

## **CELGIS's response to the Scottish Government's consultation on 'A Mental Health and Wellbeing Strategy for Scotland'**

CELGIS, the Centre for Excellence for Children's Care and Protection, based at the University of Strathclyde, is a leading improvement and innovation centre. We improve children's lives by supporting people and organisations to drive long-lasting change in the services they need, and the practices used by people responsible for their care.

We welcome the opportunity to respond to the Scottish Government's consultation on 'A Mental Health and Wellbeing Strategy for Scotland'. To help inform and influence the proposed strategy, our response outlines pertinent issues relevant for promoting the mental health and wellbeing of children in need of support, care and protection, as well as adults with care experience. This response is drawn from research evidence, as well as practice experience and policy expertise offered through our long-standing, cross-organisational networks of people with lived experience, and people across the children's and social care workforce.

### **Support for families**

Support for families when they first need help is a critical element of supporting the mental health and wellbeing needs of children and young people. This support is important for all families, including families of care experienced children. Appropriate and timely support enables children to thrive and remain within their families. This support is integral to protecting and promoting the wellbeing of children across a child's lifetime and into adulthood, as well as their family members. Early family support aims to reduce the instances of adversity in childhood, and supports families to reduce the impact of adversity, or the likelihood of trauma resulting from any adverse experiences. As such it is one of the five foundations of The Promise.<sup>1</sup> Support should include community based, non-statutory family support, as well as holistic support from statutory services. This will require social work departments to develop capacity to offer early support to families as well as crisis support, and as such will require careful planning and sustained resourcing.

Effective family support must be available to all children and families, as and when they need it, whilst recognising the individual needs of each family. There is growing evidence demonstrating a link between childhood adversity and the impact this can have on parenting styles when these children grow up and have children of their own. It is important to note that this risk is not inevitable, and can be reversible through timely and effective family support.<sup>2</sup> This support must also extend to birth parents who are not able to care for their children and are separated from them. These parents may need significant support for their

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<sup>1</sup> Independent Care Review (2020) [The Promise](#) Glasgow: Independent Care Review (page 45)

<sup>2</sup> Gregoire, A. (2022) 'The urgent need to support and invest in the mental wellbeing of parents', Centre for Early Childhood

mental health and wellbeing as a result of this separation.<sup>3</sup> Similarly, both birth parents and children may benefit from further support if they return to live with their birth parents.<sup>4</sup>

Foster and adoptive families also need support around their mental health and wellbeing. A recent report has highlighted that fostering organisations recognise that providing better mental health support to foster parents is a priority, with specific recommendations around improved mental health support for everyone living in a foster family.<sup>5</sup> Similarly, whilst there have been improvements to the support given to adoptive families, further action is required to improve consistent access to support, especially enhanced therapeutic support for adoptive families.<sup>6</sup>

Kinship families should also be able to access suitable family support that meets their needs. Children in kinship families are cared for by those who they have existing loving relationships with, including close family or friends, when it is not possible for their birth parents to care for them. The circumstances in which children are cared for in kinship families can involve significant distress and loss for both children and their kinship carers.<sup>7</sup> These circumstances mean that emotional support for kinship carers is especially important, but, too often, this support, as well as practical and financial support, is not offered consistently to kinship carers across Scotland, and varies in comparison to other families.<sup>8</sup>

Financial precariousness and low income have a significant impact on kinship carers, and the consequences of this are likely to be exacerbated by the cost of living crisis. Evidence highlights a trend between deprivation and higher rates of kinship care in Scotland,<sup>9</sup> as well as financial and material hardship for kinship carers.<sup>10</sup> We welcome the Scottish Government's commitment set out in [Keeping The Promise: Scottish Government Implementation Plan](#) to set a Recommended National Allowance rate for foster and kinship allowances, which is a necessary and urgent step towards equity for kinship carers whose financial allowance varies from foster carers and can also vary significantly depending on local authority area.

