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PROTECTING CHILDREN AND YOUNG PEOPLE'S HEALTH AND WELLBEING IN THE SCOTTISH BORDERS

EXECUTIVE SUMMARY



Prepared By
Catch the Light

BACKGROUND



Purpose

The Scottish Borders Children and Young People's Community Mental Health and Wellbeing Supports and Services Project Board, hereinafter referred to as 'The MHWB Board', has commissioned social research, to build a fuller understanding of:

- The capacity of existing community-based support providers.
- The extent and diversity of reach to children, young people, and their families; and
- The knowledge and training needs of the workforce in providing early intervention for those requiring higher or more intensive support.

The research, delivered by Catch the Light, explored these three areas within the context of community supports and services for protecting children and young people's health and wellbeing in the Scottish Borders. The first part of the full report is a **review of literature**, which is summarised in this executive summary.

The second part outlines **a report on the methods, findings and analysis followed by recommendations**.



The Fieldwork

The fieldwork section describes the social research's reach and limitations. The reach was extensive, mostly face to face and involved a selection of children, young people and families as well as workforce representatives. The fieldwork began with an introductory 'gathering' event attended by 30 stakeholders, that was convened by YouthBorders - the lead agency acting on behalf of the MHWB Board. The researchers also attended a Borders College Open Day. Survey responses were gathered from 45 young people. There were interviews with 18 parents, interactive sessions with 12 children, an online meeting with 3 MSYPs, interviews with 7 local authority staff members either in person, by phone or online. Discussions took place with volunteers, coordinators and other workforce representatives. Survey responses were received from 15 community-based providers on the needs and views of the workforce. Most respondents were part of the YouthBorders network, due to their commissioning and administrative role in this research.

LITERATURE REVIEW



Good Mental Health is a Right

The literature establishes that the ability to maintain good mental health and wellbeing is a crucial human right. Article 24 of the UN Convention on the Rights of the Child (UNCRC) a **right to access health care services** and that children and young people have **the right to be physically and mentally fulfilled**. Article 6 gives children and young people **the ability to grow up in conditions that do not impact negatively on their physical and mental wellbeing** and affirms that the government should do as much as it can to prevent the deaths of children and young people.

Theoretical Context



The theoretical context settles between the two stalls of *liberation theory* which believes that current rises in poor mental health, are a response to socioeconomic inequalities and environmental impacts. Whereas *individualist theories* purport that individuals can do more to take responsibility for improving their mental health and wellbeing. The report aligns with **an approach of 'proportionate universalism' where interventions can be reasonably accessed where and when people need them; but calibrated to account for the levels of inequalities that exist.**

Key Determinants of Mental Health and Wellbeing



This section focused on drivers which impact on the mental health and wellbeing of children, young people and families. It reinforces the correlation between living in areas of deprivation and the economic status of parents, as a key determinant. Reduced levels of outdoor play, and reductions in levels of physical activity can be detrimental; and participation in sports, arts and cultural events are beneficial to having good mental health and wellbeing. Children and young people are particularly vulnerable to stressors during life transitions such as moving from primary to secondary school, puberty and sexual maturation. Contextual factors which raise the likelihood of being negatively affected, include: having adverse childhood experiences, being from a BAME background, being care experienced, experience of domestic abuse, homelessness, health problems, learning disabilities, identifying as LGBTQ+, and involvement in the youth criminal justice system.

FACTS & FIGURES



Difficulties Begin at a Young Age

The reason the health and wellbeing of children, young people and families is so important, relates to how deeply our childhood experiences affect our health and wellbeing outcomes as adults. Public Health Scotland report that **half of mental health difficulties are established by the age of 14 and 75% of serious psychiatric disorders exist by the age of 18.**



Key Facts

- Around 230,000 children and young people (24%) were found to be in relative poverty after housing costs in 2018/19 (Public Health Scotland, 2020).
- Children and young people in poverty face greater levels of exposure to adversity - violence, crime, low-level maintenance of public spaces, higher levels of traffic accidents, and fewer green spaces (ibid).
- Rurality brings a heightened sense of invisibility, and unique challenges for children, young people and families (Costas, 2020) such as higher reports of subjective wellbeing, which masks issues of poor transport, remote healthcare services, poor digital connectivity, poorer access to social, employment and further education opportunities and children and young people not being of driving age until they turn 17. They are also further removed from decision-making on matters that affect them (Rural Youth Project, 2018).
- Studies in the US, England and Wales highlight a connection between adverse childhood experiences and their lifelong impact on mental health and wellbeing.
- Public health experts also fear that the COVID-19 lockdown measures may have raised stressors for families that experience adversity.
- Research commissioned by the 'See Me' Champions found that two-thirds of young people were dismissed by adults when they tried to speak about their mental health (See Me, 2021).
- During the nine-year period from 2011 to 2020 suicide was the leading cause of death among children and young people in Scotland, accounting for one in four (25.7%) lives lost (6.6 deaths per 100,000). Unlike adults that committed suicide, young people were less likely to have had contact with a healthcare service prior to death (Public Health Scotland, 2022).

FINDINGS

Understanding Experiences of Mental Health and Wellbeing Services



The findings reveal ways that services can be improved in relation to assessment and access, social prescribing as an alternative to medicalisation, family support as well as age-specific, recovery from COVID-19 and joining up disconnected services. Addressing issues of limited public travel facilities and digital infrastructure within the rural context and landscape of the Scottish Borders.

