with the best interests of the child at the centre. This approach builds on family strengths and also recognises the impact of environmental factors that can in some cases add to family pressure and stress, such as poverty and domestic abuse.

For many of the parents that we work alongside, their ability to form and maintain the types of strong relationships with their children that we know help to build and maintain emotional wellbeing is only possible once they are supported to recover from their own childhood trauma. Many of these families are coping with increasingly complex struggles that, in our opinion, cannot be resolved by a counsellor working independently with one member of the family but rather by a family support worker building a strong relationship with the whole family. By working in this way at Children 1st we feel able to support parents to recover from adversities they may themselves have experienced as children, to build, establish and maintain attachments and supportive relationships with their own children and to work together to address some of the structural and practical elements exacerbating their problems.

Our learning has been that there is no one-size fits all approach to the type of support that we have described, and that the provision in each locality must be based on the specific needs of the families and communities in that area. Support for communities must take a rights- based approach, which means including children and families in designing the most appropriate support services in their area.

For Children 1st, this means that together with our partners we have developed a number of different approaches to encompass support for children that involves the whole family to help address children's distress. In East Renfrewshire, for example, we deliver a Family Wellbeing Service that is co-located within GP surgeries. We have worked with a range of young people (and their families) experiencing issues ranging from self-harm, anxiety and low mood to difficulty in managing emotions, loss and bereavement, bullying and sexual violence. Many of the children we worked alongside have experienced the impact of their parents' own unresolved difficulties or adversities.

Many of these children would ordinarily have been referred by their GP to CAMHS—and potentially faced long waiting lists or been rejected for not meeting the criteria, leaving families with nowhere to turn. Instead, we have worked hard to establish relationships with both the child and the family to address the underlying causes behind a child's emotional distress and resulting behaviour. Our approach is child- centered and family- minded, drawing on systemic and reflective practice and family work while building strengths and connection within family and community.

In other local authorities, our family support workers are embedded within schools and communities, working alongside families—not just individual

children—to address emotional issues, build relationships and provide practical help and money advice. In some cases, we provide support or signpost families to specialist support such as addiction or housing workers and in other cases we have developed peer support groups.

Despite the differing approaches in each local area, there are some specific elements to the whole family support that Children 1st provide. Our support is:

- Provided as early as possible, to keep families together (where safe and appropriate) and avoid the point of crisis. This is in line with the vast array of evidence about the difference that working alongside families earlier makes and the importance of support for children in their early years.
- Based on relationships that are kind, compassionate and non- judgemental but also trusting to enable challenging conversations where necessary.
- Trauma- sensitive and alert to the impact of inter- generational childhood adversity.
- Designed to involve the whole family where appropriate, not just individual members.
- Drawing on family and community strengths.
- Rights- based and developed together with families.
- Recognising the environmental and structural issues that impact on family pressures.
- Sustainable and lasting, where families are not left in the lurch and staff are supported.

Importance of a flexible approach to the investment

We strongly recommend that the Committee seeks reassurance from the Scottish Government that local authorities are being provided with the flexibility to decide how best to invest these allocated funds in services and approaches that aim to improve children and young people’s emotional health and wellbeing in their area.

School counsellors may be required to meet children’s needs, but not always. Our evidence is in line with the Taskforce’s report and recommendations which highlight the importance of family support and communities a number of times. Indeed, in the Chair’s preliminary view in September 2018, she stated:

“I recognise that childhood experiences shape us and how we interact with the world. If those experiences are harmful or traumatic, without the right support, the negative effects can be deep and potentially last a lifetime. That’s why I think it’s important that the Task Force is concerned with the mental health of very young children and the need to support families.”

Ensuring that whole family support is in place will, we believe, help to deliver the type of transformational change envisioned by the Taskforce, linking to the research and ambitions of the Scottish Government relating to poverty, attainment and childhood adversity.

ⁱ ISD Scotland (2019). *Child and Adolescent Mental Health Services in Scotland: Waiting times*.
<https://www.isdscotland.org/Health-Topics/Mental-Health/Publications/2019-06-04/2019-06-04-CAMHS-WaitingTimes-Report.pdf>?

ⁱⁱ See, for example: <https://www.bbc.co.uk/news/uk-scotland-44934589>; <https://www.thetimes.co.uk/article/big-regional-divide-over-children-on-adhd-drugs-fvws5wbpt>, etc.

ⁱⁱⁱ <https://www.gov.scot/binaries/content/documents/govscot/publications/strategy-plan/2019/07/children-young-peoples-mental-health-task-force-recommendations/documents/children-young-peoples-mental-health-task-force-recommendations/children-young-peoples-mental-health-task-force-recommendations/govscot%3Adocument/children-young-peoples-mental-health-task-force-recommendations.pdf>

^{iv} <https://www.gov.scot/publications/commission-future-delivery-public-services/>