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<sup>3</sup> Broadhurst, K. Mason, C., Bedston, S., Alrouh, B., Morriss, L., McQuarrie, T., Palmer, M., Shaw, M., Harwin, J., Kershaw, S. (2017) [Vulnerable Birth Mothers and Recurrent Care Proceedings Final Main Report](#)

LJ Griffiths, RD Johnson, K Broadhurst, S Bedston, L Cusworth, B Alrouh, DV Ford, A John (2020) '[Maternal health, pregnancy and birth outcomes for women involved in care proceedings in Wales: a linked data study](#)' in *BMC pregnancy and childbirth* Vol 20 (1) (pages 1-13)

<sup>4</sup> Mandy Wilkins and Elaine Farmer (2015) [An evidence-informed framework for return home practice](#), NSPCC Learning

<sup>5</sup> The Fostering Network (2021) [State of the Nations Foster Care](#)

<sup>6</sup> Adoption UK (2022) [The Adoption Barometer A stocktake of adoption in the UK](#)

<sup>7</sup> Hill, L (2020) [Spotlight on Kinship care](#), CELCIS; Glasgow

<sup>8</sup> Ibid; Young E and Hill L.(2020) [The highs and lows of kinship care: supplementary analysis of a comprehensive survey of kinship carers in Scotland in 2019](#), Family Rights Group

<sup>9</sup> McCartan, C., Bunting, L., Bywaters, P., Davidson, G., Elliot, M. & Hooper, J. (2018) 'A Four-Nation Comparison of Kinship Care in the UK: The Relationship between Formal Kinship Care and Deprivation' *Social Policy and Society*, 17(4), 619-635.

<sup>10</sup> Young E and Hill L.(2020) [The highs and lows of kinship care: supplementary analysis of a comprehensive survey of kinship carers in Scotland in 2019](#), Family Rights Group

Parents with care experience have shared how family support can sometimes feel stigmatising, and not supportive of the challenges they face. This might include financial strains that have emerged when leaving care, or their access to positive role models and a family support network.<sup>11</sup> Offering family support to parents with care experience will be crucial to protecting the mental health and wellbeing of these parents and their children.<sup>12</sup>

We welcome the [Whole Family Wellbeing Fund](#), which will begin to facilitate some of the systematic changes required to meet the commitment to early family support in The Promise. Doing so will require capacity building within statutory services, where it has often been necessary to largely focus on meeting the needs of families at crisis point. This is also required for third sector and communities across Scotland, to equip them to offer the right support, at the right time, that meets individual needs. Evidence,<sup>13</sup> including from our experience of building and sustaining complex systems and service improvement, shows that changes, such as ensuring that all families who require support can access this support, will take time to establish.

There will be a need for sustained attention from both national and local government to embedding early family support. We would suggest that the scale and ongoing nature of this task is reflected in the proposed strategy, especially regarding planned work across Scottish Government departments.

### **Measures to address poverty**

The cumulative effect of the stresses and difficulties of living with poverty have a direct impact on mental health and wellbeing, therefore addressing poverty is integral to improving mental health.<sup>14</sup> Stresses that come from living with poverty mean that, for some families, there can be an impact on children's care,<sup>15</sup> with evidence showing a complex link between poverty, child abuse and neglect.<sup>16</sup>

Evidence has repeatedly shown that addressing poverty is a key factor in improving the wellbeing of children and of supporting families.<sup>17</sup> Financial matters have a huge impact on family wellbeing,<sup>18</sup> and financial support is an

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<sup>11</sup> Independent Care Review (2020) [The Promise](#), Glasgow: The Independent Care Review (page 48)

<sup>12</sup> Who Cares? Scotland (2022) [Believe in Us' Care Experienced parents' calls for change](#)

<sup>13</sup> Fixsen, D. L., Naoom, S.E., Blasé, K.A., Friedman, R.M., & Wallace, F (2005) Implementation Research: A synthesis of the literature. Tampa, FL: University of South Florida, The National Implementation Research Network.