Children, Young People and Families:

Children, young people and families with lived experiences of mental health and wellbeing services, have a disjointed journey through different circumstances and transitions, where the services offered are based on what is available rather than what is needed. Services are seldom age appropriate or close to where families live. If a good match between needs and services is found, it is due to seeking it out and travelling far to reach it, or finding it by luck or recommendation. Children, young people and families identify circumstances such as family breakdown, or changing cultures in use of technology when stress and anxiety can escalate. For those that had sought support, there are complexities around getting the right diagnosis that is followed with age-appropriate care and follow-through during recovery. There were examples of children, young people and families being prescribed medical interventions without regard to potential community-based preventative support. Yet none of the participants affected believed that the medication was improving their mental health and wellbeing.

Community Based Workforce:

Delivery is strong and comprehensive in many aspects of building resilience and is respected and trusted by children, young people and families – which is key to having effective early intervention and prevention services. The strongest delivery from organisations was on developing a sense of belonging and coping with different life situations. Some gaps exist, in relation to the core essentials of giving support with housing, having enough money to live and getting enough sleep. Although delivery of informal learning is widespread, a few providers do not yet support planning in learning and development for life or giving support with instilling hope in others. Overall, the framework provides an initial foundation for planning and reviewing services in future. Major changes to the rural infrastructure that deals with transport, access to services and connectivity (both digital and between service providers and communities) is critical. Meanwhile the community-based service providers would welcome a shift away from historical short-term approaches to investment that leave them ill-equipped to plan adequately and unable to develop the skills and capacity of the workforce and volunteers or grow the inter-agency connections that would build the early intervention and prevention services that children, young people and families in the Scottish Borders deserve.

Feedback from Children, Young People and Families and Community-based Support Providers

Community-based Support Providers Keep Children and Young People Safe and Well



"We provide a safe environment and build positive, trusting relationships with our young people. We are not teachers, we are not the Job Centre - we are here to listen, advise and support and to encourage confidence to take next steps."

"We are based in schools during term time however during the school holidays we offer activities and opportunities to young people to get them out and about socialising and participating with their peers. This also enables the support to continue informally out with school time in a less focused and targeted way."

"We provide outdoor adventure activities in a safe environment, with healthy eating and transport provided."

"As a voluntary sector organisation, I see some young people more than their parents or teachers, or the organisations giving them a one to one appointment for an hour each week."

"Our strengths are a person-centred approach and a good communication skills. We provide good holiday programme opportunities and youth work activities, but it gets overlooked [by decision-makers and fund holders]."

Why a Safe Space and Good Adults matters to Children, Young People and Families



"This is really stressful because I don't know who to trust and when I am out I always feel something bad is going to happen and I don't feel safe. I never think of anything good because my mind doesn't know what that's like. I am constantly worried about my mum, and I don't have a phone to keep in touch with her. This (Youth Project) is the only place where I can relax and chill out with my friends and not be worried about things. I have a really good friend that I met through coming here and that's been great because we're at peace with each other."

"I don't feel safe on the streets because there might be bad people there."

"Yes, I get my safety advice from these guys on YouTube. We [children] would rather go there [online] than like safer places like school and that."

Feedback from Children, Young People, Families and Community-based Support Providers



Family Perspectives on the need for Community-based Support

"A lot of what is going on for us is that Social Work puts it down to our parenting. We've all been to parenting classes like Triple P and Raising Kids with Confidence and it's not what we need. I went on a programme to help with autism and found it wasn't what I needed. It was more about dealing with naughty children. "

"There is a problem in schools. My daughter with cerebral palsy constantly gets comments that are really unkind and when she tells me it breaks my heart. [Rightly or wrongly] I just feel helpless as [I feel] there's nothing I can do if it's happening in school."

"My son developed mental health problems because of COVID, and we tried to get help for him through the GP. He left school with no qualifications because of how he was feeling."

"It's (the youth club) not the school that did the transition support from primary to secondary and they are great and do a lot for young people especially for kids that don't do well in the school environment."



Calls for Alternatives to Medicalised Treatments

"There is a gap in support available to people experiencing mental health. For example, [as an adult parent] I suffer from depression and all the GP did was give me medication and I was told that if that didn't work, I could go back for something else. It was trial and error. At no time was I asked about why I was feeling the way I was, or sign posted to a service that may have helped. Later I found out about Borders Carers Centre in Galashiels, and they got me a counsellor. Just talking to them helped a lot but again I had to go to Gala to get that service [which is not near where I live]."

"Apart from getting tablets they (CAMHS) haven't done anything [for me as a child] about it for the last year. You go there, and they give you tablets. They don't do any good and I feel just the same."

Feedback from Children, Young People, Families and Community-based Support Providers

Some of the Challenges Faced



"One of my big worries is the amount of young people committing suicide particularly kids with additional needs and that's because there's nothing to help them deal with their feelings and emotions. My son is in his 4th year in school where he can socialise with his peers but what happens when he leaves? He will probably just sit in his room 24/7 isolated and playing games. As a parent I find it difficult to know what to do."

"When there are a too many agencies working with the young person at the same time this often leads to conflicting messages and methods as well as giving the young person the message that they need all these people working with them. So [they think] there is clearly something wrong with them."

Calls to Recognise the Strengths of Local Assets



Relationships with children, families and young people out of school

"We see young people outside school and can provide insight to young people's lives which could result in a better understanding of challenges that influence young people's ability to connect, maintain relationships and learn."

Informal approaches to Specialist Support

"My main experience of support organisations has been, LGBT groups, like early in my teens, which I found incredibly helpful as a place to like, make friends. Just a kind of outreach point to interact with adults that aren't teachers, and they aren't family."

Accreditation and Opportunities for Volunteering, Citizenship and Employment

"Hi 5 and Dynamic Youth Awards are great examples. One young girl ran a diversity event where she brought together 12 organisations and 3 businesses so she could illustrate the range of support available and bring people together."

"We provide an employability service but also provide 18 months of aftercare for our young people once they have moved into their new [employed] role."

What Community-based Support Providers Require

"We need longer-term investment and support to enable greater and lasting impact rather than short interventions." "We need universal provision." "We need funding for targeted training." "We need more commissioning of services, rather than assuming a Council lead."

Social Research

Recommendations

PART 1: RHETORIC, RURALITY AND RESOURCES

Getting community-based health and wellbeing support services right in the Scottish Borders requires closing the gap between the rhetoric and what currently appear to be ambitions that are far from reach of the current context. There is a need to listen to the lived experiences of children, young people and families that were brave enough to share their stories. It requires using them to gradually close gaps and make positive changes.



1.1 Rhetoric versus Reality

Reflections were made on the level of readiness of community-based support providers to fulfill the ambitions of the Scottish Government's framework, which highlighted major gaps in infrastructure and limitations on existing arrangements. Bridges must be built between the rhetoric of policy and the reality of what can be fulfilled in both infrastructure and local capacity.

It is recommended that to bring rhetoric and reality closer together The MHWB Board and community-based support providers use this research and the literature review to learn lessons and inform decisions. It requires looking at lived experiences of people using local services, to determine how similar incidents are better served in future. Potential exists to make community-based providers part of a credible cluster of support options in each locality. Those same community-based providers are also part of listening to and raising the voice of children, young people and families in shaping future service provision. It requires detailing and building on existing strengths and bringing knowledge and skills to a common frame of reference. It also calls upon decision-makers and providers to look 'upstream' to see what early interventions can be prevented or mitigated to avoid negative experiences of services, and more importantly identify ways that good mental health and wellbeing can be maintained. More fundamentally it focuses on developing services with a view to fulfilling the rights of children, young people and families.



1.2 Rurality

To move closer to achieving common goals it is important to recognise the invisible disadvantages of living in a rural setting and seeking to develop unique innovative rural solutions to promote access to positive activities that promote and sustain good mental health and wellbeing for children, young people and families.

Consideration may be given to forming locality 'hubs' that create opportunities for real connections with the children, young people and families affected and hearing their voices. The hubs should have a common remit to look at rurality and how it affects their communities. Working with other hubs or clusters, can build up common resources that serve the unique nature of each locality in the Scottish Borders, such as expanding community transport to children and young people beyond school, improving inter-connectivity or devising digital tools and resources. An advocacy or campaigning role taken up by community-based support providers, can feed information to relevant decision-making bodies such as the MHWB Board on ways children, young people and families are affected by their environment. It can facilitate bringing community-based providers and their users or members together. It can advocate on their behalf for making structural changes that will alleviate the pressures that children, young people and families present. Ultimately, it is about ensuring that children, young people and families are not disadvantaged or excluded from access due to where they live.



1.3 Resources



Reflections on the findings, illustrate that when children, young people and families that need support get the wrong thing, at the wrong time and place; their faith in the ability of services to deliver is damaged and their trust is difficult to regain.

Equally, the way that organisations have been resourced with small allocations of competitive funding, has led to reduced levels of cooperation and inter-connectivity in the ways services are provided.

Commissioners/Authorities: The commissioners and authorities need to be prepared to defend and advocate for community-based resources so that the foundations can be provided for and protected across all Scottish Borders localities. This should focus on early intervention and prevention, including alternatives or enhancements to medical intervention and recovery. A more solid foundation makes it easier to formulate plans for identified target groups and protected characteristics to get the support they need. This would utilise the foundation organisations as the conduit and local hub access point. Learning from examples elsewhere is useful to translate into a local context and have the confidence to build home-grown solutions from the grassroots. It also needs to ensure that wider rural infrastructure is developed.

Partners: Work is required to shape and influence the connections between statutory providers such as CAMHS, Education and Social Work, to open clear and regular communication channels with local community-based support providers. This can take the form of task-force hub or cluster groups that are conducive to communicating on local cases and developing ways for organisations to work together to promote early intervention and prevention.

It is recommended that all resources be reviewed to consider ways of encouraging a culture of cooperation rather than competing for scarce resources.

The rural dimension of providing support services in more challenging contexts requires compensating for the additional costs that burden providers and members of the community alike. There is an economic case for upstreaming, to focus on early intervention and prevention rather than leaving issues to spiral into a crisis and make much heavier demands with more expensive forms of support. There is also evidence from children, young people and families that doing so will prevent issues from rippling through their family network.