<sup>14</sup> Institute of Health Equity (2020) [Health Equity in England: The Marmot Review 10 years on](#)

<sup>15</sup> Scullin, K & Galloway, S (2014) [Challenges from the frontline: Supporting families with multiple adversity at time of austerity](#), Barnardo's & NSPCC.

<sup>16</sup> Bywaters, P, Skinner, G, et al. (2022) [The Relationship Between Poverty and Child Abuse and Neglect: New Evidence](#), Nuffield Foundation.; Bywaters, P, et al., (2016) [The relationship between poverty, child abuse and neglect: an evidence review](#), York: Joseph Rowntree Foundation. Pg.3

<sup>17</sup> Joseph Rowntree Foundation and Save the Children (2022) [Delivering for families? JRF and Save the Children's response to Best Start, Bright Futures the Scottish Government's second Tackling Child Poverty Delivery Plan](#); ; Independent Care Review (2020) [The Promise](#) Glasgow: Independent Care Review (page 17)

<sup>18</sup> Foundation.; Bywaters, P, et al., (2016) [The relationship between poverty, child abuse and neglect: an evidence review](#), York: Joseph Rowntree Foundation. Pg.3

integral part of support for families.<sup>19</sup> The COVID-19 pandemic compounded the impact of poverty and inequality on individuals, families, and communities. Research with children,<sup>20</sup> and with care experienced young people and adults, have well documented the impact of the pandemic on their wellbeing.<sup>21</sup>

In Scotland, 1 in 4 children were living in poverty before the COVID-19 pandemic and the recent cost of living crisis.<sup>22</sup> The mounting cost of living crisis is further exacerbating concerns around the impact of poverty in the support needs of families. For many families and individuals, poverty is at a critical point, forcing individuals and/or family members to sacrifice essentials such as heat, meals, fuel or hygiene.<sup>23</sup> This may worsen as this crisis progresses. We welcome the acknowledgement of the impact of poverty within the proposed strategy; this will require sustained attention as the impact of the cost of living crisis is further felt, to ensure that every foreseeable action is taken to mitigate the impact of poverty on the wellbeing of the Scottish population.

There is a need to pay particular attention to the mental health and wellbeing needs of all families who face poverty, ensuring that there is adequate support available. This could be practical advice, support to maximise incomes, or direct payments to ensure no child experiences poverty. The sustained commitment from Scottish Government in the [Child Poverty Delivery Plan 2022-2026](#), reaffirmed in the recent Programme for Government, is welcome. This includes the commitment to raise the Scottish Child Payment to £25 per week for all children under 16 by the end of 2022, and bridging payments for some children before this change occurs. We note that these bridging payments will not be consistent for all children, though there is commitment to discuss this at an emergency budget review.<sup>24</sup> Though we recognise the limits of the Scottish Parliament's power to make changes in relation to devolved social security matters, other action within the powers of the Scottish administration should be taken to further mitigate the impacts of poverty. This includes action to increase flexibility and support (as well as access) to employment for parents, as well as support with mental health, housing and food, fuel or energy poverty<sup>25</sup> This is especially important considering new data showing an increase in the number of open homelessness applications and an increase in the number of children living in temporary accommodation.<sup>26</sup> Responding to both immediate and long-term drivers of poverty, as well as mitigating the effects of poverty through actions

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<sup>19</sup> Scullin, K & Galloway, S (2014) [Challenges from the frontline: Supporting families with multiple adversity at time of austerity](#), Barnardo's & NSPCC.

<sup>20</sup> Children's Parliament (2020) [How are you doing? A report on the findings from the How are you doing? survey](#) (page 40)

<sup>21</sup> Who Cares? Scotland (2020) [The impact of COVID-19 guidance on Scotland's care experienced community](#)  
<https://www.gov.scot/publications/additional-poverty-statistics-2019/>

<sup>23</sup> Schmuecker, K., Matejic, P., Bestwick, M. and Clark, T. (2022) [Going without: deepening poverty in the UK](#), Joseph Rowntree Foundation  
<https://cpag.org.uk/sites/default/files/files/Letter%20to%20First%20Minister%20-%20doubling%20of%20bridging%20payments%200.pdf>; <https://cpag.org.uk/news-blogs/news-listings/child-poverty-campaigners-react-programme-government>

<sup>25</sup> Joseph Rowntree Foundation and Save the Children (2022) [Delivering for families? JRF and Save the Children's response to Best Start, Bright Futures the Scottish Government's second Tackling Child Poverty Delivery Plan](#);

<sup>26</sup> <https://www.gov.scot/publications/homelessness-scotland-2021-22/>

like this will be critical to the efficacy of the proposed strategy and meeting the aim to prevent mental ill health and poor wellbeing.

Guides for practitioners have been produced by the British Association of Social Workers (BASW), the [Anti-Poverty Practice Guide for Social Work](#)<sup>27</sup>, and the Anti-Poverty Practice Framework for Social Work in Northern Ireland, produced by the Office for Social Services<sup>28</sup>. These guides are detailed practice tools, providing background information to challenge assumptions and support an understanding of poverty, as well as providing practice responses social workers can use, including relationship-based approaches, critical reflection, community involvement, anti-oppressive practice, advocacy, income maximisation and inter-agency communication.

### **Access to the right support**

The success of the proposed mental health and well-being strategy will also depend on the availability of high quality, relationship-based and skilled support that meets the needs of children and adults. The right support must be available across an individual's life, from pre and perinatal support, to support at all stages of childhood, during life transitions (including between child and adulthood) and across adulthood. This includes early and/or preventative support from universal and community services, as well as from specialist or crisis support services where a person requires this. The type of support a child or adult may require often extends beyond mental health support from health services. This could include support from public services; staff in education, from early years, schools, further and higher education; educational psychology services; housing, benefits, or financial support; social workers and care workers; police; as well as community and third sector organisations such as youth work, advocacy, helplines, or domestic abuse services.

Providing this support is central to the aims of the National Performance Framework and its outcomes, and the Getting It Right for Every Child (GIRFEC) approach, and further underpinning this for care experienced children is the corporate parenting duty public bodies and agencies have across Scotland to support and improve the lives of children by responding to their needs. However,

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<sup>27</sup> BASW and CWIP (2019). *Anti-poverty Practice Guide for Social Work*. Birmingham: BASW

<sup>28</sup> Office of Social Services (2018) *Anti-Poverty Practice Framework for Social Work in Northern Ireland*, Reflections Anti Poverty Frameworks. Belfast: Department of Health NI

evidence from research,<sup>29</sup> and accounts from children and young people,<sup>30</sup> as well as practitioners, is clear that too often the support people need – whether this is co-ordinated by statutory services or by the individual who requires support, is not available when they need it.

There continues to be significant gaps in the support available for children experiencing mental health issues, including support offered through Child and Adolescent Mental Health Services (CAMHS) in Scotland. CAMHS services support children who are experiencing significant mental health needs and who are urgently in need of specialised support. However, over the last few years, half of all children needing this support or assessment are starting treatment within an average of between seven and nine weeks, and three out of ten children are not being seen within eighteen weeks.<sup>31</sup> These delays to urgent mental health support are extremely concerning and must be urgently addressed to protect the wellbeing of children and their loved ones. Children and young people must also be able to access early support in their schools and communities to prevent further escalation of mental ill health.<sup>32</sup> This requires funding to be available to CAMHS across Scotland, *as well as* for the sustained funding of early and preventative support. This must include the resource required to ensure that the workforce across all of these services have the capacity, skill and support to carry out this work.

We welcome the attention in this strategy to the adults and children who have disproportionate experiences of poor mental health and wellbeing, including care experienced children and adults. The circumstances, experiences and needs of care experienced children, their families, and care experienced adults are diverse, and may include multiple and intersecting structural factors that affect their wellbeing. This includes children and young people who are refugees or seeking asylum, including children who have arrived in Scotland unaccompanied; care experienced children with disabilities; care experienced LGBTI children;

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<sup>29</sup> There are gaps in available evidence around current service provision for children and adults in Scotland. In addition to evidence around access to CAMHS and to specific types of services across certain areas of Scotland, we have anecdotal evidence from the networks of practitioners and people with lived experience which CELCIS hosts and/or is a member of. The gaps in support for children and adults, including both within the third sector and for support accessed through statutory systems such as Children's Hearings or Child Protection measures has been a consistent message from these networks.