A task force or regular working group can identify patterns and capitalise on all the conventional and unconventional supports and assets available. The community-based facilities, the large body of volunteers, the positive community connections and the reputations are difficult to procure or replicate without the years of work in growing these roots. The voices of people with lived experience and the voices from the wider community on what makes it stronger are all valuable assets which cannot be ignored. This includes charging constituents to find ways to bolster the wider rural infrastructure such as transport and digital connectivity, and filling gaps or making better connections with mainstream services deemed inadequate. Levering strategic resources, as well as discreet investment and support, will demonstrate worth to community-based support and all that use them.

Social Research

Recommendations

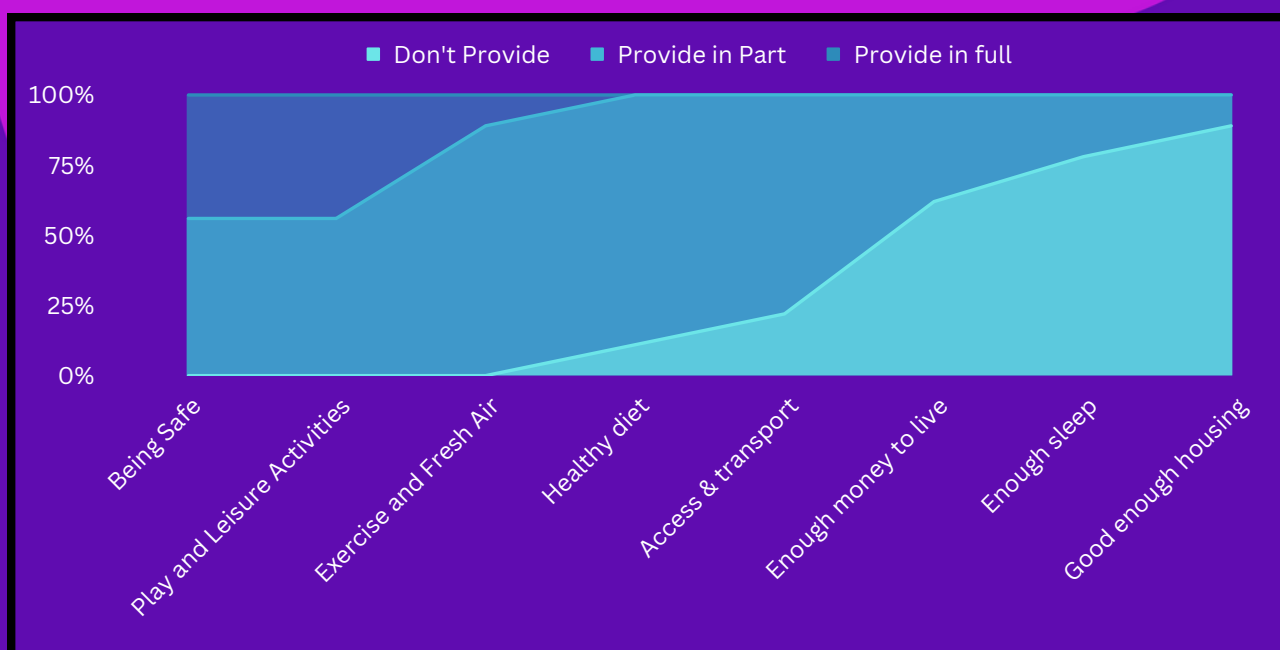


PART 2 - RESILIENCE

Building resilience is deemed by research to be a protector of good mental health and wellbeing and a counter to childhood adversity. Hence, using a resilience framework can provide a useful scaffolding for future work across the partners and community-based support providers for children, young people and families. Children, young people and families were confident that the community based services they used provided them with key core essentials. This is confirmed by community-based support providers that confirmed that all of them provide support with being safe, play and leisure activities and access to exercise and fresh air, either in full or in part.

2.1 Core Essentials

Organisations (n=15) were asked to rate the extent to which they provided support with essential resilience factors. The chart highlights the essential resilience factors delivered to the greatest extent.



Being safe, offering play and leisure activities and access to exercise and fresh air were provided in full or in part by all organisations. However, only a few delivered support relating to the following:

- Making sure individuals have enough money to live (38% of organisations did this in part)
- Getting enough sleep (22% of organisations did this in part)
- Having good enough housing (11% of organisations did this in part).

Recommendation 2.1

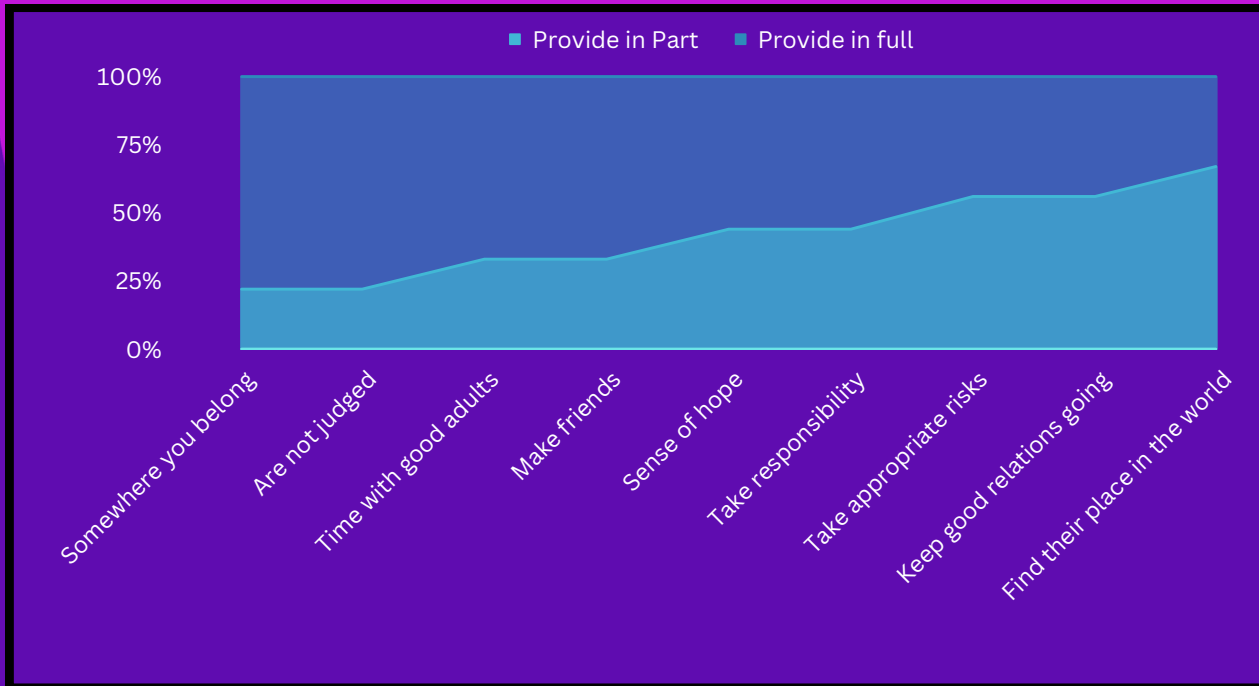
To advance their provision of core-essentials resilience factors, it is recommended that the MHWB Board and community-based support providers take a research-based approach to designing future provision. For example, the resilience framework and early intervention framework, both provide a means to plan services that work and apply the guidelines within the context of the Scottish Borders. Programmes to tackle finance, housing, exercise, fresh-air and sleep are current topics that can be developed and coordinated. To achieve wider levels of support community-based providers can connect with Housing/Registered Social Landlords; Healthcare Workers and Welfare/Financial Advisors/ and Citizens Advice to identify priorities and goals that they wish to achieve in building early intervention and prevention supports. Encouraging greater use of the existing service asset map and money worries app might also be useful.



2.2 A Sense of Belonging

Focus group interviews with children, young people and families confirmed that the community-based support organisations they used, give them somewhere where they felt they belonged, which was different to how they sometimes felt in more formal environments like school. Children and young people shared when times of stress and anxiety can escalate if you don't have that support available to you, such as feeling threatened when out on the street or when young children are navigating the risks of using social media and online gaming. Parents referred to transition times and life changes such as family breakdown or bereavement.

Organisations (n=15) were asked the extent to which they provided support with resilience factors that built a sense of belonging:



All organisations provided these resilience factors in full or in part. The strongest were:

- Providing somewhere you feel you belong (78% of organisations did this in full)
- Where you are not judged (78% of organisations did this in full)
- Where you spend time with good adults (67% of organisations did this in full).
- Where you can make friends (33% of organisations did this in full).

Fewer organisations provided a full level of support on giving a sense of hope (56% in full) taking appropriate risks and keeping good relations going (both 44% in full) and finding their place in the world (33% in full).