Galloway, S (2020) Challenges from the Frontline – Revisited, Supporting families with multiple adversities in Scotland during a time of austerity, NSPCC; Galloway, S., Love, R., & Wales, A. (2017) [The Right to Recover: Therapeutic services for children & young people following sexual abuse, An overview of provision in the West of Scotland](#), NSPCC; National Youth Agency (2021) Initial Summary of Findings from the National Youth Sector Census; Children and Young People's Commissioner Scotland (2020) Independent Children's Rights Impact Assessment, Edinburgh: Children and Young People's Commissioner Scotland; Christina McMellon, C. and MacLachlan, A. (2020) APPENDIX 2: Mental Health: Children's Rights Impact Assessment (CRIA), Edinburgh: Children and Young People's Commissioner Scotland; Public Health Scotland (2021) Child and Adolescent Mental Health Services (CAMHS) waiting times quarter ending March 2022, Glasgow: Public Health Scotland

<sup>30</sup> Independent Care Review (2020) The Promise (page 45). Independent Care Review (2020) [Evidence Framework](#). (page 45)

<sup>31</sup> Public Health Scotland (2021) Child and Adolescent Mental Health Services (CAMHS) waiting times quarter ending March 2022, Glasgow: Public Health Scotland;

<sup>32</sup> Youthlink Scotland (2020) [Lockdown lowdown, A survey of young people in Scotland about their 'new normal' lives as lockdown restrictions change](#); YoungScot (2021) [Lockdown lowdown 3, what young people in Scotland think as lockdown begins to ease](#); Children and Young People's Commissioner Scotland (2020) Independent Children's Rights Impact Assessment, Edinburgh: Children and Young People's Commissioner Scotland; Christina McMellon, C. and MacLachlan, A. (2020) APPENDIX 2: Mental Health: Children's Rights Impact Assessment (CRIA), Edinburgh: Children and Young People's Commissioner Scotland

black and minority ethnic care experienced children; or children with experience of the justice system, many of whom are care experienced, and all of whom have care and protection needs. Specific attention must be made in the strategy and measures to implement it, of the needs of these care experienced children, young people and adults, so that all their needs can be in the proposed approaches and the services available to them.

The support that is available to care experienced people must recognise the impact of stigma on care experienced people and seek to mitigate this, such as the use of stigmatising language in practice. Initiatives like [Each and Every Child](#) and the [Bright Spots](#) programme are supporting changes to practice in this area.<sup>33</sup> This is especially important for care experienced people who have poor mental health, as they may experience stigma due to their care experience and their mental health.<sup>34</sup> This stigma can impact on how they access support as well as their recovery and wellbeing.<sup>35</sup> The link between experiences of poverty and experiences of care mean that this stigma can again extend to, and be compounded with stigma experienced by people in poverty.<sup>36</sup> This requires that the design and delivery of services recognise the impact of stigma, including multiple forms of stigma, so that these services can respond effectively. An example of an agency working in this way is Social Security Scotland, the executive agency which administers benefits on behalf of the Scottish Government, whose commitment to values of dignity, fairness and respect, and to working in partnership with people who use the service, have resulted in very positive experiences from the point of view of service users.<sup>37</sup>

### **Support for children and young people leaving care**

For all children, supportive, enduring relationships with those who care for them are the 'golden thread' in their lives. For children and young people who have experienced disruption or adversity in important relationships, it is crucial that the quality of these relationships are prioritised.<sup>38</sup> This is relevant to the developmental needs of children as they grow up, including support for their mental health and wellbeing and recovery from trauma. It is important to address these support needs that may have increased if these were not fully met earlier in that person's life. Support must be available to meet these needs when children and young people transition to adulthood, and must also be available throughout adulthood, for as long as is needed.