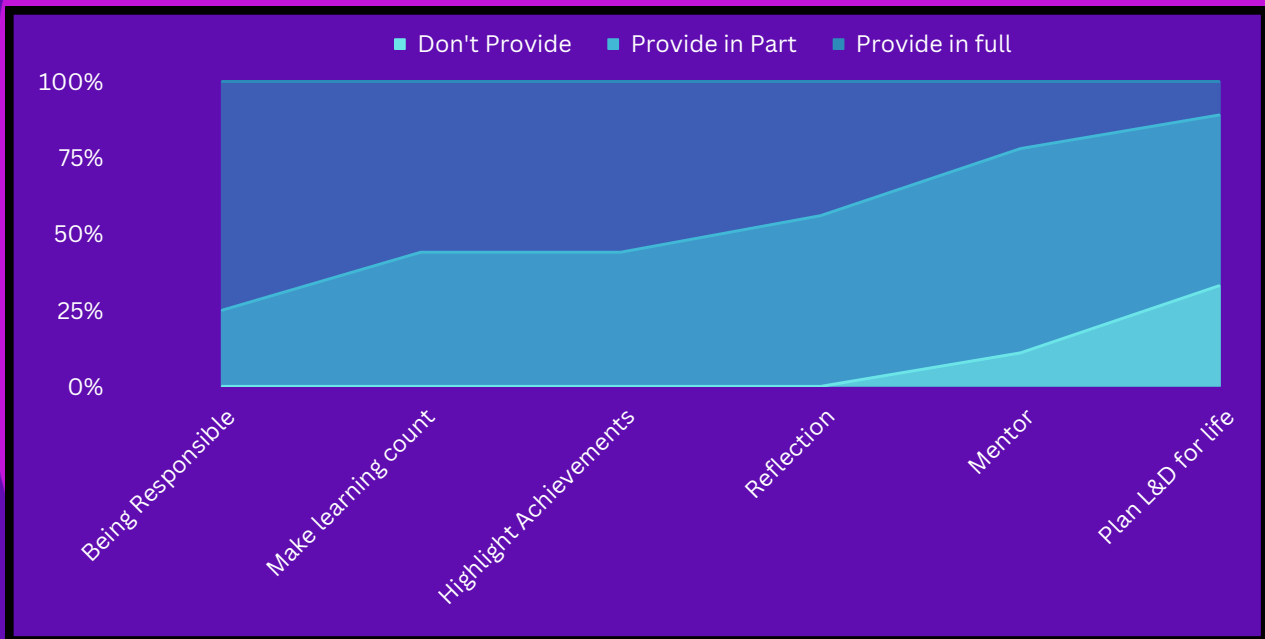
Recommendation 2.2

Community-based support providers might examine the limitations that hold them back from extending their support as good adults. This includes for example looking at whether the engagement is time-limited or age-limited and if there is a need to extend horizontally and vertically. Are the services being shaped internally by the comfort of knowing this is how they have always been delivered or driven by the needs of individuals whose voices are difficult to hear. Alternatively, are they driven by resources and funders priorities. There may also wider influences like insurance, that prevents some beneficial work being done because it is too expensive to insure. Orienting the main influence towards the rights of children, young people and families must be core to future planning and implementation. Understanding services through the eyes of children, young people and families will enable the HMWB Board and community-based organisations to weigh-up the most appropriate response, and use what influence they may have to create the right context.



2.3 Positive Opportunities to Learn

Organisations were asked to rate the extent to which they provided positive opportunities for learning and development to children, young people and families.



Dynamic Youth Awards are a good example of informal ways community based providers recognise the progression that children and young people make on their learning and development pathway. The strongest and most fully provided learning and development factors are:

- Being responsible for your learning (75% of organisations did this in full)
- Making learning and development count (56% of organisations did this in full)
- Highlighting achievements (56% of organisations did this in full).

Having a mentor or befriender is supportive to children and young people that are vulnerable and there were examples of this being achieved online during COVID-19.

Recommendation 2.3

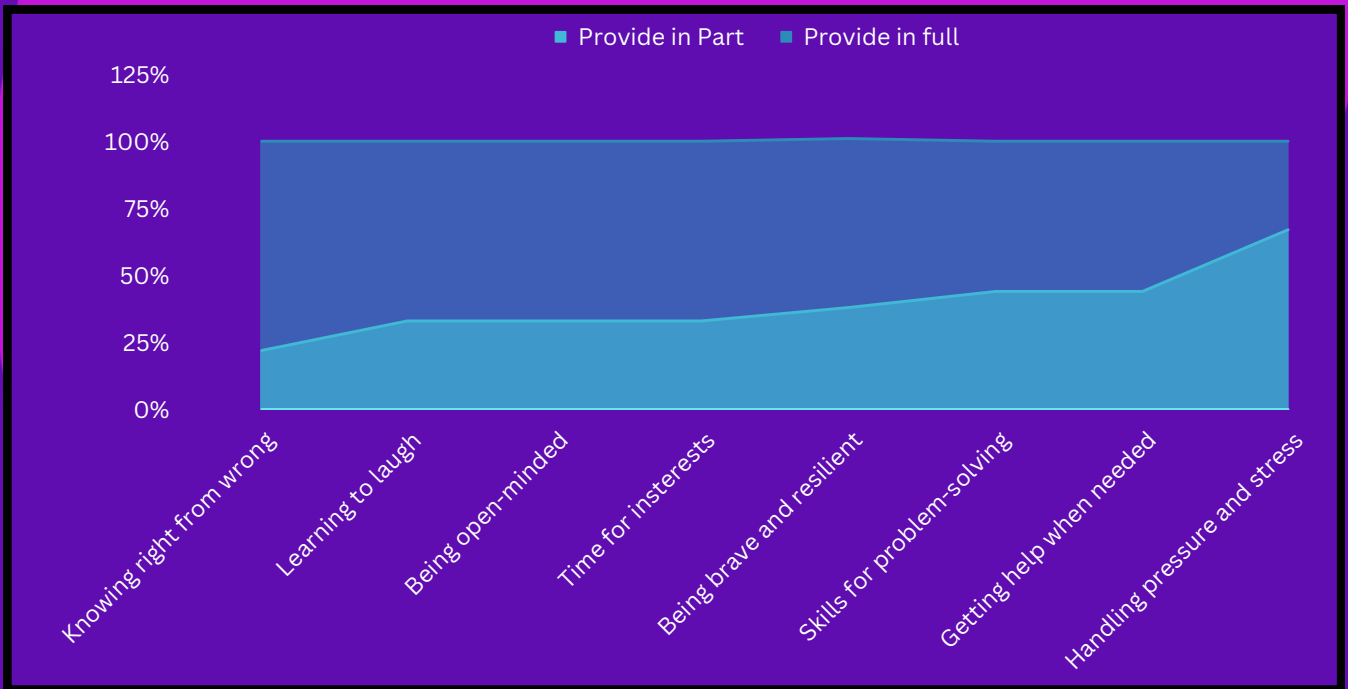
The Scottish Government is committed to reforming education by building on Scotland's Curriculum for Excellence and 'Getting it Right for Every Child' by putting learners closer to the centre of the future vision for Scottish Education. Holistic rights-based learning and development goes beyond the classroom and curriculum. It supports developing the child's personality, talents and mental and physical abilities to their fullest potential. It correlates with articles on health education (Article 24) and rest, play, recreation and culture (Article 31). It focuses on giving children and young people the tools needed to pursue their options throughout life.

Community-based support providers can build on their strong examples of alternatives and enhancements to school-based education and their unique abilities to engage children and young people in health education, leisure and recreation. Exchanging and sharing practice has potential to scale-up what is on offer to more children and young people across the Scottish Borders. Investing in time and processes for planning and reviewing learning with children and young people, gives more agency over their learning journey. Training for staff and volunteers will increase capacity in planning and reflecting in the workforce, and techniques in facilitating development of these skills in learners. Working with national agencies such as SAMH can provide the workforce with access to up to date learning resources on mental health and wellbeing, as well as support in times of crises. For the workforce there is potential value in the MHWB Board asking the Scottish Government to create a version of resources like [this one for staff in schools](#), but tailored to community-based support providers. The [Community Learning and Development \(CLD\) Standards Council](#), can lend support by making this a recognised element of ongoing professional development.



2.4 Coping with Different Life Situations

Organisations (n=15) were asked to rate the extent to which they support children, young people and families to cope with different life situations.



All organisations that responded offered all of these resilience factors in full or in part. These features can distinguish community-based providers from many others. Free from a formal curriculum or bureaucracy they can make time to support children, young people and families with coping skills. The most fully provided coping factors were 'Knowing right from wrong' (78% of organisations did this in full) and learning to laugh and being open-minded (67% of organisations did both of these in full). Key to maintaining good mental health and wellbeing, was around support with handling pressure and stress, which is currently provided in part by most (67%) organisations. The children and young people interviewed spoke about the combination of good activities, good adults and having time deal with issues or talk to an adult that listens and understands enables them to solve the problems they face. There are nevertheless times where support falls away due to staff changes or the children, young people and families no longer meet the criteria which can leave them stranded.

Recommendation 2.4

Organisations have a strong track-record in supporting children and young people with developing ways to cope with different life situations. This needs better recognition and use by wider statutory providers. More specifically there are clear benefits to gain from embedding community-based support offerings as a clear alternative and supplement to medical interventions to poor mental health in a way that is aligned with 'The Promise'.

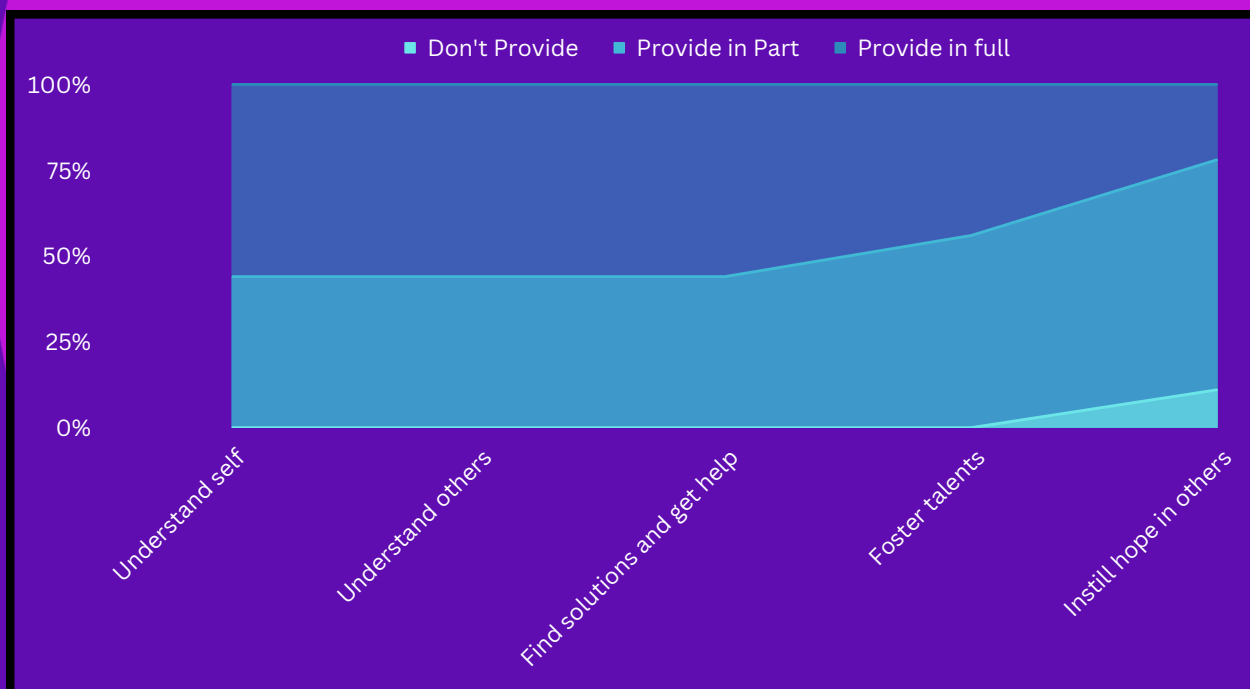
Meanwhile, it is widely acknowledged that resources everywhere in Scotland are insufficient. Work can be done to understand and simplify the disconnected or confusing landscape of services for children, young people and families. They have a right to a more cohesive journey through the services they require at different transitions and crunch points. This includes better ways of knowing who takes a lead responsibility and how cases are picked up if there are changes to workforce continuity. Working out a way of giving core support, to the universal services that already exist, can give fairer and more equitable access. It helps to ensure that the providers are equipped to provide early intervention and prevention that maintains good mental health and wellbeing.