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<sup>33</sup> Coram Voice (2020) [Challenging stigma in the care system](#)

<sup>34</sup> Baker, C., Griesbach, D. & Waterton, J. (2020) 'Stigma: The experience of stigma for children and young people in care.' *Evidence Framework*, Independent Care Review

<sup>35</sup> Gupta, A. (2015) Poverty and shame: messages for social work. *Critical & Radical Social Work* (3)1 131-39.

<sup>36</sup> Lister, R. (2015). 'To count for nothing': poverty beyond the statistics. *Journal of British Academy*, 3, 139-165; Featherstone, B., Morris, K., Daniel, B., Bywaters, P., Brady, G., Bunting, L., Mason, W. & Mirza, N. (2019) 'Poverty, inequality, child abuse and neglect: Changing the conversation across the UK in child protection?' *Children and Youth Services Review*, 97, 127-133

<sup>37</sup> Social Security Scotland (2021) *Client Survey 2018-2021*. Social Research. Social Security Scotland, online at <https://www.socialsecurity.gov.scot/asset-storage/production/downloads/Client-Survey-2018-2021-Summary-Report.pdf>

<sup>38</sup> The Care Inquiry (2013) [Making Not Breaking: The Findings & Recommendations of the Care Inquiry](#). Adoption UK.

Despite this, care experienced children and young people report feeling that relationships with the people who care for them are often not prioritised, and that they are not supported to sustain relationships with significant adults in their lives as they grow up.<sup>39</sup> This is too often the case as care experienced children and young people grow into young adults. The most recent data on the age at which care experienced young people leave the home where they have been cared for in Scotland is from 2015 and records that the average age is 17.<sup>40</sup> This is in stark contrast to the average age for the general population leaving the family home in Scotland, which is around 26 years.<sup>41</sup> This means that emotional, financial and practical support is suddenly ruptured, leaving care experienced young people to cope with the complexities of independent living at a very early age. This has a huge impact on the wellbeing of care experienced young people,<sup>42</sup> with many feeling isolated,<sup>43</sup> and/or expressing financial worries once they 'leave care'.<sup>44</sup>

There are also significant and enduring gaps in the support provided to children and young people as they grow into adulthood. Differences in the statutory frameworks between child protection and support and adult protection and support mean that children and young people who have been supported up to the age of 16 (or 18) might not fit the criteria to receive support for adult services. This can create a level of risk for children and young people who can be caught in between child services and adult services (including health services), leaving many young people without adequate support. This can increase their risk of being in unsafe situations or, if they have significant support needs, these support needs may increase if their needs have not been fully met earlier in childhood.<sup>45</sup>

These gaps in support and interruption to relationships have a significant impact on care leavers' mental health and wellbeing. Ensuring that care leavers can access consistent, loving relationships and support as they grow up and into adulthood, including support for any financial, practical and emotional support needs they have, is critical to supporting their mental health and wellbeing. Implementing the ambition in the proposed mental health strategy to prevent mental ill health or poor wellbeing will require attention to the implementation of measures to support care leavers in cross-governmental work. This must ensure that care leavers have access to consistent relationships as well as practical, financial and emotional support. This requires the full implementation of legislation to support more care experienced people to be able to remain with their carers through their right to continuing care, as well as enabling and encouraging positive, enduring relationships with their former carers as they

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<sup>39</sup> Coram Voice (2015) [Children and Young People's Views on Being in Care - A Literature Review](#), University of Bristol

<sup>40</sup> CELCIS (2015) [Housing Options and Care Leavers: Improving Outcomes into Adulthood](#) Glasgow: CELCIS

<sup>41</sup> 'A Way Home Scotland' Coalition. (2019). [Youth homeless prevention pathway: Improving care leavers' housing pathways](#)

<sup>42</sup> Stein, M (2005) [Resilience and Young People Leaving Care: Overcoming the odds](#). Joseph Rowntree Foundation