Therefore, there is a need to document the fine details of what mental health and wellbeing support is available, where and when; so that individuals know what to expect in the first instance, and providers can make sure that their communities have fairer access to similar types of support services near to them, whatever their needs may be.



2.5 Developing Care, Empathy and Compassion

Organisations were asked to rate the extent to which they supported children, young people and families to develop care, empathy and compassion.



The most fully provided factors of care, empathy and compassion were: 'knowing and understanding self' (56% of organisations did this in full); 'understanding other people's feelings' (56% of organisations did this in full) and 'knowing how to solve problems, find solutions and get help when needed' (56% of organisations did this in full). Fostering talents was done by most organisations 'in part' (56%). Instilling a sense of hope was done in full by 22% of organisations, in part by 67% of organisations and not at all by 11% of organisations.

Recommendation 2.5

This advanced aspect of resilience is reasonably well catered for among the community-based providers that took part in the research. It is incumbent on leaders of services, that children, young people and families are shown care, empathy and compassion from the organisations and services they encounter. This requires a partnership approach, which goes beyond seeing children, young people and families as objects or subjects that receive a service. They need to become partners that are integral to devising their own mental health and wellbeing solutions. For example, benefits can come from offering Hi5 and Dynamic Youth Awards to structure ways of children and young people being active in their communities, or Saltire Awards that encourage children, young people and families to use volunteering as a means to develop their skills in care, empathy and compassion in ways that maximise the health and wellbeing benefits. Drawing from the literature review, it is also true that arts, culture and sports activities have much to offer in fostering talents and providing a myriad of outlets for self-expression and finding solutions that contributes to a better understanding of self and others and helps to instill a sense of hope.

It is likely that services will continue to integrate forms of technology such as apps and online meetings into their delivery model. Much can be gained from sharing ideas and resources between organisations on positive interventions (see for example this information for children on [World Kindness Day](#)). Learning relating to techniques, advice and information can all be compiled as an online resource for individual users and the workforce alike.

Befriending, mentoring and peer learning are all tried and tested examples that are already delivered by organisations working in the Scottish Borders. Further exploration of examples from the local area, around Scotland and internationally can open Pandora's box on how support can permeate beyond the silos and boundaries and make mental health and wellbeing support provided to children, young people and families is fit for future purpose.

Conclusions

The research findings and analysis was designed to build a better understanding of:

- 1.The **capacity** of existing community-based providers;
- 2.The extent and diversity of **reach** to children, young people and families; and
- 3.The **knowledge and training** needs needs of the workforce in providing early intervention for those requiring higher or more intensive support.

1. Capacity

The findings show that the breadth and depth of the capacity among community-based support providers is varied. Some are universal and non-specialist while others are tailored to specific characteristics and demographics. Commissioners and authorities need to value and trust what capacity the community-based support organisations already hold and support a wider development of high standards in core essentials: as first-responders and adults with robust professional relationships with children, young people and families in local communities. There is an ability to provide continued support before, during and beyond any wider interventions that are prescribed to treat diagnosed conditions. Although several organisations report to cover all the Scottish Borders, few are in more than one place and those who are tend to be clustered around schools or the main population centre. More capacity is needed to allow the time and support to work on joining up a pipeline of services, making sure that individuals flow from one service to another, as they transition through life changes, circumstances and localities. Lengthening short-term contracts and funding is a constant challenge. Similarly, overcoming rural capacity issues and maximising all local assets from vans to volunteers is key to success.

2. Reach

The extent and diversity of reach to children, young people and their families is inconsistent across areas. There are specialists in for example ASN, Autism, and LGBTQ+, however these are more accessible to those that live near or are part of an organisation with existing relationships and know how to support individuals to broker access. Without those links, individuals children, young people and families are uncertain of where to turn when support is needed. Culturally, poor mental health matters are stigmatized and difficult to discuss, causing individuals to withdraw inwards and fall under the radar of most providers. Not knowing how to detect signals, or how to activate wider support is a concern, especially when people are receiving medical treatment without any community-based back-up. Effort is needed to ensure that support is continuous, regardless of age or circumstance. Services should also extend to the whole family, due to the inter-connectedness of challenges that ripple throughout. Actions are required to make it household knowledge, where to get support with community-based mental health and wellbeing support in the Scottish Borders, which calls on more local and mainstream organisations needing to get on board.

3. Knowledge and training

The knowledge and training of the workforce in providing early intervention for those requiring higher or more intensive support, relates initially to working with specialist providers in the area to share training and expertise. Listening to the voices of those with lived experience will provide a powerful base from which to critically examine current modes of intervention. It moves beyond doing what has always been done to actively seeking out hidden members of the community whose voices go unheard. It builds around the three known components of successful adult relationships: **Access – Elements relating to the presence of the trusted adult in the young person's life; Emotion - Emotional qualities that the person acting as the trusted adult might display and Function - Functions that are fulfilled by trusted adult support.** Using the resilience framework, the Scottish Government's Early Intervention Framework and the Young People's Mental Wellbeing Indicators, should shape any training and development. Organisations seek sufficient investment, to give the workforce time and capacity to engage in professional development. National agencies can do more to support community providers to stay up to date with advances in professional roles and responsibilities. Conversely, the Scottish Borders can also shape and influence those regulatory bodies by seeking recognition and approval for training and development developed for and by the local workforce.



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