<sup>43</sup> Who Cares? Scotland (2020) [The impact of COVID-19 Guidance on Scotland's Care Experienced Community](#)

<sup>44</sup> Baker, C. (2017) [Care leavers' views on their transition to adulthood: A rapid review of the evidence](#). Coram Voice

<sup>45</sup> Stein, M. (2012) [Young People Leaving Care: Supporting Pathways to Adulthood](#)

grow up, as explored in recent research by CELCIS.<sup>46</sup> Learning from this research includes; the recommendation that all stakeholders articulate and prioritise continuing care as the default provision for young people; improved national finance and resource planning to guarantee care setting capacity; the need for local authorities to plan finances to guarantee every eligible young person's continuing care entitlement; and clarification of the role of the Scottish Government and regulatory bodies in monitoring continuing care provision.<sup>47</sup>

### **Support for the workforce who care for children and young people**

To provide care experienced children, young people and adults with the care and support they need, deserve and have a right to, we must support and value those who care for them. This includes both their caregivers and the workforce across the breadth of statutory, third sector and community services in social care, in health, education, justice and youth work services, all of whom have a role in supporting children. Every policy aspiration to uphold the rights and support the wellbeing of children, families and adults, is dependent on the care and skills of those who interact with them. The whole workforce, including those who implement Scotland's Mental Health and Wellbeing Strategy, must be valued and supported in this skilled work. This support must include support for their mental health and wellbeing.

We welcome attention to recruitment in the proposed strategy to meet gaps in capacity across the workforce, as well as reference to [The National Workforce Strategy for Health and Social Care: Plan](#), which considers how to 'train' and 'nurture' the workforce in five pillars of workforce planning. Further detail on how the workforce will be supported is required in the outcomes of the strategy, as well as in future delivery plans. This is especially important in the context of the COVID-19 pandemic, as the workforce at all levels has been working above and beyond the requirements of their roles to fill gaps in support. Working this way is not sustainable in the long-term, and significant recruitment and retention issues have already emerged across the health, social care and social work sectors.<sup>48</sup> The urgent need to adequately support the workforce must be realised in the proposed strategy and workforce plan.

In addition to training, the workforce must have the necessary support through line management arrangements and within meaningful supervision in order to cope with the emotional impact of their practice.<sup>49</sup> This support must anticipate that members of the workforce will also be impacted by factors outside their work, such as the COVID-19 pandemic or cost of living crisis, and support for their mental health and wellbeing must incorporate these needs too. The impact

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<sup>47</sup> Lough Dennell, B; McGhee, L; Porter, R. (2022) [Continuing Care: An exploration of implementation](#). Glasgow: CELCIS.

<sup>48</sup> Miller, E and Barrie, K (2022) Setting the Bar: towards an indicative maximum caseload for Scotland's public sector social workers, Social Work Scotland

<sup>49</sup> Colton M and Roberts S (2007) Factors that contribute to high turnover among residential child care staff, Child and Family Social Work, 12 (2), 133-142; Furnivall J, Wilson P and Barbour R (eds) (2006) Only connect: addressing the emotional needs of Scotland's children and young people: A report on the SNAP Child and Adolescent Mental Health Phase Two Survey, Edinburgh: NHS Health Scotland

of line management and supervision being insufficient can result in harm to a practitioner due to vicarious trauma, which may impact on the quality of their care. There may also be ramifications for the recruitment and retention of skilled staff, for example residential childcare staff, which impact on the consistent, relationship-based support that children need. Foster and kinship carers, as well as adoptive parents also need support to enable them to provide the best possible care, particularly for children and young people who have experienced trauma.

### **Implementation of the proposed mental health and wellbeing strategy**

We understand that the proposed strategy is focused on the outcomes and overall vision of a mental health and wellbeing strategy for Scotland, and more detailed plans for the delivery of the strategy will be developed in the future. In the development of any policy, including an outcomes-focused policy, there is a need for attention to how these outcomes will be implemented at the earliest stages of development. This is required to ensure that policy intentions translate into meaningful change and make the intended difference to children, young people, families and communities. Sustained attention to implementation at the earliest stages will be integral to upholding children's rights. Where any rights are breached, there is likely to be an impact on a child's mental health and wellbeing but upholding the right to meeting a child's best interests in decision making (Article 3), to health (Article 24), and to life and development (Article 6), are particularly relevant. We are concerned that there is no detailed information in the proposed strategy about the progress made since the current '[Mental Health Strategy 2017-2027](#)' was published, or information about learning from evaluations of previous strategies.<sup>50</sup> The progress, actions that have not been progressed, as well as outstanding actions which will be progressed will have implications for new strategy, and should be communicated clearly.

The aim within the proposed strategy to co-ordinate work across Scottish society to 'change the foundations' by addressing the underlying social influences on mental health and wellbeing are welcome.<sup>51</sup> Factors that influence mental health and wellbeing will be critically important to the implementation of the strategy, and details about how this will be achieved must be set out. Cross-governmental working will enable national leadership to effectively coordinate this proposed policy with other ongoing policy change and improvement work, such as The Promise and the National Care Service, as well as drive and sustain change and improvement work relevant to the proposed strategy that is already underway, such as the [consistent implementation of Continuing Care](#) across Scotland. Greater alignment across the wider policy and practice agenda for children, young people and families in Scotland is critical to supporting good practice. Greater alignment across the wider policy and practice agenda for children, young people and families in Scotland is critical to supporting good practice.

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<sup>50</sup> Scottish Government (2022) [Consultation – a Mental Health and Wellbeing Strategy for Scotland](#) (page 10)

The implementation of the proposed strategy will also have implications for corporate parents. Statutory and universal services that support children, and that are provided by national or local government, have Corporate Parenting responsibilities.<sup>52</sup> To fully meet the needs of any care experienced child, corporate parents are required to work collaboratively to be alert to matters which might adversely affect the wellbeing of a child or young person, as well as to assess their needs, promote their interests and seek to provide opportunities that promote their wellbeing.<sup>53</sup> This collaborative and co-ordinated support is critical to support for the mental health and wellbeing of care experienced children and young people. The responsibilities of all corporate parents, including NHS Health Boards, should be clearly set out in the proposed strategy. This should include engagement and co-ordination with other corporate parents where there is overlap in the proposed work, such as around the promoting and supporting the conditions for good mental health and mental wellbeing of care experienced people.

### **Participation of children and young people**

To uphold children's right to have their views considered in matters affecting them under Article 12 of the UNCRC, and to ensure the strategy will be informed by their experiences, perspectives and expertise and more likely to meet their needs, children and young people must be involved in the development of the strategy from the earliest stage. The proposed mental health strategy refers to the involvement of those with lived experience in workshops to develop the proposed strategy, which is to be welcomed.<sup>54</sup> However, clarity is required as to the extent of children and young people's involvement in these workshops.

Similarly, assurance is required that children and young people will be involved in future work to develop the workforce plan. We would strongly recommend that children and young people are able to effectively and meaningfully participate in the development of this strategy, to uphold their rights and improve the efficacy of the strategy. For their participation to be meaningful, there must be person-centred and trauma-informed support in place for children and young people involved in this work, as well as equitable opportunity for children and young people to inform decision-making processes in comparison adults with lived experience. Key learning about the participation of children with lived experience in sensitive matters can be taken from the work of the National Childhood Bereavement Project.<sup>55</sup>

### **CELCIS Contact**

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<sup>52</sup> Schedule 4 of the Children and Young People (Scotland) Act 2014

<sup>53</sup> Section 60 of the Children and Young People (Scotland) Act 2014

<sup>54</sup> Scottish Government (2022) [Consultation – a Mental Health and Wellbeing Strategy for Scotland](#) (page 9)

<sup>55</sup> Includem (2022) [National Childhood Bereavement Project Year One: Interim Report](#), Includem: Glasgow.

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